DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

AC Joint Reconstruction Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after AC joint reconstruction surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD

Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Shoulder

The acromioclavicular (AC) joint is a small joint at the top of the shoulder where the collarbone (clavicle) meets the tip of the shoulder blade (acromion). It's held in place by a set of ligaments — the AC ligaments, which wrap the joint itself, and the coracoclavicular (CC) ligaments (the conoid and trapezoid), which anchor the clavicle to another part of the shoulder blade called the coracoid process.

A fall directly onto the point of the shoulder, or onto an outstretched arm, can tear these ligaments and separate the clavicle from the acromion — commonly called a shoulder separation. Mild separations often heal well without surgery, but higher-grade separations, where the clavicle shifts noticeably out of position, are more likely to cause ongoing pain, weakness, or a visible bump, and may benefit from surgical stabilization.

AC Joint Reconstruction Surgery

AC joint reconstruction is an outpatient surgery that restabilizes the collarbone by reconstructing the torn coracoclavicular ligaments, usually with a tendon graft (autograft or allograft) looped around the coracoid process and secured to the clavicle. Depending on your anatomy, Dr. Yao may combine this with a small button-and-suture fixation device or repair of the native AC ligaments for added stability, using either an open or arthroscopically-assisted approach.

The goal is to restore the normal position and mechanics of the collarbone so the shoulder can return to full, pain-free function.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, blood clots, and a lower chance of the reconstruction healing well. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Do not shave the surgical shoulder and upper arm for the 5 days leading up to surgery.

4. Wear a loose-fitting, front-buttoning or zip-up top on the day of surgery — you will leave in a shoulder sling and will not be able to lift your arm overhead.

5. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

6. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

7. Your first postoperative visit is usually scheduled 8–14 days after surgery. Starting physical therapy within the first week is important to protect your recovery.

8. Please schedule your first postoperative physical therapy visit before the day of surgery. Many clinics have a 1–3 week wait for new appointments, so book as soon as your surgery date is confirmed. Let our office know if you are having trouble getting scheduled.

9. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Sling Instructions

You will wear a shoulder sling essentially full-time for the first several weeks to protect the reconstruction while the graft heals to bone. Please have someone available to help with daily tasks during this period, since you will be relying primarily on your other arm.

- Wear the sling at all times except for showering, hygiene, and gentle elbow/wrist exercises as directed by Dr. Yao.
- Keep your elbow at your side; avoid reaching, lifting, or pushing up from a chair with the surgical arm.
- Loosen the sling strap if it causes numbness or tingling in your hand, and check your fingers for color and circulation daily.
- Sleep semi-reclined or with extra pillows for support if lying flat is uncomfortable.
- Bring the sling to all follow-up visits so we can check the fit.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia (you'll be asleep) along with a regional nerve block (often an interscalene block) for pain control. The anesthesiologist uses ultrasound guidance to inject numbing medication around the nerves at the base of the neck that supply the shoulder and arm. The block typically numbs the shoulder and arm for 8–24 hours, though this varies by patient. Your anesthesiologist will review the details with you the morning of surgery.

Benefits of a nerve block include:

- Better pain control in the first day after surgery
- Lower risk of nausea, vomiting, and grogginess from general anesthesia
- Earlier ability to eat and drink after surgery
- Faster, smoother discharge from the surgery center

Postoperative Instructions: Sling & Arm Use

Your surgical arm is non-weight-bearing for the first 6 weeks — do not push up from a chair, lean on the arm, or put weight through it. You may use the arm for light daily activities during this time, but do not lift anything heavier than a cup of coffee, and avoid reaching away from your body.

You may use your hand and wrist for light activities like typing or eating with your elbow at your side. Passive range-of-motion exercises, guided by your physical therapist, typically begin within the first couple of weeks; active lifting and strengthening are added later, generally starting around 6–8 weeks, once the reconstruction has had time to heal.

Resting & Sleeping

Sleep with the sling on. Many patients find it more comfortable to sleep semi-upright in a recliner or propped up with pillows for the first couple of weeks rather than lying flat.

