Acromioclavicular joint injury

What is it?

This injury normally occurs as a result of a fall on the point of the shoulder or direct impact to the acromioclavicular joint, for example during a rugby tackle.

It usually causes pain, swelling and deformity.

How is it diagnosed?

Acromioclavicular joint injury is diagnosed on the basis of the history described above, and by clinical examination.

Some cases may require plain or stress radiographs. Occasionally an MRI scan is needed to assess more subtle or complex injuries.

What is my approach to treatment?

Mild to moderate cases can be treated with rest, non-steroidal anti-inflammatory tablets, physiotherapy and sometimes a local steroid injection.

Severe disruptions of the acromioclavicular joint usually require surgical stabilisation.

What does an operation involve?

Surgery is carried out as a day case under general anesthetic.

A small incision is made over the acromioclavicular joint. Interposed soft tissue is removed and a few millimeters of clavicle are excised, to prevent the development of osteoarthritis at a later date.

The clavicle is then stabilised using an artificial graft, which acts as a substitute for the torn coracoclavicular ligaments.

The overlying soft tissues are repaired and the skin is closed with non-absorbable sutures.

These are removed in at two weeks.

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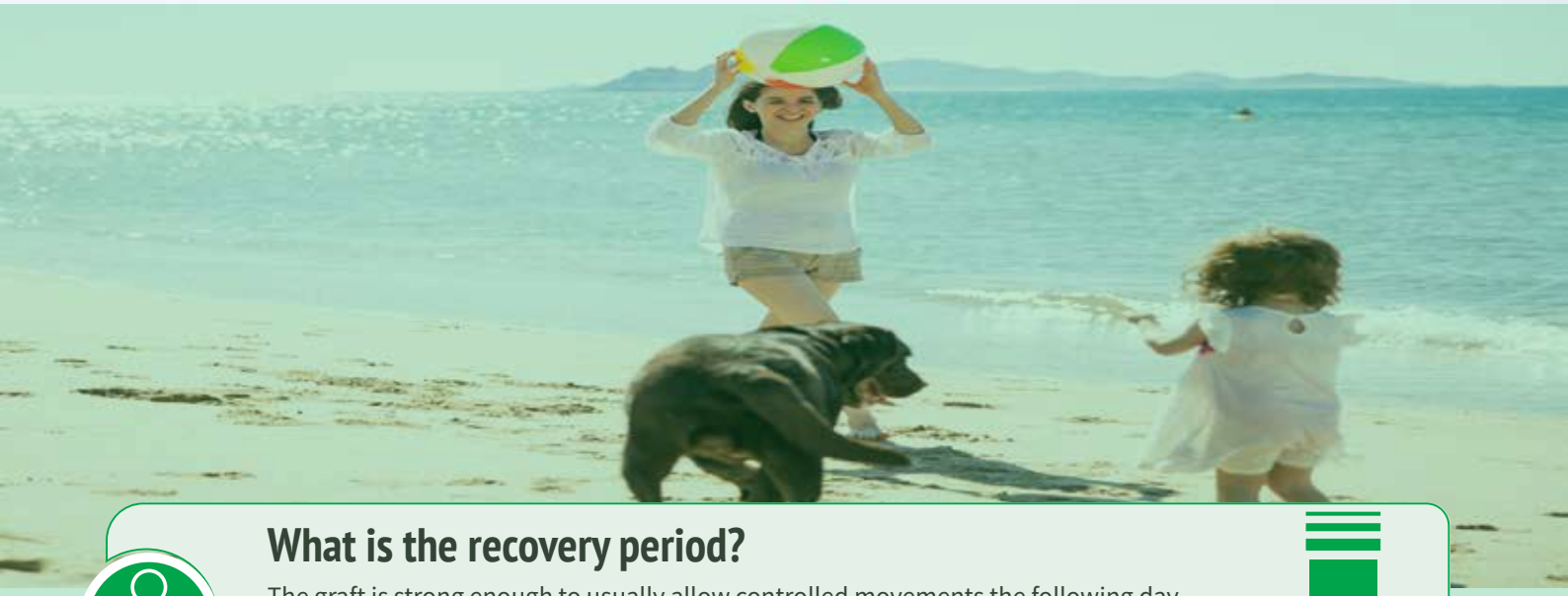

What is the recovery period?

The graft is strong enough to usually allow controlled movements the following day, supervised by a physiotherapist.

These concentrate on restoring movement first and then strength.

Most pain and swelling will have settled by four weeks. A sling can be used during this period.

Driving is usually possible after two weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual.

It may be possible to return to light keyboard work after two weeks. Heavy manual work and return to sports may be possible after six weeks.

Are there any possible complications?

Stability and pain relief are achieved in over 95% of patients.

However, as with any treatment, there are always risks involved: Infection: 2%, Frozen shoulder: 2%, Intraoperative fracture: 1%, Nerve injury: Less than 1%, Implant or fixation failure: Less than 5%

Insurance fee assured:

