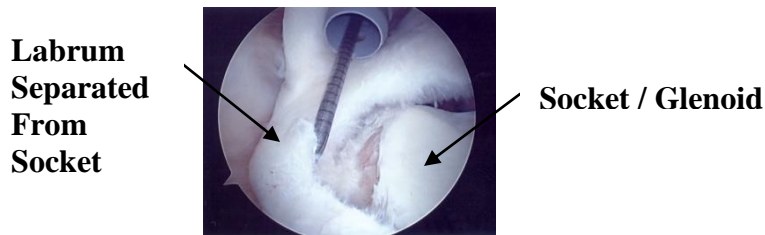




Patient Guide to Labral Tears

What is a Labral tear?

A Labral tear is a cause of shoulder pain. The labrum is a cartilage ring which surrounds the shoulder socket. The biceps tendon, which comes from the muscle on your arm, goes through the shoulder joint and attaches to the top of the labrum.



How does a Labral tear occur?

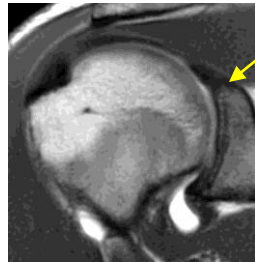
Many times, a Labral tear occurs from repetitive trauma in overhead throwers, such as baseball or volleyball. It can also occur from a traction injury to the arm, such as lifting a heavy object off the ground, or getting your arm jerked.

How do I know I have a Labral tear?

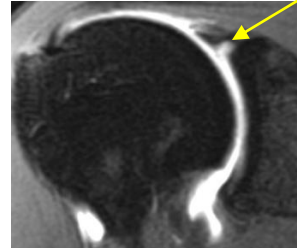
Many patients with a Labral tear have pain in the front of the shoulder or deep inside the joint. There also may be a feeling of catching or grinding in the joint. The examination in the office usually confirms the presence of a Labral tear.

Do I need x-rays, an MRI, or any other test?

A set of x-rays is usually ordered to make sure there are no fractures in the shoulder. An MRI is helpful to confirm the tear of the labrum or biceps tendon, and evaluate other areas of the shoulder like the rotator cuff. My preference is to order something called an MRI Arthrogram. This is an enhanced MRI where they inject fluid into your shoulder, and if there is a tear the fluid will leak into areas it does not belong. This is the best test for the confirmation of Labral tears.



**Normal
Labrum**



Labral Tear

Is there other damage to the shoulder in cases of Labral tears?

There can be other damage to the labrum seen with Labral tears, usually in the cases of shoulder instability. The biceps tendon itself can also be frayed or torn. Typically there is not a rotator cuff tear associated with this, but it is possible depending on how the injury occurred.

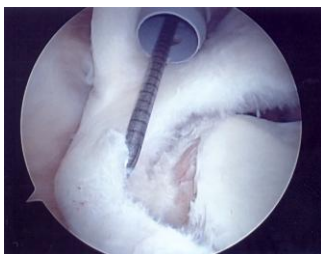
What are the treatment options for Labral tears?

The treatment primarily depends on your activity level and symptoms. Since Labral tears can often be difficult to diagnose, they are often first treated with physical therapy. The therapy is designed to restore range of motion and strength to the shoulder. Labral tears untreated do not heal because of the lack of blood supply in the area. In cases of persistent pain and disability, surgery is recommended.

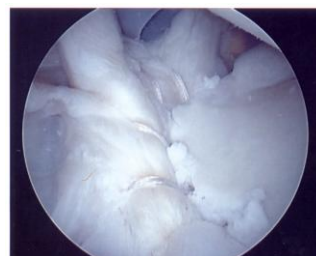
How are Labral tears treated with surgery?

Labral tears are repaired arthroscopically. The arthroscope is a fiber optic instrument (narrower than a pen) which is put into the joint through small incisions. A camera is attached to the arthroscope and the image is viewed on a TV monitor. The arthroscope allows me to fully evaluate the entire shoulder joint, including the ligaments, the labrum, the biceps tendon, the rotator cuff, and the cartilage surface. Small instruments ranging from 3-5 millimeters in size are inserted through additional incisions so that I can feel the joint structures for any damage, diagnose the injury, and then repair, reconstruct, or remove the damaged tissue. With Labral tears, the damaged labrum is identified and then repaired back to the socket. This is usually performed by using suture anchors to sew the labrum back in place. Occasionally, the biceps tendon is too damaged to repair. In this case, the tendon is cut and reattached in the upper arm (biceps tenodesis).

