Dr Greg Janes

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SURGERY
Arthroscopic Subacromial Decompression and/or ACJ excision

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CONDITION

What is Arthroscopic Subacromial Decompression and/or ACJ excision?

The operation involves trimming bone from the roof of the shoulder. If the acromio-clavicular joint (ACJ) is also causing pain then a few mm of bone will also be shaved from the end of the collar bone.

What happens before surgery?

Once a decision has been made to proceed to surgery you will be contacted by staff at the hospital where you are going to have your procedure for a pre-operative assessment. This will either take place on the telephone or at the hospital if you have any medical problems that might require a more detailed assessment.

What happens on the day of surgery?

You will be admitted to the ward or the day surgery unit on the day of your surgery. You will be seen by the anaesthetist who will take you through the details of the anaesthetic, which usually includes a nerve block to help your pain.

What does the surgery involve?

The operation involves the trimming of bone from the front and under-surface of the acromion bone, to increase space for the tendons. If the acromio-clavicular joint (ACJ) is also causing pain then a few mm of bone will also be shaved from the end of the clavicle to decompress the ACJ. Occasionally other damage is found within the joint that requires repair.

What happens after the operation?

You will wake up in the recovery unit where a nurse will be looking after you. Your arm will be in a sling and will usually feel very heavy and numb as a result of the nerve block. The shoulder is usually quite comfortable, but you will be given painkillers if you are in any pain. Once you have recovered from your anaesthetic you will be transferred back to the ward.

A physiotherapist will see you and take you through how to apply and remove your sling safely and the initial exercises you should perform. Once you are comfortable you will be sent home, usually the next day after surgery, with painkillers and instructions about any stitches you have. You will need to make an appointment with your surgeon to be seen in the clinic 1-2 weeks after your operation. A physiotherapy appointment, if required, will be arranged by the hospital.

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What exercises should I perform after the operation?

1st 2 weeks:

- Wear your sling for a few days for comfort, but you should aim to discard it by the end of the first week.
- Remove the sling 3-5 times each day to perform the following exercises:
- Active finger, wrist and elbow movements.
- Shoulder pendulum exercises for the first day or two followed by:
    - Full active assisted and active shoulder exercises as pain allows
    - Scapular setting exercises

2 weeks onwards:

- Progress your active range of movement
- Gradually increase rotator cuff strengthening exercises

What is the usual recovery?

- 2-3 weeks: driving
- 3 weeks: approximately 75% of movement but with pain
- 6 weeks: nearly full range of movement
- 8 weeks: golf
- 12 weeks: swimming, racquet sports
- 3-6 months: full recovery. Pain, particularly at night, can persist

Return to work: depends on occupation

- Home based sedentary work (e.g. computer) from one week
- Sedentary work in an office from one to two weeks
- Light manual work from three to four weeks
- Heavy manual work from six to eight weeks

Are there any complications of surgery?

Fortunately, complications after shoulder surgery are uncommon.

They include:

- Infection (< 1 in 1000)
- Stiffness. Mild stiffness is quite common but occasionally a full frozen shoulder can develop (5%) which will prolong your recovery by a few months. This is more common in women and diabetics.
- Pain. This is common for the first few weeks after surgery but steadily settles. Some patients will have ongoing discomfort at 3 months that requires a post-operative steroid injection to settle the inflammation.
- Fracture. If too much bone is shaved from the acromion it may fracture and require fixation. This is very rare.
- Failure to improve. 80% of patients will make a good or excellent recovery. 15% will have some ongoing discomfort but will be satisfied with their outcome. About 5% of patients will have ongoing problems, such as pain and stiffness, and some of these require further surgery.
- Progression of cuff pathology. In some cases there is mild fraying or minimal tearing of the tendon that does not require repair at the time of surgery. On occasion the rotator cuff pathology may progress in spite of surgery to decompress the rotator cuff.

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Shoulder, Hip and knee Replacement
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If you have any problems or concerns, do not hesitate to contact the office or myself. I can generally be reached on one of the numbers listed below and if I am not immediately available, I will try to get back to you as soon as possible. If for some reason I am unable to be reached, then you may be able to seek advice from the hospital ward or from your General Practitioner.

Bethesda Hospital 9340 6300
Hollywood Hospital 9346 6000