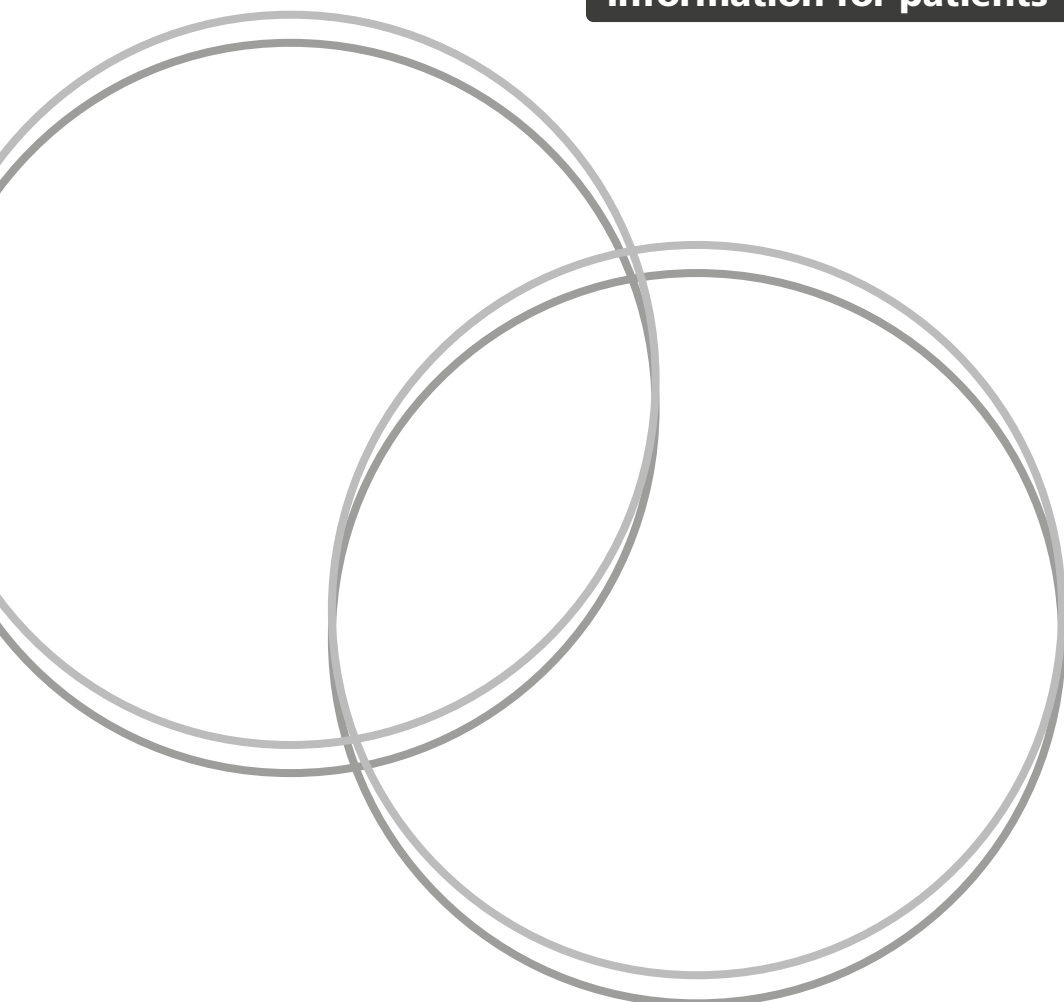


# Subacromial Decompression surgery

Information for patients



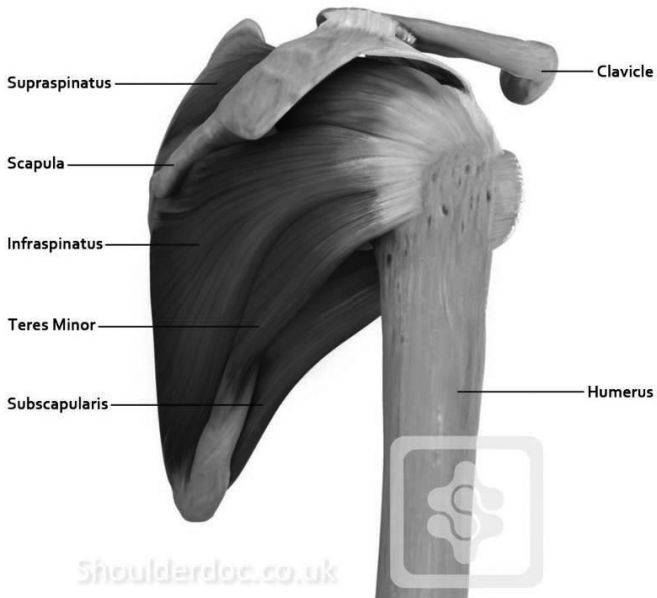
# Subacromial decompression surgery

This leaflet aims to help you understand and gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used alongside information from your surgeon and physiotherapist. Each person's operation is individual, and you may be given specific instructions that are not contained in this leaflet.

## The shoulder

The shoulder is a ball and socket joint with a ligament above it. This forms an arch, which is called the subacromial space. The ligament attaches to bony landmarks (the 'acromion' and coracoid') on your shoulder blade.

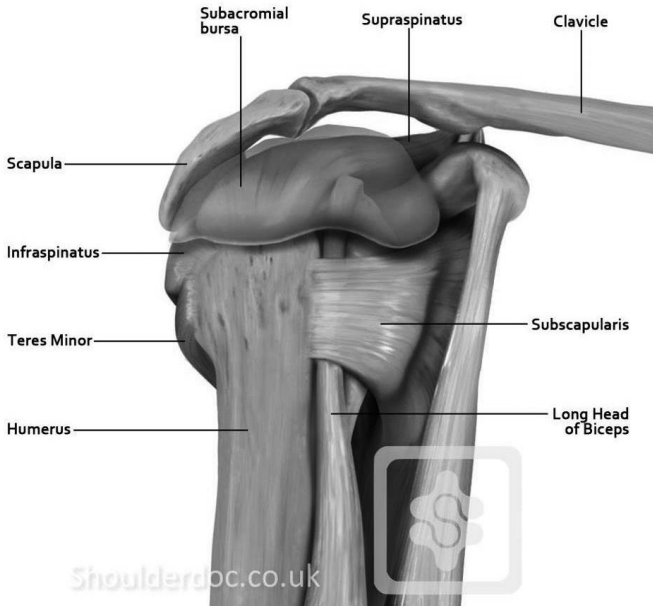
The ball is controlled and centred in the socket by a group of deep tendons called the rotator cuff. These tendons pass through a small space under the arch. They are protected by a cushion called a bursa. These tendons are involved in all shoulder movements and function.



# Subacromial pain

Poor control of the muscles around the shoulder can lead to irritation of the structures in the subacromial space. This can cause swelling and pain.

The cycle of irritation and swelling can usually be helped by time, physiotherapy, and activity modification. Sometimes cortisone injections can be used to reduce pain and inflammation and enable you to work with the physiotherapist. In most people this resolves symptoms. For a minority, despite physiotherapy and pain relief, surgery may be considered.



## **Subacromial decompression**

The operation is usually a day case and performed as keyhole surgery (arthroscopy) but can also be performed as an open procedure.

A subacromial decompression involves increasing the space under the arch by removing the bursa, releasing a ligament, and removing any bony spurs. This allows the tendon to move more freely, thus breaking the cycle of irritation and swelling.

During your operation, the surgeon may identify further changes within your shoulder, which requires addressing. This may require debridement (clean up) of tendons, tendon repair or tendon release. If a tendon release is performed, this may change the appearance of your upper arm muscle, called a "popeye sign". This means that the muscle belly will sit lower in your arm and will have a different shape to it.

## **Complications**

One of the key positive changes seen in modern medicine is the concept of "shared decision making". Decisions regarding surgical treatment are best taken jointly between the surgeon and an informed patient. In addition to the surgeon explaining the procedure, you must take the opportunity to ask and clarify what concerns you the most, no matter how trivial you feel your concern may be!

