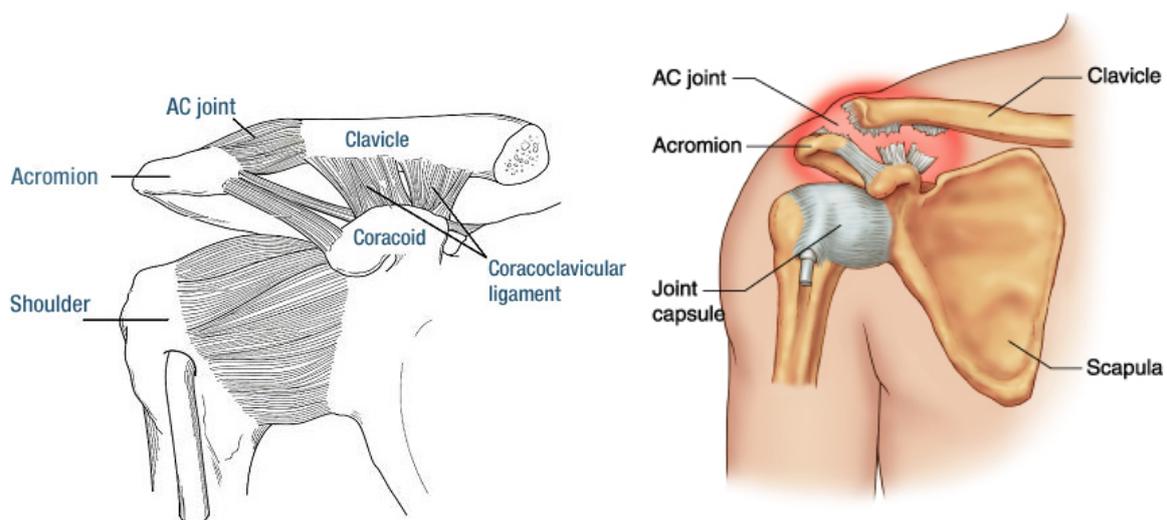


Acromioclavicular joint (ACJ) stabilisation

The aim of this leaflet is to help answer some of the questions you may have about having an ACJ stabilisation. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

What is an acromio-clavicular joint stabilisation?



The acromio-clavicular joint is between your collar bone (clavicle) and the acromion (which is the top part of the shoulder blade on the outer edge of the shoulder). The joint stability relies mainly on two coracoclavicular ligaments (conoid and trapezoid) that connect the collar bone with the coracoid process (an anterior process of the shoulder blade). If the joint is injured, it may become displaced and unstable, and sometimes surgery is required to repair it. This involves repairing the

torn ligaments, or replacing them with either natural or artificial ligaments.

If the injury is more than four weeks old stabilizing the ACJ might require both methods (artificial and natural) in order to prevent recurrent instability and pain. The procedure is done through an incision (cut) made on the top and the front of the shoulder.

What are the benefits – why should I have an ACJ stabilisation?

The main reason for needing this surgery is pain resulting from the instability of the ACJ. By replacing the ligaments, your shoulder should feel less painful and you should have better function in it.

What are the possible risks and complications?

In general, the risks of any operation relate to the anaesthesia and the procedure itself. In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you.

ACJ stabilisation is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- Infection: this is a very serious complication and therefore

significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it. If an infection develops, the ligament may need to be removed to get rid of the infection.

- Nerve/ vessel injury
- Bleeding: you will lose some blood but rarely would this require a transfusion.
- Thrombosis/blood clot
- Stiffness of the shoulder: this is rarely permanent and usually improves over a three to six month period.
- Heterotopic ossification on the ACJ: abnormal and excessive bone formation at the joint space as a reaction to the injury or surgery
- Appearance: even following successful surgery your collar bone may appear to be a little higher than normal.
- Failure: the ligament may fail and require replacement.
- Coracoid fracture: a break at the anterior process of the shoulder blade
- The implant which is used to secure the graft may need to be removed if it causes irritation of the skin.
- The overall complication rate is about 10%.

Are there any alternatives?

Depending on the type of the initial dislocation, surgery may be recommended immediately. Sometimes, however, rest and then physiotherapy are recommended. If the joint then does not stabilise itself, surgery is the treatment of choice.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. This process will take place in the pre-assessment clinic for older injuries or at the day of the operation in case of acute injuries.

What happens during the operation?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and will countersign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

During your surgery a small cut is made at the top of the shoulder to insert the new ligament to stabilise the ACJ. The operation normally takes between 1 and 1.5 hours. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

What happens after the procedure?

Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to the orthopaedic ward for an overnight stay. You may be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery and organise your outpatient physiotherapy referral to start two weeks after your operation.

What do I need to do after I go home?

Your arm will be resting in a sling for four to six weeks. You will not be able to fully use your arm for all activities of daily living during this period but the therapists will advise and guide you on what you can and cannot do. Wear your sling for rest and support, but remove it to complete your exercises throughout the day. You can remove it to bath or shower. You should leave the dressing intact until your follow-up appointment, about two weeks after your surgery.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss with you the management of your painkillers before you go home. If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your consultant for advice and pain management.

Depending on the nature of your employment, you may be signed off from working for six to 12 weeks.

What should I do if I have a problem?

Please contact your consultant or attend your local A&E department out of hours if you have any urgent medical concerns or you experience any of the following:

- increasing pain
- increasing redness, swelling or oozing around the
- wound site
- fever (temperature higher than 37.5°C).

Will I have a follow-up appointment?

Two weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

If you have any concerns about your operation, please contact your consultant's secretary