

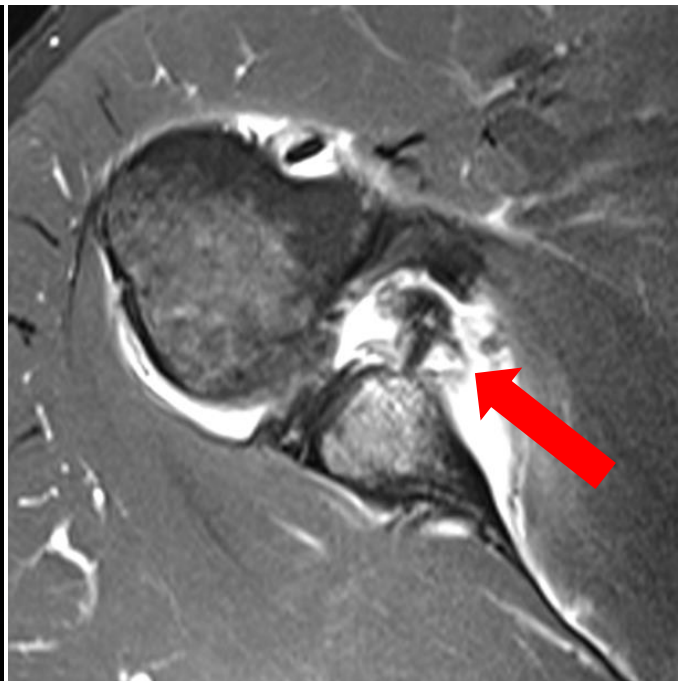
Bony Bankart Repairs for Shoulder Dislocations

Indications for Surgery

Surgery for shoulder instability is indicated for people who have recurrent (repeat) shoulder dislocations, subluxations or symptoms that affect their daily activities, work, sports or recreation. Surgery may be recommended for young, active individuals after their first anterior dislocation because young patients have a high likelihood (80 percent or greater) 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 dislocation. When someone dislocates their shoulder, capsulolabral tissues (labrum, capsule and ligaments) are torn leaving the shoulder unstable. There may be a fracture of the glenoid, also known as a bony Bankart fracture, where the torn labrum was attached that leaves the shoulder unstable as well. The goal of surgery is to repair the torn structures and stabilize the shoulder to prevent further instability or dislocations.



CT scan of a bony Bankart fracture



MRI of a bony Bankart fracture



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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 necessary rehabilitation
- Significant pre-operative stiffness
- Shoulder arthritis

Potential Surgical Risks and Complications

- Infection
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm can occur with the dislocation itself
- Re-injury and recurrence of instability (re-dislocation or subluxation)
- Continued pain
- 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"* packet)

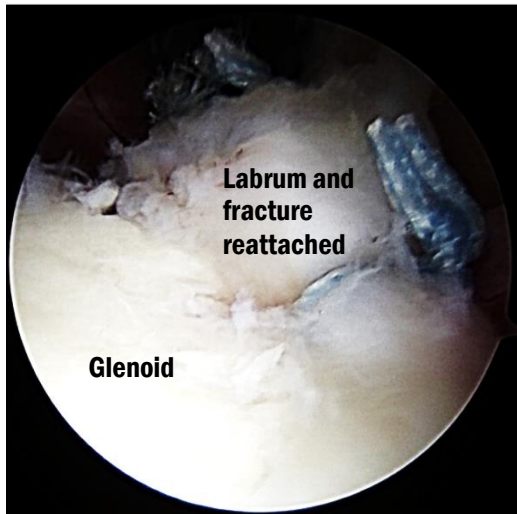
General Surgical Technique

Dr. Chudik utilizes an arthroscopic approach through small incisions (less than 1 cm) to repair the torn capsule, ligaments, labral tissues and bone. He repairs the tissues of the shoulder joint using bio-absorbable anchors and sutures. The anchors are inserted into the glenoid (socket) bone edge and the sutures attached to the anchor are passed through the torn edge of the soft tissue and tied to repair the capsule, ligaments, labrum, and bone. Immobilization in a sling for six weeks following surgery allows the torn labrum, capsule, ligaments, and bone to heal in the proper position. By approximately four to six months following surgery, the repair site has sufficiently healed and shoulder motion, strength and function are restored to allow a full return to activities. In many cases the edge of the glenoid (socket) is fractured off with a dislocation. This is referred to as a bony Bankart injury. Without repair of significant bony glenoid fractures, there is a very high re-dislocation rate for young active patients. Dr. Chudik has developed a special arthroscopic guide that allows him to grasp, reduce (realign), and fix the bony Bankart fracture back in place on the native glenoid. When the bone is absent, Dr. Chudik can take a bone graft from another site, shape it and using an arthroscopic guide he designed, replace the missing bone with the graft, restoring shoulder stability and function.



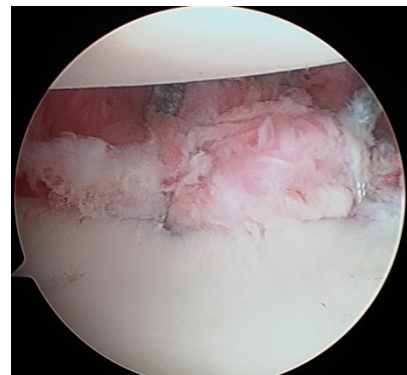
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Dr. Chudik's special bony Bankart repair guide

Operative image, left, of a bony Bankart fracture and labrum reattached to the glenoid.



Operative images of new glenoid bone block and labrum reattached to glenoid

Post-Operative Course

- Your shoulder motion will be immobilized 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 three days after surgery but wounds cannot be submerged under water for three weeks.
- Driving after six weeks.



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- 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.

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

