Arthroscopic Subacromial Decompression + Excision of acromioclavicular joint (resection of terminal end of collar bone to provide adequate space in the joint). for Acromioclavicular arthritis & / or Impingement of Shoulder

These options will only apply if a professional has diagnosed you. As minimum you should have had a X-Ray of your shoulder to rule out other conditions.

Options for management

1) To manage with the painkillers as it is and continue with the exercises.

2) The second option is Acromioclavicular joint steroid injection, which acts as diagnostic and therapeutic injection.
   (Please note it is an image or ultrasound guided injection and is not usually the same as provide clinically by your doctor or physiotherapist as shoulder steroid injection can be provided in three different areas)

   Potential risks with steroid injection include- Infection, Incomplete benefit from symptoms, local or rarely systemic effects of steroid, increased pain initially, skin discolouration, nerve damage owing to injection.
   In diabetics can rarely cause deranged blood sugar

3) Whether to proceed for surgery or not is shared care decision between patient and surgeon.

   The surgical option is the arthroscopic (Key hole) Acromioclavicular joint excision subacromial decompression (clearance of space for easy mobilization of tendon). It is day case surgery (you are discharged on the day of operation).

   The benefits of the operation ie pain relief can take from 6 weeks to 3 months to start and can up to a year to get good pain relief and patient will have to do the exercises to strengthen the tendon.

   Risks include bleeding, infection, about 5% risk of getting a frozen shoulder, small risk of nerve damage (worst case scenario-permanent loss of sensation and movement), the risk of incomplete symptom relief or rarely no relief, blood clot in veins, and anaesthetic risks (eg heart attack, stroke, chest infection). I do not close holes made for the operation and they heal by themselves so they may ooze after the operationa s we use fluid during the operation.

If biceps tenotomy (cutting of biceps tendon) is performed additional risks include biceps buldge ("popeye sign") and risk of muscle cramps. Although theoretically it decreases some strength but if biceps tendon is worn out and is painful, clinically patient feels much better owing to pain relief.

Any pain below your elbow or pins and needles / numbness in your hand is not usually because of your shoulder and will not get resolved.

Patients who smoke will not have similar results. So if you can ***stop smoking completely****, it aids in management.*

After procedure the rehabilitation will include sling for 2-3 days until comfortable but there will be no restrictions to movement. Early movement should be encouraged and gradually progress to rotator cuff strengthening.

Surgery will be offered depending on pre-anaesthetic check-up.