Kaliper Orthopaedics

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PATIENT INFORMATION

Arthroscopic labral repair

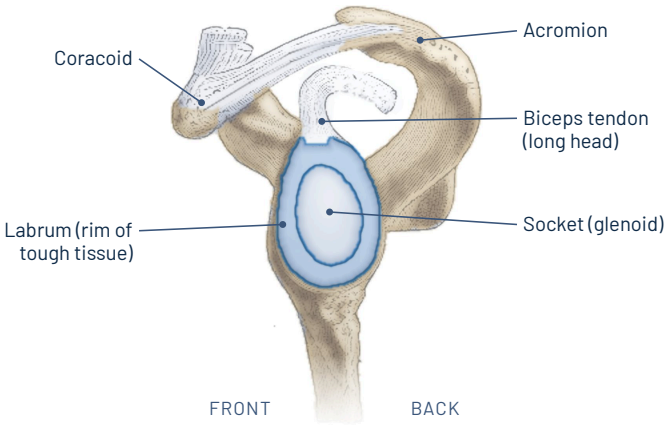
Keyhole stabilisation for a shoulder that dislocates. What to expect, and how to look after your shoulder afterwards.

IN HOSPITAL	SLING	DRIVING	DESK WORK	CONTACT SPORT
Usually home the same day	**4 weeks**	**About 5 weeks**	**About 6 weeks**	**6 months**

About your operation

Your shoulder is a ball and socket joint. The socket is shallow, a bit like a golf ball sitting on a tee. A rim of tough tissue called the **labrum** runs around the edge of the socket. It deepens the socket and anchors the ligaments that hold the ball in place.

When a shoulder dislocates, the labrum is usually torn off the front of the socket. It often doesn't heal back by itself, so the shoulder can keep slipping out.

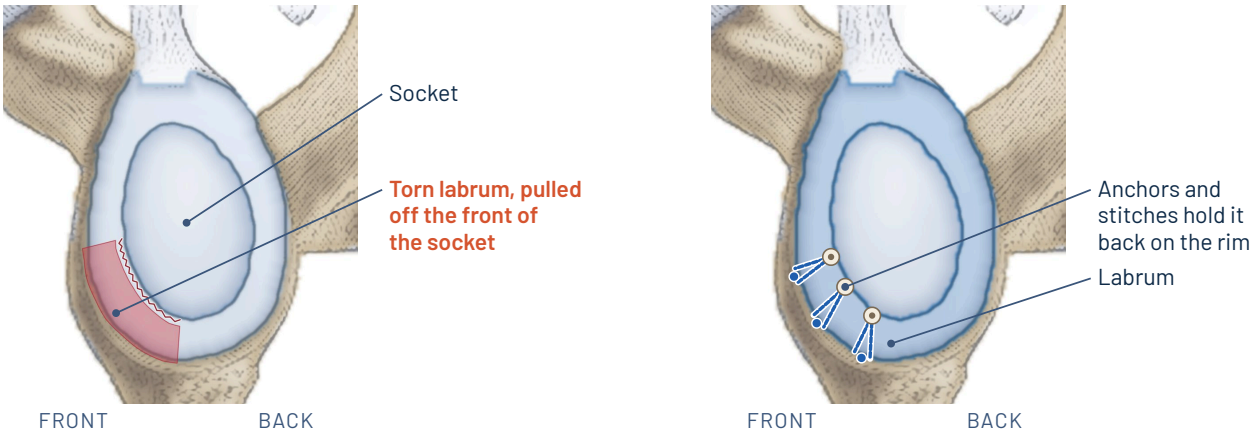


Looking into the socket with the ball taken away. The labrum is the rim of tough tissue around the socket.

A **labral repair** (also called a Bankart repair) puts the torn labrum back where it belongs. Dr Piper does this through 3 or 4 small cuts using a camera (arthroscope). Small anchors are placed in the rim of the socket. The stitches attached to them tie the labrum and its ligaments back onto the bone. Over the next few months the labrum heals to the bone and the shoulder becomes stable again.

Torn labrum
Seen looking into the socket

Repaired labrum
Stitched back to the rim



Looking into the socket from the side. Left: the labrum torn off the front. Right: held back on the rim with anchors and stitches.

Before your operation

- The hospital will tell you when to stop eating and drinking.
- Tell us if you take blood thinners, weight-loss or diabetes medicines. Some medicines need to be stopped before surgery. Discuss this with your anaesthetist.
- Bring loose, front-opening tops. Button-up shirts are much easier with a sling.
- Arrange for someone to drive you home and stay with you the first night.
- Set up the things you use every day at waist height, so you don't have to reach up.

In hospital

The operation is done under a general anaesthetic. The anaesthetist usually adds a **nerve block** to numb the arm. Your arm may feel heavy and numb for 12–24 hours afterwards. This is normal. Keep it in the sling until the feeling comes back.

Most people go home the same day.

Going home: you need someone to take you home from hospital and stay with you for the first night.

Pain relief

Your shoulder will be sore for the first week or two. The aim is to keep the pain low enough that you can sleep and do your exercises.

- **Start your pain tablets before the nerve block wears off**, usually the evening of surgery.
- **Paracetamol** (for example Panadol): 2 tablets (1 g) up to 4 times a day. No more than 8 tablets in 24 hours. Keep taking it until you no longer need any of the stronger tablets.
- **Anti-inflammatory tablets**: only if your anaesthetist says they are safe for you.
- **Stronger pain tablets**: the anaesthetist may give you a script for the first few days. Take them only as directed and stop as soon as you can. Don't drive or drink alcohol while you take them.
- Strong pain tablets can cause constipation. Drink plenty of water and use a gentle laxative if needed.

