

PATIENT GUIDE TO SLAP TEARS

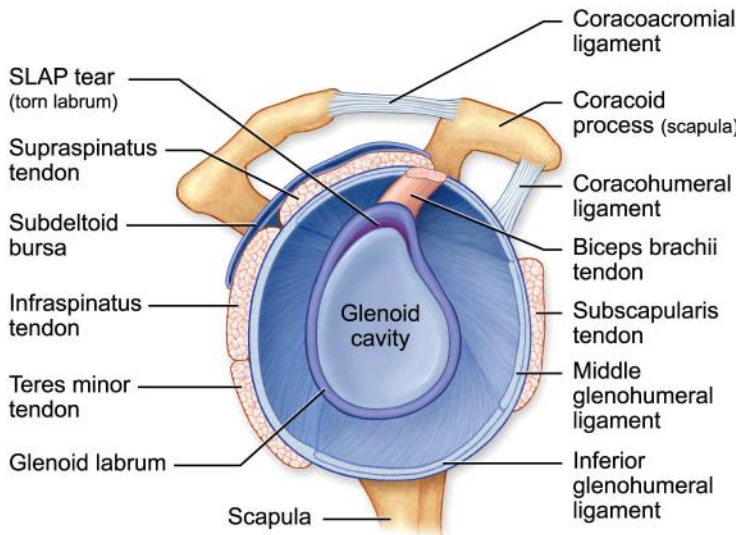


FIGURE 1: Open shoulder joint view of a SLAP tear.

What is a SLAP tear?

A SLAP tear is a cause of shoulder pain. The labrum is a cartilage ring which surround the shoulder socket (**Figure 1**). The biceps tendon, which come from the muscle on your arm, goes through the shoulder joint and attaches to the top of the labrum. A SLAP (Superior Labrum Anterior Posterior) tear occurs when there is damage to the labrum where the biceps tendon attaches (**Figure 1**).

How does a SLAP tear occur?

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

How do I know I have a SLAP tear?

Many patients with a SLAP 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 SLAP tear.

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

A set of x-rays is usually ordered to make sure there are no fractures (broken bone) in the shoulder. An MRI can sometimes be helpful to confirm the tear of the labrum or biceps tendon, and evaluate for other shoulder problems. In some cases, a special MRI called a MRI arthrogram is performed. This requires an injection into the shoulder joint, and can be better to evaluate a tear of the cartilage ring, the labrum, in the shoulder. An MRI is not necessary in all cases.

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

There can be other damage to the labrum (where the shoulder ligaments attach) seen with SLAP tears, usually in cases of shoulder instability. The biceps tendon itself can also be frayed or torn. Rarely, there is also a rotator cuff tear.

What are the treatment options for SLAP tears?

The treatment primarily depends on your activity level and symptoms. Since SLAP tears can 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.

In cases of persistent pain and disability, surgery is recommended.

How are SLAP tears treated with surgery?

SLAP tears are repaired with arthroscopic techniques (**Figure 2**). The arthroscope is a small fiber optic instrument that is placed into the joint through a small incision. A camera is attached to the arthroscope and the image is viewed on a TV monitor. The arthroscope allows a complete evaluation the entire shoulder joint, including the ligaments, the rotator cuff, and the cartilage surface. Small instruments ranging from 3-5 millimeters in size are inserted through additional small incisions so that any injury can be diagnosed, and damaged tissue can be repaired reconstructed or removed.

