

Acromioclavicular joint (ACJ) stabilisation (Surgilig™)

The aim of this leaflet is to help answer some of the questions you may have about having an ACJ stabilisation. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to a doctor or nurse caring for you.

What is an ACJ stabilisation?

The ACJ is between your collar bone (clavicle) and the acromion (which is the top part of the shoulder blade on the outer edge of the shoulder). If this joint is injured, it may become displaced and unstable, and sometimes surgery is required to repair it. This involves repairing the torn tendons, or replacing them with either natural or artificial ligaments.

A Surgilig™ is an artificial polyester ligament which loops around the clavicle and the coracoid bone (a bony prominence at the front of the shoulder) in the shoulder, replacing the torn ligaments. This helps to stabilise the ACJ and prevent recurrent instability and pain.

The Surgilig™ is inserted through an incision (cut) made on the top and the front of the shoulder. The ligament is secured to the clavicle with a screw.

What are benefits – why should I have an ACJ stabilisation?

The main reason for needing this surgery is pain resulting from the instability of the ACJ. By replacing the ligaments, your shoulder should feel less painful and you should have better function in it.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the procedure itself.

In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region.

You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you.

For more information about having an anaesthetic please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

ACJ stabilisation is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- **Infection** (affects one out of every 100 patients treated): this is a very serious complication and therefore significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it. If an infection develops, the ligament may need to be removed to get rid of the infection.
- **Nerve injury** (affects less than one out of every 100 patients treated).
- **Bleeding**: you will lose some blood but rarely would this require a transfusion.

- **Thrombosis/blood clot** (affects less than one out of every 100 patients treated).
- **Stiffness of the shoulder** (affects between one and two out of every 100 patients treated): this is rarely permanent and usually improves over a three to six month period.
- **Appearance:** even following successful surgery your collar bone may appear to be a little higher than normal.
- **Failure** (affects two out of every 100 patients treated): the ligament may fail and require replacement.
- **The screw which is used to secure the graft may need to be removed if it causes irritation of the skin.**

Are there any alternatives?

Depending on the type of the initial dislocation, surgery may be recommended immediately. Sometimes, however, rest and then physiotherapy are recommended. If the joint then does not stabilise itself, surgery is the treatment of choice.

How can I prepare for an ACJ stabilisation?

Please refer to the following leaflet which will provide information on how to prepare for your operation:

- **Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy's and St Thomas' hospitals**

If you do not have a copy, please ask us for one or see our website at www.guysandstthomas.nhs.uk (type SAL in the search box).

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

What happens during the operation?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

During your surgery a small cut is made at the top of the shoulder to insert the new ligament to stabilise the ACJ. A screw is used to fix the ligament in place. The operation normally takes between 1 and 1.5 hours. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain.

Icing the shoulder may help to reduce any pain and minimise any swelling. We would advise you to wrap a bag of frozen peas in a damp tea towel and apply directly to your shoulder. You can do this for 10 to 15 minutes, three times a day as required.

What happens after the procedure?

Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to the orthopaedic ward for an overnight stay.

You may be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery and organise your outpatient physiotherapy referral at your local hospital to start two weeks after your operation.

What do I need to do after I go home?

Your arm will be resting in a sling for four weeks. You will not be able to fully use your arm for all activities of daily living during this period but the therapists will advise and guide you on what you can and can not do. Wear your sling for rest and support, but remove it to complete your exercises throughout the day. You can remove it to bath or shower.

You should leave the dressing intact until your follow-up appointment, about two weeks after your surgery.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss

with you the management of your painkillers before you go home.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your GP for advice and pain management.

Depending on the nature of your employment, you may be signed off from working from six to 12 weeks.

What should I do if I have a problem?

Please contact your GP if you experience any of the following:

- **increasing pain**
- **increasing redness, swelling or oozing around the wound site**
- **fever (temperature higher than 37.5°C).**

Will I have a follow-up appointment?

Two weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

If you have any concerns about your operation, please contact the following (Mon to Fri, 9am to 5pm):

- **Mr Corbett's and Mr Richards' secretary on 020 7188 4471**
- **Mr Povlsen's secretary on 020 7188 4466**

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.

Contact us

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's

e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

Leaflet number: 3287/VER2

Date published: January 2014

Review date: January 2017

© 2014 Guy's and St Thomas' NHS Foundation Trust