

Anterior Labral Repair Surgery

The problem:

A tear of the cartilage lining on the front of the shoulder joint socket (glenoid). This usually occurs from an anterior shoulder dislocation.

Reason for treatment:

Pain and instability.

The treatment:

Surgery is done arthroscopically. The torn labrum is repaired using prefabricated anchors with sutures attached. The anchors are made of inert material that does not appear on an x-ray. These anchors are placed in the bone. The suture attached to the anchor is then passed through the torn labrum and tied down to bring the labrum back to the bone as it was before it was torn.

Day of surgery:

The patient arrives 2 hours before the procedure to meet the operative team. A catheter is placed in their vein (IV) and the patient is given a nerve block. The nerve block helps with pain after the surgery for approximately 12 hours. The patient is still put to sleep during the surgery. The total time in the operating room is 2-3 hours due to the setup time and takedown time, but the actual procedure is shorter. The surgery is done with the patient in the sitting position, so care is taken to position the patient appropriately. The patient stays in the recovery room for 1-2 hours. Patients go home the day of surgery.

After surgery:

The patient wears a sling for 4 weeks. The patient keeps the incisions dry for 7 days. Sponge baths are appropriate. The sling is removed only to take a bath or shower and when sitting standing while awake and away from crowds. It should always be worn when asleep during the first 4 weeks. Exercises start 4 weeks after surgery. Recovery is usually complete at 4-6 months.

The shoulder is painful for several days and is uncomfortable for 2-3 weeks. Pain is managed with ice and narcotic pain medication. Narcotic pain medication is stopped by the 4th to 6th week after surgery. Anti-inflammatory medication may start at 4-6 weeks if needed.