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CONDITION

# What is Impingement Syndrome?

*There is friction from the bony roof of the shoulder on the underlying tendons which results in inflammation in this area causing pain on elevation of the arm.*

## What causes impingement syndrome?

Impingement is a common condition typically seen in patients in their 30's to 50's. It may follow a minor injury such as a strain or a fall, or a period of increased activity such as returning to the gym or painting.

Often, though, there will not be a specific episode that triggers the problem. The pain is caused by inflammation of the bursa overlying the tendons in the top of the shoulder (known as the rotator cuff).

In most cases of impingement the underlying tendons are healthy but occasionally, and typically in older patients, the tendons can become frayed or even torn.

## How is impingement diagnosed?

The first step is to make the correct diagnosis. Impingement can be confused with frozen shoulder, acromioclavicular joint pain, rotator cuff tears and even, in younger patients, shoulder instability.

The diagnosis is made by taking a careful history, particularly around the onset of the symptoms and the sorts of activities which cause the pain. A thorough examination is very important assessing the range of movement of the joint, strength of the individual tendons and the manoeuvres that cause pain.

An x-ray is helpful to exclude conditions such as underlying arthritis or calcium in the tendon. Occasionally more specialist tests such as an ultrasound or MRI scan are indicated.

## What are the treatment options?

The first line of treatment is almost always 'conservative' (non surgical). Typically you will be provided with a set of exercises to help stretch and strengthen your shoulder. You will often be referred to a physiotherapist to help you perform the exercises properly and to monitor your progress.

If your shoulder is causing you a lot of problems an injection above the tendons into the bursa can be very helpful at alleviating pain and making it easier for you to perform your exercises. About 60-70% of patients can expect a resolution of their problem with this 'conservative' approach.

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Generally, if despite one or two injections and a comprehensive physiotherapy program you are still experiencing pain that is causing you problems then we would recommend surgical intervention.

## What does surgery involve?

The operation for impingement syndrome is called Arthroscopic Subacromial Decompression. It is a 'key hole' procedure and involves shaving a few mm of bone from the undersurface of the acromion to relieve the pressure on the underlying tendon.

In patients who also have pain and sometimes wear and tear in the adjacent acromioclavicular joint, we will also remove a few mm from the end of the clavicle to decompress the painful joint.

The operation is typically performed under a general anaesthetic with a nerve block (which helps the pain for the first 12-16 hours) and takes about 45-60 minutes. You will usually be home early the next day.

## What can I expect after surgery?

You will wake up from surgery with your arm in a sling but you can remove this over the next couple of days. Your arm will feel numb and 'heavy' whilst the nerve block is working during the first night. The shoulder will become a bit sore after that but you will be provided with painkillers which you should take regularly for the first few days. Providing no tissue repair was required during the operation you will be able to start moving your shoulder as soon as you are comfortable.

You will be provided with a 'rehabilitation' sheet showing you the appropriate exercises or you can download the instructions from this website.

Most patients will have recovered quite good movement by 3-4 weeks post surgery, will be able to return to driving by 3-4 weeks, will be able to return to light manual work by 3-4 weeks and heavier duties, including sports, by 6-8 weeks. By 3 months 80% patients can expect to have had a good or excellent outcome.

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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.

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