All surgical procedures are associated with a degree of risk. Your surgical team will do everything possible to minimise the risks and complications. Below is a list of some risks and complications associated with common shoulder surgical operations, but these may differ depending on the exact type of surgery you are having.

## General complications of any shoulder surgery

- **Pain** levels felt after surgery vary depending on the type of surgery, individual pain thresholds, nature of the problem for which surgery was done and various other factors.
- **Stiffness** after shoulder surgery is not uncommon and occurs as a result of pre-existing conditions, surgical scarring and prolonged post-operative protection in a sling. It is very uncommon to see significant stiffness at 1 year after arthroscopic shoulder surgery.
- **Bleeding** during or after surgery is uncommon. It is common to have oozing from the arthroscopic wound sites after surgery as the blood-stained sterile water used during surgery drains out.
- **Infection** of the surgical wound is rare with arthroscopic surgery. Early diagnosis of post-operative infection has a significantly better outcome compared to delayed diagnosis. After your operation, you should contact the ward and your GP immediately if you get a temperature, become unwell, notice pus in your wound, or if your wound becomes red, sore or painful.
- **Unightly scarring:** most surgical scars have disappeared to a thin pale line by one year after surgery. If you are concerned about your scar, you must discuss it with your surgeon or therapist, as there are many treatments to improve scar healing.
- **Nerve injury:** the risk of nerve injury is very low but some larger operations have a higher risk. This will be discussed with you by your surgeon.
- **Vascular injury:** the risk of vascular injury is very low after shoulder surgery.
- **Anaesthetic related complications** such as sickness and nausea are relatively common. The risk of more serious anaesthetic related complications (such as heart, lung, and neurological problems) is very low.

Please discuss these issues with your surgical team if you would like further information.

## **Alternatives to surgery**

The decision to proceed with an operation is an individual choice between every patient and their surgeon. You will only be offered an operation if your surgeon believes that this will help improve your symptoms. Very few operations are essential, and all have a degree of risk. Many patients can learn to manage their symptoms with pain relief and improve function with muscle strengthening and physiotherapy.

## **Frequently asked questions**

### **Will it be painful?**

Although you will only have small scars, this procedure can be painful due to the surgery performed inside your shoulder.

The following pain control methods may be used to ensure you have as little discomfort as possible:

- a local nerve block, known as an interscalene block (see below)
- pain relief and anti-inflammatory medications, taken regularly on discharge from the hospital.

## **Interscalene block**

You may be offered a nerve block for the surgery, known as an interscalene block. The anaesthetist will discuss this in detail with you before the surgery.

This is an injection in the neck, to block the nerves, used to provide a heavy numbness in the shoulder and arm (in a same way that a dentist can numb a tooth), so that the shoulder surgery can be carried out with excellent pain relief.

The benefits of an interscalene block are:

- reduced risk of nausea and vomiting
- reduced stay in hospital
- able to eat/drink sooner
- excellent pain control
- lighter general anaesthetic therefore speedier recovery
- less chance of an overnight stay at the hospital

The anaesthetist, surgeon and you need to decide jointly whether you are suitable for an interscalene block.

## **Pain relief**

You will be given pain relief (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A one week prescription for continued pain medication will be given to you for your discharge home. At first keep the pain under control by using medication regularly. It is important to keep the pain to a minimum, as this will enable you to move the shoulder joint and begin the exercises you will be given by the physiotherapist.

If you require further medication after these are finished, please visit your general practitioner (GP).

## Do I need to wear a sling?

A sling is for comfort only. If you are given one following your surgery, you can take it on and off as you wish. You do not need to wear the body strap, which can be discarded.

## What position should I sleep in?

If you are lying on your back to sleep, you may find placing a thin pillow or small rolled towel under your upper arm comfortable. If you sleep on your side, then resting your arm on a pillow in front of you can help (see below).



