



Arthroscopic subacromial decompression and/or acromioclavicular joint excision: discharge advice

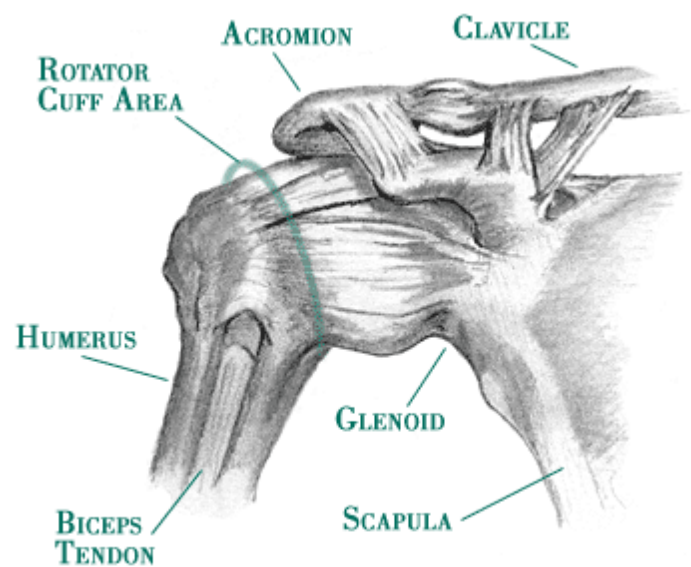
This leaflet gives advice and exercises following shoulder surgery. If you have any questions or concerns, please speak to your physiotherapist.

Introduction

The subacromial area lies between the top of the arm bone (humerus) and a bony prominence on the shoulder blade (acromion). The coraco-acromial ligament completes the arch.

The rotator cuff tendons and a fluid filled cushion (bursa) lie between the humerus and the acromion. With certain movements and positions these structures can become pinched and inflamed. The pain that you have been experiencing is caused by this pinching and is typically felt on movements such as reaching out to the side and putting your arm into a jacket sleeve.

The operation aims to increase the size of the subacromial area and reduce the pressure on the tendons. It involves cutting the ligament and shaving away part of the acromion. It may also involve cutting and/ or relocation of the long head of biceps tendon.




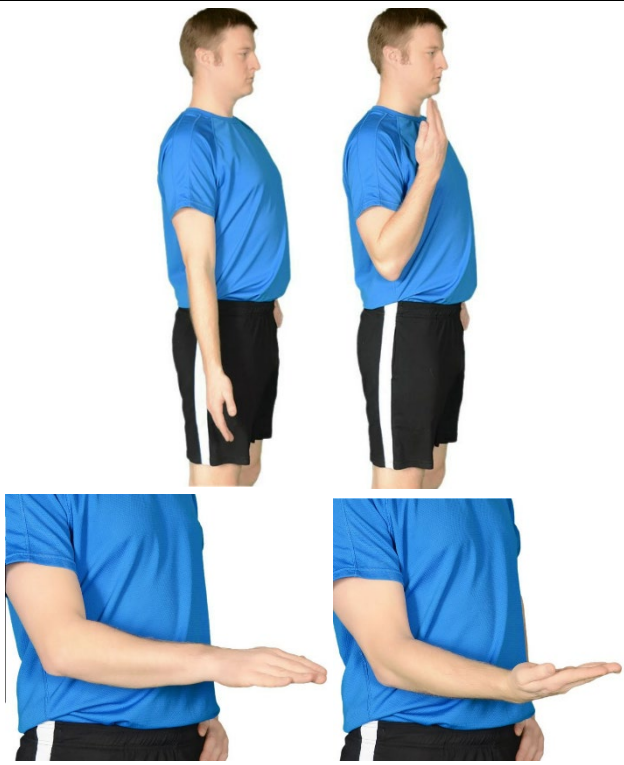
General guidelines

- **Pain:** A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important that you take painkillers after this, as the shoulder will be sore. Ice packs may also help reduce pain. Wrap frozen peas/crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes; allow at least 20 minutes between each application of the ice pack.
- **Wearing a sling:** You will return from theatre wearing a sling. This is for comfort only and should be discarded as soon as possible (usually within the first one or two days). Some people find it helpful to continue to wear the sling at night for a little longer if the shoulder feels tender.


