

INNOVATION IN THE FACE OF LIMITATION - A LOCKDOWN STORY (MODIFIED ACJ SLING PROCEDURE 2.0)

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Introduction: On the 27th of February 2020, Sarawak was faced with our first case of COVID-19 and subsequently went into state lockdown on the 18th of March 2020. With the lockdown in play, flights were put on halt and with similar effect on the import of implants. We had previously reported on a novel technique for acute ACJ disruption, by modifying and combining the tightrope and sling procedure for Rockwood type 5 ACJ dissociation. Using this earlier technique, we realized that there was loss of reduction in a few cases and we had thought of abandoning the procedure. However, due to the given situation, we decided to reinvigorate the idea, this time, with an additional AC joint augmentation.

Methodology: As was before, position remained supine with head elevated at approximately 20 degrees. The similar 5cm vertical incision was made directly over the coracoclavicular ligament. Reduction of the clavicle was held with three Ethibond 5 sutures passed under the coracoid process through a single 3.2mm drill hole centered on the clavicle approximately 3.5cm from the lateral edge and vertically above the coracoid and tensioned down using a 3-hole 2.0mm mini straight plate. This time however, of the 3 paired sutures that were used to tie down the plate, 2 pairs were used to augment the ACJ.

Discussion: Immediate post operative radiograph shows an almost near perfect reduction of the acromioclavicular joint, which maintained throughout follow up. At the 6th week follow up, we are happy to report a full comeback in shoulder ROM as well as ADL.

Conclusion: With an extra AC augmentation, reduction held well and hence patients were able to recover to full ADL quicker as physiotherapy could commence earlier. And to top it off, patients need not pay a single cent thus maintaining the cost-effectiveness of this novel technique.