



Understanding SLAP Repair Surgery



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Our goal at The Orthopedic Institute of Wisconsin is to provide high quality care, both non-surgical and surgical. This approach allows our patients to regain lost function and experience pain relief that will hopefully result in the improvement of their quality of life. If you have any additional questions, please call: (414) 643-8800

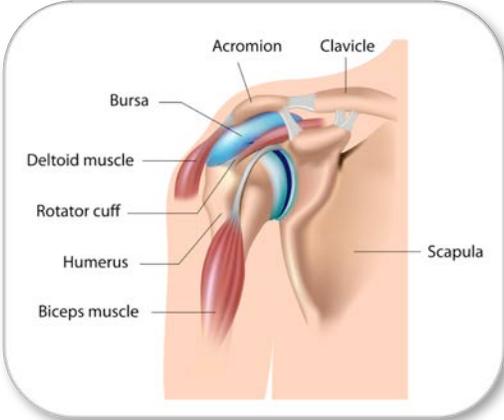
Causes of a SLAP Lesion

Tears of the superior labrum are most commonly due to direct trauma such as from:

- Falling on an outstretched arm
- Falling on the shoulder directly
- A sudden pull on the shoulder such as when lifting heavy objects quickly or repeatedly
- Performing a lot of overhead activities, such as pitching a baseball

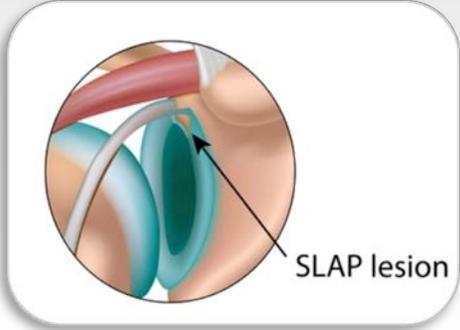
Understanding Shoulder Anatomy

The shoulder is a large ball and socket joint composed of bones, tendons, muscles, and ligaments. The bones of the shoulder joint include: your collarbone, your upper arm bone, and your shoulder blade. The rounded head of the humerus fits into a shallow socket in the shoulder blade, known as the glenoid. The glenoid is surrounded by a rim of cartilage that deepens the socket, known as the glenoid labrum, a static stabilizer of the shoulder joint.



What is a SLAP Lesion?

A *Superior Labrum* tear extending from *Anterior to Posterior*. This is an injury to the top of the glenoid labrum close to the attachment of the biceps. Patients often complain of a throbbing ache in the joint. Athletes involved in a throwing sport complain of pain and loss of strength when throwing. Popping and snapping are also common in injured shoulders that have SLAP lesions.



The Surgery

This surgery, typically lasting between 30-45 minutes, repairs the torn labrum so that the shoulder joint can regain stability. It is performed arthroscopically, using a small camera inserted into the shoulder through 2-3 small incisions. In some cases, a Bankart lesion is debrided, meaning that the torn portion of the labrum is shaved away to leave a smooth edge of healthy tissue. If the tear is repairable, anchors are used to attach the labrum back to its original position. Sutures are attached to these anchors, allowing the anchors to hold the repair firmly in place once they are hammered into the bone. Each suture is passed under the labrum and is tightened, securing the labrum back to the glenoid. Once the repair is complete, the humeral head should once again be secure in the shoulder socket.



Arthrex Inc. "Knotless Labral."
<http://www.arthrex.com/shoulder/knotless-labral-instability-alpsa-and-hagl-lesion-repair>

Schedule of Follow-up Visits

Five-to-seven day assessment

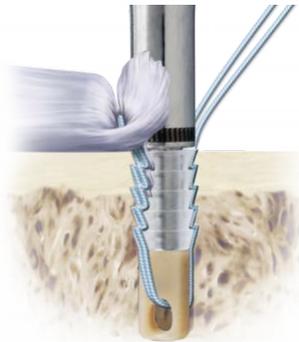
- Suture removal
- Check in with your Dr. Pennington's surgical team

Five-to-seven week assessment

- Passive motion check
- Progress into the active range of motion phase

Monthly assessments

- Range of motion check
- Strength check
- Discuss return to activity/sport



Arthrex Inc. "Knotless Suture Anchors."
<http://www.arthrex.com/hand-wrist/knotless-suture-anchor-technique>

Post-Operative Expectations

A polar ice pack is placed on the shoulder to help decrease inflammation and pain. Patients are typically kept in a sling after surgery to serve as a reminder to not move the arm above shoulder level or behind their back.

Gentle range of motion below shoulder level and in front of your body is allowed. In the first four weeks following surgery the goal is to minimize pain and protect the repair site. Many patients have difficulty finding a comfortable sleeping position at first, and find that sleeping in a recliner or propped up with pillows is more comfortable. You may sleep in a bed anytime. You may drive once you are off your pain medication. No strengthening exercises may be performed until 12 weeks following surgery. You may return to work within several days unless your job requires heavy lifting, in which case, your return may be delayed. Return to full athletic activities can be expected in 3-4 months.

Physical Therapy

Following your surgery, you will be given a continuous passive motion (CPM) machine to assist with early, passive motion. Physical therapy is typically started three weeks after the procedure. Therapy session should be attended two to three times per week. After spending time with your physical therapist, you will learn how to perform your exercise program on your own at home. When you do not have supervised physical therapy, it is crucial that you continue your physical therapy program at home. The best results will come to those patients who perform their exercises until completely healed.



A Leader in Orthopedic Excellence

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