

Arthroscopic Labral Surgery

Presentation Designed For Patient Education

Updated 2/10

Ohio Valley Orthopaedics & Sports Medicine

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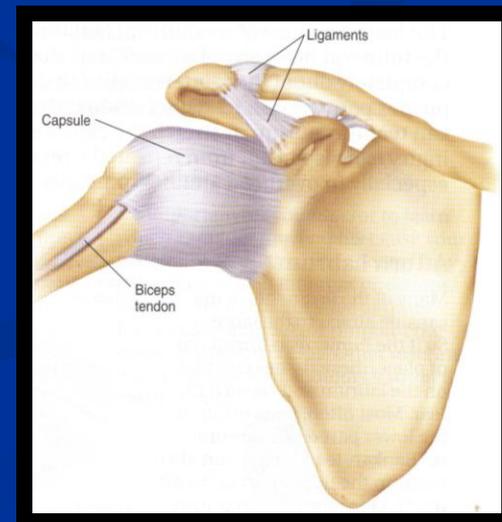
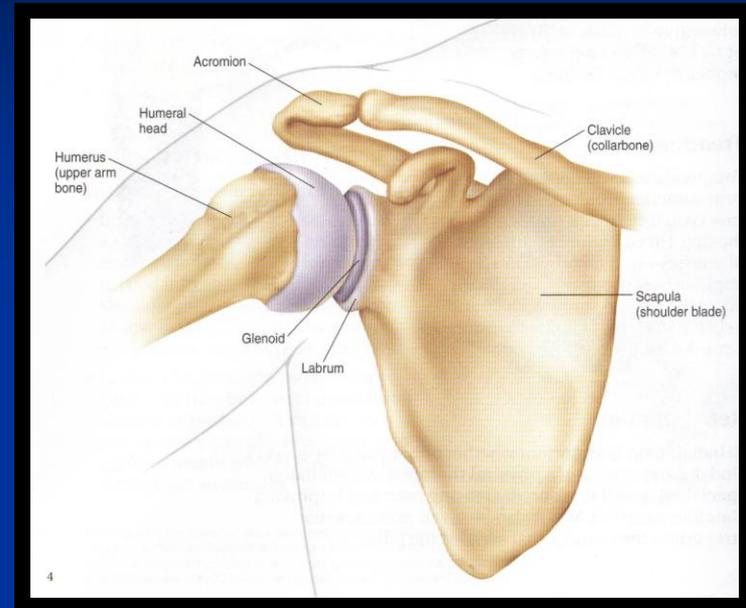
Ohio Valley Orthopaedics & Sports Medicine

Surgery

- Bethesda North
 - Main
 - Outpatient Surgery Center
- Mercy Fairfield
 - Main
 - Outpatient Surgery Center
- Greater Cincinnati Surgery Center
- Westchester Medical Center

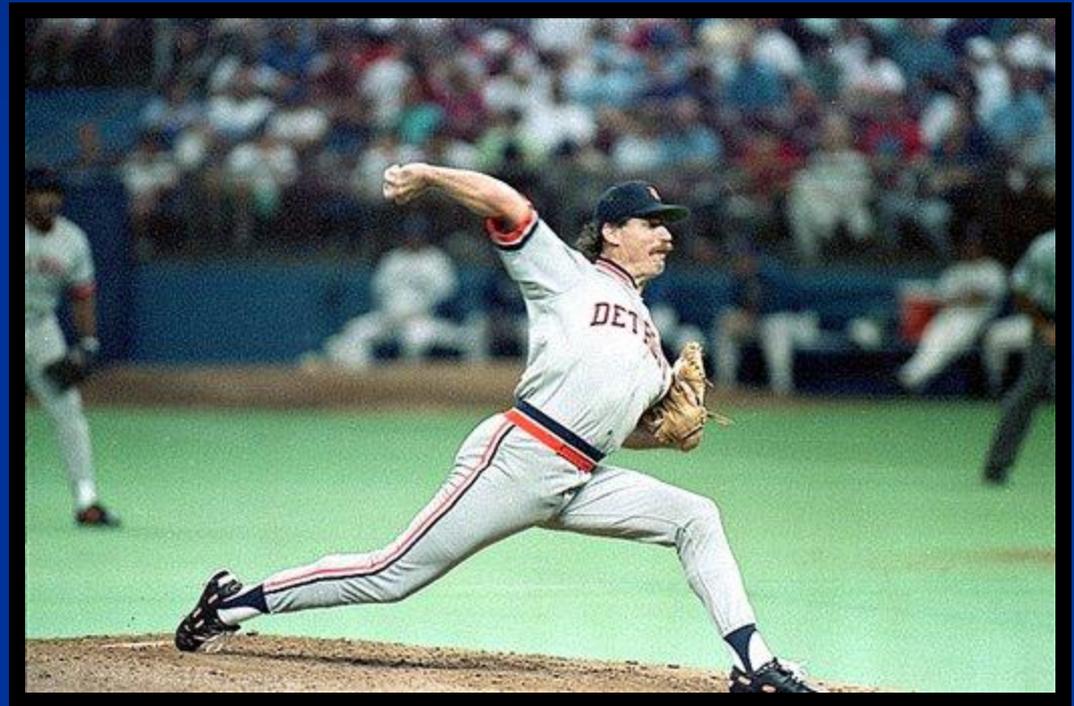
What does the labrum do?

