



Labral Repair

Pre-Operative Packet

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A Message from Your Surgeon:

We are here to help throughout your recovery!

Dr. Brad Carofino specializes in shoulder and upper extremity surgery. He is one of the only surgeons in Virginia who has completed a Shoulder Surgery Fellowship. He performs hundreds of complex shoulder surgeries each year, and we pride ourselves on delivering exceptional care to each of our patients.

Recovering from Labral Repair surgery is a long process. We are here to help you throughout the entire process, not just on the day of surgery. If you are having a problem or concern, we want to hear from you. If you have a question, we want to hear from you. Contact information for my team is listed below; please contact us if we can help in any way!

Most Sincerely,



Brad C. Carofino, MD, FAAOS
Shoulder Specialist
Team Physician: Norfolk Tides



- Tammy English: Secretary to Dr. Carofino
 - Phone Number: 757-321-3300 ext. 3397
 - Email: EnglishT@atlanticortho.com
- Jennifer Rascoe, NP-C
 - Nurse Practitioner to Dr. Carofino
- Brice Snyder, MSAT, LAT, ATC, OTC
 - Athletic Trainer to Dr. Carofino
 - Work Cell: 757-679-3407
 - Work Email: SnyderB@atlanticortho.com
 - Brice is available to answer your questions related to surgery and the post-operative rehabilitation plan.
- Dr. Brad C. Carofino, M.D., FAAOS: Shoulder Specialist
 - Email: CarofinoB@atlanticortho.com
 - Dr. Carofino is available for contact on non-surgery days via email.
 - If you need immediate communication with someone for questions or concerns about your surgery or rehabilitation, contact Brice Snyder.

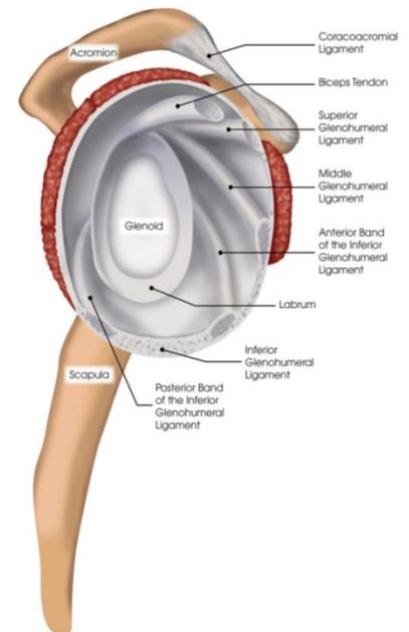
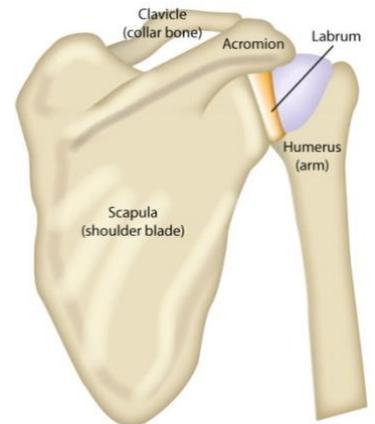
Anatomy of the Labrum

Bones of the Shoulder:

- The true shoulder joint is made up of two bones and their associated features. The humerus and the scapula.
 1. The Scapula (shoulder blade):
 - This bone has many features on it given its unique shape.
 - The “socket” is called the glenoid and is a feature of the scapula bone. See below
 - The humeral ball articulates with this other smooth surface forming the true Shoulder Joint.
 - Think of this joint as a golf ball resting on a golf tee.
 - Surrounding the rim of this smooth socket or golf tee is called the labrum
 - Think of this structure as a gasket O-ring covering OR an alley bumper on a bowling alley.

