ERIN RATAHI
ORTHOPAEDIC SURGEON
Spine-Shoulder-Hip-Knee

Patient Information
Arthroscopic Sub-acromial Decompression
+/- Long Head of Biceps Tenotomy or Tenodesis

Arthroscopy is a procedure that orthopaedic surgeons use to inspect, diagnose, and repair problems inside a joint.

During shoulder arthroscopy, your surgeon inserts a small camera, called an arthroscope, into your shoulder joint. The camera displays pictures on a television screen, and your surgeon uses these images to guide miniature surgical instruments.

Because the arthroscope and surgical instruments are thin, your surgeon can use very small incisions (cuts), rather than the larger incision needed for standard, open surgery. This results in less pain for patients, and shortens the time it takes to recover and return to favorite activities.

When Arthroscopic Subacromial Decompression Recommended

Your surgeon may recommend shoulder arthroscopy if you have a painful condition that does not respond to nonsurgical treatment. Nonsurgical treatment includes rest, physical therapy, and medications or injections that can reduce inflammation. Inflammation is one of your body's normal reactions to injury or disease. In an injured or diseased shoulder joint, inflammation causes swelling, pain, and stiffness.

Injury, overuse, and age-related wear and tear are responsible for most shoulder problems. Shoulder arthroscopy may relieve painful symptoms of many problems that damage the rotator cuff tendons and other soft tissues surrounding the joint.

What happens before I come into the hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed before you are given an inter-scalene nerve block and a general anaesthetic.

Inter-scalene Nerve Block

An inter-scalene block is an injection of local anaesthetic around the nerves that supply your arm. The purpose of the injection is to provide pain relief for the operation. When you wake up from the general anaesthetic the shoulder and upper arm will be numb. Inter-scalene block is offered for shoulder surgery because it is the best form of pain relief for this procedure in the first 24 hours after the operation. It is important that you are aware that it is not the only method for providing pain relief for this type of operation and also that it does not affect what the surgeon will do. Your anaesthetist will discuss the pros and cons of this procedure as well as the possible complications and alternatives with you on the day.

Surgical Procedure

Positioning and Preparation

Once in the operating room, you will be positioned so that your surgeon can easily adjust the arthroscope to have a clear view of the inside of your shoulder. Once anaesthetized, you will be placed in to a beach chair position. This is a semi-seated position similar to sitting in a reclining chair.

Once you are positioned, the surgical team will remove hair, if needed, and then spread an antiseptic solution over your shoulder to clean the skin. They will cover your shoulder and arm with sterile drapes, and will most likely place your forearm in a holding device to ensure your arm stays still.

Procedure

The technique uses arthroscopy to assess and treat damage to other structures within the joint. Bone spurs, for example, are often removed arthroscopically. This avoids the need to detach the deltoid muscle.

Dr Ratahi will make a small puncture incision at the back of your shoulder to introduce the arthroscope. He will then explore your shoulder joint and sub-acromial space taking note of any abnormalities. Through a separate incision Dr Ratahi will pass specialized instrument into the sub-acromial space to debride any inflamed tissue and shave the undersurface of the acromion to effectively decompress the space.

Your incisions will be closed with steri-strips (small Band-Aids) and cover them small waterproof dressings.

Recovery

Postoperative

After surgery, you will stay in the recovery room for 1 to 2 hours before being discharged home. Nurses will monitor your responsiveness and provide pain medication, if needed. You will need someone to drive you home and stay with you for at least the first night.

At Home

Although recovery from arthroscopy is often faster than recovery from open surgery, it may still take weeks for your shoulder joint to completely recover.

You can expect some pain and discomfort for at least a week after surgery. If you have had a more extensive surgery, however, it may take several weeks before your pain subsides. Ice will help relieve pain and swelling. Your doctor may prescribe pain medicine, if needed.

Many types of pain medication are available to help control pain, including opioids, nonsteroidal anti-inflammatory drugs (NSAIDs) and local anesthetics. Treating pain with medications can help you feel more comfortable, which will help your body heal faster and recover from surgery faster.

Opioids can provide excellent pain relief, however, they are a narcotic and can be addictive. It is important to use opioids only as directed by your doctor. You should stop taking these medications as soon as your pain starts to improve.

Although it does not affect how your shoulder heals, lying flat may pull on your shoulder and cause discomfort. Some patients are more comfortable sleeping in a reclining chair or propped up in bed during the first days after surgery.

You may shower as your dressings are waterproof, however if they begin to come off you will need to visit your general practice nurse to have them changed.

You will leave hospital with your arm in a sling. If your procedure was only a subacromial decompression your sling is only for comfort and can be discarded any time prior to your follow-up. If your biceps tendon has been reattached to another site it will need to be protected by wearing the sling for four weeks.

Rehabilitation

Rehabilitation plays an important role in getting you back to your daily activities. An exercise program will help you regain shoulder strength and motion. Supervision from a physiotherapist will ensure your rehabilitation is optimized.

Complications

Most patients do not experience complications from shoulder arthroscopy. As with any surgery, however, there are some risks. These are usually minor and treatable. Potential problems with arthroscopy include infection, excessive bleeding, blood clots, and damage to blood vessels or nerves. In this type of surgery these complications are rare.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.