King's College Hospital
NHS Foundation Trust

Acromioclavicular joint (ACJ) stabilisation

Information for patients

This information leaflet answers some of the questions you may have about your acromioclavicular joint stabilisation procedure. If you have more questions at any time, please do not hesitate to contact a member of staff.

Name	
Firm	Upper limb
Consultant	
Range of movements	Passive ☐ Active ☐ Resisted ☐
Date of surgery	

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk

Contents

Important information

If you are considering having an acromioclavicular joint stabilisation, please note the following points:

1. Patients go home the same day as this operation is performed at our Day Surgery Unit (opposite the Golden Jubilee Wing). Admission may only be needed in the unlikely event of a rare, unexpected anaesthetic or surgical complication.
2. You will have a general anaesthetic (you will be asleep) with or without a nerve block (to help manage the pain).
3. You will be in a sling for 6 weeks. This will be provided immediately after the surgery.
4. You cannot drive for 6 weeks.
5. You cannot do any heavy work, sport or resisted exercises for 12 weeks.
6. This is a safe, reliable and effective operation for 90% of affected individuals.

What is the acromioclavicular joint?

The acromioclavicular joint (AC joint) sits at the highest point of the shoulder. It is the junction between the clavicle (collarbone) and acromion of the scapula (shoulder blade).

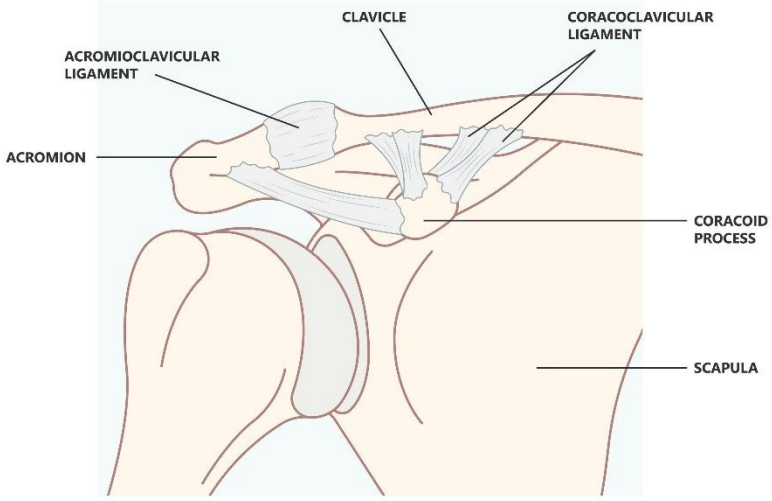
It is supported and stabilised by the joint capsule of the joint and two ligaments.

The AC joint allows you to lift your arm above your head and is used to pass or transmit the forces from the arm to the skeleton.

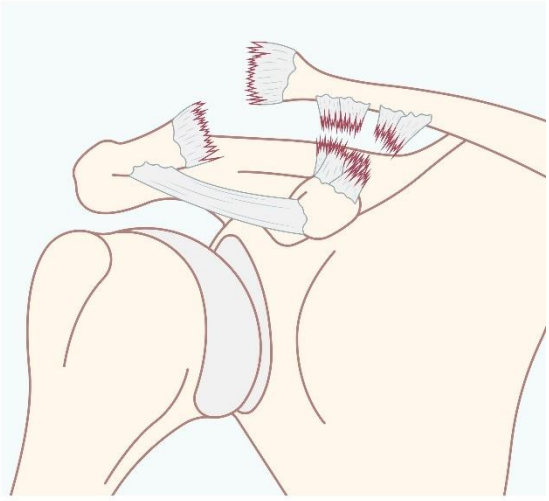
What is an acromioclavicular joint dislocation?

Acromioclavicular joint dislocation is a common injury, which can also be referred to as AC separation, subluxation or disruption. The injury is usually caused by a fall onto the tip of the shoulder.

The most common causes of the injury include sports injuries such as football, rugby, mountain biking, horse riding, snowboarding and motocross.



