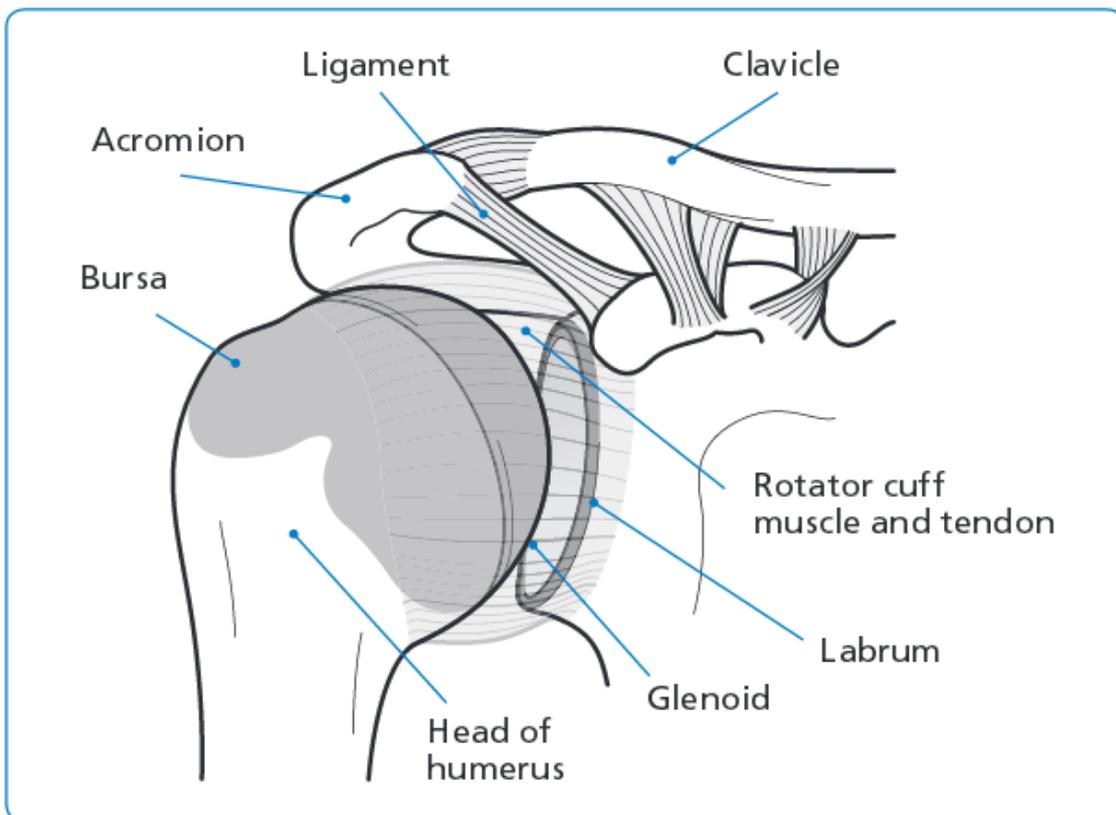


## Department of Trauma and Orthopaedics

# Subacromial Impingement



This leaflet aims to help you understand your condition. Each person's management is different and you may be given specific instructions that are not contained in this leaflet.



### **Subacromial impingement**

If the subacromial space narrows, the bursa or tendons can rub on the under surface of the bone and become inflamed and painful. This condition is known as subacromial impingement. The narrowing can be caused by:

- Either the ligament or the bursal lining becoming thicker
- Swelling of the rotator cuff muscles from wear and tear or injury
- A bony spur on the under surface of acromion.
- Movements in a position that narrow this space such as overhead activity
- Poor shoulder posture

These can cause a vicious cycle of irritation, pain and muscle weakness.

### **Treatment**

#### **A) Non-surgical treatment**

The cycle of rubbing and swelling can usually be helped by time, rest and activity modification. Pain killers and anti-inflammatory medications may help to control the pain. Physiotherapy can help with relieving pain and improving muscle weakness. Sometimes steroid/cortisone injections to the affected area can be used to reduce pain and inflammation.

Non-operative methods are the mainstay of treatment, however, if your symptoms persist despite a rigorous programme of non-operative treatment, then surgery may be considered. A recent multicentre randomised controlled trial has shown that patients who had surgery had better outcomes for shoulder pain and function compared with non-operative treatment but this difference was not thought to be clinically important.

