

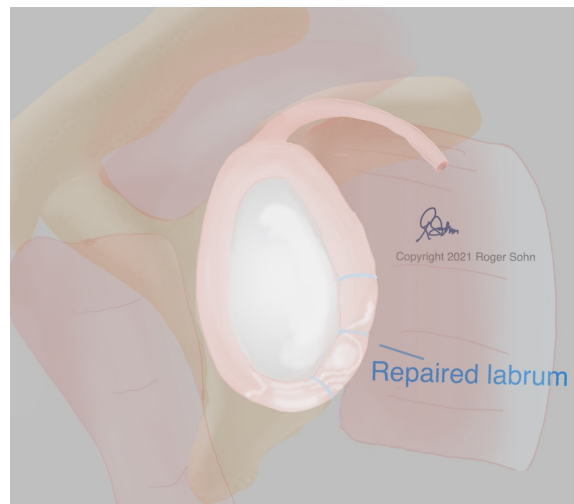
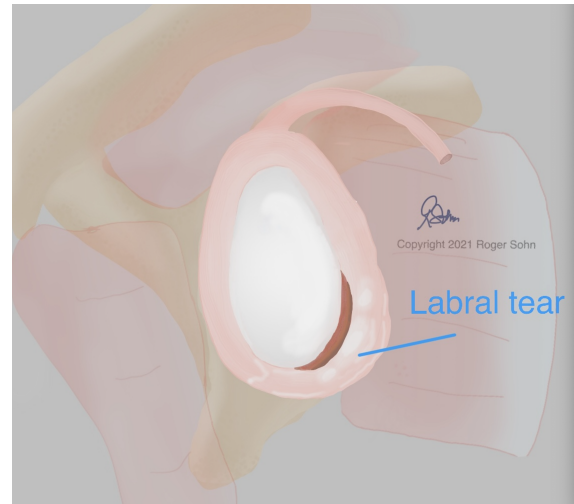
## SHOULDER INSTABILITY: LABRAL REPAIR PROTOCOL (With Remplissage or Bicep Dynamic Stabilization)

When the shoulder dislocates, it damages the labrum and the ligaments that stabilize the ball and socket joint. These rarely heal back in their proper position so the shoulder can continue to feel unstable. Further dislocations can damage the joint and cause significant disability.

We can repair the damaged ligaments with a minimally invasive surgery. The surgery takes about 2 hours and usually takes place at an outpatient surgery center. During the surgery, we use a camera to look in the joint and we use small incisions to do the repair. During the surgery, we may also augment the repair using a bicep tendon transfer or an advancement of the rotator cuff which is also known as a remplissage.

During the first 6 weeks after surgery, you need to let the ligaments and tendons heal to the bone. During that time, you should be doing gentle stretching exercises with physical therapy, but you should avoid aggressive activities. After 8 weeks, we let you start using light resistance bands to regain strength. At the 3 month mark, we allow strengthening to begin without restrictions. Athletes are allowed to return to sports between 4 and 6 months depending on the level of contact.

As we discussed, there are risks of the surgery. The risks include, but are not limited to infection, bleeding, damage to nearby structures such as nerves or arteries, stiffness, scar tenderness, recurrent instability, anesthesia risks including death or disability due to any of the above. There is about a 5% chance of recurrence. Sometimes, additional surgeries might be necessary and recovery could be unexpectedly prolonged if complications arise.



This guide is a summary of the postoperative protocol.

#### Preop Instructions:

We will prescribe Duac gel which is an antibacterial gel. Please use it for 3 days leading up to the surgery, including the day of surgery. Apply this gel to the shoulder, armpit, and up into the neck after your morning shower. Let the gel dry, and then put on your clothes afterwards. This will help reduce the disease-causing bacteria that live in your sweat glands and help to prevent an infection. Avoid getting it on clothing because it can bleach the fabric.

#### Post-Operative Care:

**Activity:** It is very important that you do not use your own power to move your arm for the first 8 weeks after surgery. You should not do any resistance exercises until after the 3 month mark. Ice the shoulder for 3-5 days after the surgery. You will go home in an immobilizer. This immobilizer is very important for keeping tension off of the repaired tendon. You should take the immobilizer off to do gentle pendulum exercises several times a day.

#### Wound Care:

There are strips of medical tape on your incisions. You can change the outer dressing on the third day after the surgery and shower. Leave the strips of tape in place. Keep a light dressing on until it is dry. Ice can be used for 2 hours on and 2 hours off, alternating. Signs of infection include redness, pain, fever, and feeling ill. All wounds have some swelling and drainage, but if you have concerns, please call the office.

#### Medications:

You will go home after surgery with the prescription pain medication to be used as directed. Once again, the early numbness will wear off so you might want to take a pain pill before bedtime that first night.

