STANFORD
SCHOOL OF MEDICINE
Stanford University Medical Center

DEPARTMENT OF ORTHOPEDIC SURGERY
SPORTS MEDICINE
Marc R. Safran, MD
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Chief, Division of Sports Medicine

SURGERY FOR AC (ACROMIOCLAVICULAR) SEPARATION

INDICATIONS (Who Needs Surgery, When, Why & Goals)

- Athletes with some types of severe sprains require surgery to restore the normal relationship of the collarbone to the shoulder and reduce the drooping of the shoulder.
- Surgery soon after injury is also sometimes recommended in heavy laborers and throwing athletes.
- Contact athletes are usually treated non-operatively with a sling until the pain recedes, allowing for a more rapid return to sport. This is due to the prolonged convalescence and rehabilitation after surgery and the likelihood of recurrent injury with contact sports.
- Those patients with continued pain after non-operative management, including 3 or more months of physical therapy, anti-inflammatory medications, and activity modification are also candidates for surgery.
- The goal of the operation is to bring the shoulder up to the height of the collarbone to maintain their normal height relationship.

CONTRAINDICATIONS (Reasons Not To Operate)

- Since synthetic material or screws are used to temporarily or permanently hold the collarbone while the ligament grows into the collarbone, infection is a contraindication to surgery.
- Previous surgery where a large amount of the end of the collarbone has been removed may make it impossible to perform the surgery

RISKS AND COMPLICATIONS OF SURGERY

- Infection, bleeding, injury to nerves (numbness, weakness, paralysis) of the shoulder, arm, forearm and hand
- Recurrence of the deformity or continued pain
- Breakage of screw or early breakage of synthetic material
- Erosion or fracture of the collarbone
- Shoulder stiffness (uncommon)

TECHNIQUE (What is Done)

Surgery often includes removal of about 1 inch from the end of the collarbone. Then a ligament that usually goes from the coracoid process to the acromion is moved from the acromion to the end of the collarbone. This replaces the torn ligaments that previously held the collarbone to the coracoid process. This ligament is held to the end of the collarbone by sutures (stitches). An alternative is using other tissue around the coracoid process to, or through, the collarbone. Additionally, another suture or thread-like material, wire, pin or screw is then used to hold the collarbone to the coracoid process or acromion while the ligament grows into the end of the collarbone or the other tissue matures. If the surgery is performed soon after the injury, the torn ligaments can occasionally also be repaired. If a screw or pin is used to hold the collarbone in the appropriate position, it is usually removed about 6 weeks after the surgery.

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POST-OPERATIVE COURSE

- Keep wound clean and dry for the first 10 - 14 days after surgery
- You may feel more comfortable sleeping sitting up (on a couch or recliner chair) for the first 1 to 2 weeks after surgery
- You will be given pain medications by your physician
- Keep operative arm in sling (usually for 6 weeks or after screw or pin is removed from the shoulder)
- Physical therapy to regain motion and then strength

RETURN TO SPORTS

- Depends on the type of sport and position, arm injured (dominant versus non-dominant).
- A minimum of 4 months is necessary after surgery before return to sports.
- Usually 6 months before return to collision sports (Sports where you may fall on your shoulder)
- Full shoulder motion and strength are necessary before returning to sports

NOTIFY OUR OFFICE IF

- You experience pain, numbness, or coldness in the arm.
- Blue, gray or dusky color appears in the fingernails
- Any of the following occur after surgery:
    - Increased pain, swelling, redness, drainage or bleeding in the surgical area.
    - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.

Do not eat or drink anything before surgery. Solid food makes general anesthesia more hazardous.

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