

Labral Repair: Post-surgical Recovery Process, Expectations, and Timelines

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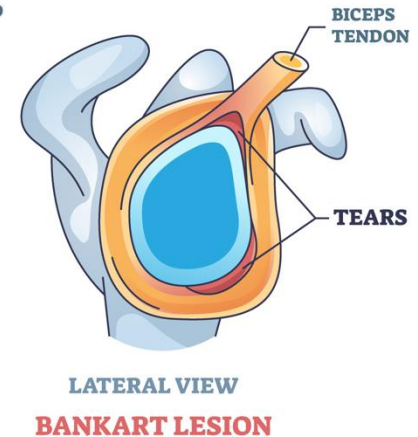
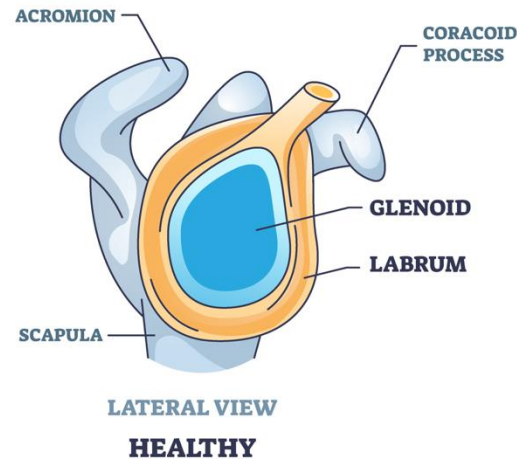
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What is the Labrum?

- **Soft fibrous cartilage structure surrounding shoulder socket**
 - Deepens socket to improve shoulder stability
- **What happens if it gets injured?**
 - Can result in instability
 - Shoulder dislocations or shifting events (subluxations)
 - Can result in pain
 - More common with posterior dislocations/subluxations



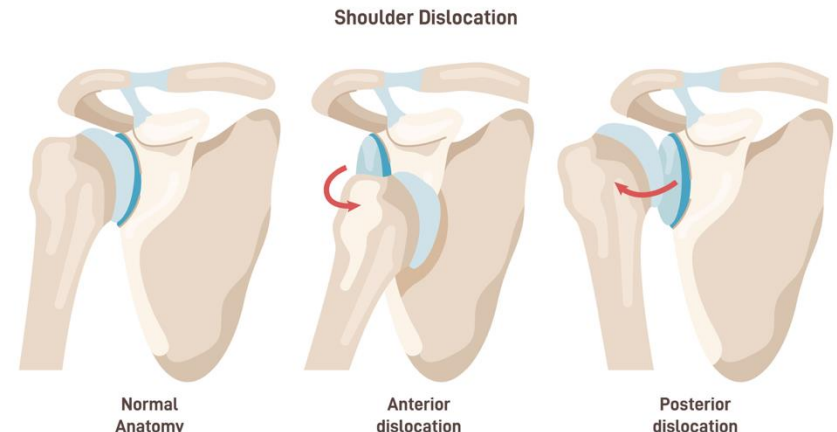
How labral tears happen?

- **Shoulder instability events**

- Shoulder dislocations – shoulder comes all the way out of socket
- Shoulder subluxations – shoulder shifts to edge of socket but does not come all the way out
- *Most commonly athletic injuries in contact/collision sports*

- **Degenerative**

- Usually posterior (back of labrum) or superior (top of labrum or SLAP tear)
- Posterior: Most commonly in football lineman or taking part in repetitive “jamming” with opposing player
- Superior: Traction injury or repetitive activity



