

# Arthroscopic subacromial decompression (ASAD)

**The aim of this leaflet is to help answer some of the questions you may have about having an ASAD. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.**

**If you have any questions or concerns, please speak to a doctor or nurse caring for you.**

## **What is an ASAD?**

Shoulder pain is a common symptom. There are many different causes, one of which is the condition called shoulder impingement. In this condition, a bursa (which is a fluid-filled pad that lies around the rotator cuff tendons of the shoulder) becomes inflamed. As the bursa also sits under the acromion bone (the bony arch at the top edge of your shoulder), when the arm is lifted, it becomes trapped and pinched causing pain.

The aim of the arthroscopic subacromial decompression (ASAD) is to give pain relief by removing the inflamed bursa and shaving the bone on the under-surface of the acromion.

This surgery may or may not include the removal of your acromio-clavicular joint and/or calcification within the tendons. Your surgeon will tell you before your operation if this is to be done.

## What are benefits – why should I have an ASAD?

Under normal circumstances, over 90 out of 100 patients treated will have significant pain relief as a result of this procedure.

## What are the risks?

In general, the risks of any operation relate to the anaesthesia and the procedure itself. In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region.

You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you. For more information please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask for one.

Arthroscopic subacromial decompression is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

### Complications include:

- **infection** (affects less than one out of every 100 patients treated)
- **nerve injury** (affects less than one out of every 100 patients treated)
- **bleeding**: rarely an issue as this is a 'keyhole' procedure

- **thrombosis/blood clot** (affects less than one out of every 100 patients treated)
- **Stiffness of the shoulder** (affects one to two out of every 100 patients treated): this is rarely permanent and usually improves over a three to six month period.

## Are there any alternatives?

In most cases a course of physiotherapy and administration of steroid injection into the joint will be attempted first to see if this can reduce the pain.

This operation is the next stage of treatment, once these non-surgical options have been tried.

## How can I prepare for an ASAD?

Please refer to the following leaflet which will provide information on how to prepare for your operation:

- **Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy's and St Thomas' hospitals**

If you do not have a copy, please ask us for one or see our website at **[www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)** (type SAL in the search box).

## Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

## What happens during an ASAD?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

During your surgery you are generally sat up in a beach chair type position. The operation is done via keyhole surgery (arthroscopy). The surgeon introduces a camera into your shoulder and watches the images on a TV screen. Photos are generally taken of the findings.

The inflamed bursa is then removed and the bone on the under-surface of the acromion is shaved which creates more space for the tendons. There is no long-term risk in removing the bursa.

## Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

## What happens after the procedure?

Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then either be transferred to ambulatory care in the Day Surgery Unit or if you have other medical conditions you may be admitted to one of the orthopaedic wards. You will go home on the day of surgery, unless you have any other significant medical problems which need to be addressed. When you go home depends on your individual circumstances and the time of your procedure, and will be discussed with you before your operation.

You may be seen by an orthopaedic physiotherapist who will teach you some basic exercises as well as how to put on and take off your sling. He/she will provide advice on limitations and returning to normal functional use of your shoulder after your surgery. The physiotherapist will also organise your outpatient physiotherapy referral at your local hospital.

## What do I need to do after I go home?

It is important to continue to use your arm after your operation to prevent any stiffness or weakness developing. Your arm will be in a sling for one to two days after your operation. You can rest out of the sling and support the arm on a pillow when you are not moving around. At two weeks following surgery you should aim to get your arm well above shoulder height, however it will still not be able to go straight upwards. You should regain the majority of your range of movement after three weeks.

You should leave the dressing intact until your follow-up appointment, about two weeks after your surgery.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss with you the management of your painkillers before you go home.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your GP for advice and pain management.

Depending on the nature of your employment, you may be signed off from work for a short period of time.

## **What should I do if I have a problem?**

Please contact your GP if you experience any of the following:

- **increasing pain**
- **increasing redness, swelling or oozing around the wound site**
- **fever (temperature higher than 37.5°C).**

## **Will I have a follow-up appointment?**

Two weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

## Contact us

If you have any concerns about your operation, please contact the following (Mon to Fri, 9am to 5pm):

- **Mr Corbett's and Mr Richards' secretary on 020 7188 4471**
- **Mr Povlsen's secretary on 020 7188 4466**

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**t:** 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's

**e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

## Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815 **fax:** 020 7188 5953

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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