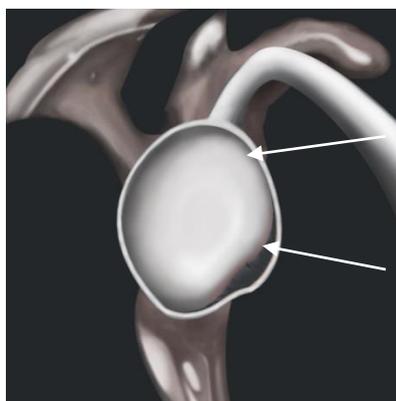


What is Shoulder Instability? What is a Shoulder Dislocation?

The shoulder joint is a ball in socket joint and is the most mobile joint in the human body. The socket, however, is quite shallow which means that the ball can come out of the socket - this is called a dislocation. 90% of the time, shoulder dislocations happen out of the front of the socket, usually, after a fall or a tackle during sport. Once a shoulder dislocates once, it comes out of the socket more easily. This can lead to frequent dislocations. When the shoulder dislocates out the front, there is usually a tear in the cartilage bumper of the shoulder called the 'labrum'. This tear in the labrum is called a 'Bankart tear' and the surgery to fix it is called a Bankart repair.



Shoulder Labrum

Bankart Tear

Less commonly, the shoulder can dislocate out of the back of the socket or move out the joint in multiple directions. Sometimes, the shoulder can be loose and come partially out of the joint, called a 'subluxation'. Your surgeon will tell you what kind of instability your shoulder has.

What Happens During Shoulder Instability Surgery?

During the surgery, a lighted telescopic lens called an "arthroscope" is inserted directly into the shoulder joint to see what is happening in the joint. Several small cuts are made in the skin in order to place the arthroscope and surgical instruments. The joint will be examined and the repair is usually done as 'key hole' surgery.

If there is a Bankart tear and the labrum has torn off the surface of the shoulder socket, the labrum will be repaired. The surgery involves freeing up the labrum from any scar tissue and then repairing it with sutures and anchors back done to the socket. After this, the arm is placed in a sling to protect the repaired labrum and allow it to heal in the right position. If the repair is stressed too early, before healing has taken place, the repair will fail.

Shoulder Instability Surgery is performed in the operating room most commonly under general anesthesia 'going to sleep' but sometimes also with block anesthesia 'freezing the arm'. The surgery typically takes between 1-2 hours.

How Long Does Recovery From Shoulder Instability Surgery Take?

For the first 3-6 weeks after surgery, your surgeon will ask you to wear a sling to protect the repaired cartilage and tissues. The next phase of recovery, from around 4- 8 weeks after the surgery, is focused on getting the shoulder to move normally again, while still not doing any lifting that could pull apart the repair. Around 3 months after surgery, you will start strengthening exercises.

Most of the recovery is complete around 4-6 months after surgery, but there can be improvement for 1-2 years after surgery.

What kind of Outcome can I expect after Shoulder Instability Surgery?

Most patients who have the shoulder dislocate out the front can expect that the surgery will stop the shoulder from dislocating. Around 15% of patients may still have the shoulder dislocate and may require another surgery. Some stiffness and pain in the shoulder is common early in the recovery and can be frustrating, but this usually goes away with time. Most people can return to many of the activities they were doing before they injured their shoulder but there is still a risk that shoulder can dislocate again if you have a fall or are tackled.

Patients that have a shoulder that dislocates out the back or that dislocates or subluxates in multiple directions may have a less predictable response to surgery. Your surgeon will discuss this with you.

