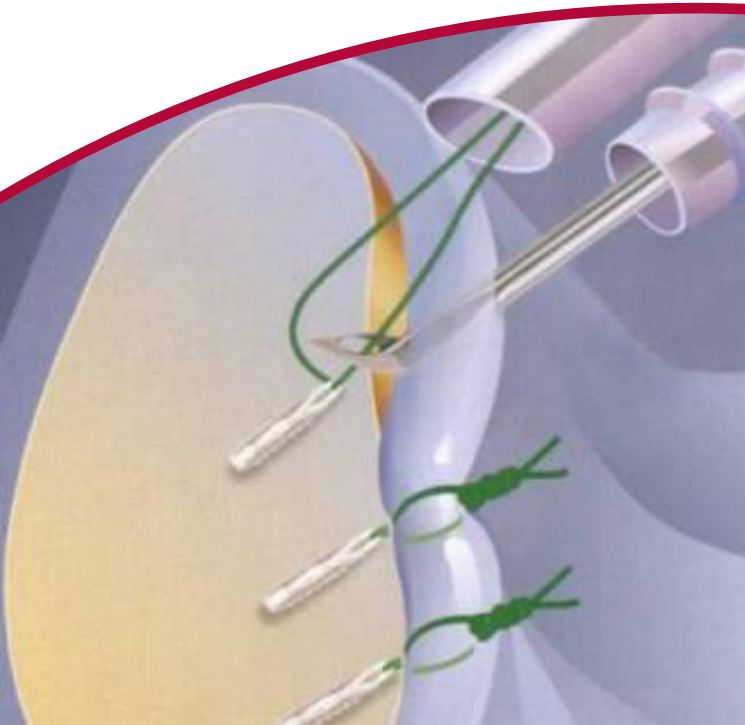


## INTRODUCTION

Shoulder instability occurs when due to an injury the ball (humeral head) is separated from the shallow socket (glenoid) due to tearing of a strong ligament (labrum). This is common following contact sports such as Rugby, Gaelic football or hurling but may occur due to a fall or other injury.

## THE OPERATION

Shoulder stabilisation surgery is carried out under a general anaesthetic. Patients generally remain in hospital overnight. The labrum is repaired by inserting anchors into the socket (glenoid) and attaching the ligament to the bone. This is either performed by arthroscopic (keyhole) surgery or open surgery. The type of surgery will be discussed by Mr. Mullett and will be decided by the severity of labrum and bone damage, age of the patient and sports played. The aims of surgery are to restore a stable and mobile shoulder as soon as possible to allow the player return to the previous level.



ARTHROSCOPIC  
SHOULDER  
STABILISATION  
SURGERY



SPORTS SURGERY CLINIC  
*Specialists in Joint Replacement, Spinal Surgery,  
Orthopaedics and Sport Injuries*



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# ARTHROSCOPIC SHOULDER STABILISATION SURGERY

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## GENERAL GUIDELINES

Each patient's shoulder problem is unique and Mr. Mullett will discuss your individual treatment but there are some general guidelines which should help you prepare for surgery.

## RISKS

There is a small risk (<1%) of damage to nerves or blood vessels, infection or stiffness. The surgery is successful in approximately 90-95% of patients. There is a risk of sustaining a further injury to the shoulder particularly in contact players. Risk factors include the age of the patient, degree of bone damage, sports and position played. A small number of patients may sustain a further injury following repair requiring further surgery which is generally possible.



# ARTHROSCOPIC SHOULDER STABILISATION SURGERY

## IMMEDIATE POST- OPERATIVE PERIOD

After surgery this shoulder may well be sore and you will be given painkillers to help this whilst in hospital. These can be continued after you are discharged home. Ice packs may also help reduce pain. Wrap crushed ice or frozen peas in a damp, cold cloth and place on the shoulder for up to 15 minutes. A sling which incorporates reusable ice packs is available from the physiotherapy department at the sports surgery clinic.

**Wearing a Sling:** You will return from theatre wearing a sling. The sling remains in place for a three-week period. However you can use your arm normally from below the elbow. It is encouraged to use your arm to feed yourself, read a book or use a keyboard as soon as possible even on the day of surgery.

## THE WOUND

The incisions are covered with a number of waterproof dressings. This means that you can shower following surgery. The waterproof dressings can be removed after ten days after which time the wounds will have healed. No stitches need be removed. You can start general cardio training at that stage using an exercise bike.



## FOLLOW UP APPOINTMENTS

An appointment will be made for you to see Mr. Mullett approximately two- three weeks following surgery. He will discuss the operation and examine the shoulder and give you some gentle stretching exercises to do. He will give you a letter and post-operative protocol for your physiotherapist.

## REHABILITATION

Physiotherapy begins at three weeks following surgery and will last for 4-6 months. Return to work depends on the nature of the occupation. Patients in sedentary roles typically return to work after a week. Manual work must be avoided until recommended by the physiotherapist. Return to sport similarly depends on the type of sport but is limited by the time the labrum takes to heal which is generally 12-16 weeks. As a guideline contact players generally return to full contact within 4-6 months if they have regained good range of motion, strength and scapular stability.