

Anterior Stabilisation (Bankart Repair)



Patient Information



What you need to know about your operation

Contents

	Page
Introduction	3
The shoulder joint	4
About your condition – Shoulder instability	5
About your operation	5
What are the risks?	6
What to do following the operation	6-9
<ul style="list-style-type: none">• Pain control• Wearing the sling• Wound care• Follow up appointments• Activities to avoid• How you will progress• Return to work/driving/leisure activities/sport	
Exercises	9-14
Further information and advice	14

Advice and exercises for patients following shoulder surgery

Anterior Stabilisation (Bankart Repair)

Introduction

This information booklet has been produced to help answer any questions you may have about your operation, and about how you should progress following surgery.

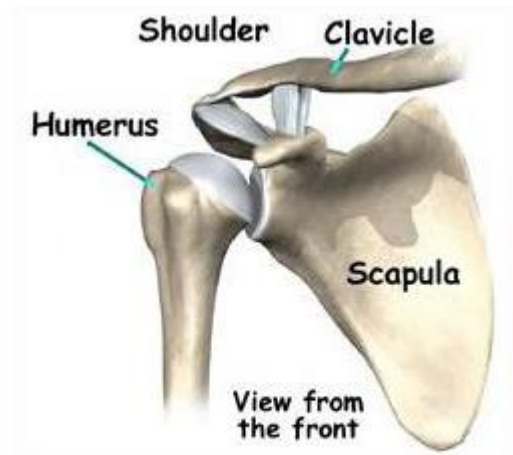
It includes the following information:

- Anatomy of the shoulder joint
- About your condition
- Types of prosthesis used
- The operation
- What are the risks?
- What to do following your operation
- Exercises

This booklet is designed to be used in conjunction with the professional care you will receive at your hospital. Individual variations requiring specific instructions not mentioned here may be necessary. Your doctor and physiotherapist will be able to advise you appropriately.

The information in this booklet has been developed in association with Mr Nick Fernandez (Consultant Orthopaedic Surgeon), Tracey Atwell (Specialist Physiotherapist), and Dr Matthew Hough (Anaesthetist).

The shoulder joint



The shoulder joint

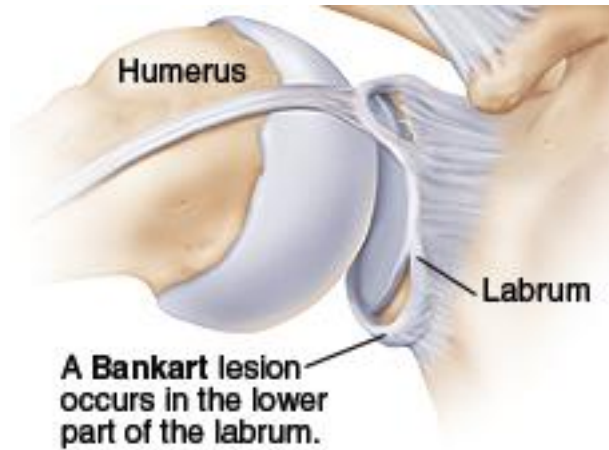
The shoulder is a ball and socket joint where the upper arm bone (humerus) meets the shoulder blade (scapula).

The shoulder joint is designed to allow a large amount of movement. At the same time, this means that the shoulder is prone to dislocating, or coming out of position.

There are several structures that help keep the joint in position. These include:

- a rim of cartilage (the glenoid labrum), which deepens the socket
- the capsule – the tissue that covers the joint
- ligaments, which hold the bones together
- muscles, which help keep the shoulder blade and joint in the correct position when moving or using the arm

If the shoulder dislocates then these structures may be damaged. Sometimes, part of the cartilage can be detached from the socket – this is known as a **Bankart lesion**.



In addition, the back of the ball can develop a dent where it strikes the front of the socket – this is known as a Hill Sachs lesion.