Information About What to Do After Surgery:

Going Home:

- Arrange to have someone take you home after surgery, even if you are taking a taxi

Bathing:

- Keep your dressings dry for the first 5 days after surgery. Cleanse around the area or use a plastic bag sealed with duct tape to keep the dressings dry.
- If the dressings get wet, change them
- If your wound does not have any fluid coming out of it, you may get the wound wet in the shower 5 days after surgery
- You may bathe 2-3 weeks after surgery, if the wound is healed and dry

Care of your Incision & Wound:

- Your wound may ooze fluid for 24-48 hours
- You do not need to change your dressings if you do not want to -- you can just leave them clean, dry and covered until your follow up appointment 10-14 days after surgery
- Buy either 'mepore' or waterproof 'aquacell' dressings
- Buy 'mepore' dressings at pharmacy. You must apply a new mepore dressing after each shower.
- Buy waterproof 'aquacell' dressing at One Bracing @ Rebalance^{MD}. You may shower with the aquacell dressing on and it does not need to be changed.

How to change your dressings:

- Wash your hands with soap & water before you take care of your wound
- Throw out the white gauze bandages—the dressings will be stained with blood - and remove the white mepore dressings.
- Do not remove the Steri-Strips- small tapes that may be right on top of the wound. They will fall off themselves.
- Cover wounds with a new dressing. Apply new 'mepore' or waterproof 'aquacell' dressing.

Activity:

- Wear your sling whenever you are up for the first 3-6 weeks after surgery. Your surgeon will tell you when you are able to stop using the sling.
- Remove the sling at least 3 times per day and stretch the elbow; make sure to fully straighten or 'extend' the elbow to make sure it does not get stiff.
- Do pendular exercises 3 times per day. Instructions on pendular exercises are at the end of this handout.

- Gradually resume normal activities like walking; recovery is gradual and it is normal to feel weak and tired for a couple of weeks after surgery
- You can begin physiotherapy within a week or two
- Your surgeon will give you a prescription for physiotherapy

Tips for Living with a Sling:

- Many normally simple activities, like dressing, putting on shoes etc. can be more difficult with a sling on.
- This guide offers many tips on how to prepare for your time in a sling.
- Please review it prior to surgery and after.
- See:
http://rebalancemd.com/patient/downloads/Shoulder_Guide.pdf

Pain:

- Discomfort will be mild to moderate for the first few days and will gradually get better
- Use pain medications as prescribed by your surgeon
- Gradually reduce your pain medications as your pain decreases

Swelling

- Expect swelling for a few weeks following the surgery. This is due to fluid that was introduced into the joint during surgery and inflammation
- Some swelling or bruising may go into the front of the chest muscles or down the arm to the hand
- When resting, sit with the affected limb supported with pillows

Icing:

- Apply ice packs or use a cryo therapy 'ice machine' to reduce pain and swelling
- Apply ice for 10-15 minutes, 4-6 times per day
- Never apply ice directly to skin

Return to Work:

- When you are able to return to work depends on:
 - the kind of job you have and its physical demands
 - how much pain & swelling you have after surgery
 - how your physiotherapy is progressing
 - if you are able to modify your job or work from home
- Your surgeon will help you decide when to return to work
- Expect to take off at least 1-2 weeks for a desk job that you are able to do with your arm in a sling
- Expect to take off 2-4 months for work where you need to use both arms
- Expect to take off around 4- 6 months for more physically demanding work

Healthy Eating:

- Start with clear fluids after surgery
- Gradually increase to a well balanced diet as your appetite allows
- Drink at least 6 cups of fluids daily

Smoking:

- Smoking causes problems with the healing of bones and tissues
- Not smoking or smoking less for 2 months before surgery and for 3-6 months after surgery will reduce the chance of a problem with healing

- visit www.quitnow.ca for information about tools and medications to help you quit smoking

Going to the Bathroom:

- Changes in medications, activity and diet can cause constipation (hard, dry bowel movements)
- To avoid constipation: drink lots of fluids, eat high fibre foods such as prunes, fruits, bran, whole grains and vegetables
- Take a stool softener or laxative if needed. Ask your surgeon or pharmacist to suggest one.

