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Advice for patients following a Slap Repair

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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About the shoulder

The shoulder is made up of 3 bones: the Scapula (shoulder blade), the Humerus, (upper arm bone) and the Clavicle (collar bone).

The part of the scapula that makes up the roof of the shoulder is called the Acromion.

The shoulder is a ball and socket joint. The socket is surrounded by a labrum, which provides increased stability to the joint and an attachment for the biceps muscle.

A SLAP (superior labrum anterior posterior) lesion is an abbreviated term for a tear to the top part of the labrum. This causes symptoms such as pain, decreased movement and instability. This type of injury in people who play overhead sports or contact sports.



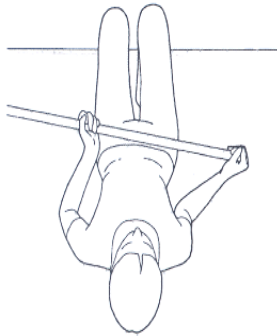
Notes



Stand in a doorway with arm close to your side and elbow at a right angle. Place your hand against the wall.

Gently (only 30% of your maximum force) push your hand inwards against the wall.

Hold approx. 10 seconds. Repeat 5 times.



Lie on your back with your elbows against your body and at a right angle. Hold a walking stick, broom handle or something similar in your hands.

Move the stick sideways, pushing your operated arm out to the side. Only push to 50% of your maximum movement (approx. 2 o'clock position).

Repeat 10 times.

The operation

The operation is usually done under a general anaesthetic through 2– 4 small (keyhole) incisions.

Occasionally, there are reasons why this operation cannot be done as a keyhole procedure. If this is the case, the operation is done as an 'open' procedure. This means there will be a bigger scar over the front of your shoulder.

During the operation, the surgeon will re-attach the labrum using sutures and small bone anchors.

Sometimes, a SLAP repair will be performed alongside another procedure depending on the amount of damage in the shoulder. Your surgeon or physiotherapist will inform of this and any impact that it will have on your rehabilitation.

Benefits of the operation

The following may be improved after your operation. However, remember this will not happen immediately and people progress at variable rates. You will receive physiotherapy to help you achieve your goals

- Improved shoulder range of movement
- Improved shoulder strength
- Improved shoulder stability
- Improved shoulder function

Improvement in function can continue up to 1 year-18 months post-operatively.

Risks of the operation

- Failure of the surgery/need for revision. Lifetime redislocation rate 10-15%
- Stiffness. This is rare and can be minimised by physiotherapy and exercises. Persistent stiffness is present in less than 1 in 100 patients
- Ongoing pain
- Nerve damage
- Wound infection
- Blood clots
- Complications related to anaesthetic

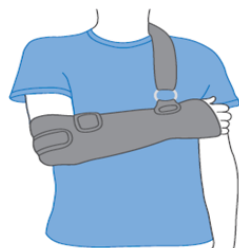
After the operation

Wearing a sling

You will be required to wear a sling for 2-3 weeks after a SLAP repair. It is **extremely** important that you wear the sling as instructed by your consultant and physiotherapist to protect the repair.

You should wear your sling at **all times** except for washing & dressing and performing your exercises. When dressing yourself, dress the operated arm first.

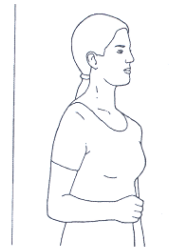
Your operated arm should be well supported in your sling across your body at chest level (see below)



Shoulder School Exercises

Unless advised otherwise by your physiotherapist, please also complete the following exercises which you were shown when you attended Shoulder School.

If you have not attended Shoulder School, please do not attempt the following exercises until advised to do so by your physiotherapist.



Stand with your back against the wall. Keep your upper arm close to your side and elbow at a right angle. Gently (only 30% of your maximum force) push the elbow back against the wall. Hold for approx. 10 seconds. Repeat 5 times.

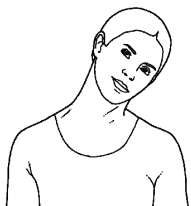


Stand facing a wall. Keep your upper arm close to your side with elbow at a right angle. Gently (only 30% of your maximum force) push your fist against the wall. Hold for approx. 10 seconds. Repeat 5 times.



