



Arthroscopic Shoulder Instability Repair Including Glenoid Labrum Repair

Pre-Operative Patient Information

Diagnosis

Instability is causing your shoulder to be painful. It may dislocate, where the ball comes completely out of the socket, or subluxate, where the ball comes partially out of the socket. This happens because of damage to shoulder ligaments, which are strong cord-like structures connecting one bone to another. The ligaments tear from a single violent injury or become stretched due to repeated strenuous use.

Why Surgical Treatment is Recommended

Shoulder surgery is medically indicated based on the details you provided, your physical examination and a review of X-rays or other tests. Persistent pain that interferes with your daily activities, work or sports is also an indication for surgery.

The purpose of this surgery is to repair damage to your shoulder ligaments. They have torn and/or stretched, allowing the ball to slip out of its socket.

Alternative Treatment Options

While we believe surgery is the best course of action, it is important to note that other treatments are available. These range from simply living with the condition to physical therapy exercises, medication or injections. While any of these options may work for your situation, their reliability is uncertain.

It is unlikely that your condition will worsen, though episodes may become more frequent. Shoulder instability does not generally lead to arthritis. While no one can argue that repeated subluxations or dislocations are good for your shoulder, the major damage has already been done.

The Procedure

This surgery usually involves an arthroscopic technique where we make three small 1/2" incisions instead of one large incision. We insert the arthroscope through one incision to look inside your shoulder. We use the other two incisions for special instruments. On occasion, open repair may be necessary based on the type of damage. In that case, we must make a larger incision in front of your shoulder.

We repair the ligament to the bone should it tear off. This is done using permanent, small metal or bioabsorbable screws placed inside the bone. Sutures woven through the torn ligament are attached to the bone screw. If the ligament is stretched, we cut it in two and overlap it. Often both are done. The type of damage inside your shoulder determines which technique is used.

Please note that you will receive, and be required to sign, an operative permit describing your surgery.

Anesthesia

General anesthesia is necessary for this type of surgery. It is the only reliable method that allows us to work deep inside your shoulder. The anesthesiologist also injects a type of Novocain around the nerve to help decrease pain in your shoulder after surgery.



What to Expect Post-Op

You awaken in the recovery room following surgery with your arm in a sling. An ice pack is attached to help control any pain and swelling. Your arm is numb from the injection for anywhere from four to twelve hours. However, it is possible for the injection to wear off suddenly. Generally, though, you gradually begin to feel pain. Although nothing completely eliminates your pain, the prescribed medication, sling and ice pack help keep you as comfortable as possible.

We may order a Cryo Cuff for you. If so, we will inform you so that you may confirm coverage with your insurance company. The Cryo Cuff is a more convenient, less messy ice pack specially designed for extended wear.

You are able to go home approximately one to three hours after surgery.

Potential Complications

Because shoulder surgery is a complex and delicate process designed to repair damaged structures deep inside the body, complications are possible. Although rare, the most common complication involves injury to nerves around the shoulder. This occurs in less than two percent of patients. It is generally caused by pressure and usually goes away within two days to six weeks. Permanent injury that results in decreased use, function or feeling can also occur, but it is exceedingly rare. Infection occurs in less than one percent and may require antibiotics or surgery.

Although rare, infection can occur and may require antibiotics or surgery. In extremely rare cases, the bone screws may cause problems, requiring further surgery. Joint problems, including stiffness or arthritis, can also occur. It is also possible for this operation to result in incomplete motion, strength or function.

Success Rate

This type of surgery is successful approximately 85 to 95 percent of the time. No shoulder operation is 100 percent successful in every individual, but the procedures we perform are reliable and help restore potential function in your shoulder. The operation is most successful at relieving pain. It is harder to accomplish a return to vigorous overhead use of the arm. Whether or not you can return to your previous level is an individual matter and depends on the amount of damage, how well it heals, how well you rehabilitate and how strenuous your desired level of work or sports. Ligament healing is a major factor influencing the operation's success. While we can tighten ligaments during surgery, they stretch over time. We cannot control how much the ligaments continue to stretch. Sometimes they stretch so much that slippage occurs. That is why it is important to continue strengthening exercises three times a week for two years after surgery. Because of the many variables involved, we can make no guarantees other than to assure you we will deliver the best medical care possible.

