



AFFIX PATIENT DETAIL STICKER  
HERE

NHS Organisation.....

Responsible surgeon.....

Forename.....

Job Title.....

Surname.....

Hospital Number.....

D.O.B...../...../.....

No special requirements ☐

## **OPERATION: Arthroscopic Sub-acromial Decompression (ASAD) .....shoulder**

**PROCEDURE:** An arthroscopic procedure is one that is carried out with a small telescope and instruments. The idea is that it usually avoids the use of a big wound to get at the joint and the complications associated with it.

You may have pain and a decrease in the movement of your arm at the shoulder joint. You and your surgeon may feel that an arthroscopic decompression is the best operation to try and lessen the pain.

A tendon is the continuation of a muscle as it attaches to a bone. A tendon runs from the back of the shoulder blade and attaches to the top of the arm bone (humerus). As it travels, the tendon must pass through a “tunnel-like” structure through. This tunnel can become tight because of old age (arthritis) or injury. The tightness means that the movement of the tendon is painful because it is **compressed** (squashed) as it tries to pass through the tunnel.

The idea of this operation is to widen the tunnel ,**decompress it**, so the tendon is freer to move.

You will be seen by the surgeon the day before or the day of the operation. If you have any questions, now might be a good time to ask them. The surgeon may also take this opportunity to draw an arrow (mark) on you – to make sure the correct joint is operated upon.

An anaesthetic will be administered in theatre. This may be a general anaesthetic (where you will be asleep) or a local block (e.g. where you are awake but the area to be operated is completely numbed). You must discuss this with the anaesthetist.

Your skin will be cleaned with antiseptic liquid and covered with clean towels (surgical drapes). You will be placed in such a way to allow the surgeon a good view of the shoulder. First the surgeon will move the shoulder around to see what range of movement is possible.

The surgeon will make a small cut on the back of the shoulder and then pass a telescope with the camera easily toward the joint. Important structures will be checked and the surgeon will see if all the bones and tendons are still intact. Sometimes a second cut incision will be made to allow a probe to be put in.

Then the surgeon will look into the sub-acromial “tunnel”, a third cut may be made on the outside of the shoulder and another instrument may be placed into the joint. There are different types of instruments that can be used at this point – all are used to widen the “tunnel”.

The removed bone and soft tissue will be washed out – and hopefully the tendon can run more freely.

When you wake up, you may feel sore or feel nothing at all for a while. The numbness may be due to a special injection some anaesthetists use. There may be a thick bandage on the shoulder.

Your arm will likely be in a brace or a sling just to let it rest.

You may be able to go home the same day as the operation, but you should discuss this with your surgeon.

The physiotherapists may show you some exercises to perform. It is important to follow these.

You will be informed of any follow up appointments to see the surgeon again.

Recovery may take up to 6 –9 months for full benefit. However, you should start to notice the vast majority of recovery within 6- 8 weeks.

\*\*\*Please be note a junior surgeon with adequate training or supervision may perform your operation\*\*

## **ALTERNATIVE PROCEDURE:**

Simple pain killers may help you control the pain.

Your surgeon may have tried or you may be recommended to try steroid/ local anaesthetic injections. These can be very successful at reducing the pain.

This procedure can also be carried out as an open procedure. This means making a large cut to get at the shoulder/ sub-acromial area. It means the surgeon can see and get to the area much more easily. However, the complications of an open procedure may be greater and the recovery longer.

## RISKS

As with all procedures, this carries some risks and complications.

### COMMON (2-5%)

Pain: the procedure does involve moving soft tissue and will hurt afterwards. It is important to discuss this with the staff and ask for pain killers if needed. Even after the operation, you may still have pain.

Bleeding: there will inevitably be some bleeding. But is usually small in this operation. Extremely rarely a large artery or vein may be damaged. This may need to have a further operation to stop the bleeding – including opening the shoulder up.

Scar: the operation will leave two to three small scars around the shoulder. You should discuss the position of these with your surgeon. The wounds can sometimes not heal well. This may lead to thickened scars or further surgery.

Infection: This may present as redness, discharge or temperature around the shoulder. A course of antibiotics may be necessary or very rarely another operation to wash out the joint.

Frozen shoulder: A restricted range of movement is sometimes left. Physiotherapy, injections and sometimes further surgery can help.

### RARE (<1%)

Thickened/ keloid scar: These are scars which grow. They occur in some people and can not be predicted although if you have a previous keloid scar you are at greater risk. Scars may be treated with steroid injection or surgically if necessary.

Delayed wound healing: may occur if the wound is under tension, infected or short of blood supply.

Fat necrosis: this is also a cause of delayed wound healing

Conversion to an open procedure: sometimes, the approach to the shoulder can not be reached by the telescope alone and the surgeon may proceed to an open operation. This means making a larger cut along the front of the shoulder. If you do not wish this to happen, you should discuss this with the surgeon.

Nerve damage: Within the tight area around the shoulder are a number of important nerves. These may be damaged by the telescope or the instruments. Although if they are spotted as being damaged, the surgeon will try and repair them, they may still not heal. Nerve damage may result in muscle weakness or numbness along the arm – or both.

Tendon damage: the tendons around the joint may also be damaged during the operation.



Orthopaedic  
Association

### Confirmation of consent :

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have. I understand another surgeon other than my consultant may perform the operation.(although they will have adequate training/ supervision).

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Signature.....

Print name.....

Date...../.../20...

2<sup>nd</sup> Confirmation..... .Date...../.....20....

NAME of SURGEON (Capital letters).....

SIGNATURE of SURGEON.....

POSITION.....

I also give consent for my notes ☐, any recorded data ☐ or any discarded tissue ☐ to be used in any studies and trials in the future

Signed ..... Date.....

If you have any complaints about your treatment or your care, you are always encouraged to discuss them with your surgical team.

However, if you wish to complain to the trust, each hospital will have a PALS or Patient Advise and Liaison Service. The head nurse on the ward or out patients' clinic can direct you to them. The PALS team will treat all complaints seriously.