

Subacromial Decompression

The subacromial bursa — the fluid-filled cushion under the acromion that becomes inflamed in shoulder impingement.

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At-a-glance recovery. Pooled from 45 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
1-3 weeks People with desk jobs often go back to work within one to two weeks. Other jobs take longer. Driving waits at least 6 weeks after any shoulder operation, until your surgeon clears you.	3-6 months Heavy manual work, overhead work, gym and sport usually return at around three months. Some people need up to six months.	12 months Maximum improvement in pain and function is typically observed within the first post-operative year, with some studies showing continued improvement up to 10 years.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At the clinic visit, we take a history, examine your shoulder and arrange imaging if it is needed. This rules out other causes of shoulder pain, such as a frozen shoulder or a torn tendon.

Subacromial decompression is an operation that makes more room in the space above the rotator cuff, the group of tendons that move your shoulder. It is offered when your pain matches the pattern of impingement, where the tendons are pinched as you lift your arm, and when non-operative care has not given enough improvement. That care usually includes changing activities, physiotherapy and injections. We will suggest surgery only after looking at your examination and scans together with you. Where it is used for the right reasons, most people, 70% to 75%, find the operation helps. The aim is less pain when you lift your arm and better use of your shoulder.

Before the operation

Once surgery is planned, a few simple preparations help the day go smoothly. Your surgeon will already have the scans needed to plan the operation, such as X-rays, an MRI or an ultrasound. Do not eat or drink for seven hours before your operation. We ask for seven rather than six so you can be brought forward if the theatre list runs early. If you take regular medicines, bring a written list of them and ask your surgeon whether any should be paused beforehand. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing that is easy to change out of. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before the day.

On the day

You arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who looks after your anaesthetic and pain relief. This operation is done under general anaesthetic combined with a regional nerve block. The anaesthetist will meet you before the operation and talk you through both parts.

When everything is ready, you are taken into the operating theatre and the operation is performed. Afterwards, you wake up in the recovery area, where nurses watch over you while the anaesthetic wears off. They will check your shoulder, your comfort and your recovery from the anaesthetic. Once you are stable, you either move to a ward or go home, depending on the operation you had and how you are recovering. How long people usually stay is set out in 'After the operation'.

What the operation involves

Subacromial decompression is a keyhole operation. Your surgeon makes a few small cuts around your shoulder, including one at the back, and works through them with a small camera and slim instruments. The camera lets your surgeon see the space above the rotator cuff, the group of tendons that move your shoulder, on a screen.

Once inside, your surgeon removes some swollen tissue called bursa and shaves away a small piece of bone from the underside of the acromion, the bony shelf above the tendons. Removing this bone and tissue makes more room, so the tendons are no longer pinched when you lift your arm. This part of the operation is called acromioplasty. If your surgeon finds anything else that needs attention, such as a torn tendon, they will discuss that with you beforehand.

When the work is finished, your surgeon washes out the shoulder and closes each small cut with stitches. A dressing goes over the wounds, and it stays in place for about 10 days.

After the operation

Most patients stay one night in hospital after this operation, though some are able to go home the same day. You will wake up in the recovery area, then move to a ward for the night. Your arm rests in a simple sling for comfort; it comes off for exercises and washing. Nurses will help you manage any pain with medicines. Someone should stay with you for the first 24 hours after you get home. If you had a nerve block, your arm may feel heavy or numb at first; this is expected and wears off within about 24 hours. Call the clinic if numbness or weakness lasts once the block has worn off. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

Your shoulder will be sore and swollen for the first few days. The swelling settles gradually over the following weeks, and the pain eases as it does. Medicines prescribed by your care team, ice packs and rest all help in the early days. Your arm rests in a simple sling for comfort; it comes off for exercises and washing.

You will start gentle exercises soon after the operation, guided by your physiotherapist. These keep the shoulder from stiffening while the tissues heal. Everyday tasks such as dressing, eating and typing at a desk are usually manageable early on. Lifting anything heavier than a cup of tea, or reaching above shoulder height, waits until your shoulder is ready. Sleeping can be uncomfortable at first; many people find it easier propped up in a chair or with pillows behind them.