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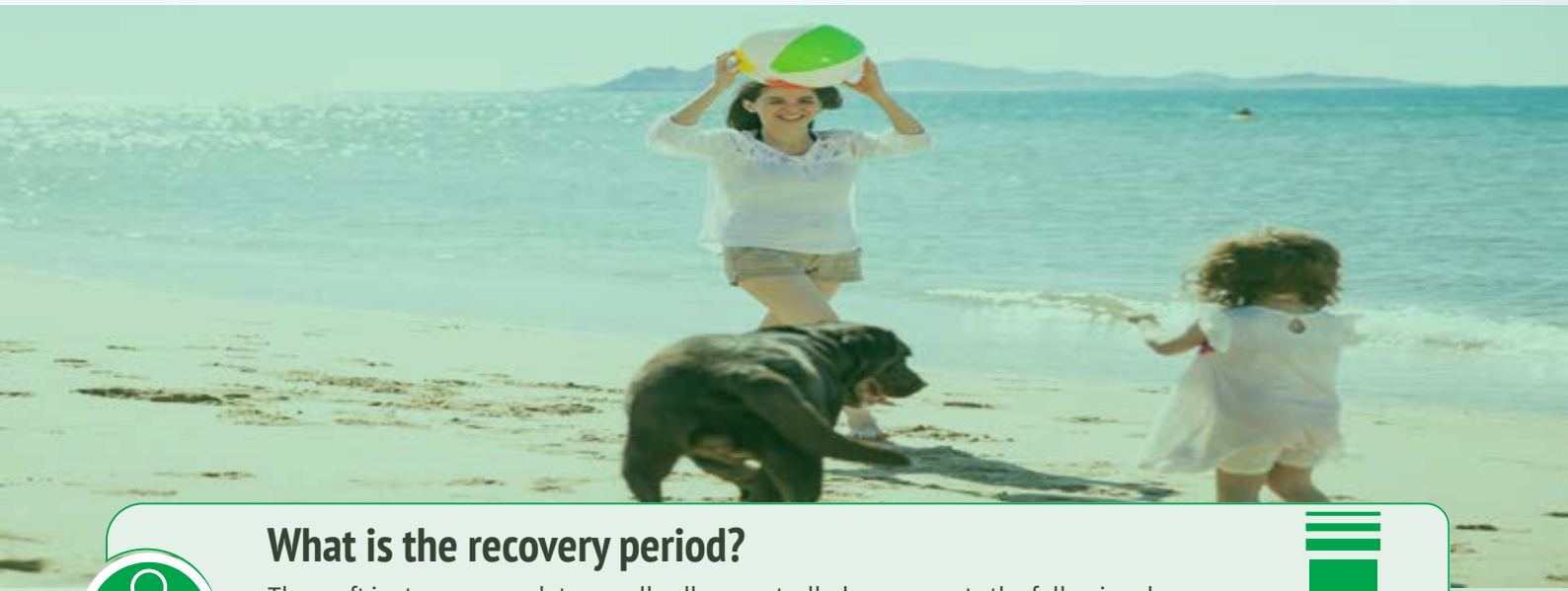

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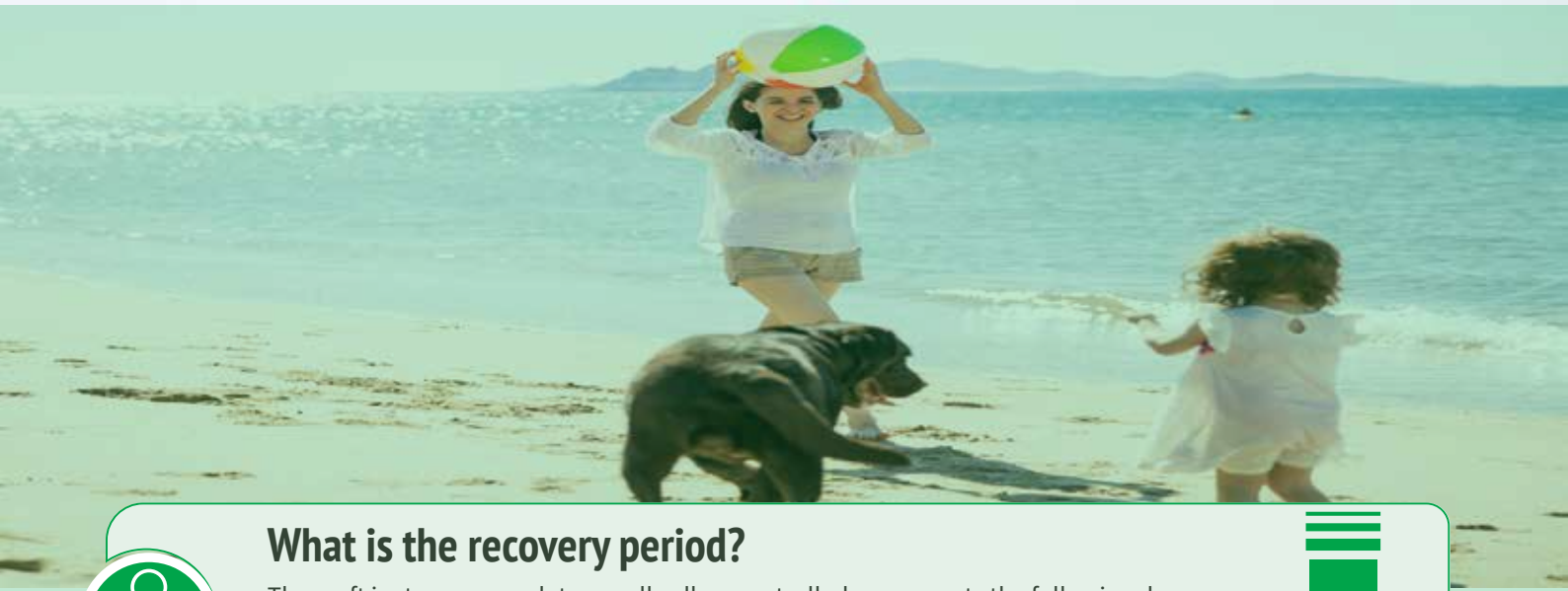

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