



## Adam J. Farber, MD

### Surgical consent for acromioclavicular (AC) joint repair and/or reconstruction

All surgical procedures are associated with certain risks such as pain, bleeding, infection, scarring, damage to blood vessels or nerves, anesthetic-related complications, thromboembolic complications, and medical complications (such as heart attack, stroke, or death).

- **Pain:** In an effort to decrease pain you will be adequately anesthetized during surgery and will receive pain medications post-operatively.
- **Bleeding:** To limit the risk of bleeding please discontinue all anti-inflammatory medications (Advil, Alleve, Ibuprofen, Motrin, Naproxen Voltaren, etc), aspirin, or vitamin products for at least 10 days prior to surgery.
- **Infection:** The risk of infection is approximately 1%. You will receive antibiotics through your IV during surgery. In addition the surgery will be performed under sterile conditions. In addition I recommend that you take oral antibiotics for the first 24 hours after surgery. The risk of infection is slightly higher in patients with diabetes or those who smoke cigarettes.
- **Thromboembolic complications:** Anytime surgery is performed, there is a theoretical risk of developing a blood clot in the legs or the lungs. This risk is approximately 1 in 10,000 cases. As a result, the routine use of blood thinners following surgery is not routinely recommended because the risk of developing complications related to thinned blood and excessive bleeding and swelling outweighs the potential benefit of preventing a blood clot. If, however, you have a personal or family history of a blood clot or a clotting disorder, blood thinning medications may be recommended; please be sure to discuss this with your surgeon. If you develop chest pain or shortness of breath after your surgery, please notify your surgeon immediately or proceed to the emergency department for further evaluation as these are symptoms sometime associated with the development of a blood clot.

Potential complications more unique to shoulder AC joint repair and/or reconstruction procedures include the following:

- Loss of reduction or recurrence of deformity: This is the most common complication following a.c. joint repair and/or reconstruction surgery. This may result in a slight recurrence of deformity which would likely be less than the initial injury but may not be symmetric with the contralateral normal shoulder. If this complication occurs, it may or may not cause pain or functional limitations. The best way to prevent recurrent deformity or loss of reduction is to be compliant with the post-operative restrictions and follow the instructions given to you.
- Stiffness: Stiffness is one of the most common complications following procedures of the shoulder. In order to prevent stiffness it is important to follow the post-operative instructions. In addition physical therapy will be prescribed 6 weeks after surgery. Attending routine physical therapy sessions and performing a home exercise program on days that you are not in therapy will significantly decrease the risk for developing post-operative stiffness. Although it is important to perform range of motion exercises, please do not violate the restrictions given to you by your surgeon so that you do not risk disrupting the surgical repair.
- Fracture: In order to stabilize the a.c. joint, drill holes are frequently drilled into the coracoid process and/or clavicle to help stabilize the joint. These drill holes place patients at increased risk for fracture post-operatively especially if there is a traumatic injury to the shoulder such as a fall or motor vehicle accident. The risk of fracture is higher in patients involved in contact or collision sporting activities.
- Acromioclavicular joint arthrosis: The risk of a.c. joint arthrosis is typically related to the injury and not the surgical repair and/or reconstruction. If there is evidence of early arthritis at the time of surgery, a distal clavicle resection may be performed to prevent subsequent arthrosis. If no arthritis is present at the time of surgery typically the end of the collarbone will be left undisturbed as this provides additional stability to the a.c. joint.
- Localized tenderness: Even after successful a.c. joint repair and/or reconstruction some patients complain of localized tenderness over the a.c. joint, collarbone, and/or surgical incision. This is often frequently more severe in patients who wear bags (such as purses or backpacks) that involve straps over this region of the shoulder.
- Failure to alleviate pain: It is theoretically possible that the surgery, although technically performed successfully, may not completely alleviate all of your symptoms.

Please print and sign your name below if you have read the information listed above and would like to proceed with surgery.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_