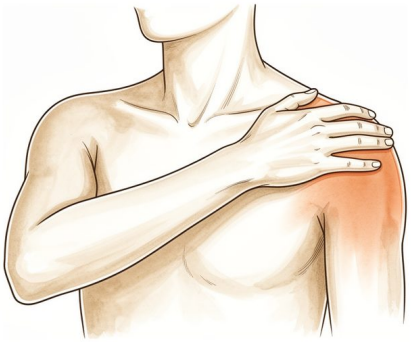
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Distal Clavicle Excision (Mumford Procedure)



The outer end of the collarbone, at the acromioclavicular joint.

Kieran Hirpara

At-a-glance recovery. Pooled from 146 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12 months**
Most patients return to driving within 4 weeks and to work within 6 weeks following the procedure.	Significant pain reduction and functional improvement are typically observed by 3 to 6 months, with full return to activities often achieved by 6 months.	Maximum improvement in pain and function is typically noted within the first post-operative year.

Why this operation has been suggested

Your surgeon has suggested a distal clavicle excision, also known as a Mumford procedure. This operation removes the outer end of the collarbone to stop it from rubbing against the shoulder blade. You likely need this because you have persistent pain or wear-and-tear arthritis that has not improved with non-surgical treatments.

This surgery is typically offered to patients with old dislocations or chronic pain who do heavy work or frequently raise their arms. The main goal is to relieve your pain and improve your shoulder function. While both open and keyhole methods work well, your surgeon uses the arthroscopic approach. This involves small incisions and a camera to help you return to activities faster with similar long-term results.

Before the operation

You will need to fast before your surgery and stop taking certain medications as your surgeon advises. Please arrange for someone to drive you home and wear comfortable clothing. You may need X-rays, an MRI, blood

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tests, or an anaesthetic review to check your health and plan the procedure. Your surgeon will perform this operation using an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. This method helps you return to activities faster while avoiding large scars. Bring a list of all your current medications to your appointment.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

You will then go to the operating theatre where your surgeon performs the procedure using a keyhole approach. This involves two or three small cuts and a tiny camera inside the joint to guide the work. After the surgery, you will wake up in recovery where the team monitors your comfort as the numbness wears off.

What the operation involves

Your surgeon will perform this surgery using keyhole techniques. They will make two or three small cuts, each about 1 cm long, near your shoulder. Through these openings, a tiny camera and special tools are inserted to see inside the joint. This approach allows your surgeon to access the outer end of your collarbone without making a large cut.

The main goal is to remove a small piece of bone from the outer end of your collarbone. Your surgeon will carefully excise this bone to stop it from rubbing against the shoulder blade. Evidence shows that removing about 5 mm of bone guarantees the bones will not touch again, while removing 2.5 mm was successful in many cases. Your surgeon will place the camera and tools precisely to avoid hurting nearby structures.

After the bone is removed, the small cuts are closed. The surgeon may use dissolving stitches or glue to seal the skin. You can expect to return to activities faster with this keyhole method compared to a larger open cut, while achieving similar long-term results. The procedure focuses on relieving your pain by removing the source of friction in the joint.

After the operation

You will wake up in a recovery area where your team will manage your pain. Your surgeon uses a keyhole technique with two or three small cuts and a tiny camera inside the joint. You will wear a sling and have dressings over the small cuts. You can start moving your fingers and wrist gently right away. Most patients go home the same day, but you must have someone stay with you for the first 24 hours. You can expect to return to driving within 4 weeks and to work within 6 weeks.

Recovery

You will likely feel some pain and swelling in your shoulder for the first few days. This is normal as your body heals from the small keyhole incisions. Your surgeon may suggest ice packs and pain relief to help you stay comfortable. Most people find that the discomfort eases steadily as the swelling goes down.

You will wear a sling to support your arm while you rest. Your physiotherapist will guide you through gentle exercises to keep your shoulder moving without straining it. You can do light daily tasks at home once you feel ready, but avoid lifting anything heavy or reaching overhead. Sleep may be tricky at first; propping yourself up with pillows often helps you find a comfortable position.

As your movement returns and the swelling settles, you will feel more confident in your shoulder. Your surgeon and physiotherapist will tell you exactly when you can resume driving, return to work, or play sports. Your personal timeline may differ from others, so follow their specific advice for your recovery.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If your shoulder still hurts or feels like it is grinding after surgery, the bone may not have been removed enough. Sometimes the bone can grow back in the same spot. This can cause a deep ache that does not go away with simple painkillers. Tell your surgeon if you feel this way so they can check your healing.

If you notice sudden, sharp pain or a feeling of instability where your collarbone meets your shoulder, too much bone might have been removed. This can make the joint feel loose or wobbly. Report any new clicking or grinding sensation immediately.

In rare cases, a fracture can happen in the collarbone or the bone below it. You might feel a sudden snap or severe pain that prevents you from moving your arm. This is a serious issue that needs urgent attention. Go to the emergency department if you suspect a break.

Your surgeon uses a keyhole approach with two or three small cuts and a tiny camera inside the joint. Even with this careful method, complications can occur. The complications table on this page lists typical rates if you want the specifics.

When to call us

Call your surgeon if you have a fever, increasing redness, or discharge from your small keyhole incisions. Go to emergency care if you feel sudden severe pain, notice your leg is swollen and painful, or have trouble breathing. Contact us immediately if you lose feeling in your arm or cannot move your shoulder. These signs need urgent checks to keep you safe.

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COMPLICATIONS & CONSENT

Distal Clavicle Excision (Mumford Procedure)

Complication rates from published literature

Pooled from 146 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
persistent pain	**26.7%**	Persistent acromioclavicular pain after distal clavicle excision; may relate to insufficient or excessive resection, or instability of the remaining joint.
surgical site infection	**1.2-1.9%**	Superficial infections are the most common, with rates ranging from 1.2% in large database studies to 1.9% in arthroscopic cohorts.
nerve injury	**1.04%**	Nerve injury rates are low, reported at approximately 1.04% in related shoulder procedures.
return to operating room	**1.0%**	Short-term return to the operating room is reported at 1.0% in large database studies.
over-resection	**Rare**	Excessive bone removal can destabilise the AC joint and cause persistent pain or instability.
under-resection	**Rare**	Insufficient resection leaves residual impingement and ongoing AC joint pain, potentially requiring revision.
AC joint instability	**Rare**	May occur if the superior capsule or coracoclavicular ligaments are compromised during resection.
stiffness	**Rare**	Postoperative shoulder stiffness typically resolves with physiotherapy.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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