

Patient Information

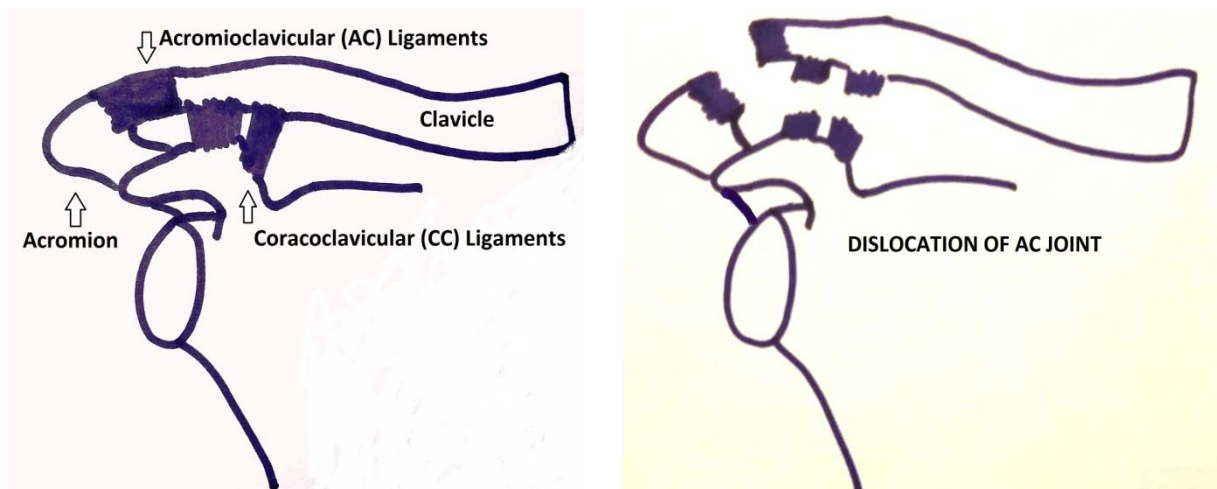
Acromio-Clavicular Joint Reconstruction

What is the Acromioclavicular (AC) Joint?

The acromioclavicular (AC) joint is a small joint located at the top of the shoulder. It is formed by two bones; the acromion, which is part of the scapula (shoulder blade), and the clavicle (collar bone). The joint is supported by ligaments that pass from the acromion to the clavicle (AC ligaments) and from the acromion to another part of the scapula called the coracoid (CC ligaments).

What causes it to dislocate?

Dislocation means that the two bones that form the joint become separated. This usually follows an injury, generally a fall directly onto the shoulder or a direct impact. The severity of the injury depends on the degree of separation of the joint. This relates to the amount of damage to the ligaments that hold the joint together.



Diagnosis

Diagnosis of an AC joint dislocation is made following a thorough history and examination. There is often deformity around the site of the injury. X-rays are usually sufficient to confirm the diagnosis and rule out other injuries such as fractures. Rarely, you might need scan to assess extent of any other injuries.

Treatment options.

Early treatment involves a sling for support and pain relief, followed by gradual mobilisation and physiotherapy. The majority of patients find that their symptoms have settled by 3 months after the injury. However, if either, your symptoms persist beyond this point or your joint shows significant displacement you may be a candidate for surgery.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed before you are given an inter-scalene nerve block and a general anaesthetic.

Inter-scalene Nerve Block

An inter-scalene block is an injection of local anaesthetic around the nerves that supply your arm. The purpose of the injection is to provide pain relief for the operation. When you wake up from the general anaesthetic the shoulder and upper arm will be numb. Inter-scalene block is offered for shoulder surgery because it is the best form of pain relief for this procedure in the first 24 hours after the operation. It is important that you are aware that it is not the only method for providing pain relief for this type of operation and also that it does not affect what the surgeon will do. Your anaesthetist will discuss the pros and cons of this procedure as well as the possible complications and alternatives with you on the day.

What does surgery involve?

AC joint reconstruction is done under a general anaesthetic. An incision is made over the clavicle, approximately 6-8cm long. There are several methods of surgical reconstruction, with the aim of recreating the ligaments that support the AC joint to hold it in the correct alignment. Your surgical team will discuss the method to be used in your surgery.

Following surgery, the wound is closed, usually with dissolvable sutures, and a dressing is applied.

How long will I be in hospital?

AC joint reconstruction can usually be undertaken as a day case. You may need to stay overnight if you are not operated on until late in the day, or if you have other medical conditions that need monitoring after your operation.

What are the benefits of surgery?

In patients with persistent pain, weakness and loss of shoulder function, AC joint reconstruction can lead to an improvement in these symptoms. It is important to note that many people recover without surgery, and it is not usually undertaken for correction of cosmetic deformity alone.

Complications

Potential complications related to the surgery can include:

- Infection can complicate any surgery. It may be possible to treat this with antibiotics alone, but further surgery may be required. The chance of this happening is about 1%.
- Scars are usually small, but some people develop larger scars after surgery ('keloid' or 'hypertrophic' scars). We do not know what causes this. They may be prominent and cause distressing cosmetic appearance. Scars can also be sensitive to touch.
- Injury to the nerves around the clavicle can lead numbness around the operation site, especially the skin underneath the clavicle. Very rarely, there can be damage to the important nerves and blood vessels that run close to the clavicle, which supply the arm. This usually recovers on its own over several months but may require further surgery.
- Failure of the fixation which can lead to a return of the deformity. Unfortunately, any metalwork or artificial ligament can occasionally fail. This may require further surgery
- Shoulder stiffness can occur. It is important that you work with the physiotherapist to try and avoid this.
- Cardiovascular problems such as heart attack and stroke, and also blood clot formation, can very occasionally be caused by anaesthesia and surgery. If there are any reasons why you would have an increased risk of these occurring, your anaesthetist will discuss this with you, and take steps to minimise the risks.

What happens after surgery

When you wake up after surgery, your arm will be in a sling and there will be a dressing over the wound. Local anaesthetic injected around the wound usually means there is little pain in the first few hours. You will normally be seen by the physiotherapist before going home and they will advise you on exercises. It is important to regularly move your elbow and hand to prevent stiffness and reduce swelling.

You may need to have stitches removed (dissolvable ones may be used) and a wound check at 10-14 days after the operation. This may be at the hospital or at your GP practice. Keep the wound dry to decrease the chance of infection. You will usually see your surgical team about 2 weeks after surgery.

You will be seen by the physiotherapy team as an outpatient for post-operative rehabilitation. In the early stages after surgery, it is important to protect the joint reconstruction as it is healing, but to minimise shoulder stiffness with regular movement. You are normally required to use the sling for support for the first few weeks. Your physiotherapist will be able to advise you further on this.

Driving – You can return to driving once you are competent to be fully in control of your vehicle. This is usually at 6 weeks after your operation if you have sufficient pain free active movement, strength and control.

Work - When you can return to work depends on your job. If you have a desk-based job you can usually go back to work after about three to six weeks although some people need longer. If you have a manual job you are likely to need a longer recovery period to avoid damaging the repair with heavy activities. You may need about three months off work before you return to full duties. You may be able to return earlier if your employer supports a phased return.

Sports- This depends on how quickly you recover your flexibility and muscle strength and the type of sport you wish to return to. You will need to return to these gradually and your physiotherapist can guide you on how to do this.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.