NORMAL SHOULDER



SEPARATED SHOULDER

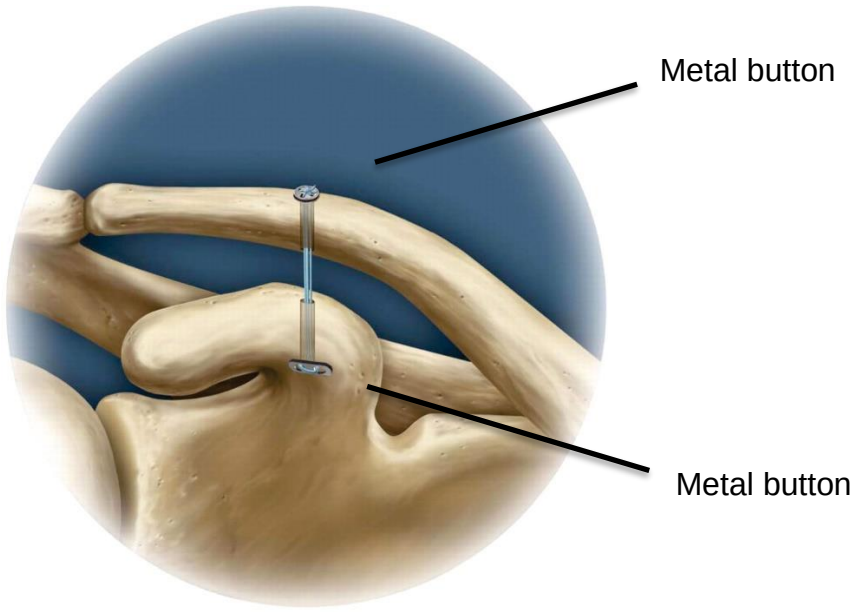
Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

About the acromioclavicular joint stabilisation operation

- After the routine pre-operative checks by the nursing team, you will be admitted in the Day Surgery Unit ward.
- A member of staff (registrar or consultant) from the Anaesthetic and Surgical Team will speak to you about the procedure and get your consent for the operation.
- Note: Our hospital has adopted digital consent forms which are done on iPads instead of the generic paper consents.
- You will have a general anaesthetic, therefore you will be asleep.
- The operation will be performed through a reasonable transverse or ‘bra strap’ skin incision over the top of the shoulder.
- The acromioclavicular joint is placed into normal alignment and held in place with a length of synthetic material. This material does not stretch or dissolve but encourages local scar tissue formation.
- One end of the length of material is held below the coracoid (part of the shoulder blade) with a metal button and the other end is passed through the collarbone, over the top and held with another metal button.
- In some circumstances, the very end of the clavicle (collarbone) is cut off.

Note: The below diagram may differ in appearance when an operation for longstanding (chronic) cases is done.



Risks and complications

Every operation involves an element of risk. We normally do not expect them to occur but feel that you should be aware of them before and after your operation. The risks include:

1. Complications relating to anaesthesia, such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, that is, less than one person out of one hundred).
2. Infection. These are usually superficial wound problems. Occasionally, deep infection may occur after the operation (less than 5%).
3. Unwanted stiffness and/or pain in (and around) the shoulder (less than 1%).
4. Damage to nerves and blood vessels around the shoulder (less than 1%).
5. A need to re-do the surgery. The repair may fail due to failure of the implant used and the shoulder becomes unstable again. This occurs in up to 10% of cases.
6. The synthetic graft may cut through the bone causing a fracture of the clavicle (less than 5%)

If you have further questions regarding the above complications, please discuss them with the doctors.

Questions often asked about the operation

Is the procedure painful?

Please purchase packets of tablets such as paracetamol (painkillers) and anti-inflammatories (such as ibuprofen or diclofenac) before coming into hospital. Painkillers will also be prescribed at the time of discharge.

- During the operation, local anaesthetic will be put into your shoulder to help reduce the pain.
- The anaesthetist may discuss the option of numbing the whole arm (nerve block) for a few hours after the operation.
- Be prepared to take your tablets as soon as you start to feel pain.
- If needed, take the tablets regularly for the first 2 weeks and after this time only as needed.
- The amount of pain you will experience will vary and each person is different. Therefore, take whatever pain relief you need.

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of wet paper towel between your skin and the ice pack. Use a plastic bag to prevent the dressings getting wet until the wound is healed. Leave on for 5 to 10 minutes and you can repeat this several times a day.

Why do I need to wear a sling?

A sling is provided to protect the shoulder during the early phases of healing from the surgery and to make your arm more comfortable. You will be shown how to get your arm in and out of the sling by a physiotherapist.

Only take the sling off to wash, straighten your elbow or if sitting with your arm supported.

You may find your armpit becomes uncomfortable while you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

If you are lying on your back to sleep, you may find placing a thin pillow or rolled towel under your upper arm helpful.

What do I do about the wound and the stitches?

Keep the wounds dry until they are healed, which is normally 2 weeks. You would usually have a waterproof dressing over the surgical wound so that this can help personal care. If the dressing does get wet and you feel the need to seek medical help then please approach your GP or nearest Emergency Department (A&E).

You should not get the wound wet for the first 2 weeks following your operation and will need take sponge baths. This is to keep the dressing and the wound dry and reduce chance of infection. Organise help from family, friends or carers to support with this.

It is advisable to wear loose clothing. When getting dressed, lead with your operated limb followed by your non-operated limb. When undressing, lead with your non-operated limb, followed by your operated limb.

When do I return to the clinic?

You will be seen in the outpatient clinic 2 weeks after the surgery for a wound check and/or suture removal and to perform an x-ray of your shoulder, if needed.

You can discuss any questions or queries with your doctor during this appointment.

