

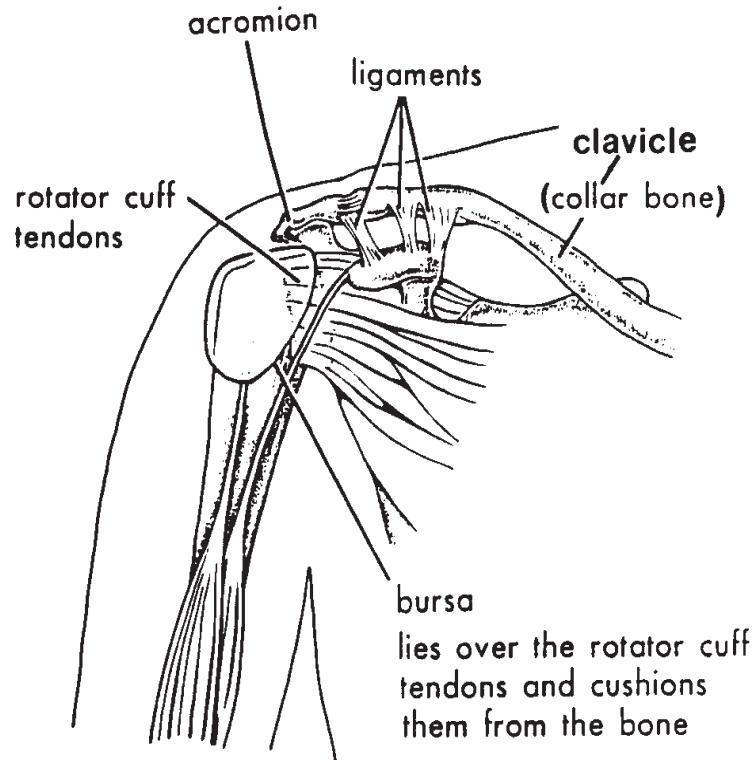
Bankart Repair/ Rotator Cuff Repair of the shoulder

A Patient Guide

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Anatomy of the Right Shoulder

General Information

Shoulder surgeries are done in the operating room under a General Anesthetic. They may be done through an incision or arthroscopically (through small punctures/incisions and guided light). The procedure usually takes one to one and a half hours.

The shoulder is one of the least stable joints in the body due to its anatomy; thus it can be easily injured during an accident. Two more common injuries are as follows:

- **Rotator Cuff Repair**

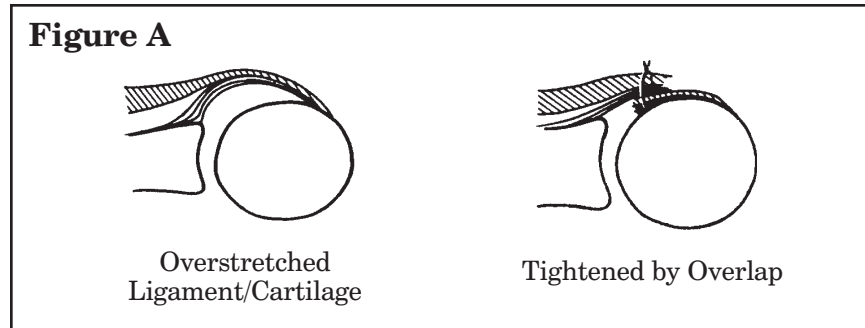
A rotator cuff injury is usually caused by a sporting injury, fall or direct blow to the upper arm. The rotator cuff is made of four muscles attached to tendons. These tendons attach to the top of the upper arm bone and allow you to lift your arm above your head.

When you injure your rotator cuff, one or all of these tendons can tear away from the bone, thus restricting your arm movement. The aim of surgery is to reattach these tendons to the bone and eventually allow you greater movement of your arm.

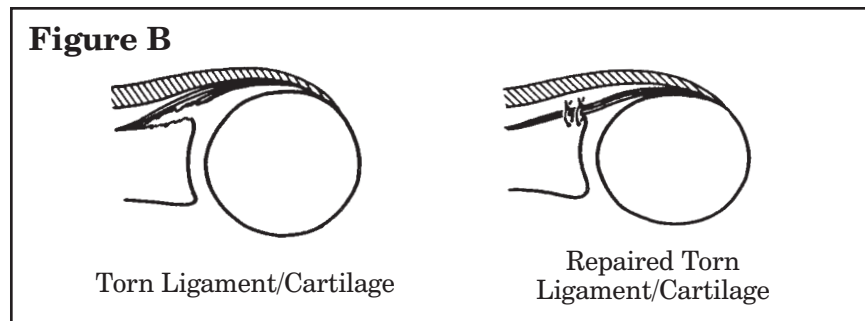
- **Bankart Repair**

A Bankart repair is done to tighten a loose shoulder joint. A loose shoulder joint can be due to anatomy, repeated dislocations or injury resulting in muscle strain or muscle/cartilage tear.

The aim of surgery is to tighten the joint. Stretched muscles are overlapped and stitched. This makes the muscle shorter as shown in Figure A.



If the loose shoulder joint is due to torn cartilage, the cartilage is reattached to the bone by making small holes in the bone and securing the cartilage with sutures through these holes (see Figure B).



Day of your Surgery

- An intravenous may be started before your surgery. You may receive medications such as antibiotics in this intravenous.
- Approximately 30-45 minutes before your surgery, a porter will take you on a stretcher to the pre-operative care area. A nurse will be present to answer any of your concerns. You will be seen by an anesthetist prior to surgery.

This is a good time to ask any questions concerning your anaesthetic. (Writing your questions down will help you to remember them.)

