



ARTHROSCOPIC SUPRASCAPULAR NERVE DECOMPRESSION

What is Suprascapular Neuropathy?

In some cases, patients experience chronic shoulder pain or dysfunction due to compression or entrapment of the suprascapular nerve. This condition can occur without a history of significant trauma or repetitive strain. Suprascapular nerve compression may lead to shoulder pain, weakness, or limited range of motion, often affecting activities of daily living and athletic performance.

Common symptoms of suprascapular nerve entrapment include:

- Persistent shoulder pain, especially in the back or top of the shoulder
- Weakness in the shoulder or difficulty lifting the arm
- A dull, aching sensation radiating toward the neck or down the arm
- Decreased shoulder function or reduced endurance in repetitive activities

When nonsurgical treatments such as physical therapy, rest, or injections fail to relieve symptoms, arthroscopic suprascapular nerve decompression may be recommended to relieve pressure on the nerve and restore function.

How do you treat suprascapular neuropathy?

Dr. Acevedo performs this procedure arthroscopically using a small camera (arthroscope) and specialized instruments. Through small incisions, the suprascapular nerve is visualized, and any compressive structures, such as cysts, scar tissue, or impinging ligaments, are carefully released to alleviate nerve entrapment.

Length of Stay

This is same day surgery. You will need to have someone who can take you home.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block. Your arm will be numb and will feel very strange. The nerve block will last about 12-14 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incisions

You will have 3 small incisions around your shoulder. They will only be about 1 cm long.

Pain

You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have discomfort. Most of the pain is related to your very swollen shoulder. That swelling will resolve in 24-48 hours. You will have a opioid limiting pain regimen prescribed for when you are discharged home. Typically you will be given Toradol, an anti-inflammatory to take for 3-5 days, Gabapentin a nerve pain medication to be taken for 2 weeks, and a narcotic medication such as Norco or Percocet to be used sparingly for breakthrough pain. After a few days most patients are comfortable on ES Tylenol.

Sling

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling 24 hours a day. This includes sleeping in your sling. For the four weeks that you are in your sling, you are not permitted to drive.

Wound Dressings

You will go home with tegaderm and gauze dressings. These are waterproof and you will be able to shower immediately after surgery. After 3 days you may remove the dressings. There will be a steri-strips over the incisions. The steri-strips are to remain in place until they fall off on their own. The sutures are absorbable and buried.

Physical Therapy

Formal Physical Therapy will begin after 2 weeks. You should contact a therapist before your surgery to make appointments. If you prefer to perform the rehabilitation at home on your own, you can download the MyHealthTrack app and do Dr Acevedo's program with that.

Restrictions

Recovery from this surgery is three months. During that time you will have restrictions on the use of your operative arm.

Day of surgery to Week 2: remain in sling, no use of arm for work, no driving. Typing and writing allowed.

Week 2-6: Light use of the arm is allowed.

Weeks 6-12: no lifting and carrying anything greater than 10 lbs and only occasional

over shoulder reaching

After 12 weeks: Full unrestricted use of the arm

Pictures

Dr. Acevedo will take photos during your surgery. Please bring those pictures to your first postoperative visit. Dr. Acevedo will review them with you and discuss exactly what was done in your shoulder.