The Labrum:

- Essential for helping to keep the ball of the humerus in the socket.
- Some shoulder injuries such as dislocations can cause the labrum to tear.
- The three types of labral tears are:
 1. Anterior (Bankart)
 2. Posterior (reverse Bankart)
 3. Superior Anterior to Posterior tears (SLAP).
 - This refers to the location of the tear.
- Common symptoms of labral tears are:
 1. shoulder instability
 2. Chronic dislocations
 3. Pain
 4. Catching and Popping.
- These tears will never heal themselves as the shoulder joint (along with all synovial joints in your body) has minimal to no blood flow to promote healing.



Diagnosing a Torn Labrum:

- A proper medical evaluation needs to be performed by a trained professional.
- Examination of the shoulder begins with history gathering to determine the extent and timing of your injury.
- Next a physical exam is performed. Patients will demonstrate weakness or pain with tests of the labrum. Clicking and catching will also be determined at this time for positive findings of a labral tear. If a labral tear is suspected, we will next order an MRI.
- Magnetic Resonance imaging (MRI) is considered the gold standard for diagnosing soft-tissue injuries pre-operatively. The image to the right will demonstrate tears of the labrum.



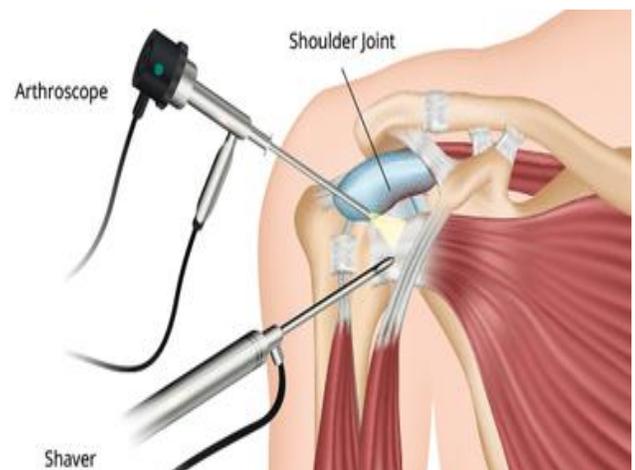
Treatment for a Torn Labrum:

- The recommended treatment for a labral tear depends on the nature of the tear, size of the tear, is acute or chronic and the individual patient.
- Many patients with small tears that have happened slowly over time and are not painful, sometimes will respond well to physical therapy and an injection, and may avoid surgery.
- Surgery is recommended for patients who do not improve with therapy. It is also recommended for younger patients, more active patients and individuals with large tears, or patients who sustained a shoulder dislocation which will cause the anterior labrum to tear.



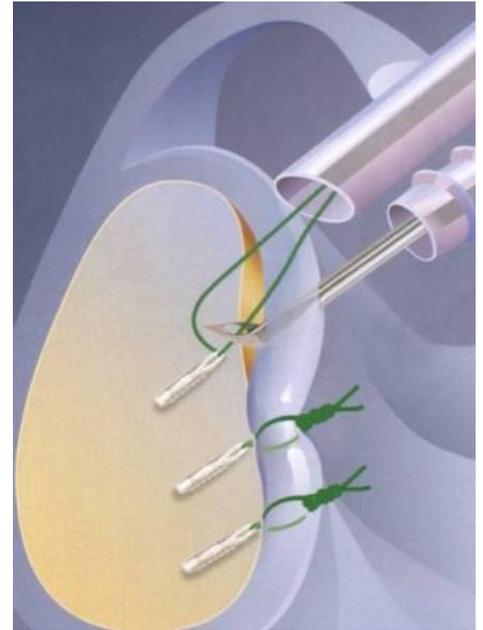
How Does Dr. Carofino Repair the Labrum?

- We perform a minimally invasive arthroscopic labral repair. This means a camera and instruments are placed into the shoulder joint through small incisions and used to repair the Labrum. Labral repair surgery can also be performed via a larger open incision but is rarely used to date.