*Image courtesy of [Shoulderdoc.co.uk](http://Shoulderdoc.co.uk)*

## Do I need to do exercises?

Yes. You will be given this booklet by one of the nursing staff, and you need to start the exercises from Pg 12 -16 the day after the block has worn off. Start the phase 2 exercises when you feel able to, you don't have to wait until 6 weeks. They aim to prevent your shoulder getting stiff and to strengthen the muscles around your shoulder. Do short, frequent sessions, rather than one long session.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. It is important to keep the pain to a minimum to enable you to move the shoulder joint. If necessary, use painkillers and/or ice packs to reduce the pain. Intense and lasting pain (e.g. more than 30 minutes) means you should change the exercise by doing it less forcefully or less often.

Continue to do these exercises until you get the movement back or you return to the outpatient clinic at 3 weeks.

## **What do I do about the wound?**

Your wound will have a shower-proof dressing on when you are discharged. You will be given extra dressings to take home with you. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder or soak it in the bath. Pat the area dry, do not rub. The stitches may need to be removed or trimmed at your GP practice or your hospital follow-up appointment. The nursing staff will advise you when this can happen; it is usually between 10 – 14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the Nurses on the ward.

## **When do I return to the outpatient clinic?**

This is usually arranged for approximately 3 weeks after your operation to check on your progress. Please discuss any queries or worries you may have with the specialist shoulder physiotherapist when you are at the clinic. Further clinic appointments or any outpatient physiotherapy are made after this as necessary.

## **Are there things that I should avoid?**

- There are no restrictions to movement in any direction. Do not be frightened to start moving the arm as much as you can. You may experience some pain on movement. Gradually, the movements will become less painful.
- Avoid heavy lifting for at least 3 weeks. You may gradually return to these activities if your pain is under control.
- Be aware that activities at or above shoulder height stress the area that has been operated on. Initially it might be more comfortable to not do these activities unnecessarily, and to keep your arm out of positions that increase the pain. You will not cause any harm if you do, but it might cause more discomfort whilst the post operative swelling is there. This will settle and become easier over 6-8 weeks, if not earlier.

## **How am I likely to progress?**

The discomfort from the operation will gradually lessen over time. Time taken to improve varies between individuals. Normally the operation is performed to relieve pain from your shoulder and this usually happens within 6 months of the surgery. There may be improvements for up to 1 year.

## **When can I drive?**

You cannot drive while you are wearing the sling. After that, the law states that you should be in complete control of your car at all times. It is your responsibility to ensure this and to inform your insurance company about your surgery.

## **When can I return to work?**

This will depend on the type of work you do and the extent of the surgery. If you have a job involving arm movements close to your body, you may be able to return within a week. Most people return within a month of the operation, but if you have a heavy lifting job or one with sustained overhead arm movements, you may require a longer period of rehabilitation. Please discuss this further with the doctors or physiotherapist if you feel unsure.

## **When can I participate in my leisure activities?**

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder.

Nothing is forbidden, but it is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity. Sustained or powerful overhead movements (e.g. trimming a hedge, some DIY, racket sports etc.) will put stress on the subacromial area and it may take longer to become comfortable. Discuss this at your 3 week clinic appointment, or with your physiotherapist, if you are seeing one.

## **Exercises and general advice**

Use painkillers and/or ice packs to reduce pain before you exercise.

**It is normal to feel aching, discomfort or stretching sensations when doing these exercises.**

Do short, frequent sessions (for example, 5 to 10 minutes, 4 times a day) rather than one long session.

If you experience intense and lasting pain (for more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem at your 3 week clinic appointment, or with your physiotherapist, if you are seeing one.

Exercises may be changed or added for your specific shoulder recovery at your 3 week clinic appointment.

Gradually increase the number of repetitions that you do. Aim for the repetitions your physiotherapist advises; the numbers stated in this leaflet are rough guidelines.

After 3 to 4 weeks you can increase the length of time exercising.

All exercises shown in this booklet are for the right arm.

You may be shown by a physiotherapist how to do the exercises on your non-operated arm before you leave hospital and whilst you have the nerve block. When the block has worn off you will then need to do the exercises on the operated arm.

