

# **Patient Information**

**SUPERIOR LABRAL ANTERIOR POSTERIOR LESION  
&  
REPAIR**

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This information booklet has been produced to help you obtain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment at the orthopaedic clinic. Individual variations requiring specific instructions not mentioned here may be required.

If your wound changes appearance, weeps fluid or pus, or you feel unwell with a high temperature, during office hours please contact the relevant PA. Alternatively contact the hospital where you had your operation in the first instance.

Who to contact if you are worried or require further information.

PA at St. George's Hospital: 0208 725 2032

PA (Private Patients): 01737 352494

SWLEOC: 01372 735800

St. Anthony's Hospital: 0208 337 6691

Parkside Hospital: 0208 971 8000

We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Clinic) for allowing us to reproduce some of the information contained in this booklet.

## **Patient information sheet**

### **Superior Labral Anterior Posterior (SLAP) Lesion**

#### **What happens in a SLAP**

The biceps is the muscle at the front of the arm which bends the elbow. It has 2 sites of attachment at the shoulder. The short head attaches to a small bone, the coracoid, just beside the joint and the long head runs over the top of the humerus, into the joint itself and attaches to the top of the glenoid.

The attachment of this tendon can become damaged as it attaches to the bone. This typically causes pain when the biceps is loaded (lifting) or “wound up” (cocking to throw). The pain is often hard to localize.

#### **Treatment Options**

The initial treatment is conservative. The doctor may suggest that you rest and avoid overhead activities. A period of physiotherapy may help to re-strengthen the muscle. Treatment may take several weeks to months. Many patients experience a gradual improvement and return to function.

When conservative treatment does produce satisfactory results, surgery may be recommended to remove the pain that is sometimes experienced.

## **Purpose of the operation**

To reattach the ruptured long head of the biceps tendon to reduce pain and fatiguing.

## **The procedure**

The operation requires a general anaesthetic

An injection into the side of the neck called a scalene block is usually done to help with postoperative pain. This has risks associated with it which the anaesthetist will explain to you.

3 incisions will be made in the shoulder, one at the back and two at the front. Each is less than 1cm long. The arthroscope will be introduced into the joint via these incisions so that the joint can be inspected and the repair undertaken. .

The incisions will be closed with paper stitches “Steristrips” with a small dressing over the top. A nappy (Pampers, Huggies) will be applied over the top to soak up excess fluid from the surgery (arthroscopy uses a lot of water to irrigate the joint during the procedure).

A sling will be applied before you wake up. This is to support the tendon while it heals but may be removed early for gentle exercises..

As result of the scalene block the arm will be numb and “dead” for up to six hours after surgery. This is entirely normal and most people go home with the arm still numb as it makes travel easier. As soon as you feel any pain you should start the painkillers you have been prescribed.

## **Risks**

**All surgical procedures have some element of risk attached. The risks outlined below are the most common or most significant that have been reported.**

### **Continued pain / weakness: 5%**

In the majority of cases all the pain is removed by surgery however occasionally a small amount of pain persists. This is usually mild but very rarely (less than 1%) can be the same or worse than prior to surgery.

### **Infection: less than 0.1%**

If an infection does occur it is usually superficial in the wounds and is easily treated with antibiotics

Rarely the infection can be deep inside the joint and this requires surgery to wash the joint out.

### **Nerve damage: less than 0.1%**

The axillary nerve runs close to the bottom of the joint and, if damaged causes weakness of the deltoid muscle and difficulty in raising the arm.

### **Stiffness: 1%**

The shoulder will often become stiff after surgery and this usually settles with physiotherapy. Rarely the shoulder can become very stiff and require manipulation or arthroscopic release surgery.

## **What is going to happen?**

### **The day of surgery**

You will be asked not to eat or drink anything for 6 hours prior to surgery.

You will be admitted to the hospital a couple of hours before the operation and the nurse will ensure that you are fit and prepared.

The surgeon will go over the operation again with you and ask you to sign a consent form (see above for consent). The arm to be operated on will then be marked with an indelible marker.

The anaesthetist will then come and discuss the anaesthetic.

When it is time for surgery you will be taken on the trolley round to the operating theatre.

After the surgery you will be taken to a recovery ward where the nurses will observe you while you wake up from the anaesthetic.

Once you are fully awake you will be taken back to the ward. As soon as you feel comfortable you may go home. You will need to have an adult with you at home as you will still be slightly under the effect of the anesthetic even if you feel fine.

### **1<sup>st</sup> Postop week**

Leave the dressings alone

You may shower but do not soak the dressings

Start gentle motion as pain allows.

Start the exercises as described on the separate sheet

## Frequently asked Questions

*When can I shower?*

Immediately after the surgery

*When will I be seen in clinic after the operation?*

You will be seen at 2 and 8 weeks post surgery. Later appointments will be determined by your progress

*How long do I have to wear the sling for?*

You need to wear it most of the time for 4 weeks while the tendon heals. You may remove it during this time for desk based activities but you must not lift or carry

*When can I drive?*

As soon as you feel comfortable. This is usually 4-6 weeks

*When can I return to sports?*

Most people are able to return to light sports at about 6 weeks. More intense activity (contact sports, weightlifting) may take 3 months or more

*When can I return to work?*

Is the job physical?

Does the job require the operated arm?

Do I drive to get to work?

