

Patient Information

Stabilisation of the Acromioclavicular Joint (ACJ)

KEY POINTS

- Nearly all are done as day case surgery (home the same day)
- You will have a general anaesthetic (you will be asleep)
- It is a really painful operation!
- You will be in a sling for 3 weeks
- You will not be driving for at least 4 weeks
- You will have to wait 3 months before returning to collision (contact) sport including football

Acromioclavicular joint dislocation

Acromioclavicular joint (AC Joint) dislocation is a common injury. It is usually caused by a heavy fall onto the tip of the shoulder. It is seen most commonly in sports such as rugby, mountain biking, horse riding, and snowboarding. Once dislocated the AC Joint remains dislocated forever. There is no sling or physiotherapy that can change that fact. Only an operation can reduce the dislocation. However, most people do not have an operation for this condition. Many international rugby players see their ACJ dislocation as a badge of honour!

After 3 months most people are back to sport and all activities without pain or weakness even though they now have a new lump! Only a small proportion of patients continue to suffer with problems such as pain, unsightliness, loss of confidence or even a sense of disconnectedness of the arm. Surgery can help with all these issues.



↑
Normal AC Joint above

← ACJ dislocation left

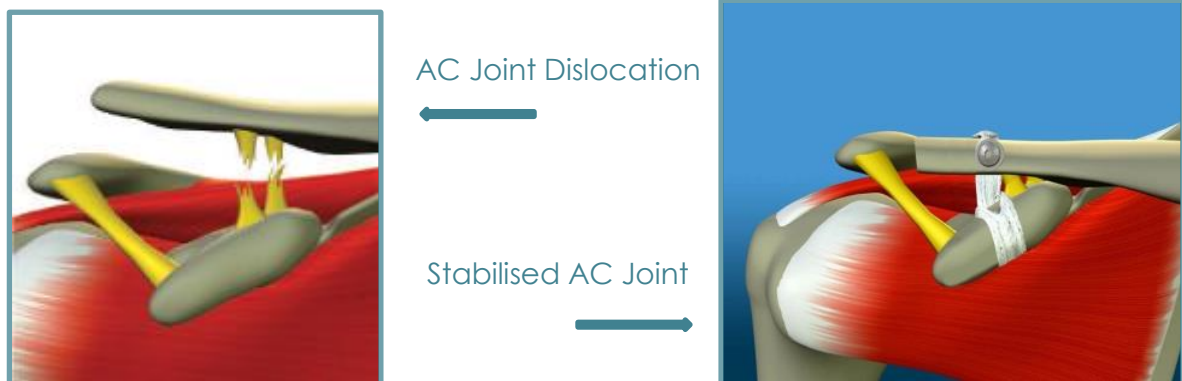
How is it treated?

Most people are treated without the need for an operation. After the injury you will need to rest the arm, take regular painkillers and anti-inflammatory drugs, and you will probably need to use a sling. The sling is only helpful for controlling pain, it will not alter how quickly or how well your injury heals. As the pain settles you can start to use the arm more normally and by 3 months most people have returned to full function and contact sport with few or no symptoms. You will have a permanent lump where the AC joint remains dislocated. No amount of exercises, physiotherapy, straps, supports or reduction manoeuvres can change this. A small number of people cannot wait for 3 months to see if their symptoms will settle and may prefer to consider an early operation to repair the dislocated joint.

About the AC Joint stabilisation operation

[Click for video animation of the operation](#)

The operation is performed through a 5cm skin incision over the top of the shoulder in line with a bra strap. The very end of the clavicle (collar bone) is cut off. The acromioclavicular joint is reduced into normal alignment and held in place with a length of synthetic material. This material does not stretch or dissolve but encourages local scar tissue formation. One end of the length of material is looped around the coracoid (part of the shoulder blade), as an anchor point, and the other end is passed up behind the collar bone, pulled down tight over the top and fixed into the front of the clavicle with a small screw.



What are the risks and complications?

All operations involve an element of risk.

- Infection. These are usually superficial wound problems. Occasionally, deep infection may occur after the operation (less than 5%).
- A need to re-do the surgery. The repair may fail and the ACJ becomes unstable again. This occurs in up to 10% of cases.
- The synthetic graft may cut through the bone causing a fracture of the clavicle (less than 5%).
- The screw may need to be taken out (less than 5%).
- Unwanted stiffness and/or pain in (and around) the shoulder (less than 1%).
- Damage to nerves and blood vessels around the shoulder (less than 1%).
- 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).

Alternative solutions

- You do not have to have the operation.
- Simply by changing your lifestyle and preferred sports you may be able to avoid symptoms.
- Physiotherapy can help with pain, strength and confidence.
- Shoulder sports pads and harnesses can help reduce pain during collisions on the playing field but at the expense of limiting movement and flexibility of the shoulder.

Will it be painful?

Yes! This is a notoriously painful operation for the first 2 weeks. During the operation local anaesthetic will be put into your shoulder to help reduce the pain. Be prepared to take tablets as soon as you start to feel pain. If needed, take the tablets regularly for the first 2 weeks and after this time only as required. We will give you strong analgesia to take home.

Do I need to wear a sling?

Yes, your arm will be immobilised in a sling for 3 weeks. This is to protect the surgery during the early phases of healing and to make your arm more comfortable. You will be shown how to get your arm in and out of the sling by a nurse or physiotherapist. Only take the sling off to wash, straighten your elbow or if sitting with your arm supported.

When can I go home?

It all depends on whether you are comfortable. Many people choose to go home the same day however if you find it particularly painful then you may stay for one night.

What do I do about the wound and the stitches?

Keep the wound dry until it is healed which is normally for 10 to 14 days. We only use dissolving sutures and therefore will not need removing. The ends, which look like fine fishing line may be trimmed by the GP practice nurse.

Do I need to do exercises?

For the first 3 weeks you will not be moving the shoulder joint. You will be shown exercises to maintain movement in your neck, elbow, wrist and hand and you will need to continue with these at home. Once out of the sling you will start an exercise programme to gradually regain movements and to strengthen your shoulder. The exercises will be changed as you progress.

When can I drive?

This is likely to be 4 to 6 weeks after your operation. Check you can manage all the controls and it is advisable to start with short journeys. It is illegal to drive while you are still using your sling or with the seatbelt off the shoulder.

When can I return to work?

You may be off work between 2 and 8 weeks, depending on the type of job you have, which arm has been operated on, and if you need to drive. If you are involved in lifting, overhead activities or manual work you will not be able to do these for 8-12 weeks.

When can I participate in leisure activities?

Your ability to start these will be dependent on the range of movement and strength that you have in your shoulder following the operation. Please discuss activities in which you may be interested with your physiotherapist or surgeon. Start with short sessions, involving little effort and gradually increase. General examples are:

- Cycling – 2 to 6 weeks
- Swimming – gentle breast-stroke 4 weeks, freestyle 12 weeks
- Light sports/racket sports using non operated arm – 6 weeks
- Racket sports using operated arm – 12 weeks
- Contact or collision sports which includes horse riding, football, martial arts, rugby, racquet sports and rock climbing – 3 months

The normal time frame of improvement

By 3 months after the operation you should have recovered a good range of movement, the pain will have settled and the shoulder will feel more solid and stable. The shoulder will continue to strengthen for up to 12 months after the operation.

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