# Phase 1 exercises

(from day of surgery to 10 to 14 days)

## Neck exercises

Sitting or standing.



- Turn your head to one side as far as you can comfortably go. Repeat 5 times.
- Then turn your head to the other side. Repeat 5 times.
- Tilt your head towards one shoulder. Repeat 5 times.
- Tilt your head to the other shoulder. Repeat 5 times.

## Elbow exercise

Standing or lying down (not sitting) with your arms by your sides.



- With your palm facing **forwards** bend your elbow as far as you can, and then straighten your elbow as far as you can.  
Repeat 5 times.
- With your palm facing **backwards** bend your elbow as far as you can, and then straighten your elbow as far as you can.  
Repeat 5 times.

## Shoulder exercises

### Pendular

Standing with support if required.

Lean forwards.

- Let your arm hang freely.
- Start with small movements.
- Swing your arm:
  - i) forwards and backwards
  - ii) side to side
  - iii) in circles
- Repeat each movement 5 times.

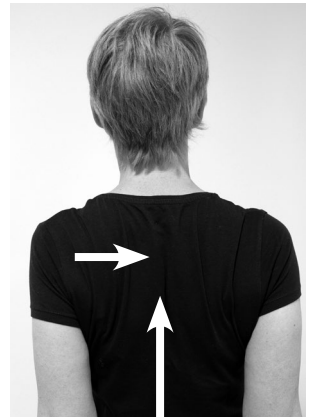




## Shoulder blade exercises

Sitting or standing.

- Shrug your shoulders up. Then roll them back and down.
- Repeat x 10 times.



- Stand or sit with your shoulders and arms relaxed.
- Squeeze your shoulder blades back and together, then relax.
- Keep your arms relaxed.
- Repeat 10 times.



### **Work top slides**

Sitting or standing.

- Place a small towel on a table or work top.
- Rest your hands on the towel.
- Gently push the towel forwards as far as feels comfortable with both hands.
- Return to the start position by sliding back.
- Repeat 5 times.



## Outward hand rotations

Sit in a chair with your arms by your side and your elbows bent up or lying on your back with a folded towel or pillow under your elbow.

- If you are sitting your elbows should not be resting on the arm rests, but be relaxed at your sides.
- If you are lying on your back have a folded towel under your elbow.
- Hold a stick and, keeping your operated elbow near, but relaxed at your side, move the stick sideways gently moving the hand on your operated side outward.
- Only move your hands as far as feels comfortable. Do not over stretch. Gradually increase how far you move.
- Repeat 5 times.



## Phase 2 exercises

Only start these when you feel able to. This may not be for 6 weeks but if you feel ready you can start earlier.

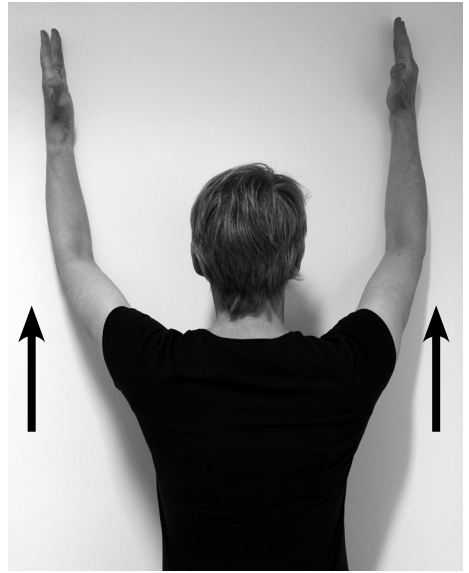
### Active assisted arm lifts and sways

#### Lying on your back, elbows bent.

- Help your operated arm up, but once your arm is vertical try to keep it there without the support of your other arm.
- Gradually lower and raise your arm in an arc, until you can lift it from the bed without assistance.
- Repeat 5 to 10 times.

After 2 weeks you may be able to progress this exercise by doing the same action standing up. Build it up gradually and try to get your shoulder joint to move above your head, as far as is comfortable.





## Wall slides

Standing facing a wall.

