

Patient information

Excision of Acromio-Clavicular Joint

You will be admitted for surgery to your acromio-clavicular joint (the joint between the collar bone and the shoulder blade). Surgery will be performed because of pain of the joint which normally occurs either as a result of arthritis or as a result of previous trauma.

Occasionally the pain may subside with non-operative management such as physiotherapy or steroid injections but if this proves unsuccessful surgical excision of the joint may be required.

Surgery

Surgery is normally performed as an open procedure where a small incision is made over the front of the shoulder corresponding to the acromio-clavicular joint. The muscle attached to the end of the collar bone and the shoulder blade is released and the joint is excised. Following this the muscle is re-inserted and the wound is closed with a suture underneath the skin.

Post-operative regime

Following surgery the arm will be resting in a sling for your comfort. You may take the arm out of the sling to perform gentle activities of daily living and perform exercises. You should not perform any heavy lifts with the arm for 6 weeks in order to protect the muscle which was detached from the collar bone.

The sutures are normally removed 10-12 days following surgery.

As soon as the wound is dry, you may have a bath or shower. This can normally take place within 5 - 6 days of surgery.

Complications

1. Pain

A certain amount of pain is expected following surgery. You should take the painkillers as prescribed by your surgeon. You may also place a bag of ice cubes or frozen peas to ease any discomfort. If further pain is experienced please contact your General Practitioner or the surgical department.

2. Wound leakage

A certain amount of bleeding may be seen following surgery for the first 2 - 3 days. Gentle pressure applied to the dressing will normally result in stopping the bleeding but if this should not be the case please contact your General Practitioner or the surgical department.

3. Infection

Infections following shoulder surgery are rare. If you should experience swelling, redness, throbbing pain, leakage of pus or a high temperature in association with shoulder pain you should contact your General Practitioner or the surgical department.

4. Muscle rupture

As a result of the shoulder muscle over the front of the shoulder having been detached at surgery you will need to protect the arm for approximately 6 weeks. Should you attempt any strenuous lifts or fall onto your shoulder you may rupture the repaired muscle. Under such circumstances a defect may be seen over the front of the shoulder and a slight weakness of the shoulder may be experienced. This complication is rare.

5. Return to work

This will depend on your situation and commitments. You should discuss this with your surgeon. Driving may resume when you are comfortable to do so and have adequate range of movement.

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