About your condition – Shoulder instability

When the ball of the humerus is not moving normally on the socket (or vice versa) you may feel the ball slipping, catching or ‘coming out’ of joint. This can be associated with pain and a sense of a ‘dead arm’ and you become apprehensive of moving your arm in certain positions.

There are different degrees of shoulder instability. Instability can range from the joint slipping (subluxation) to the joint surfaces coming apart completely (dislocation). A dislocation is more likely to damage the structures around the shoulder.

About your operation

The operation aims to tighten and/or repair the overstretched and damaged rim of cartilage (glenoid labrum), ligaments and muscle. Different types of operation are done to achieve this, but normally it is the cartilage around the shoulder joint that is tightened up. This is known as a **Bankart repair** or **anterior stabilisation**.

Sometimes it is necessary to detach a part of the shoulder blade (known as the coracoid process) and attach it to the front of the socket with screws. This is known as a **Latarjet procedure**.

The operation is usually done through an incision at the front of the shoulder. Occasionally, if the instability is fairly mild, the operation will be done via a 'keyhole' (arthroscopic) incision.

What are the risks?

As with any operation there are risks involved. Your doctor will have discussed these risks with you prior to the operation. They include infection, stiffness, nerve damage, failure of the operation and continuing dislocation after the operation.

There may also be risks associated with the anaesthetic. These will be explained by the anaesthetist, who should see you before the operation. This is usually on the day of surgery.

The most common anaesthetic is a general anaesthetic (further information is available via a separate booklet, **Your Anaesthetic Information**). Occasionally you may be offered an alternative anaesthetic, which again will be explained to you by the anaesthetist.

What to do following the operation

Pain control

This procedure can be painful due to the surgery performed inside your shoulder. You will be given painkillers (either as tablets, injections or nerve blocks) to help the pain while you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. Please contact your General Practitioner (GP) if you require further medication after that.

You may also find ice packs over the area helpful. Ice is a natural anaesthetic and helps to relieve pain. To ice the shoulder use a bag of frozen peas or a plastic bag filled with ice cubes. Wrap the ice bag in a small towel to protect your skin. Place this over your shoulder for 10-15 minutes; you can repeat this several times a day.

Wearing the sling

The sling is usually worn for 4 weeks. Your surgeon will make this decision during the operation and the physiotherapist on the ward will let you know how long you need to wear the sling.

The sling is to be taken off for washing, dressing and exercises, which the physiotherapist will go through with you on the ward.

Wound care

Usually, dissolving stitches are placed under the skin.

However, you may have stitches that will need to be removed when you have your wound checked at 1-2 weeks post operation. This is usually performed at your GP surgery and will be arranged prior to discharge.

Avoid using spray deodorant, talcum powder or perfumes near or on the scar until it has healed.

Will I have a follow up appointment?

This is usually at about 6 weeks after your operation to check on your progress with your consultant or a member of their team. Please discuss any queries or worries you may have when you are at the clinic. Further clinic appointments are made after this if necessary.

What activities should I avoid?

To start with you will only use your arm when washing, dressing and doing the exercises shown by the physiotherapist in the hospital. For washing and dressing, lead with the other hand/arm and use pain as your guide.

Once you begin to wean off the sling you can start to do light activities, using pain as your guide to stop. Do not expect to be able to lift your arm overhead straight away. Avoid carrying, pushing, pulling and lifting for at least 8 to 12 weeks. Your physiotherapist will further guide you as you progress.

How will I progress?

Once you are able to start weaning off the sling, your physiotherapist will encourage you to regain first passive then active range of movement. At 3 months, once you have obtained good movement, you will start to work on strengthening and functional rehabilitation. The eventual result will be influenced by how hard you work at your exercises.

Returning to work

This will depend on the type of work that you do. If your job requires a lot of physical activity using your arm then you will probably need at least 3 months off work. If you have a more sedentary job, then you may be able to return to work earlier.

Please discuss further with your doctor or physiotherapist if you feel unsure, or if your job requires a lot of physical activity with the shoulder.

Returning to driving

You can drive after 6 weeks, as soon as you are in full control of the car.