Indications for Labral Repair Surgery

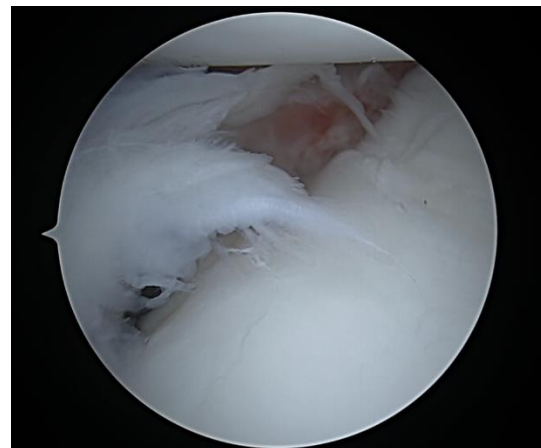
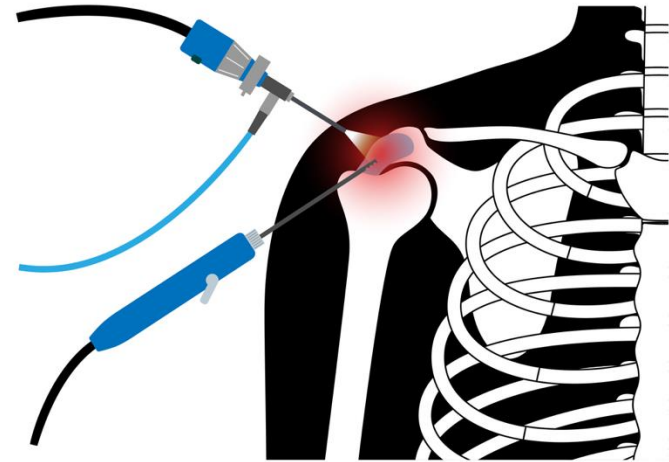
- Contact/collision athletes wishing to return to sport
 - After 1st-time event
 - 80-90% chance of recurrence without surgery
 - Improved outcomes with surgery after 1st event
- Recurrent instability events
 - High risk of recurrence after 2nd instability event, even in non-athletes
 - Continued instability events can lead to bone loss of humerus (upper arm bone) and glenoid (socket), compromising surgical outcomes
- Pain despite attempted non-operative treatment
 - More commonly for posterior or superior (SLAP)
 - Treatment generally includes physical therapy and possibly an injection



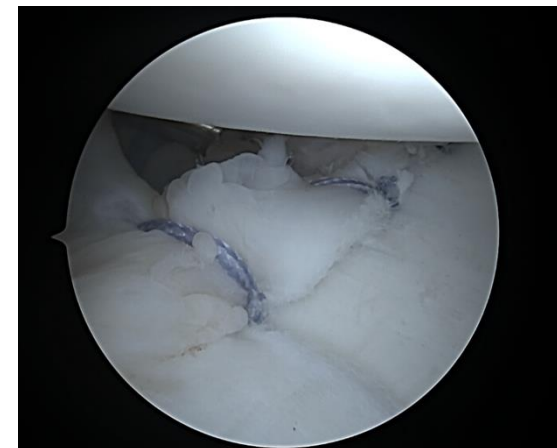
How is Surgery Performed?

- Arthroscopic (minimally invasive)
- 3-5 small (< ½”) incisions surrounding the shoulder
- 1–2-hour outpatient procedure
 - General anesthesia (asleep), nerve block for pain relief on day of surgery
 - Labrum fixed to bone using anchors made of suture and/or medical-grade plastic

