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Post-Operative Guidelines and Frequently Asked Questions for AC Joint Reconstruction

This document will help you plan for your post-operative recovery course following surgery. Please read and retain this information for future reference. Many of the questions you may have later can be answered by referring to this information.

Post-Op Sling: Your post-op sling must be worn at all times for 4-6 weeks. It is OK to remove the sling from time to time in a protected (typically indoor) environment to perform range of motion exercises (especially the elbow, wrist and hand), to bathe, and for dressing. It is OK to adjust the sling and body harness to your comfort. You may remove the pillow if you desire. We do encourage you to move your arm below shoulder level during these first few weeks after surgery.

Wound Care: Keep the site clean and dry as it heals\*. You may remove the outer bandages and gauze 2 days (48 hrs) after surgery. DO NOT remove the white strips directly over your incision sites. You may shower 48 hours after surgery with the sling off and your arm at your side unless told otherwise by Dr. Kent. Do not apply any gels or ointments to the surgical site.

\*It is normal to have small amounts of bloody drainage on the dressing especially the first 24-36hrs. You may develop swelling and bruising that extends from your shoulder down to your chest and perhaps even to your hand over the first week after surgery. Do not be alarmed. This too is normal, and it is due to gravity pulling the bruising and swelling downward. Notify the office if you have any of the following: steadily increasing drainage on the dressing, pus-like or foul smelling drainage from any of the incisions, elevated temperature above 101° Fahrenheit, breathing difficulties, pain in your calf when you flex your foot up and down that is unrelieved by rest or elevation, or swelling in your calf, foot or ankle.

Pain Medication: Prescriptions will be electronically sent to your pharmacy a few days prior to your surgery. Please pick up all prescriptions BEFORE your surgery day if possible. You will receive two medications: one narcotic pain medicine (oxycodone or hydrocodone), and Ondansetron for nausea. You may also take Tylenol, and an anti-inflammatory medicine such as Ibuprofen or Aleve. Please note that narcotics will make you constipated, so a stool softener or laxative may be needed. Start taking your pain medication as soon as you start to feel pain or when you feel the nerve block wearing off. After that you will use the pain medication ONLY as needed. It is normal for pain to be worse at night. You should avoid taking pain medications on an empty stomach, as it will make you nauseous. Use the Tylenol and anti-inflammatory daily, as prescribed, to reduce the swelling and pain after surgery. Take medication as directed. Please call the office ASAP for a refill when your supply is low.

PLEASE DO NOT DRIVE WHILE TAKING THE PRESCRIPTION PAIN MEDICATION!

Pain medication may make you constipated.  Below are a few solutions to try in this order:  Also, if you are prone to constipation try these below.

A. Decrease the amount of pain medication if you aren't having pain.

B. Drink lots of fluids such as water.

C. Drink prune juice and/or eat dried prunes

D. Take Colace – an over-the-counter stool softener

E. Take Senokot – an over-the-counter laxative

If those don't work then:

F. Take Miralax – another over-the-counter stronger laxative.  Dosage as directed 2 x day

If they don't work call the office or if you have any questions on this please call us.

Cold Therapy: You will receive a cold therapy device on the day of surgery (if not, you may use regular ice). Use the unit for 20 - 30 minutes at a time, then take a 30 minute break. Frequent cold therapy is encouraged as often as possible during the first few post-operative weeks.

Follow-up Appointments: 14 days, 6 weeks, 3 months, and at 5-6 months.

Physical Therapy\*\*: You will receive a physical therapy prescription before surgery. You may start PT within the first week after surgery, but do not need to start until after the first post operative visit should you choose. PT typically is necessary 1-2 times weekly for 4-5 months post-operatively.

\*\*These guidelines may be adjusted by Dr. Kent as you progress.

Frequently Asked Questions: AC Joint Surgery

1. What is the AC Joint?

 The AC joint is where the Acromion bone of the scapula meets the Clavicle (hence, AC). The ends of the bones are covered with cartilage, just like any other joint. The AC joint sees a high amount of strain during lifting, pressing, and overhead activities and thus is prone to injury during a fall. The AC joint is held in place by strong ligaments beneath and behind it. When these ligaments are torn, the AC joint separates. Hence the phrase “separated shoulder” which is different from a dislocated shoulder (which occurs when the ball and socket joint dislocates).

