

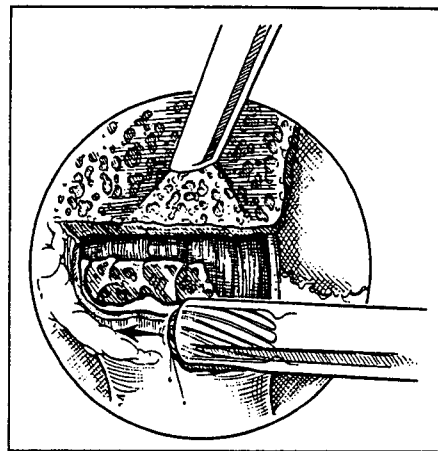
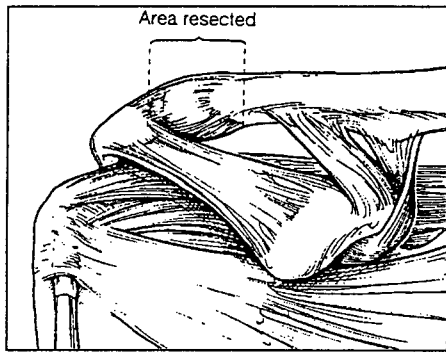
## ARTHROSCOPIC AC RESECTION

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***Resect the AC joint from  
the anterior Portal.***

I believe that a 10mm~15mm resection that includes the acromial facet of the AC joint is adequate. Arthroscopic removal should leave the ligaments intact and preserve joint stability. Either the superior or lateral bursal approach.

### **Lateral Bursal Approach**

This is the easiest approach to the AC joint. Following and arthroscopic subacromial decompression, continue medially to the undersurface of the AC joint.

### **Surgical Technique**

1. With the 30 degree arthroscope in the lateral portal, remove the capsule and synovia from the undersurface of the AC joint by inserting the resector from the posterior portal.

- Trim the medial acromion facet of the acromioclavicular joint to improve viewing.
2. Resect inferior AC osteophytes.
  3. Outline the bounds of the AC joint from anterior to posterior with the burr from posterior and then from anterior.
  4. Resect the joint from inferior to superior with the burr from the anterior portal. Downward pressure on the clavicle delivers the distal clavicle into view.
  5. As the resection approaches the superior aspect of the AC joint, use a 70 degree lens to look superiorly into the AC joint.
  6. Resection is complete upon resection of 15mm. of bone. This includes the 10mm distal clavicle resection and the 5mm acromion facet resection. View the joint either inferiorly or superiorly assuring the removal of all bony osteophytes and soft tissue impingement. Ascertain that the resected space is even.
  7. Obtain a radiograph in the operating room or at the first office visit.

***Drawing by Susan E. Brust, M.S. from Esch JC, Baker C. Surgical Arthroscopy: The Shoulder and Elbow. JB Lippincott CO., Philadelphia 1993.***