Stand with your upper arm close to your side, elbow at a right angle and the back of your hand against a wall. Gently (only 30% of your maximum force) push the back of your hand against the wall. Hold for approx. 10 seconds. Repeat 5 times.

Stand sideways against a wall with your arm close to your side and elbow at a right angle. Gently (only 30% of your maximum force) push your forearm against the wall. Hold for approx. 10 seconds. Repeat 5 times.



Tilt your head to one side until you feel a stretch down the side of your neck. Hold for 3 seconds. Repeat to opposite side. Repeat 5 times each side.

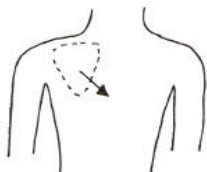


Bend and straighten your elbow. Keep your arm supported with your other hand. Repeat 10 times.

With your arm in the sling or supported with your other hand, turn your palm to face the ceiling then down to floor. Then bend your wrist forwards and backwards. Repeat whole process 10 times.



Make a fist then straighten your fingers. Repeat 10 times.



'Squeeze' your shoulder blades downwards and together for 5 seconds. Repeat 10 times.



Stand with your hands supported on a table. Gently step backwards, keeping your hands on the table. Repeat 10 times.

You can progress this by standing still and sliding your hands forwards across the table.

You can also use this position for personal hygiene to wash under your operated arm

Pain

To help with your pain a nerve block (interscalene block) might have been used by the anaesthetist during surgery. This means that your arm will feel numb and you may not be able to move it. The effects of this can last for 24 hours.

As the nerve block wears off, it is important that you take your painkillers as prescribed. The use of ice packs or heat may also help relieve the pain in your shoulder.

Pain and swelling is expected after surgery and as your rehabilitation progresses it is normal to experience some discomfort and aching during and following doing your exercises. Therefore, take your pain relief 20 minutes before completing these. If stronger tablets are required, speak to your GP.

- You may find an ice pack over the area helpful.
- Use a packet of frozen peas, placing a wet paper towel between your skin and the ice pack.
- If you have a wound, use a plastic bag or cling film to protect it from getting wet until it has healed.
- Leave on for 10-15 minutes and repeat several times a day.

Sleeping

Wear your sling whilst sleeping. Avoid lying on the operated arm initially. Sleeping on your back may well be the most comfortable position.

Driving

You must be safe and able to return to driving following your surgery. This is at approximately 4 weeks post-operatively, but it is your responsibility to decide when you can safely control the car. It is illegal to drive with your arm in a sling. It is advisable to start with short journeys. You must make your insurance company aware that you have had the operation.

Return to work / sport

This depends on your symptoms and the nature of your work and sport. The information below is just a guide and can be discussed with the doctor or physiotherapist at your outpatient appointments.

Sedentary work	4 weeks plus
Manual work / overhead lifting	12 weeks plus
Lifting with operated arm	6 weeks plus
Sports	12 weeks plus

NB: Return to contact sport may be considerably longer.

Follow up appointments

- You will be seen in your consultant clinic 6-8 weeks after surgery
- Nursing staff will provide you with information on looking after your wound. Stitches are removed at 10-14 days after surgery.
- You will be seen by a physiotherapist as appropriate for your surgery. This is usually 2-4 weeks post-operation.

Exercises

Exercises are really important after your operation. They aim to stop your shoulder getting stiff and to strengthen the muscles around your shoulder.

It is normal to feel discomfort, aching and stretching sensations whilst doing these exercises. Having painkillers before and using ice after exercising can help to minimise this.

If you have intense or prolonged pain, e.g. longer than 30 minutes, try doing the exercises less forcefully or less often. If this does not help, discuss your problems with your physiotherapist.

Remove your sling 3-4 times a day to perform the following exercises. If you put the time and effort in, you will see the improvement.

It is important to start the following exercises the day of or the day after your surgery, or as soon as your nerve block wears off. It is up to you to continue with these at home until you attend for your outpatient physiotherapy appointment.

Complete the exercises in this booklet only to prevent damage to your shoulder. Exercises will be progressed with the outpatient physiotherapist.