

SURGERY FOR SHOULDER INSTABILITY

WHAT IS A 'BANKART REPAIR'?

A 'bankart repair' is the name of the operation often used to repair the damage to the labrum (the rim of cartilage around the shoulder socket)

WHAT IS A 'LATERJET PROCEDURE'?

If the bone has been damaged as well as the labrum (a 'bony bankart' lesion), a small bone graft may be used to repair the socket. This is called a 'laterjet procedure'. Often the small bone graft is taken from another part of your shoulder blade – this is called the 'coracoid process.'

WHAT IS A 'HILL SACHS LESION'?

You may be told by your doctor that you have sustained a 'Hill Sachs lesion' following your dislocation. A hill sachs lesion is the term used to describe a compression fracture to the humeral head (the ball of the shoulder joint). As your shoulder dislocates, the humeral head is forced out of the shoulder socket, hitting the hard edge of the socket. This impact can cause an indentation of the humeral head called a hills sachs lesion.

If this indentation is small, it may not cause you any problems. However, a large hill sachs lesion may cause your shoulder to dislocate again. If this happens, your surgeon may recommend another procedure to correct this defect. This is sometimes called a 'remplissage procedure.'

WHAT IS A 'REMPLISSAGE PROCEDURE'?

'Remplissage' is French for 'to fill in'. It is often done at the same time as a 'Bankart repair' (see above). The hill sachs lesion is 'filled in' by stitching part of the rotator cuff muscle (*the group of muscles which help to control the movement of the ball and socket joint*) and the shoulder capsule (*the soft tissue cover around the joint*) into the indentation.

This can usually prevent further dislocations as the shape of the humeral head is restored to a more normal shape.

HOW ARE THESE OPERATIONS CARRIED OUT?

Shoulder stabilisation surgery is carried out under a general anaesthetic. Repair work to the labrum (bankart repair) and the humeral head (remplissage procedure) is usually carried out as keyhole (arthroscopic surgery). This type of surgery uses a specially designed small telescope, linked to a TV camera to allow your surgeon to look inside your shoulder joint. This means the surgeon can examine the shoulder joint and then use very small instruments to repair the damaged labrum.

Arthroscopic surgery will leave you with two to four small scars on the back, side and front of your shoulder. It is usually performed as a day case procedure, meaning you can go home the day of your operation. Some patients with other medical conditions may require an overnight stay in hospital.

Very occasionally, there are technical reasons why we cannot carry out the operation arthroscopically. In this case, it will be done in the traditional way – called an open procedure.

Open procedure involves an incision along the front of your shoulder and will leave a scar about four to seven centimetres in length. This is usually along the bra or vest strap line, or over the top of your shoulder. If you are having an open procedure you will probably require an overnight stay in hospital.

A laterjet procedure will usually be carried out using open procedure surgery.

WHAT ARE THE BENEFITS OF HAVING SHOULDER STABILISATION SURGERY?

The aim of shoulder stabilisation surgery is to restore the stability of the shoulder joint and therefore reduce the chance of it dislocating again. It is normal to feel discomfort following the operation, but this will usually settle as your wounds heal. It can take up to three months to fully heal and you may still be seeing improvements in your shoulder up to 12 months after surgery.

ARE THERE ANY COMPLICATIONS OF HAVING SHOULDER STABILISATION SURGERY?

As with most types of surgery, there are risks involved and complications can occur such as anaesthetic risks, chest infections, blood clots in the legs (deep vein thrombosis) or blood clots in the lungs (pulmonary embolus).

Complications that can occur specifically following this type of shoulder surgery are:

- **Re-dislocation** can occur if the repair fails. This can occur if high levels of activity are undertaken before the repair has healed fully. Your physiotherapist or surgeon will advise you on when it is safe to start using your arm more. It may also occur if you have another injury to your arm
- **Infection** can be a serious complication. Some infections show up immediately whilst you are still in hospital, others are not apparent until you have gone home. If you are at particular risk your surgeon may recommend that you take antibiotics
- **Ongoing pain and stiffness** of your shoulder is possible, especially if you do not continue with your individual home exercise plan. To minimise this risk you will be given exercises by a physiotherapist before you leave hospital
- **Nerve damage** can occur, as many of the large nerves and blood vessels that enter the arm pass close to the site of the operation. However, it is very rare for any permanent damage to occur

WHAT WILL HAPPEN IF I DECIDE NOT TO HAVE SURGERY?

If you decide not to have this surgery, other treatment options are:

Physiotherapy: Exercises can strengthen your shoulder muscles to help improve the muscle control of your shoulder. You may have already tried this if you have reached the stage of discussing surgery.

