from patient-controlled analgesia, thereby reducing ileus. This may facilitate earlier discharge and reduce the need for the insertion of epidural catheters, which have potentially more serious complications.

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Acromioclavicular joint biological resurfacing using ArthroFLEX® graft

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BACKGROUND

Acromioclavicular joint arthropathy is a common cause of shoulder pain. A simple and effective treatment for this condition is excision of the distal clavicle.¹ For the majority of patients this procedure is successful and uncomplicated. Some patients present postoperatively with a stable clavicle and acromioclavicular joint, but there is a tender area localised over the remnant distal clavicle. We describe a novel solution to this clinical presentation, based on the principles of an interposition graft.

Figure 1 Exposed distal end of clavicle. Previous resection confirmed as adequate. The coracoclavicular ligaments are intact; the clavicle and acromioclavicular joint are stable.

Figure 2 ArthroFLEX® (Arthrex, LifeNet, Munich) graft is sized and shaped into a 'T' to fit the distal end of the clavicle.

TECHNIQUE

A standard open approach to the distal clavicle is employed (Fig 1). An ArthroFLEX® (Arthrex, LifeNet, Munich) graft (acellular human dermal allograft) is cut in a 'T' shape according to the size of the clavicle (Fig 2). A bone tunnel is drilled in the distal end of the clavicle (anterior to posterior). FiberTape® (Arthrex, Munich) is passed through the bone tunnel and through each end of the cross-bar of the T shaped graft (Fig 3). The FiberTape is then looped under the clavicle and tied. Vicryl is used to complete a 'purse-string' effect (Fig 4).

DISCUSSION

The ArthroFLEX graft is familiar to shoulder surgeons through its use for superior capsular reconstruction and it seemed the ideal material for this clinical scenario. This description highlights that using innovative materials in alternative anatomic areas, based on the more traditional principles of interposition graft can create a useful, novel technique.

Reference

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