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**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# Subacromial Decompression

## Physiotherapy Department



## What is subacromial impingement?

The subacromial space is the space between the ball (humeral head) and the tip of the socket (the acromion). There are many structures that lie in this space including tendons belonging to the rotator cuff muscles and a fluid sack known as a bursa. The subacromial bursa is designed to prevent friction occurring between the tendons and the bone. During subacromial impingement the structures in the subacromial space become compressed. This may be due to a muscle imbalance which can cause the shoulder blade (scapular) to move in an altered fashion. This in turn will have an effect on the subacromial space as the acromion is a part of the shoulder blade. It can also be due to anatomy where the acromion may have a downward sloping configuration or bony spurs on the end.

## What is the management for Subacromial impingement?

The first line of management should be physiotherapy. A Physiotherapist will be able to address any muscle imbalances that may be occurring and causing or contributing to your symptoms. If this fails to be effective, then your consultant may suggest an anti-inflammatory injection. This is designed to limit the inflammation within the subacromial bursa and reduce your symptoms. If the symptoms persist then an operation may be warranted.

## What does a subacromial decompression involve?

The surgical management of a subacromial impingement will usually involve an arthroscopic (“keyhole”) procedure. This is done with a small incision by where equipment used to carry out the surgery can be implanted. With the keyhole procedure

- b. If you suspect this to be the case contact your local GP as you may require a course of antibiotics

### 4. Bleeding

- a. Potentially excessive bleeding may occur which requires a post-operative blood transfusion, but this is extremely rare.

### 5. Damage to nerves

- a. There are several nerves that surround the shoulder and as a result there is a risk to these. Damage to the nerves may present with prolonged weakness and altered sensation in the arm. This may be permanent but usually resolves depending on the severity of the damage.
- b. It is important to note that post-operative pain, weakness and altered sensation are perfectly normal and are often the effects of the anaesthetic and therefore should resolve in a few days following surgery.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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Author: Paul Sealey (Clinical Specialist Physiotherapist)

Department: Physiotherapy

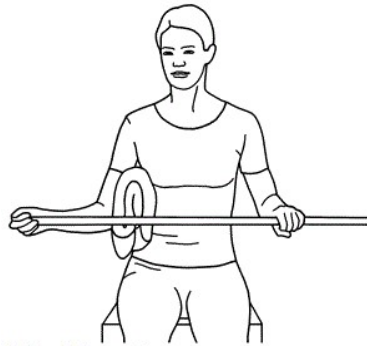
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6.

Sit or stand with both elbows at right angles. Place a rolled towel between your elbow and side. Hold a stick with both hands.



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Push the stick to move the arm outwards.

Repeat \_\_\_ times.

## Possible post-operative complications

Following any operative procedure there are potential risks. We aim to reduce these as much as possible through pre-operative screening and assessment and great care taken operatively.

Possible complications include:

### 1. Complications of anaesthesia

- a. Your anaesthetist will be able to advise further.

### 2. Pain

- a. You will experience pain post-operatively which is normal and is related to the healing process. This should not be confused with ongoing damage.

### 3. Infection

- a. This is very rare due to the arthroscopic procedure but can occur at the operation site or in the shoulder.

it limits the risk for post-operative complications such as an infection. The procedure is likely to involve an acromioplasty and bursectomy. An acromioplasty is when the tip of the socket (the acromion) is reshaped to allow a greater area and thus less compression on the tendons and bursa. Due to prolonged compression of the subacromial bursa this may become chronically inflamed and portions of it may be removed to settle your symptoms. The operation may also include an Acromio-Clavicular joint excision. This is where any additional bone that may be found around the joint between your collar bone (clavicle) and the tip of the socket (acromion) can be removed.

## What happens after the surgery?

Your surgery is likely to be a day case and therefore it is likely that you will go home the same day as the procedure. This will depend on the effects of the anaesthetic, post-operative pain and any possible post-operative complications. You will be given a sling and exercises to do as it is important to get the shoulder moving to prevent stiffness occurring. The sling is to be worn for comfort only and is not a necessity. It is important that the shoulder is moved and therefore continual use of the sling is discouraged. It is important to remember that following surgery your shoulder will be inflamed as a result of the surgery and therefore painful. You should therefore restrict activities that could make this inflammation worse by avoiding heavy lifting for the first six weeks and driving for the first two weeks.

## Exercises

To be completed 3-4 times a day.

Please note these exercises should be as pain and dressings allow. If the number of repetitions is too much reduce them and slowly build up to the stated amount. Little and often is better than one set a day.

1.



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Stand leaning on a table with one hand.  
Let your operated arm hang relaxed straight down.

- Swing your arm forwards and backwards.
- Swing your arm to your left and then to your right.
- Swing your arm as if drawing a circle on the floor. Change direction.

Complete exercises 2 and 3 if you experience lots of pain otherwise go straight to exercises 4 and 5.

2.



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Lying on your back with elbows straight.

Use one arm to lift the operated arm up keeping it as close to the ear as possible.

Repeat \_\_\_ times.

3.



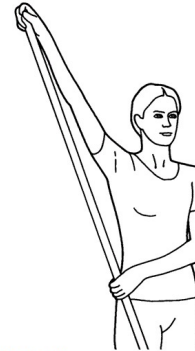
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Sit on a chair with your operated arm supported out to the side on a table.

Slide your arm away from your body as far as you can and return.

Repeat \_\_\_ times.

4.



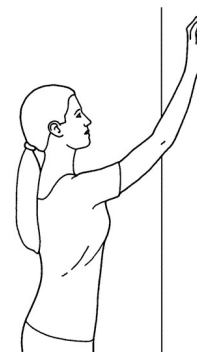
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Stand and grip one end of the stick with the arm to be exercised.

Lift the stick up forwards or sideways by assisting with the other arm.

Repeat \_\_\_ times.

5.



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Stand facing a wall.

'Walk' your fingers up the wall as high as possible.

Reverse down in the same way.

Repeat \_\_\_ times.