

# SUBACROMIAL IMPINGEMENT

This is a cause of shoulder pain, usually over the front, top and side of the shoulder, but can be behind the shoulder or extend down the arm towards the elbow and occasionally down to the wrist.

It is caused by tissues just above the ball-and-socket joint, such as the *rotator cuff tendons* and *bursa*, becoming pinched and rubbing underneath the top of the shoulder blade (called the *acromion*). This results in swelling and inflammation making certain shoulder movements such as reaching overhead painful.

Treatment initially consists of rest and anti-inflammatory tablets (e.g. Ibuprofen/Nurofen, naproxen, diclofenac, etc). Your GP can give you strong painkillers if needed.

If this fails then physiotherapy exercises may be helpful, often in conjunction with a steroid (cortisone) injection into the affected area, known as the *subacromial space*. This is not an injection into the bone or joint or tendon. It may be sore for a few days while it takes full effect, and has a minimal risk of infection or other side effects. Some diabetic patients may find their blood sugars may be affected for a few days and should monitor them carefully. Repeated injections are not advisable.

## SURGERY

Surgery should be the last resort. It is an arthroscopic (keyhole) procedure, usually carried out under general anaesthetic as a day-case procedure so you may return home the same day. Small cuts are made around the shoulder to allow a camera to closely inspect the inside of the shoulder and for instruments to shave away the inflamed tissues and smooth any prominent bone to create more space for the shoulder to move without rubbing.

Sometimes other procedures are combined with this procedure, such as shaving of the end of the collar bone, trimming of degenerate tendons, or clearing inflamed or thickened tissues. These will not impact on your restrictions following surgery.

## *What to expect after surgery*

You will go home in a sling to be worn for a few days until you are comfortable to start using the arm. You will be given strong painkillers to take home, please take them regularly for at least a few days. You may have been given a local anaesthetic injection at the time of surgery and your shoulder may become more painful after it wears off so taking painkillers is very important. Sometimes the injection results in temporary numbness or weakness, this is nothing to worry about and will usually wear off by the next day.

You will have a bulky dressing that you can remove yourself 24 hours after surgery; the surgical incisions will be covered by small dressings, and these do not need to be disturbed. They are designed to be waterproof but avoid getting them wet for the first 7 days. If they do get wet in the shower clean them with water and apply a fresh dressing. Be sure to make an appointment with your GP nurse to have the stitches removed and wounds checked at 10-14 days following surgery. You may shower without any dressings 2 days after the stitches have been removed.

You must try to use your arm for light duties as soon as pain allows. This prevents stiffness and allows the muscles to regain strength early. Most people find driving comfortable after 3 to 4 weeks, although you must feel comfortably in control of the car and be able to make emergency manoeuvres before you can safely drive.

Most people return to office/light duties around 3 weeks after surgery but heavy manual work may take 6 weeks or more. Physiotherapists will help you with specific shoulder exercises but you must exercise several times daily at home/work.

Surgery for this condition is very safe, but there are rare risks that you should be aware of. These include infection, stiffness of the shoulder that may take many months to resolve, injuries to nerves or blood vessels resulting in poor hand function, ongoing/recurrent symptoms, and occasionally further surgery is needed. However, these risks are all very small and surgery is usually very successful.

It will take several weeks for the shoulder to settle down after surgery, and most of the recovery will take 3 months, along with intensive post-op physiotherapy, to achieve. The shoulder will continue to improve for a year, and some people report continued improvement for up to 2 years following surgery.