

PATIENT INSTRUCTIONS FOLLOWING S.L.A.P. REPAIR

Immediately post-operation

- You will wake up in the recovery ward with a nurse looking after you. Your arm will be in a sling and there will be dressings on your shoulder. The wounds will be closed with stitches.
- You will be kept in the recovery ward until you have recovered from the anaesthetic, and have managed to have something to eat and drink.
- Your surgeon will review you before discharge to explain to you what was found during surgery and the details of the operation performed, as well as the expected outcome

Discharge to first post-operative review

- You will be asked to phone your surgeon's rooms to make an appointment for your first post-operative review, usually 7-14 days following surgery.
YOUR REVIEW APPOINTMENT WILL BE ON ____/____/____
- Between discharge and first review, you will be instructed to perform some simple exercises for the elbow, wrist and hand to prevent them from become stiff. Simply take the arm out of the sling, and while keeping the elbow close to your side, move the elbow, wrist and hand in all directions for 2 minutes. Repeat this at least 4 times each day. When not performing your exercises, keep the arm in the sling.
- You are only allowed to lift the elbow away from your side far enough for cleaning your arm-pit and applying de-odorant.
- Take the medication as prescribed by your anaesthetist for pain.
- Leave the dressings intact and keep the wounds dry until your first review.

First post-operative review (7-14 days post surgery)


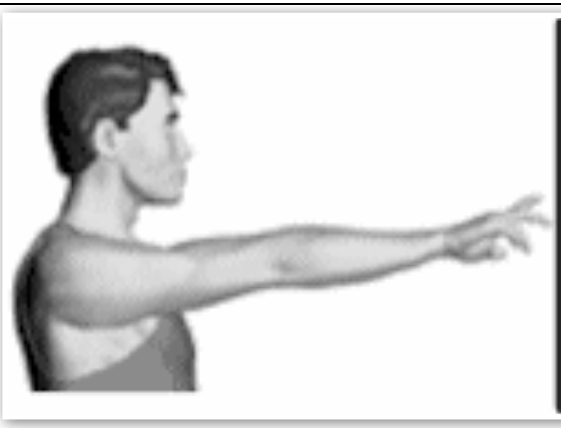

- At this review your surgeon will check the wound and remove the stitches.
- He will go over the operative findings and procedure performed.
- He will also refer you for physiotherapy to supervise your rehabilitation.
- A second review appointment will be made for 6 weeks post surgery

First post-operative review to second post-operative review

- You will be able to externally rotate your shoulder to neutral (ie the position required for using a key board or eating at a meal)
- You will also be able to lift your elbow slightly away from your side for activities of daily living

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- You will not be allowed to lift anything heavier than a can of drink or 1kg
- Home exercises will consist of simple pendulum (see below) exercises and passive ROM (range of motion) exercises until 2-3 weeks post surgery

	<ul style="list-style-type: none"> <input type="checkbox"/> Lean forward using the non-operated arm for support <input type="checkbox"/> Let the operate arm hand down <input type="checkbox"/> Swing the arm forward and backward <input type="checkbox"/> Swing the arm from side to side <input type="checkbox"/> Swing the arm in circles clockwise and anti-clockwise <input type="checkbox"/> Swing it in each direction for 30 seconds, repeat 3 times <p>Perform the exercises 4 times daily</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Stand facing the wall <input type="checkbox"/> Walk you fingers up the wall in front of your body <input type="checkbox"/> Do 3 sets of 10-20 repetitions <p>Repeat 3-4 times per day</p>
	<ul style="list-style-type: none"> <input type="checkbox"/> Stand sideways to the wall <input type="checkbox"/> Walk your fingers up the wall with you arm to your side <input type="checkbox"/> Do 3 sets of 10-20 repetitions <p>Repeat 3-4 times per day</p>



- While lying on the floor, raise your arms over your head until a stretching sensation, no more than dull pain
- Hold for 30 seconds and repeat 3 times
- Repeat 3-4 times daily

- At 4 weeks post surgery active ROM exercises will be introduced under the supervision of your physiotherapist

Second post-operative review (6 weeks post surgery)

- At this review the surgeon will assess your progress and re-examine the shoulder.
- At this stage resisted ROM exercises will be introduced.

General guidelines

- Conventional weight training - should be possible around 3-4 months post surgery
- Return to full contact sport - is usually possible after 5 months, with the patient making a graded return to contact work and strength has been 100% restored.

Complications

If at any stage you experience significant pain that is not relieved by resting the arm in the sling and taking the analgesics, shortness of breath, fever, chills, loss of power or sensation in the arm, significant swelling or colour changes in the arm, contact your surgeon by phoning the rooms or private hospital. If you are unable to contact your surgeon, see your local GP or the local A&E department.

PHYSIOTHERAPY GUIDELINES POST SLAP REPAIR

Immediately post surgery

- The patient will be placed in a sling for comfort
- The sling can be removed for ROM exercises for the elbow, forearm, wrist and hand, as well as the shoulder (as tolerable)
- Most patients will present for physiotherapy within 10 days of the surgery and following the initial post-operative review by the surgeon

First six weeks post surgery

- Modalities may be useful to reduce the pain and inflammation
- ROM exercises may be performed actively and passively for the elbow, forearm,

wrist and hand

- No resisted exercises should be performed during this phase
- Elevation at the shoulder in flexion and abduction should be performed passively only, until there is a full pain free range of passive movement in these directions, thereafter active-assisted and active movements can be introduced
- Passive extension at the shoulder should be avoided for the first 6 weeks post surgery
- Scapular control exercises can be performed

6 weeks to 3 months post surgery

- After 6 weeks, resisted exercises using therabands can be commenced
- Forearm supination with the elbow flexed and shoulder flexion are the two resisted actions that should be introduced most gradually
- Scapular control and cuff strengthening should be included

After 3 months

- Most patients will be able to make a graded return to weight training at this stage, aiming for complete restoration of strength within another 4-6 weeks

Return to full contact sport

- This should be delayed until shoulder strength, muscle endurance and proprioception are as good as the uninjured side

Return to throwing and racket sports

- Any faults in the throwing motion or stroke need to be corrected by the coach prior to return to full play
- Usually a graded return can be commenced at 3 months, aiming for full competition within 5 months of surgery