Once the swelling settles and your movement returns, daily activities feel more natural. You can drive once your surgeon clears you, typically at the six-week review; see our guide on [Driving after upper-limb surgery](#). Return to work, sport and heavier activity is gradual, and your surgeon and physiotherapist will tell you when each step is safe.

Recovery varies between individuals. Your timeline may differ from the typical ranges shown in the table above, and your surgeon and physio will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes new bone forms where the small piece of bone was shaved away. This can feel like the old pinching pain coming back, with a catching or grinding feeling when you lift your arm. If that happens, bring it up at your next review.

The shoulder can also become stiff and painful, with movement that will not loosen up even with gentle exercises. Tell your physiotherapist or call the clinic if this does not improve.

Occasionally the pain turns out to come from something else, such as a torn tendon or arthritis in a nearby joint. If your shoulder still aches much as it did before, once the early healing has settled, we will look at the original diagnosis again with you at your review.

Rarely, a blood clot can form. Go to the emergency department if you have swelling or pain in a calf, or sudden shortness of breath or chest pain. These can be signs of a blood clot.

Call the clinic the same day if you have a fever, redness spreading out from a wound, or fluid or pus leaking from it. Call the clinic the same day too if pain keeps getting worse despite your pain medicines.

Call the clinic if numbness or weakness in your arm, hand or fingers lasts once the nerve block has worn off, at about 24 hours. Numbness and weakness in the first 24 hours are expected.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most problems show up early, so it helps to know what to watch for. Go to the emergency department if you have swelling or pain in a calf, or sudden shortness of breath or chest pain. These can be signs of a blood clot. Call the clinic the same day if you have a fever, redness spreading out from a wound, or fluid or pus leaking from it. Call the clinic the same day too if pain keeps getting worse despite your pain medicines. Call the clinic if numbness or weakness in your arm, hand or fingers lasts once the nerve block has worn off, at about 24 hours. Numbness and weakness in the first 24 hours are expected. If you cannot reach the clinic, go to your nearest emergency department.

Where to read more about the condition

This page is about the operation itself. The condition it treats, including what the evidence shows about when surgery helps and when it does not, is covered in more detail on the [Subacromial Impingement and Bursitis](#) page.

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Complication rates from published literature

Pooled from 45 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
capsulitis	10.0-14.5%	Capsulitis is a common complication, particularly in patients undergoing rotator cuff repair with acromioplasty.
heterotopic ossification	3.1%	Heterotopic ossification is a rare but reported complication.
stiffness	2.9-22%	Postoperative stiffness ranges from 2.9% in calcific tendonitis cases to 22% in lateral acromioplasty studies.
re-tear	2.9-38.0%	Re-tear rates vary significantly depending on the study and whether concomitant rotator cuff repair was performed.
revision surgery	1.5-22.2%	Revision surgery rates range from 1.5% to over 20% depending on the indication and follow-up duration.
acromial stress fracture	0.9-2.2%	Acromial stress fractures are a risk, particularly in patients with prior subacromial decompression undergoing reverse total shoulder arthroplasty.
thromboembolism	0.4%	Thromboembolic events are rare but have been reported following shoulder arthroscopy.
infection	0.2-0.4%	Deep infection rates are low, typically around 0.2% to 0.4% in large cohort studies.
nerve injury	0.1%	Nerve injury is rare, with rates around 0.1% in large cohorts.
hematoma	0.1%	Hematoma formation is uncommon following the procedure.
wound complication	0.07-0.27%	Wound complications are rare, with rates varying by surgical approach.

COMPLICATION	REPORTED RATE	NOTES
deltoid detachment	Rare	Deltoid detachment is rare with arthroscopic technique; historical rates of up to 37% relate to open decompression.
pseudoparalysis	Rare	Loss of active elevation after decompression; may indicate unrecognised rotator cuff tear.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT – PRINT NAME

SIGNATURE

DATE