Dr. Cory D. Smith | Orthopedic Surgery & Sports Medicine
Shoulder Reconstruction & Arthroplasty
Hip, Shoulder, Knee, & Elbow Arthroscopy

A Patient Education Guide: ANTERIOR LABRUM REPAIR FOR SHOULDER INSTABILITY

This is a brief overview of what you, the patient, should know about getting an Arthroscopic or open shoulder stabilization procedure. If you have any questions, please write them down and bring them to your next consultation so I can go through them with you in detail.

WHAT IS A LABRAL TEAR?

The shoulder is a *ball-and-socket* joint. It relies on several structures for stability to prevent dislocation. One of these important structures is called the *labrum*. The labrum is a ring of tissue that surrounds the *glenoid cavity* (socket). An intact labrum helps keep the *humeral head* (ball) centered in the socket.

Generally, injury to the labrum is due to the humeral head making unnatural contact with the junction between the labrum tissue and the bony portion of the socket. This can be due to overuse (i.e., baseball pitcher or quarterback) or from trauma (i.e., shoulder dislocation). Since the labrum usually goes 360 degrees around the socket, the direction of force determines the type of labral injury. Common types of labral tears are:

SLAP Tear

A SLAP tear is a shorthand for a “Superior Labrum, Anterior to Posterior” tear. If you think of the glenoid cavity as a clock face, this tear usually originates at the 11 o’clock position. This is also the spot where the *biceps tendon* attaches. This means that the tear may extend into the biceps tendon itself, which may also need to be addressed.

Treatment depends on factors such as patient age, activity level, and length of symptoms. Treatment options can include physical therapy, pain medication, or surgery. Surgical options include removing the frayed labrum, reattaching the labrum to the bone, or sectioning the biceps tendon and securing it to a different place in the arm bone.

Anterior Labral Tear (Bankart Tear)

This injury is usually the result of a force directed towards the front (anterior) of the shoulder. These can be *acute* (first-time dislocation) or *chronic* (multiple dislocations). The labral tear is usually found between the 3 o’clock and 6 o’clock positions. Again, treatment depends on age, symptoms, and activity levels, but surgery is often required and involves reattaching the labrum tissue to the socket. If a piece of bone from the socket has broken or eroded, there are also options for replacing this bone if needed.

Posterior Labral Tear

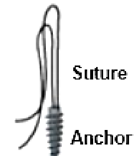
This type of tear is similar to an anterior tear, except that it is usually the result of a force directed toward the back (posterior) of the shoulder. The tear is usually found between the 7 o’clock and 10 o’clock positions. While treatment depends on age, activity levels, and symptoms, surgery is often required and involves reattaching the labrum to the socket.

HOW IS AN ANTERIOR LABRAL REPAIR PERFORMED?

Dr. Smith performs most labral repairs *arthroscopically*. Arthroscopy is a *minimally invasive* surgical method. Instead of a large incision that fully exposes the joint area, several small incisions (typically less than 1cm) are made around the joint. These incisions serve as access points for the arthroscope (narrow tube fitted with a camera) and other pencil-thin surgical instruments. The real-time inside view of the joint is projected onto a high-definition monitor. Arthroscopy has several benefits: less postoperative pain, faster healing time, and lower infection rates.

