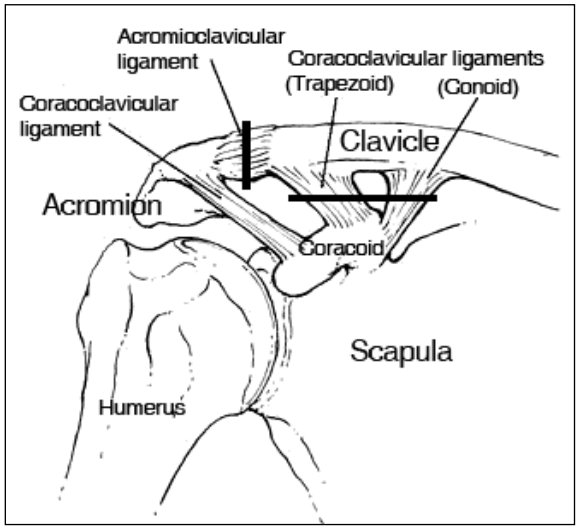
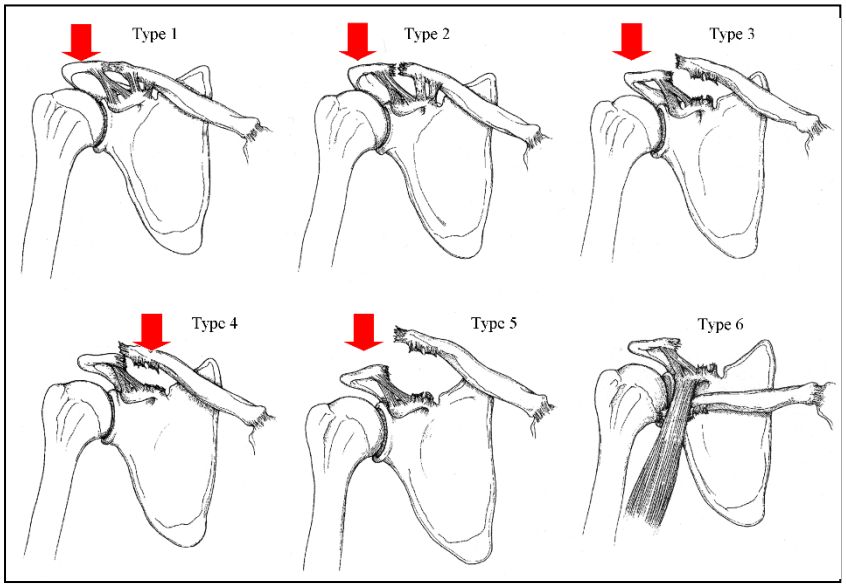
Tunnelless Acromioclavicular (AC) Joint Reconstruction/Repair

Indications for Surgery

Acromioclavicular (AC) joint sprains (separation) are injuries to the ligaments at the joint where the clavicle (collarbone) attaches to the acromion (roof of the shoulder) of the scapula (shoulder blade). AC joint separations are graded one through six, from least to most severe. Patients with high grade four through six, and some grade three AC injuries, require early surgery. The goal of surgery is to restore the normal relationship of the clavicle to the acromion (part of the shoulder blade) and repair/reconstruct the damaged acromioclavicular and coracoclavicular ligaments. Patients with continued symptoms after failure of proper non-operative management of lower grade one through three AC injuries are also candidates for surgery.



Normal Anatomy



Grade of AC joint injuries

Contraindications to Surgery

- Ongoing infection may need surgery and antibiotics to clear the infection before this type of surgery can be performed.

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Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder, arm, forearm and hand (rare).
- Reconstructed ligaments stretch out and loss of reduction (joint separation) and recurrence of the deformity
- Breakage of internal fixation devices
- Erosion or fracture of the clavicle
- Shoulder stiffness (uncommon)
- Persistent pain with overhead activities
- Need for revision surgery

Hospitalization and Anesthesia

- Outpatient surgery (you go home the same day)
- General anesthetic with interscalene block (see ***Your Surgical Experience*** booklet)