- Cartilage that surrounds the glenoid (shoulder socket)
- Link between the socket and the capsule (tissue that holds the ball inside the socket)
- Deepens the socket and provides stability to the shoulder



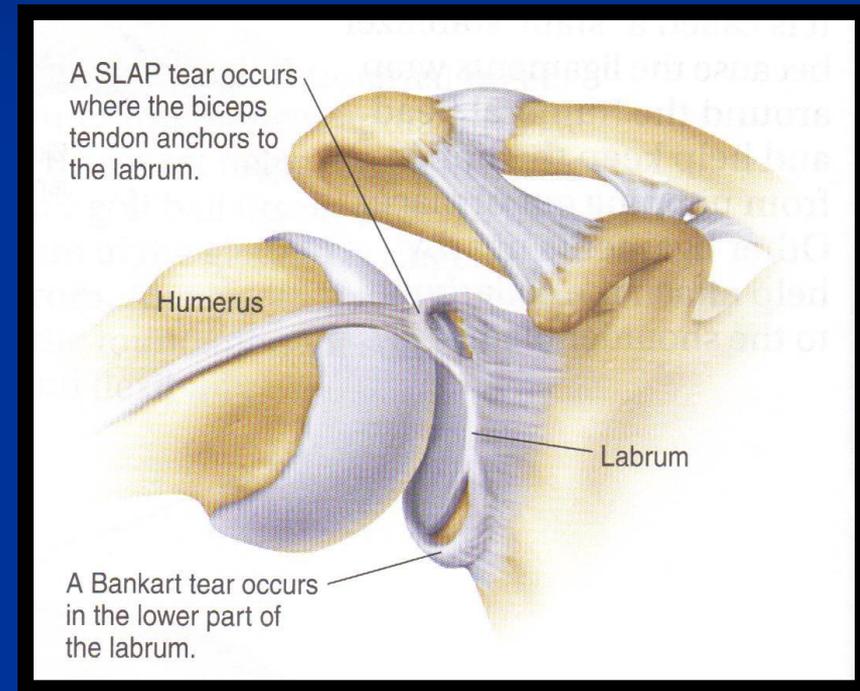
How is the labrum injured?

- Direct trauma to the shoulder
 - Motor vehicle accident
 - Sports
 - Fall
- Shoulder dislocation
- Pulling or pushing of the arm
- Repeated overhead activity
 - Athletes
 - Repetitive labor work



Labral Tears

- The labrum completely surrounds the socket
- The tears are described based on their location
- Tears in different locations often give different symptoms
- Superior labral anterior to posterior (SLAP) tear
 - Top of labrum frequently involving the biceps tendon
- Bankart tear
 - Front, lower labrum
- Posterior labral tear
 - Back of labrum



What are the symptoms of labral injury?

