

SUBACROMIAL DECOMPRESSION – SURGERY FOR SHOULDER IMPINGEMENT SYNDROME

INDICATIONS (Who Needs Surgery, When, Why & Goals)

Surgery for rotator cuff tendinitis, subacromial bursitis and/or impingement is reserved for people who have continued shoulder pain that affects activities of daily living and/or sports activities despite completing an appropriate rehabilitation program for at least 3 months. An acromion (roof of the shoulder) that has a curve, hook and/or spur and/or those with partial thickness rotator cuff tears are those most likely to benefit from this surgery. The goal of surgery is to eliminate the shoulder pain by removing the thickened and chronically inflamed bursa and to remove the curve, hook and/or spur from the acromion and cut the coracoacromial ligament to increase the space under the acromion so the rotator cuff is less likely to be pinched between the acromion and humeral head.

CONTRAINDICATIONS (Reasons Not To Operate)

- Infection of the shoulder
- Inability or unwillingness to complete the post-operative program of keeping the shoulder in a sling and/or immobilizer (if open) or to perform the rehabilitation necessary.
- Patients who have emotional or psychological problems that contribute to their shoulder condition
- Patients who have rotator cuff inflammation due to other causes such as impingement due to shoulder instability, weak muscles of the shoulder blade (scapula), shoulder arthritis, stiff or frozen shoulder, or a large os acromiale

RISKS AND COMPLICATIONS OF SURGERY

- Infection
- Bleeding
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm
- Continued or recurrent of pain
- Detachment of the deltoid muscle (if open)
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of competition
- Weakness of the shoulder
- Fracture of the acromion
- AC Joint pain
- Not removing enough or removing too much acromion

TECHNIQUE (What is Done)

Different techniques are in use at this time. The overall goal is remove the chronically inflamed and scarred bursa, remove the acromial curve, hook and/or bone spur. This can be done arthroscopically or open.

Arthroscopic techniques involve using small incisions (arthroscopy portals) to look in the shoulder joint, then electricity is used to cauterize small capillaries. Electricity and/or a motorized shaver is used to remove the bursa. Removal of the coracoacromial ligament is usually performed. Next a power burr is used to remove the bony curve, hook and/or spur from the acromion.

Open decompression (rarely performed these days) involves detaching the large deltoid muscle from the acromion as well as cut the coracoacromial ligament. Next the acromial curve, hook and/or spur is removed using a saw or osteotome (chisel). A rasp is often used to smooth the cut bone edges. The bursa is then removed with scissors. The deltoid muscle is then sewn back onto the acromion.

POST-OPERATIVE COURSE

- Management after surgery varies based on technique used and surgeon preference.
- Keep wound clean and dry for the first 10 - 14 days after surgery
- Keep the shoulder in a sling, brace or immobilizer for as long as your surgeon tells you - this is usually a couple of days if done arthroscopically or up to 6 - 8 weeks if done open and the deltoid needs to heal to the acromion.
- You will be given pain medications by your physician
- You may be told to perform motion exercises immediately after surgery
- Post-operative rehabilitation and exercises are very important to regain motion and then strength

RETURN TO SPORTS

- Depends on the type of sport and position.
- A minimum of 6 weeks is necessary after surgery before return to sports.
- Full shoulder motion and strength are necessary before returning to sports

NOTIFY OUR OFFICE IF:

- You experience pain, numbness, or coldness in the hand
- Blue, gray or dusky color appears in the fingernails
- Any of the following occur after surgery:
 - Increased pain, swelling, redness, drainage or bleeding in the surgical area.
 - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Do not eat or drink anything before surgery. Solid food makes general anesthesia more hazardous