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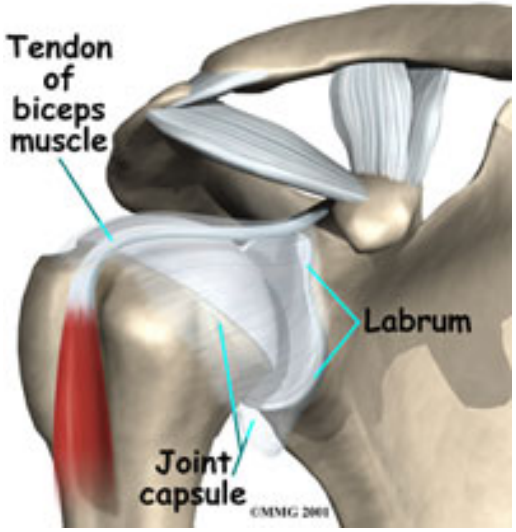
Shoulder Stabilisation

Physiotherapy Department



Patient Information

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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What is the glenoid labrum?

The shoulder joint is a ball and socket joint and is designed for mobility rather than stability. Due to this it requires a mobile socket and a mobile ball within the socket to achieve full movement. Therefore, to give the joint some stability and thus prevent dislocations occurring during normal movement the shoulder has several structures to maintain stability. These include three ligaments, known as the gleno-humeral ligaments, a joint capsule, rotator cuff tendons and a fibrocartilagenous structure known as the glenoid labrum. The labrum is attached to the outer surface of the socket and deepens the socket to allow for a more congruent joint. It is commonly injured with a forwards shoulder dislocation and therefore causes the shoulder joint to become more unstable. Labral tears tend to occur at the superior or inferior portions of the labrum. At the uppermost (superior) part of the labrum the biceps tendon is anchored and can cause a tear with a forceful pull onto the labrum. This is known as a SLAP tear or lesion. SLAP stands for Superior Labral Anterior to Posterior tear, indicating the position of the tear and direction of the force. A tear at the lowest (inferior) portion is known as a Bankart tear or lesion.

What are the options available for an unstable shoulder joint?

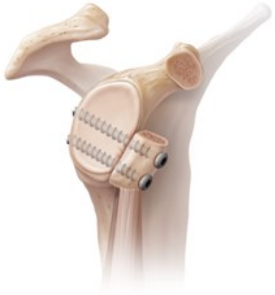
Following a first-time dislocation of the shoulder the initial treatment should consist of modified activities with physiotherapy. This is designed to optimize the rotator cuff muscles whilst the passive structure (ligaments, capsule and labrum) have a chance

to heal. If there is ongoing shoulder instability, then an operation may be necessary.

What will an operation involve?

There are different types of operation depending on the position and severity of the tear. The operation will usually involve an arthroscopic (keyhole) procedure with anchors being attached to the glenoid (the socket) and sutures (stitches) being passed through the torn area of the labrum. The sutures are then pulled tight to the anchors giving stability to the shoulder joint and providing contact areas for the labrum to heal. Depending on the size of the tear will depend on the number of sutures used.

Occasionally with a forward dislocation a small portion of bone can be lost from the glenoid which may happen with recurrent dislocations. Due to the structural instability an alternative operation is likely to be used known as the Latarjet procedure. This will involve the use of a small portion of bone being taken from the front of the shoulder blade (the coracoid) to the glenoid. This provides structural stability and increased muscular stability. This is likely to be performed as an open procedure.



Latarjet procedure

Image from www.arthrex.com

b. It is important to note that post-operative pain, weakness and altered sensation are perfectly normal and are often the effects of the anaesthetic and therefore should resolve in a few days following surgery.

When can I return to normal activities?

It is important to avoid any stress on the repair and therefore you should avoid any resistance including lifting for three months. Heavy lifting should be avoided for six months.

Driving should be avoided for at least six weeks, but this is likely to be longer if a substantial tear is repaired and/or it is your gear changing side. It is recommendable to review your car insurance policy prior to starting back driving to ensure you are covered.

Your occupation will determine how soon you will be able to return back to work and your consultant will be able to advise you on this either pre- or post-operatively.

Contact sports must be avoided for six months.

2. Pain

    a. You will experience pain post-operatively which is normal and is related to the healing process. This should not be confused with ongoing damage.

3. Infection

    a. This is very rare due to the arthroscopic procedure but can occur at the operation site or in the shoulder.
    b. If you suspect this to be the case, contact your local GP as you may require a course of antibiotics.

4. Bleeding

    a. Potentially excessive bleeding may occur which requires a post-operative blood transfusion, but this is extremely rare.

5. Damage to nerves

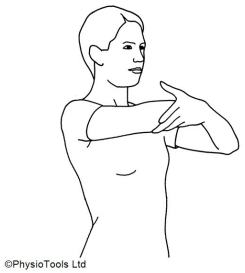
    a. There are several nerves that surround the shoulder and as a result there is a risk to these. Damage to the nerves may present with prolonged weakness and altered sensation in the arm. This may be permanent but usually resolves depending on the severity of the damage.

What happens following the surgery?

Following the surgery, you will be required to wear a sling with a waistband to maintain shoulder position for 4-6 weeks. This is dependent on the type of surgery you have had. The sling must be kept on day and night except for exercising.

Exercises:

1.

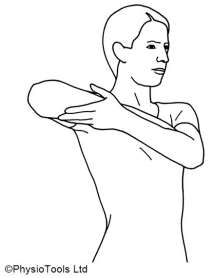


Stand or sit.

Lift your arm forward assisting the movement with your other hand. Do not lift past 90°

Repeat ____ times.

2.



Stand or sit.

Lift your arm to the side, assisting the movement with your other hand.

Repeat ____ times.

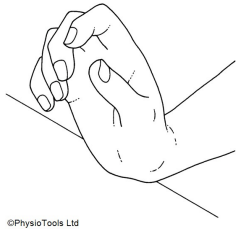
3.

Stand.

Bend your elbow and then straighten your elbow.

Repeat ____ times.

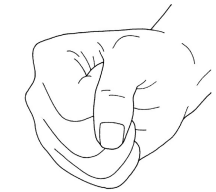
4.



Bend and extend your wrist

Repeat ____ times.

5.



Wrist and fingers straight.

Make a fist.

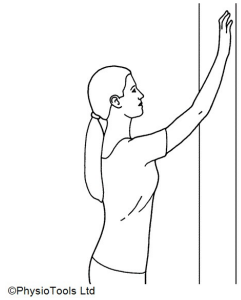
Repeat ____ times.

The following exercises are for guidance, and you should liaise with your physiotherapist prior to commencing these exercises.

4 weeks+ (depending on the size of the tear)

The main aim is to recover range of motion without scapular compensation.

6.



Stand facing a wall.

'Walk' your fingers up the wall as high as possible. Reverse down in the same way.

Repeat ____ times.

7.

Stand and grip one end of a stick with the arm to be exercised.

Lift your arm to the side, assist by pushing with the other hand.

Repeat ____ times.

At three months following the surgery you can commence resisted exercises provided you have achieved full movement in the shoulder.

Possible post-operative complications

Following any operative procedure there are potential risks. We aim to reduce these as much as possible through pre-operative screening and assessment and great care taken operatively.
Possible complications include:

1. Complications of anaesthesia
    a. Your anaethetist will be able to advise further.