SHOULDER ARTHROSCOPY



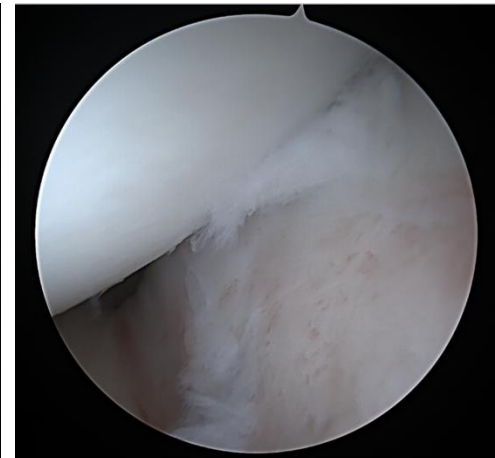
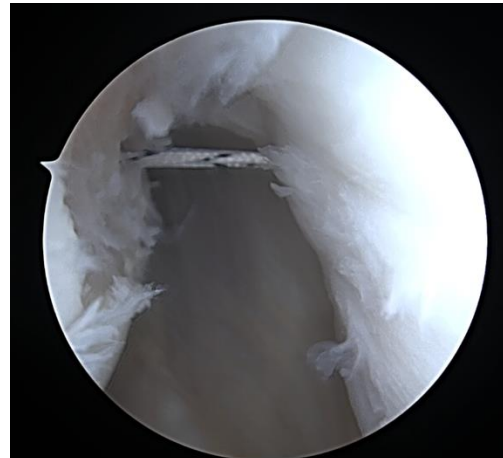
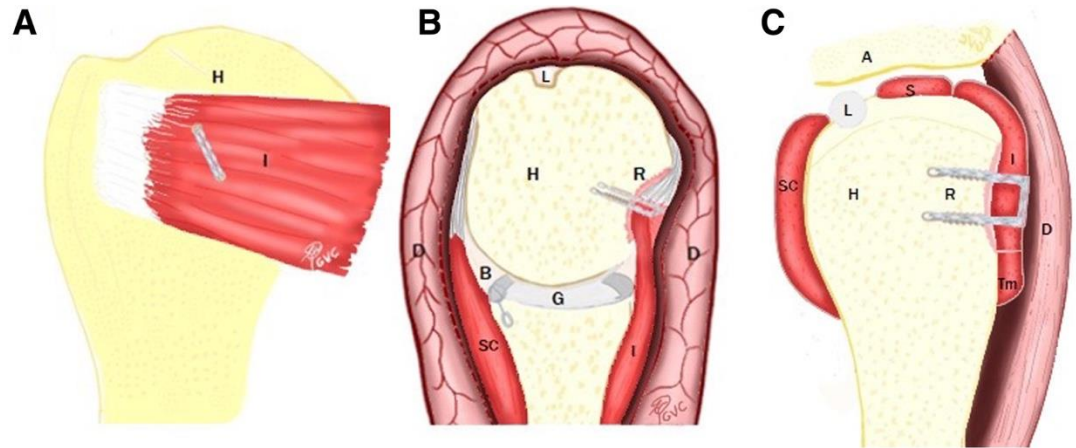
Labrum Torn off Socket



Labrum Repaired

What is a Remplissage Procedure?

- Hill-Sachs (HS) lesion, or divot in back of humerus, is filled with tissue
 - Divot usually forms as a result of repeat instability events
 - Increases likelihood of future instability events
- Lesion is filled with rotator cuff muscle and capsule (joint lining) using suture anchors
- Adds 10 minutes to surgery
 - Utilized in most patients with Hill-Sachs defects
 - Reduces risk of recurrence 2-fold



Expectations for Day of Surgery

Day of Surgery: At Surgery Center

- Will arrive to surgery center approximately 2 hours prior to surgery
 - Surgery center will call with specific time day before surgery
- Nothing to eat or drink after midnight
- Shower with Hibiclens night before and morning of surgery
- Time at surgery center:
 - **Before surgery:** Check in, paperwork, IV placement, meet anesthesia team, nerve block (1-2 hours)
 - **Surgery:** Roll back to operating room, go to sleep, surgery performed, wake up (2 hours)
 - **After surgery:** Roll to recovery room. Pain will be controlled. Water and crackers administered. Roll to car for family member/friend to take you home.



Day of Surgery: Home

- Ice frequently
 - 15 mins on and 15 mins off
 - Recommend ice machine (purchase on Amazon)
- Sling at all times
- Limit time on feet
- Light diet on day of surgery - avoid heavy/greasy foods
- Limit narcotic use – do not “stay ahead” of the pain
- Nerve block typically wears off 18-22 hours after administered
 - *Pain will increase, and you may require pain medication*



Day after Surgery: Home

- Continue to ice with ice machine
- Resume your regular diet
- Remove sling at least three times daily to maintain elbow range of motion
 - Make sure to fully straighten elbow
 - Easiest to do when standing up to ensure full extension
- May shower the day after surgery
 - Leave waterproof dressings in place until follow-up visit
 - Place Saran wrap/food cling over dressings and discard after shower



Wound Care

- Be very careful in shower
 - Most dangerous place after surgery
 - Sling will be off, and it is slippery
 - Keep waterproof dressings covered with Saran wrap/food cling until 2-week visit
- Glued on tan bandages (Episeal) will fall off
 - No need to keep wounds covered while showering after 2-week visit
 - Allow Episeal to fall off on its own
 - All stitches are dissolvable



Leave the waterproof bandages in place until 2-week follow-up visit, if possible



Tan bandages (Episeal) will fall off within 3-4 weeks of surgery

Home Exercises:

Start prior to outpatient Physical Therapy, at 2 weeks after surgery

*Should perform at least 3 times daily,
with no limit*

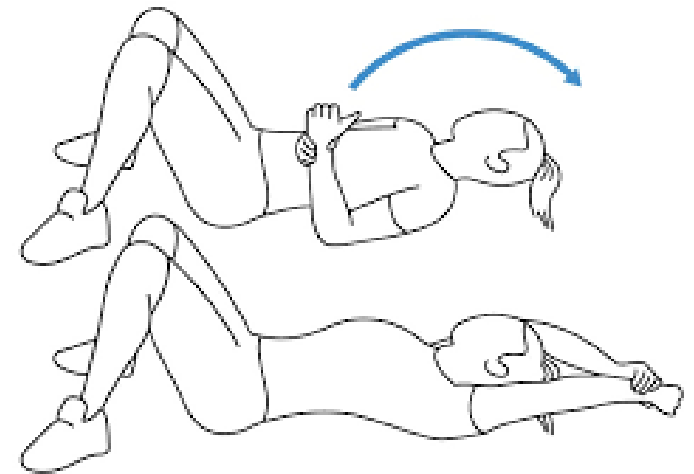
Pendulum Exercise (“Stirring the pot”)

- Remove sling
- Lean over with unaffected hand on table or counter
- Use your hips and legs to gently swing your surgical shoulder in small circles like a pendulum
- Start with small circles and slowly enlarge over time



Supine (lying down) Active Assist Forward Flexion

- Remove sling
- **Must be performed lying down**
- Use unaffected hand to grasp the wrist of the affected side
- Use the unaffected hand to pull the affected arm overhead
 - Stop when a mildly uncomfortable stretch is achieved
 - **This should not be painful**
 - Expect slow progress each day



Outpatient Physical Therapy

Start 4-6 weeks after Surgery

****Dr. Lamplot will discuss timing on case-by-case basis***

Outpatient Physical Therapy

Make sure to call ahead, as they often book out weeks in advance

Goals of Physical Therapy

1. Control pain
2. Regain full range of motion
3. Strengthen rotator cuff and surrounding muscles
4. Return to desired sport/activity level

Please discuss goals with Physical Therapist

1. Specific job demands (i.e. manual labor job)
2. Fitness goals
3. Return to sport (competitive/recreational)

Expectations: Symptoms

Time after Surgery	0-2 weeks	2-6 weeks	6 wks-3 months	3-6 months	6 mos - 1 year
Difficulty sleeping					
Pain at rest					
Pain with shoulder activity	None allowed	Minimal allowed		Tapers off	
Shoulder stiffness				Tapers off	
Weakness				Improves	Restored
Pain medication needed		NSAIDs/Tylenol only		Minimal	None

Note: Recovery timelines are general expectations and vary from person to person based on a variety of factors including severity of injury, baseline strength and activity level, compliance with postoperative instructions including home exercises and physical therapy, and other health factors.

Expectations: Function

Activity	Immediately	2-6 weeks	6-12 weeks	3-4 months	4-6 months	6+ months
Texting and typing						
Driving						
Desk work (with sling*)		*				
Sleeping in recliner/upright						
Sleeping in bed						
Lifting 1-5 pounds at/above shoulder height						
Lifting 10+ pounds at/above shoulder height						
Basic housework (cleaning)			Light work			
Reaching a high shelf						
Light manual labor						
Heavy manual labor						
Sports						

Note: Recovery timelines are general expectations and vary from person to person based on a variety of factors including tear size/retraction, baseline strength and activity level, compliance with postoperative instructions

Additional Considerations

- **How will I know when I can return to sports?**
 - Your physical therapist will perform a return-to-sport assessment ahead of your 6-month clinic visit with Dr. Lamplot
 - Recommendation is to wait until at least 6 months postoperative
- **Maximal improvement is not until one year after surgery**
 - Steady improvement until 6 months postoperative
 - Slower improvement from 6-12 months
- **Collision athletes**
 - Football athletes should consider Douglas Harness (bottom photo) to be worn attached to pads
 - Wrestlers and others can consider Sully brace (top photo)



Questions?

Contact Brittany Lukaszewski, RN

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