General Surgical Technique

Dr. Chudik developed a technique to perform AC joint reconstruction without creating large bone tunnels in the clavicle and coracoid bones as commonly done with this procedure. Creating tunnels or holes in the bone risks later fracture complications and surgical failure. Dr. Chudik properly positions the clavicle relative to the acromion (a portion of the scapula) and reconstructs the ligaments between the coracoid and clavicle (coracoclavicular ligaments) and repairs the ligaments between the acromion and the clavicle (acromioclavicular ligaments). Reconstruction is performed using a tendon graft (usually a hamstring tendon from the knee) to replace the torn ligaments. The repair/reconstruction also is reinforced with internal fixation using a small anchor in the bone and sutures as strong as wire to reinforce the repair/reconstruction and help maintain the proper alignment of the bones at the acromioclavicular joint while the repaired/reconstructed ligaments heal. For chronic (greater than six-weeks old) injuries or when the cartilage at the acromioclavicular joint is damaged, surgery also includes removal of just less than 1 cm of bone from the end of the clavicle to prevent rubbing of the ends of the bones and pain.

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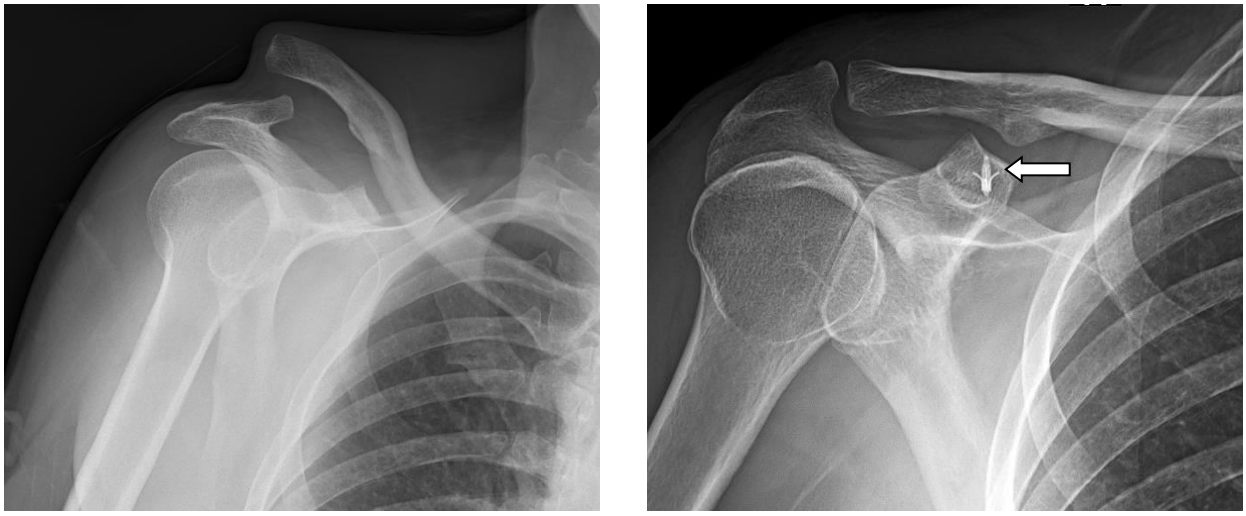

X-rays demonstrating the acromioclavicular (AC) separation injury (Left image) and AC joint repair/reconstruction with anchor (Right image, arrow marks anchor in the bone)

Postoperative Course

- Your shoulder motion will be restricted in a sling for six weeks following surgery in order to protect the repair and allow it to heal. You will use a sling at all times except for bathing, dressing, and exercises for six weeks following surgery, especially while you sleep. This prohibits driving.
- You may feel more comfortable sleeping sitting upright (on a couch or recliner chair).
- Keep the wound clean and dry for 10 to14 days following open surgery. You may shower lightly after 14 days but wounds cannot be submerged under water for three weeks.
- Driving after six weeks and out of the sling
- Return to school/sedentary work in less than one to two weeks as long as you are in your sling with limited use of the operative extremity.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of Acromioclavicular joint reconstruction is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule.
- To allow the ligaments to heal properly, strengthening must be delayed 9 to 12 weeks following surgery.

Return to Activity

- The time to return depends on the type of activity, sport, and position, as well as the arm injured (dominant versus non-dominant).
- At least four to six months is required after surgery before return to sports/strenuous labor.
- Full shoulder motion and strength are necessary before returning to sports/strenuous labor.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin®, Lovenox®, Xarelto® according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil®, Motrin®, Naprosyn®, Alleve®, etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing

Do not eat or drink anything from midnight, the evening before surgery

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or ***contactus@chudikmd.com*** to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen

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