

## What are the risks involved with this operation?

All operations involve an element of risk. We do not wish to over-emphasise the risks, but feel that you should be aware of them before your operation. They include:

- a) complications relating to the **anaesthetic**
- b) **infection**. These are usually superficial wound problems. Occasionally deep infection may occur after the operation.
- c) unwanted **stiffness** and/or **pain** in (and around) the shoulder.
- d) damage to the **nerves** and **blood vessels** around the shoulder.
- e) a need to **redo the surgery**.

Please discuss these issues with the doctors if you would like further information. You will have these opportunities:

- a) if you have further out patient clinic appointments
- b) when you are admitted to hospital for the operation

## Who to contact if you are worried or require further information

For general enquiries about appointments, please phone:

Mr Smibert's secretary on: 01935 384597

Mr Chambler's secretary on: 01935 384779

For enquiries regarding admission dates, please phone the admissions office on 01935 384619

Please note that neither surgery nor any other treatment will be done without your agreement (consent). It is your right to refuse treatment at any time, or until you have enough information to feel comfortable about giving your consent.

If you do not see a physiotherapist before you go home, please make sure you have an out patient appointment with your local physiotherapy department or contact 01935 384358 (Rehabilitation Department reception at Yeovil District Hospital) to arrange one.

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Unit) for allowing us to reprint the information in this leaflet.

## INFORMATION ABOUT YOUR OPERATION SUB-ACROMIAL DECOMPRESSION



## SUB-ACROMIAL DECOMPRESSION

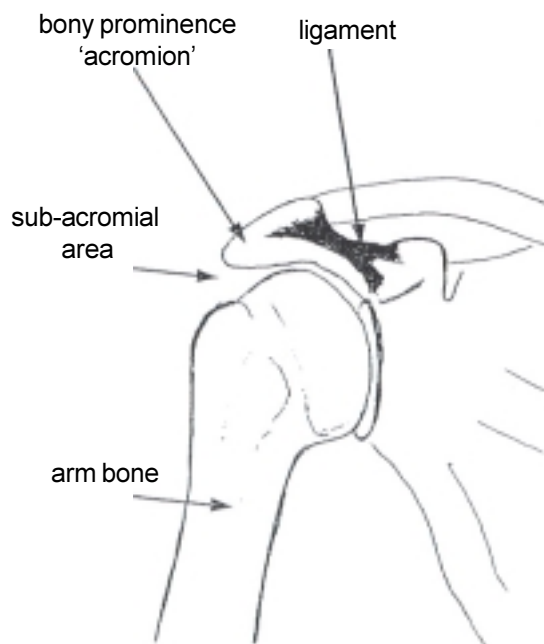
The doctors have suggested that you may benefit from having this operation. This leaflet is designed to give you some brief written information about a sub-acromial decompression, and to explain some of the risks involved.

After your shoulder operation you will be given another booklet. This will give you more detailed information and some exercises to guide you through recovery. **Sometimes the doctors may need to do a different operation once they can see inside your joint** in which case you will be given further information.

### The sub-acromial area

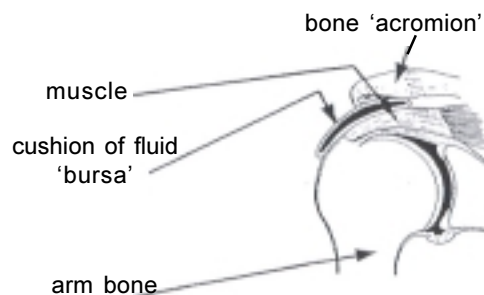
This area lies between the top of your arm bone and a bony prominence on your shoulder blade ('acromion'). The roof of the area is formed by a ligament which is attached to the acromion, see picture below.

This is a picture of your right shoulder viewed from the front.



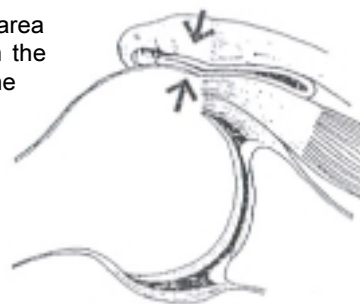
Underneath the ligament is a cushion of fluid ('bursa') and a muscle. With certain movements and situations, the bursa and muscle can become pinched or rub against the ligament and bony prominence, which may cause pain (see below).

### Sub-acromial area with the arm by your side



### Sub-acromial area with the arm out to the side

The sub-acromial area is compressed when the arm is taken out to the side. This is the greatest when the arm is horizontal.



### The sub-acromial decompression

The operation is done by keyhole surgery ('arthroscopy'). You will have 2 small wounds. The operation involves cutting the ligament and shaving away part of the prominence on the underneath of the acromion bone. This aims to increase the size of the space. Hopefully, the inflamed muscle will then heal.

### General advice

You will usually be in hospital for one day. You will be seen by a doctor and physiotherapist before you are discharged. The therapist will teach you exercises to do.

You will have a sling which you can take on and off as you wish.

It is normally discarded in a week, and you are encouraged to move your arm.

Unless you do heavy work, you should be back at work between 1 and 4 weeks after the operation.

It may take some months for your pain to settle. About 80% of people are much improved by 6 months.