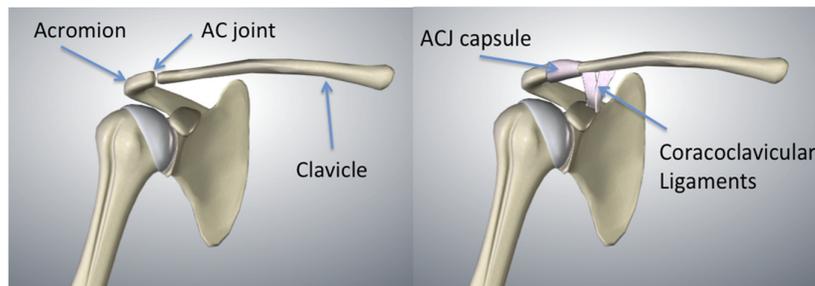


ACJ INJURIES, ACJ STABILIZATION AND ACJ RECONSTRUCTION

This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

SHOULDER ANATOMY

At the top of the shoulder the acromion articulates with the collar bone (clavicle) at the acromioclavicular joint (AC joint). The bone surfaces of the AC joint are held together by a soft tissue sleeve (the ACJ capsule) that surrounds the joint. The clavicle is also held to the scapula by the two coracoclavicular ligaments which run from the undersurface of the clavicle to the coracoid process which is part of the shoulder blade.



ACJ INJURIES

Usually occur when there is a fall onto the point of the shoulder with the arm in close to the side.

Falling while cycling is a very common way of causing an ACJ injury.

In milder injuries the ACJ capsule is torn. In worse injuries the coracoclavicular ligaments tear as well.

When this happens there is no connection between the collarbone and shoulder blade.

The weight of the arm pulls the arm bone and scapula downwards.

This makes it look like the collar bone is popped up. The appearance does not improve with time.

The injuries are traditionally classified as Grade 1 (mild) to Grade 6 (extremely severe).

In mild injuries (Grade 1 and 2) the results of non-operative treatment are good for almost everyone.

For moderate injuries (Grade 3) the results of non-operative treatment are good for most people.

In severe injuries (Grade 4 and 5) the results of non-operative treatment can still be good, but some patients have pain in the shoulder in the long term.

We do not know any way to reliably predict who will have ongoing symptoms in the long term

NON-SURGICAL TREATMENT

The sling is worn for comfort.

It does not hold the ACJ in a good position like a cast. So it is not needed for a certain amount of time.

Most patients are able to remove the sling after 2-3 weeks.

Lifting is usually possible after 4-6 weeks. Time to return to sport is variable.

Non-surgical treatment is always recommended for Grade 1 and 2 injuries.

SURGICAL TREATMENT

Surgery is **SOMETIMES** considered for Grade 3, 4 and 5 injuries

Two types of surgery are possible

ACJ REPAIR: CORACOCLAVICULAR AND ACJ CAPSULE STABILIZATION

The aim of this surgery is to bring the shoulder blade back up to the collarbone and to hold it while the coracoclavicular ligaments heal. Healing is only likely to occur if the surgery is done within the first 2-3 weeks after the injury.

A single small drill hole is made in the clavicle and in the coracoid process

Strong suture material is passed through the holes with a metal 'button' on each end. The suture materials are tightened.

Repair or reinforcement of the ACJ capsule may also be performed.

Because the ligaments are expected to heal the suture material and the drill holes are quite small. Once healing has occurred it may be recommended to remove the implants.

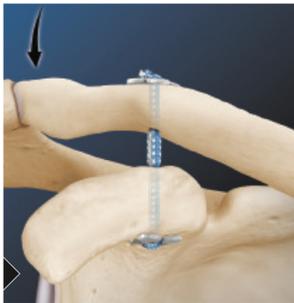
ACJ RECONSTRUCTION: CORACOCLAVICULAR AND ACJ CAPSULE RECONSTRUCTION

The aim of this surgery is to bring the shoulder blade back up to the collarbone and to hold it there permanently.

Because the ligaments are not expected to heal the surgical material needs to be much stronger and thicker.

2 larger drill holes are made in the clavicle. The strong thick material is passed through the holes and is looped around the coracoid process. The strong thick material is tightened and held in the drill holes with small screws.

Repair or reinforcement of the ACJ capsule may also be performed



A) ACJ repair



B) ACJ reconstruction

CHOOSING BETWEEN ACJ REPAIR AND ACJ RECONSTRUCTION

My general recommendation is to consider ACJ repair if:

- The cosmesis is a concern to you (because it will not improve)

- There are associated other injuries that will cause ongoing problems if not treated (assessed on MRI)

- The shoulder remains **VERY** irritable two or three weeks after the injury in Gd 3b or 4 injuries (assessed by clinical examination)

- There is a clear Gd 5 injury

Other factors to consider:

In the short term, non-operative treatment allows a faster return to function and sport.

Performing ACJ repair on everyone would mean that unnecessary operations would be undertaken.

Choosing to perform ACJ reconstruction later (if needed) means that no unnecessary operations are performed, but the overall time from injury to recovery is longer.

THE OPERATION

You will come to hospital on the day of surgery. You will have a general anaesthetic. A nerve block may also be used. The surgery usually takes 1-2hrs. The surgery may be done arthroscopically or through an open cut.

AFTER SURGERY

You may go home either on the same day or the day after surgery

You will see a physiotherapist before you leave hospital.

You will use a sling for 6 weeks.

The speed of recovery is variable. It can be rapid or seem slow. Most improvement occurs in the first 6 months. The end of recovery is around 12-24 months after surgery.

Further general information is available in the 'Information for patients undergoing surgery' leaflet.

APPOINTMENTS AFTER SURGERY

10-14 days; 6 weeks, 3 months, 6 months, 12 months.

REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital and during your follow-up visits.

Only do the exercises shown to you in hospital and demonstrated to you in clinic. Do not remove the sling until you are told to do so. Your therapist will suggest whether you can do the exercises yourself at home or would be better with regular supervised physiotherapy sessions. You will need to get into the habit of doing the exercises several times a day for around 6 months.

MILESTONES

0-6 weeks

Sling full time

6-12 weeks:

Normal day to day use of the arm is allowed.

Strengthening starts

3-6 months:

Progress strengthening

6 months +:

Full activity

RETURN TO WORK/SPORTS

Work (light duties / office) 1-2 weeks

Swimming (breaststroke) 6-8 weeks

Driving 6-8 weeks

Work (manual) 3-6months

Light lifting 3-4months

Heavy lifting 4-6months

Swimming (freestyle) 3-4months

Golf 3-4months

Contact sports 6months

DRIVING

You cannot drive while you are using a sling.

Once you have been told that you can remove the sling you can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

LIKELY OUTCOMES

The main aim of surgery is to improve pain and function. Strength may also improve although this is more difficult to predict. Cosmesis will improve but usually the suture material slackens off slightly in the long term meaning that there is often a slight bump at the ACJ. Patient satisfaction rates after surgery are around 95%. No surgery will result in a joint that feels and functions completely normally.