Driving:

- Do not drive while taking pain medications or if your arm is in a sling
- Discuss with your surgeon when it is safe to drive
- If your ability to safely drive (e.g swerve sharply, perform an emergency stop) is impaired, your insurance may not be valid in the case of an accident

Your Medications:

- Resume your regular medications unless instructed otherwise by your surgeon

Supplies/special equipment:

- A sling will put on in the operating room.
- **Alternative Shoulder Sling:** If you find the sling supplied by the hospital quite irritating or uncomfortable, you may wish to buy a more padded sling which some patients find more comfortable. This is entirely optional. These can be bought at One Bracing @ Rebalance^{MD} or other medical supply stores such as McGill & Orme, Island Orthotics and others.

- Your surgeon may have prescribed you a special sling prior to your surgery. If so, please bring it to your surgery.
- If you purchase a sling, make sure that you have it fitted BEFORE your surgery so that it is properly adjusted. This should be done where you purchase your sling
- **Cryotherapy "ice machines":** are an alternative to ice packs. They can be extremely helpful to reduce pain and swelling. These can be bought at One Bracing @ Rebalance^{MD} or other medical supply stores such as McGill & Orme, Island Orthotics and others.

Follow Up Appointment:

- A post-operative appointment should be scheduled for approximately 10-14 days post surgery
- Call the office if you do not have an appointment scheduled
- Write down your questions for the surgeon before the appointment

Call your Surgeon if you have:

- Increasing pain or swelling that is not relieved by elevation, ice and pain medications
- Incisions that are red, puffy, hot or leaking fluid more than 48 hrs after surgery
- Fever greater than 38°C
- Signs of circulation problems (e.g coolness, change in skin colour, numbness) which is not relieved by rest
- Persistent nausea and vomiting
- Inability to pass urine for more than 8-10 hours

If you cannot reach your Surgeon:

- Call your family surgeon, go to a walk-in clinic or hospital emergency department

Non-emergency health information and services:

- HealthLinkBC www.healthlinkBC.ca
- Tel: 811 from anywhere in BC
- Tel: 711 for deaf and hearing impaired assistance (TTY)

Physiotherapy Exercises for Shoulder Surgery Patients

You may begin these exercises immediately after surgery unless told otherwise by your surgeon. Do the exercises 2-3 times per day for around 10 repetitions each each.

Your surgeon will give you a prescription to see a physiotherapist and tell you when to see a physiotherapist.

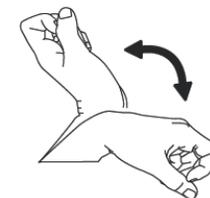
Elbow Movement Exercises:

1. Elbow Flexion-Extension: sitting up or lying down, take your sling off and keep your arm by your side. Straighten your elbow as far as possible. You



can use your non-operated arm to help guide. If you have had a biceps tendon repair, do not do this exercise until approved by your surgeon.

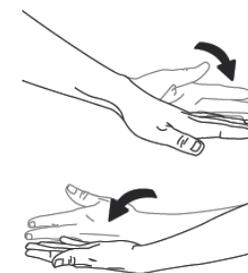
2. Wrist Flexion-Extension: Keeping your arm at your side, bend your wrist forwards and backwards as far as possible. You may need to help with your non-operated hand.



3. Grip: Make a fist or squeeze a rolled up cloth or tennis ball



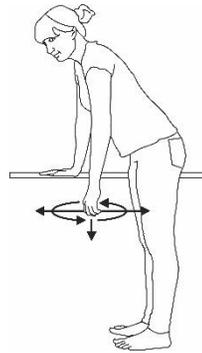
4. Palm Up/Palm Down: keeping your arm at your side, start in a hand shake position. Slowly rotate your palm down as fully as possible and up as fully as possible until you feel a stretch in your forearm. If you have had a biceps repair, do not do this exercise until approved by your surgeon.



Shoulder Pendular Swing Exercises

Spend about 15 minutes, 3 times a day exercising your shoulder.

- Rest your good arm on the edge of the table
- Bend over from your waist
- Allow your affected arm to hang down – it should hang limp and loose
- Swing the arm back and forth in a smooth pendular motion about 10 times
- Then allow the arm to circle gently in a clockwise direction with circles that grow gradually larger. Repeat 10 times.
- Now go counter clockwise. Repeat 10 times.



The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or direction given to you by your surgeon.