Details of the Surgery:

- During surgery the patient is placed in a side-lying position. The Anesthesiologist will administer a nerve block so that your shoulder will be numb and you will not experience any pain during surgery or immediately afterwards when you wake up. Most patients are asleep during the operation under a general anesthesia.
- Three to four small arthroscopic incisions are made around the shoulder.
- These small incisions allow us to work our instruments within the joint.
- A camera is used to visualize the labrum and the inside of the shoulder joint. We are able to then arthroscopically fully examine the extent of the damage.
- The shoulder is filled with sterile fluid while we are working. This will make your shoulder swell and appear larger.
 - This swelling lasts for a few days after surgery.
- Once inside the joint, we use instruments to remove any scar tissue that has built up over time and shave down bone spurs that may be present.
- The labrum is then reattached to the bone using suture anchors. These are small screws that have stitches attached to them. (see pictures)
- After surgery, the patient is placed in a sling and the healing process is now underway



Scheduling your Surgery

Scheduling Surgery

- Tammy English (Dr. Carofino's secretary) should contact you within 2-3 days of your office appointment. She will help you to select a date for surgery.
- If you do not hear from Tammy after a couple of days, please call her at 321-3397.
- *If you are having difficulty scheduling your appointment you may contact Tammy, Brice or Dr. Carofino at the email addresses listed on page 2.*
- Many patients will need pre-surgical physicals by their primary care physician. Some patients will also need to obtain a physical from other specialists such as a cardiologist, pulmonologist, etc.
 - Physicals may include lab work and EKG.
- These appointments must be within no greater than 30 days prior to your surgery date.
 - Tammy will help coordinate these appointments with your other doctors.
 - She will assist with scheduling lab work.

Preparing for Surgery

Preparing for the Day of Surgery

- **The surgery center or hospital will notify you of your scheduled surgery time the day before surgery.**
 - They will call and give you the exact time of surgery.
 - Don't expect to know the anticipated time of surgery until this phone call.
 - Make the day of surgery available for the entire day regardless of time.
 - Many patients prefer to have their surgery performed early in the day. Please keep in mind that the order of surgical cases is based on medical conditions and need.
- Schedule Transportation to and from the location of surgery.
 - You will need someone to be available to drive you to your location of surgery and transport you home following.
 - Per Hospital/Surgery Center rules, you will also need to have someone stay with you for the first 24hrs post-surgery. Please have that arraigned
- **Do not** eat or drink after midnight the night of your surgery date!
- Relax and get 8 hours of sleep.
- Take preemptive plans around your home to address comfort post-surgery for sleeping and easy access to commonly used things for eating and daily hygiene.
 - Many patients find it more comfortable to sleep in a recliner for a few weeks after shoulder surgery. However, that isn't true for everyone.
 - You may also want to stock up on shirts that will be easy to take on and off after your surgery.
 - Shirts that button or zip in the front tend to be the easiest to put on and take off following shoulder surgery.

Do I Need to Stop Any Medications Before Surgery?

- **Prescription blood thinners** should be stopped before surgery.
 - Aspirin and Plavix are stopped 10 days before surgery.
 - If these medications or other blood thinners are prescribed by your cardiologist or Primary Care Physician (PCP), you should discuss with them if you are OK to discontinue the medicines, and if other precautions need to be taken.
- **Other medications** that should be stopped 2 weeks before surgery: Over the counter anti-inflammatory medications, fish oil, herbal supplements.

The Day of Surgery:

- **Be on time.** The surgery center will let you know how far in advanced to show up when they give you your time of surgery.
- Map your route in advanced.
- We typically operate at one (1) of three (3) locations:



<i>Sentara Princess Anne Hospital</i> 2025 Glenn Mitchell Drive Virginia Beach, VA 23456	<i>Princess Anne Ambulatory Surgery Center (PAASC)</i> 1975 Glenn Mitchell Drive Suite 300 Virginia Beach, VA 23456	<i>Virginia Beach Ambulatory Surgery Center (VBASC)</i> 1700 Will O Wisp Drive Virginia Beach, VA 23454
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- When you arrive at your location, check in at the front registration desk and fill out any associated paperwork.
- Bring or wear comfortable clothing that you can easily get dressed into with post-surgery. **Shirts and jackets that zip or button up the front are easiest to manage.**
- Bring pillows for the car ride home for support under arm and general comfort.

