Stabilisation of the acromioclavicular joint

This information has been produced to help you gain the maximum benefit and understanding of your operation.

It includes the following information:

- Key points
- About the acromioclavicular joint
- Acromioclavicular joint dislocation
- About the operation
- Risks and alternative solutions
- Frequently asked questions
- Exercises
- Contact details
- Useful links

Key points

If you are considering having acromioclavicular joint stabilisation remember these key points:

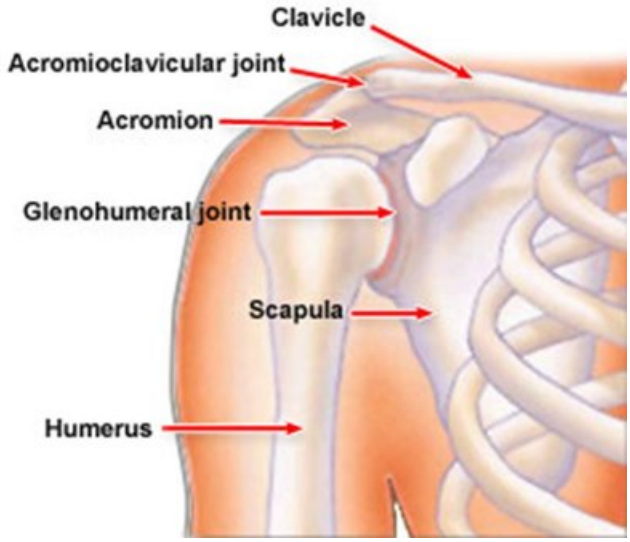
1. Most people go home on the same or next day.
2. You will have a general anaesthetic (you will be asleep).
3. You will be in a sling for 2-3 weeks.
4. You will not be driving for 4-6 weeks.
5. You cannot do any heavy work or sport for 3 months.
6. This is a safe, reliable and effective operation for 90% of people
7. www.surgicraft.co.uk/surgilig.asp is the website which demonstrates the operation.

The acromioclavicular joint

The acromioclavicular joint (AC joint) sits at the highest point of the shoulder. It is the junction between the acromion of the scapula (shoulder blade) and clavicle (collarbone). The joint is often easily identified as a small bump when you feel over the top of your shoulder. It is supported and stabilised by the capsule of the joint and 2 ligaments.

The AC joint allows you to lift your arm above your head and is used as the way to pass / transmit the forces from the arm to the skeleton.

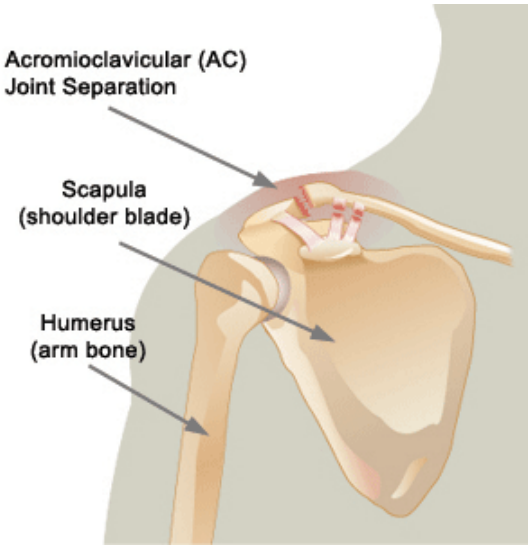
Right shoulder (glenohumeral) and AC (acromioclavicular) joints



Acromioclavicular joint dislocation

Acromioclavicular joint dislocation is a common injury which can also be referred to as AC separation, subluxation or disruption. The mechanism of this injury is usually a heavy fall onto the tip of the shoulder. It is seen most commonly in sports such as football, rugby, mountain biking, horse riding, snowboarding and motocross.

A very small proportion of patients do continue to suffer problems after an acromioclavicular dislocation and surgery is reserved for them if this becomes necessary.



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.

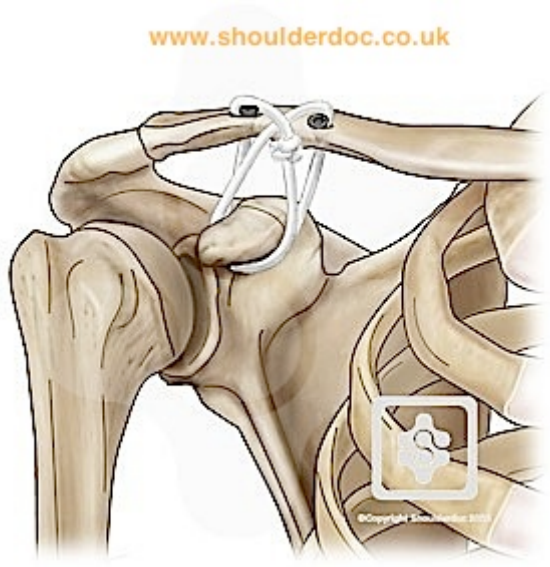
You will have a permanent lump where the AC joint remains dislocated. No amount of exercises, physiotherapy, straps, supports or reduction manoeuvres can change this.

