



**ALBERTO GUEVARA**  
ORTOPEDIA Y TRAUMATOLOGÍA

#### Admission Note

Mr. \_\_\_\_\_ was admitted on Monday 11<sup>th</sup> November 2019, after a \_\_\_\_\_ accident, he was admitted to the Emergency room at Hospital Angeles Querétaro after having primary care at another facility in San Miguel de Allende.

The injury sustained was a direct blunt trauma to the right shoulder, basic X ray showed a grade V Acromioclavicular dislocation. Pain and limited range of motion were the main symptoms, maneuvers and specific test could not be done due to pain.

Surgery is required for Acromioclavicular reduction and fixation with suspension system (Tight rope. ARTHREX) under arthroscopic guidance, due to the patient age, intraarticular injury is suspected. Any specific treatment will be done arthroscopically.

Dr. Alberto Guevara Alvarez

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## Surgical Note

Preoperative diagnosis: Traumatic grade V AC joint dislocation Right Shoulder

Performed Surgery: AC reduction under arthroscopic guidance and Fluoroscopic control + Subscapularis upper third refixation and Biceps tenodesis.

Prior to General anesthesia and interscalene blockage, in beach chair position, general set up for arthroscopic surgery was performed. Posterior portal was performed and diagnostic arthroscopy showed upper part of subscapularis tendon tear with a longitudinal no repairable biceps injury. Anterior and anterolateral portals under direct visualization were performed. Biceps tenotomy was done and an intraarticular bicipital groove perforation was performed with a 7.5mm drill, a fiber loop was used to suture the proximal end of the biceps tendon and then fixed in the perforation with a Swivelock tenodesis screw 7.0mm. the upper part of the subscapularis was repaired with a fiberwire 2 with a 4.75 healicoil anchor. After this the Ac joint procedure was performed with an intra articular guide for tight rope, and a open dissection over the clavicle. Under direct visualization and fluoroscopic guide, a 4 cortex drill was performed and a 4.0 drill used, the tight rope system was passed in a normal fashion. Fluoroscopic control of pre and post reduction was done. An open suture of the AC joint ligaments was performed. Surgery was performed without any complications.

Minimum bleeding.

Postoperative indications:

Use of Sling for 4 weeks with restriction to 0 degrees of external rotation.

Flexion and abduction will be done under physical therapist supervision.

Physical Therapy will be needed for as long as needed, around 3-6 months.

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## Discharge Note

\_\_\_\_\_ was treated surgically on Tuesday the 12<sup>th</sup> November 2019, after sustaining a direct blunt trauma to the right shoulder.

### Surgical findings were:

Grade V Acromioclavicular dislocation  
Upper third rupture of the Subscapularis Tendon  
Longitudinal injury to the long head of the biceps

Surgical treatment was done under arthroscopic guidance, AC Joint reduction with arthroscopic repair of subscapularis and biceps tenodesis.

The postoperative period happened without any incidents. Postoperative pain was minimum, and the patient is in conditions of being discharged.

Postoperative follow up is needed as well as radiographic control at 4 weeks and 12 weeks. Physical rehabilitation will be needed for the next 3-6 months depending on passive and active range of motion.

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