Arthroscopic subacromial decompression (ASAD)
The aim of this leaflet is to help answer some of the questions you may have about having an arthroscopic subacromial decompression (ASAD). It explains the benefits, risks and alternatives to the procedure, as well as what you can expect when you come to hospital. If you have any further 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 ‘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, the bursa becomes trapped and pinched causing pain.

The aim of the ASAD is to give pain relief by removing the inflamed bursa and shaving the bone on the undersurface of the acromion.

This surgery may or may not include the removal of your acromioclavicular joint and/or calcification within the tendons. Your surgeon will tell you before your operation if this is to be done.
What are the benefits of having an ASAD?
Under normal circumstances, more than 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 anaesthetic and the surgery 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 your 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.

ASAD is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of having the surgery 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 1 out of every 100 patients treated)
- **Nerve injury** (affects less than 1 out of every 100 patients treated)
- **Bleeding** - rarely an issue, as this is a ‘keyhole’ procedure
- **Thrombosis/blood clot** (affects less than 1 out of every 100 patients treated)
- **Stiffness of the shoulder** (affects 1 to 2 out of every 100 patients treated). This is rarely permanent and usually improves over a three to six month period.

**Are there any alternatives to surgery?**
In most cases a course of physiotherapy and administration of a 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 our leaflet, *Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy’s and St Thomas’ hospitals*, which will provide information on how to prepare for your operation.

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).
Consent – asking for your consent
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.

If you would like more information about our consent process, please speak to a member of staff caring for you.

What happens during the operation?
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 positioned sitting up. The type of procedure performed is 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 undersurface 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 within 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the operation?
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 be transferred either 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 this 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 advise you on how to regain full use of your shoulder and provide advice on limitations. 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 from 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. Two weeks after surgery you should aim to get your arm well above shoulder height, however you will still not be able to extend your arm straight upwards. You should regain the majority of your range of movement (mobility) after three weeks.

You can remove the outer cream-coloured layer of your dressing two days after your operation. The plaster that is underneath this dressing should be left in place. If this is loose please cover it with an extra plaster that will be provided to you on discharge.

Keep your wound dressing dry. Your wound will be checked and the stitches removed at your follow-up appointment about two weeks after your surgery.

It is essential that you continue to take pain relief 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 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 site of the wound
- fever (temperature higher than 37.5°C)

Will I have a follow-up appointment?
Two weeks after your surgery, you will be asked to attend the outpatients department for a review, wound check and the removal of your stitches. Your dressings will be changed and reduced as appropriate.

Contact details
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, t: 020 7188 4471
- The clinical nurse specialist – call the hospital switchboard, t: 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse directly.

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