#### **B) Surgical treatment**

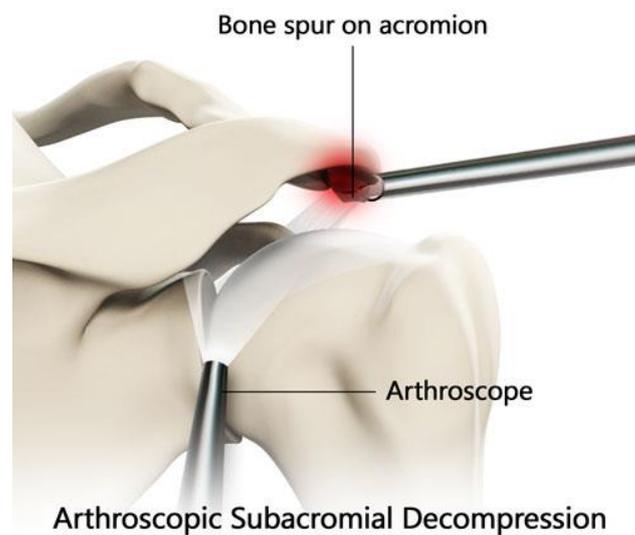
The decision to proceed with an operation is an individual choice between every patient and their surgeon. You will only be offered an operation if your surgeon believes that this will help improve your

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symptoms. Very few operations are essential and all have a degree of risk.

### **Subacromial decompression**

The operation is usually performed as keyhole surgery ('arthroscopy') but can also be performed as an open procedure. A subacromial decompression involves increasing the space under the arch. This allows the tendon to move more freely.



### **What are the risks?**

All operations involve an element of risk. The risks following a subacromial decompression include:

- Infection - these are usually superficial wound problems. Very rarely, deep infection may occur after the operation (less than 1 in 100 people).
- Bleeding rarely as issue with keyhole surgery
- Damage to nerves and blood vessels around the shoulder (less than 1 in 100 people).
- Persistent pain or stiffness in the shoulder (1-2 in 100 people).
- Thrombosis/blood clot (less than 1 in 100 people).

### **Frequently asked questions**

#### **Will it be painful?**

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder. The following pain control methods may be used to ensure you have as little discomfort as possible:

- A local nerve block, known as an inter-scalene block
- Pain killers and anti-inflammatory medication

#### **Do I need to wear a sling?**

A sling is for comfort only. If you are given one following your surgery you can take it on and off as you wish.

#### **What position should I sleep in?**

If you are lying on your back to sleep, you may find placing a thin pillow or small rolled towel under your upper arm comfortable. If you sleep on your side, then resting your arm on a pillow in front of you can help.

#### **Do I need to do exercises?**

Yes. You will be shown exercises by the physiotherapist and you will need to continue with them once you go home. They aim to stop your shoulder getting stiff and to strengthen the muscles around your shoulder. It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. It is important to keep the pain to a minimum to enable you to move the shoulder joint. If necessary, use painkillers and/or ice packs to reduce the pain. Continue to do these exercises until you get the movement back or you see the physiotherapist.

#### **What do I do about the wound?**

Your wound will have a shower-proof dressing on when you are discharged. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder or soak it in the bath. Pat the area dry, do not rub.

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The stitches may need to be removed or trimmed at your GP practice nurse. This usually happens 10-14 days after your operation. If dissolvable stitches are used they will not need to be removed.

### **When do I return to the outpatient clinic?**

This is usually arranged for 6-8 weeks after your operation to check on your progress. Please discuss any queries you may have when you are at the clinic.

### **Are there things that I should avoid?**

- There are no restrictions to movement in any direction. Do not be frightened to start moving the arm as much as you can. You may experience some pain on movement. Gradually, the movements will become less painful.
- Avoid heavy lifting for at least 3 weeks. You may gradually return to these activities if your pain is under control.
- Be aware that activities at or above shoulder height, stress the area that has been operated on.

### **How am I likely to progress?**

The discomfort from the operation will gradually lessen over time. Time taken to improve varies between individuals. Normally the operation is performed to relieve pain from your shoulder and this usually happens within 3-6 months of the surgery. There may be improvements for up to 1 year.

### **When can I drive?**

You cannot drive while you are wearing the sling. After that, you must be able to comfortably control your car and be able to perform emergency manoeuvres if necessary.

### **When can I return to work?**

This will depend on the type of work you do and the extent of the surgery. If you have a job involving arm movements close to your body, you may be able to return within a week. Most people return within a month of the operation, but if you have a heavy lifting job or one with a

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lot of overhead arm movements you may require a longer period of rehabilitation. Please discuss this further with the doctors or physiotherapist if you feel unsure.

### **When can I participate in my leisure activities?**

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder. Nothing is forbidden, but it is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity.

### **Contact details**

If you have any questions or concerns about your shoulder surgery, please contact the following:

Consultant's secretary (Monday – Friday: 8am – 4:30pm)

- Mr Drew: Clare Perryman 02476 965093, [clare.perryman@uhcw.nhs.uk](mailto:clare.perryman@uhcw.nhs.uk)
- Mr Lawrence: Tracey Hill 02476 965094, [tracey.hill@uhcw.nhs.uk](mailto:tracey.hill@uhcw.nhs.uk)
- Mr Modi: Tracey Hill 02476 965094, [tracey.hill@uhcw.nhs.uk](mailto:tracey.hill@uhcw.nhs.uk)
- Mr Bhabra: Tracey Hill 02476 965094, [tracey.hill@uhcw.nhs.uk](mailto:tracey.hill@uhcw.nhs.uk)

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#### **Document History**

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