

Procedure Information Sheet – Shoulder Arthroscopic Cuff Repair ± Subacromial Decompression ± Arthroscopic Bankart ± Slap Repair

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. A rotator cuff is the name of a group of four tendons in shoulder that allows different types of movement to occur. Any of the tendons can tear either due to acute injury or as part of the ageing process.
- 1.2. Shoulder Arthroscopic Cuff Repair increases strength and active range of movement at the shoulder joint by repairing the tendon.
- 1.3. A bankart lesion is a tear of the labrum below the middle of the glenoid socket that involves the inferior glenohumeral ligament. A superior labrum, anterior to posterior (SLAP) lesion is a tear of the labrum above the middle of the glenoid that may also involve the biceps tendon.
- 1.4. Arthroscopic Bankart involves reattachment and tightening of the torn labrum and ligaments of the shoulder.

2. Procedural Preparation

- 2.1. Tests may be ordered include X-Ray or Magnetic Resonance Imaging (MRI) of shoulder, blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.5. Do not eat or drink for 6 to 8 hours before operation if under general anesthesia.

3. Procedure

- 3.1. For Shoulder Arthroscopic Cuff Repair ± Subacromial Decompression
 - 3.1.1. The operation will be performed under general anesthesia.
 - 3.1.2. During an arthroscopic repair of the torn rotator cuff tendon, an arthroscope (camera) is inserted into the shoulder to allow the tendons to be seen.
 - 3.1.3. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it. Very small anchors are then used to repair the torn tendon back into the bone. Sutures (stitches) are also passed through the tendon to secure it.
 - 3.1.4. For release cases with subacromial decompression, instruments are inserted into the subacromial space. They involve cutting the ligament and shaving away the bone spur on the acromion bone, allowing structures to heal.
 - 3.1.5. After the operation, a sling is applied for immobilization and protection.
- 3.2. For Arthroscopic Bankart ± Slap Repair
 - 3.2.1. The operation will be performed under general anesthesia.
 - 3.2.2. The surgeon will examine the labrum and the biceps tendon through arthroscopic instrument.
 - 3.2.3. If the tear is confined to the labrum itself without involving the tendon, surgeon may need to remove the torn flap and correct the associated problems.
 - 3.2.4. If the tear extends into the biceps tendon, surgeon will need to repair and reattach the tendon using anchoring devices
 - 3.2.5. If the tear is below the middle of the glenoid, surgeon will reattach the ligament to the glenoid.



Hosp No. : HKID No.:
Case No. :
Name :
DOB : M / F
Adm Date :
Contact No.:

**Procedure Information Sheet –
Shoulder Arthroscopic Cuff Repair ±
Subacromial Decompression
Arthroscopic Bankart ± Slap Repair**

4. Recovery Phase

4.1. For Shoulder Arthroscopic Cuff Repair ± Subacromial Decompression:

- 4.1.1. Your arm will be resting in ultrasling for 4 to 6 weeks according to surgeon's instruction. You mainly wear the ultrasling when out and for sleeping, but can remove it for dressing, bathing and light activities as guided by your surgeon. This is essential to minimize any movement at your shoulder joint and protect the repair work that has been done.
- 4.1.2. In most cases, passive range of motion on the operated shoulder as tolerated are encouraged and instructed by surgeons or physiotherapists for around 4 weeks.
- 4.1.3. Active assisted exercise would be started from the 4th to 12TH weeks after the operation as instructed by the surgeons or physiotherapists.
- 4.1.4. The usual total rehabilitation is between 6 weeks to months, some forms of physiotherapy and/or exercises are expected, as well as avoiding high-stress activities for a number of weeks.
- 4.1.5. Returning to sports will generally not be possible until around 24 weeks after the operation.

4.2. For Arthroscopic Bankart ± Slap Repair:

- 4.2.1. Absolute immobilization of the operated limb for 4 weeks with ultrasling should be required.
- 4.2.2. In most cases, passive range of motion exercises may be started at week 5th to 6th after the repair and begin active range of motion exercises 6 weeks after the repair as instructed by the surgeons or physiotherapists.
- 4.2.3. The usual total rehabilitation is between 10 weeks to months, some form of physiotherapy and/or exercises are expected, as well as avoiding high-stress activities for a number of weeks.
- 4.2.4. Running and restarting sports will generally not be possible until around 24 weeks to 1 year after the operation.

5. Possible Risks and Complications

- 5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, infection, damage to nerves and blood vessels, re-tear, stiffness of the shoulder and bleeding or blood clots.
- 5.2. The operation for shoulder arthroscopic cuff repair is generally very effective and is rarely associated with major complications like massive bleeding. Some people unfortunately do suffer a re-tear, and require further treatment.

6. Remark

- 6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

7. References

- 7.1. Arthroscopic Rotator Cuff Repair. NHS Foundation Trust.
- 7.2. Arthroscopic Subacromial Decompression. ShoulderDoc UK.
- 7.3. Arthroscopic Labral Repair (Bankart, SLAP, Posterior) Standard Rehabilitation Protocol. Proloance Surgeons.
- 7.4. Arthroscopic Labrum Repair of the Shoulder. Massachusetts General Hospital Sports Medicine.
- 7.5. Bankart Procedure. ShoulderDoc UK.



**Procedure Information Sheet –
Shoulder Arthroscopic Cuff Repair ±
Subacromial Decompression ±
Arthroscopic Bankart ± Slap Repair**

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