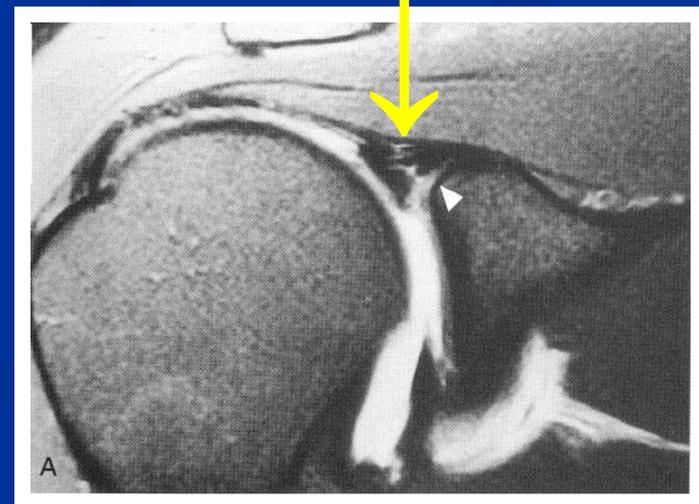
- Pain
- Feeling of instability
 - “my shoulder is loose”
- Locking
- Clicking
- Catching

Labral Tears-Diagnosis

- History
- Physical Examination
- X-rays
 - Often normal
- MRI arthrogram
 - Radiologist injects dye into the shoulder
 - MRI scan obtained
 - Best imaging test for labral tears
- MRI is not perfect—some labral tears are not well seen on MRI



Labral Tear



Labral Tears-Non operative treatment

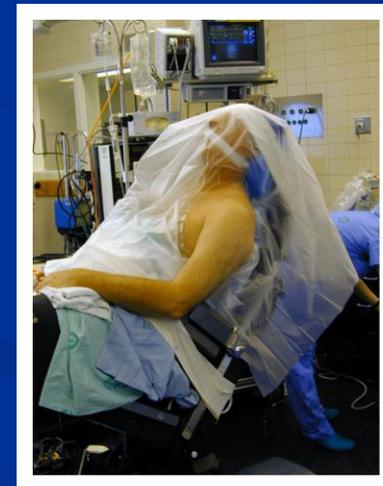
- Anti-inflammatory medications-decreasing inflammation causes decreased pain
- Selective cortisone shots-steroids are very potent anti-inflammatory medications and go directly to the source with little systemic absorption
- Physical Therapy-strengthening the rotator cuff stabilizes the shoulder and may make the shoulder feel better
- These options are best for older patients with degenerative type tears

Labral Tears-Surgery

- The most predictable option for treatment of tears in a younger, active patient
- Small frayed tears are best treated with arthroscopic debridement
- Large, unstable tears are best treated with arthroscopic repair

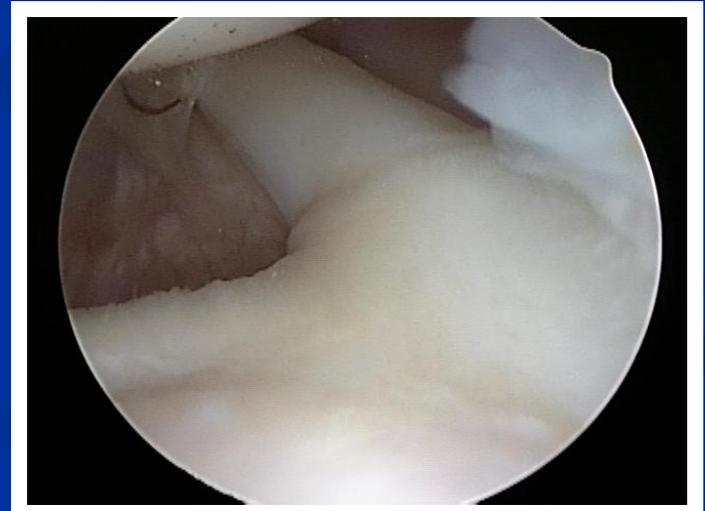
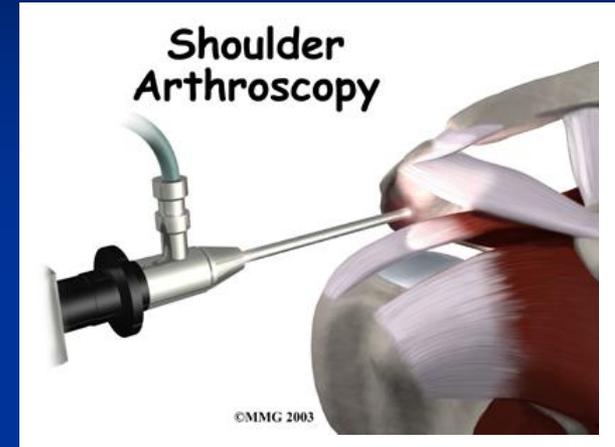
Anesthesia

