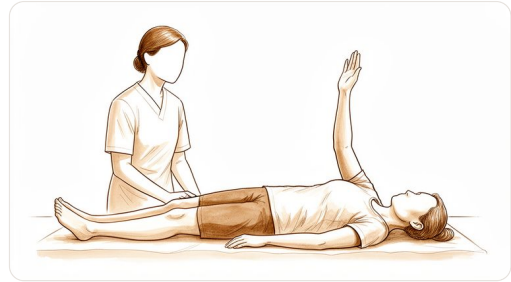


Suprascapular nerve decompression



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

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 41 published studies — your own pace will vary.

LIGHT DUTIES	MOST EVERYDAY ACTIVITIES	FINAL OUTCOME PLATEAU
desk work, driving, daily tasks	manual work, sport, gym	pain and strength
2-6 weeks	3-6 months	12 months
Return to light activities and desk work typically occurs within 2 to 6 weeks with significant pain relief.	Return to full strength, manual work, and sport is typically achieved within 3 to 6 months.	Maximum functional improvement and plateau in outcomes are typically observed by 12 months post-surgery.

Why this operation has been suggested

This operation, called arthroscopic suprascapular nerve decompression, is a keyhole surgery to free a nerve in your shoulder that has become pinched. Your surgeon likely suggested it because you have isolated nerve compression causing pain or weakness that has not improved with non-surgical care like physical therapy or medication. While this condition is rare, the procedure is safe and effective when performed by an expert surgeon to relieve pressure on the nerve.

The main goal is to stop the pain and help you regain normal shoulder function and strength. If you have a rotator cuff tear, this surgery may not add extra benefit unless the nerve is clearly trapped. You will need to avoid driving for at least six weeks after any shoulder operation. You can drive again once your surgeon clears you, typically at the six-week review. [Driving after upper-limb surgery.](#)

Before the operation

You will need to fast before your surgery and stop certain medications as your surgeon advises. Please arrange for someone to drive you home and bring a list of all your current medicines. Wear comfortable clothing to the hospital. You may need X-rays, an MRI, blood tests, or an anaesthetic review to check your shoulder and general

health. Your surgeon will perform this operation using a keyhole approach with two or three small incisions and a small camera inside the joint. You must not drive for at least six weeks after any shoulder operation, even if it was your left arm. You cannot drive while wearing a sling. You may drive again once your surgeon clears you, typically at the six-week review. See our guide on [Driving after upper-limb surgery](#).

On the day

You will arrive at the hospital and meet your anaesthetist before the procedure. 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 surgery using 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 with your arm in a sling. You cannot drive for at least six weeks after any shoulder operation, even if it was your left arm. You must wait until your surgeon clears you, typically at the six-week review, before driving again. Learn more about [Driving after upper-limb surgery](#).

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. This method gives your surgeon a clear view to treat the nerve and any other shoulder issues at the same time.

The main goal is to free the suprascapular nerve, which is a wire-like structure that controls shoulder movement. Your surgeon will carefully identify and protect the blood vessel running next to the nerve. They will then release the tight band of tissue, called the spinoglenoid ligament, that is squeezing the nerve. This creates more space so the nerve can heal. In some cases, your surgeon may use the top edge of your shoulder blade as a guide to make the surgery faster and remove less tissue.

Once the nerve is freed, your surgeon will close the small cuts with dissolving stitches or glue. You will not need to return for suture removal. This procedure is designed to relieve pain and help you regain normal shoulder function.

After the operation

You will wake up in the recovery ward with a small dressing over your shoulder. Your surgeon used an arthroscopic (keyhole) approach with two or three small cuts and a tiny camera inside your joint. You will wear a sling for comfort and support. Pain is managed with medication given by your team. You can go home the same day if you feel ready. Someone must stay with you for the first 24 hours to help you. Do not drive for at least six

weeks after this operation. You must wait until your surgeon clears you, typically at your six-week review, before driving again. See our guide on [Driving after upper-limb surgery](#) for more details.

Recovery

You will likely feel soreness and swelling in your shoulder for the first few days. This is normal as your body heals from the small keyhole incisions. Your surgeon may recommend ice and pain relief to ease this discomfort. Most patients find that pain and swelling begin to settle as movement returns.

You will wear a sling to protect your shoulder while you rest. Your physiotherapist will guide you through gentle exercises to restore strength and motion. You can perform simple daily tasks at home, but you must avoid lifting heavy objects or reaching behind your back. Sleeping may be uncomfortable at first; propping yourself up with pillows often helps.

You cannot drive while wearing a sling or if your shoulder is still painful. Your surgeon will review your progress, and you may be cleared to drive at the six-week mark. Please read our guide on [Driving after upper-limb surgery](#) for more details. Your recovery journey is unique, so follow the specific advice from your surgeon and physiotherapist.

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 the nerves or blood vessels near your shoulder have unusual shapes or positions. This can make the surgery harder. You might feel a deep, throbbing pain that does not ease with simple painkillers. If this happens, call your clinic right away.

During your keyhole surgery, your surgeon looks for the nerve and the artery running next to it. They protect these carefully to keep you safe. If you notice sudden swelling, redness, or a new feeling of weakness in your shoulder, tell your surgeon immediately.

In some cases, the nerve might not be the main cause of your pain if you have a large rotator cuff tear. You might not feel better even after the nerve is released. If your pain does not improve after the procedure, bring it up at your next review.

If you have complete fatty changes in your shoulder muscles, you may feel immediate relief from pain. However, the muscle changes themselves will not go away. Your surgeon will discuss what to expect based on your specific scan results.

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 incisions. Go to emergency if you feel sudden severe pain, calf swelling, or shortness of breath. Contact us immediately if you lose sensation in your arm or cannot move your limb. Do not drive for at least six weeks after this shoulder operation. You may drive only once your surgeon clears you, typically at the six-week review.

Suprascapular nerve decompression

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.
iatrogenic suprascapular neuropathy	12.0%	High risk of nerve injury due to baseplate screw penetration in reverse total shoulder arthroplasty.
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