ROBERT PETTIT, MD

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SHOULDER · PREPARING FOR SURGERY

Preparing for Your Distal Clavicle Excision

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Knee surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Cartilage defect on the femur — surgery stimulates a healing scar-cartilage patch over the damaged area.

01 A MESSAGE FROM DR. PETTIT

Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Distal Clavicle Excision is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your upcoming surgery, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR DISTAL CLAVICLE EXCISION

Distal clavicle excision (the "Mumford" procedure) arthroscopically removes a few millimeters of the end of the collarbone where it meets the shoulder blade — eliminating the worn, painful AC joint surface while preserving the ligaments that stabilize the collarbone.

It is done through small portals, often together with other shoulder work, and adds little to recovery time.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Surgery is recommended when AC joint pain — pain on top of the shoulder with cross-body reach, push-ups, dips, or bench press — persists despite activity changes, medication, and usually a diagnostic/therapeutic AC joint injection that confirmed the joint as the source.

04 RISKS TO UNDERSTAND

Serious complications are uncommon, and we take specific steps to prevent each of these — but you should know them:

- Infection (well under 1%)
- Residual soreness with heavy pressing that fades over months
- AC joint instability if too much bone were removed — technique specifically protects the stabilizing ligaments
- Stiffness (uncommon; early motion prevents it)
- Blood clots and anesthesia risks (low)

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required

— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery

— but never stop a prescribed medication without instruction from the prescribing doctor

— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery

— this is especially important for tendon, ligament, cartilage, and bone healing

— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night

— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time

— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.

— Stop NSAIDs and blood thinners as directed

— Arrange a ride home and help for the first few days

— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

You will go home the same day in a sling for comfort — most patients are out of it within days when the excision is done alone.

- Pendulum and motion exercises begin day 1.
- Expect deep soreness on top of the shoulder for a few weeks; it fades as the joint surfaces no longer contact.
- Pressing exercises (bench, dips, push-ups) come back last, typically 6–12 weeks.

08 POST-OP QUICK REFERENCE

- **Weight-bearing / arm use:** Arm use for daily activities immediately as comfort allows.
- **Brace / sling:** Sling for comfort only, typically a few days (longer if combined with a repair).
- **Physical therapy:** Motion from day 1, strengthening from 2–4 weeks. Protocol: robertpettitmd.com/protocols/arthroscopic-shoulder-surgery.html
- **Driving:** When out of the sling and off opioids — often within the first week.
- **Work:** Desk work within days; heavy overhead work 6–8 weeks.
- **Follow-up:** Wound check at 7–10 days.

09 COMMON QUESTIONS

Will removing bone weaken my shoulder?
No — only 5–8 mm of the worn joint surface is removed and the stabilizing ligaments are preserved. Strength returns fully once soreness settles.

When can I bench press again?
Light pressing typically at 6 weeks, building back to full loads by about 3 months, guided by symptoms.

What if it was combined with a rotator cuff repair?
Then the repair protocol governs everything — the excision adds no extra restrictions.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/distal-clavicle-excision.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.