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Subacromial decompression

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Next review due September 2019

Subacromial decompression (acromioplasty) is an operation on your shoulder. It's used to treat a condition called shoulder impingement. This is when the bones and tendons in your shoulder rub against each other when you raise your arm, causing pain.

The word 'subacromial' means 'under the acromion'. The acromion is part of your shoulder blade (scapula), and it helps to form your shoulder joint.

If you're having a subacromial decompression procedure it will probably be done through keyhole surgery (arthroscopy) under a **general anaesthetic**. Most people get to go home on the same day. Find out more about having the procedure in our section 'what happens during subacromial decompression' below.



Preparing for subacromial decompression

Your operation will be carried out by an orthopaedic surgeon (a doctor who specialises in bone surgery). They'll explain how to prepare for your procedure. For example, if you **smoke**, you'll be asked to stop. Smoking increases your risk of getting a chest or wound infection, which can slow your recovery.

Before you go into hospital you'll need to make some preparations for after your surgery. The operation is usually done as a day case, which means you won't have to stay overnight in hospital. You'll need to arrange for a friend or family member to collect you from hospital after your surgery and take you home. And make plans for someone to be with you for at least the first day after you come home.

You'll probably be having a **general anaesthetic** during your operation, so you'll be asked to follow fasting instructions. This means not eating or drinking, typically for about six hours beforehand. Follow your anaesthetist or surgeon's advice carefully.

Your surgeon will discuss with you what will happen before, during and after your procedure, and any pain you might have. This is your opportunity to ask questions so that you understand what will be happening. You don't have to go ahead with the procedure if you decide you don't want it. Once you understand the procedure and if you agree to have it, you'll be asked to sign a consent form.

When should a skin lesion be removed?

Your GP will recommend you have a skin lesion removed if there is any suspicion that it could be cancerous, or could become cancerous. Some benign (non-cancerous) skin lesions look very similar to **skin cancer**. The only way to tell for sure whether or not it's cancer is to have the lesion removed and examined in a laboratory.

Skin lesions that have no signs of being cancerous don't need to be removed. If a skin tag, mole or other lesion is causing you significant problems though, for instance it's catching on clothing, you may prefer to have it removed.

You may also decide you want a skin lesion removed if you're unhappy with how it looks. But if you're having it removed solely for cosmetic reasons, you'll usually need to pay to have it done privately. It's also important to realise that many of the procedures are likely to leave a scar. Your doctors will do their best to keep the scar to a minimum, but it may end up bothering you almost as much as the original lesion.

Your GP may be able to remove your skin lesion for you at your GP surgery or prescribe you a cream or gel to use at home. For some types of skin lesion, especially those that may be cancerous, your GP will need to refer you to a dermatologist. A dermatologist is a doctor who specialises in identifying and treating skin conditions.

What are the alternatives to subacromial decompression?

For some people, subacromial decompression isn't necessary. Shoulder pain has various causes and the symptoms can often be managed with other options such as:

- self-help treatment, including rest and avoiding painful movements
- **physiotherapy**
- non-steroidal anti-inflammatory medicines
- **steroid joint injections**

Your surgeon will usually only recommend you have subacromial decompression if other treatments haven't worked for you.

What happens during subacromial decompression?

Subacromial decompression can take around an hour, depending on how complicated your operation is. The operation is usually done as a keyhole procedure using a narrow, flexible, tube-like telescopic camera called an arthroscope.

Subacromial decompression is usually done under [general anaesthesia](#), which means that you'll be asleep during the procedure. You may also be given a [local \(regional\) anaesthetic](#) into the nerves around your shoulder. This helps to reduce any pain you may feel after your operation. Once the anaesthetic has taken effect, your surgeon will make small cuts in the skin around your shoulder. Usually there will be three small cuts, but sometimes more are needed.

Your surgeon will look into the area called the subacromial space within your shoulder. This will be either directly through the arthroscope, or at pictures sent from the arthroscope to a monitor. They'll insert specially designed surgical instruments through the small cuts and reshape this part of your shoulder blade. Your surgeon may also decide to repair any damaged tendons at the same time. This may mean your surgeon has to change from keyhole surgery to an open operation and will make a larger cut in your shoulder. See our FAQ on arthroscopy or open surgery below for more information.

At the end of the operation, your surgeon will remove the surgical instruments and close the cuts, usually with stitches.

What to expect afterwards

You'll need to rest until the effects of the anaesthetic have passed. Let your nurse know if you're in pain. You'll be offered pain relief to help with any discomfort as the anaesthetic wears off.

You'll usually be able to go home when you feel ready. Someone else should drive you home. Try to have a friend or relative stay with you for the first 24 hours.

Having [general anaesthesia](#) can temporarily affect your co-ordination and reasoning skills. So don't drive, drink alcohol, operate machinery or sign legal documents for 24 hours afterwards. If you're in any doubt about driving, contact your motor insurer so that you're aware of their recommendations, and always follow your surgeon's advice.

Before you leave hospital your nurse will give you advice about caring for your wounds, and what to do about any stitches you have. You may need to keep your arm in a sling for a few days after your operation.

Recovering from subacromial decompression

You'll need to be patient, as it usually takes between two and four months to make a full recovery from subacromial decompression, sometimes longer. But the operation is successful in between eight and nine out of 10 people.

If you need pain relief, you can take **over-the-counter painkillers** such as paracetamol or ibuprofen. Always read the patient information leaflet that comes with the medicine and if you have any questions, ask your pharmacist for advice.

You may see a physiotherapist (a health professional who specialises in maintaining and improving movement and mobility) after your operation. It's really important that you do any exercises that your physiotherapist or surgeon recommends. These may help you to recover more quickly. Your surgeon or physiotherapist will tell you when to start these exercises, and how many to do.

You may be able to return to work within a few days of your procedure. However, this will depend on how complicated your operation was and the type of job you have. Ask your surgeon or physiotherapist for advice about returning to work and other activities.

Side-effects of subacromial decompression

Side-effects are the unwanted but mostly temporary effects you may get after having the procedure.

You may have some pain and stiffness around your shoulder after surgery. This may make moving around uncomfortable at first.

If you develop any of the following symptoms, contact your hospital immediately as it may indicate you have an infection or other complication.

- Your wound becomes hot, red or swollen.
- Your wound bleeds or becomes more painful.
- You have a high temperature.

Complications of subacromial decompression

Complications are when problems occur during or after the procedure. It's not possible to say for sure how likely each person is to get these – ask your surgeon how these risks might apply to you.

There are several possible complications of any operation. These include an unexpected reaction to the anaesthetic, a blood clot in the veins of your leg (**deep vein thrombosis, DVT**), excessive bleeding or infection.

A possible complication of subacromial decompression is accidental damage to your shoulder blade or another part of your shoulder joint, including nerves or blood vessels.

Subacromial decompression surgery is successful in between eight and nine out of 10 people. This means that in one or two out of 10 people the surgery is unsuccessful, and they will continue to have shoulder symptoms.

Frequently asked questions

What exercises can I do to help my recovery?

Should I have arthroscopic surgery or open surgery?

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Frozen shoulder

Common symptoms of frozen shoulder are pain and increasing stiffness in your shoulder, eventually making the joint difficult to move.

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Physiotherapy

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