- Place the edge of your little fingers on the wall, with your thumbs pointing backwards.
- You can use a paper towel between your hand and the wall to make the exercise easier.
- Slide your hands up the wall as far as is comfortable.
- To start with, you can use your other hand to give support at your elbow.
- Try to make movement smooth.
- Gradually stretch higher up the wall.
- Repeat 5 times and gradually increase to 15 to 20 times.



### **Hand press outs**

Stand with the back of your hand of your operated arm against the wall.

- Keep your elbow bent and close to your side.
- Push your hand into the wall.
- Hold for 10 seconds.
- Repeat 5 times.

Please note: This is different to elbow press outs (shown next), as it is **only the hand** that is pushed against the wall, **not** the elbow.



### **Elbow press outs**

Stand with your operated arm next to a wall.

- Keep your operated arm close to your side, with the elbow bent.
- Push your elbow and the back of your hand into the wall.
- Hold for 10 seconds.
- Repeat 5 times.



### **Elbow press backs**

Stand with your back against a wall.

- Keep your arm close to your side, with your elbow bent.
- Push your elbow back into the wall.
- Hold for 10 seconds.
- Repeat 5 times.

## **Fist push forwards**

Stand facing the wall.

- Keep your operated arm close to your side and bend your elbow.
- Push your fist into the wall (use a towel if this is uncomfortable on your hand).
- Hold for 10 seconds.
- Repeat 5 times.



## **Resisted inward hand press**

Sit or stand with your elbow bent.

- Keep your operated arm close to your side.
- Push the palm of your other hand onto the wrist of your operated arm.
- Try to stop your operated arm being pushed outwards.
- Hold for 10 seconds.
- Repeat 5 times.





### **Low row**

Attach the resistance band firmly to a door handle or stair banister.

- Hold one end of the band in each hand at a distance to take up the tension.
- With straight arms, pull the band backwards as far as your hips and release the band slowly.
- Repeat 10 times.



### **Arms openings with lift**

Holding one end of the resistance band in each hand, with your elbows bent to 90 degrees.

- Gently pull on the band turning your hands out and release slowly.
- Then repeat this movement but as you pull on the band raise your hands in the air at the same time, as far as it is comfortable to go and lower the arms back down.
- It may help to take a step forward at the same time.
- Repeat this 5-10 times.

## How to contact us

If you are unsure who to contact or if you have an appointment query, please telephone your Consultant's secretary between 8.30am and 5.00pm, Monday to Friday. They will contact the correct person, depending on the nature of your enquiry.

**If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP or out of hours' service (dial 111 free from a landline or mobile).**

If you have a query about the exercises or movements, please contact the Physiotherapy department where you are having treatment.

### Physiotherapy Reception

(Nuffield Orthopaedic Centre)

Windmill Road

Headington

Oxford OX3 7LD

Tel: **01865 738 074** (9.00am to 4.30pm, Monday to Friday)

### Physiotherapy Reception

(Horton General Hospital and Brackley Department)

Oxford Road

Banbury OX16 9AL

Tel: **01295 229 432** (8.00am to 4.00pm, Monday to Friday)

### Physiotherapy Reception

(John Radcliffe Trauma Service)

John Radcliffe Hospital

Headley Way

Oxford OX3 9DU

Tel: **01865 221 540** (9.00am to 4.30pm, Monday to Friday)

## **Web links**

[www.ouh.nhs.uk/physiotherapy/information/physiotherapy-leaflets](http://www.ouh.nhs.uk/physiotherapy/information/physiotherapy-leaflets)

[www.ouh.nhs.uk/shoulderandelbow/information/patient-information](http://www.ouh.nhs.uk/shoulderandelbow/information/patient-information)

## **References and further information**

[www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk)

*Help and feedback were given from people who have had subacromial decompression surgery.*



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Outpatient Physiotherapy Department, Nuffield Orthopaedic Centre.

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Oxford University Hospitals NHS Foundation Trust

[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)

This leaflet has been produced with the permission of the Wrightington Upper Limb Unit, Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust, who provided the original content.



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