

Arthroscopic Labral Repair (Bankart or SLAP) – Patient Instructions

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Arthroscopic labral repair (Bankart or SLAP reconstruction) is a minimally invasive shoulder procedure typically performed in a day-surgery setting using general anesthesia. In this operation, small tacks called suture anchors are used to reattach torn ligaments to bone. These anchors are usually absorbable, meaning that they are dissolved over a two- to three-year period. Occasionally, metallic anchors will be used. Though the technique differs favorably from the traditional open approach with reference to the incision length and postoperative pain, it is similar in that both techniques fundamentally involve reattachment of ligament to bone. As a result, patients who have undergone labral repair, with either the open or arthroscopic technique, benefit from a period of immobilization in the early postoperative period to maximize the chances for ligament-to-bone healing. The length of sling immobilization varies from three to six weeks depending on several factors, such as the quality of the repaired tissue. Your surgeon will design a rehabilitation program specific to the details of your anatomy and overall repair quality. Your specific program and rate of progress will be appropriate to the details of your particular surgical procedure. The following are general guidelines, and will often be modified to address the particulars of each repair.

- 1. Wounds/Dressing:** Your surgical dressing will be changed prior to your departure from the surgery center. The procedure was performed using continuous fluid irrigation. As a result, it is extremely common to experience some degree of fluid leakage from the portals for up to 72 hours. A sterile dressing should be applied to cover each wound until no drainage occurs, after which the wounds may be left open to air. The portal sites should be kept dry until two days after the sutures have been removed, and the shoulder should not be soaked in a hot tub or Jacuzzi until 10 days after surgery. Increasing drainage, cloudy drainage, or increasing redness around the portal sites should be reported to your physician.
- 2. Physical Therapy/Sling Use:** You should schedule your first physical therapy appointment exactly three weeks from the date of surgery. Specific instructions for the physical therapist will be written on your physical therapy prescription immediately after surgery, and the prescription will be given to you before you leave the surgery center. *It is critical that you bring this prescription with you to your first physical therapy appointment.* Patients awake from surgery wearing a sling on their operative arm. While the arm is allowed out of the sling for prescribed physical therapy, nearly all patients are asked to remain in the sling full time, including during sleep, for a six-week period. Most patients will begin home therapy three to six days after surgery. Physical therapy in the early days after surgery will usually include elbow and wrist motion, not shoulder motion. Specific exercises that patients should do on their own during the first three weeks after surgery will be described and demonstrated by Dr. Corsetti and/or the discharging nurse. These preliminary exercises focus on elbow, wrist, and hand flexibility and do not involve shoulder motion. For patients undergoing repair of recurrent anterior dislocation (the vast majority of patients), it is critical to avoid external rotation of the shoulder for three weeks after surgery. This can be achieved by making certain that the palm of the hand is in contact with the body at all times. Shoulder exercises are generally begun after preliminary healing of the repair has occurred, usually three weeks after surgery. Note that these are general guidelines; each patient will have a custom rehabilitation program that addresses the specific details of his or her repair.
- 3. Pain Management:** Patients undergoing rotator cuff repair will usually have an interscalene nerve block performed by the anesthesiologist prior to surgery. This nerve block greatly reduces postoperative pain for eight to 16 hours after surgery and significantly reduces the amount of oral pain medication necessary. Patients will be given prescriptions for Percocet and OxyContin to use after surgery, with the

dosage printed on each bottle. Occasionally, an issue (such as an allergy or insurance issue) arises which mandates that we prescribe different medicines for postoperative pain control. These medicines should be taken as needed only for pain rather than at regular time intervals after surgery (but they *may* be used at regular time intervals if significant pain is present). Most patients use narcotic pain medicines for three to four weeks after surgery. All patients are tapered off medication by the six-week time point. Patients should avoid taking anti-inflammatory medications, such as Motrin, Naprosyn, and Celebrex, for the first four weeks after surgery, as these medications may retard the healing of the repair.

4. **Driving:** Patients should not operate a motor vehicle until they are out of their sling and have good functional control of the extremity. This generally takes six to seven weeks from the time of surgery.
5. **Return to Work/Sports:** The return-to-work date is obviously highly individualized depending on the patient's specific work duties, availability of light duty, and particulars of his or her repair. At the conclusion of each postoperative office visit you will be given a work capacity note outlining which duties are safe for you to perform. Most patients have some work capacity, if only one-armed, by two to three weeks after surgery. Your physician will provide guidance regarding a safe level of activity. It is the responsibility of your employer to provide a work environment that adheres to the restrictions outlined. If such a work environment is not available, it is our expectation that the employer will hold the patient out of work. If an employer is willing and able to accommodate reasonable restrictions outlined by our office, patients will be released to work. Patients are allowed back to contact or semicontact sports, including throwing sports, five to six months after surgery. Noncontact sports, such as golf, are generally permitted four months after surgery.
6. **Questions:** Dr. Corsetti, his nurse, and clinical assistant can be reached at (413) 233-1233. Physician/physician assistant coverage is available 24 hours a day at (413) 785-4666.