About 10% of people continue to have symptoms even after 3 months. These symptoms can be quite variable and include persistent pain, lack of strength, loss of confidence with the shoulder, or a sense of ‘disconnection’ from the body. In these circumstances surgery (AC joint stabilisation) can be considered.

A small number of people cannot wait for 3 months to see if their symptoms will settle and may prefer to consider an arthroscopic (keyhole) operation to repair the dislocated joint early. However this early operation has a higher complication rate.

About your acromioclavicular joint stabilisation operation

You will have a full general anaesthetic, i.e. you will be asleep. The operation will be performed through a 5cm skin incision over the top of the shoulder. 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) and the other end is passed up behind the collar bone, 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. We do not wish to over-emphasise them but feel that you should be aware of them before and after your operation. The risks include:

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

Please discuss these issues with the doctors if you would like further information.

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 some people but not all.
- 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.

Questions that we are often asked about the operation

Will it be painful?

Please purchase packets of tablets such as paracetamol (painkillers) and anti-inflammatories (e.g. nurofen, ibuprofen, diclofenac) before coming into hospital.

- During the operation local anaesthetic will be put into your shoulder to help reduce the pain.
- The anaesthetist may discuss the option of numbing the whole arm for a few hours after the operation
- Be prepared to take your 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.
- If stronger tablets are required or if you know you cannot take paracetamol or anti-inflammatories talk to your GP.
- The amount of pain you will experience will vary and each person is different. Therefore take whatever pain relief you need.

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of wet paper towel between your skin and the ice pack. Use a plastic bag to prevent the dressings getting wet until the wound is healed. Leave on for 5 to 10 minutes and you can repeat this several times a day.

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 physiotherapist. Only take the sling off to wash, straighten your elbow or if sitting with your arm supported.

You may find your armpit becomes uncomfortable whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

If you are lying on your back to sleep, you may find placing a thin pillow or rolled towel under your upper arm helpful.

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 or you do not respond well to an anaesthetic then you may want to stay for one night.

When do I return to the clinic?

This is usually arranged for about 3 months after your discharge from hospital to check how you are progressing. Please discuss any queries or worries you have at this time. Appointments are made after this as necessary.

What do I do about the wound and the stitches?

Keep the wounds dry until they are healed which is normally for 10 to 14 days. You can shower/wash and use ice packs but to protect the wound with cling film or a plastic bag.

Avoid using spray deodorants, talcum powder or perfumes near or on the scar.

You will have stitches and the ends, which look like fishing line, will be trimmed by the GP practice nurse.

Do I need to do exercises?

For the first 2-3 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.

Outpatient physiotherapy will be arranged to start about 3-6 weeks after your operation. You will start an exercise programme to gradually regain movements and to strengthen your shoulder. The exercises will be changed as you progress.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation. Some of the early exercises are shown at the back of this booklet.

Are there things that I should avoid doing?

In the first 2-3 weeks:

Do not be tempted to remove your arm from the sling to use your arm for daily activities but only to do the correct exercises.

The ligaments and muscles need time to repair in their new, tightened position and it is advisable not to over-stretch them early on. They will benefit from gentle movements after 3 weeks.

How am I likely to progress?

This can be divided into 3 phases:

Phase 1. Sling on, no movement of the shoulder.

You will basically be one-handed, immediately after the operation for the first 2-3 weeks. This will affect your ability to do everyday activities, especially if your dominant hand (right if you are right handed) is the side of the operation.

Activities that are affected include dressing, shopping, eating, preparing meals and looking after small children. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings.

Phase 2. Regaining everyday movements.

After 2-3 weeks you can gradually wean yourself out of the sling and you will start outpatient physiotherapy. You will be encouraged to use your arm. Exercises will help you regain muscle strength and control in your shoulder as the movement returns.

Phase 3. Regaining strength with movement.

After 3-6 weeks you will be able to progressively increase your activities, using your arm further away from your body and for heavier tasks. You can start doing more vigorous activities but contact sports are restricted for at least 3 months (see leisure activities section). You should regain the movement and strength in your shoulder within 3-6 months. Vigorous sports or those involving overhead throwing may require adaptation for some people, although many return to previous levels of activity.

When can I drive?

