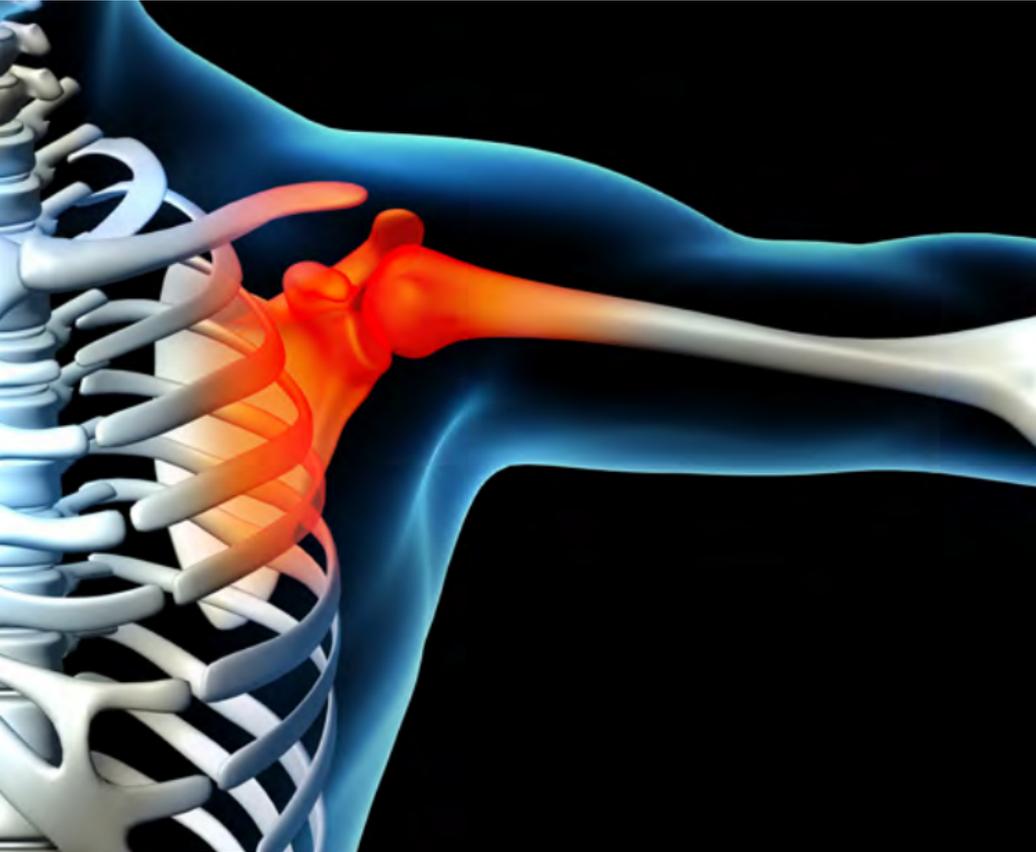




SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



Bankart (Labrum) Repair – Shoulder Stabilisation Surgery

Ms. Ruth Delaney
Consultant Orthopaedic Surgeon



INTRODUCTION

The shoulder is a very mobile joint but is therefore susceptible to instability. Instability occurs when the 'ball' (the head of the humerus bone) comes out, or partially comes out of the 'socket' (the glenoid). The socket is shallow and has a cartilage 'bumper' around its circumference called the labrum, which helps deepen the socket and increase stability. The capsule of the shoulder joint is made up of strong ligaments, which blend with the labrum and contribute to shoulder stability. When a dislocation or subluxation (partial dislocation) event occurs, the labrum and/or the ligaments tear. The term Bankart lesion is used to describe the labral tear. This is common in contact sports or with repeated overhead activities, but can occur with any trauma. It is far more common for the direction of instability, and therefore the labral tear, to be anterior or in the front of the shoulder.

Each patient's shoulder is unique, and Ms. Delaney will discuss the details of your individual situation with you.



