

Suprascapular nerve decompression

Suprascapular nerve decompression, relieving pressure on the nerve at the shoulder blade.

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At-a-glance recovery. Pooled from 41 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
2-6 weeks Return to light activities and desk work typically occurs within 2 to 6 weeks with significant pain relief.	3-6 months Return to full strength, manual work, and sport is typically achieved within 3 to 6 months.	12 months Maximum functional improvement and plateau in outcomes are typically observed by 12 months post-surgery.

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. The suprascapular nerve runs through small channels at the back of the shoulder. When something presses on it there, it can cause a dull, aching pain and weakness in the shoulder muscles. This operation, called nerve decompression, eases that pressure so the nerve can recover.

Most people with this problem are first treated without surgery. That usually means physiotherapy, anti-inflammatory medicine, and changing activities that stir up the pain. We consider this operation when those measures have not given enough improvement, or when the nerve is being squeezed by something such as a ganglion cyst, a band of tissue, or a bone spur. Surgery may also be suggested if your pain or weakness is getting worse. Before recommending it, we confirm the diagnosis with a careful history, an examination, and tests that check how the nerve is working.

The aim of the operation is simple: less pain and better strength and function in your shoulder. Many people return to sport and their usual activities after this operation. We will talk through whether it is the right choice for you, together.

Before the operation

Before your operation, you will need some scans and tests to plan it. These usually include an X-ray, an MRI scan (a scan that shows detailed pictures of soft tissues), and sometimes an ultrasound. You may also have a test that checks how well the nerve is working.

In the seven hours before your operation, do not eat or drink anything. We ask for seven hours rather than six so your operation time can be brought forward if the theatre list runs early.

Bring a list of all your current medicines. Some medicines may need to be paused, and your surgeon will tell you which ones and when. Arrange for someone to drive you home afterwards. Wear loose, comfortable clothing. If you have other medical conditions, you may need blood tests or a review with the anaesthetist (the doctor who gives the anaesthetic).

On the day

On the day of your operation, you will come to the hospital's surgical admissions unit. You will be checked in there and prepared for theatre. You will then meet the anaesthetist, the doctor who gives the anaesthetic.

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.

You will then be taken into the operating theatre, where the operation is performed. When it is finished, you will wake up in the recovery area. Nurses will monitor you there while the anaesthetic wears off. Once you are stable, you will either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

This operation is done through keyhole surgery. Your surgeon makes a few small cuts around your shoulder, including one at the back. A thin tube with a tiny camera goes in through one of the cuts, so your surgeon can see inside the shoulder on a screen.

The suprascapular nerve runs through small channels at the back of your shoulder. A band of tissue crosses over the nerve at these points, like a strap over a tunnel. During the operation, your surgeon releases that band so the nerve is no longer squeezed. If a ganglion cyst (a fluid-filled sac) is pressing on the nerve, your surgeon removes it as well. The camera also lets your surgeon look around the rest of the shoulder and treat any other problems found there.

The small cuts are closed with stitches. A dressing goes over the wounds, and you will keep that dressing on 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 the ward. Nurses will check on you and give you medicine to keep you comfortable. Your arm will rest in a simple sling, which comes off for washing and exercises. Someone should stay with you for the first 24 hours. Numbness or weakness in the arm during this time is expected while the nerve block wears off. If numbness or weakness lasts beyond that, call the clinic. 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

For the first few days your shoulder will be sore and may feel swollen. This settles gradually. Simple pain medicine and rest ease the discomfort. Your arm rests in a sling for comfort, and it comes off for washing and for your exercises.

Your physiotherapist will guide your rehabilitation. Early on, this means gentle movements to keep the shoulder from stiffening. As the pain settles, the exercises build up to restore strength. The sling comes off for good once your physiotherapist and surgeon agree your shoulder is ready.

Day to day, you can do light tasks around the home as soon as you feel able. Avoid lifting anything heavy or pushing through pain. Sleep can be awkward at first; some people find it easier propped up in a chair or with pillows. You will not drive until your surgeon clears you, typically at the six-week review. Our guide to [driving after upper-limb surgery](#) explains this in more detail.

Once the swelling settles and movement returns, everyday activities feel more natural. Strength comes back gradually as the nerve recovers, and this continues over many months. Most people notice the pain easing first, then function improving as they work through rehabilitation.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you at each step.

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.

The nerve being operated on can sometimes be irritated further. If you notice new numbness, tingling or weakness in your shoulder, arm or hand once the nerve block has worn off (about 24 hours), call the clinic. Numbness and weakness in the first 24 hours after a nerve block are expected.

The blood vessels and veins near the nerve are close to the operating area. Your surgeon identifies and protects them during the operation. If you notice swelling or a firm, tender lump near one of the small wounds after you go home, call the clinic.

A collection of blood under the wound can occasionally happen after surgery. This feels like a swollen, tender spot that may look bruised. If the swelling keeps growing or the pain keeps getting worse despite your pain medicines, call the clinic the same day.

The wound itself needs watching. Call the clinic the same day if you have a fever, spreading redness around the wound, or fluid or pus leaking from it.

This operation is done through keyhole surgery, which carries a limited risk. The open form of this operation also has a low rate of problems. Releasing the nerve safely takes skill, and your surgeon has trained specifically in this area.

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

When to call us

Most problems show up early, and we would rather hear from you than have you worry at home. Call the clinic if you notice numbness, or you cannot move your arm, hand or fingers, once the nerve block has worn off (about 24 hours). Numbness and weakness in the first 24 hours are expected while the block wears off.

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

Go to the emergency department if you have swelling or pain in your calf, or shortness of breath or chest pain. These can be signs of a blood clot. Go also if your fingers or hand turn pale, cold, white, blue or dark.

If you cannot reach us, out of hours or on a weekend, 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 [Suprascapular neuropathy](#) page.

COMPLICATIONS & CONSENT

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Complication rates from published literature

Pooled from 41 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
persistent symptoms	12.0%	Continued pain or discomfort reported in the postoperative setting.
reoperations	3.3%	Rate of subsequent surgery required following decompression.
infection	0.74%	Overall complication rate including superficial soft tissue infection in systematic review of 269 shoulders.
nerve injury	0.74%	Overall low rate of neurovascular injury reported in systematic review.
adhesive capsulitis	0.4%	Post-operative stiffness reported in systematic review of 259 patients.
sensory loss	0.4%	Loss of sensation around skin incision reported in systematic review, resolved at follow-up.
wound hematoma	Rare	Rare case report of large hematoma causing entrapment following decompression.

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