

STEVEN CHUDIK MD

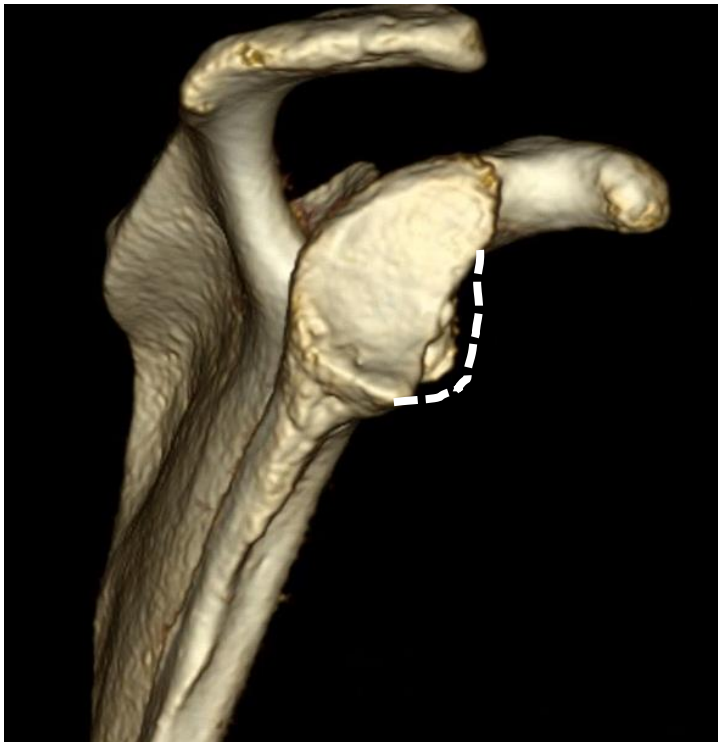
SHOULDER, KNEE & SPORTS MEDICINE

Arthroscopic Bony Bankart Reconstruction

Indications for Surgery

Traumatic dislocations of the shoulder can result in a bony Bankart lesion (tear). The head of the humerus (ball of upper arm bone) is stabilized against the glenoid (socket of the shoulder joint) by a combination of muscles, labrum, and ligaments. When the humeral head is forced out of place in a dislocation, the soft tissues stretch or tear, and in some cases, bone is fractured off the glenoid rim, resulting in a bony Bankart lesion.

Typically, dislocations that result in bony Bankart lesions leave the shoulder joint unstable and prone to repeat dislocations. Patients with pain and instability following a dislocation and bony Bankart injury are candidates for bony Bankart repair. If dislocations continue to occur without treatment, the glenoid can erode and become deficient, decreasing the size of the surface on which the humerus sits, making a repair of only the supportive soft tissues surrounding the glenohumeral joint inadequate. Reconstructive surgery of the glenoid using a bone graft can address the deficient bone, repair torn soft tissues, and restore the shoulder's function and stability.



3-D CT scan reconstruction showing 20 percent bone loss of glenoid resulting from recurrent shoulder dislocations



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Potential Surgical Risks and Complications

- Infection
- Rarely, injury to nerves of the shoulder, arm, or hand
- The Bankart repair and ligaments may stretch out over time or with repeat injury
- Breakage of internal fixation devices
- Further fracture of the glenoid with dislocation mechanism
- Uncommonly, shoulder stiffness
- Persistent pain with activities
- Need for revision surgery

Hospitalization and Anesthesia

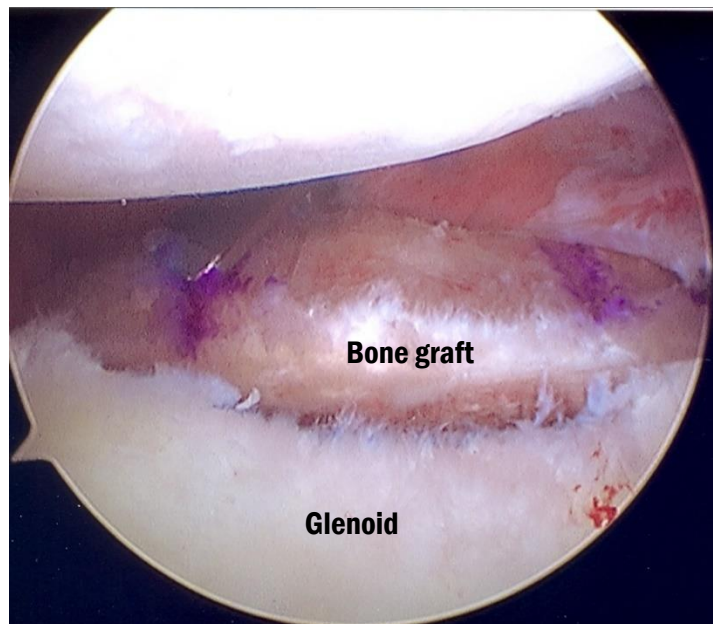
- Outpatient surgery (go home the same day, no hospital admission)
- General anesthetic with interscalene block (refer to *"Your Surgical Experience"* booklet)

General Surgical Technique

Dr. Chudik performs arthroscopic surgery using a camera that allows him to view the shoulder through small incisions and reconstruct the glenoid as well as repair any torn soft tissue. Dr. Chudik has designed a procedure and instruments to arthroscopically replace the missing glenoid bone and fix it into place.



Arthroscopic view of bone deficient glenoid



Bone graft being properly positioned prior to fixation



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com



Schedule online now

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Post-Operative Course

- Patients will use a sling at all times except for bathing, dressing and exercises for 6 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
- Driving after six weeks (once out of sling)
- 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

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

Preoperative instructions

- Discontinue birth control pills
- Stop blood thinners (aspirin, Coumadin®, Lovenox®, Xarelto®) according to the prescribing doctor's directions
- Stop anti-inflammatory medicines (ibuprofen-Advil®, Motrin, naproxyn-Aleve®, etc.)
- Stop Nutritional supplements and drinks (Vitamin C, ginseng, ginkgo biloba, etc.)
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper healing of tissues

Do not eat or drink anything after 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/surgery center will call the day before with the arrival time
- Schedule an appointment with Dr. Chudik's PA to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's team to remove sutures and review post-op instructions



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
otrfund.org

630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com



Schedule online now