



Anterior / Inferior Labral Repair (Bankart)

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- Please keep the shoulder immobilized in the sling at all times until otherwise directed.
 - You can expect to need the sling for 6 weeks.
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- You may remove the sling several times per day to perform range of motion with your elbow and wrist to avoid stiffness.
 - Keep your elbow close to your body as you flex and extend it.
 - Do not lift your arm in front of you or away from your side..
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 4 weeks after surgery. Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1 month post-op appointment.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place until your first post-op visit.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- No showering until after your first post-op visit.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 3x per week, starting one month after your surgery. Once you begin PT, you must do the exercises daily.

- Week 1 – Perform hand, wrist, elbow ROM to prevent stiffness. Perform passive ROM per protocol with a helper.
- Week 4 – Begin physical therapy.
- Week 6 – Discontinue sling.
- Month 4-6 – Gradual return to throwing / sport, pending provider clearance

PT Protocol

PHASE I: Week 0-4

- Perform hand, wrist, and elbow ROM to prevent stiffness
- Sling to be worn at all times except when performing exercises, showering, and dressing

Exercises: To be performed daily with the help of a friend or family member.

*****Remain relaxed and DO NOT activate the muscles of your shoulder. Instead, allow your helper to move your arm for you!*****

Day 10:

- Begin external rotation to 10 degrees
- Begin forward flexion to 90 degrees

Week 2:

- External rotation to 20 degrees
- Forward flexion to 110 degrees

PHASE II: Week 4-12

- Begin formal physical therapy.
- Discontinue sling at Week 6.

Exercises

Week 4-6:

- External rotation to 30 degrees
- Flexion to 130 degrees
- Begin resistance by week 6
 - Avoid Internal Rotation and External Rotation resistance exercises
- Periscapular isometrics

Week 6-8:

- External rotation to 45 degrees
- Flexion to 160 degrees
- Resistance exercises by week 8
 - Internal rotation and External Rotation resistance against gravity ONLY

Week 8-12:

- Increase external rotation from 45 with full flexion
- Begin strengthening with arm in neutral below 90 degrees
- Continue periscapular isometrics

PHASE III: Month 3-6

- Progress to functional activities

Exercises:

- Push up progression
- Plyometrics
- Overhead lifting at 4 months
- Pull ups at 4 months
- Throwing and return to sport can begin at 4 months, pending provider clearance