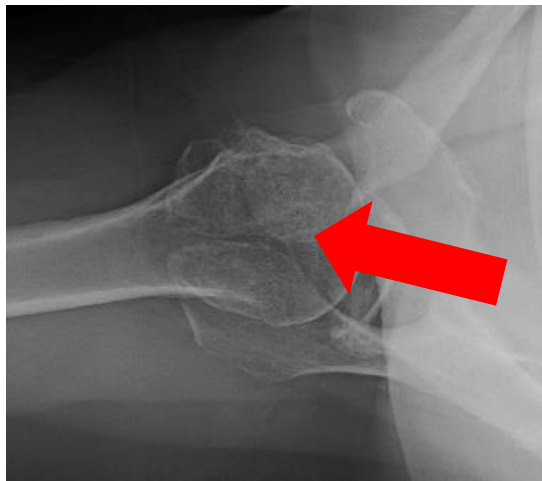


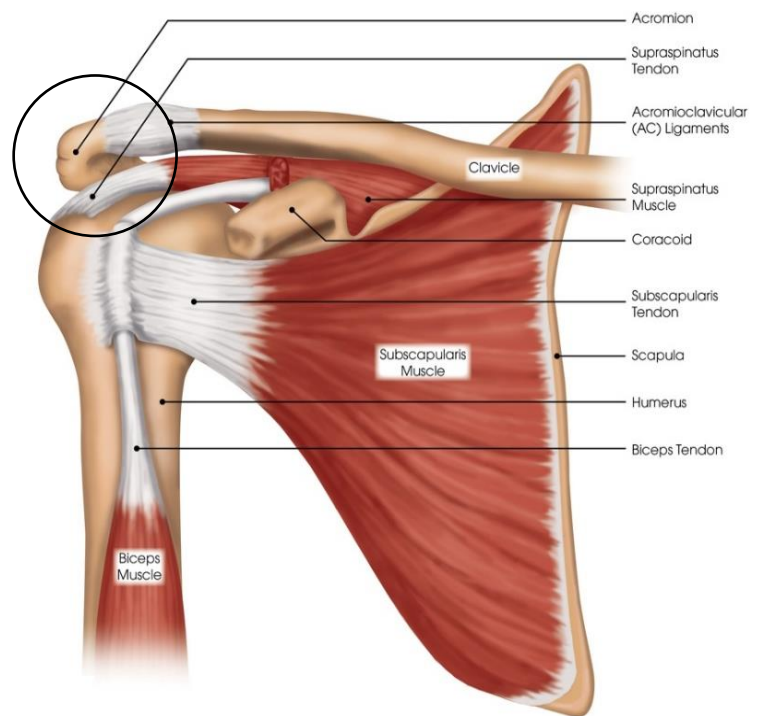
## Os Acromiale

### Indications for Surgery

The acromion (bony roof) of the shoulder develops from different growth centers made of cartilage. During development, these growth centers grow, transform into bone, and fuse together to form one bone. Occasionally, one or more of these growth centers does not completely fuse with others. The end of the acromion which does not fuse, separated by a layer of cartilage and fibrous tissue from the remainder of the bony acromion and scapula, is called an os acromiale. The os acromiale, the unfused portion of the bony acromion, is typically asymptomatic (non-painful) and does not require treatment. However, when the os acromiale, is unstable and mobile, which can occur after a traumatic injury, it may pinch the rotator cuff tendon or bursa, causing symptoms of rotator cuff inflammation and pain. When severe enough, these symptoms warrant surgical intervention.



X-ray of os acromiale looking from the top of the shoulder.



### Contraindications to Surgery

- Infection
- Shoulder stiffness
- Patients with poor general health or physical limitations that prevent them from safely proceeding with surgery



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## SHOULDER, KNEE & SPORTS MEDICINE

