

## **Dr. Safran's Information Regarding *Surgery for Subacromial Impingement / Rotator Cuff Tendinitis***

One of the important aspects of shoulder function is the smooth sliding of the upper arm bone (humerus) and the tendons attached to it (the rotator cuff) beneath an arch made of bone and ligaments. This smooth sliding may be interrupted by changes in the mechanics of the joint, by shoulder tightness, by muscle weakness, or by changes in the bone structure. In most instances, much of the function of the shoulder can be regained if you carry out a quality stretching and strengthening exercise program.

For shoulders in which a diligent course of quality exercises does not restore a satisfactory level of function, a surgical approach to the area of roughness may be considered. In this, the area between the bone on top of the shoulder and the upper end of the arm bone is smoothed by removing any thickened tissue and prominent bone. This procedure is called a 'Subacromial Decompression'. Immediately after this procedure, it is essential to perform motion exercises to reestablish full motion and to prevent scar tissue from forming in the area.

While some physicians perform this procedure open, I have found that this procedure can be performed arthroscopically in most cases. Arthroscopic subacromial decompression is usually performed on an outpatient basis using small portals, and you can start moving your arm immediately after surgery. Open subacromial decompression requires surgically moving your deltoid muscle through a larger incision to perform the decompression and thus requires you to keep your arm at your side for 6 weeks following the operation until this muscle heals.

The procedure is not expected to restore the shoulder to heavy work or to high-level athletics, but it should improve the shoulder's ability to perform activities of daily living, light work, and recreation. Maximal improvement after this procedure may take 6 to 12 months and will require home exercises on your part that are identical to those we recommended before surgery.

The potential complications of this surgery include infection, injury to the nerve of the deltoid muscle, fracture of the bone on top of the shoulder, stiffness, weakness, instability, pain, and the need for a repeat operation. At the time of surgery, other abnormalities may be encountered that need attention, such as a defect in the rotator cuff, bony abnormalities, and calcium deposits. Unless you tell me otherwise, I will do my best to manage whatever abnormalities I encounter.

This procedure is not an emergency. If you have questions concerning it or your underlying surgical condition, please ask me about it before we proceed.