Subacromial Decompression

The subacromial space is a potential space in the shoulder located between the superior surface of the rotator cuff, which lies on top of the humeral head, and the inferior surface of the acromion. As you raise your arm, the narrow space between the humeral head and the acromion naturally compresses. Over time, this may cause irritation of the rotator cuff leading to irritation and inflammation of the rotator cuff tendon and excess fluid and swelling in the subacromial space. This is what we call impingement syndrome of the shoulder. There are factors which predispose a person to developing subacromial impingement, such as the shape of your acromion, repetitive overhead motions such as from a job or athletics, or arthritis.
Subacromial decompression is an arthroscopic surgical procedure aimed at removing factors that cause impingement. Arthroscopy is a common surgical procedure in which a joint (arthro-) is viewed (-scopy) using a small camera. Arthroscopy allows a clear view of the inside of the shoulder. This allows Dr. Parentis to diagnose and treat various shoulder problems, including subacromial impingement.
The decision to move ahead with subacromial decompression is purely an elective one. This decision is usually made when one has failed conservative treatments such as NSAIDs, PT, steroid injections, and/or activity modification.

Preparing for Surgery

If you decide to go ahead with subacromial decompression, you may need a complete physical examination, as well as blood-work, EKG, and chest x ray with your family physician before surgery. He or she will assess your health and identify any problems that could interfere with your surgery. If you are over 50 years of age or have any major medical problems you will need to have medical clearance.

Before surgery, if you are taking Plavix, Pradaxa, Coumadin, or any other blood thinners you will need to stop them before surgery. Please notify us if you are taking any of these. You may continue to take Aspirin normally. Please notify our office if you have a history of DVT, Blood clot, or pulmonary embolism.

Arranging post-operative rehabilitation: You will begin physical therapy the day after the surgery. We encourage all patients to do physical therapy at our Souhtowns office (508-8252) or our Amherst office (839-5858).
The Procedure

The surgery is done on an outpatient basis and will be performed at the Ambulatory Surgical Center of WNY on Sheridan drive near the Boulevard Mall. The phone number there is (716) 831-9435. The address is 3112 Sheridan Drive Amherst NY 14226

Arrival

The Ambulatory Surgical Center of WNY will contact you with specific details about your appointment time. Be prepared for this to change the day of your surgery!!!!!!! You will likely be asked to arrive at the Surgical Center on Sheridan road an hour or two before your surgery. Do not eat or drink anything after midnight the night before your surgery. IF YOU DO EAT OR DRINK YOUR SURGERY WILL BE CANCELLED!

Anesthesia

When you arrive for surgery, a member of the anesthesia team will talk with you. Subacromial decompression is performed under general anesthesia with a regional block. This will cause numbness in the arm for 12-36 hours. We do not perform this surgery with local or sedation.

Procedure

Subacromial decompression is done as an outpatient surgery and the procedure itself takes about 30-40 minutes. Dr. Parentis will make two to three small incisions around the shoulder to gain entry into the joint. He will then insert the arthroscope and use the image projected on the screen to visualize the structures inside the shoulder and confirm the diagnosis of subacromial impingement.
Next, instruments are inserted into the subacromial space and the bone from the underside of the acromion is removed as well as any bone spurs that may be present and impinging upon the rotator cuff tendons. (This is done with a small burr or shaver.) The AC joint may also require debridement if it is arthritic. This is done up to 80% of the time.
We will then close each incision with one stitch and cover them with gauze and tape. You will be moved to the recovery room and should go home in approximately 30 minutes. You must have someone with you to drive you home. It is against New York State Law to drive yourself after receiving anesthesia.

**Swelling**

Ice is one of the most important aspect of your post-operative treatment. Apply the ice 30 minutes on and 10 minutes off. Ice will be helpful for up to 4 weeks after the procedure.

**Recovery**

You may remove the sling as soon as you have feeling in your arm, but leave the surgery dressing on until your first physical therapy appointment. You may get a small amount of bloody drainage which is actually saline and is not concerning. If the drainage is excessive please call the office. Once your dressing is changed, you may cover the 2 incisions with waterproof band-aids to shower. The incisions must stay dry for at least one week from surgery. If the incisions are dry, they may stay open to air or you can cover them with dry gauze or a regular band-aid.

**Physical Therapy**

WE HIGHLY ADVISE YOU ATTEND PHYSICAL THERAPY AT OUR ORCHARD PARK LOCATION IN THE SOUTHTOWNS OR AT OUR AMHERST LOCATION ONLY!!! THE ORCHARD PARK PHONE NUMBER IS 715-508-8252 AND THE AMHERST LOCATION IS 833-8391. WE HAVE A VERY ACCELERATED PT PROGRAM AND FEEL STRONGLY THAT YOU WILL DO BETTER WITH OUR THERAPISTS THAT
UNDERSTAND OUR PROTOCOL. WE ALSO WORK WITH THEM CLOSELY ON A DAILY BASIS AND ARE AVAILABLE IF ANY ISSUES ARISE.

Driving
You cannot drive the day of the procedure but may be able to the day after the procedure as long as the block has worn off and you feel comfortable and safe. It is safest to wait until after your first physical therapy appointment to drive.

Medications
You will continue with your normal preoperative medications as well as pain medication prescribed by our office.

Complications and Warning Signs
As with any surgery, there are risks associated with subacromial decompression. These occur infrequently but certainly can occur. These are included in our informed consent sheet which you must review and bring with you to your procedure.

Complications
Potential postoperative problems with subacromial decompression commonly include, but are not limited to:

- Infection- this may require more surgery to wash out the shoulder
- Blood clots -DVT or PE can be life threatening.
- Accumulation of blood in the shoulder- Hematoma may require more surgery
- Stiffness, requiring further surgery
- Worsening of any arthritis you may have before surgery causing more pain
- Wound healing problems
- Development of arthritis following surgery
- Continued pain after surgery or failure to relieve symptoms
- Need for another surgery
• Diabetics: your risk for infection, wound problems, and poor healing are directly related to blood glucose control. The better you glucose control, the less risk for all complications.

• Smokers: we suggest you quit smoking immediately. Smoking increases all of the above risk factors 20-30% especially infection and failure to heal.

Warning Signs

Call our office immediately if you experience any of the following:

• Fever over 100 degrees
• Chills
• Persistent warmth or redness around the shoulder after your dressing is off
• Persistent or increased pain
• Significant swelling in your shoulder or arm
• Increasing pain in your calf muscle
• Odor from the incisions

GO TO THE ER IMMEDIATELY IF YOU DEVELOP SHORTNESS OF BREATH OR CHEST PAIN!!!!

Outcome

Most patients do very well with subacromial decompression. The success rate is typically 85-90% but not all patients obtain pain relief. A majority of patients can return to normal activities in 4-6 weeks. You will be able to return to a desk job 3-6 weeks after the surgery and a more physical job 8-12 weeks after surgery.

Please remember that subacromial decompression is a purely elective decision and is done for quality of life reasons. If you have any questions regarding anything about your procedure or
this handout please call us at (716)-839-5858 in Amherst or (716)-508-8252 in our Southtowns location.