

# IMPINGEMENT SYNDROME, SURGERY FOR (Subacromial Decompression)



## ■ ■ ■ Indications (Who Needs Surgery, When, Why, and Goals)

Surgery for rotator cuff tendinitis, subacromial bursitis, or impingement is reserved for people who have continued shoulder pain that affects activities of daily living or sports activities despite completing an appropriate rehabilitation program for at least 3 months. Persons with an acromion (roof of the shoulder) that has a curve, hook, or spur and those with partial thickness rotator cuff tears are most likely to benefit from this surgery. The goal of surgery is to eliminate the shoulder pain by removing the thickened and chronically inflamed bursa, removing the curve, hook, or spur from the acromion, and cutting the coracoacromial ligament to increase the space under the acromion so that the rotator cuff is less likely to be pinched between the acromion and humeral head.

## ■ ■ ■ Contraindications (Reasons Not To Operate)

- Infection of the shoulder
- Inability or unwillingness to complete the postoperative program of keeping the shoulder in a sling or immobilizer (if open) or to perform the rehabilitation necessary
- Patients who have emotional or psychological problems that contribute to their shoulder condition
- Patients who have rotator cuff inflammation due to other causes such as impingement caused by shoulder instability, weak muscles of the shoulder blade (scapula), shoulder arthritis, stiff or frozen shoulder, or a large os acromiale

## ■ ■ ■ Risks and Complications of Surgery

- Infection
- Bleeding
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm
- Continued or recurrent pain
- Detachment of the deltoid muscle (if open)
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of competition
- Weakness of the shoulder
- Fracture of the acromion
- Acromioclavicular (AC) joint pain
- Removal of too much or too little acromion

## ■ ■ ■ Technique (What Is Done)

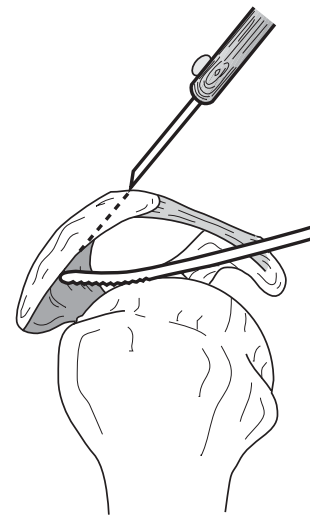
Different techniques are in use at this time. The overall goal is to remove the chronically inflamed and scarred bursa and remove the acromial curve, hook, or bone spur. This can be done arthroscopically or with an open incision.

Arthroscopic techniques involve using small incisions (arthroscopy portals) to look in the shoulder joint; then electricity is used to cauterize small capillaries. Electricity or a motorized shaver is used to remove the bursa. The coracoacromial ligament is usually removed. Next a power burr is used to remove the bony curve, hook, or spur from the acromion.

Open decompression involves detaching the large deltoid muscle from the acromion, as well as cutting the coracoacromial ligament. Next the acromial curve, hook, or spur is removed using a saw or osteotome (chisel). A rasp is often used to smooth the cut bone edges. The bursa is then removed with scissors. The deltoid muscle is sewn back onto the acromion.

## ■ ■ ■ Postoperative Course

- Management after surgery varies based on technique used and surgeon preference.
- Keep the wound clean and dry for the first 10 to 14 days after surgery.
- Keep the shoulder in a sling, brace, or immobilizer for as long as your surgeon tells you; this is usually a couple of days if done arthroscopically or up to 6 to 8 weeks if done as an open procedure, after which the deltoid needs to heal to the acromion.
- You will be given pain medications by your physician.
- You may be told to perform motion exercises immediately after surgery.
- Postoperative rehabilitation and exercises are very important to regain motion and then strength.



**Figure 1**

From Rockwood CA Jr., Matsen FA III: *The Shoulder*, 2nd ed. Philadelphia, WB Saunders, 1998, p. 805.

**■ ■ ■ Return To Sports**

- Return to sports depends on the type of sport and the position played.
- A minimum of 6 weeks is necessary after surgery before return to sports.
- Full shoulder motion and strength are necessary before returning to sports.

**■ ■ ■ Notify Our Office If**

- You experience pain, numbness, or coldness in the hand
- Blue, gray, or dusky color appears in the fingernails

- Any of the following occur after surgery:
  - Increased pain, swelling, redness, drainage, or bleeding in the surgical area
  - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
  - New, unexplained symptoms develop (drugs used in treatment may produce side effects)

Do not eat or drink anything before surgery. Solid food makes general anesthesia more hazardous.

Notes:

(Up to 4400 characters only)

Notes and suggestions