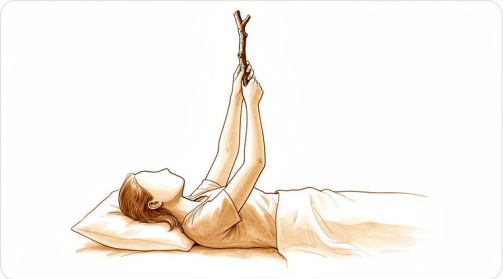
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Subacromial Decompression



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

Kieran Hirpara 4.0

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
2-6 weeks	**3-6 months**	**12 months**
Most patients return to driving within 4 weeks and to work within 6 weeks following the procedure.	Recovery of subjective shoulder function typically requires almost 3 months on average, with full return to unrestricted activity often taking up to 6 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

Your surgeon has suggested subacromial decompression, a keyhole surgery that removes extra bone and tissue to create more space in your shoulder. This procedure is typically offered when you have mechanical impingement and pain has not responded to nonsurgical measures after at least 6 months. Conservative management is usually the first step, with surgery reserved for cases where those treatments fail.

Your surgeon likely recommended this because you have a persistently positive Hawkins test and clear signs of mechanical impingement on imaging. When proper criteria are met, this operation aims to reduce pain and improve your quality of life. It is a valid choice for patients selected carefully, helping you return to daily activities without the constant discomfort of shoulder impingement.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Before the operation

You will need to fast before your surgery and stop taking certain medications as your surgeon advises. Please arrange for someone to drive you home and bring a list of all your current medicines. You may need X-rays, an MRI, blood tests, or an anaesthetic review to check your health and plan the procedure. These tests help your surgeon confirm the diagnosis and ensure you are ready for surgery. Your surgeon performs this operation using an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. Wear comfortable clothing to your appointment.

On the day

You will arrive at the hospital and meet your anaesthetist before the operation. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

Your surgeon performs this operation as an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. After the procedure, you will wake up in recovery. You will be monitored there until you are stable and ready to go home or to your room.

What the operation involves

Your surgeon will perform this surgery using keyhole techniques. They will make two or three small cuts, each about 1 cm long, around your shoulder. Through these openings, a tiny camera and special tools are inserted to see inside the joint.

Inside, your surgeon will remove the small bone and tissue that are pressing on your rotator cuff. This relieves the pressure causing your pain. The procedure is done carefully to ensure you have space for your tendons to move freely without getting trapped.

Once the work is finished, the small cuts are closed with dissolving stitches or glue. A dressing is placed over the area to protect it while it heals. This approach avoids large open cuts and helps you recover more comfortably.

After the operation

You will wake up in the recovery ward. Your surgeon uses a keyhole approach with two or three small incisions and a camera inside the joint. You will have dressings and a sling to protect your shoulder. Pain control is managed with standard medications. Most patients go home on the same day. You must have someone stay with you for the first 24 hours. You can return to driving within 4 weeks and to work within 6 weeks.

Recovery

You will likely feel soreness and swelling in your shoulder for the first few days. This is normal after the keyhole surgery. Your surgeon may suggest a pain pump or nerve blocks to help manage discomfort, though these do not change your long-term recovery. Most people find that pain eases as the swelling settles.

You will wear a sling to protect your shoulder while it heals. Your physiotherapist will guide you through gentle exercises to restore movement and strength. You can perform light daily tasks at home, but avoid heavy lifting or reaching overhead until your surgeon clears you. Sleep may be difficult at first; propping yourself up with pillows often helps.

Your progress depends on your body and how well you follow your plan. Some days will feel better than others. Once your surgeon clears you to drive and you can grip without pain, you will likely return to work. Your timeline may differ; your surgeon and physio will guide you every step of 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.

If you have this surgery along with removing calcium deposits, you might find it takes longer to return to full activity without pain compared to a simpler cleanup. You may notice your shoulder feels stiff or sore for a longer period than expected.

Sometimes, combining this procedure with a rotator cuff repair can lead to weaker results over time. You might feel that your shoulder does not regain the strength or range of motion you hoped for, even months after the operation.

If you have had this surgery in the past, you face a higher risk of a stress fracture in your shoulder bone if you ever need a reverse total shoulder replacement later. You might experience sudden, sharp pain in the shoulder during daily activities.

In rare cases, a blood clot can form in a vein near the neck and travel to the lungs. You might notice sudden shortness of breath or chest pain. This is a medical emergency requiring immediate attention.

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

When to call us

Call us if you have a fever, increasing redness, or discharge from your small keyhole incisions. Go to emergency if you feel sudden severe pain, swelling in your calf, or shortness of breath. Contact us immediately if you lose sensation or cannot move your arm. These signs need urgent check-ups to keep you safe after your shoulder surgery.

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COMPLICATIONS & CONSENT

Subacromial Decompression

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.

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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

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