- Anesthesiologist administers nerve block in pre-op holding area after giving some IV medications
 - Typically lasts about 18 hours
- General anesthesia
 - Patient then placed under general anesthesia
 - Patient is positioned such that full access to the shoulder can be obtained
 - Skin cleaned with sterilizing prep



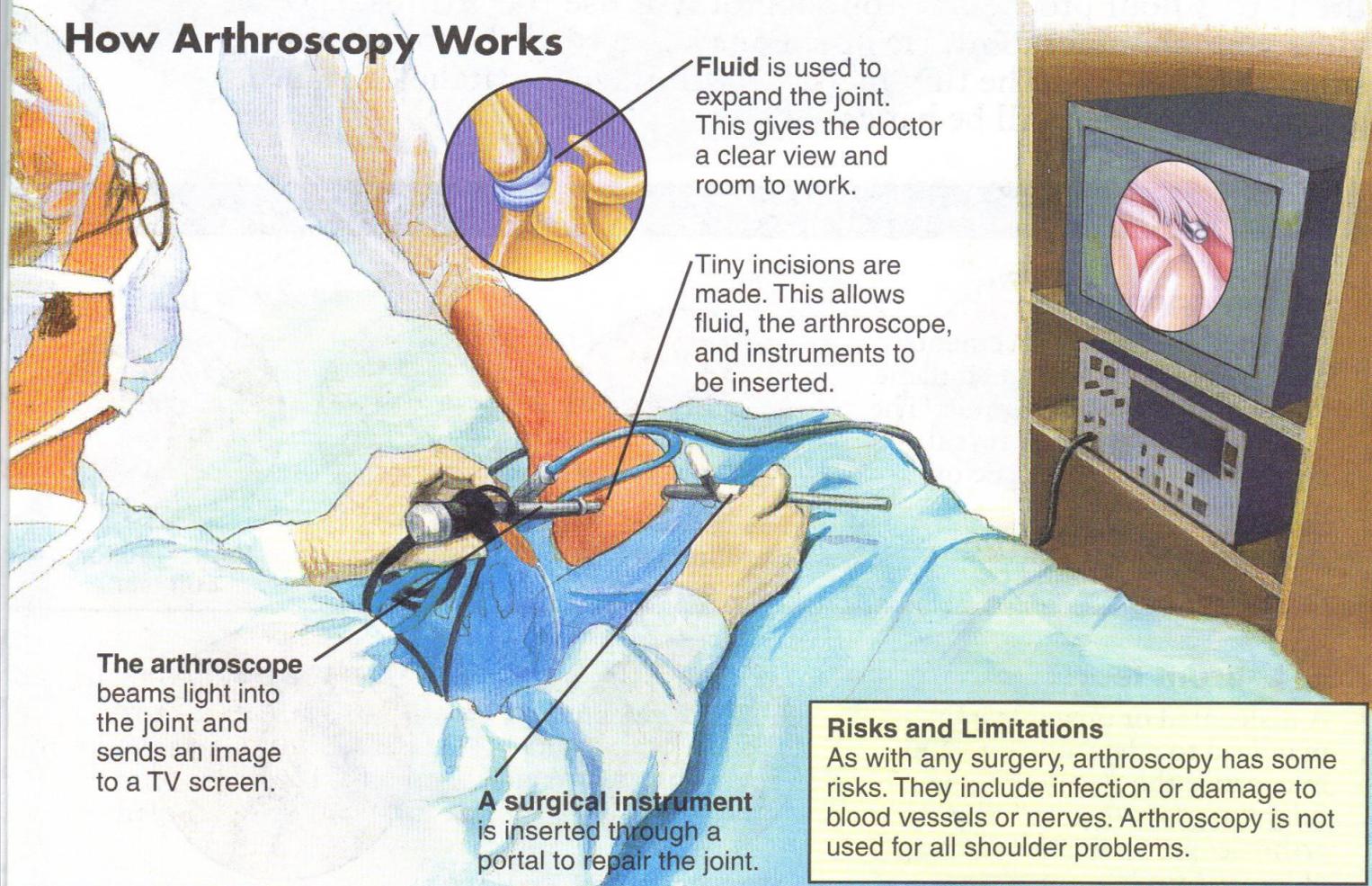
Arthroscopic Surgery

- Arthroscopic
 - Arthro = joint
 - Scope = camera
 - “Look around joint with camera”



Arthroscopic Surgery

How Arthroscopy Works



Fluid is used to expand the joint. This gives the doctor a clear view and room to work.

Tiny incisions are made. This allows fluid, the arthroscope, and instruments to be inserted.

The arthroscope beams light into the joint and sends an image to a TV screen.

A surgical instrument is inserted through a portal to repair the joint.

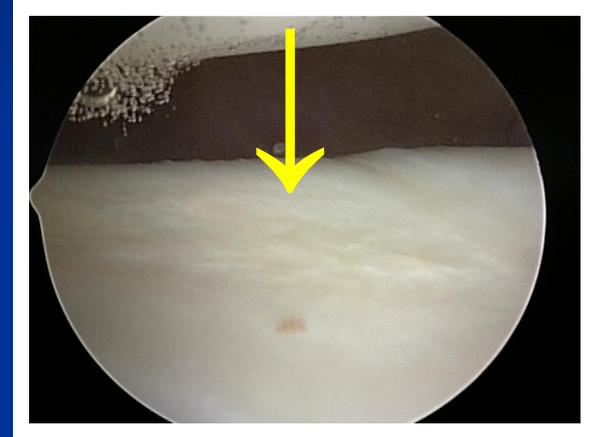
Risks and Limitations

As with any surgery, arthroscopy has some risks. They include infection or damage to blood vessels or nerves. Arthroscopy is not used for all shoulder problems.

