Boston Sports & Shoulder Center

LABRRAL and BANKART REPAIR INFORMATION PACKET

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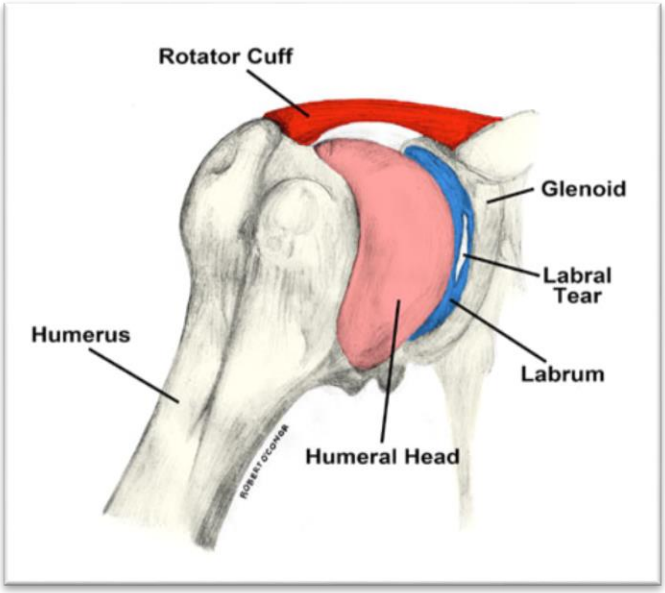

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WHAT IS A LABRAL TEAR OR BANKART?

The shoulder joint is comprised of the humerus (ball) and glenoid (socket). The large head and small socket gives the shoulder joint excellent range of motion. However, this range of motion comes at the cost of stability. A traumatic external force such as a football tackle may cause the shoulder joint to dislocate or sublux (almost dislocate).

The labrum is a cartilaginous structure that acts as a bumper, lip or gasket to maintain the shoulder joint in place. A dislocation will tear the labrum off the glenoid surface and stretch associated ligaments. This type of labral tear is called a "Bankart tear".

After the first dislocation the patient is at an increased risk for subsequent dislocations, approximately 70% chance of redislocation. The events that cause further dislocations need not be as forceful as the original. Imagine trying to balance a golf ball on a T that only had half of its top in place. Simple activities such as moving in bed or putting on a book bag may cause shoulder subluxation or dislocation. In order to return stability to the shoulder joint, the labrum should be reattached and the supporting ligaments tensioned.

Diagnosis of a Labral or Bankart Tear:

The patient with a labral tear often reports multiple shoulder dislocations from low velocity activities as described above. Patients report a feeling of apprehension with certain shoulder movements such as lifting the arm overhead or throwing a ball. Labral tears and ligament laxity are diagnosed by reviewing the shoulder history and participating in a physical examination. X-rays looking for associated trauma to the shoulder joint and MRI to examine the condition of the labrum are often utilized to aid in the diagnosis.

Conservative management may be utilized after the initial dislocation. This consists of very short term sling immobilization followed by physical therapy for shoulder joint strengthening. Surgical repair is the treatment of choice for the patient with multiple dislocations and an unstable shoulder joint. Without surgical intervention, the torn labrum and stretched ligaments are unlikely to heal properly and provide for a stable shoulder joint. The surgical repair is conducted utilizing arthroscopic equipment. This means that a small camera and small equipment will be used through tiny incisions. Anchors attached with suture material are placed in the glenoid bone. The sutures are then passed through the labral tissue. A knot is tied which brings the labrum tightly against the bone reestablishing its natural position and ligament tension

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Pre-Surgery:

- On the night before surgery, do not eat after midnight (no chewing gum or lozenges)
- On the morning of the surgery you may have your daily pills with a sip of water.
- Your surgical time will be confirmed the day before the surgery.
- Patients should bring their MRI to the surgery

Surgery:

The length of an arthroscopic Bankart/Labral repair will take up to 2 hours depending on the complexity of the tear. Your nurse will bring you into the pre-op area where you will have an IV placed and meet with Dr. Miller and your anesthesiologist. General anesthesia is utilized to assure a comfortable surgery. This means that you will be "asleep" and completely unaware of the surgery until you wake up in the recovery area. Most patients will have a small tube placed in there windpipe, formal intubation may not be required. Your anesthesiologist will also discuss a nerve block prior to surgery which will make your arm numb for several hours after surgery. This helps with post-operative pain.

Post-Surgery:

After the surgery is completed, you will awaken in the operating room and be moved to the recovery area. You will have a sling on your operative arm. After surgery, most patients generally recover smoothly and have minimal pain due to local pain medication and nerve block that is used at the completion of the surgery.

POST-OP MEDICATIONS:

- You will be given a prescription for narcotic **pain medication**. Take this as needed until the pain is minimal. You should also continue to take over the counter Tylenol as directed for pain control.
- You should take a **stool softener** while on pain medication, as these may cause constipation. Peri-Colace can be purchased over-the-counter and can be taken twice daily
- Anti-coagulation or **blood thinners** are critical to minimize the risk of a DVT (or blood clot). We recommend you take Aspirin 81mg once daily for two weeks as a precaution unless instructed otherwise.

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ICE:

An ice device or ice bag (not directly touching the skin) should be utilized to reduce swelling and pain. Please ice every 3-4 hours for about 15-20 minutes each time until swelling subsides. An ice device is typically not covered by insurance but we do have them available to purchase in our office.

SLING:

A sling will be applied to your arm after surgery. You will wear your sling at all times to prevent shoulder movement for the first 6 weeks after surgery. It is okay to come out of the sling a few times a day to straighten your elbow and move your wrist and fingers to prevent stiffness, however avoid shoulder motion. You may also be out of the sling for hygiene and showering. It is most important to wear your sling while sleeping and when in public.

WOUND CARE:

Leave your surgical dressing on for the first 2 days. After 2 days, you may remove your dressing and shower. Incisions may get wet but do not soak them and dry it off well. You may put a sterile dry dressing/gauze back over the incisions or even a Band-Aid.

FOLLOW UP VISIT:

If you do not already have a follow-up visit scheduled, then please call 617-264-1100 to schedule one within 7-10 days. Your sutures will be removed at this visit.