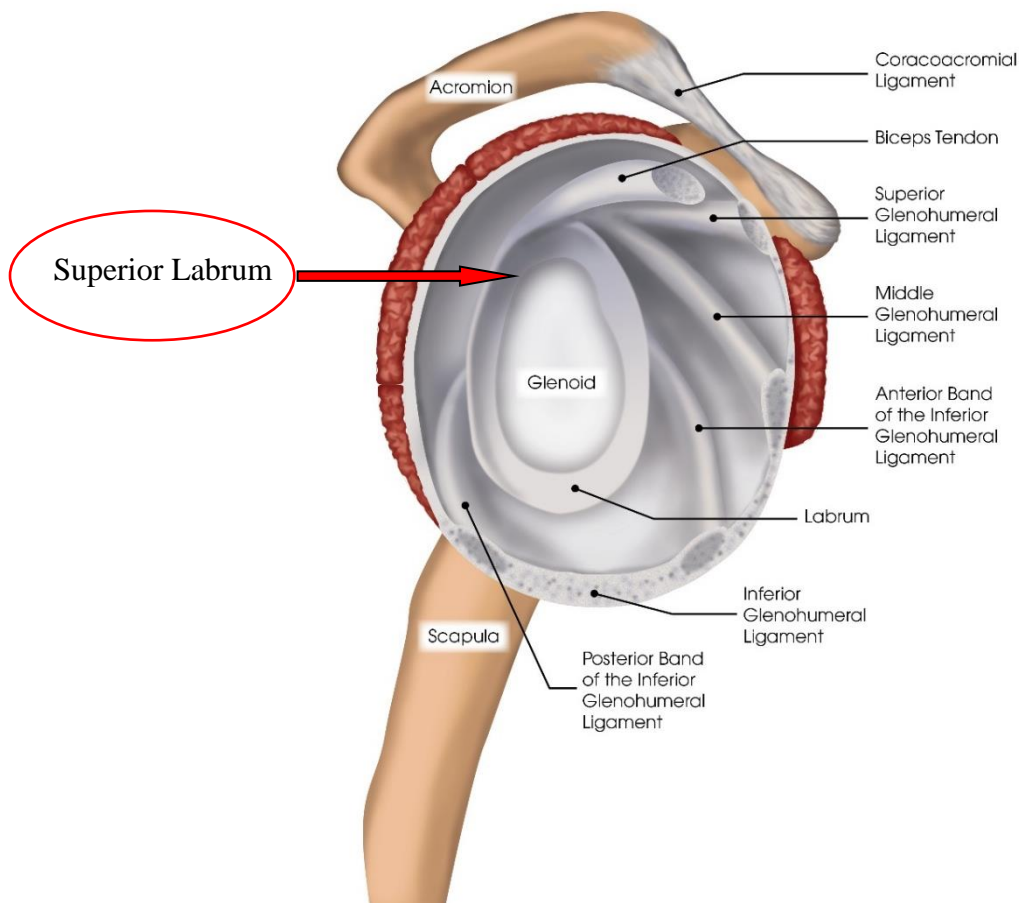


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Superior Labrum, Anterior to Posterior (SLAP) Surgical Repair

The labrum is a fibrocartilaginous soft tissue that encircles the rim of the glenoid (socket of the shoulder). The labrum helps provide stability to the shoulder. The long head of the biceps tendon also attaches to the glenoid (socket bone) by its attachment through the labrum. Injuries generally occur from overhead sports or an injury with the arm extended overhead. Injury to the superior (upper portion) of the labrum is referred to as a SLAP tear, which stands for superior labrum, anterior to posterior (front to back). Labral tears do not heal themselves because of their limited blood supply and the movement and instability of the torn portion; therefore, they typically require surgery. This tear may take the form of degenerative fraying, a split in the labrum, or a complete separation of the labrum off the bony glenoid. SLAP tears will often involve damage to the biceps tendon attachment. Superior labral tears can be difficult to see on MRI and are sometimes discovered only during arthroscopic surgery.

