



## Duke Orthopaedics: Upper Extremity Division

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### *Acromioclavicular Joint Reconstruction*

#### *What is an acromioclavicular joint separation?*

The acromioclavicular joint (AC joint) is where the collarbone (clavicle) meets the highest point of the scapula or shoulder blade (acromion). The ligaments that surround and stabilize the AC joint are torn. Without any ligament support, the shoulder falls under the weight of the arm and the clavicle is pushed up, causing a painful bump on the shoulder.

#### *How do you repair an AC separation?*

The AC joint will be repaired by making an incision across the top of the shoulder. Dr. Klifto usually uses multiple sutures with a button on each end to stabilize the joint. If the injury is old or severe, reconstructing the ligaments that attach to the underside of the collarbone may be done. Cadaver tendon is generally used to reconstruct the ligaments.

#### *Length of Stay*

You will stay overnight after this surgery. You will need to have someone to drive you home after you have been discharged.

#### *Anesthesia*

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will last approximately 12 hours or 2-3 days depending on the type of block used. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

#### *Incision*

You will have an incision across the top of your shoulder. After the incision has healed, it is usually fairly thin and not objectionable.

#### *Pain Control*

While admitted to the hospital, you may have pain medication administered through your IV and then you will be transition to pain medication you take by mouth. While admitted, we will make sure your pain is well controlled on the oral pain medication prior to discharge. You will have this pain medication prescribed for when you are discharged home. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off.

**DO NOT take ANY nonsteroidal anti-inflammatory pain medications: Advil, Motrin, Ibuprofen, Aleve, Naproxen, or Naprosyn.**

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### ***Diet***

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

### ***Sling***

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling 24 hours a day until our staff tells you otherwise. This includes sleeping in your sling. You may remove the sling only for showering, changing clothes, and exercises as instructed by our staff or your physical therapist. For the four weeks that you are in your sling, **you are not permitted to drive.**

### ***Dressings***

You will go home with gauze dressings on your shoulder. After 3 days you may remove the dressings. There will be a steri strips over the incisions. The steri strips are to remain in place until they fall off on their own. You may see some blue or clear suture (stitch) sticking out the ends of the incision. The suture will be removed at your first postoperative visit approximately 14 days after your surgery.

### ***Physical Therapy***

Before leaving the hospital you will be taught your home exercise program. For the first three months of recovery you will do these very gentle stretches at home. After 3 months, when the ligaments are nearly healed, you will do 3 months of formal physical therapy.

### ***Restrictions***

Recovery from an AC separation surgery is six months. During that time you will have restrictions on the use of your operative arm.

**Day of surgery to Week 6:** no use of arm, out of work

**Months 1.5-3:** opposite hand work only

**Months 3-4.5:** no lifting or carrying greater than 10 lbs, only occasional reaching

**Months 4.5-6:** no lifting greater than 20 lbs