Changes to your day-to-day activities: Changing the way you do activities or stopping activities that involve stretching your arm into **end of range positions** may reduce the number of times you dislocate.

HOW LONG WILL I BE IN HOSPITAL FOR?

If your surgery is to be carried out arthroscopically (keyhole surgery), it will generally be carried out as a day case procedure - unless you have other medical conditions that may require you to stay overnight.

If you are having your operation as day surgery, you will need to ensure that someone can collect you from the hospital and stay with you overnight to check that you are okay.

If your surgery is to be carried out as an open procedure, you will generally be kept in hospital overnight.

WILL I HAVE ANY PAIN AFTER THE OPERATION?

Your anaesthetist may decide to perform a nerve block during the surgery. This means that you will have a local anaesthetic injection into your neck, to numb the nerves going into your arm. The purpose of this is to provide immediate pain relief to your shoulder. The injection usually lasts for 12 to 24 hours. During this time your shoulder and arm will feel numb and heavy.

It is important to take regular painkillers on your discharge from the hospital, to avoid any pain as the nerve block wears off. Your surgeon's team will discuss appropriate pain relief with you.

WILL I HAVE ANY STITCHES?

Your shoulder wounds will have dressings on them and if you have had stitches, they can be removed at your GP's surgery, usually 10 days after the operation.

An arthroscopic (keyhole) wound does not usually need stitches, only small sticking plasters over the wounds. It is normal for your shoulder to appear swollen after surgery and you may also find that your shoulder leaks a watery blood stained fluid. This usually settles after 24 to 48 hours. Keep all wounds dry until well healed.

WILL I HAVE TO WEAR A SLING?

Your arm will be supported in a sling straight after your operation. This is to protect the repair to your shoulder. You must wear the sling at all times for the next three weeks. Your surgeon or therapist will advise you as to when it is safe to stop wearing the sling.

WILL I HAVE TO HAVE PHYSIOTHERAPY?

Physiotherapy is very important following shoulder stabilisation surgery if you are to get the most out of your shoulder following your operation. The main aim of physiotherapy during the initial sling-wearing stage is to prevent your shoulder joint from stiffening up.

A physiotherapist on the ward will begin gentle shoulder movements after the operation. These exercises will be supported to limit the tension on your shoulder repair. You will also be given an appointment to attend your nearest outpatient physiotherapy department approximately one week after your discharge from the ward, in order to progress your exercises.

Whilst waiting for your physiotherapy appointment, you can try supporting your operated arm and gently lifting it forwards away from your body. It is also important to keep your elbow and hand moving, and to make sure your neck muscles don't stiffen up.

Your physiotherapist or surgeon will advise you when to remove the sling. Following this there will be a gradual emphasis on strengthening the muscles in your shoulder and increasing your movement further. Depending on your progress, you may also be referred to an occupational therapist for additional rehabilitation.

HOW OFTEN WILL I NEED TO HAVE PHYSIOTHERAPY?

Initially you should expect to have physiotherapy once a week. As you improve this may reduce to once a fortnight.

IS THAT THE END OF MY TREATMENT?

You will be seen in orthopaedic clinic by a member of your surgeon's team at approximately two weeks and six weeks following your operation. This may be your surgeon's specialist physiotherapist or occupational therapist to check that your rehabilitation is going to plan. Your surgeon may see you at about three months after your operation.

WHEN CAN I DRIVE?

Driving is a potentially hazardous activity and how soon you can safely get back behind the wheel following your operation differs from person to person. We would advise you not to drive until you have enough movement and strength in your arm to control the car safely.

WHEN CAN I RETURN TO NORMAL ACTIVITIES?

This depends upon your symptoms. Most people feel comfortable enough to perform light day-to-day activities between four to six weeks after surgery. Soon after surgery your physiotherapist will discuss with you the type of activity you wish to return to in order to tailor your rehabilitation exercises appropriately.

As a general guide, non-contact sports can be restarted around three months after surgery and contact sports at around four months. Please ensure you check with your physiotherapist or surgeon before restarting any activities.

A rough guide for returning to activities:**Activity Time after surgery**

- Desk work: Two to six weeks
- Light work (below shoulder level): Six weeks
- Heavy work (above shoulder level): Eight to 12 weeks
- Swimming - Breast stroke: 12 weeks
- Front crawl: 12 weeks
- Golf: 12 weeks
- Rock climbing: 12 to 16 weeks
- Racquet sports: 16 weeks
- Rugby/football: 16 weeks