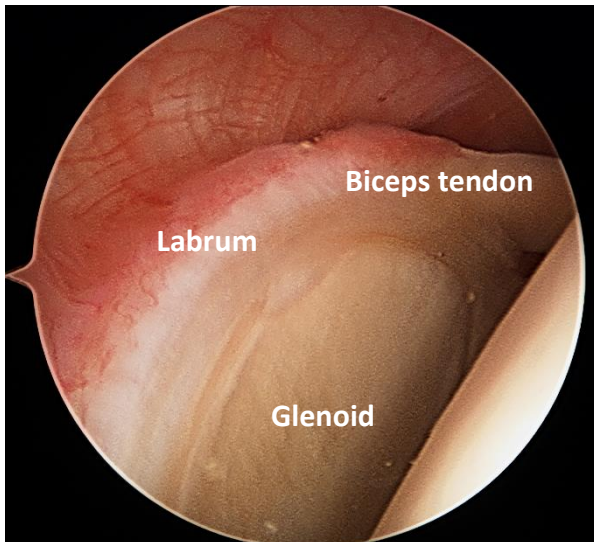


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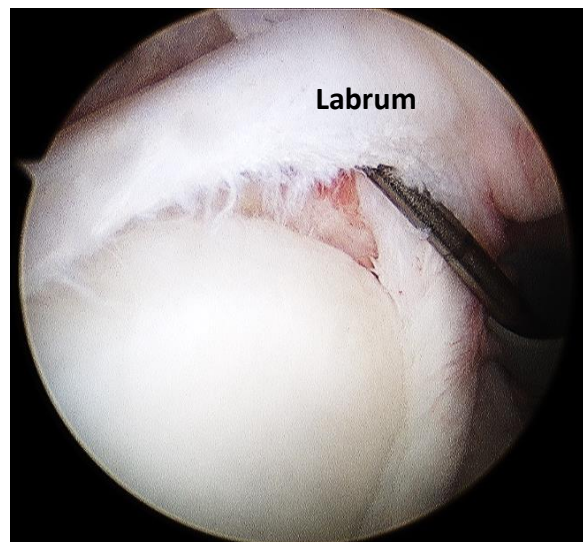
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Contraindications to Surgery

- Infection
- Stiffness of the shoulder
- Inability or unwillingness to complete the post-operative program of keeping the shoulder in a sling or immobilizer and to perform the necessary rehabilitation
- Shoulder arthritis



Arthroscopic photo of normal superior labrum



Arthroscopic photo of superior labral tear

Surgical Risks and Complications

- Infection
- Rarely, injury to nerves (numbness, weakness, paralysis) of the shoulder and arm can occur
- Recurrence of symptoms, especially if activity is resumed too soon
- SLAP repair that fails to heal
- Shoulder stiffness and weakness
- Prolonged recovery for overhead athletes, especially overhead throwers, hitters, and swimmers
- Persistent symptoms for overhead athletes, especially throwers, although these symptoms are typically improved with surgical repair
- Inability to return to the same level of competition
- Irritation from sutures (uncommon)
- Arthritis
- Common involvement of the biceps tendon that also requires surgical repair



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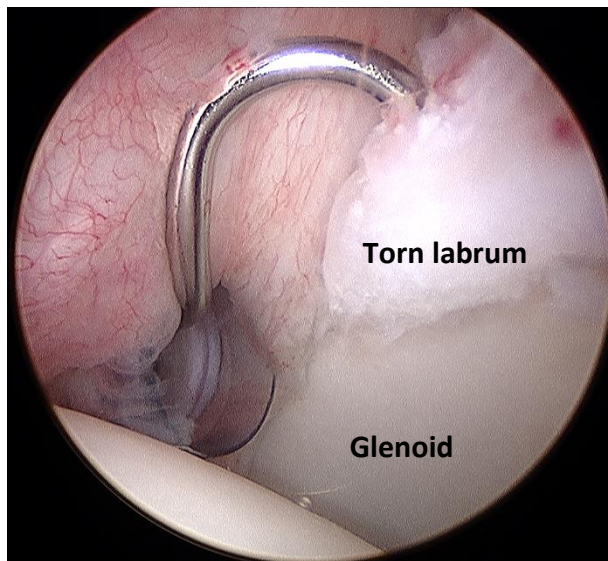
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Hospitalization and Anesthesia

