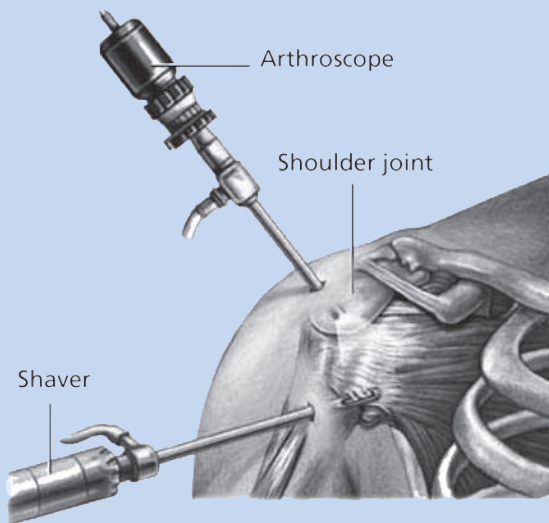


Shoulder Arthroscopy and Subacromial Decompression



Patient Information

Introduction

This booklet is designed to provide information and advice about your shoulder arthroscopy and subacromial decompression surgery. This information will aid your recovery and rehabilitation immediately following your surgery at the James Paget University Hospital and once you are discharged home.

The aim of your surgery and post-operative advice is to reduce your pain, stiffness and improve the movements at your shoulder.

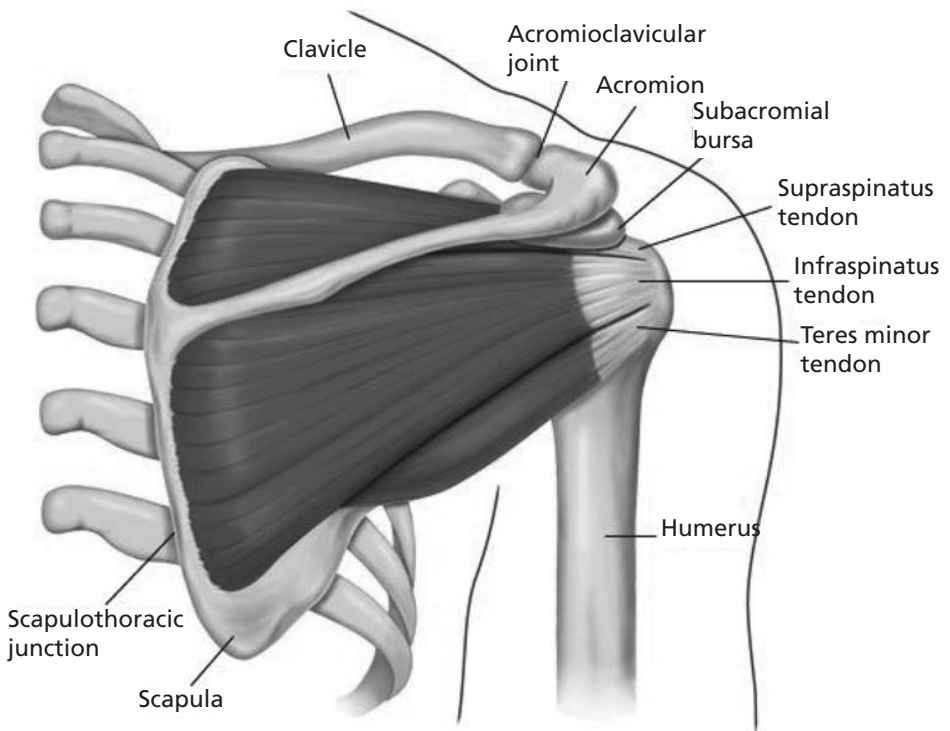
You will not routinely be seen by a physiotherapist following your surgery. You will only see a physiotherapist prior to your discharge, if the consultant has completed any repair work to your Rotator Cuff.

If you are not seen by a physiotherapist, the nursing staff on the ward will give you this booklet and a Blue Card for you to refer yourself for community physiotherapy through East Coast Community Healthcare (ECCH).

A structured rehabilitation programme is vital for achieving the best possible outcome in the long term. This booklet contains exercises that will help strengthen the muscles around the shoulder so that you regain full range of movement and function.

