

ACROMIOCLAVICULAR (AC) JOINT RECONSTRUCTION

What Can I Expect?

KEVIN KO, MD

Shoulder and Elbow Surgeon

OPA Orthopedics

Seattle, WA

What is an acromioclavicular joint separation?

The acromioclavicular joint (AC joint) is where the collarbone (clavicle) meets the highest point of the scapula/shoulder blade (acromion). The ligaments that surround and stabilize the AC joint are torn. Without any ligament support, the shoulder falls under the weight of the arm and the clavicle is pushed up, causing a bump on the shoulder along with clicking and discomfort in the shoulder

How do you repair an AC separation?

The AC joint will be repaired by making a small incision across the top of the shoulder. Dr. Ko uses heavy suture, sometimes anchors through the end of the clavicle and around the coracoid (another bone in the shoulder where the ligaments normally attach). If the injury is old, reconstructing the ligaments that attach to the underside of the collarbone may be done. Cadaver tendon is used to reconstruct the ligaments. It is your choice to use the cadaver tendon.

Length of Stay

Typically this procedure is performed as an outpatient and you will go home the same day as the procedure. You will need to have someone to drive you home after you have been discharged. Occasionally, an overnight stay is required.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep and unaware during the surgery. The second type of anesthesia is a nerve block which numbs the operative arm. The nerve block will last about 12-18 hours and during this period you will not be able to control your arm and it will feel strange to you. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have an incision across your shoulder usually on the top. There may be some small arthroscopic incisions if your injury is amenable to arthroscopic repair. After the incision has healed, it is usually very thin and not very noticeable.

Pain

Any surgical procedure is associated with some discomfort but the discomfort associated with this procedure is typically well managed with the pain medications you will be prescribed. If you elect to have a nerve block, this will usually keep you are comfortable for the first 12-18 hours after surgery. Once it wears off there will be some discomfort that was not present initially but is general managed by taking the pain medication as prescribed.

Sling

Your arm will be placed in a sling prior to leaving the operating room. Likely you will have received this at your pre-operative appointment. 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.**

Dressings

You will go home with tape and gauze dressings. After 2 days you may remove the dressings. There will be a steri strips over the incisions. The sterri strips are to remain in place until they fall off on their own. You may see some blue suture (stitch) sticking out the ends of the incision. The suture will be removed at your first postoperative visit 10-14 days after your surgery.

Physical Therapy

Formal Physical therapy is not needed for the first several weeks after surgery and may be detrimental. For the first several months of recovery you will do these very gentle stretches at home. Formal physical therapy may be prescribed after the initial recovery period.

Restrictions

Recovery from an AC separation surgery is approximately six months although different patients heal at different rates. During that time you will have restrictions on the use of your operative arm.

Day of surgery to Week 4-6: no use of arm, out of work (if it involves lifting)

Months 1.5-3: opposite hand work with light use of operative hand

Months 3-4.5: no lifting or carrying greater than 10 lbs, only occasional reaching

Months 4.5-6: no lifting greater than 20 lbs