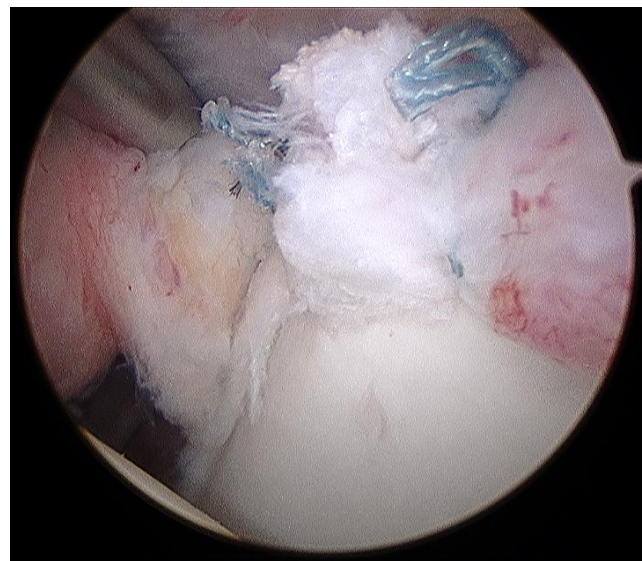
- Outpatient surgery (go home the same day)
- General anesthetic with interscalene block (See *"Your Surgical Experience"* booklet)

General Surgical Technique

Dr. Chudik performs arthroscopic surgery using a camera that allows him to view the shoulder through small incisions and repair the SLAP tear. Dr. Chudik repairs (reattaches) the labrum by placing absorbable anchors with sutures in the superior (upper) glenoid, passing the sutures connected to the anchors through the torn labrum. He then ties the sutures securing the labral tissue back in place against the bone. Sometimes, the biceps attachment through the superior labrum also is damaged and needs to be repaired through a small open incision just below the shoulder.



Arthroscopic photo depicting a SLAP repair utilizing an instrument designed by Dr. Chudik to pass sutures arthroscopically



Arthroscopic photo of completed SLAP repair. Blue sutures are visible

Post-Operative Course

- You will use a sling at all times except for bathing, dressing and exercises for six weeks following surgery, especially while sleeping
- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery
- Keep the wound clean and dry for three days following all arthroscopic surgery or 10-14 days following open surgery. Patients may shower lightly after three days (all arthroscopic) or 14 days (open surgery), but wounds cannot be submerged under water for three weeks.



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- Driving after six weeks (once out of sling) and no longer on prescription pain medication
- Return to school/sedentary work in less than one week as long as sling is worn
- Physical therapy should begin two to three days after surgery and continue for four to six months. The success of shoulder surgery is highly dependent on the post-operative rehabilitation. It is crucial to follow through and maintain a proper therapy schedule
- If the biceps is repaired, no active motion of the elbow or biceps contraction is allowed for six weeks

Return to Activity

- The time to return depends on the type of activity, sport, and position, as well as the arm injured (dominant versus non-dominant)
- At least four to six months is required after surgery before return to sports/strenuous labor
- Full shoulder motion and strength are necessary before returning to sports/strenuous labor
- Overhead hitting, throwing, and swimming may require longer, more advanced rehabilitation

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Motrin[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing
- **Do not eat or drink anything from midnight, the evening before surgery**

Scheduling Surgery

Contact Dr. Chudik's surgery scheduler at 630-324-0402 or contactus@chudikmd.com to:

- Schedule the date and location of surgery (the hospital will call the day before with the confirmed arrival time)
- Schedule a pre-operative appointment
- Schedule a post-operative appointment to remove sutures and review post-operative instructions

Notify My Office if Symptoms Worsen



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