

Information for patients undergoing an arthroscopic bankart repair

Information for patients and relatives.

What is a Bankart lesion?

The shoulder joint involves three bones:

1. The shoulder blade (scapula)
2. The collarbone (clavicle)
3. The upper arm bone (humerus)

The top of the humerus is ball shaped. This rests in a shallow socket in the shoulder blade called the glenoid.

The top of the humerus is much larger than the socket, so a soft fibrous tissue rim called the labrum surrounds the socket to help stabilise the joint. The rim deepens the socket by up to 50% so that the ball joint fits better. It also has several ligaments and a capsule attached to it which help to stabilise the joint. A bankart lesion is a tear of the labrum which results in the joint becoming unstable.



Why do I need a Bankart repair?

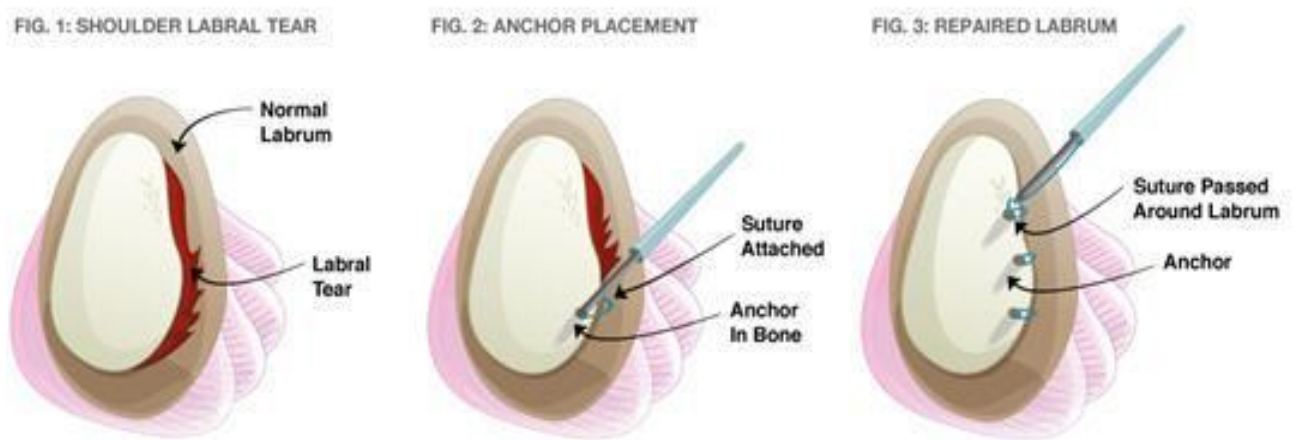
Injuries to the labrum surrounding the shoulder socket can occur from traumatic injury - e.g. a direct blow or a fall on outstretched hand, which may cause the shoulder to dislocate fully or partially.

This is an operation to reattach the labrum and capsule of your shoulder to the socket to stabilise the joint and prevent further dislocation.

How is it done?

The procedure is usually carried out as a keyhole procedure (arthroscopy) using a small telescope and other small instruments. During the operation, the surgeon will also examine your shoulder joint. The labrum is reattached onto the socket using small anchors which are inserted into the bone.

The operation takes place under a general anaesthetic.



What are the benefits of having the operation?

- A decrease in pain originating from your shoulder.
- Prevention of popping, catching or locking sensations.
- An increase in the stability of your shoulder. This is strongly dependant on you doing the exercises taught by the physiotherapist when you attend for your out-patient appointment.

What are the risks of having the operation?

- Pain – this will be controlled with medication.
- Stiffness – this can happen after the operation due to being immobilised in the sling. This will improve when you are shown exercises to do after 4 weeks.
- Infection – this is extremely rare but can occur.
- Blood clot or bleeding in the arm – this is extremely rare.
- Unsightly scars – very rarely. Arthroscopy scars are usually very small and neat.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and improve your long-term health. Try to maintain a healthy weight. You have higher risk of developing complications if you are overweight.

- You can reduce the risk of infection in the wound by in the weeks before the operation, do not shave or wax the area where a cut is likely to be made
- Try to have a bath or shower before or on the day of the operation.

Before your operation

- You will usually be admitted to hospital on the morning of your operation.
- You will receive a letter with the admission date and time.
- The letter will also include fasting instructions. These must be strictly adhered to. Nothing to eat/drink includes sweets, chewing gum and water.
- You will be advised at the pre-operative assessment clinic regarding medication to take on the day of surgery.