Normal Arthroscopic Anatomy

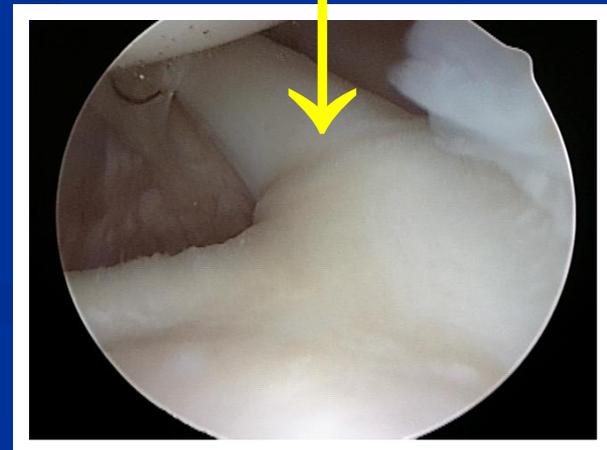
Labrum attaching to the bone

- The labrum surrounds the socket and is attached to the bone



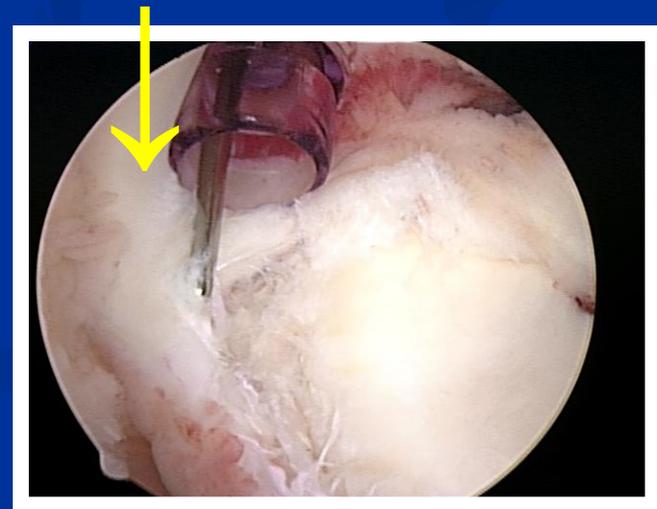
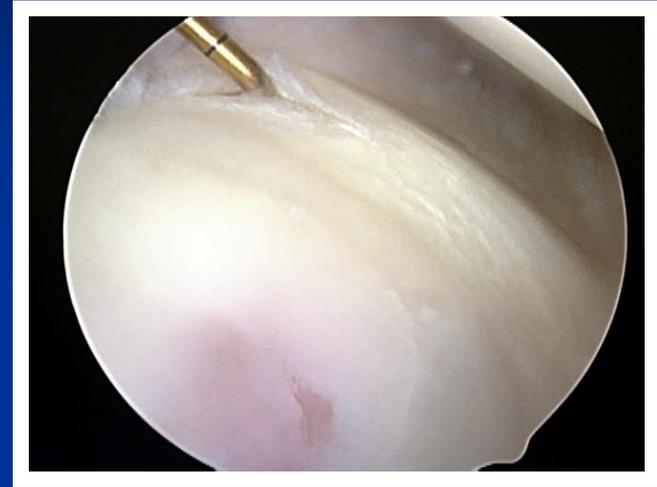
- The biceps tendon attaches to the labrum at the top of the socket

Biceps Tendon



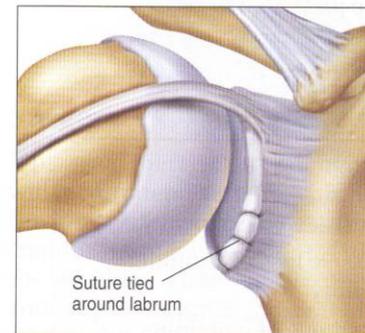
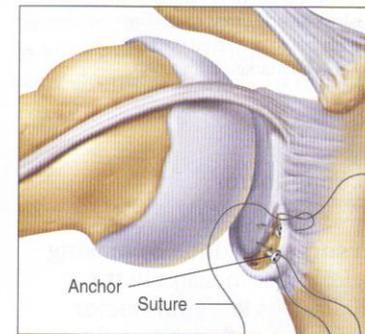
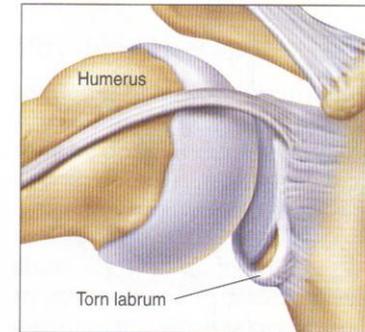
Labral Tears

- The instrument is in the tear and the labrum has torn off the bone
- If the labrum is torn at the top of the socket then the biceps can become unstable causing pain and popping
 - Instrument is under the labral tear
 - Yellow arrow points to the biceps tendon attached to the torn labrum



