

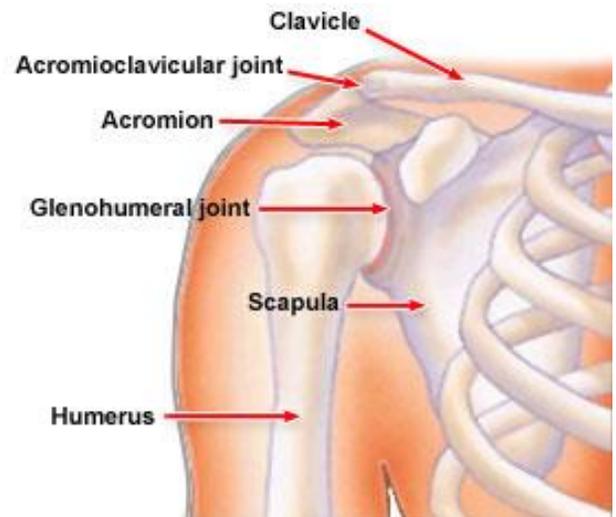
About Shoulder AC Joint Stabilization

What is AC Joint Stabilization Surgery?

The AC (acromio-clavicular) joint is a joint of the shoulder where the collarbone (clavicle) meets the shoulder blade (scapula). Certain shoulder injuries result in damage to the AC joint, called “separations.”

When the ligaments that support the AC joint are completely damaged, the two bones do not line up correctly and the shoulder blade can droop down. This can be tolerated in some patients, but many patients have difficulty with shoulder function, and require surgery to reconstruct the torn ligaments.

Surgical reconstruction of the AC joint is an open procedure, to attach new ligaments to replace the torn ones. A tissue graft is commonly taken from the tissue bank (from a donor) and is attached to the shoulder blade and clavicle to reconstruct the ligaments.



Preparing for surgery

We'll have you stop certain medications before surgery, such as aspirin or anti-inflammatory medications (Ibuprofen, Naprosyn, Advil, Motrin, Celebrex, etc.) one week before surgery since they can cause bleeding. Depending on your age and medical history, we may have you see your regular physician and undergo some blood tests and an EKG before surgery.

What you can expect on the day of surgery

The surgery is performed in an outpatient setting, which means you can go home the same day. We'll have you show up at the outpatient surgery center about one hour and a half before your surgery. The nurses will register you, shave and prep the surgery area, and place an IV and start the preventative antibiotics.

AC Joint stabilizations are done under general anesthesia, which means you will be completely asleep and then wake up comfortably after the procedure is completed. Most patients also have an additional nerve block, to help keep the shoulder numb and comfortable for about 12-18 hours after surgery. The anesthesia doctor will also talk to you before surgery to review your medical history and answer any questions.

After surgery is over, you'll remain at the surgery center for about an hour to wake up from anesthesia. A friend or family member will have to drive you home to be safe, and someone should plan to be with you for at least the first 24 hours.

When you get home from surgery

We like patients to relax at home for about 1-2 days. You'll be able to get up a bit and go to the kitchen or bathroom, but it's wise to rest and relax for at least a few days. In order to start driving, you'll need to be off of the narcotic pain medications, and you have to be able to control a car safely.

You'll be wearing a special brace called a Gunslinger brace to stabilize the shoulder and limit the motion of the arm for 4 weeks. The brace supports the weight of the shoulder blade and arm to allow the new donor ligament to start healing. The repair needs to be protected until adequate healing of the tendon to bone occurs. You can take it off for short periods while showering, but otherwise you must keep the brace on.

Recovery and Physical Therapy

You will come back to see us in the office one week after surgery. At that visit we'll make sure your incision is healing well and remove your stitches. We'll plan to keep you in the sling for a total of 4 weeks after surgery.

A strong commitment to rehabilitation is important to achieve a good outcome after AC joint surgery. A supervised physical therapy program is necessary to regain strength and function in the shoulder.

Rehabilitation progresses in stages. Initially, you'll be in the Gunslinger brace for the first 4 weeks. After 4 weeks, we'll arrange supervised physical therapy to start motion of the shoulder. The first phase is just to work on range of motion exercises without any strengthening. After 4-6 weeks of PT, a light strengthening program will be started. This isn't heavy weight training, but specific rotator cuff and shoulder blade strengthening to gradually restore shoulder function.

Most patients have a functional range of motion and adequate strength by 4 to 6 months after surgery, and complete recovery may take even a year after surgery.

Getting back to work and sports after AC Joint Stabilization

Getting back to work depends on the demands of your job. Sitting up for desk work can usually be started around a few days after surgery, especially if you can keep the arm at your side and use an ice pack at your desk. Before you can return to heavy work it will likely be 4-6 months. The same goes for heavy overhead sports or weight training.

In order to be able to return to sports and fitness, you'll need to take an active role in your rehabilitation to have good strength, endurance, flexibility and balance. You will need to work consistently on the exercises you learn in physical therapy. Usually at about the 6 month mark, you'll have good flexibility and strength and will be able to gradually return to sports and fitness. It's always wise to incorporate the exercises you did in physical therapy as part of your own exercise program. The earliest we would let you return to contact sports is 6 months.

Long-term prognosis after surgery

After AC Joint stabilization, most patients achieve a satisfactory result, with good restoration of stability. A small percentage of patients can have loss of stabilization of the new ligaments, or an injury before the graft has healed, resulting in loss of the correct line up of the bones. This would require a second surgery.

In general, the best chance for a good result after AC Joint reconstruction is to follow instructions to allow the shoulder to heal, then be diligent in physical therapy with the exercises you are shown.

Possible risks and complications

All surgery has risks of bleeding, infection, damage to nerves and arteries, stiffness, blood clots, and persistent pain. These complications are uncommon after shoulder surgery. There is a risk of disease transmission such as HIV and hepatitis in the use of donor grafts from the tissue bank, which is not common but can occur. There are some patients who can develop some degeneration and arthritis in the AC joint itself who may require surgery years down the road to smooth out the worn out end of the collarbone.

An important concern after AC Joint surgery is to regain full flexibility, and about 1-2% of patients have difficulty tolerating the physical therapy and require a second operation to break up the scar tissue. The best way to decrease this risk is to be diligent in the exercises learned in physical therapy. As noted above, there is a risk of repeat injury to the new graft that can require a second surgery.

The risk of severe complications from general anesthesia, such as death, heart attack or stroke, are very low, especially for patients with good general health.

Questions?

If you have any questions, be sure to call us at 925-600-7020.