

Shoulder Arthroscopic Labral Repair Anterior Shoulder Instability FAQ

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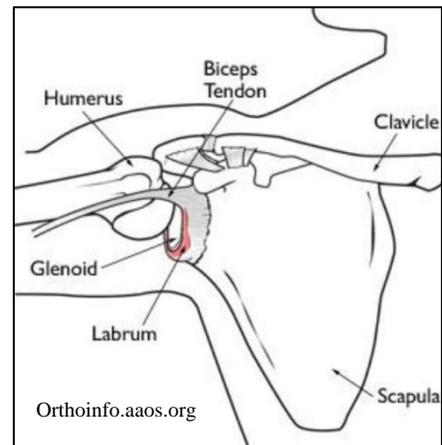
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Q: WHAT IS ACCOMPLISHED DURING THE PROCEDURE?

- Shoulder arthroscopy is a procedure in which small incisions are made around the shoulder, and a camera in conjunction with small tools are inserted in and around the shoulder joint to perform surgery.
- The shoulder joint is similar to a golf ball (head of humerus) sitting on a golf tee (glenoid). Around the rim of the golf tee is a tissue called labrum, which helps stabilize the joint. When the shoulder dislocates, the labrum is often torn away from the edge of the golf tee. In addition, the ligaments that help hold the golf ball on the golf tee are also stretched or torn.
- In some cases, the bone that makes up the 'golf tee' can also be damaged with a dislocation. This can range from a tiny chip of bone to a large piece that comprises a significant portion.
- During surgery, small anchors are placed into the bone of the socket (golf tee). These anchors have stitches attached to them which are carefully passed around the injured labrum and ligaments, and are tied down in order to repair the labrum (rim of the golf tee).
- The number of anchors used depends on the extent of the tearing of the labrum. A typical labral repair ranges from 3-5 anchors. In some cases, more or fewer anchors are required.



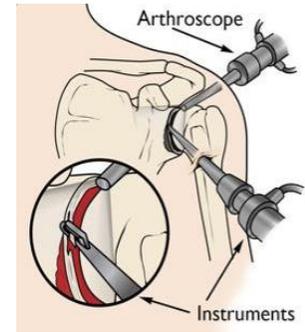
Q: WHAT ARE THE ADVANTAGES AND DISADVANTAGES OF ARTHROSCOPIC SHOULDER LABRAL REPAIR COMPARED TO NOT HAVING SURGERY?

- Arthroscopic labral repair has several advantages compared to non-surgical treatment of shoulder instability:
 - In many cases of shoulder instability (especially in patients 20 years of age and younger, those involved in contact and collision sports, and those with any loss of glenoid bone 'golf tee') the risk of re-dislocating after an initial dislocation is very high if surgery is not performed. In some studies, it is reported as high as 90+%.
 - Arthroscopic labral repair can substantially reduce this risk of re-dislocation. The re-dislocation rate after this type of surgery varies depending on the specific study, but is approximately 5-20% (depending on several factors).

- Every shoulder dislocation has the potential to cause additional damage to structures in the shoulder, so preventing additional dislocations by performing surgery can hopefully help prevent this problem.

Q: HOW DOES THE SURGEON SEE AND PERFORM WORK IN THE SHOULDER?

- Surgeons use a small camera (called an arthroscope) and small tools to work inside the shoulder. The camera and tools are inserted through small incisions around the shoulder. Various tools are used to complete the operation.
- The location of incisions will vary depending on the specifics of the surgery.
- The arthroscope is used to perform work inside the shoulder including repairing the labrum, examining the rest of the shoulder for any damage, and performing any additional repairs or procedures if needed.
- Sometimes, with certain injuries, additional incisions will be needed. On occasion, some parts of the surgery may be performed with the arthroscope while other parts may be performed 'open'.



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Q: WILL I NEED TO STAY OVERNIGHT AFTER SURGERY?

- No. Shoulder arthroscopy is typically performed as an outpatient surgery. You will arrive approximately 1.5 - 2 hours prior to your procedure. Typically, you will be able to return home about two hours after your surgery is over. Please ensure someone comes with you to surgery who will be available to drive you home. If you are a minor, your parent / legal guardian must be present the day of your surgery.

Q: HOW LONG DOES THE SURGERY TAKE?

- Approximately 60-90 minutes. Surgery time may vary slightly based on the complexity of your injury and procedures required. Dr. Hess will spend the required time to ensure any identified reasons for your symptoms are addressed. In addition to the labral repair, sometimes other procedures are needed including removal of small pieces of bone or cartilage, procedures to address damage to surface cartilage, or to correct damage to other areas of the shoulder. These additional procedures will add time to the surgery.