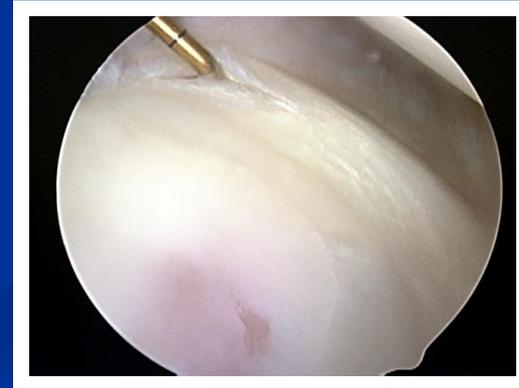
Labral Repair

- The labrum is sewn back down to the bone using implants called suture anchors (special screws with attached sutures)
- The anchor goes into the bone and the labrum is sewn down with the sutures
- The suture holds the labrum to the socket until it heals



Labral Repair

- Suture anchor with attached sutures
- Torn labrum
- Repaired labrum



Post op

- Wake up in a sling and cryocuff (ice pack)
- If pre-op block was successful then you should be pretty comfortable with a numb arm
- Go home same day
- Start taking your pain medications as soon as you get home prior to your block wearing off.
- It can be very difficult to “catch up” if you have no pain medication in your system when your block wears off.

