

# A Reproducible Technique for Arthroscopic Acromioclavicular Joint Excision

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**Abstract** Arthroscopic acromioclavicular joint excision is a commonly performed but technically demanding procedure. Incomplete excision can leave residual symptoms. We present a simple, reproducible technique ensuring satisfactory excision of the joint.

**Keywords** Acromioclavicular · Joint · Excision · Arthroscopic · Technique

## Technical Note

Arthroscopic excision of the acromioclavicular joint (ACJ) is a common but technically demanding procedure. The clavicle can be troublesome to successfully excise, particularly the superior edge, as the small dimensions of the joint make it difficult to access. Incomplete excision of the joint leaving residual bony contact can result in ongoing symptoms and an unsatisfactory outcome [1].

We report a simple technique which is methodical and ensures the whole joint is excised satisfactorily. The step wise nature gives a reproducible schema which as well as being

consistently reliable offers an effective tool for training and education – an area currently overlooked in the literature regarding this challenging procedure.

A standard posterior portal is achieved and the anterior working portal is created using our previously published technique [2]. Soft tissue including the meniscus is debrided to give visualisation of the bony components of the joint. One shaver's width of the acromial side of the ACJ is removed allowing full visualisation of the lateral end of the clavicle. The lateral end of the clavicle is schematically divided into three facets. Initially the inferior facet is excised proceeding from anterior to posterior. The superior facet is next addressed, the hand is 'dropped and rolled' to guide the shaver over the superior edge of the clavicle again proceeding from anterior to posterior. External pressure directly applied on the clavicle by an assistant can further aid visualisation and access to the superior edge. The superior fibres of the acromioclavicular ligament and joint capsule will become visible superiorly and should be left intact in order to maintain a horizontally stable joint. Finally the superior and inferior facets are joined together by shaving in an anterior posterior direction leaving a flat surface and successfully excised joint (Fig. 1).

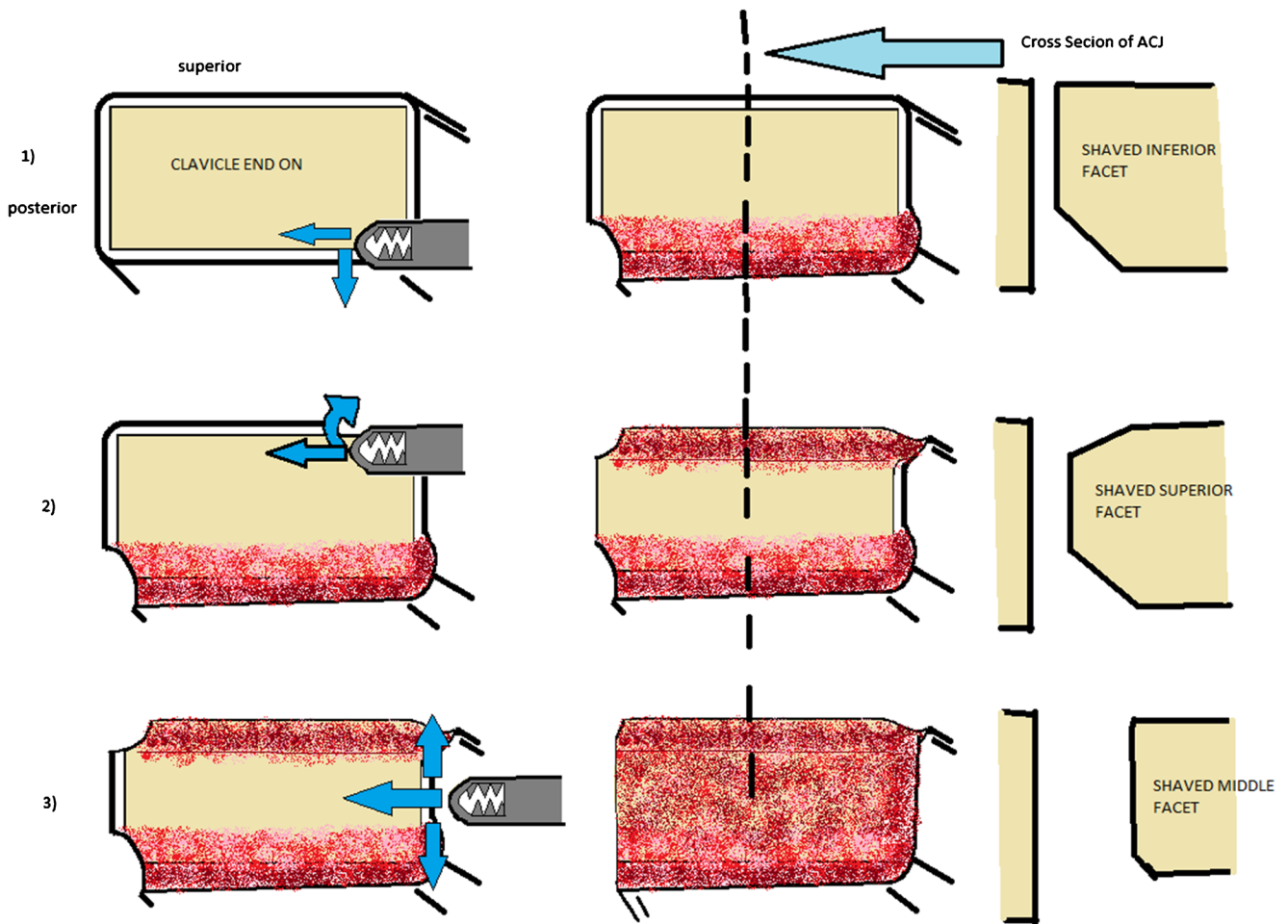
This technique conveys a number of benefits. By initially shaving the readily visible inferior facet in a systematic manner a clear guide is given for the remainder of the resection ensuring a controlled amount of clavicle is removed in order to relieve pain but not sacrifice stability through over resection. This may be difficult to judge if a non step wise approach is taken. The technique of rolling the shaver over the superior

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**Fig. 1** Diagram of the technique

edge can allow access to superior osteophytes which may otherwise be difficult to remove resulting in poor outcome, furthermore it protects the superior joint capsule and ligaments maintaining stability. Finally it provides a practical and consistent technique for training purposes.

## References

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