GUIDELINES FOR PATIENTS HAVING A

SHOULDER ACROMIOPLASTY/
SHOULDER DECOMPRESSION

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Shoulder Acromioplasty / Decompression

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# Shoulder Acromioplasty / Decompression

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**Introduction**

This information booklet has been written to give you and your family a basic understanding of what is involved when you require a shoulder acromioplasty or decompression.

In this booklet we provide information, including things you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in Beacon Hospital, you will receive continuous advice and support from all members of the team.

**What makes up the Shoulder Joint?**

The shoulder is a combination of three bones: the humerus (upper arm bone), the clavicle (collarbone), and the scapula (shoulder blade).

The ball-like head of the humerus fits into the cup-like end of the scapula known as the glenoid.

This cup or glenoid is commonly referred to as the shoulder socket and is surrounded by a rim of soft tissue called the labrum.
The tip of the shoulder blade (scapula) that forms the roof of the shoulder joint is known as the acromion.

Where this bone meets the collarbone (clavicle) is known as the acromioclavicular (or AC) joint. Normally, the tendons of the shoulder and the fluid-filled sac known as the bursa have plenty of room underneath the AC joint. However, overuse of the shoulder may lead to bursitis or tendonitis, collectively known as impingement.

Impingement causes the tissues underneath the AC joint to be pinched against the bone, causing irritation and pain. Additionally, arthritis can develop in the shoulder as a result of overuse (osteoarthritis) or autoimmune attack (rheumatoid arthritis).

Physiotherapy, medication and cortisone injections are most often prescribed for shoulder pain; however, if these methods fail to work, arthroscopic surgery may be necessary.

**Surgery Technique**

During the arthroscopy, the surgeon can reshape the acromion to increase the amount of room inside the joint. The procedure may be accompanied by a distal clavicle resection, removal of the coracoid ligament, debridement, or as part of a subacromial decompression. An inflamed bursa may be removed as well as part of the acromion. The rotator cuff tendons are inspected to look for any signs of a tear.

**Immediate post operative period: Manage Your Pain**

Pain is a common occurrence following any surgical procedure. The operative area is filled with long acting local anaesthetic. After the surgery, the shoulder may be sore. This can be well managed with medications, special pain management devices and ice. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities after your surgery.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.
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0= No Pain, 10= worst pain imaginable

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Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/ medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

Ice

Ice packs may also help reduced pain. Your shoulder may be hot red and swollen after surgery. Ice may be used therefore during your hospital stay and at home, to help reduce the pain and swelling. Wrap crushed ice or frozen peas in a towel and place over your shoulder for 15 – 20 minutes. Your sensation may be decreased after surgery, so use extra care.

The swelling may last 2-3 weeks and the pain is variable. Acute pain however is relieved after the first 3-7 days post surgery. It is normal to even see some bruising on your operated limb and this may track all the way down to your wrist.

If you have severe pain or redness, contact the nursing staff from the ward you were an inpatient on or, alternatively, your consultant following discharge from hospital.

### Dressing / Shoulder Immobiliser Sling:

Keep your dressing clean and dry, but do not remove it without advice from the nursing staff looking after you. There may be some blood spotting on the dressing, this is normal. Excessive bleeding that soaks the dressing should be reported to the nursing staff immediately. Your dressings will usually be reduced post surgery by the nursing staff and replaced with a shoulder support, as directed by your consultant. You will be advised by your consultant regarding which shoulder support and the length of time it needs to be worn.

### Physiotherapy

You will be seen by the physiotherapist day one post surgery who may commence gentle range of movement exercises with you, depending on directions by your consultant. The physiotherapist will apply your sling according to your consultant’s request. You should ensure that you have had adequate pain medication prior to seeing the physiotherapist. Please discuss any pain you might be experiencing with the nursing staff and ensure that you keep your pain under control.

The physiotherapist will teach you gentle neck and shoulder movements and will advise you regarding regular elbow and hand / wrist movements to ensure that these joints do not become stiff post surgery. The exercises should not lead to excessive pain or discomfort.
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Shoulder abduction i.e. bringing the arm away from your body in the early rehabilitation period (3-6 weeks) may aggravate pain so care should be taken. All movements are carried out within your comfortable limit and should not lead to excessive pain or discomfort.

It is important to follow your physiotherapist’s instructions carefully and only perform the movements taught to you by your physiotherapist.

### Exercise Program

**Frequency:** You will need to exercise at least **three times** a day to ensure you reach your rehabilitation goals.

The following exercises start as soon as you are able. You may feel uncomfortable at first, but these exercises will speed your recovery. Additional exercises permitted by your consultant will be provided by your physiotherapist when applicable.

These exercises and advice have been carefully chosen to optimise your recovery. Either doing too much or too little can be detrimental. This said, if any of the exercises cause you pain, stop performing them and consult with your Physiotherapist.

1) **Scapula setting/Posture**

*You can start this exercise now. (Date)………………*

Correct posture is one of the most important things to achieve following your surgery. It allows the shoulder to move in the way it was supposed to do without placing stresses and strains on the joint and muscles.

The scapula or shoulder blades should be moved back and down. This position should be maintained for all exercises.

