

Subacromial Decompression

When there is an ongoing problem with tendonitis, bursitis, and bone spurs, a procedure called **subacromial decompression** may be recommended. This procedure creates more space for the rotator cuff.



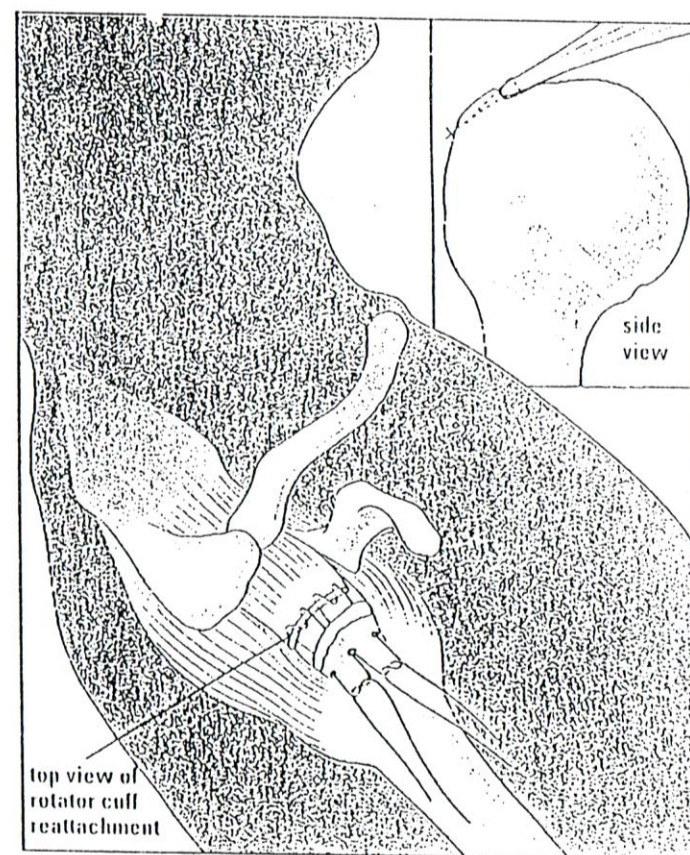
This surgery is done with the patient in a comfortable half-sitting position. A small incision is made over the top of the shoulder. The deltoid muscle of the shoulder is opened. The underlying thickened bursa is removed. A tight ligament is often released from the acromion bone. The acromial bone spurs are removed and the shape of the normal bone is restored. The rotator cuff is then checked.

Arthroscopy is a method for using a thin viewing tube (arthroscope) and other instruments inserted into the shoulder through small incisions. Many surgeons prefer arthroscopy to accomplish subacromial decompression. Some surgeons find it useful for rotator cuff repair.

Rotator Cuff Repair

In addition to the steps taken for subacromial decompression surgery, the frayed edges of the torn rotator cuff are removed. Scar tissue is cut to restore tendon mobility.

The torn tendon is reattached to the humerus, if possible. If necessary, the repair is reinforced. Before the wound is closed, shoulder motion is checked to make sure that the repaired tendon will not pull away from the bone or rub against the acromion.



Side and top view of shoulder during rotator cuff repair.

WHAT TO EXPECT AFTER SURGERY

After surgery, you will be taken to the recovery room with your arm in a sling, or perhaps supported by a wedge-shaped pillow.

- An **intravenous (IV) line** in your arm or hand will deliver fluids and antibiotics directly into the bloodstream.
- If you had general anesthesia, oxygen and breathing exercises may be given to counter its effects.
- An ice pack may be placed on your shoulder.
- You may be offered something to drink when fully awake.

You should be on your way home or into your hospital room within two hours.

Managing Discomfort

The arm sling may be released to allow the elbow to straighten while lying down or sitting. The sling should not be removed. A cold pack or ice should be kept on the shoulder to reduce discomfort.

- For pain control, an injection at the base of the neck, called a **nerve block**, may be given to block the pain nerves to the shoulder and arm. You may have had a nerve block before surgery as well, to produce regional anesthesia.
- Pain medication may be given by mouth, injection in the muscle, or through the IV line.
- A long-acting local anesthetic may be delivered to the site of surgery through a small tube attached to a pump.

Rehabilitation Therapy

Therapy is initiated on the day of out-patient surgery or the day after. If you are in the hospital, your therapist will visit you once or twice a day to help with exercises. You will be asked to exercise on your own as well.

The rehabilitation therapist acts as a coach and educator. Under your doctor's direction, the therapist will first teach you exercises to safely move your shoulder. Later, strengthening exercises will help return it to normal function.

Family members should meet the therapist to learn how they can help you at home.

The rehabilitation therapist is available to work with you throughout the healing process.

Your therapist can help to ensure that the best possible shoulder function is restored.

