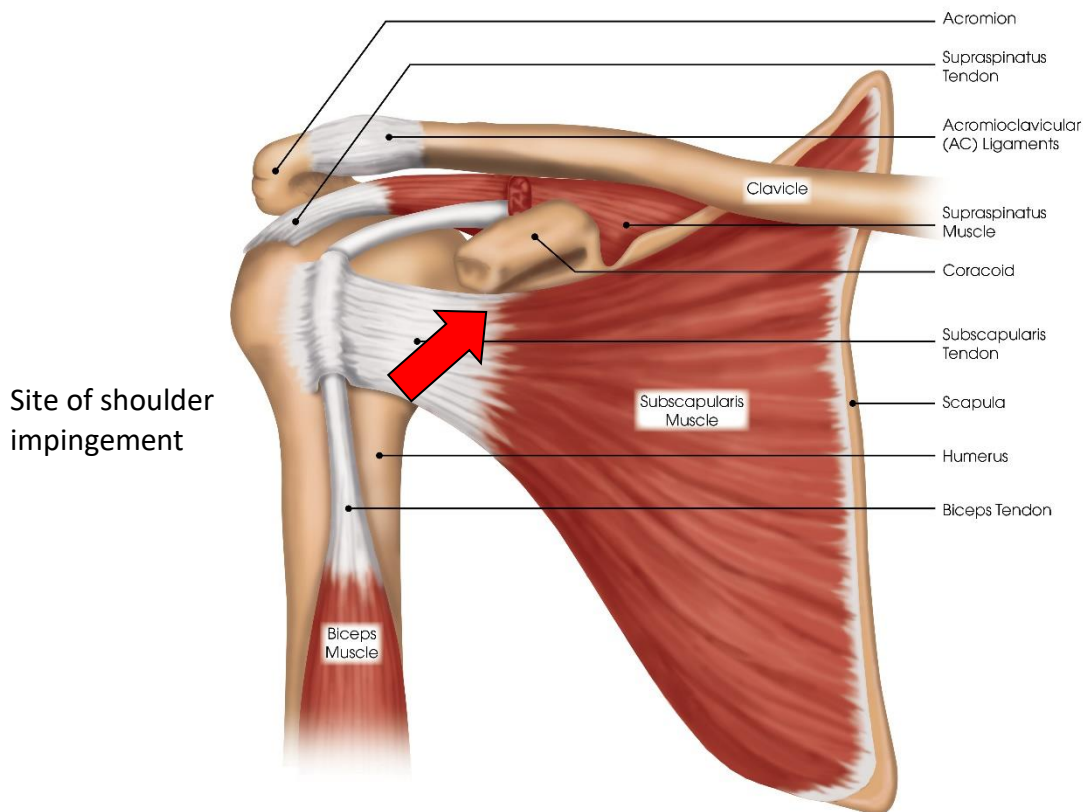


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Arthroscopic Subcoracoid Decompression

Indications for Surgery

Arthroscopic subcoracoid decompression surgery is reserved for patients who have subcoracoid impingement that affects activities of daily living or sports activities despite adequate conservative treatment. The goal of surgery is to eliminate the shoulder pain by removing thickened and chronically inflamed bursa and the prominent bone from the underside of the coracoid to increase the space for the subscapularis tendon to move freely.



Contraindications to Surgery

- Infection of the shoulder
- Inability or unwillingness to complete the postoperative program of keeping the shoulder in a sling or immobilizer (if open) or to perform the rehabilitation necessary



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Potential Surgical Risks and Complications

- Infection
- Continued or recurrent pain
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of competition
- Weakness of the shoulder
- Fracture of the acromion
- Acromioclavicular (AC) joint pain

Hospitalization and Anesthesia

- Outpatient surgery (go home the same day)
- General anesthetic with interscalene block (See *Your Surgical Experience* booklet)

General Surgical Technique

Dr. Chudik performs the surgery arthroscopically through small incisions (arthroscopic portals). He uses special arthroscopic instruments to remove inflamed bursal tissue and millimeters of bone from the acromion to relieve the impingement on the rotator cuff tendon.

Post-Operative Course

- Patients will use a sling for comfort and discontinue it as tolerated
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery
- Keep the wound clean and dry for three days following all arthroscopic surgery. Patients may shower lightly after three days but wounds cannot be submerged under water for three weeks
- Driving is allowed once the sling and pain medications are discontinued
- Physical therapy should begin two to three days after surgery and continue for three to four months. It is crucial to follow through and maintain a proper therapy schedule

Return to Activity

- Return to activity approximately six to 12 weeks after surgery



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Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen



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