

BANKART REPAIR- POSTOPERATIVE INSTRUCTIONS

SHOULDER INSTABILITY

The shoulder is a ball and socket joint that connects the bone of the upper arm (humerus) with the shoulder blade (scapula) and is the most moveable in the body. However, this great range of motion makes it the most susceptible to dislocation.

Dislocation occurs when the head of the humerus (ball) is forced out of the glenoid cavity of the scapula (socket). Shoulder dislocation almost always results from a sudden traumatic injury, such as a hard fall onto an outstretched arm. The soft tissues surrounding the joint include the ligaments, the capsule and the labrum, and the cartilage that borders the glenoid. These soft tissues, and sometimes the glenoid bone, are damaged after a dislocation. Because of these injuries, the shoulder is more likely to become unstable.

INSTABILITY - SURGICAL REPAIR

When the shoulder becomes unstable and dislocates repeatedly, or if the patient is at high risk for developing new dislocations surgery is indicated. The surgical approach depends on age, level of activity, the extent of injury, sports activity and job type.

Arthroscopic (very small incisions) or open surgery can be performed. Arthroscopic surgery is most commonly done. If you need a more complex procedure an open surgery may be offered to you.

ARTHROSCOPIC SURGERY

Usually performed under general anesthesia. The surgeon inserts an instrument called an arthroscope (with a video camera at the end) and other slim tools into the joint through small incisions. The surgeon will look inside the joint and after having made an inventory of it, will reattach the damaged soft tissue to the bone with suture anchors. Suture anchors are surgical implants that look like small screws and are used for attaching soft tissue to the bone. For this operation, a bioabsorbable anchor is preferred.

RECOVERY AFTER SURGERY

Compared to open surgery, arthroscopy patients have less pain, stiffness, and lower infection rates. The full recovery time is around 4-6 months. However, a return to overhead and contact sports is recommended after 8-10 months.



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GENERAL INFORMATION

- There is a risk of re-dislocation and persistent instability with all types of surgery. The risk is higher in younger contact sports athletes.
- After a Bankart repair a restriction of mobility, especially in external rotation, can often be observed. This restriction may affect the performance of some athletes, particularly, throwing athletes.

POSTOPERATIVE CARE: GENERAL INSTRUCTIONS

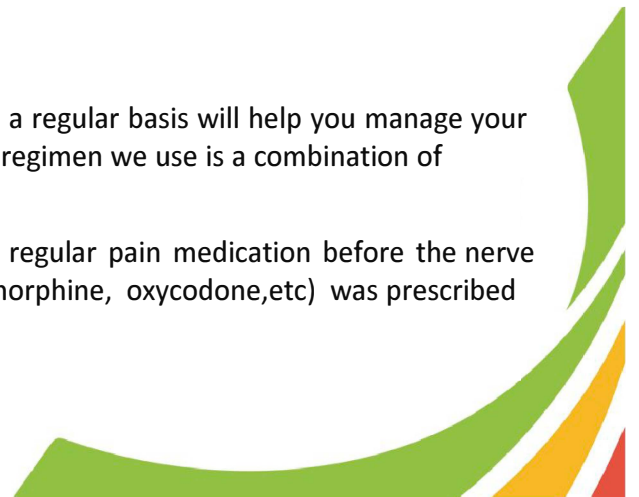
- You may experience discomfort and pain in the shoulder for several days, but we will help you deal with it. It may not be possible to completely eliminate your pain, but make it less intense.
- Immobilization(sling), ice therapy and medications will help you manage pain for the first few days.
- If having a nerve block : DO NOT apply ice until the block wears off.
- NO shoulder external rotation.
- You will be permitted to move the arm through a restricted range of motion with the assistance of the other arm as instructed by Dr. Leith or his assistant.
- NO weight bearing through surgical arm.
- NO pushing and pulling with the operative arm.
- You should move your hand, wrist and elbow to reduce swelling.
- NO lifting of objects.

SLING USE

- You will be placed in a sling to limit the motion of your shoulder in order to protect the repair and for your comfort. It is likely to be used for 6 weeks. It can be removed for showering, dressing and elbow range of motion exercises (unless instructed otherwise by Dr Leith).
- When the sling is off you may let your arm hang straight down at the side.
- When wearing the sling make sure your elbow is at 90 degrees and your forearm is parallel to the ground.
- It is recommended that you sleep with the sling.

