



Spire Healthcare

Treatment summary

Shoulder arthroscopy including sub-acromial decompression

What's involved?

Shoulder arthroscopy is a “keyhole” operation that is used to look inside and treat the shoulder joint. During the procedure a tube-like telescope called an arthroscope, which is about the thickness of a pencil, is inserted into the shoulder joint.

The operation is usually performed under general anaesthesia, which means that you will be asleep during the procedure. You may also be given a regional anaesthetic during the operation. This is an injection that numbs your shoulder so that it is not painful when you wake up.

The operation is routinely performed as a day-case, with no overnight stay, although some people stay in hospital for one night.

Your surgeon will explain the benefits and risks of having a shoulder arthroscopy, and will discuss the alternatives to the procedure.

About the operation

A small cut (about 5mm long) is made in the skin around the shoulder that is being treated. Sterile fluid is put in to the joint to help produce a clearer picture. Another small cut is made for the arthroscope.

Your surgeon then views the joint, looking directly through the arthroscope, or at pictures it sends to a video monitor. If necessary, other instruments can be inserted to repair any damage or remove material that may be interfering with movement or causing pain in the shoulder.

At the end of the procedure the fluid is drained out of the joint. The cuts are closed, usually with stitches. Shoulder arthroscopy normally takes 30 to 60 minutes.

Before you go home, a physiotherapist will visit you to help you to get the joint moving and to discuss exercising at home.

Afterwards, there is likely to be some pain and stiffness around the joint, which may last a few weeks. This can make moving around quite uncomfortable at first.

Sub-acromial decompression

Sub-acromial decompression is an operation to prevent the bones and tendons in your shoulder catching and rubbing against each other when you raise your arm. The operation is normally performed using arthroscopy.

The sub-acromial area lies between the top of your arm bone (humerus) and a small bone attached to the top of your shoulder blade (the acromion). A fluid filled sac (bursa) lies in the subacromial area. Over time, certain movements can cause irritation and swelling of the bursa. Bony spurs can also form on the shoulder blade as it rubs against the arm bone.

The swollen bursa and the bony spurs reduce the amount of space between the shoulder blade and tendons. The tendons get pinched, causing pain and restricting movement. Subacromial decompression opens up this space by changing the shape of the shoulder blade.

Arthroscopy is a commonly performed and generally safe operation. For most people, the benefits in terms of improved symptoms, or from having a clear diagnosis of a joint problem, are greater than the disadvantages. However, all surgery carries an element of risk.

Specific complications of arthroscopy could include accidental damage to the inside of the joint or a loss of feeling in the skin over the shoulder. It is also possible to develop a blood clot in a vein in one of the legs (deep vein thrombosis, DVT), but this is not common.

If you have had a sub-acromial decompression, it's possible for the upper edge of the shoulder blade to fracture after surgery. This may happen if lots of the acromion is removed, leaving it weaker.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how any risks apply to you.

To find out more about having shoulder surgery in a Spire Healthcare hospital, please contact your local Spire hospital.



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