Anatomy and function

In the shoulder there are four muscles that raise and lower the arm (and their respective tendons) collectively known as the rotator cuff. The tendons pass under a bony arch (the acromion) and this space also houses the subacromial bursa. A bursa is a fluid filled sac that allows for smooth gliding of the rotator cuff tendons under the acromion.



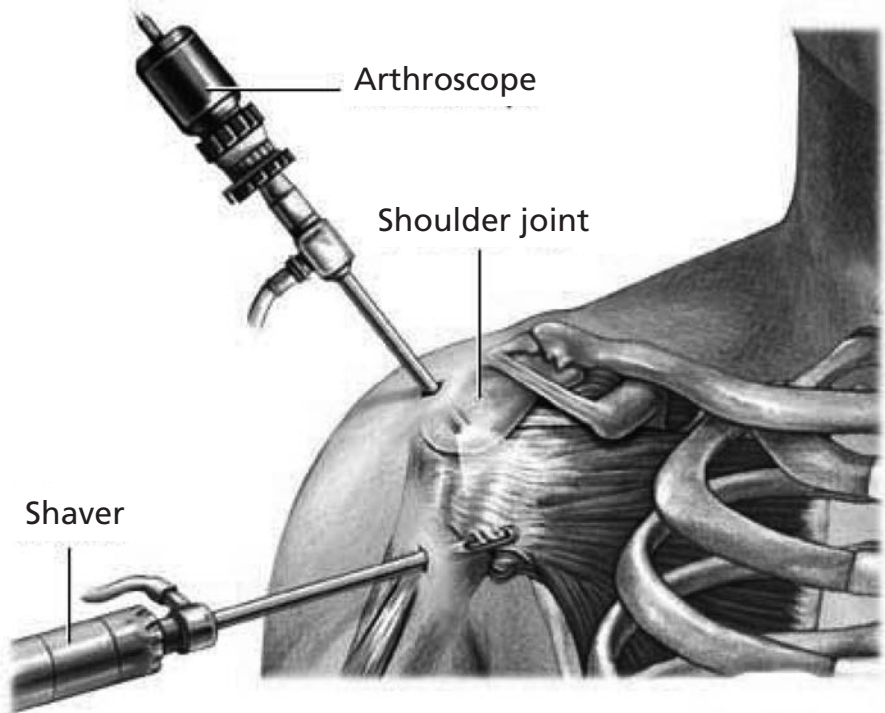
A tendon can rub on this arch, causing swelling and pain when moving your shoulder.

Reasons for your operation

A shoulder arthroscopy is a keyhole procedure where a tiny camera is inserted into the shoulder area, to investigate the cause of your shoulder pain.

What happens during the operation?

A subacromial decompression (SAD) may be necessary to relieve your symptoms. This involves enlarging the space under the arch, to prevent the pinching and rubbing of the tendons.



Your hospital stay

A shoulder arthroscopy and subacromial decompression surgery is usually a day case procedure. You may require an overnight stay depending on your recovery after the operation and the time of day it was done. It is strongly advised that you start to move the shoulder on the day of the surgery as pain allows. Please follow the guidance around this laid out in this booklet.

Post-operative advice

Peripheral nerve block

Some patients will have a peripheral nerve block during the operation. This may result in reduced feeling and movement in your operated arm and shoulder. This anaesthetic technique is very safe and effective. Serious complications are very rare.

Normal side effects of regional anaesthesia include numbness and heaviness in your limb. These symptoms might still be present when you are discharged home. They should resolve within 48 hours, and strength and feeling in your limbs should return to normal.

Remember to protect your limb from potential hazards while there is still numbness and weakness (for example hot surfaces).

Please call us for advice if you have any concerns regarding your anaesthetic management once you are at home or experience any of the following symptoms within your first week at home:

- A **suspicion of infection** around the injection site of the nerve block. Signs include a temperature, localised redness, tenderness, swelling or oozing from the wound site.
- Any **pain or weakness** in your arm which did not exist before your surgery and you do not think was caused by your surgery.
- **Persistent numbness** or altered sensation in your arm.
- Any **new numbness or weakness** in your arm which develops after your discharge home.