What should I do if I have a problem?

Please contact your GP or surgical team if you experience any of the following:

- increasing pain that is not controlled with painkillers
- increasing redness (please note: on white skin the rash can appear red, but on brown and black skin the rash may be harder to see), swelling or oozing around the wound site
- fever (temperature above 37.5ºC)

Do I need to perform exercises?

A member of staff from the physiotherapy team will see you on the day of surgery to provide you with basic exercises to start after your operation.

Outpatient physiotherapy will be arranged to start after your operation at an appropriate time.

You can perform shoulder movements up to 90 degrees of movement sideways, forward lifting the arm to shoulder height and normal external shoulder movement. You can use the opposite arm to help with these movements in the early stages. These movements are to be done up to 6 weeks from the date of operation.

You will be shown exercises to maintain movement in your neck, elbow, wrist and hand.

Full range of movements of the shoulder, out of the sling, will start after 6 weeks.

Resisted exercises will start after 12 weeks.

Are there things that I should avoid doing?

In the first 6 weeks:

Continue to wear the sling to use your arm for daily activities and perform exercises as you have been told. The ligaments and muscles need time to repair in their new, tightened position and it is advisable not to over-stretch them early on.

How am I likely to progress?

This is divided into 3 phases:

Phase 1. Sling on (0 to 6 weeks)

Your ability to do everyday activities may be affected, especially if your dominant hand (the hand you write with) is the side of the operation.

Activities that are affected include dressing, shopping, eating, preparing meals and looking after small children. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings.

Phase 2. Regaining everyday movements (6 to 12 weeks)

After 6 weeks, you can wean yourself out of the sling and can start overhead shoulder movements. You will be encouraged to use your arm.

Exercises will help you regain muscle strength and control in your shoulder as the movement returns.

Phase 3. Regaining strength with movement (after 12 weeks)

You will be able to progressively increase your activities, using your arm further away from your body and for heavier tasks.

You can start doing more vigorous activities.

You should regain the movement and strength in your shoulder within 3 to 6 months. Vigorous sports or those involving overhead throwing may require adaptation for some people, although many return to previous levels of activity.

When can I drive?

Driving can start once you have adequate strength and movement and you can take full control of the vehicle. This is usually approximately 6 weeks after your operation. It is advisable to start with short journeys. Initially, the seat belt may be uncomfortable, but your shoulder will not be harmed by it. Check with your insurance company to make sure you are covered to start driving again.

When can I return to work?

You may be off work from the day of operation up to 4 to 6 weeks, depending on the type of job you have, which arm has been operated on (dominant hand), and if you need to drive.

You can perform work on a keyboard or laptop as soon as the operation is done, depending on how painful your shoulder is.

If your work includes lifting, overhead activities or manual work you will not be able to do these for 12 weeks.

Please discuss any queries with the physiotherapist or your doctor.

When can I participate in leisure activities?

Your ability to start these will be dependent on the range of movement and strength that you have in your shoulder after the operation.

Please discuss activities in which you may be interested with your physiotherapist or doctor. Start with short sessions, involving little effort and gradually increase.

General examples are:

- static cycling – after 2 weeks
- swimming – gentle breaststroke 6 weeks, freestyle 12 weeks
- light sports or racquet sports using non-operated arm – 12 weeks
- contact or collision sports, which includes horse riding, football, martial arts, rugby and rock climbing – 12 weeks. The above contact sport depends on improvement in rehabilitation.

The normal timeframe of improvement

By 3 months after the operation, you should have recovered a good range of movement, the pain will have settled and the shoulder will feel more solid and stable. The shoulder will continue to strengthen for up to 12 months after the operation.

Tips while performing exercises

- Use painkillers and/or ice packs to reduce the pain before you exercise.
- It is normal for you to feel aching, discomfort or stretching sensations when performing exercises. However, if you experience intense and lasting pain (for example, more than 30 minutes) reduce the exercises by doing them less forcefully or less often. If this does not help, discuss the problem with the physiotherapist.
- Certain exercises may be changed or added specifically for your shoulder.
- Do short frequent sessions (for example, 5 to 10 minutes, 4 times a day) not one long session.
- Gradually increase the number of repetitions you so. Aim for the repetitions that your therapist advises, the numbers states here are rough guidelines.

Contact details

Clinical Admin Team

Tel: 020 3299 1919

Email: kch-tr.orthopaedicsecretaries@nhs.net

Sharing your information

King’s College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King’s College Hospital and Guy’s and St Thomas’ NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit www.kch.nhs.uk.

Care provided by students

We provide clinical training where our nursing students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

PALS at King’s College Hospital, Denmark Hill, London SE5 9RS
Tel: 020 3299 3601
Email: kch-tr.palsdh@nhs.net

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND
Tel: 01689 863252
Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email kch-tr.accessibility@nhs.net.

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Urgent and Planned Care
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