SUSSEX SHOULDER & ELBOW

02

Impingement Syndrome

What is impingement syndrome?

Impingement syndrome, also known as bursitis or tendonitis, is pain due to compression of the tissues in the top of your shoulder beneath a bone called the acromion.

It is typically felt on lifting your arm out to the side and can disturb your sleep if you roll onto your painful shoulder.

What causes impingement syndrome?

Impingement is a common condition typically seen in patients in their 30's to 50's. It may follow a minor injury such as a strain or a fall, or a period of increased activity such as returning to the gym or painting.

Often, though, there will not be a specific episode that triggers the problem. The pain is caused by inflammation of the bursa overlying the tendons in the top of the shoulder (known as the rotator cuff).

In most cases of impingement the underlying tendons are healthy but occasionally, and typically in older patients, the tendons can become frayed or even torn.

How is impingement diagnosed?

The first step is to make the correct diagnosis. Impingement can be confused with frozen shoulder, acromioclavicular joint pain, rotator cuff tears and even, in younger patients, shoulder instability.

The diagnosis is made by taking a careful history, particularly around the onset of the symptoms and the sorts of activities which cause the pain. A thorough examination is very important assessing the range of movement of the joint, strength of the individual tendons and the manoeuvres that cause pain.

An x-ray is helpful to exclude conditions such as underlying arthritis or calcium in the tendon. Occasionally more specialist tests such as an ultrasound are required, but an MRI scan is seldom indicated.

What are the treatment options?

The first line of treatment is almost always 'conservative' (non surgical). Typically you will be provided with a set of exercises to help stretch and strengthen your shoulder. You will often be referred to a physiotherapist to help you perform the exercises properly and to monitor your progress.

If your shoulder is causing you a lot of problems an injection above the tendons into the bursa can be very helpful at alleviating pain and making it easier for you to perform your exercises. About 60-70% of patients can expect a resolution of their problem with this 'conservative' approach.

Generally, if despite one or two injections and a comprehensive physiotherapy program you are still experiencing pain that is causing you problems then we would recommend surgical intervention.

Cameron Hatrick
MA (Cantab), MB, BChir, FRCS (Tr&Orth)
Consultant Orthopaedic Surgeon

Joideep Phadnis
FRCS (Tr&Orth), Dip Sports Med, MRCS, MBChB
Consultant Orthopaedic Surgeon

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What does surgery involve?

The operation for impingement syndrome is called Arthroscopic Subacromial Decompression. It is a 'key hole' procedure and a few mm of bone is shaved off the undersurface of the acromion to relieve the pressure on the underlying tendon.

In patients who also have pain and sometimes wear and tear in the adjacent acromioclavicular joint, we will also remove a few mm from the end of the clavicle to decompress the painful joint.

The operation is typically performed as a day case under a general anaesthetic with a nerve block (which helps the pain for the first 12-16 hours) and takes about 45-60 minutes. You will usually be admitted to the hospital early in the morning and be home by early or mid afternoon.

What can I expect after surgery?

You will wake up from surgery with your arm in a sling but you can remove this over the next couple of days. Your arm will feel numb and 'heavy' whilst the nerve block is working during the first night.

The shoulder will become a bit sore after that but you will be provided with painkillers which you should take regularly for the first few days. Providing no tissue repair was required during the operation you will be able to start moving your shoulder as soon as you are comfortable.

You will be provided with a 'rehabilitation' sheet showing you the appropriate exercises or you can download the instructions from the Exercises and Rehabilitation section of this website.

Most patients will have recovered quite good movement by 3-4 weeks post surgery, will be able to return to driving by 3-4 weeks, will be able to return to light manual work by 3-4 weeks and heavier duties, including sports, by 6-8 weeks. By 3 months 80% patients can expect to have had a good or excellent outcome.

Cameron Hatrick

NHS Patients
Brighton NHS
Tel: 01273 696955 ext 4258, Tara Kirk
Lewes NHS
Tel: 01273 474153 ask for Glynis Mockett

Private Patients
Direct Tel: 01273 828095 Angela Crosskey
Montefiore Hospital Hove
Tel: 01273 828120

Joideep Phadnis

NHS Patients
Brighton NHS
Tel: 01273 696955 ext 8258, Shirley Boyack

Private Patients
Direct Tel: 01273 828099, Allison Litynski
Montefiore Hospital Hove
Tel: 01273 828120

We value your feedback

myclinicaloutcomes.co.uk
Don't forget to register on myclinicaloutcomes.co.uk before your surgery so that you can track the progress of your shoulder.

iwantgreatcare.org
You are also welcome to provide feedback on iwantgreatcare.org so that we can continue to improve the service we provide.