Kaliper Orthopaedics

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PATIENT INFORMATION

Arthroscopic acromioplasty and AC joint resection

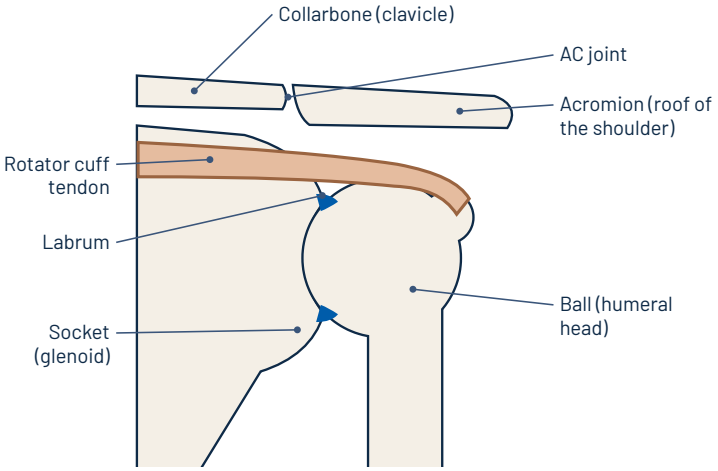
Keyhole surgery to make more room for the rotator cuff and remove a worn AC joint. What to expect, and how to look after your shoulder afterwards.

IN HOSPITAL	SLING	DRIVING	DESK WORK	FULL ACTIVITY
Day surgery or 1 night	**A few days, for comfort**	**About 2 weeks**	**1–2 weeks**	**6–8 weeks**

About your operation

The **rotator cuff** tendons run over the top of the ball of your shoulder, under a bony roof called the **acromion**. A small fluid sac (the **bursa**) lets the tendons glide under it.

In some people, the gap under the acromion is narrow, or a **bone spur** grows from its underside. When you lift your arm, the spur can rub and pinch the bursa and tendon. This is called **impingement**. It causes pain on the outside of the shoulder, especially when you reach up or lie on that side.

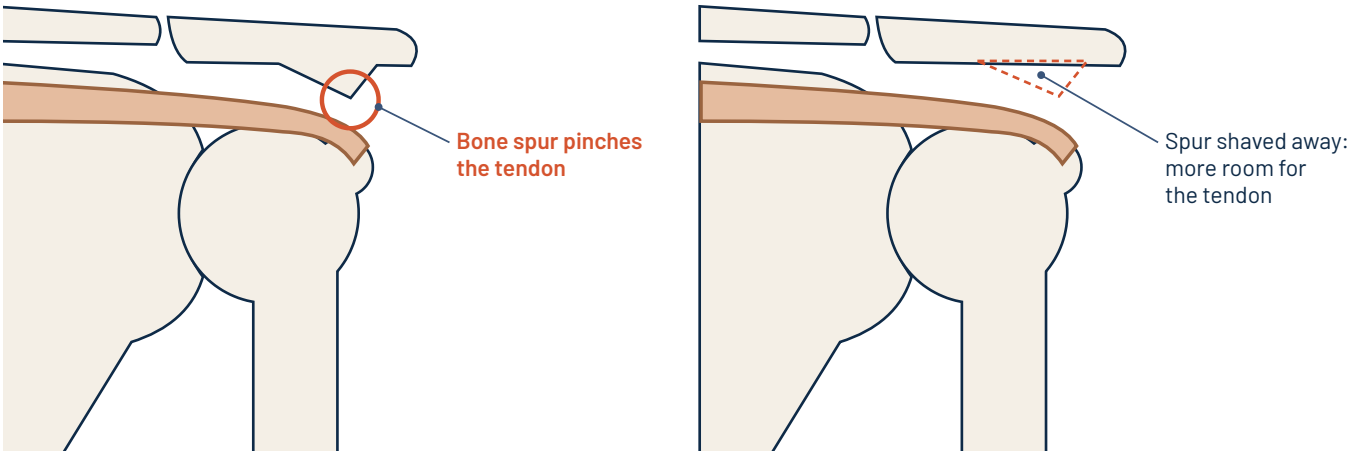


The shoulder seen from the front. The acromion is the roof over the rotator cuff. The AC joint is where it meets the collarbone.

