

Anterior labral repair

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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 can be either arthroscopic or open. Arthroscopic surgery is done to repair the torn labrum using anchors with sutures attached. The anchors are generally made of material that dissolve over 2 years after the repair has healed. 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 originally before it was torn.

The same procedure may be done with an open incision, but the results are equivalent: therefore I use the arthroscopic approach. However, occasionally, a labral tear is associated with a fracture (broken) socket bone (called the glenoid). In many of these cases, I perform an open procedure called a Latarjet.

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 surgery itself takes less than one hour, but the setup time in the operating room and the takedown time add one half hour to an hour. 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. Most patients go home after surgery, but some stay overnight in the hospital for pain control.

After surgery:

The patient wears a sling for 4 weeks. The patient keeps the wound 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. Physical therapy is started at the first postoperative visit and continues for 3 months. Recovery is usually complete at 4-6 months.

The shoulder is very painful for several days and is uncomfortable for several weeks. Pain is managed with ice and narcotic pain medication. Narcotic pain medication is stopped by the sixth week after surgery. Anti-inflammatory medication may be started at 4-6 weeks if needed.