

# Acromio-clavicular joint (ACJ) reconstruction operation

## Information for patients

This booklet contains information about the shoulder surgery that you have been advised to have, and aims to answer some of the questions you may have about the operation and your stay in hospital.

# About shoulder surgery at Sherwood Forest Hospitals

At our King's Mill Hospital site, there is an elective orthopaedic ward and an elective day case unit (DCU). At our Newark site, there is an elective day case unit/ward (Minster ward). The ward and site of your shoulder or elbow surgery will be discussed with you by your consultant team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward a "named nurse" will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

## What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

## Operation day

Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

**You must not smoke after midnight the day before the operation.**

## What is an acromio-clavicular joint (ACJ) reconstruction?

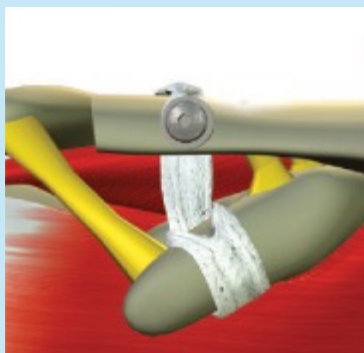
Sometimes an accident can dislocate your collar bone (clavicle) near your shoulder, often leaving the end poking up under your skin. This may make it hard for you to use your arm completely normally. It can sometimes cause shoulder pain later.

To repair your shoulder, your surgeons will use an artificial ligament and fasten it to the end of your clavicle. This will pull it back down into place.

Sometimes they will carry out a modified operation using your own ligament from the front of the shoulder (coraco-acromial ligament).



Right shoulder  
with ACJ injury



Right shoulder with ACJ repair  
using the artificial ligament

## How is it done?

ACJ ligament repair is done as an 'open' operation, which will leave a scar about 5-7cms in length along the top of your shoulder.

Left shoulder with  
operation scar



## Will I have to wear a splint or sling?

Yes, you will have your arm supported in a sling straight after your operation. This is to protect your ACJ repair.



# How do I fit my sling?

Please click on the weblinks to view a video demonstration.

<https://www.youtube.com/playlist?list=PL5xTTyoGZg0TKh9kQSqrftEqaScVqd6s0>



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.



2. Now using the non-operated arm feed the strap around your back and over the non-operated shoulder, as shown.



3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

You will be taught how to manage your sling by the physiotherapists or nurses. You will also be taught exercises to keep your shoulder, elbow and hand moving. It is very important that you wear your sling at all times until told that you can take it off by your physiotherapist or your surgeon. Otherwise the weight of your arm hanging can pull your repair apart. If you have an artificial ligament repair you will have to keep the sling on for four weeks. If you have had the ACJ repair using your own ligament, then the sling will need to be on for at least four weeks.

## What will happen?

You will stay on the ward while you recover from your anaesthetic. You will also have x-rays carried out to check on your repair. You may practice your exercises with a physiotherapist. The physiotherapist or nurse will show you how to manage with your sling.

# How can I sleep?

You must not lie on your operated shoulder. We recommend that you lie on your back or the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support (feather pillows are easier to use than foam ones).

**Wear your sling whilst sleeping and do not remove at night time.**



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

## Rehabilitation

Rehabilitation is important to get the most out of your shoulder after the operation. The first stage is to let your shoulder heal by resting it in the sling. Meanwhile, you can move your wrist, hand and elbow as shown by the physiotherapists to make sure that they do not get stiff or swollen. **These are the only exercises you should do in the first 4 weeks whilst in your sling.**

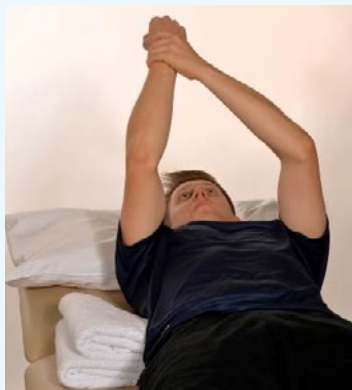
## Exercises

You should do your exercises twice a day (10-15 repetitions) at home until your follow-up clinic appointment, unless told otherwise by your physiotherapist or surgeon.



