

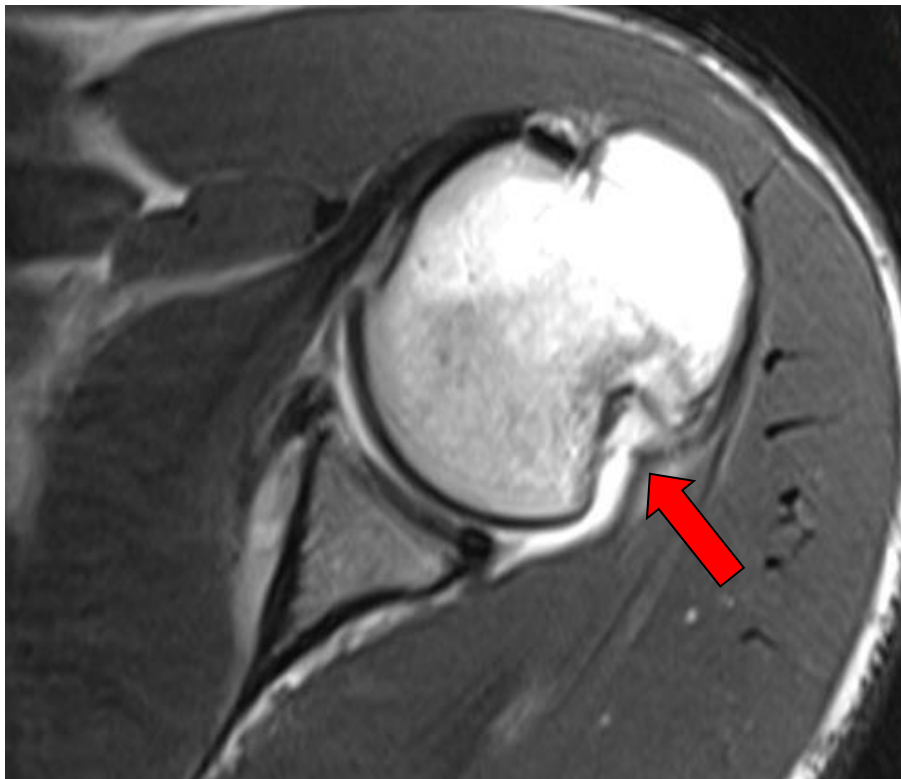
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Arthroscopic Hill-Sachs “Remplissage” Repair

Indications for Surgery

Traumatic dislocations of the shoulder can result in a Hill-Sachs lesion, in addition to other soft-tissue injuries. The head of the humerus (ball of upper arm bone) is stabilized against the glenoid (socket of the shoulder joint) using a combination of muscles, cartilage and ligaments. When a dislocation occurs, the head of the humerus is forced out of its normal position and can result in forceful contact between the bones of the humerus and the edge of the glenoid. In an anterior shoulder dislocation, contact occurs between the posterior (back) side of the humeral head and the anterior (front) rim of the glenoid causing an impaction (indentation) fracture of the posterolateral humeral head. If the fracture is large enough, the patient may experience increased symptoms with external rotation as the fracture will engage with the glenoid and surgery is indicated to ‘fill’ the indentation. Measurements of the size of the Hill-Sachs lesion compared to the glenoid can help determine whether the Hill-Sachs injury engages and needs to be addressed. There also is an increased risk of re-dislocation after arthroscopic labral (Bankart) repair when a Hill-Sachs lesion is present.



Hill-Sachs lesion on the posterior (back) side of a humeral head (ball) of the left shoulder as seen on MRI.



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Contraindications to Surgery

- Infection of the shoulder
- Inability or unwillingness to comply with post-operative protocol, including use of a sling, and/or to complete the necessary rehabilitation process
- Arthritis

Potential Surgical Risks and Complications

- Infection
- Rarely, injury to nerves of the shoulder, arm or hand
- Uncommonly, shoulder stiffness
- Persistent pain with activities
- Need for revision surgery or hardware removal
- Re-injury or re-dislocation
- Arthritis

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 tiny camera that allows him to view the inside of the shoulder through small incisions and repair the injured structures associated with the dislocation. Smaller non-engaging Hill-Sachs lesions do not necessarily require treatment. Large or engaging Hill-Sachs lesions are addressed by either reconstructing (rebuilding) any lost bone on the humerus and/or glenoid or performing a “Remplissage” procedure which draws the posterior capsule and rotator cuff tendon into the Hill-Sachs bone defect. Both procedures can help prevent the Hill-Sachs lesion from engaging with the glenoid edge. This procedure often is performed in conjunction with an arthroscopic labral (Bankart) repair to aid in preventing further shoulder dislocations. Following this procedure, the patient is immobilized in a sling for six weeks and is expected to attend four to six months of formal physical therapy to restore normal shoulder strength and function.

Post-Operative Course

- Patients will use a sling at all times except for bathing, dressing and exercises for six weeks following surgery, especially while sleeping



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- Patients may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery
- Keep the wound(s) 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 is permitted and out of the 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
- After physical therapy, Dr. Chudik recommends and provides extra shoulder stabilization training and testing to minimize the risk for re-injury and ensure a safe return to sport

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

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 after midnight, the evening before surgery

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402, or email 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



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