Ice packs help for the first 3 days. Use them for 20 minutes at a time, wrapped in a cloth. If ice stops helping, try a warm pack instead.

Sleeping is often easier in a recliner, or propped up in bed with pillows behind you and a pillow under your elbow.

Your wounds

- Keep the dressings clean and dry until your first visit.
- The dressings are waterproof, so you can shower. Afterwards, gently pat the dressings and the skin around them dry.
- The stitches dissolve. They don't need to be removed.
- Don't soak in a bath, spa or pool until the wounds have fully healed.

Your sling

WEAR YOUR SLING FOR 4 WEEKS

- Wear it day and night, including the waist strap.
- Only take it off to do your exercises and to shower.
- In the shower, let your arm hang loosely by your side. Don't use it to wash.
- A button-up shirt can be worn under the sling.

Driving. By law, you must not drive with your arm in a sling, or while you should be wearing one. You can drive once the sling is off and your shoulder moves well enough to put both hands on the steering wheel and turn it quickly in an emergency. This is usually around a week or so after the sling comes off. Don't drive while you are taking strong pain tablets.

Exercises and physiotherapy

- **Weeks 0–4:** gentle home exercises 3–4 times a day. These keep your elbow, wrist and hand moving and stop the shoulder getting too stiff, without stretching the repair.
- **From 4 weeks:** the sling comes off and you start a physiotherapy program. It works on movement first, then strength, shoulder-blade control and balance.
- **From 3 months:** strengthening builds up. Most people finish physiotherapy at 3–4 months.

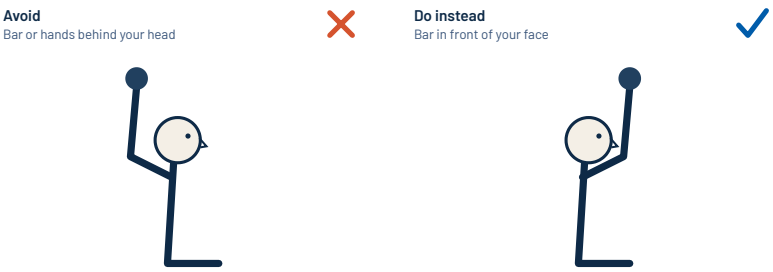
Exercises should not cause severe pain. If they do, stop and talk to your physiotherapist.

Your recovery

WHEN	WHAT YOU CAN DO
0–4 weeks	Arm in the sling. No driving.
4 weeks	Sling off. Start physiotherapy.
About 5 weeks	You can usually drive again.
6 weeks	Fitness work: walking, jogging, exercise bike.
8 weeks	Light manual work.
3 months	Swimming and non-contact sport (no throwing or overhead sport yet).
4 months	Start a supervised throwing program.
6 months	Full work duties. Full sport, including contact, overhead and throwing sports (rugby, tennis, volleyball, basketball, water polo) and upper-body weights.

Back at the gym

Some weights exercises put your arm in the position where it is most likely to dislocate: arm up, out to the side, and pulled back behind you. Avoid these for good.



Keep your hands where you can see them.

- **Avoid:** shoulder press with the bar or hands behind your head, bench press on a bench, and incline bench press.
- **Do instead:** military press with your hands in front of your face, and bench press lying on the floor (the floor stops your elbows dropping too far back).

Returning to work

TYPE OF WORK	WHEN
Desk or office work	About 6 weeks
Light manual work	About 8 weeks
Full duties	About 6 months, including contact sport

Light manual work means lifting no more than 5 kg, no work above shoulder height, and no repetitive shoulder movements such as digging or sweeping.

These times are a guide only. They depend on your job, and on what Dr Piper finds and repairs at your operation. Check with him before you go back.

Your appointments with Dr Piper

- **About 2 weeks after surgery:** Dr Piper explains what was found and repaired, checks your wounds and looks at how your shoulder is moving.
- **About 6 weeks after surgery:** checks your movement and makes sure your physiotherapy program is on track.
- **About 4½ months after surgery** (3 months after your 6-week visit): checks your movement and strength.

Possible risks

Labral repair is a common operation with generally good results. Like any operation, it has some risks. Dr Piper will talk about the ones that matter for you.

- **The shoulder dislocating again.** This is the main risk. It is more likely in young people who play contact sport, where it can be as high as about 15 in 100. If it happens, a different operation (the Latarjet) may be needed.
- **Stiffness.** Normal at first, and improves with physiotherapy.
- **Ongoing pain or a feeling the shoulder might slip.** Usually improves with time.
- **Infection.** Very rare after keyhole shoulder surgery.
- **Nerve injury.** Rare, and usually recovers.
- **Complex regional pain syndrome (CRPS).** A rare condition causing pain, swelling and stiffness in the hand.
- **Blood clots (DVT).** Very rare after arm surgery.
- **Anaesthetic risks.** Your anaesthetist will discuss these with you.

CALL US STRAIGHT AWAY IF YOU HAVE

- a temperature over 38°C, or you feel hot and shivery
- a wound that is red, hot, swollen or leaking
- pain that keeps getting worse and isn't helped by your tablets
- a hand that is cold, pale or blue, or numbness that hasn't gone 24 hours after surgery
- pain or swelling in your calf

Call the rooms on **(02) 9113 0606**. After hours, go to your nearest emergency department. **If you have chest pain or trouble breathing, call 000.**

Questions? Call the rooms on (02) 9113 0606 or email reception@kaliper.com.au.