

Arthroscopic subacromial decompression (ASAD)

Information for patients

The aim of this leaflet is to answer some of the questions you may have about having an arthroscopic subacromial decompression (ASAD). It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to the doctor or nurse caring for you.

What is an ASAD?

Shoulder pain is common. There are many different causes, one of which is the condition called shoulder impingement. In this condition, a bursa (which is a fluid-filled pad that lies around the rotator cuff tendons of the shoulder) becomes inflamed. As the bursa sits under the acromion bone (the bony arch at the top edge of your shoulder), when the arm is lifted, it becomes trapped and pinched causing pain.

The aim of an ASAD is to give pain relief by removing the inflamed bursa and shaving the bone on the under-surface of the acromion.

This surgery may or may not include the removal of your acromio-clavicular joint and/or calcification within the tendons. Your surgeon will tell you before your operation if this is to be done.



What are the benefits – why should I have an ASAD?

Under normal circumstances, over 90 out of 100 patients treated will have significant pain relief as a result of this procedure.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the procedure itself.

In most cases you will have a general anaesthetic (which will put you to sleep) combined with local anaesthetic, which may be injected in and around the shoulder, or around the nerves that supply the region. This is to provide pain relief after the procedure and the numbness can last for up to 18 hours.

You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you.

Arthroscopic subacromial decompression surgery is routinely performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- infection – this is a very serious complication and significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it
- nerve/vessel injury
- bleeding – rarely an issue as this is a ‘keyhole’ procedure
- thrombosis/blood clot
- stiffness of the shoulder – this is rarely permanent and usually improves over a three to six month period
- acromion fracture – fracture at the top of your shoulder

Are there any alternatives?

In most cases a course of physiotherapy and administration of steroid injection into the joint will be attempted first to see if this can reduce the pain. This operation is the next stage of treatment, once these non-surgical options have been tried.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. Before carrying out any procedure, staff will explain the procedure to you, along with the associated risks, benefits and alternatives. If you have any questions about your care, or any concerns, please do not hesitate to ask for more information.

If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

What happens during an ASAD?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then be taken to the operating theatre to undergo the operation.

During your surgery you are generally sat up in a beach chair type position. The operation is done via keyhole surgery (arthroscopy). The surgeon introduces a camera into your shoulder through a small incision and watches the images on a TV screen. Photos are generally taken of the findings.

The inflamed bursa is then removed and the bone on the under-surface of the acromion is shaved which creates more space for the tendons. There is no long-term risk in removing the bursa.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours after the operation. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the procedure?

Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then either be transferred to the day surgery unit or if you have other medical conditions you may be admitted to one of the orthopaedic wards.

When you go home depends on your individual circumstances and the time of your procedure. Usually, you will be able to go home on the day of surgery unless you have any other significant medical problems which need to be addressed. This will be discussed with you before your operation.

You may be seen by an orthopaedic physiotherapist who will teach you some basic exercises and how to put on and take off your sling. He/she will provide advice on limitations and returning to normal functional use of your shoulder after your surgery. The physiotherapist will also organise your out-patient physiotherapy referral at your local hospital.

What do I need to do after I go home?

It is important to continue to use your arm after your operation to prevent any stiffness or weakness developing. Your arm will be in a sling for one to two days after your operation. You can rest out of the sling and support the arm on a pillow when you are not moving around.

At two weeks following surgery you should aim to get your arm well above shoulder height, however it will still not be able to go straight upwards. You should regain the majority of your range of movement after three weeks.

You should leave the dressing intact until your follow-up appointment, about two weeks after your surgery. You can shower or bath with the dressing in place, but try not to soak.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss with you the management of your painkillers before you go home.

What should I do if I have a problem?

Please contact your GP or attend A&E if you experience any of the following:

- increasing pain
- increasing redness, swelling or oozing around the wound site
- fever (temperature higher than 37.5°C).

Will I have a follow-up appointment?

Two weeks following your surgery, you will be asked to attend the out-patients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

If you have any concerns about your operation or want to talk to us again, we would be happy to see you. Please contact the following (Monday-Friday, 9am-5pm):

- Medical Secretary to Verona Beckles: Carla McLoughlin
- Tel: 0207 496 3563
- Email: beckles.admin@sportsortho.co.uk

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.



London Sports Orthopaedics
31 Old Broad Street
(by Tower 42)
London
EC2N 1HT

Tel: 020 7496 3597

Fax: 020 7496 3596

london@sportsortho.co.uk

www.sportsortho.co.uk