### Potential Surgical Risks and Complications

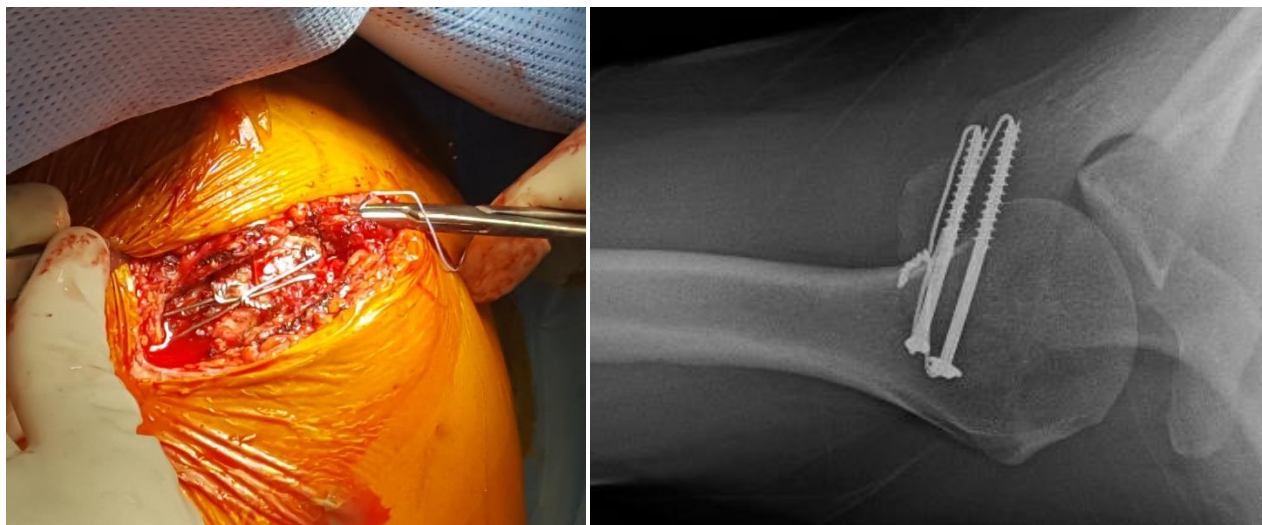
- Infection
- Non-healing or incomplete healing of the acromion
- Continued pain
- Stiffness or loss of motion of the shoulder
- Inability to return to same level of competition or activity
- Shifting or breaking of surgical hardware

### Hospitalization and Anesthesia

- Outpatient surgery (no hospital admission)
- General anesthetic with interscalene block (See *Your Surgical Experience* booklet)

### General Surgical Technique

Treatment for symptomatic os acromiale begins with an arthroscopic examination of the shoulder and rotator cuff. If there is a rotator cuff tear, Dr. Chudik will repair it arthroscopically with small incisions using an arthroscopic camera and instruments. For small os acromiale that are structurally insignificant, Dr. Chudik arthroscopically removes the offending os acromiale, the unfused unstable portion. For larger os acromiale, Dr. Chudik makes a small open incision over the acromion, removes the intervening scar tissue, freshens up the bone surfaces, approximates the fragments, and holds them in place with screws or a plate, depending on the size of the fragment.



Repair of unstable os acromiale with cannulated screws and tension band wire.



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## SHOULDER, KNEE & SPORTS MEDICINE

### Post-operative Course

- When the os acromiale is resected, patients discontinue the sling as tolerated and progress in physical therapy.
- When the os acromiale is repaired, shoulder motion will be restricted in a sling for six weeks following surgery in order to protect the repair and allow it to heal. Patients will use a sling at all times except for bathing, dressing, and exercises for six weeks following surgery, especially while sleeping. This prohibits driving.
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery.
- Keep the wound clean and dry for 10-14 days following open surgery. You may lightly shower after 10-14 days but do not submerge your wounds until 3 weeks after surgery.
- For arthroscopic surgery, keep the wound clean and dry for 3 days and then you may resume showers afterward.
- Driving is allowed after six weeks.
- Return to school/sedentary work in less than one to two weeks as long as sling is worn.
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule.

### Return to Activity

Patients may return to unlimited activities when there is no pain, the shoulder has full range of motion, muscle strength, and endurance, and the fracture is fully healed. This usually requires four to six months following surgery. Dr. Chudik will clear patients to return when it is safe to resume activities.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup>, Eliquis<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, 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 after midnight, the evening before surgery**



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## SHOULDER, KNEE & SPORTS MEDICINE

### Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at [630-324-0402](tel:630-324-0402) or [contactus@chudikmd.com](mailto:contactus@chudikmd.com) to:

- Schedule the date and location of surgery; the hospital/surgery center will call the day before with the arrival time
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions.



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