Nerve Blocks on the Day of Surgery:

- We recommend a nerve block for arthroscopic shoulder surgery.
 - The anesthesiologist performs this before surgery.
 - A numbing medication is injected around the nerves going to the shoulder. This will make the shoulder and arm numb so that you experience less pain after the operation.
 - This will last 12-18 hours post block.

Driving:

- Generally, we recommend that you not drive for at least the first one-to-two weeks after surgery. You **should not** drive if you are still taking **narcotic pain medication**.
- You will be wearing a sling for six weeks. Wearing a sling impairs your ability to drive. It is ultimately **your responsibility** to determine if you can safely operate a vehicle with a sling on.

Follow-up Appointment Schedule:

- Typically, we like to see patients based on the healing process.
 - 2weeks (Jen Rascoe NP-C), 6wks, 12wks (3 months), 6 months' post-surgery.

The First 3 Days Following Surgery:

- After surgery your shoulder will be covered with waterproof bandages and you will have a sling on. We recommend that when you get home you find a comfortable place to rest.
 - The sling must remain on aside from showering, dressing, and doing rehab.
- Your arm will be numb from the nerve block, and you will probably be feeling drowsy for a few hours to a day.
- We recommend icing the shoulder, but limit the icing to, 20-25 minutes on, 40 minutes off.
 - Reusable ice packs should be wrapped in a towel and avoid being placed directly on the skin to avoid skin injury.
- The first sign your nerve block is wearing off will be the feeling returning to the fingers.
 - We recommend that you start taking your pain medication prior to this point, to avoid falling behind the pain.
- You have plastic bandages covering your incisions. These are waterproof, so you may shower with it on. Do not shower until your nerve block has worn off.
 - When showering rest your hand on across the stomach to limit shoulder movement.
 - No bathtubs, pool, hot tubs, ocean/bay. Don't submerge the shoulder below water.
- This bandage does not need to be removed until your first follow-up appointment, however, after the **3rd day from surgery**, you are **OK** to remove the waterproof bandage and the 3-5 steri-strips underlying the bandage if you'd like to. Typically feels better to take it off.
 - These steri-strips are covering the incision sites. Remove gently.
 - You have buried sutures (Vicryl) which close the incision. They dissolve over time. You will not see any sutures nor need to have any removed.
- After removing the bandage and steri-strips, you are ok to shower the incision sites after the **3rd day from surgery**.
 - Gently pat wash with warm, soapy water, rinse, and pat dry thoroughly; letting air dry for about 5-10mins as well.
- **Prior to bandage removal**, go to your local pharmacy and buy a small box of waterproof Band-Aids.
 - Find ones similar to the "3M" kind that are a complete seal around the incision site and roughly 1-2 square inches in size.
 - You will need to cover roughly 3-5 incision sites.

Medications:

- **Narcotic Pain Medication (Percocet, Norco, Vicodin):** You should plan to take this medication as needed. Many patients find that they need it regularly for the first two days and then less often afterwards.
 - We like for our patients to be completely off of narcotic pain medication 2-3weeks post-surgery.
 - We encourage our patients to switch to over-the-counter Tylenol during this time point, taking it during the day hours in place of narcotics as
 - Max dosage of Tylenol is 4,000mg/day. There is 325mg of Tylenol in each pill of Percocet and Norco. 300mg in Vicodin. If you switch to Tylenol during the day, and still take pain medication at night or the morning, keep track of the amount.

