A PATIENT EDUCATION GUIDE:

ARTHROSCOPIC ANTERIOR LABRAL REPAIR

This is a *brief* overview of what you, the patient, should know about getting an **Arthroscopic Anterior Labral Repair**, also known as an **Anterior Bankart Repair**. If you have any questions, please write them down and bring them to your next consultation so Dr. Kassam can go through them with you in detail.

What is a labral tear?

The shoulder is a ball and socket joint that relies on several structures for stability to ensure it does not dislocate. One of these important structures is called the labrum. The labrum is a ring of tissue that surrounds the socket or "glenoid". An intact labrum helps keep the ball or "humeral head" centered in the socket.

Generally, injury to the labrum is due to the humeral head making un-natural contact with the junction between the labrum and the socket. This can be due to either over-use (i.e. a baseball pitcher or quarterback) or from trauma (i.e. a dislocated shoulder). Since the labrum usually goes 360 degrees around the socket, **the direction of force determines the type of labral injury and can help direct treatment.** Common types of labral tears are:

SLAP Tear

SLAP tear is short-hand for a "Superior Labrum, Anterior to Posterior" tear. This means that the tear is at the top of the socket. If you think of the socket 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 sometimes the tear may actually extend into the biceps tendon itself and this may need to be addressed.

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

Anterior Labral Tear a.k.a. 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 tear is usually found between the 3 o'clock and 6 o'clock positions on the socket face. Again, treatment depends on age, symptoms and activity levels, but **surgery is often required and involves repairing the labrum back to the socket.** If a piece of bone from the socket has broken or been eroded, there are also options for replacing this bone if needed.

Posterior Labral Tear

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

How is an Arthroscopic SLAP Repair performed?

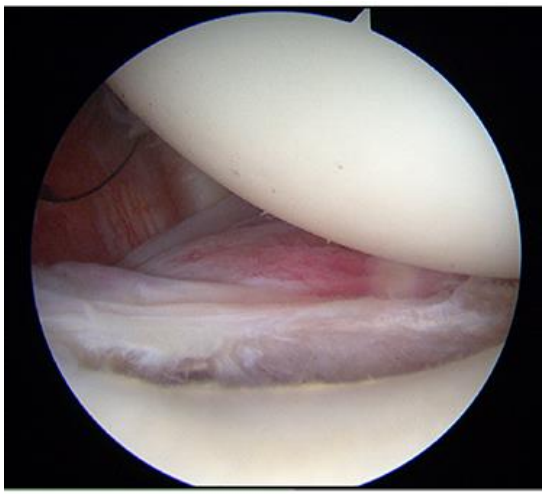
The vast majority of labral repairs performed by Dr. Kassam are done arthroscopically. Another term for arthroscopic surgery is "key-hole" surgery. It is a minimally invasive way to address problems within the joint. It involves making **several, small (less than 1 cm) incisions** around the joint to insert a camera and multiple tools that allow the surgery to be performed successfully.

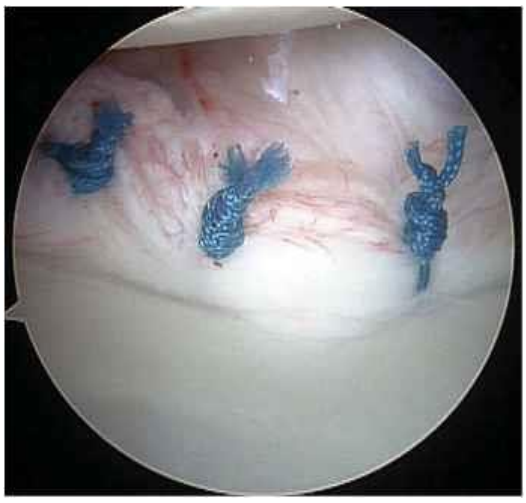
The first step to the procedure involves inserting a camera into the shoulder to properly identify the injury and to see if there are any other problems in the shoulder that need to be addressed at the same time. Once the tear is identified, it is assessed for severity and to see if there is any bony involvement. The labrum is then repaired back to the bone using "anchors" (similar to screws) that have "suture" (similar to thread) attached to them. The anchors are placed into the bone and the suture is placed around the labrum. This allows the labrum to be "tied down" and secured.

The anchors can be made of different types of material such as metal, plastic 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. Kassam usually performs this procedure with plastic or bio-composite anchors. The number of anchors used depends on the size of the tear and the quality of the tissue. 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. Kassam usually incorporates a combination of both of these techniques to ensure an excellent repair of the labral tissue to the bony socket**.

Below are arthroscopic pictures showing a **an Anterior Labral Tear (left)** and a **Anterior Labral Repair (right).**





What should I expect when I have surgery?

The Day Before Surgery

- You will receive a call from the hospital before surgery telling you what time you should arrive. 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.** This includes water. You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be cancelled if you do not adhere to these instructions.**

The Morning of Surgery

- Arrive to the hospital 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.**
- A nurse will check you in.
- The anesthesia team will meet with you to discuss their plan for anesthesia during surgery and will be able to answer any questions you may have for them.

After Surgery

Hospital Stay

- **Most of our patients leave the same day, several hours after surgery.**
- During this time your nurse and anaesthesia 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 require someone to take you home if you are leaving the same day of surgery.**
- A Care Coordinator 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 exercises demonstrated by the therapist.
- 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 pain medications.
- Many people are most comfortable sleeping in a more up-right position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed.
- If you received an ice machine please use 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 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 or may not 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 are able to start physical therapy you will be given a referral with the specific instructions both you and your therapist should follow.

I hope this has helped clarify some of your questions surrounding an **Arthroscopic Anterior Labral Repair**. As always, do not hesitate to ask questions and schedule a follow up appointment should you require any further discussion.

Best,

Hafiz F. Kassam MD, FRCSC

PERSONALIZED CARE. EVIDENCE-BASED DECISIONS. YOUR QUALITY OF LIFE.