An **acromioplasty** (also called a subacromial decompression) is keyhole surgery to make more room for the tendon. Through 2 or 3 small cuts, using a camera (arthroscope), Dr Piper clears the inflamed bursa and shaves the spur off the underside of the acromion. The shoulder joint and rotator cuff are checked at the same time.

Before
A bone spur rubs on the tendon

After
The spur is shaved away



Left: a bone spur pinching the tendon. Right: the spur shaved away, leaving more room.

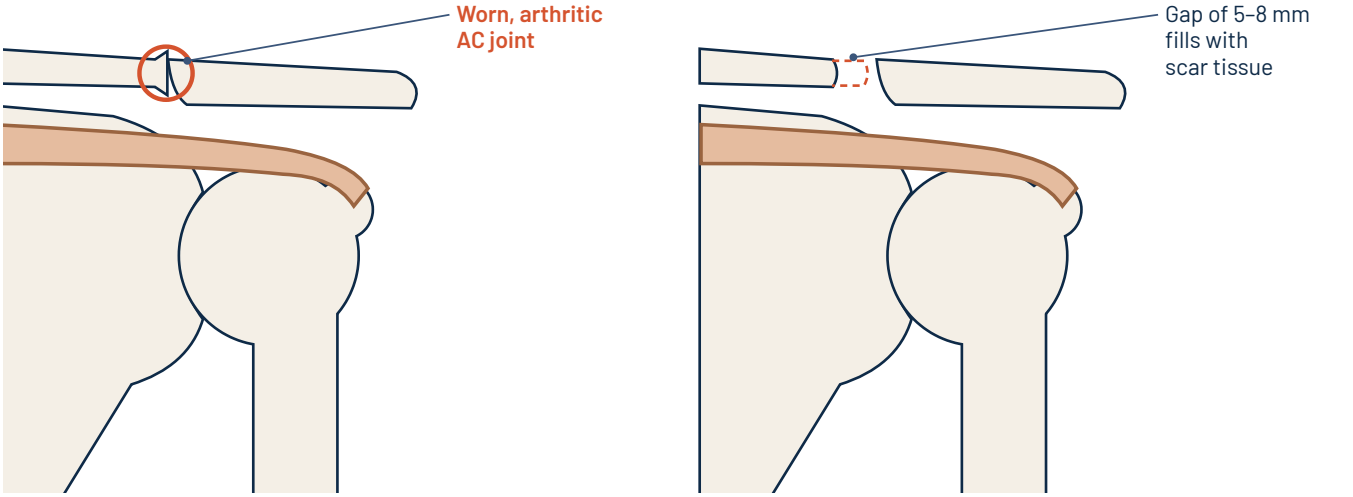
The AC joint

The **AC joint** is the small joint at the top of your shoulder, where the end of the collarbone meets the acromion. It can wear out with age, heavy lifting or an old injury. A worn AC joint is painful right on top of the shoulder, especially when you reach across your body or lift.

An **AC joint resection** (also called a distal clavicle excision) removes 5–8 mm from the end of the collarbone so the bones no longer rub. The strong ligaments that hold the collarbone in place are left alone. The small gap fills with scar tissue and works as a pain-free joint. It is done through the same small cuts, straight after the acromioplasty.

Worn AC joint
Bone rubbing on bone

After resection
The end of the collarbone is removed



Left: a worn AC joint. Right: the end of the collarbone removed, leaving a small gap.

HAVING A ROTATOR CUFF REPAIR AS WELL?

If your rotator cuff was repaired in the same operation, follow the **rotator cuff repair** information sheet instead. The repair needs 6 weeks in a sling, which is much slower than the recovery below.

Before your operation

- The hospital will tell you when to stop eating and drinking.
- Tell us if you take blood thinners, weight-loss or diabetes medicines. Some medicines need to be stopped before surgery. Discuss this with your anaesthetist.
- Bring a loose, front-opening top.
- Arrange for someone to drive you home and stay with you the first night.

In hospital

The operation is done under a general anaesthetic. The anaesthetist usually adds a **nerve block** to numb the arm. Your arm may feel heavy and numb for 12–24 hours afterwards. This is normal. Keep it in the sling until the feeling comes back.

Most people go home the same day or the next morning.

Going home: you need someone to take you home from hospital and stay with you for the first night.

Pain relief

Your shoulder will be sore for the first week or two. The aim is to keep the pain low enough that you can sleep and do your exercises.