Before



After Labral Repair



What are some of the possible complications?

While complications are not common, all surgery has associated risk. Possible complications include stiffness of the shoulder after surgery or recurrent pain. The use of arthroscopic techniques attempts to limit these complications. Other complications include an infection, bleeding, nerve damage, or problems with the anesthesia.

What do I need to do to prepare for surgery?

Our staff will help to set up the surgery through your insurance company and will instruct you on any paperwork that may be necessary. If you are over the age of 50, or have significant health conditions you may require an EKG and chest x-ray. You may also need to see your internist or family doctor to obtain a Letter of Medical Clearance. The day before the surgery, a member of the hospital or surgery center staff will contact you about what time to arrive for surgery. You may not eat or drink anything after midnight before your surgery.

How long will I be in the hospital?

Almost all patients are able to have surgery and go home the same day.

What happens the day of surgery?

The day before surgery you will be told what time to report to the hospital. You will be admitted and taken to a pre-operative holding area where you are prepared for surgery. You will be asked several times which extremity I am operating on, this question is asked many times on purpose.

After the operation, you will be taken to the recovery room to be monitored. Once the effects of anesthesia have worn off and your pain is under control, you will be given your post-operative instructions and a prescription for pain medication. Please be aware that the process of getting checked in, prepared for surgery, undergoing the operation, and recovering from the anesthesia takes the majority of the day. I would recommend that you and your family members bring some reading material to help make the process easier.

How should I care for my shoulder after surgery?

Prior to your discharge, you will be given specific instructions on how to care for your shoulder. In general you can expect the following:

Diet:

Resume your regular diet as soon as tolerated. It is best to start with clear liquids before advancing to solid food.

Medication:

You will be given a prescription for pain medication before you go home.

Sling:

You will have a sling, which you will use for the first 2 to 4 weeks. You can remove the sling for showering and performing your home exercise program .



Ice:

You should apply ice over the dressing for 30 minutes every 1 to 2 hours for several days. Sometimes we use a device called a Polar Care Cold Therapy Unit to help administer ice to your shoulder. Do not use heat the first week after surgery.



Suture Removal:

Sometimes absorbable sutures are used, they do not need to be removed. Occasionally, there are non-absorbable sutures, and they will be removed on your first post-operative visit.

Follow-up office visit:

You will be instructed on when to follow-up in the office. This is usually 2 weeks after surgery.

Exercise:

You will be instructed prior to your surgery on exercise to begin the day after your surgery.

Return to school or work:

You can return to school or work when your pain is under control, and you can perform the needed daily activities. If you need to use the arm to return, you may be out of work or school for a longer period of time.

What will rehabilitation involve?

The rehabilitation is based on several goals: 1) allowing the tissue to heal; 2) regaining your range of motion; 3) regaining strength; 4) return to full duty at work, or return to sports. Sometimes a CPM (Continuous Passive Motion) Chair will be used post-operatively to help restore range of motion. You will attend PT 2-3 days per week.



When can I return to sports?

In general, you will be allowed to return to sports in 4 – 6 months after surgery. You must have good motion, strength, and control of your shoulder and arm. How quickly you return to sports depends on several factors, including: 1) your own rate of healing; 2) the damage found at surgery; 3) if you have any complications (like stiffness); 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.

When can I return to full duty at work?

You may return back to work in a matter of days, but on limited duty. In general I keep people on clerical duties for 3 months after the surgery, which means no lifting with your operated arm. This is to protect the repair. In the 3rd and 4th month I allow you to perform light duty meaning lifting no more than 10 pounds. People generally get back to performing full duty at work from 4 to 6 months.

What is the success rate?

The success rate for a Labral repair ranges from 85 to 95%. The goal is to achieve a shoulder with no pain for lifting, throwing, or overhead activity.

Call to make an appointment for one of the TOC Surgeons: (314) 336-2555