This is likely to be 4-6 weeks after your operation. Check you can manage all the controls and it is advisable to start with short journeys. Initially, the seat-belt may be uncomfortable but your shoulder will not be harmed by it. 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 your work includes lifting, overhead activities or manual work you will not be able to do these for 12 weeks. Please discuss any queries with the physiotherapist or hospital doctor.

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 consultant. Start with short sessions, involving little effort and gradually increase. General examples are:

- Cycling – 2 to 6 weeks.
- Swimming – gentle breast-stroke 4-6 weeks, freestyle 12 weeks.
- Light sports/racquet sports using non operated arm – 6 weeks.
- Racquet 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.

Exercises

- Use painkillers and/or ice packs to reduce the pain before you exercise.
- It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain (e.g. more than 30 minutes) reduce the exercises by doing them less forcefully or less often. If this does not help, discuss the problem with the physiotherapist.
- Certain exercises may be changed or added specifically for your shoulder.
- Do short frequent sessions (e.g. 5-10 minutes, 4 times a day) not one long session.
- Gradually increase the number of repetitions you so. Aim for the repetitions that your therapist advises, the numbers states here are rough guidelines.
- Please note: all pictures are shown for the right shoulder unless specified.

Phase 1 exercises - from operation day to 2-3 weeks after operation

Elbow exercises

Standing or lying

Straighten your elbow and then bend your elbow.
Repeat 5 times.
(Shown for left arm)

Phase 2 exercises - start these as advised by the hospital doctor or physiotherapist. Normally about 2-3 weeks after the operation.

Shoulder exercises

Stand leaning forwards

Let your arm hang down.
Swing the arm forwards and backwards.
Repeat 10 times.
(Shown for the left shoulder)

Lying on your back

Support your operated arm with the other arm and lift it up overhead.

Repeat 10 times.

(Shown for the left shoulder)

Standing with arms behind your back

Grasp the wrist of your operated arm and gently stretch the hand towards the opposite buttock.

Then slide your hands up your back.

Repeat 5 times.

These additional exercises can be started 3-4 weeks after your operation

Stand with arm close to side and elbow bent

Push the palm of your hand into other hand but do not let it move.

(This can be done against a wall or door-frame).

Do not shrug your shoulders

Hold for 10 seconds.

Repeat 10 times.

Build up to 30 repetitions.

Standing with your operated arm against a wall

Bend your elbow. Push your hand into the wall but do not let your arm move.

Do not shrug shoulders

Hold for 10 seconds

Repeat 10 times.

Build up to 30 repetitions.

Stand with your back against the wall
Keep your arm close to your side with the elbow bent.
Push the elbow back into the wall but do not let the arm move.
Hold for 10 seconds.
Do not shrug your shoulders.
Repeat 10 times.
Build up to 30 repetitions.

Stand sideways with operated arm against wall
Keep your arm close to your side with the elbow bent.
Push the elbow into the wall but do not let the arm move.
Hold for 10 seconds.
Do not shrug your shoulders.
Repeat 10 times.
Build up to 30 repetitions.

Stand facing a wall
Keep your arm close to your side with the elbow bent.
Push your fist into the wall but do not let the arm move.
Hold for 10 seconds.
Do not shrug your shoulders.
Repeat 10 times.
Build up to 30 repetitions.

The last few exercises work the muscles without moving the joint. These can be progressed to using elastic exercise bands so the muscles work with the joint moving. This can be done after 6 weeks.

Phase 3 exercises – from 6 weeks after your operation

These will concentrate on increasing the strength and mobility around your shoulder. The exercise will be selected for your individual shoulder and lifestyle.

Contact details

Clinical Admin Team (CAT5)
Tel: 0118 322 7415
Email: CAT5@royalberkshire.nhs.uk
www.royalberkshire.nhs.uk

Useful links

www.shoulderdoc.co.uk
www.surgicraft.co.uk/surgilig.asp
www.orthogate.org/patient-education/shoulder/acromioclavicular-joint-separation.html

This information sheet is not a substitute for professional medical care and should be used in association with treatment at your hospital. Individual variations requiring specific instructions not mentioned here might be required. It was compiled by Mr Harry Brownlow (Consultant Orthopaedic Surgeon), Mr Amar Malhas (Consultant Orthopaedic Surgeon) and Catherine Anderson (Specialist Physiotherapist).

Contacting the ward

If you have any concerns or problems following your discharge, you can contact the ward for general advice by telephoning:
Chesterman Ward 0118 322 8847
Redlands Ward 0118 322 7484 / 7485
Trauma Unit (Trueta Ward) 0118 322 7541
Adult Day Surgery Unit 0118 322 7622
Pre-op Assessment 0118 322 6546

For more information about the Trust visit our website www.royalberkshire.nhs.uk

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This document can be made available in other languages and large print upon request.

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