- **Start your pain tablets before the nerve block wears off**, usually the evening of surgery.
- **Paracetamol** (for example Panadol): 2 tablets (1 g) up to 4 times a day. No more than 8 tablets in 24 hours. Keep taking it until you no longer need any of the stronger tablets.
- **Anti-inflammatory tablets**: only if your anaesthetist says they are safe for you.
- **Stronger pain tablets**: the anaesthetist may give you a script for the first few days. Take them only as directed and stop as soon as you can. Don't drive or drink alcohol while you take them.
- Strong pain tablets can cause constipation. Drink plenty of water and use a gentle laxative if needed.

Ice packs help for the first 3 days. Use them for 20 minutes at a time, wrapped in a cloth. If ice stops helping, try a warm pack instead.

Sleeping is often easier in a recliner, or propped up in bed with pillows behind you and a pillow under your elbow.

Your wounds

- Keep the dressings clean and dry until your first visit.
- The dressings are waterproof, so you can shower. Afterwards, gently pat the dressings and the skin around them dry.
- The stitches dissolve. They don't need to be removed.
- Don't soak in a bath, spa or pool until the wounds have fully healed.

Your sling

THE SLING IS FOR COMFORT ONLY

- Wear it for the first few days, while the arm is numb and sore.
- Take it off as soon as you are comfortable, and use the arm for light everyday tasks.
- Moving the shoulder early helps stop it getting stiff.

Driving. By law, you must not drive with your arm in a sling, or while you should be wearing one. You can drive once the sling is off and your shoulder moves well enough to put both hands on the steering wheel and turn it quickly in an emergency. This is usually around a week or so after the sling comes off. Don't drive while you are taking strong pain tablets.

Exercises and physiotherapy

- **From day 1:** gentle movement exercises, starting straight away. Keep your elbow, wrist and hand moving too.
- **Weeks 1–4:** physiotherapy to get full movement back, then gentle strengthening.
- **Weeks 4–8:** build up strength and return to your normal activities.

Some aching when you reach overhead is expected for the first few weeks. It eases as the inflammation settles. Exercises should not cause severe pain. If they do, stop and talk to your physiotherapist.

Your recovery

WHEN	WHAT YOU CAN DO
First few days	Sling for comfort. Start gentle movement.
1–2 weeks	Desk or office work.
About 2 weeks	You can usually drive again.
2–4 weeks	Light work and everyday tasks, including reaching overhead.
6–8 weeks	Full activity, including heavy work, sport and the gym.

Your appointments with Dr Piper

- **About 2 weeks after surgery:** Dr Piper explains what was found, checks your wounds and looks at how your shoulder is moving.
- **About 6–8 weeks after surgery:** checks your movement and makes sure you are getting back to your usual activities.

Possible risks

Acromioplasty and AC joint resection are common operations and problems are uncommon. Like any operation, they have some risks. Dr Piper will talk about the ones that matter for you.

- **Ongoing pain.** Some people still have pain afterwards, especially over the AC joint, which can take several weeks to settle. Ongoing pain is usually caused by leftover inflammation in the rotator cuff, which surgery can't remove. The operation removes the cause, but the inflammation takes time to settle.
- **Stiffness.** Common at first, and improves with physiotherapy.
- **Too little or too much bone removed.** Too little can leave some rubbing. Too much can weaken the bone. Working with a camera lets Dr Piper see exactly how much to take.
- **Bone growing back.** This can happen, but rarely brings the pain back.
- **The collarbone feeling loose.** The ligaments that hold the collarbone are kept, so this is uncommon.
- **Infection.** Very uncommon after keyhole shoulder surgery.
- **Nerve injury.** Rare, and usually recovers.
- **Complex regional pain syndrome (CRPS).** A rare condition causing pain, swelling and stiffness in the hand.
- **Blood clots (DVT).** Very rare after arm surgery.
- **Anaesthetic risks.** Your anaesthetist will discuss these with you.

CALL US STRAIGHT AWAY IF YOU HAVE

- a temperature over 38°C, or you feel hot and shivery
- a wound that is red, hot, swollen or leaking
- pain that keeps getting worse and isn't helped by your tablets
- a hand that is cold, pale or blue, or numbness that hasn't gone 24 hours after surgery
- pain or swelling in your calf

Call the rooms on **(02) 9113 0606**. After hours, go to your nearest emergency department. **If you have chest pain or trouble breathing, call 000.**

Questions? Call the rooms on (02) 9113 0606 or email reception@kaliper.com.au.