Pain Medication

You will receive a prescription for pain medication, which you may have filled at the pharmacy of your choice. Take the medicine as directed and as needed for pain. You may find that, after the first day, simple rest, arm repositioning and an ice pack effectively control your pain. Should you need more medication, have your pharmacy call our office before 4 p.m. for a prescription refill. Note that we cannot refill narcotic medication on weekends. One of our physicians is available 24 hours a day, 7 days a week, but we ask that you restrict any after-hours or weekend calls to emergencies only.

Returning to Normal Activity

You will be able to use your fingers, wrist and elbow immediately after surgery and may walk with assistance as soon as you have recovered sufficiently from the anesthesia. You may bathe with regular soap and water 24 hours after surgery, but be sure not to get the incision or bandage wet. You may walk outdoors, write, cook and drive a car (automatic shift) within a few days. However, you may not drive while you are taking pain medication. Do not lift more than one to two pounds with your arm. Do not remove or change the bandage; your surgeon will do so at the post-op visit.



Returning to Work

While we are unable to offer fixed rules, we can provide the following guidelines for easing your return to work. For most sedentary jobs, we recommend taking a week off following the procedure. You should do fine as long as you do not lift, push, pull or carry anything. Within six to eight weeks after surgery, most patients can begin light-duty work that involves no lifting, pushing, pulling or carrying more than two pounds. Waist-level work or lifting of five to ten pounds may begin three to four months after surgery. You will generally need six months of recovery before beginning occasional work at shoulder level. Return to heavy lifting or overhead use may require anywhere from six to twelve months.

Rehabilitation

Physical therapy is generally needed following the surgery. Once your surgeon recommends the appropriate type and level of therapy, your therapist provides necessary materials and instruction. You may walk, use a Stairmaster and ride a stationary bicycle within one to two weeks after surgery. You may resume jogging, bike riding and similar activities approximately two to three months after the procedure. You may swim, run and play tennis (ground strokes only) four to six months after surgery. The return to overhead throwing, tennis strokes and contact sports requires at least six months of rehabilitation. A complete return to competitive overhead sports requires a full twelve months. Return to weight lifting is unpredictable. You may need one full year before performing activities such as the bench press and you may never recover enough to lift heavy weights. The primary goal of this operation is to eliminate or diminish pain and allow you to comfortably perform normal daily activities.

To allow the ligaments to heal, it is necessary to complete strengthening exercises three times a week for two years. Patients who stop exercising too soon find the shoulder begins to hurt. We adjust your individual rehabilitation based on the severity of the ligament tear and your progress at each office visit.

Post-Operative Visits

We schedule your first post-op visit for three to four days after surgery to examine the incision and remove your bandage. Again, do not remove the bandage until this visit. At that time, we provide additional instructions for exercises and discuss your permitted activity level. Your next visit occurs two to three weeks later, depending upon your symptoms. Office visits then occur three, six and twelve months following your surgery. At each visit, we evaluate your progress and share specific exercises designed to maximize motion, strength and coordination. Your surgery outcome depends on a continual evaluation process. Regular office visits are critical to your care. And, it is important that you, your surgeon and your therapist work together.

Surgical Costs

Because insurance benefits vary and there are no fixed rules for coverage, be sure to check with your insurance provider before your shoulder surgery. Please direct any questions about hospital, X-ray, laboratory and anesthesia charges to the hospital billing office. We will be happy to supply any information you need. We will also contact your insurance carrier, but doing so does not guarantee payment.

Pre-Operative Testing and Evaluation

Although we're operating on your shoulder, your entire body reacts to the anesthesia and surgery. Please see your family physician within seven days of your scheduled procedure for a pre-op examination. The surgical facility will contact you to schedule required testing based on your age and medical history. You will also need to see an anesthesiologist before surgery. He or she will inform us of any medical issues.

Scheduling Surgery

Contact us at (513) 985-3700 Monday through Friday from 8 a.m. to 5 p.m. We will make every effort to schedule your surgery at a time that is convenient for you.