2) **Cervical Rotation:**

*You can start this exercise now. (Date)………………*

- Turn your head to one side until you feel a stretch. Hold Approx. 20 seconds Repeat to other side x 3
3) Elbow Range of Movement

You can start this exercise now. (Date)………………

- Keeping your arm close to your side, bend and straighten your elbow fully focusing on getting your elbow as straight as possible. Repeat 10 times

4) Wrist Range of Movement

You can start this exercise now. (Date)………………

- Bend and straighten your wrist forwards and backwards and repeat x 10 repetitions. Make a full fist, then open fingers fully straight. Repeat x 10 repetitions

5) Pendular Exercise

You can start this exercise now. (Date)………………

- Stand. Lean forwards. Let your arm hang down. Swing your arm forwards and backwards, then in a gentle circular motion. Repeat 10 times.

6) Shoulder Flexion

You can start this exercise now. (Date)………………

- Lying on your back. Support your operated arm with the other arm and lift it up overhead.
  Repeat 10 times.
  (Shown for right shoulder)
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- Grasp a stick in both your hands. Lift the stick up and gently take overhead until you feel a gentle stretch in your shoulder. Repeat 10 times.

7) Shoulder Abduction

You can start this exercise now. (Date)................

- Lying on your back, keeping the elbow to your side. Hold a stick in your hands. Move the stick sideways, gently pushing the hand on your operated arm outwards. Repeat 5 times.

8) Shoulder External Rotation

You can start this exercise now. (Date)................

- Lying. Put your hands behind your head, and gently stretch the elbows towards the floor/ backwards to feel a gentle stretch on the front of your shoulders. Repeat 5 times.

9) Horizontal Flexion

You can start this exercise now. (Date)................

- Take your affected arm across your body to rest the hand on the opposite shoulder. Grasp the elbow with your good
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hand and gently stretch the arm across your body. Repeat 5 times.

10) Isometric

You can start this exercise now. (Date)………………

- Standing with elbow flexed to 90 degrees. Hold the elbow close to your body, gently push the hand against a door frame, and hold for 5 seconds. Repeat 10 times

Rehabilitation Goals

- Independent in the correct use of your shoulder support
- Independent in the completion of your exercise program
- Ensure that you have adequate pain control.
- Clear awareness of your follow up rehabilitation program.

General Recommendations

Driving

In order to be safe driving a motor vehicle, you must be in control of the wheel effectively. It is recommended that you do not drive a motor vehicle until you have complete control over your upper limb. This timeframe may range from 1-6 weeks post surgery.

Returning to Work

Plan to take time off work following your surgery. If your job requires a lot of manual labour, contact your consultant for appropriate work restrictions.

Potential Complications

The surgery is performed under general anaesthetic. There is a small risk (<1%) of damage to nerves or blood vessels or infection. The surgery is successful in approximately 90% of patients. A small proportion of patients (<5%) develop stiffness of
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the shoulder following the procedure. Infection is now a rare complication occurring in less that 1% of patients. Strict protocols in the operating theatre, intra-operative antibiotics, special surgical gowns and meticulous attention to surgical detail have helped achieve this low number.

⇒ As with any surgery, there are also a small proportion of patients who fail to derive benefit from the surgery or who require further

| Discharge Instructions |

You will be discharged from hospital 0-1 days after your operation. When you leave the hospital you will be asked to make an appointment to see your consultant, usually 6 weeks after the operation.

Follow up

Commencement of follow up physiotherapy is dependant on your consultant’s advice, usually one-two weeks post surgery. Once advised for same, please make a physiotherapy appointment. You may either attend a private physiotherapist in Beacon hospital or a physiotherapist more local to your home. Your physiotherapists will advise you after your surgery regarding your requirements for continued physiotherapy. The Beacon Physiotherapy department number is 01 2936692.

On discharge from hospital, your consultant will prescribe you some medications. One of the medications prescribed will be pain medications. Plan to take your pain medication 30 minutes before exercises. Preventing pain is easier than chasing pain. If pain control continues to be a problem, contact the orthopaedic centre or your general practitioner.

Wound Care

You will leave the hospital with a simple surgical wound. Infection may occur despite your very best efforts. If any of the symptoms below occur then you will need to see your GP or liaise with the orthopaedic link nurses re advice and possibly antibiotics.

Signs of Infection

If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

- Redness around the wound site
- Increased pain in the wound
- Swelling around the wound
- Heat at the wound site
- Discharge of fluid – may be green or yellow
- Odour or smell from the wound
- Feeling of being generally unwell
- Fever or temperature

Most people will have sutures that will need to be removed approximately 10-14 days after surgery. This may be done by the GP, Dressing clinic, consultant or in the convalescence centre.
Conclusion

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery. During your hospital stay, your medical team will be available to answer any other queries you may have. If you have any further questions, please contact the Physiotherapy department on 01 2936692.

Individual Patient Notes:

Consultant Name: ________________________________

Date of Surgery: ________________________________

Surgery Note: _________________________________

Shoulder Sling: ________________________________

This Patient Education leaflet was developed by the Chartered Physiotherapists in Beacon Hospital.