Bandages, Dressing & Bathing

A waterproof dressing covers your incision under the sling, so you may shower with the dressing in place. Use running water only — no baths, swimming, or submerging the shoulder until Dr. Yao clears you. Take the sling off for showering and hygiene, and for gentle exercises as directed; keep your arm at your side while it is off.

If the dressing peels up at the edges, loosens, or falls off, re-wrap the incision with clean, dry gauze and contact our office so we can see you sooner if needed.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Constipation. Pain medication and anesthesia commonly slow the bowels. Stay ahead of it by moving regularly, drinking plenty of water, eating fiber, and using a stool softener as directed.

Swelling. Some swelling near the surgical site is expected in the first couple of weeks. Elevate the area above heart level when possible and use cold therapy regularly.

Bruising. Bruising can appear around the surgical site and track along gravity's pull over the following days, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Blood clot precautions. Blood clots are uncommon after shoulder surgery, but staying active — walking regularly and using your hand and wrist as allowed — helps keep your circulation moving. Seek urgent care or an ER evaluation for calf pain, leg swelling, shortness of breath, chest pain, or a racing heartbeat.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Perform these gentle exercises as directed until your first physical therapy visit, which should typically be within the first 1–2 weeks. Your physical therapist will build on this program from there, and will guide when to begin shoulder-specific motion.

Elbow, wrist, and hand motion. With your arm still in the sling, gently bend and straighten your elbow and move your wrist and fingers through their full range several times a day to prevent stiffness.

Pendulum swings. Once directed by your surgeon or therapist (typically after the first couple of weeks), lean forward slightly supporting yourself on a table, let the surgical arm hang freely, and gently swing it in small circles using body momentum — not shoulder muscles.

Grip exercises. Gently squeeze a soft ball in your hand a few times a day to maintain circulation and hand strength.

Posture exercises. Sit or stand tall with your shoulder blades gently drawn back and down; avoid slouching, which can strain the healing reconstruction.

Frequently Asked Questions

Do I sleep in the sling?

Yes, until you're told otherwise at a follow-up visit.

When can I take the sling off?

You may remove it briefly for showering, hygiene, and gentle elbow exercises as directed. It should stay on for walking, sleeping, and any time you're not doing your prescribed exercises, typically for the first 4–6 weeks.

How much pain should I expect?

AC joint reconstruction is not pain-free. Expect meaningful discomfort for the first 1–2 weeks, improving steadily with ice, medication, and rest in the sling.

When can I drive?

Generally once you are off narcotic pain medication and out of the sling for regular activity, usually around 4–6 weeks, and only once you feel you could react quickly and comfortably.

When can I return to work?

Desk jobs: often within 1–2 weeks if you can work one-handed, once off narcotics. Physical or labor-intensive jobs: typically 3–4 months, depending on demands. We'll tailor this to your role.

When can I return to sport?

Most guidelines recommend waiting a minimum of 4–6 months, since returning earlier carries a meaningfully higher risk of re-injuring the reconstruction. You'll also need to pass strength testing with physical therapy before clearance for contact sports.

How long will I need physical therapy?

Typically 4–6 months, tapering in frequency as strength and motion return.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–2 weeks	Sling full-time except for hygiene and gentle elbow/wrist exercises. Begin formal physical therapy within the first 1–2 weeks for passive motion only.
2–6 weeks	Progress passive and active-assisted shoulder motion under your therapist's guidance. Continue sling use between exercise sessions.
6 weeks–3 months	Wean out of the sling. Begin active-range-of-motion and light strengthening as the reconstruction continues to heal. Full motion is generally expected by around 3 months.
3–5 months	Progress strengthening of the shoulder girdle, scapular stabilizers, and rotator cuff. Begin sport-specific drills as strength allows.
4–6 months	Return to sport and overhead or contact activity, contingent on passing strength and motion-based testing — not on time alone.

This is a general framework — your pace may differ based on the severity of your separation, the technique used, and how your shoulder responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.