Typically, the first morning after surgery is the worst and the pain tapers off after that. After a shoulder surgery like this, most people take the narcotics for just a week or two. Please be careful with narcotics as they are highly addictive.

Please take Vitamin C 500mg every day to help with tendon healing.

We look forward to being your partner on your recovery journey.

Sincerely,  
Roger C. Sohn, MD  
949-691-3131

## SHOULDER STABILIZATION WITH REMPLISSAGE OR DYNAMIC BICEP TRANSFER PHYSICAL THERAPY PROTOCOL:

I ask my patients to follow a physical therapy regimen consisting of 3 phases.

**Phase I (Weeks 1-8):** Bicep and rotator cuff precautions strictly observed. During this phase, no **active** shoulder elevation exercises are allowed. The main goals of this phase are to let the tendons and ligaments heal to the bone. External rotation is performed with caution to avoid tension on the labral repair. Avoid the ABER position.

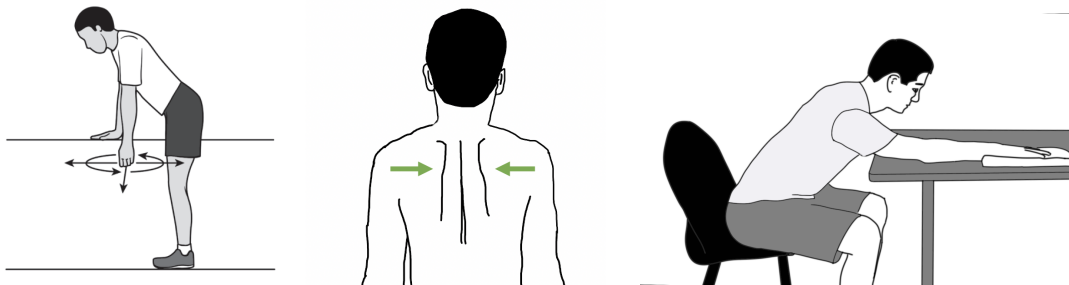
A shoulder immobilizer is to be used full time for 2 weeks. It should be worn in public for a total of 6 weeks. It may be removed for showering and when doing pendulum exercises. Pendulum exercises can start right away. Table slides, scapular pinches and supine forward elevation stretches are begun.

### Goals Of Phase I

External rotation with the elbow at the side: 45 degrees

Forward elevation: 120 degrees.

Internal Rotation: Lumbar 1 vertebral level



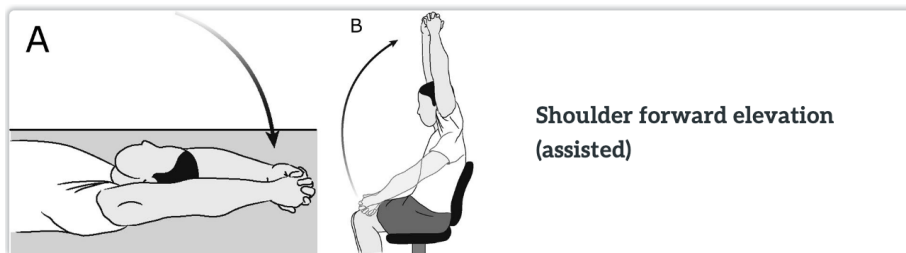
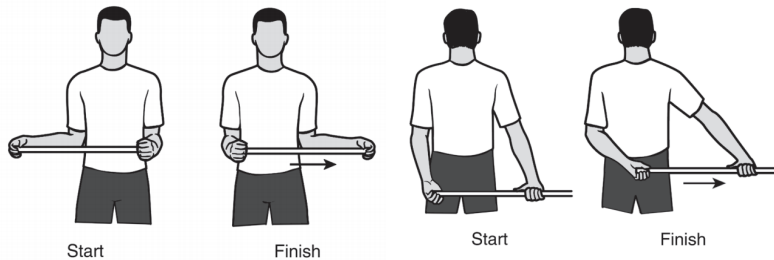
**Phase II (Weeks 8-12):** The shoulder immobilizer is discontinued. Bicep and rotator cuff precautions are phased out beginning at the 12th week. Active assisted range of motion is allowed without resistance beginning with place and hold exercises. Supine and seated stretches with active motion begins. No ABER stretches.

### Goals Of Phase II

External rotation with the elbow at the side: 60 degrees

Forward elevation: 155 degrees.

Internal Rotation: T12 vertebral level



**Phase III (Weeks 13 and onward):** Strengthening is allowed in all directions. All precautions are gradually phased out. Band strengthening and light weights are started. Resistance is increased and return to sports exercises start week 16. All stretching restrictions are removed including the ABER position.

