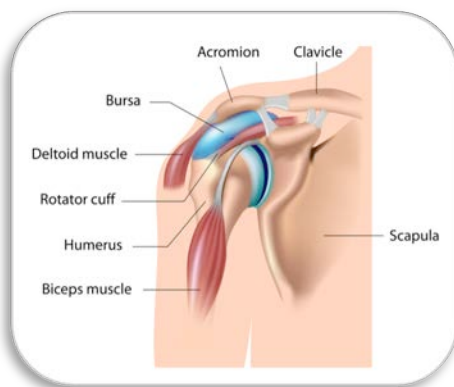# Understanding The Subacromial Decompression and Distal Clavicle Excision

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Our goal at The Orthopedic Institute of Wisconsin is to provide high quality care, both non-surgical and surgical. This approach allows our patients to regain lost function and experience pain relief that will hopefully result in the improvement of their quality of life. If you have any additional questions, please call: (414) 643-8800

Understanding Shoulder Anatomy

The shoulder is a large ball and socket joint. The bones of the shoulder joint include: your collarbone, your upper arm bone, and your shoulder blade. The rotator cuff keeps the humeral head (ball) inside the glenoid cavity (socket) during shoulder motion while also providing muscular force for movement of the shoulder. The outside end of the shoulder blade, to which the collarbone is attached, is called the acromion. The collarbone is a long bone that serves as a bridge between the scapula and sternum.

What is Subacromial Impingement?

Some patients are born with a "hooked" acromion that predisposes them to impingement (pinching) of the rotator cuff. As individuals age, calcium deposits called bone spurs may also develop underneath the acromion. This decreases the space between the acromion and the rotator cuff. These bone spurs may lead to damage of the rotator cuff muscles, lessening their ability to stabilize the shoulder joint.

Who Needs ASD Surgery?

The first form of treatment for patients with subacromial impingement is a therapy program to strengthen the shoulder and restore proper shoulder mechanics. A subacromial corticosteroid injection may be given as well to reduce pain and inflammation. For patients who do not respond to conservative treatment, a subacromial decompression surgery can provide pain relief and help regain in range of motion. Surgery is referred to as an Arthroscopic Subacromial Decompression (ASD).

Subacromial bone spur, pinching the rotator cuff muscles

ASD Surgery

ASD surgery is performed arthroscopically, using a small camera to completely examine the subacromial space. In the absence of any other issues, the bone spur will be removed, reducing impingement and protecting the rotator cuff. In some cases, subacromial impingement may have contributed to tears in the rotator cuff. In those patients, the cuff is repaired as well, using biocomposite anchors to secure the torn cuff to its original position on the humeral head.
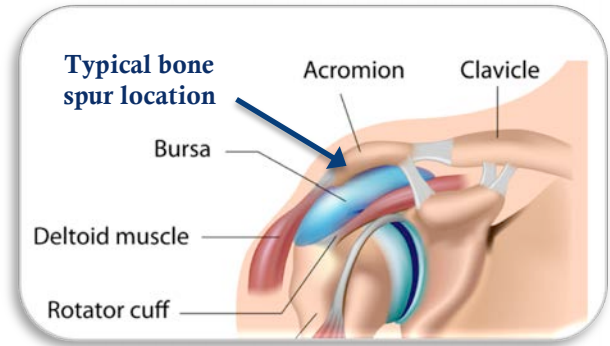
Typical Schedule of Follow-up Visits

Five-to-Seven day assessment
- ○ Suture Removal
- ○ Check in with Dr. Pennington's surgical team
- ○ Physical therapy referral

Five-to Seven week assessment
- ○ Passive motion and active motion check

Future appointments
- ○ Check range of motion
- ○ Strength check

AC Joint Arthritis

The acromioclavicular (AC) joint is where the collarbone meets the acromion. It sits above the tendons of the rotator cuff. Impingement in the AC joint can occur by itself or alongside subacromial impingement. Damage to this joint can be extremely painful for the patient.
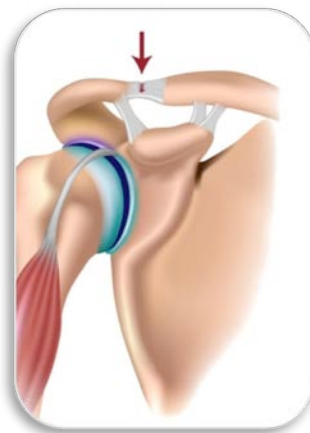
Who Needs DCE Surgery?

Damage can be caused by trauma, osteoarthritis, and degenerative joint disease. For patients who do not respond to treatments such as cortisone injections and therapy, surgical intervention is considered.

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| Dana Hahn, Patient Care Coord. | Brian Bartz, PA-C | William Pennington, MD | Joann Pitton, PA-C |

DCE Surgery

Surgical intervention is typically performed arthroscopically, using a small camera to completely examine the AC joint. In the absence of any other issues, approximately 1.5 cm of distal clavicle (the end of the collarbone) will be shaved down, reducing impingement and protecting the rotator cuff. In some cases, this condition may contribute to tears in the rotator cuff. In those patients, the cuff is repaired as well, securing the torn cuff to its original position on the humeral head.