PAIN MANAGEMENT

- Taking your pain medicine as prescribed by your surgeon on a regular basis will help you manage your pain more effectively, even if you are in mild pain. The usual regimen we use is a combination of acetaminophen, anti-inflammatory drugs, and narcotics.
- **IF HAVING A NERVE BLOCK:** it is important to start taking regular pain medication before the nerve block wears off. If a strong painkiller (hydromorphone, morphine, oxycodone, etc) was prescribed do not wait until the pain is severe.



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COLD THERAPY (ICE)

- Do not use cold therapy if your nerve block is still in effect. You should wait until your function and normal sensation have returned.**(IF HAVING A NERVE BLOCK)**
- You could apply ice for up to 10 minutes, remove it for an hour and repeat the 10 minutes application 4 to 6 times a day, always with one hour interval. Remember that you must put a thin towel between the ice/ice pack and your skin.
- If you are using a CRYO THERAPY UNIT please follow the manufacturer directions.
- DO NOT SLEEP WITH ICE.

BATHING/ WOUND CARE

- You should keep the bandage that was placed on the day of the surgery for 3-4 days.
- You can shower, but you must keep your dressings dry and covered. Waterproof bandages work well for this purpose.
- After 7-10 days you can let the wounds get wet, but do not remove the steri strips(tape).
- If non-absorbable sutures are used, they will be removed at the 2 weeks postoperative visit.
- If you bend over forward and let the arm passively swing away from the body, you can safely wash under your operative arm.
- Do not get into a pool or bathtub for the first 3 weeks.

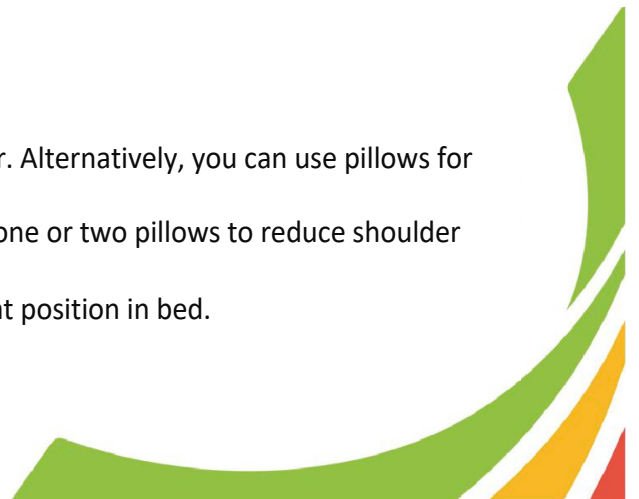
It is common to have swelling and bruising around the wounds. The bruising changes colour over time from red to yellow or green and may go down the arm.

Contact Footbridge Wound Care Resource line: 778-945-6756, Ext 8 if :

- Increased warmth and redness around the wounds.
- Increased fluid leaking from the wound.
- Increased swelling and pain on the operated arm.
- Body temperature above 38 Celsius/101 Fahrenheit.

SLEEPING

- It is recommended to use the sling while sleeping.
- The first few days it may be easier to sleep in a reclining chair. Alternatively, you can use pillows for propping yourself up in bed.
- It is recommended to support your elbow from behind with one or two pillows to reduce shoulder movement.
- It may take some time before you are able to lie in a more flat position in bed.



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PHYSICAL THERAPY

- Physiotherapy will begin after your first follow up visit with Dr. Leith.
- External rotation must be limited during early rehabilitation.
- In the meantime, you are encouraged to move your hand, wrist and elbow 4-5 times per day, at least 5-10 minutes at a time.
- You will follow a rehabilitation protocol based on your surgery and your special needs.
- At **Footbridge Clinic** we have a **Physiotherapy team** used to our protocols who will instruct you on how to perform the exercises at home. But if you already have a physiotherapist you should contact them so that you can book your appointment.

COMPLICATIONS OF BANKART SURGERY

Most common are:

- Persistent instability- may require additional surgical procedures.
- Stiffness- the shoulder can lose some motion after surgery, but the mobility is improved with adequate rehabilitation.
- Infection- antibiotic treatment and additional surgery may be needed.
- Tears of the rotator cuff tendons.
- Chronic pain- pain may persist after the procedure, but is usually less severe.
- Other examples of complications are - nerve injuries and blood vessels injuries.

CALL 911 if:

- You have trouble breathing.
- You have chest pain.
- Anyone noticed that you lost consciousness.