After the operation

- You will wake up in the Recovery Area of theatre.
- You may have a drain in your shoulder for 24 hours.
- Please tell the nurses if you have any pain so that they can give you some pain killers.
- You will have a dressing at the front of your shoulder. This will be replaced by a shower proof dressing before you go home. This must be kept clean and left on until your stitches are removed.
- Your stitches will be removed at about 6-10 days after your operation.
- You will need to wear the sling day and night for 4 weeks. It is to be removed only for washing yourself and exercising.

- You may need to spend 1 night in hospital so you will need the usual things for your stay, for example: nightwear, toiletries, towels, day clothes.

Physiotherapy after surgery

Physiotherapy is important if you are to get the best outcome after your shoulder surgery

The first stage is to let the repair heal by being in the sling for 4 weeks. The sling must be worn outside the clothes. Meanwhile you can move your wrist and hand to make sure they do not get stiff or swollen. When you remove your sling for washing and dressing, you can also bend and straighten your elbow.

An out-patient appointment will be arranged for you to see a physiotherapist in order to begin your rehabilitation. This is usually about 4 weeks after your operation.

At this stage, you will be able to remove your sling and begin to exercise your shoulder. You will gradually work on developing the strength and control of your shoulder and shoulder blade, progressing to full functional movement.

You may need several physiotherapy appointments over a period of 2 to 3 months to complete the course of physiotherapy and get the best outcome from your shoulder surgery.

The physiotherapist will provide you with exercise sheets at the time. You will be required to carry out your exercises regularly at home.

Exercises

Ensure that you keep your hand, wrist and elbow moving for the 4 weeks that you are in the sling.

1.

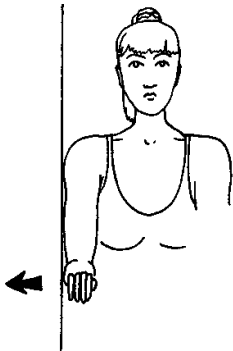


Arms resting by the side.

Pull shoulder blade back to set shoulder 'square'.

Aim to hold for 10 seconds.

2.



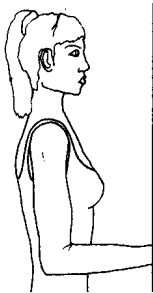
Elbow flexed to 90° and held comfortably by body.

Attempt to move elbow out to side against wall.

Repeat 10 times.

3.

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Standing – elbow flexed to 90° and held comfortably by body.

Attempt to push hand outward against door frame.

Repeat 10 times.

4.



Standing – elbow flexed to 90° and held comfortably by body.

Attempt to push hand inward against door frame.

Repeat 10 times.

5.



Standing – elbow flexed to 90° and held comfortably by body.

Attempt to press elbow backward against a wall.

Repeat 10 times.

What will I do as an Out-Patient?

You will be seen in the orthopaedic clinic by the doctor or specialist physiotherapist to monitor your progress. This will usually be at 1 week, 6 weeks 12 weeks and 6 months after your surgery.

It is unlikely that you will need any more x-rays or scans at this point.

When can I return to work/sport?

This depends upon your symptoms and the nature of your work/sport. You will not be able to return to contact sport for at least 6 months following your operation.

Most people feel comfortable by between 6-12 weeks after surgery. However, it may take 6-12 months to feel the full benefit from the operation, especially if you have a heavy job.

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| ● Light work (no lifting) | Up to 6 weeks |
| ● Light lifting (below shoulder level) | 4-6 weeks |
| ● Heavy work (above shoulder level) | Up to 3 months |
| ● Return to gym and normal daily activities | 3 months |
| ● Return to sport | 6 months |

When can I drive?

Once you are out of the sling permanently and when pain allows. You must be able to lift your arm to shoulder height in order to reach the steering wheel comfortably. It is wise to discuss this with your insurance company.

This is just a guide and can be discussed with the doctor or physiotherapist at your out-patient appointments. This will enable the physiotherapist to plan the best rehabilitation for you.

Useful numbers

Cheshire & Merseyside Treatment Centre (Direct Dial):

Main Ward	01928 793744 or 793745
Day Ward	01928 793740 or 793741
Mr Casserly's Secretary	01928 793753
Physiotherapy Department	01928 753206

Warrington Hospital (Direct Dial):

Physiotherapy Department	01925 662500
Ward A9	01925 662019

Halton Hospital (Direct Dial)

Physiotherapy Department	01928 753206
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NHS Direct	08 45 46 47
NHS Direct Website	www.nhsdirect.nhs.uk

References

www.shoulderdoc.co.uk

www.csp.org