As a general rule if you can get to work you can resume a sedentary job within the week. Physical jobs will require at least 6-8 weeks.

*How will I know if the operation has worked?*

It often takes 3 months or more before all of the pain has settled.

## Exercises

**You should start these exercises within a few days of surgery to prevent the shoulder from becoming stiff.**

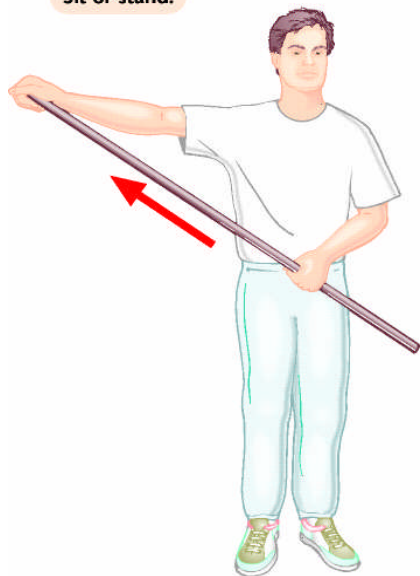
**You may remove the sling to do the exercises.**

**All exercises should be done as 3 sets of 10 repetitions, 3 times a day**



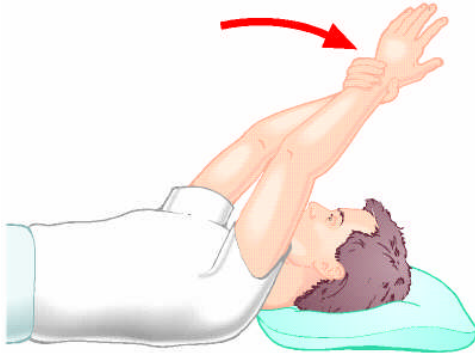
Use a stick to push the hand on the operated side out to the side. Keep the elbow in to the side throughout.

Sit or stand.

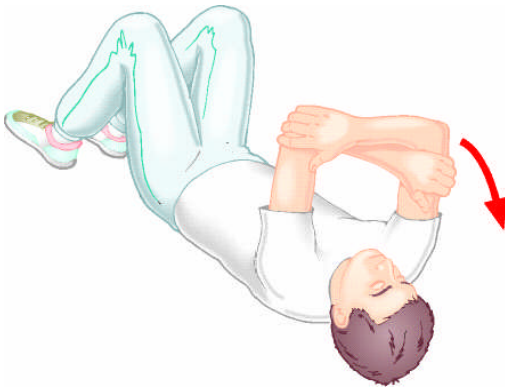


Use a stick or umbrella  
Keep the shoulder down  
Push the operated arm out to the side  
Try not to move your body

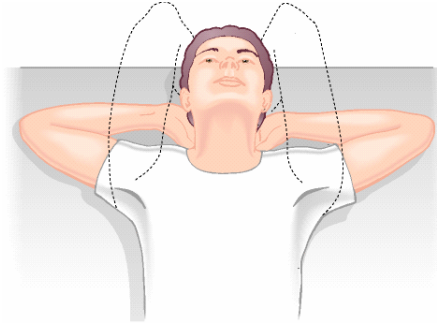




Lie on your back  
Support your operated  
arm with the other hand  
Lift the operated arm as  
far over the head as it  
will go  
Do not let your back  
arch



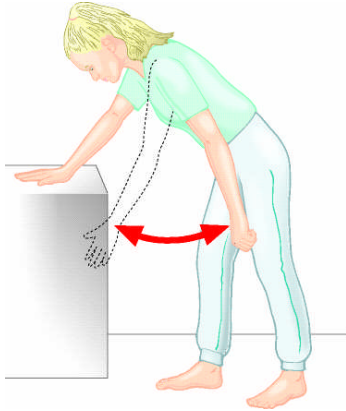
Alternatively you can  
cross you arms to  
support the operated  
arm.



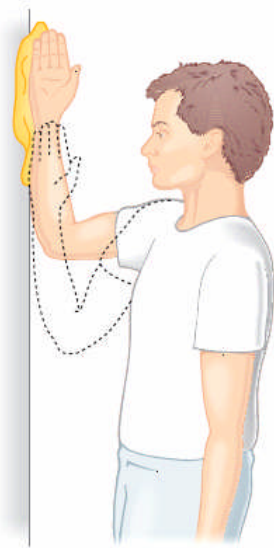
Lie on your back  
Place your hands behind  
your head  
Gently let the elbows down  
aiming to touch the bed



Stand against a wall on lie  
on the floor  
Raise the operated elbow to  
chin height  
Use the non operated arm  
to pull the elbow across the  
body  
Try not to twist your body



Let the arm hang down  
Swing forwards and backwards  
Swing in circles to the left and  
right  
As it becomes easier lean  
further forward



Stand facing the wall  
Place a duster or cloth between  
hand and wall  
Gently slide the hand up the  
wall and back down  
Try to keep your shoulder  
down as you do this



Hold the operated wrist  
with the other hand  
Gently lift the arm up  
behind the back



Hold a towel in both hands  
with the operated hand at  
waist level  
Gently pull the towel up  
with the other hand, pulling  
the operated arm up behind  
the back



Try to set up a pulley  
This can be purchased as a kit  
or can be made over a door or  
banister  
Sit or stand  
Use the non-operated arm to  
pull the operated arm up  
Try not to twist your body