



University Hospitals Birmingham
NHS Foundation Trust



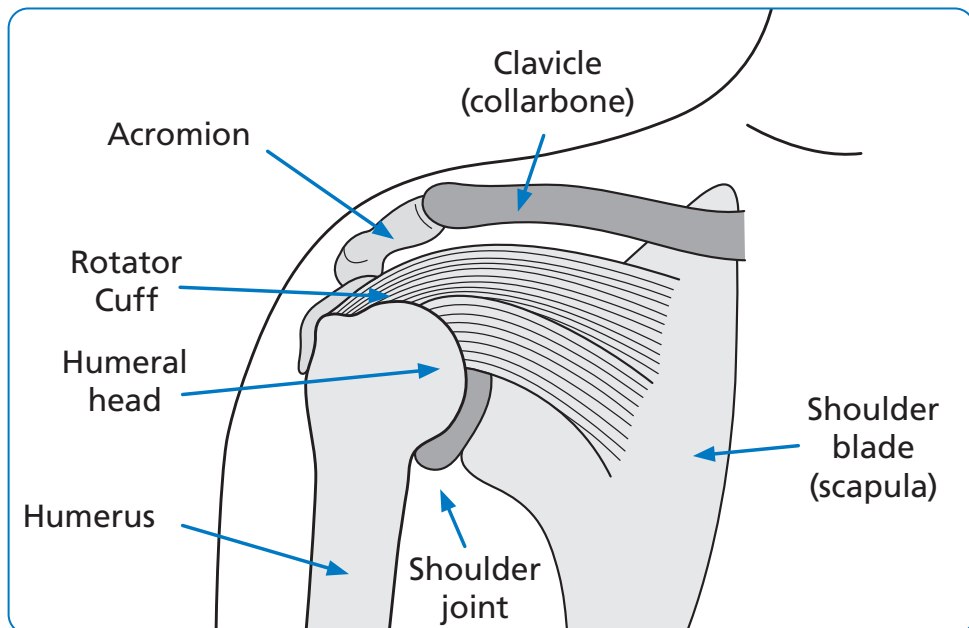
Anterior Shoulder Stabilisation

Building healthier lives

UHB is a no smoking Trust

Shoulder anatomy

The shoulder complex is made up of three bones; the humerus, scapula and clavicle. Together these form a ball and socket joint. Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles, ligaments and a rim of cartilage to stabilise it during movement.



Some injuries to the shoulder can dislocate it forwards, stretching and in some cases, tearing the joint capsule and ligaments away from the front of the joint and is called a 'Bankart lesion'.

What is a Bankart repair?

The operation involves tightening and/or repairing the over stretched and damaged ligaments, capsule and cartilage. The surgeon will reattach a torn labrum back to the shoulder socket (glenoid) using special anchors. The aim of the surgery is to restore stability to your shoulder and prevent further dislocations.

The operation will be done under general anaesthetic and may be done arthroscopically (key hole surgery) or through a small incision. The type of approach used will be determined by the size and nature of the damage.

After the operation

Your arm is supported in a sling straight after your operation to protect the repair. It is essential that you wear the sling day and night for between 3 and 6 weeks. The amount of time will depend on the degree of damage. This will be explained to you after your surgery. You can remove the sling to carry out your exercises and for washing and dressing only.

Pain

It is normal to feel some pain following your operation. You will be given some painkillers and/or anti-inflammatory medication to take in the days following the operation.

Using ice on your shoulder can be helpful in reducing pain. Wrap a bag of crushed ice, or frozen peas in a damp towel.

Protect your dressings from getting wet with a layer of cling film, or a plastic bag, before applying the ice pack for 10-15 minutes at a time.

Posture can make a big difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in an elevated position. Also try to avoid slumping or standing/sitting with round shoulders as this puts more stress onto your shoulder.

Getting back to normal

It is normal to feel more tired than usual for a few days after having an operation. Sleeping can be uncomfortable and it is important to try not to lie on your operated shoulder. You should wear your sling in bed for the first 3-6 weeks to protect your shoulder. Using pillows to support your operated arm and maintain your posture when sleeping, will help with the discomfort.

Washing and dressing

Dressings and bandages that are applied in theatre need to stay dry. Remove your sling when bathing or showering, but keep your arm close to your body. Ensure that the area is dry before dressing to prevent irritation in the armpit. It is easier to wear looser fitting clothes and dress by putting your operated arm into position in your top first.

Wound care

Your wound also needs to stay clean and dry. If you have removable stitches they will be removed after 10-14 days at an outpatient clinic appointment or by your GP. If dissolvable stitches are used, they will not need to be removed.

Rehabilitation

Rehabilitation is important if you are to get the most out of your shoulder after the operation. You should be given information about your first physiotherapy appointment before you leave hospital. The amount of physiotherapy you will need will depend on your individual progress and the level of activity you wish to return to.

Returning to work

The amount of time you have off work depends on your job. If you have a manual job, or one that involves lifting or overhead activities, you may not be able to do this for 8-12 weeks. Please discuss this with your Consultant or Physiotherapist.

Driving

When you are comfortable and in control of your shoulder and arm you may return to driving. You must be able to comfortably control your vehicle and perform emergency manoeuvres. This should not be attempted until approximately 6 weeks. You should discuss this further with your Consultant or Physiotherapist.

Sports and activities

The timescale for which you can go back to any previous sport or activity will depend on your movement and strength and the particular activity you have in mind. Please discuss returning to any activity or sport with your Consultant or Physiotherapist.

Exercises

Due to the nature of the shoulder joint, it is very important that you complete all your exercises as recommended by your treating Physiotherapist. Your exercises will be given to you when you attend your outpatient physiotherapy appointment.

Please use the space below to write down any questions you may have and bring this with you to your next appointment.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Contact details

If you have any questions regarding your operation or treatment, please do not hesitate to call us.

Consultant secretaries

Mr Kalogrianitis: 0121 371 4944

Mr Massoud: 0121 371 4963

How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you.**

www.uhb.nhs.uk/fft



Accessibility

To view this information in a different language or use text-to-speech reader visit **www.uhb.nhs.uk**, click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille or audio please email **interpreting.service@uhb.nhs.uk**



Physiotherapy

Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston,
Birmingham, B15 2GW
Telephone 0121 371 3466