If you have had a peripheral nerve block and have any queries during the week between 0700 and 1900, please contact the Hospital switchboard on **01493 452452** and ask to speak to the 'Anaesthetist Trouble Shooter'. Outside of these hours or at weekends please ask to speak to the anaesthetist-on-call.

Wound care

You will have two to three small puncture wounds which will be closed with small sticking plaster strips. Keep the wounds dry until they are healed. We recommend that you strip wash for the first week with your sterile dressing on. After this, you can shower but you must still keep your dressing on, and do not submerge under water, e.g. bath. Only allow the water to run over the area, do not rub with soap or rub dry.

The dressing will normally be removed at your GP practice approximately eight to 14 days post-surgery. After this, you may shower without the dressing. Avoid using spray deodorant, talcum powder or perfumes near or on the wounds until they are fully healed to reduce the risk of infection.

Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

Pain relief

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and you are able to use the arm.

Ice and swelling

You may experience swelling of your shoulder for up to six weeks post operatively. Ice can be used to help control the pain and reduce this swelling.

In sitting, rest your arm on a pillow(s) or on the arm of a chair to relax the shoulder. Place a protective layer between your skin and the ice, e.g. a damp tea towel. Remove the ice after a

maximum of 15 minutes. If you do not have ice, a large bag of frozen peas makes an excellent ice pack. You can repeat this up to four times a day.

The sling

You will be provided with a sling following for surgery. The ward staff or your consultant will advise you how long you need to wear the sling. Often this is only for one to two weeks for comfort.

Correct position

When wearing a sling make sure your hand is elevated above your elbow and that your shoulder feels comfortable. Your shoulder should not be raised or feel tense. To reduce this, make sure your elbow is relaxed into the corner of the sling and that the strap is coming around your non-operated shoulder.



Incorrect position

The picture to the right, is how not to wear a sling. You should not allow the wrist to hang out of the sling, as this can damage the nerves at your wrist. The shoulder strap should not pull on your neck as this will cause muscle and nerve damage. Your operated shoulder should not be rounded or pulled forward.



Sleeping

It is best to avoid sleeping on the side of your operation as this will be very uncomfortable. When laying on your non-operated side, you can fold or hug a pillow in front of you to support the arm. You can also tuck a pillow along your back to help prevent rolling onto the operated shoulder during the night.



You may find initially, lying on your back in a more upright position to be more comfortable. To help keep the arm in a comfortable position, place a pillow behind it.

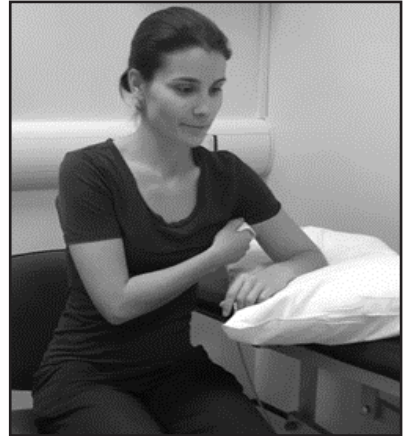


Washing and dressing

You may need someone to assist with washing and/or brushing your hair as it is not advisable to reach the back of your head with your operated arm. It is advised you wash and dress whilst sitting with your arm resting on your lap or on a table with a pillow underneath your operated arm.

It is easier to dress the operated arm first, and then the non-operated arm and then reverse the procedure when undressing.

Initially, you may find it easier to wear loose fitting clothes e.g. tracksuit bottoms and a loose t-shirt. If you wear a bra you may find it easier to do the clasp up at the front of you and move it into place with your non-operated arm.



Movement and function

You are encouraged to move the arm as pain allows from the day of your surgery. You should aim to gradually increase your range of movement daily to prevent stiffness and muscle wastage. Please remember to balance using and resting the arm to avoid exacerbating your pain.

For the first two weeks following surgery you should avoid carrying any heavy items, e.g. shopping bags and full kettles. Once you have achieved full range of movement at your shoulder, you can begin to carry out light tasks, e.g. light house work. Your community physiotherapist will be able to guide you through this process.

Return to work

This will depend on your occupation. If you have a sedentary role you may be able to return to work after one week. More robust roles that may involve heavy lifting or use of the arm above shoulder height, may require a longer period of absence. If you require a Fit Note, please inform the ward staff after your operation.