- From the pre-operative area, you will be moved into the Operating Room where the anesthetist and your doctor will perform your surgery.
- A General Anesthetic will be used to make you sleep during your surgery. Your shoulder may be "frozen" with local anaesthetic which will wear off later in the day.

After your Surgery

After your operation you will be taken to the Recovery Room. A nurse will check your blood pressure and pulse frequently. You will wear an oxygen mask for a short period of time. It is important to indicate to your nurse if you are having pain or feel sick to your stomach. Your nurse will give you medication as ordered by your doctor. When you are awake, a porter will take you to your room.

- Your arm may appear pink in colour. This is because it has been washed with a pink tinged antiseptic in the operating room. This easily washes off with soap and water.
- Your arm will be in a sling and positioned at a right angle. For the first few days you may take your arm out of the sling for pendular exercises 2-3 times a day then place it back in the sling. Your physiotherapist will show you how to do these exercises.
- Notify your nurse if you notice any numbness, tingling, or coolness of your arm.
- The intravenous will be left until you are able to drink fluids and have received the last dose of antibiotic as ordered by your doctor.

Discharge Information

- **How do I care for my dressing?**

Keep the shoulder bandage clean and dry until your follow-up appointment with your doctor. If there is any oozing from the incision, put on a new bandage. When applying a new bandage, do not touch the side of the gauze that goes against the wound. A sterile gauze/ bandage can be purchased at the drug store.

You may sponge bath your upper body until you see your doctor and get the okay to shower. If you want to shower before then, put a waterproof dressing (i.e. plastic wrap framed with waterproof tape) over the shoulder dressing. If you get the dressing wet, it must be changed immediately to prevent infection.

- **What do I do if my wound starts to bleed?**

The dressing may become spotted with blood. This is usually not a cause for concern. If the dressing becomes **soaked** with blood, apply firm steady pressure over the area for 10-15 minutes or until the bleeding stops. If bleeding continues, seek medical help.

- **How do I decrease swelling?**

Your shoulder will be swollen and somewhat uncomfortable for 24-48 hours after your operation. This is normal and partly due to the fact that some fluid is injected into the shoulder during the procedure.

Apply covered ice packs over the shoulder for 10-20 minutes every hour (as needed) to reduce swelling and pain. **(Do not put ice in direct contact with the skin.) A plastic bag with ice cubes or a bag of frozen peas [do not eat after use as ice pack]** placed in a pillow case or towel works well.

If you have swelling in your arm or hand, we recommend elevating the arm on pillows for 20-30 minutes and pumping the hand (opening and closing your hand repeatedly) 3 times a day until the swelling goes away. This is best done when lying flat.

- **When can I remove the sling?**

You will go home with a sling on your arm. The purpose of the sling is to protect your arm and take the weight off your shoulder. It is supported in the position least stressful to your shoulder. Rest your arm supported on a pillow when sitting or lying down.

- **What if I am in pain?**

Take the pain medications as ordered by your surgeon. Taking pain medications on a regular basis during the first few days after surgery will help control the pain and stop it from becoming worse. Covered ice packs may also decrease pain. Do not drink alcohol when taking pain medication.

- **When can I eat?**

Remember that a well-balanced diet is important for wound healing.

Include high fiber and plenty of fluids in your diet to prevent constipation especially if taking Tylenol #3's or Codeine.

Do Eat:

- grain breads
- bran cereals (All Bran, Bran Buds, Fruit & Fiber)
- fruits (prunes, raisins, dates, bananas, apples)
- vegetables (broccoli, corn, beans, potatoes)

Ask your doctor or pharmacist about a mild laxative or stool softener, if you are having difficulty having a bowel movement.

- **When can I get back to my normal activities?**

Recovery after surgery is gradual. It is normal to feel weak and to tire easily during your first week or two at home. Alternate your periods of rest and activity.

To improve the movement and circulation to your elbow, forearm, wrist and hand, we encourage you to move them frequently.

Avoid stressing the shoulder joint. Do not carry heavy objects greater than 10 pounds or do heavy physical activities.

Plans for returning to work are dependent on the nature of your job as well as your general health and recovery. Discuss with your doctor the best time for you to go back to work.

- **When can I drive?**

If you are involved in a car accident after surgery and it can be shown that your ability to drive carefully (swerve sharply, check over your shoulder, etc.) was affected by your shoulder condition, then your insurance claim might not be valid. Take this into account when you are considering your ability to drive. Consult with your doctor.

- **What exercises will I need to do?**

You will be seen by a physiotherapist who will assist you with shoulder exercises and provide you with an exercise instruction sheet.

Spend about 10 minutes, 3-5 times a day exercising your shoulder to your comfort level. This sling should remain on until you see your doctor, unless otherwise instructed. You may remove the sling to wash and do your exercises beginning the day after surgery, keeping your elbow at your side.

Putting ice packs on your shoulder before and after your exercises may help reduce pain.

These exercises should be performed gently using the strong unoperated arm to assist the newly repaired arm.

- **Follow-Up Appointment**

Ensure you keep appointments for follow-up care with your doctor. Contact your doctor's office to arrange for an appointment.

Notify the Doctor or Go to the Emergency Department if any of the following happens:

- persistent bleeding continues even after applying direct pressure to the area for 10-15 minutes
- chills and/or fever of 38.5°C or 101.3°F or higher
- pain not relieved by prescribed medication
- persistent nausea and vomiting
- wound redness, swelling, warm to touch and/or pus-like (yellow/green) drainage
- you notice signs of circulation problems (numbness, coolness, change in skin color, difficulty moving fingers, hand, or forearm) which is not relieved by elevating the arm on pillows while lying flat
- you are unable to pass urine for more than 8 to 10 hours even though you have been drinking plenty of fluids

