

Patient Information

## Open Acromioclavicular Joint Excision

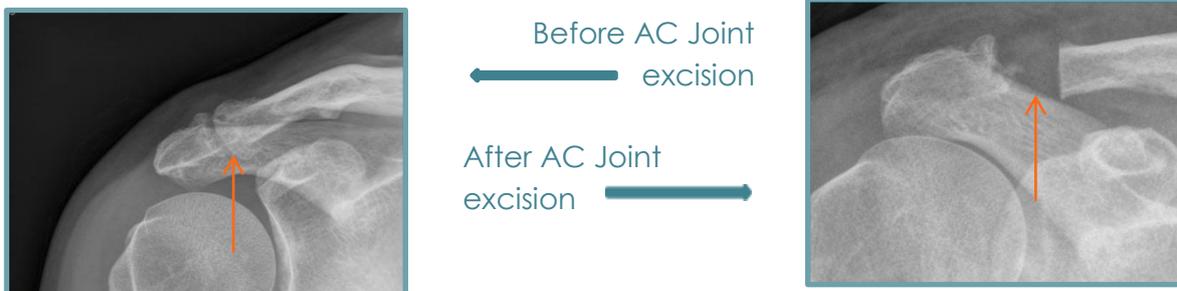
### KEY POINTS

- Nearly all are done as day case surgery (home the same day)
- You will have a general anaesthetic (you will be asleep)
- You will not need a sling beyond 1 to 2 days
- Most people are driving within 1 to 2 weeks
- Most people return to work once they can drive although it may be considerably longer if you are a manual worker
- You can return to sport as soon as you feel able to do so
- This is a safe, reliable and effective operation for 90% of people
- This is not a quick fix operation. Symptoms may take weeks or months to improve

The aim of the operation is to relieve pain from your acromioclavicular joint (ACJ).

### About open acromioclavicular joint excision

This operation is done using a 5cm incision (cut) over the top of your shoulder (where a bra strap would normally be). 1cm is cut off the end of the clavicle (collar bone) and the joint is cleared. This will increase the joint space and prevent the surfaces rubbing together. The gap slowly fills in with scar tissue. The consistency of the scar tissue changes with time. For the first few months it is thin and weak, therefore, the bone ends can still move about and even clash into each other causing clicking and sometimes pain. However, the scar tissue eventually stiffens to the consistency of a pencil rubber. This holds the bone ends in alignment and prevents them clashing, effectively acting as a new joint.



### What are the risks?

All operations involve an element of risk. The risks include:

- Infection. This is usually a superficial wound problem. Occasionally, deep infection may occur many months after the operation (rare; less than 1%).
- Persistent pain and/or stiffness in/around the shoulder. 5-20% of patients will still have symptoms after the operation.
- A need to re-do the surgery is rare. In less than 5% of cases, further surgery is needed within 10 years.
- Complications relating to the anaesthetic, such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).

### What are the alternatives?

Not all these options are appropriate for all people.

They include:

- Modifying activity and sport to avoid the pain
- Seeking the advice of a sports professional
- Taking painkillers and/or anti-inflammatory tablets
- Cortisone injections

- Physiotherapy and other allied specialities such as acupuncture and osteopathy

### Will it be painful?

This is not usually an excessively painful operation. During the operation local anaesthetic will be put into your shoulder to help reduce the pain. Be prepared to take your tablets as soon as you start to feel pain.

### Do I need to wear a sling?

You will be wearing a sling when you leave the operating room. This sling is for comfort only. You can take it on and off as you wish. You will be encouraged to discard the sling as soon as possible in order to avoid the shoulder getting stiff.

### When can I go home?

Usually you can go home the same day.

### Do I need to do exercises?

Yes you will be shown exercises by the physiotherapist and you will need to continue with the exercises once you go home. They aim to stop your shoulder getting stiff and to strengthen the muscles around your shoulder.

### What do I do about the wound?

Keep the wound dry until it is healed. This is normally for 10 to 14 days. You will have one long dissolvable stitch. The ends which look like fishing line will normally drop off after 2 or 3 weeks, but may need to be trimmed by the GP practice nurse.

### Are there things that I should avoid?

Not really. The worst that can happen is to cause yourself pain, therefore, avoid heavy lifting for the first few weeks. However, do not be frightened to start moving the arm as much as you can. Gradually, the movements will become less painful.

### How am I likely to progress?

It is important to recognise that improvement is slow and that this is not a quick fix operation. By 3 weeks after operation you will not have noticed much improvement and it is common for people to wonder whether they made the right decision about having the operation done! However, you should have recovered nearly full movement. Getting your hand up your back usually takes a little longer. By 3 months after the operation most people are delighted and have noticed a great improvement in their symptoms. Everything continues to improve slowly and by 9 to 12 months after the operation your shoulder should be back to normal / feeling like the other shoulder.

### When can I drive?

You can drive as soon as you feel able to comfortably control the vehicle. This is normally between one and two weeks. It is advisable to start with short journeys. It is illegal to drive while wearing a sling.

### When can I return to work?

This will depend on the type of work you do. If you have a job involving arm movements close to your body you may be able to return within a week. Most people return within a month of the operation but if you have a heavy lifting job or one with sustained overhead arm movement you may require a longer period of rehabilitation.

### When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder. Nothing is forbidden, but it is best to start with short sessions involving little effort and then gradually increase the effort or time for the activity. However, be aware that sustained or powerful overhead movements (e.g. trimming a hedge, some DIY, racket sports etc) may take longer to become comfortable.

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