If you have any concerns, we advise that you discuss this with your consultant in the first instance. You can also discuss this with your work based occupational health provider or your community physiotherapist.

Driving

It is best to avoid driving after your procedure and for the first few weeks. You must feel comfortable and be able to safely operate the vehicle before returning to driving. You must not be taking strong pain medication. Talk with your GP or consultant to discuss this further. It is advisable to contact your insurance company to inform them of your procedure, before returning to driving.

Leisure activities

You should avoid sustained, repetitive overhead activities for 3 months. You may be able to return to certain activities such as swimming and golf within 6 weeks, but please check with your consultant as this may vary depending on the type of procedure you had.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within six weeks of your operation due to the risk of clot formation. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Your recovery

It is expected that you will make a full recovery in six to nine months, with 80% of your recovery being achieved in the first three months following your surgery.

By the end of your third week, it is expected that movement below shoulder height becomes more comfortable. By this stage you should have almost full range of movement at the shoulder.

Physiotherapy exercises

The shoulder exercises should begin straight away following your procedure. Movement in all directions should be as far as your pain allows. All of the exercises can be completed with the arm out of the sling. Please attempt to complete your exercises three to five times a day, completing five to 10 repetitions of each.

Prior to completing your exercises, ensure that you have taken adequate pain relief as this will allow you to complete your exercises effectively.

With each of the exercises, use your non-operated arm to help to begin with, but progress to moving just your operated arm as pain allows.

The following exercises should not exacerbate your pain, however if they are too uncomfortable please contact your consultant or community physiotherapist.

Exercise 1 – Scapular setting

Achieving the correct posture is one of the most important thing to do following your surgery. This will allow the shoulder to move in the way that it is supposed to without placing stress or strain on the joint or muscles.

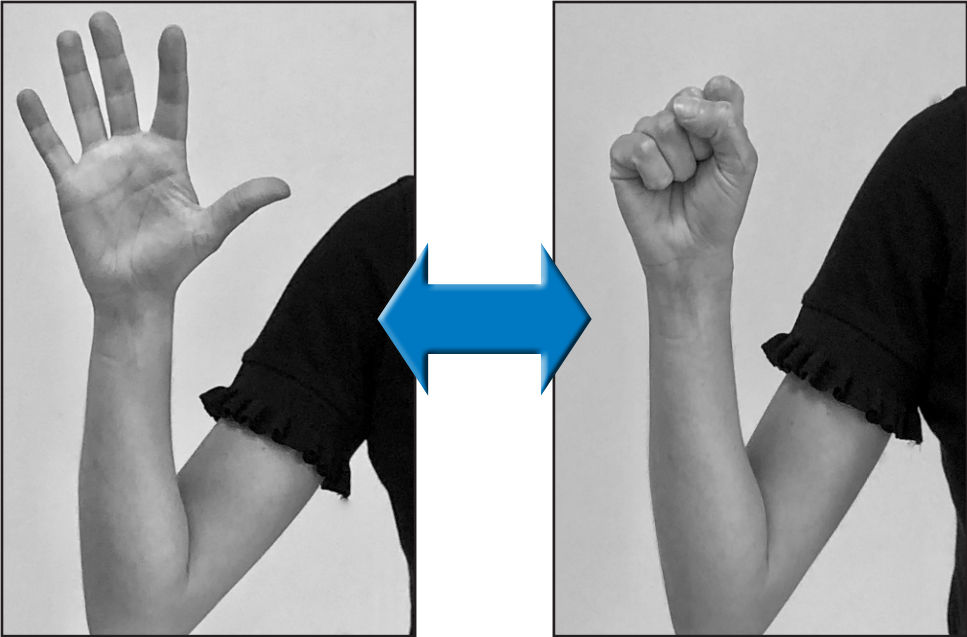
The shoulder blades (scapula) need to be moved back and down (scapular neutral position) to complete this exercise. Hold for five seconds and relax without slouching.



When completing the other exercises try to ensure you are achieving the **scapular neutral position** before starting the movement.