Bend your elbows to 90 degrees, and use a stick to turn your operated arm out to the side. Keep your elbows tucked in.

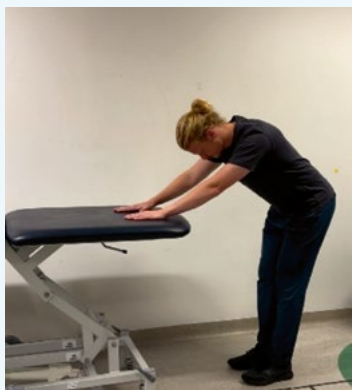
**<https://m.youtube.com/watch?v=stT8sD0HUhM>**



From lying on your back with your elbows supported as before, use your unoperated arm to lift the other up towards your head.

Try to get your hands on top of your head if you can.

**<https://m.youtube.com/watch?v=GkhahPUKb2Q>**



In standing, carefully place your hand on a tabletop. Then gently step back and without putting any weight through your arm, perform a forward bow as shown in the picture.

## When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you can manage your sling
- When you have seen the physiotherapy team.

# Is that the end of my treatment?

Following your operation, you will be referred to physiotherapy for ongoing rehabilitation. This will be timed for when your sling can come off (usually four weeks) or sooner if you are having difficulties with the sling or pain.

When you are allowed to remove the sling the physiotherapist will progress your exercises and advise you on how and when you should start to increase your arm use and return to activities of daily living.

After six weeks, you will have your clinic follow-up at either King's Mill or Newark hospital. This will be with the advanced practice physiotherapist and/or nurse specialist.

If you are at all worried about your shoulder you should contact the shoulder and elbow team at the hospital. The telephone numbers are at the end of this booklet.

# What will I do as an outpatient?

You will continue with your exercises as given to you by the physiotherapist and will gradually work on developing the strength and control of your shoulder, progressing to full functional movement. We will encourage you to learn how to use your shoulder comfortably.

# When can I do my normal activities?

This depends upon your symptoms. Most people are comfortable by between six to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company. We would advise you not to drive for at least three weeks after the operation as your arm will be in a sling.

## Guide:

- |   |                 |
|---|-----------------|
| • Light work (no lifting)                     | 4-6 weeks       |
| • Medium (light lifting below shoulder level) | 6 weeks onwards |
| • Heavy (above shoulder level)                | 3-6 months      |

At six to ten weeks you can carefully return to light low risk activities, such as breaststroke swimming and jogging. At three months, you can return to weight-training and freestyle swimming. At around six months you should be able to return to full scale contact sports provided you have regained strength and, most importantly, control and confidence. It is usually best to discuss this with your consultant's team first.

# Useful contact numbers

## King's Mill Hospital

Telephone: 01623 622515

Mr Kurian's secretary

Mr Bidwai's secretary

Mr Mitra's secretary

Nurse surgical care practitioner

Advance practice physiotherapist

King's Mill Day Case Unit

King's Mill orthopaedic ward

Newark Hospital Day Case Unit  
(Minster ward)

King's Mill physiotherapy department

Newark Hospital physiotherapy  
department

## Newark Hospital

Telephone: 01636 681681

### Extension number

4117 (Monday to Friday, 8am-5pm)

4175 (Monday to Friday, 8am-5pm)

6318 (Monday to Friday, 8am-5pm)

4104 (Monday to Friday, 8am-5pm)

6148 (Monday to Friday, 8am-5pm)

3048 (Monday to Sunday, 24 hours)

2414 (Monday to Sunday, 24 hours)

5850 (Monday to Friday, 8am-5pm)

3221 (Monday to Friday, 8am-5pm)

5885 (Monday to Friday, 8am-5pm)



## **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

To be completed by the Communications office

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