2. Will AC joint injuries heal themselves over time?

 There are varying degrees of injury and separation which can occur. Many injuries will heal on their own. Even when injuries heal, it is common to have a large “bump” on the shoulder where the clavicle is elevated in relation to the acromion. As long as the mild separation heals and is not painful, no surgery is recommended. However, when a large separation occurs or the ligaments do not heal, chronic pain and popping occurs. This happens because the AC joint is destabilized. When this happens, surgery is the only way to fix it.

3. What does rehabilitation do for the shoulder?

 The first priority is to rest the shoulder and allow the injured ligaments to heal. Rehabilitation helps to strengthen the supporting muscles around the shoulder which serves to offload the AC joint. Strengthening these muscles is a good way to help decrease pain and increase function. Returning to activity too soon can impede ligament healing.

4. What is done to my shoulder during surgery?

 There are many described techniques to reconstruct the AC joint. Two of Dr. Kent’s preferred methods include suture or allograft repair. In suture-only repair, a small hole is drilled through the clavicle and through the coracoid (a small bony protuberance of the scapula) which lies immediately beneath the clavicle. Strong suture is passed through both holes, the clavicle is then reduced back into place, and the suture is fixated on both ends using small metal devices referred to as buttons. During allograft repair, cadaver tissue (usually a tendon) is passed through the drill holes and secured in place with plastic screws and stitches. The goal of both procedures is to reduce the clavicle back down to the acromion to provide stability to the AC joint. The body then heals the injury. AC joint reconstructions are open procedures with a moderately-sized incision at the front of the shoulder, and take about 60 minutes of actual operative time. Occasionally, an arthroscopic camera is used inside the shoulder to assist in visualization of the repair. Dr. Kent will discuss these issues with you during your surgical consultation.

5. What type of anesthesia is administered?

 Typically, a regional anesthetic (i.e. nerve block) is administered that numbs the operative limb. These blocks are done using ultrasound visualization for precision. These regional blocks are supplemented with sedation to make you comfortable during the procedure. The surgery is then performed under general anesthesia. You and the anesthesiologist will discuss these issues in detail immediately prior to your surgery.

6. How long do I wear a sling after surgery?

 Please plan to wear a sling for 4-6 weeks after surgery.

7. How long is the recovery?

 The typical recovery from AC joint stabilization procedures is five to six months.

 Patients will usually wear a sling for 4-6 weeks. Physical therapy begins the first week after surgery. Initially, we will limit your activities to allow for healing of the reconstruction. After 8-12 weeks, Dr. Kent encourages you to get back to your normal activity and exercise schedule.

 Sample schedule of activities following shoulder surgery:

a. Weeks 0-4: No excessive sweating. Walking OK. Take it easy

b. Weeks 6-12: Exercise bike, walking a treadmill OK.

c. Week 12+: Running, elliptical, light weight work OK. Get moving.

 Note: Operative limb exercises are based on PT limitations at any given time.

8. What are the risks of shoulder surgery?

 While very uncommon, infections do occur and are typically associated with poor wound healing. As such, we recommend keeping these wounds clean and dry for at least 7-10 days after surgery. You may shower, but do not soak the incision (i.e bath tub or pool). Please do not use ointments or other compounds on these wounds until instructed to do so by the staff.  Nicotine interferes with wound healing, so discontinuing smoking or vaping two weeks prior and following surgery is recommended.

 Blood clots (DVT, deep vein thrombosis) occur rarely following all types of surgery. Your best bet in decreasing likelihood of a clot is to GET UP and MOVING following surgery. Moving your feet and ankles, ambulating, ranging your knee, doing leg lifts etc., all contribute to keeping the blood in your legs circulating. This in turn helps to prevent clotting. If you feel pain in your calf area, or note swelling there – immediately notify the office staff. A quick and painless test (ultrasound) can be arranged to see if you have a DVT. Again, these issues are rare, but if you do experience a clot, you will need to take a blood thinner (Warfarin, Coumadin) until the clot disappears.

 There are many nerves around the shoulder. Though very uncommon, temporary nerve dysfunction (muscle weakness, tingling, numbness) can occur following these procedures. These injuries are typically transient, but could possibly be permanent.

9. Is there anything else that I need to do following surgery?

Plan to return to the office at 14 days, 6 weeks, 3 months and 5-6 months following surgery. These are quick visits designed to go over your progress and address issues germane to your recovery. The first postoperative appointment should be made when a date for surgery is confirmed.

Please note that Dr. Kent expects that you will have full range of motion following these procedures. Working diligently with your therapist will help ensure that you derive maximum clinical benefit from your shoulder procedure.