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POINT OF TECHNIQUE

A Simple Method for Identifying the Acromioclavicular Joint During Arthroscopic Procedures

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Abstract Arthroscopic acromioclavicular joint excision is performed via an anterior portal and is technically demanding. We present a simple method for identifying the acromioclavicular joint during arthroscopic procedures.

Keywords Acromioclavicular · Joint · Excision · Arthroscopic · Portal

Technical Note

Acromioclavicular joint (ACJ) arthritis is extremely common and for those patients failing conservative treatments an arthroscopic ACJ excision is usually offered. Arthroscopic ACJ excision is performed via an anterior portal and is technically demanding. External anatomical landmarks for the ACJ are not easily palpable in larger patients or those with variable anatomy. Furthermore, the shoulder may be significantly swollen if other therapeutic procedures have preceded ACJ resection concealing topographical anatomy and therefore, using internal landmarks to accurately identify the ACJ may be more reliable.

A simple method for identifying the ACJ during arthroscopic procedures is described. We position the 30° scope in the bursa through the posterior portal centred on the ACJ with the scope tip directed superiorly. The anterosuperior skin is then inspected for light coming from the scope. Due to the 30° superior offset of the scope tip, a needle is inserted through the lower border of the light reflection in line with the scope to drop into the centre of the ACJ (Fig. 1).

This simple technique is accurate and reproducible and may prevent multiple needle pricks or suboptimal portal placement. This may reduce the risk of infection and prevent inadequate bone resection and therefore recurrence. Other advantages of this technique over conventional methods include surgical efficiency, accuracy, reproducibility, quicker rehabilitation, reduced infection risk due to much smaller portals, minimal scarring and soft tissue trauma and ease of teaching juniors. Furthermore, for those surgeons who are either in training or those who have recently moved from open to arthroscopic ACJ resection this technique may reduce the learning curve required to perform this procedure to a high standard.

Fig. 1 Identification of the ACJ via the anterior portal

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