

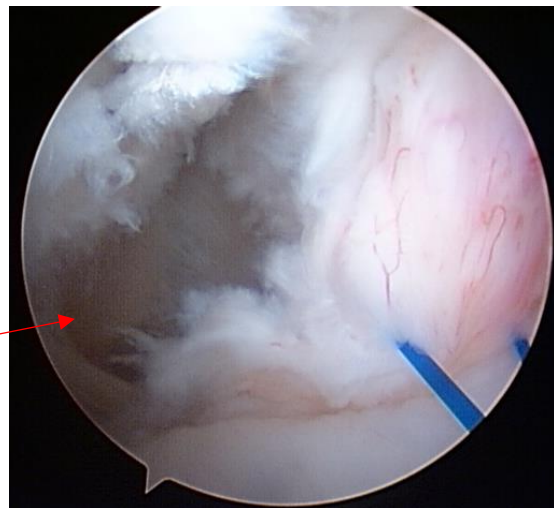
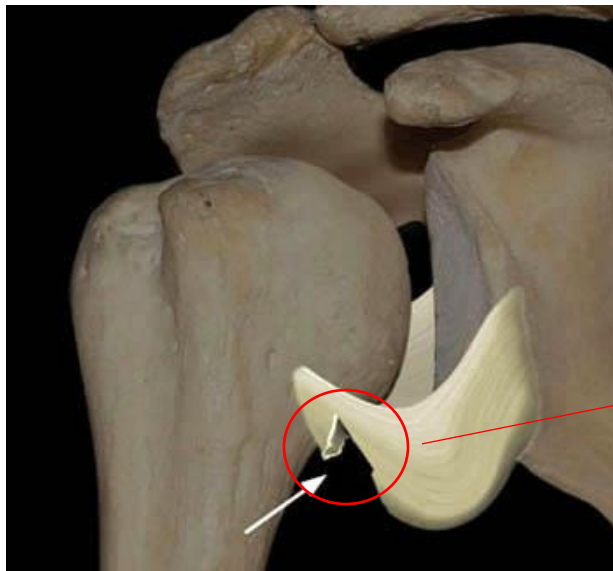
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Humeral Avulsion of the Glenohumeral Ligaments (HAGL) Repair Following Shoulder Dislocation

Indications for Surgery

Humeral avulsion (pulling off) of the glenohumeral ligaments (HAGL) in the shoulder occurs in patients when they dislocate their shoulder. People who sustain a HAGL injury often have recurrent shoulder dislocations, subluxations or instability symptoms that affect their daily activities, work, sports or recreation. Repair of the ligaments is indicated. Surgery is often recommended for young, active individuals after the first dislocation with a HAGL injury because young patients have a higher likelihood of recurrent dislocations. Older patients with an anterior dislocation are less likely to re-dislocate and may do well without surgery as long as they do not sustain a fracture or rotator cuff tear with their injury. More commonly when someone dislocates their shoulder, the ligaments tear at a different location off the glenoid (the shoulder socket) with the labrum. HAGL injuries are rare, often missed on an MRI, and most orthopaedic surgeons, even those specializing in shoulder, are not able to fix this type of tear arthroscopically and prefer to approach these injuries through an open approach. With some special instruments and techniques, Dr. Chudik finds the majority of HAGL injuries are reparable arthroscopically and can arthroscopically repair the torn structures to stabilize the shoulder and prevent further instability and dislocations.



Arthroscopic view of the glenohumeral ligament



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Contraindications to Surgery

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

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm can occur with the dislocation
- Re-injury and recurrence of instability (re-dislocation or subluxation)
- Continued pain
- Detachment of the subscapularis muscle if surgery is performed with open techniques
- Stiffness or loss of motion of the shoulder
- Inability to return to the same level of competition
- Irritation from sutures (rare)
- Arthritis

Hospitalization and Anesthesia

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

General Surgical Technique

Dr. Chudik is facile with arthroscopic repair of humeral avulsion of the glenohumeral ligaments (HAGL) following shoulder dislocations. A procedure most commonly performed through open surgery. Dr. Chudik utilizes an arthroscopic approach through small incisions (arthroscopic portals) to repair the torn tissues. He repairs the tissues to the humerus with sutures and sometimes small bio-absorbable anchors. The anchors are inserted into the humerus and the sutures attached to the anchor are passed through the torn ligaments and tied to reattach the tissue. Immobilization in a sling for six weeks following surgery allows the torn capsule and ligaments to heal in proper position. By approximately four to six months following surgery, the repair site has healed and shoulder motion, strength and function are restored to allow a full return to activities.



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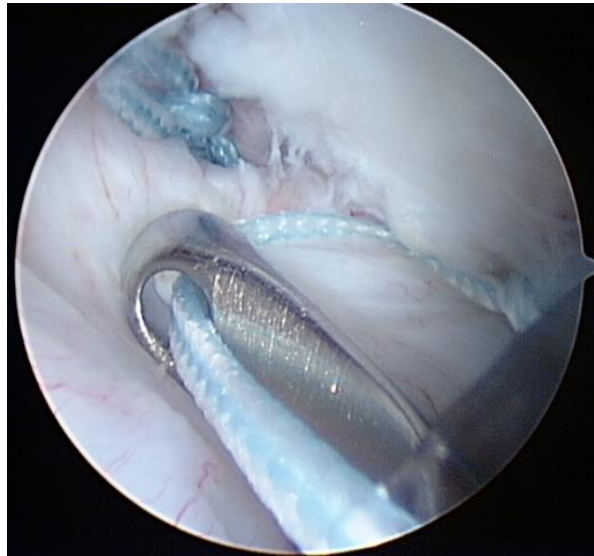
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Post-Operative Course

- Your shoulder motion will be restricted in a sling for six weeks following surgery in order to protect the repair and allow it to heal. You will use a sling at all times except for bathing, dressing, and exercises for six weeks following surgery, especially while you sleep. This prohibits driving.
- You 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. You may shower lightly after three days (all arthroscopic) but wounds cannot be submerged under water for three weeks.
- Driving after six weeks.
- Return to school/sedentary work in less than one week as long as you are in your sling.
- 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 on 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



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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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