Q: ARE THERE RISKS INVOLVED WITH HAVING SURGERY?

- Yes. Every medical procedure has certain risks. Some risks are present with any surgery, including those associated with anesthesia (heart attack, stroke, respiratory distress or failure), and some are more specific to the procedure being performed. Risks of arthroscopic labral repair include, but may not be limited to: infection, damage to blood vessels or nerves (causing numbness, tingling, burning, or weakness), blood clots (deep vein thrombosis or pulmonary embolus), stiffness of the shoulder (which can require additional surgery in some cases), iatrogenic injury (injury to structures caused by surgery), scarring, and residual pain or discomfort.
- There is also the possibility that the repaired shoulder can re-dislocate. This risk varies depending on the age of the patient and the sports/activities in which they participate. It is possible that additional surgery may be recommended or needed if you reinjure your shoulder.
- Having a shoulder dislocation does appear to increase your risk of developing arthritis in the injured shoulder down the road.
- Some complications after surgery are uncommon and can't be predicted in advance.

Q: WILL I NEED TO USE A SLING AFTER SURGERY?

- Yes. A particular type of sling is typically recommended (and provided in clinic prior to surgery) for protection following the surgery for approximately 6 weeks. Dr. Hess recommends that you wear the sling at all times after surgery. You are encouraged to come out of the sling several times per day and move the elbow/hand/wrist to prevent them from becoming stiff. You may remove the sling to shower according to the post-op instruction sheet that is given at the time of surgery.
- The sling is a good reminder for you to be careful with the shoulder after surgery. It is also a signal for those around you to be careful, so it is especially important to wear your sling at work/school and in crowds.
- You will not be allowed to lift any significant weight (nothing more than 2-5 pounds) with the surgical arm for approximately 6 weeks after surgery. You may use the arm to perform some basic activities of daily living such as eating, hygiene and working at a computer.

Q: HOW LONG IS THE RECOVERY AFTER SHOULDER ARTHROSCOPIC LABRAL REPAIR?

- This depends on how we define 'recovery'.
- Also, every individual patient's recovery is different, and may require more or less time than expected.
- Most patients will need to wear their sling for approximately 6 weeks after surgery.
- Most patients can return to school, light duty or sedentary work around 1-2 weeks after surgery.
- More strenuous work may require more time to return, with the specific time to return depending on the duties of your job.
- Most patients begin returning to sports-specific activities around 3-4 months after surgery.
- Most patients return to full sports activity around 4-6 months after surgery.
- Return to sports activities takes time. Muscles must gradually learn to adapt to different forces around the shoulder. This should not be rushed.

Q: WILL PHYSICAL THERAPY BE NEEDED AFTER SHOULDER ARTHROSCOPIC LABRAL REPAIR?

- Physical therapy is HIGHLY recommended after shoulder arthroscopic labral repair, as there are many important things to monitor and consider during recovery.
- Dr. Hess has a specific rehab protocol for arthroscopic labral repair.
- Physical therapy will begin approximately 2-4 weeks after surgery.
- After surgery and prior to formal therapy beginning, you should make sure to spend some time working on elbow/wrist/hand range of motion each day to prevent stiffness.
- The start of therapy is delayed a few weeks after surgery in order to allow the repaired tissue to begin to heal prior to starting to 'stretch out' the shoulder with therapy.
- Therapy begins with simple stretching exercises and progresses to more aggressive stretching and strengthening exercises as the recovery progresses.
- The duration of physical therapy will be different for each patient, but will typically last several months, with progressive activities and exercises being prescribed as you recover. Initially, the visits are twice per week. This may change over the course of your recovery.
- It is important to remember that not everyone recovers from this surgery at the same rate. Some people recover their shoulder range of motion quickly, while for others it takes longer. This is normal, as everyone forms scar tissue differently. It is important not to get frustrated if therapy is progressing slower than you would like. It is also important to perform your prescribed exercises at home on days when you do not attend formal physical therapy.
- The assessment of the physical therapist is a very important component when deciding if it is okay to return to sports/work activities.

Q: WHAT MEDICATIONS WILL BE PRESCRIBED AFTER SURGERY?