In SLAP tears, the damaged labrum and biceps tendon are

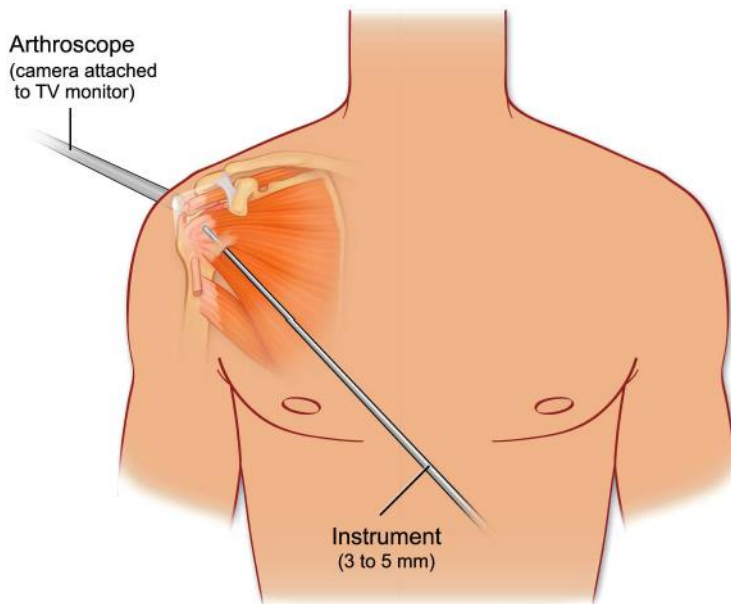


FIGURE 2: Arthroscopic technique

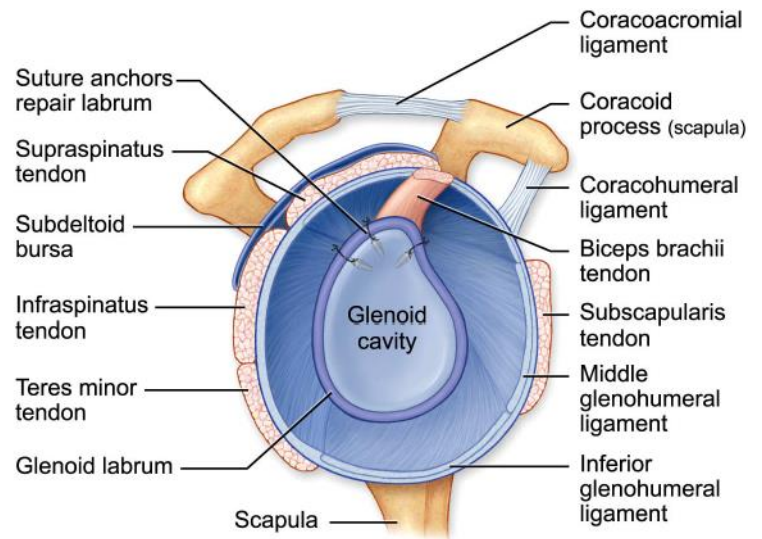


FIGURE 3: Open shoulder joint view of a SLAP tear repaired with suture anchors.

usually performed by using suture anchors (a small rivet with sutures attached) to sew the labrum back in place (**Figure 3**). The anchor is usually bioabsorbable, meaning the body absorbs the anchor over time. Some times a metal anchor is used, which does not need to be removed. Occasionally, the biceps tendon is too damaged to repair. In this case, the tendon is cut and reattached in the upper arm (biceps tenodesis). This requires a small incision. If the tendon needs to be cut, there is no loss of strength that occurs.

What are some of the possible complications?

Possible complications include stiffness of the shoulder after surgery or continued 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 kind of anesthesia is used?

A combination of general anesthesia and regional anesthesia is used for most surgeries. Before the surgery, the anesthesiologist will inject numbing medicine around the nerves of the shoulder. This numbs the arm and helps to control your pain after surgery. In addition, you go to sleep (general anesthesia) to help keep you comfortable during surgery.

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.

Prior to your surgery, you may be asked to get several medical tests, done on an outpatient basis. Some patients need some minor blood tests and a urinalysis. If you are over age 50, you may require an EKG and chest x-ray. Some

patients may also need to see an internist or their family doctor to obtain clearance for surgery.

The night before the surgery, a member of our staff will contact you about what time to arrive for surgery. You may not eat or drink anything after midnight the night 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. Occasionally, patients will be admitted for an overnight stay.

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 shoulder is being operated on, and the surgical site will be initialed. Please note that you are asked this question 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 good control, you will be taken to another area where you can see your family and finish recovering. You will be given all of your post-operative instructions and pain medication before leaving.

Please be aware that the process of getting checked in, prepared for surgery, undergoing the operation, and recovering from anesthesia takes the majority of the day. We would recommend that you and your family members bring along some reading material to make the process easier for you.

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.

Bandage:

You will have a thick dressing on the shoulder. You will be instructed on when it can be removed, usually in 3 days.

Showering:

You may shower after your dressing is removed, after 2 – 3 days. You cannot take a bath until the wounds are completely sealed, usually 2 – 3 weeks after surgery.

Sling:

You will have a sling, which you will use for 4 weeks. You can remove it for grooming and physical therapy.

Ice:

You may receive an ice machine that continually surrounds your shoulder with cold water. If not, you may apply ice over the dressings for 30 minutes every hour for several days. Do not use heat.

Suture removal:

Your stitches will be removed at your office visit 7-10 days after surgery. Occasionally, sutures are used which absorb and do not need to be removed.

Follow-up office visit:

You will be instructed on when to follow-up in the office. This is usually 7-10 days after surgery.

Exercise:

You will be instructed on exercises you can do immediately after surgery. You will start physical therapy within 1 to 2 weeks after surgery.

Return to work or school:

You can return to school or work within 3 – 5 days without using the affected arm. If you need the use of 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 motion; 3) regaining strength; and 4) return to sports. The rehabilitation protocol for the physical therapist is attached for you to review.

When can I return to sports?

In general, you will be allowed to return to sports in 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; 4) how well you follow the post-operative instructions; 5) how hard you work in rehabilitation.

What is the success rate?

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

Questions?

If you have any questions about your injury or possible need for surgery, please do not hesitate to contact our staff.

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