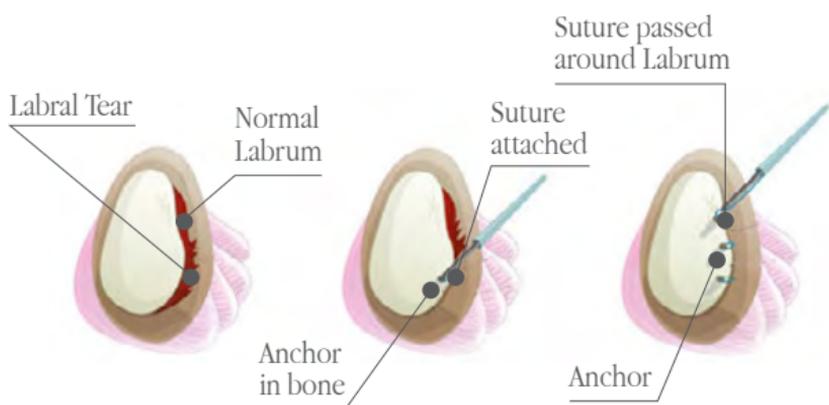
The following are some general guidelines.

Labral Repair Surgery i.e. Bankart repair

The surgery is performed under general anaesthesia. It is often performed arthroscopically ("keyhole") via a number of small, 5mm incisions. In certain circumstances the repair may be done as an open procedure through an incision in the front of the shoulder. Ms. Delaney will discuss this with you and will decide based on the severity of the labrum injury, your age, and the sports you play, which procedure is best for you. Certain patients may need a different type of open stabilisation procedure, a Latarjet procedure, when there is damage to the bone of the socket. Ms. Delaney will discuss this with you if it is relevant to your individual situation. Sometimes, this

decision is made at surgery when Ms. Delaney examines the shoulder under anaesthesia and with an arthroscope (camera) in the joint.

In a Bankart repair, the labrum is repaired by stitching it back to the bone of the socket, using suture anchors placed in the bone.



Risks

There is a small risk (<1%) of damage to nerves or blood vessels, infection, or stiffness. You will receive antibiotics from the anaesthetist at the beginning of surgery to minimise the risk of infection. This surgery is successful in 90-95% of patients. Further trauma to the shoulder can lead to recurrence of instability in a small number of patients and may require further surgery.

Post-operative Care

Pain Control

The shoulder will usually be sore and painful immediately after surgery. You will be sent home from the hospital with prescription pain medication. The post-operative pain should be controlled by pain medicine and ice. Apply ice, in the form of ice packs or crushed ice/frozen peas wrapped in a damp cloth, to the shoulder frequently (approximately 20 mins at a time, at least 2-3 times a day).



Avoid anti-inflammatory medication (Neurofen, Difene etc.) for the first 30 days after surgery.

Sling

You will be placed in a sling at the end of your surgery in order to protect the repair. The sling is to be worn at all times, including during sleep, for a period of 4 weeks. The physiotherapist will instruct you on managing with the sling while protecting your repair. Elbow, wrist and hand motion are allowed and encouraged.

Wounds

After the arthroscopic procedure, there will typically be a number of small incisions about the shoulder, covered by waterproof dressings. An open procedure will have an additional, larger incision in the front of the shoulder. Leave the waterproof dressings in place for 10 days to allow wound healing. You may shower 72 hours (3 days) after surgery, but do not soak the shoulder in the bath or go into a pool until after cleared to do so at your follow up appointment with Ms. Delaney. All skin stitches are absorbable and do not need to be removed.

Follow up Appointments

An appointment will be made for you to see Ms. Delaney approximately 2 weeks after surgery.

Ring the office at 01-5262335 to confirm this appointment.

Rehabilitation

At your first post-operative visit, Ms. Delaney will give you a prescription for physiotherapy and a detailed post-operative protocol for you and your physiotherapist to follow. At 2 weeks, you may resume cardio training on an exercise bike if desired. In general, for the first 4 weeks after surgery, all movements with the shoulder will be passive. Active movements will begin as you transition out of the sling. The initial focus will then be on regaining your shoulder motion, while maintaining shoulder stability. No strengthening will be allowed until 12 weeks typically.

Driving



You must not drive while in the sling or while taking narcotic pain medication. Ms. Delaney will advise when you may begin driving.

Return to Work

Return to work depends on the nature of your occupation. You need to discuss this with Ms. Delaney.

Return to Sports

Return to sports will depend on the type of sport and your progress with physiotherapy. Ms. Delaney and your physiotherapist will advise you on the timing of your return to sport. The labrum typically takes 12-16 weeks to heal. Return to sport is dependent on that and on regaining good range of motion, strength and scapular stability. In general, contact athletes return to full contact at about 6 months post-operatively.



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