- Pain relievers will be prescribed after surgery. These are typically only needed for less than 7-10 days after surgery. You should plan on not using narcotic pain relievers longer than 2-3 weeks after surgery.
- Tylenol and/or ibuprofen/naproxen can be used once narcotics are no longer required.
- The pain medication will not completely prevent any pain. It is normal and appropriate to have some pain or discomfort after surgery. The goal of using medication should be to make pain tolerable, not to eliminate pain.
- The following is a complete list of medications prescribed after surgery, and the purpose of the medication. Other medications may be prescribed on occasion.
 - Norco/Percocet –Taken as needed no more than every 4 hours for pain.
 - Zofran – Taken as needed for nausea/vomiting
 - Aspirin- Taken to decrease the risk of blood clot. This should be taken once per day for 2 weeks after surgery.

Q: HOW MUCH PAIN AM I GOING TO HAVE AFTER SURGERY?

- This is a common question, but one that is very difficult to answer. Every patient experiences pain differently. The same procedure may cause drastically different amounts of pain in different patients.
- Key components of controlling pain after surgery include icing the shoulder, taking appropriate pain medications, limiting activity appropriately, and following recommendations by the physical therapist and Dr. Hess.
- A nerve block is often placed by the anesthesia team during surgery. This block often works for several hours up to 2 days after surgery. As a result, your pain may be well controlled initially, but may increase after the block wears off. This is a normal part of the block wearing off, and shouldn't be cause for concern in most cases. When you start to feel tingling in the arm, this is an indication that the block is beginning to wear off. This is a good time to begin taking pain medication.
- If there are concerns about pain control, please bring them up with Dr. Hess prior to surgery or call his patient care coordinator after surgery. Dr. Hess can return phone calls if needed.

Q: WHEN WILL I HAVE FOLLOW UP APPOINTMENTS AFTER SURGERY?

- Follow up appointments after surgery are important to monitor your progress, assess any limitations or setbacks, and to plan your continued care. Typically, you will be seen at the following intervals:
 - 2 weeks, 6 weeks, 3 months, 5 months, 7 months, 1 year.
 - Additional appointments may be recommended in certain situations.

Q: WHEN CAN I BEGIN DRIVING AFTER ARTHROSCOPIC SHOULDER LABRAL REPAIR?

- Two important criteria exist to begin driving after shoulder arthroscopy:
 - 1) You must be off narcotic medications for a full 24 hours prior to driving.
 - 2) You must be able to operate the vehicle safely with your surgical arm immobilized in the sling.

Q: WILL ARTHROSCOPIC SHOULDER LABRAL REPAIR ALLOW MY SHOULDER FULL RANGE OF MOTION ONCE RECOVERED?

- In most cases range of motion of the surgical shoulder recovers to full motion, or very close to the uninjured shoulder. However, as discussed above, stiffness is one of the associated risks.
- Physical therapy is critical in preventing and treating stiffness of the shoulder after arthroscopic shoulder labral repair. Most cases of stiffness can be improved by therapy and home exercises.
- However, some cases of stiffness after surgery can be especially difficult to treat. In about 5% of arthroscopic shoulder labral repair surgeries, special braces or additional surgery may be required to allow the shoulder better range of motion.
- It is important that you also spend time every day outside of formal therapy during recovery doing the prescribed exercises to improve your range of motion.

Q: WHAT DO I DO WITH THE DRESSINGS AFTER SURGERY?

- It is recommended that you leave the surgical dressings in place, undisturbed for 2-3 days after surgery.
- Following this the tape and gauze dressings can be removed. Leave any steri-strips that are present in place. The incisions can be covered with waterproof band aids for showering. Do not submerge the wounds under water (including baths, lakes, pools or hot tubs) until they are completely healed (typically 2-3 days after removal of stitches).
- The band aids should be changed daily or as needed.
- Some minimal drainage is expected after surgery. If there is more significant drainage, please notify Dr. Hess or his patient care coordinator.

Q: WILL I BE ABLE TO RETURN TO THE SAME SPORTS AFTER SURGERY THAT I WAS DOING BEFORE SURGERY?

- In most cases, yes. This can depend on the age and activity level of the patient, and the specific sports they are trying to return to.
- Certainly, the goal of arthroscopic shoulder labral repair is to restore the function of your shoulder to a point that you are able to participate in any activities you would like. However in some cases pain, stiffness, residual instability, nervousness about reinjury or other factors can prevent return to some activities.

Q: WILL I GET ARTHRITIS IN MY SHOULDER?

- Maybe. The goal of the surgery is to correct the stability of the shoulder to allow it to function more normally. However, this does not change the fact that the shoulder sustained damage when the original injury occurred. Most studies show that there is a higher risk of developing arthritis years later in the injured shoulder than the other, non-injured shoulder. Performing arthroscopic shoulder labral repair surgery does not appear to eliminate this risk.

Help us improve our care: What other questions would you like to have answered?