Your physiotherapist will be able to help guide you with when you are ready. You must also inform your insurance company that you have had an operation, to protect yourself and your policy.

Returning to leisure activities and sport

Your ability to start these activities will depend on the pain, range of movement and strength you have in your shoulder.

It can take 12 weeks or longer to regain full active movement. You should not start playing contact sports until 9 months after the operation. Please discuss any queries with your physiotherapist.

Exercises

When in hospital you will be shown exercises to do with your shoulder, elbow, wrist, hand and neck (these are shown below). You will also be shown how to wash and dress appropriately without causing any harm to your shoulder.

You will be seen in Outpatients Physiotherapy at 2 weeks post operation where you will progress your exercises.

These exercises should not increase your pain. It is normal to feel some aching, stretching or slight discomfort when doing the exercises. However, if you feel an exercise is causing you intense and lasting pain (e.g. for more than 30 minutes) change the exercise by doing it less forcefully or less often. The key is to do the exercises “little and often” –

e.g. for 5-10 minutes, 4 times a day. You can use painkillers and/or an ice pack to reduce the pain before you exercise if necessary.

Below are the exercises you should start doing as soon as possible after you go home.

1. Posture

Poor posture can lead to problems with the shoulder joint, so ensuring your posture is correct is one of the most important things to achieve following shoulder surgery.



Correct posture



Poor posture

In standing or sitting. Keep your arms relaxed; make sure that your chin is not poking forward.

Roll your shoulder blades (scapulae) back and downwards. Hold this position for a few seconds. Do not arch your back.

2. Neck stretching

Some people feel pain and tension between their neck and shoulder. This can be helped by correcting your posture (as described above) and gently stretching your neck.

In the correct posture (as above).

Side flex your head away from the operated shoulder and hold for 10 – 20 seconds (or for as long as you feel comfortable).



3. Pendular

The aim of these exercises is to provide a stretch to your shoulder to stop it from becoming stiff. They are good to do in the very early stages when your arm is still sore.

Lean forwards using your good arm to support you. Let your operated arm hang freely as shown in the picture (right).



Starting with small movements, let your arm swing like a pendulum:

a) forwards and backwards





b) side to side

c) around in a circle

Repeat each movement as many times as is comfortable.



4. External rotation in sitting



With your arm out of the sling take your forearm away from your tummy to 90 degrees hold for a few seconds, then back to your tummy.

Repeat 10 times

The exercises below are to help prevent the other joints of your arm from becoming stiff while you are in the sling.

5. Elbow exercises



Detach the shoulder strap of your sling. Slowly straighten your elbow, hold this position for 5 seconds, then bend the elbow up as far as it will go and hold this position for 5 seconds.

Repeat 10 times.

6. Wrist exercises



With your elbow supported on a table or pillow, bend your wrist up and down.

Repeat 10 times in both directions.



With your elbow supported, turn your hand over so the palm is facing up, then turn it over so the palm is facing down.

Repeat 10 times.

7. Hand exercises



With your elbow supported on a table or pillow, make a tight fist and then stretch your fingers out.

Repeat 10 times.



Further information and advice

If you experience pain not relieved by painkillers or heavy bleeding after your operation please contact your GP or go to the Accident and Emergency Department.

For further information and advice after surgery please contact the Day Surgery Unit on 01305 254501.

You can also contact NHS Direct 24 hours a day on 0845 46 47 or www.nhsdirect.nhs.uk

You can contact our Patient Advice and Liaison Service (PALS) on freephone 0800 7838058 or email pals@dchft.nhs.uk

**Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY
Switchboard: 01305 251150
Fax: 01305 254155
Minicom: 01305 254444**

**Email: headquarters@dchft.nhs.uk
Website: www.dchft.nhs.uk**

Information sheet authors: Matt Parselle, Senior Physiotherapist; Tracey Atwell, Specialist Physiotherapist; Mr N. Fernandez, Consultant Orthopaedic Surgeon; Dr M. Hough, Consultant Anaesthetist.

**Last updated: August 2010
Code:**