

MIKE FOSTER
Hand Wrist and Elbow Surgeon
Sterno-Clavicular Joint Stabilisation

Problem

- Instability of the sterno-clavicular joint with the medial head of the clavicle subluxing across the chest wall

Cause

- Usually major trauma has disrupted this joint and torn the ligaments.

Diagnosis

- Inspection will demonstrate the subluxed or dislocated clavicle
- CT scan will demonstrate the nature of the joint injury in the direction of the dislocation, either anterior or posterior.

Treatment

- Minor instability can be treated non operatively. A small amount of instability can usually be treated with simple excision of the medial head of the clavicle. Gross instability requires a ligament reconstruction.
- Operative reconstruction – an incision is made over the sterno-clavicular joint , the clavicle is reduced back into its correct location point. A hamstring graft is harvested and through drill holes, the ligaments are reconstructed, stabilising the sterno-clavicular joint.

Potential Complications

- Infection, haematoma, scar, leading into the chest wall.
- Failure of the ligament reconstruction

Post Op Care

- One to two nights in hospital.
- Remain in polysling at all times
- No forward elevation of shoulder or reaching across the midline
- Can come out of the sling to do gentle pendulum exercises after the first week to ten days
- At the six week mark can start mobilising out of the sling, to look to regain full shoulder movement
- Strengthening can commence once full movement is obtained, usually about the three month mark.