

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

Procedure Information Sheet – Diagnostic Shoulder Arthroscopy, Shoulder Arthroscopic Release ± Sub- acromial Decompression (SAD)

1. Introduction

- 1.1. Shoulder arthroscopy is a minimally invasive surgical procedure in which a small fiber- optic tube is used to visualize and examine the interior condition of a joint.
- 1.2. Shoulder arthroscopic release involves cutting and removing the thickened, swollen and inflamed abnormal capsule.
- 1.3. Sub-acromial Decompression (SAD) procedure is used to release the sub-acromial area pressure by cutting or shaving away the abnormal acromion bone spur.

2. Procedural Preparation

- 2.1. Tests may be ordered include X-Ray or Magnetic Resonance Imaging (MRI) of shoulder, blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.5. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

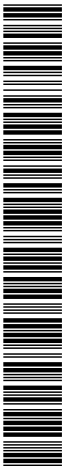
- 3.1. The operation will be performed under general anesthesia.
- 3.2. During arthroscopic procedures, an arthroscope (camera) is inserted into the shoulder joint through multiple small incisions.
- 3.3. Fluid (saline) is infused into the shoulder joint to allow better visualization of the related structures. This can be diagnostic and therapeutic.
- 3.4. For cases with shoulder arthroscopic release, keyhole incisions are used to get into the shoulder. Stuck down tissue can be released to improve the range of movement of the shoulder.
- 3.5. For subacromial decompression, instruments are inserted into the subacromial space. Abnormal bone spur of the acromion bone can be shaved away in order to achieve the tissue decompression.
- 3.6. After the operation, a dressing and sling are applied for immobilization and protection.

4. Recovery Phase

- 4.1. For Diagnostic Shoulder Arthroscopy
 - 4.1.1. Elevation of the operated limb is encouraged to reduce swelling and pain. An arm sling may also be needed for protection.
 - 4.1.2. Heavy lifting and repetitive overhead activities should be avoided after operation.
 - 4.1.3. If necessary, you will be referred to physiotherapist for muscle strengthening exercise and training.
- 4.2. For Shoulder Arthroscopic Release/ Sub-Acromial Decompression (SAD)
 - 4.2.1. An arm sling may also need for protection for 1 to 2 weeks according to surgeon's instruction.
 - 4.2.2. In most cases, active-assisted exercise can be started at the 1st week. Subsequent exercise programme will be carried out as instructed by the surgeon or physiotherapist.
 - 4.2.3. The usual total rehabilitation is 8 to 12 weeks, with a combination of different exercise and training.

5. Possible Risks and Complications

- 5.1. There are complications that relate to surgery in general. These include risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.
- 5.2. Shoulder Arthroscopic Procedures are generally very effective and rarely associated with major complications like massive bleeding. Some people unfortunately do suffer stiffness of shoulder again.



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6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

7. Reference

- 7.1. Arthroscopy Association of North America (2015). What is Arthroscopy?.
- 7.2. Arthroscopic Subacromial Decompression. ShoulderDoc UK.
- 7.3. Canale, S. T., Beaty, J. H. & Azar, F. M. (2015). Campell's Core Orthopaedic Procedures. Philadelphia: Elsevier.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