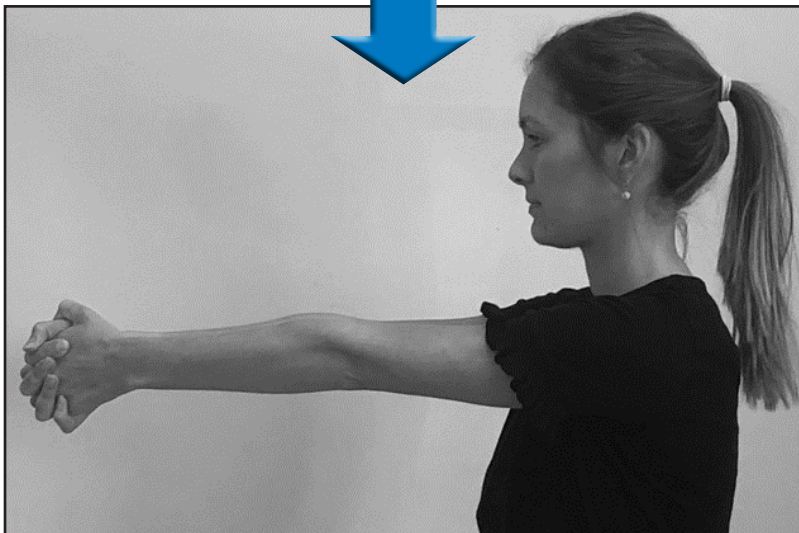
Exercise 2 – Hand movements

Open and close your hand as shown. You can complete this exercise with your elbow bent or straight.



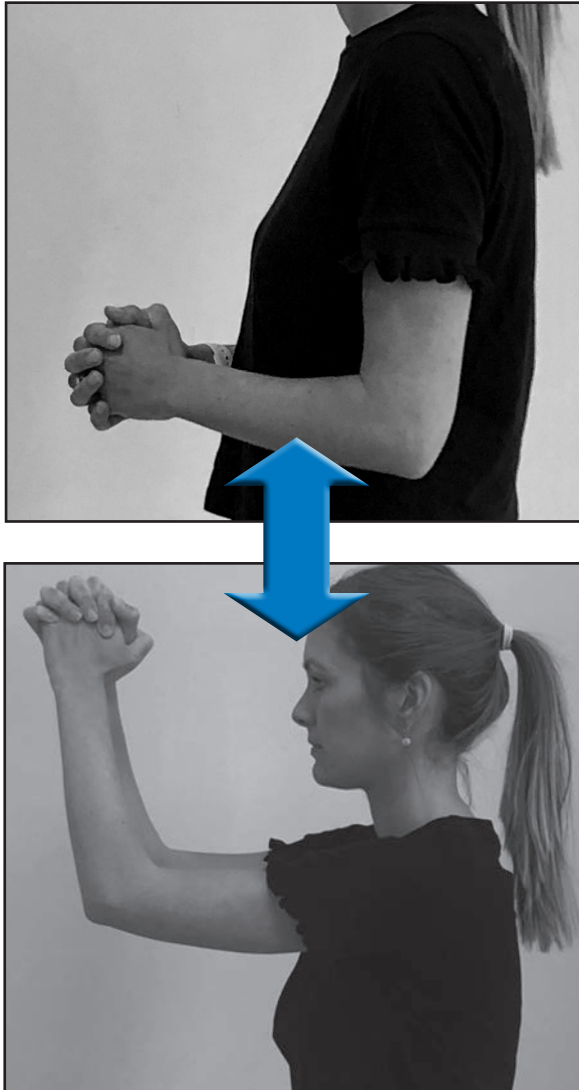
Exercise 3 – Active assisted shoulder flexion

Start by achieving the scapular neutral position. Bend your elbows to 90 degrees and entwine your fingers with your palms together. Using your non-operated arm to assist the movement, push away from your body, as far as pain allows. Return to the start position.