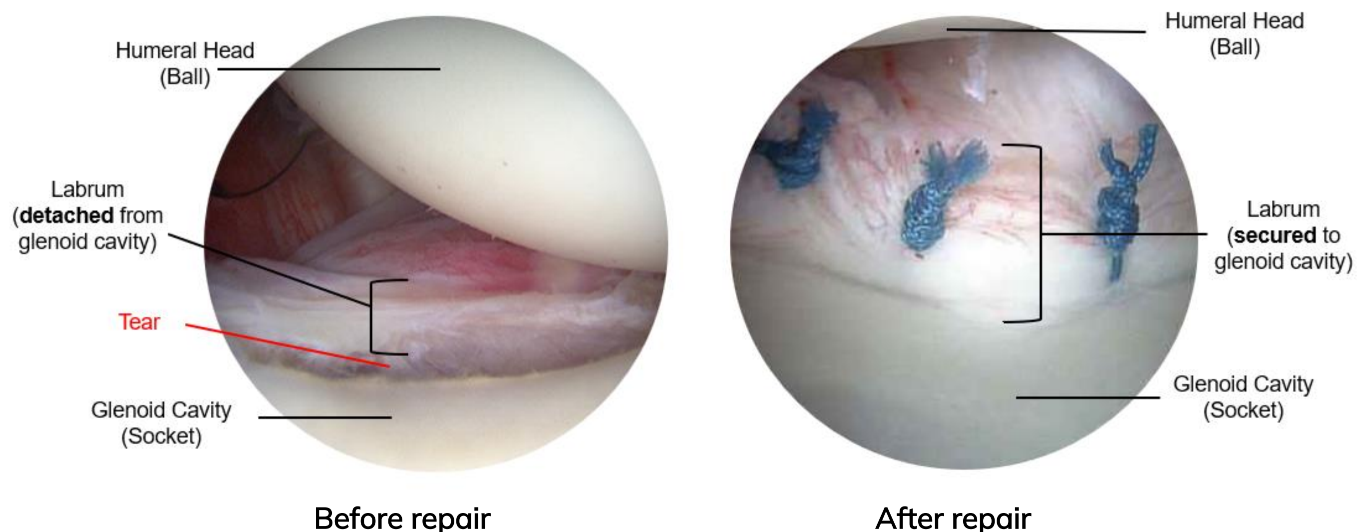
Arthroscopic Anterior Labral Repair

The first step is identifying and assessing the tear for severity. The joint area is inspected to identify and address any other issues that may be contributing to the reported pain, weakness, or stiffness. Then, the repair begins. The labrum is reattached to the glenoid bone using anchors (screws) and sutures (thread). Anchors are placed into the bone and sutures are tied around the labrum, securing it in place.



Anchors can be made of different types of materials such as metal, plastic, suture, or bio-degradable composite materials. A variety of factors such as age, bone quality, and tear pattern can determine the type of fixation needed. Dr. Smith usually performs this procedure with all-suture or bio-composite anchors. The number of anchors used depends on the tear's size and the tissue's quality. Usually, 3-4 anchors are used, but there may be more if needed.

The labrum can be secured and tied down with either a traditional "knotted" technique or a "knotless" technique. Both methods are well researched and have positive outcomes. Dr. Smith usually incorporates a combination of both techniques to ensure a stable and durable reattachment of the labral tissue to the bony socket to allow the tissue to heal.



Before repair After repair

WHAT SHOULD I EXPECT?

Before Surgery

- You may need medical clearance from your medical specialist (primary care doctor, cardiologist, etc.) before surgery.
- Our office will contact you to book your surgical time and location. Typically, outpatient (same day) surgeries are done at a surgery center that is conveinent to you. Overnight stay procedures are rare but will be performed at either Flowers Hospital or Southeast Health.
- You will receive a confirmation call from the hospital the day before surgery telling you what time you should arrive. They will usually go over last-minute details such as hygiene tips, and let you know which medications to bring. It is normal to arrive several hours ahead of your scheduled time to allow for the check-in process.
- **Do not eat or drink anything after midnight the night before surgery.** You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be canceled if you do not adhere to these instructions.**

Morning of Surgery

- Arrive at the hospital or surgery center at your instructed time.
- If possible, arrive with a family member or friend who can assist with your check-in and help you remember any last-minute questions. There will be a place for family and friends to wait while you are in surgery. **You will require someone to take you home if you are leaving the same day of surgery.**
- Dr. Smith will meet with you before you enter the operating room to answer any questions and perform an initial safety check.
- The anesthesia team will meet with you to discuss their anesthesia plan during surgery and be able to answer any questions you may have for them.

After Surgery

Hospital Stay

- Most patients having arthroscopic surgery leave the same day, several hours after surgery.
- During this time, your nurse and anesthesia team will help to manage your post-operative pain**. It is important to know that you will have some pain, but the medications should help make your pain manageable.**
- You will need someone to take you home.
- A Case Manager can be available to help if you need any other services when you are discharged home.

Home

- **Wear your sling at all times except for bathing and doing your gentle post-operative exercises.** These exercises include moving your hand and wrist and coming out of the sling to fully straighten and bend your elbow. You should do this 3-4 times a day.
- Keep your bandage dry while bathing. This may require covering it with a plastic wrap (i.e., "press-and-seal") or taking sponge baths.
- **Do not use your operative arm to carry or lift anything.** Do not use your operative arm to push yourself up from a chair or when getting off the toilet.
- **No driving while using your sling and while you are taking your narcotic pain medications.**
- Do your best to wean off your narcotic pain medications. Over-the-counter medications such as Tylenol and Ibuprofen can be very helpful.

- Many people are most comfortable sleeping in a more upright position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed. **You need to wear your sling while sleeping.**
- If you received an ice machine, please use it as instructed to help reduce swelling. You may also use ice packs or bags. Do not use for longer than directed and always avoid direct skin contact.
- Follow your initial physical therapy instructions carefully if you have been given them.

Follow-Up

- Your first follow-up appointment is usually 10-14 days following surgery.
- At this visit we will discuss your progress and check your incision. We may take x-rays. We may also remove your sutures/staples at this time.
- We will determine if you are ready for outpatient physical therapy.
- If you can start physical therapy, you will be given a referral with the specific instructions both you and your therapist should follow.
- We will then book your next follow-up visit before you leave, which is typically 4-6 weeks later.

I hope this has helped clarify some of your questions surrounding Arthroscopic Anterior Labral Repair. You can find additional resources including video demonstrations at www.southernbone.com.

As always, do not hesitate to ask questions and schedule a follow-up appointment should you require any further discussion.

Best,

Cory D. Smith, MD