- **Non-Steroidal Anti-Inflammatory Drugs:** If a physician (typically Cardiologist or PCP) HAS NOT prohibited you from taking NSAIDs like, Advil, Aleve, Motrin, Ibuprofen, you can take these medications post-op to help decrease swelling and pain.
 - You should not take them at the same time as your pain medication.
 - For example: Take them 2hrs after your dose of pain medication.
 - Only take NSAIDs for a brief duration (2-3days) post-surgery
 - Take as directed on bottle.
 - Taking NSAIDs regularly after surgery for a long duration can slow the healing process and delay your overall recovery time
- **Anti-Nausea:** If you typically get nausea post-anesthesia or from pain medication, make Dr. Carofino and the OR staff aware of this. He can prescribe Zofran to help your nausea
- **Stool softener:** You will be given a prescription for Colace, a stool softener, if you request.
- **Vitamin-C:** Increased levels of Vit-C consumption post-surgery has been shown to alter pain perception, and helps to keep your immune system strong.
 - Find 1,000mg packets of Vit-C powder supplement at a local pharmacy.
 - You can take one with breakfast, lunch, and dinner. Drink plenty of water

The First Six Weeks

Activity:

- You should be wearing your sling, but you can use your hand and wrist to write/type.
- You can pick up light objects but nothing heavier than a coffee cup type weight.
- You may work on bending your elbow so that it does not get stiff.
- You should not be lifting the arm in the air or using your shoulder muscles.

Returning to Work:

- In general, patients who have a **desk job** can return to work when they feel comfortable (within 2 weeks). Research to be sure that your job is accommodating in knowing you must wear your sling, might work slower than normal, and will have weightlifting restrictions.
- Patients who work manual labor (**heavy lifting**) jobs should be advised that you will most likely not be able to return full duty work for **4-6 months**.
 - You may be able to return sooner if your job is able to accommodate modified light-duty. Below is a general guide to anticipated modified duty limitations.

0-2 weeks: no work

2-6 weeks: must wear sling at all times, no lifting with the operated hand, may be able to perform light desk work, will require breaks for therapy

6-12 weeks: no longer wearing the sling, may perform work at waist level, no work above shoulder level, no lifting more than five pounds

3-4 months: no lifting more than ten pounds at waist level, no more than five pounds above shoulder level.

4-6 months: no lifting more than twenty-five pounds at waist level, no lifting more than ten pounds above shoulder level. Return to non-contact sports

6months-beyond: Return to normal work/sport activity.

Physical Therapy (PT) and the Recovery Process:

- A detailed Physical Therapy protocol will be provided to you and your physical therapist. It is important that this protocol be followed. *If your therapist has any questions about the protocol, please encourage them to contact us using the emails provided above. Brice is the best person to contact for therapy questions.*
 - You should strictly adhere to these guidelines under the guidance of your Physical Therapist.
 - Therapy will begin the following week for most patients. You will gradually work on regaining your motion.
 - For most patients this surgery was performed for chronic instability or acute dislocations. Aggressive stretching of the shoulder is actually discouraged because your shoulder is already loose. Slow restoration of motion is better than rapid motion
 - Your physical therapy protocol will outline do's and do not's depending on where your labral tear was located on the "clock-face" of the socket (glenoid).
 - It will outline time frames on certain phases and when to begin them
 - Typically, a labral repair recovery is 4-6 months; 4 months being non-contact, lower impact sports and 6 months being high impact high stress motions of the shoulder.
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~This packet of information is intended to keep you, the patient, informed and up-to-date about what to expect from beginning to end. These guidelines are always impacted by your recovery and progression and void of any post-surgical complications. This packet, though detailed, is not intended to be fully inclusive and all-encompassing and could change on a case-by-case basis.

~For further information, please visit my website, Facebook and YouTube pages:

Dr. Carofino's Website: www.drcarofino.com

AOS Website: <http://www.atlanticortho.com/center-for-hand-to-shoulder-surgery/>

Facebook: <https://www.facebook.com/virginiabeachshoulder/posts/1585338508442471>

YouTube: <https://www.youtube.com/watch?v=LhztF9vmgtc>

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