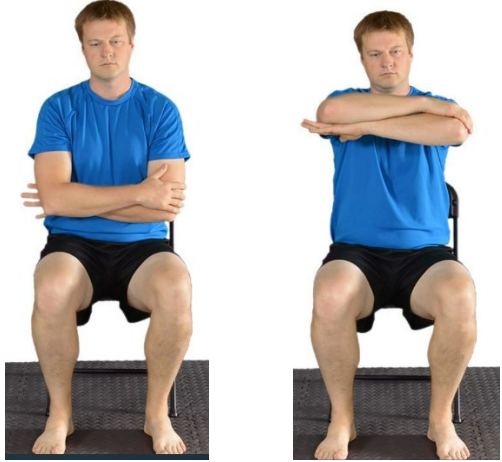


- **The wound:** This is a keyhole operation usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes up to 10-14 days
- **Follow up appointments:** You will be followed up with a telephone call from the Physiotherapy department at around three weeks and unless you are having difficulty you will be discharged to self-manage your shoulder. You will also be given an appointment with your surgeon or a member of his team three months after your operation.

Following surgery it is important you follow a strict regime of exercises (outlined below). Throughout your rehabilitation you must always be guided by your pain. Do not force, or over stretch the shoulder. It is advised that you do the exercises a minimum of 5-10 of each, three times a day.

Exercises – from day 1, as pain allows

<p>Postural awareness</p> <p>Standing or sitting: Pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.</p>	
<p>Elbow exercises</p> <p>Standing: Bend and straighten the elbow fully, using assistance of the good arm if needed.</p> <p>Standing or sitting: With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).</p>	

Compassionate	Aspirational	Resourceful	Excellent
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<p>Wrist and hand exercises Bend the wrist forwards and backwards, then side to side. Circle the wrist in a clockwise and then an anticlockwise direction. Squeeze and make a fist. You can use a small ball if you have one.</p>	
<p>Sitting or standing: Use the good arm to support the operated arm and gently lift the operated arm up away from the body (if done properly, you won't be able to go very far).</p>	
<p>Standing: Keep both elbows tucked into your waist and hold a stick (palms upwards) in both hands. Slowly use the good hand to push the hand and forearm of the operated side away from the body. Ensure the elbow does not come away from the waist.</p>	
<p>Standing: Holding a stick in both hands; slowly use the good hand to push the operated arm out to the side and away from the body. Don't worry if you can't go very far to start with.</p>	

Lying on your back:

Gently raise your operated arm up and over your head, using your good arm to assist / support as needed.
To start with, it may be more comfortable to do this with a bent elbow.



Sitting at a table :

Put a cloth or small ball underneath the operated arm (hand).
Gently slide the operated arm away from the body, using the ball to take some weight of the arm and lean your body forward into the table.



Standing:

Arm at your side, elbow bent to 90 degrees.
Stand with your back to the wall and push your elbow backwards against the doorframe.



Standing:

Arm at your side, elbow bent to 90 degrees.

Stand next to the wall and push your hand against the doorframe as if you are turning the arm outwards.



Standing facing a wall:

Pushing your forearms into the wall at all times, slowly slide your hands upwards in a 'Y' shape direction



Standing:

Lift the operated arm upwards to a vertical position.



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Standing:

Lift the arms away from the body and out to the side, going as far as you can. Try and gently increase how far the arm goes, every time you do the exercise (go further with practice).



Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- **Driving:** 2-3 weeks or when safe and able to control the car in emergency situation
- **Lifting:** as able, but heavy or repetitive lifting from 3 months
- **Swimming:** breaststroke from 6 weeks; front crawl when able
- **Sports:** sport specific training when comfortable. Competitive play when able.
- **Return to work:** dependent upon your occupation but sedentary jobs (no lifting) may return at 10 days to 6 weeks. Medium work (light lifting below shoulder level) from 6 weeks. Heavy work (above shoulder height) from 3 months.

Note: These are guidelines only.

Further information

Physiotherapy Outpatient Department Physiotherapy East: 0118 322 7811

For questions or concerns please contact:

rbft.physiotherapy@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Images courtesy of <http://simpleset.net>

Please ask if you need this information in another language or format.

RBFT Physiotherapy (Orthopaedic Shoulder Team), July 2024.

Next review due: July 2026.