Post-op-Medications

- Pain medications
 - Take these as needed
 - Not well tolerated on an empty stomach so make sure you eat something first even if just crackers
- Nausea medications
 - Sometimes patients are nauseated after surgery from the anesthesia
 - Usually wears off in 24 hours
 - Can take medication if needed

Post op

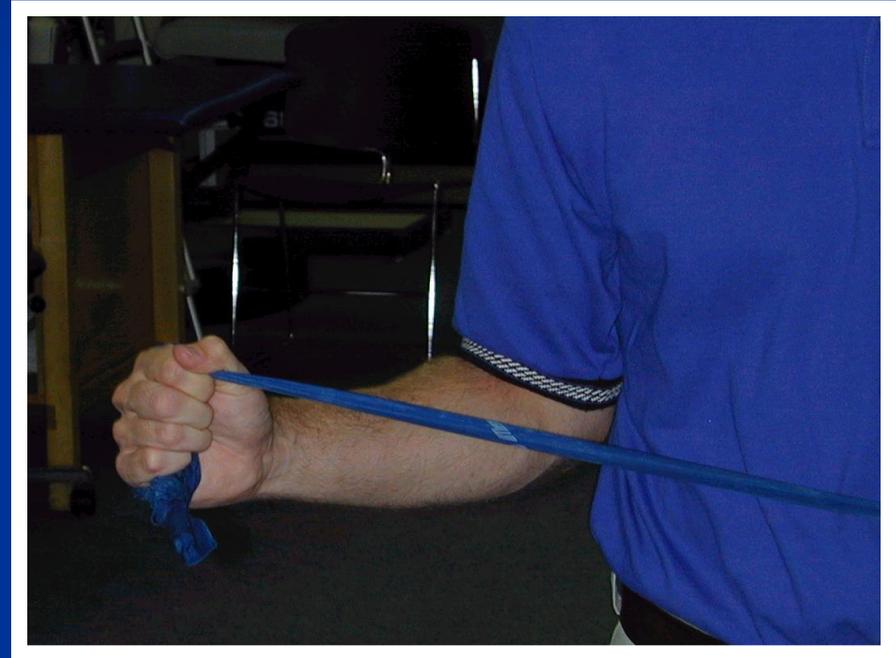
- Leave dressing intact for first 72 hours after surgery. Reinforce if needed
- May remove and shower at 72 hours post op
- Do not scrub your wounds
- Simply wash your neck with soap and water and let the soap and water run off
- Do not soak your wounds until permitted to do so by your physician. **NO BATH, SWIMMING OR HOT TUBS.**
- If your wounds are dry, may leave open to the air
- If oozing then put on a clean dry dressing and call your doctor
- Do not put any ointments on your wounds. This includes antibiotic ointments (Neosporin, Polysporin, etc)
- It is easiest to wear a button shirt
- Wear your sling all the time except to shower

Post op

- Your first follow-up appointment should be 5-7 days post op
- Please make an appointment to go to physical therapy immediately following your first post op appointment.
 - In some cases your surgeon may delay the start of therapy for several weeks depending on the type of tear
 - The expected start date for therapy will be discussed post-operatively

Post-Op Rehab

- Start range of motion exercises at 1 week
- Sling for 4-6 weeks
- Start strengthening at 8-12 weeks
- No sports, lifting for 4-6 months



Post-op Rehab

- IT IS ABSOLUTELY ESSENTIAL TO PERFORM EXERCISES AT HOME AS WELL AS IN THERAPY
- SOMETIMES IT IS NECESSARY TO DO YOUR EXERCISES SEVERAL TIMES DAILY

Frequently Asked Questions

- Will I have therapy post op?
 - Yes. Initially 2-3 times per week then less often. Exercises must be done at home too!
- How long do I have to wear the sling?
 - 4-6 weeks. Longer when in an uncontrolled environment
- When can I go back to work?
 - This is highly variable depending on what you do
 - For desk jobs it could be as early as a couple days
 - Labor jobs with lifting, 4-6 months

Questions

- Any further questions should be directed to your therapist or surgeon
- Please call the office with questions or concerns
- 513-985-3700
- www.ohiovalleyortho.com

Thank You