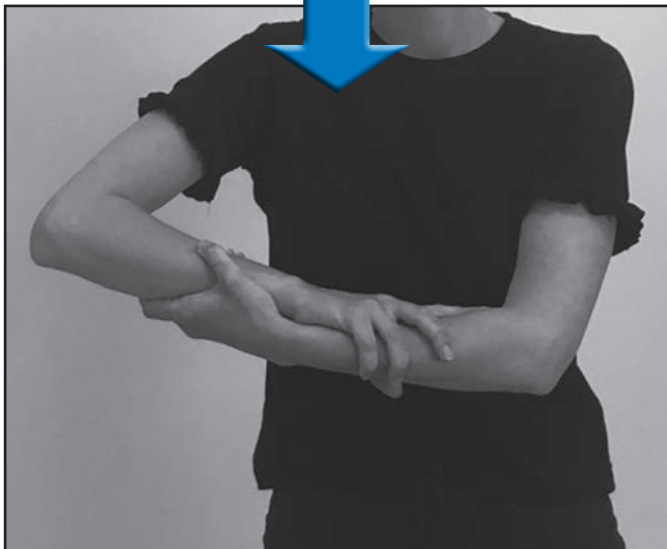
Exercise 4 – Active assisted shoulder flexion

Start by achieving the scapular neutral position. Bend your elbows to 90 degrees and entwine your fingers with your palms together. Using your non-operated arm to assist the movement, move your hands upwards as far as pain allows, then return to the start.



Exercise 5 – Active assisted shoulder abduction

Start by achieving the scapular neutral position. Rest your operated arm on the non-operated arm and gently clasp your arms. Use the non-operated arm to move your operated arm out, away from your body, as far as pain allows. Return to the start position.



Exercise 6 – Static shoulder strengthening, extension

Start by achieving the scapular neutral position. Stand with your back against a wall. Keep the arm close to your side, with your elbow bent to 90 degrees. Push the elbow and back of your arm into the wall. Hold for 5 seconds.



Exercise 7 – Static shoulder strengthening, abduction

Start by achieving the scapular neutral position. Stand with your side on to the wall. Keep the arm close to your side, with your elbow bent to 90 degrees. Push your arm into the wall. Hold for 5 seconds.



Exercise 8 – Static shoulder strengthening, internal rotator



Start by achieving the scapular neutral position. Stand with your elbow bent to 90 degrees, close to the body. Place the palm of your non-operated arm on the forearm of the operated arm. Attempt to move the forearm of the operated arm inward resisting the motion with the good hand. Keep the operated shoulder still. Hold for 5 seconds.

Exercise 9 – Static shoulder strengthening, external rotator

Start by achieving the scapular neutral position. Stand with your elbow bent to 90 degrees, close to the body. Grasp the forearm of the operated arm with the good hand. Attempt to move the forearm of the operated arm outward resisting the motion with the good hand. Keep the operated shoulder arm still. Hold for 5 seconds.



Daily exercise completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best functional outcomes. It will also give you an advantage when you attend your community physiotherapy appointment to get the best out of your time with them.

You could use the table opposite to keep record of when you are doing them.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

What happens when I am discharged?

You are expected to complete your exercise regime on discharge.

A follow up appointment with your consultant will be arranged shortly after discharge. The date of this appointment will be sent to you in the post.

If you need any follow up for your wound care this will be organised for you by the nurses on the ward before you are discharged.

Community physiotherapy

Before you are discharged from hospital, you will be given a Blue Card by one of the nursing staff. This will allow you to arrange your community physiotherapy with East Coast Community Healthcare (ECCH). Please visit www.physio.ecch.org or call 01493 809977 to arrange this appointment.

It is vital that you make this appointment and continue with your rehabilitation in order to achieve a full recovery. The integrated therapy team at the James Paget University Hospital will not make a referral for you.

The location of your appointment will be where it is most convenient for yourself. Please refer to the table on the following page for possible locations.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

Useful Contact Numbers

Hospital Switchboard	01493 452452
Day Care Unit, Primary Number	01493 452022
Day Care Unit, Secondary Number	01493 453006
Elective Unit, Ward 22	01493 452331
Orthopaedic Therapy Office	01493 453849
British Red Cross	01493 452080
ECCH, Community Physiotherapy	01493 809977
Website	www.physio.ecch.org

If you encounter any problems after discharge related to your wound, or medications, please contact the Day Care Unit, orthopaedic clinic or your consultants' secretary for advice as soon as possible.

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Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**#Proud
of the
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version
of this leaflet, contact
PALS 01493 453240**

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