

**STEVEN CHUDIK MD**  

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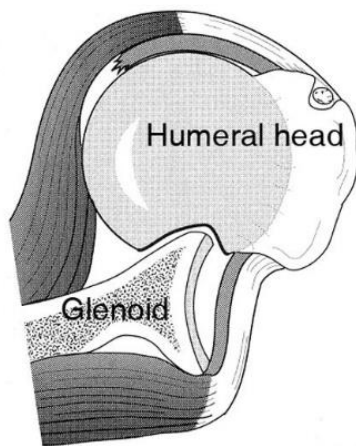
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**SHOULDER, KNEE & SPORTS MEDICINE**

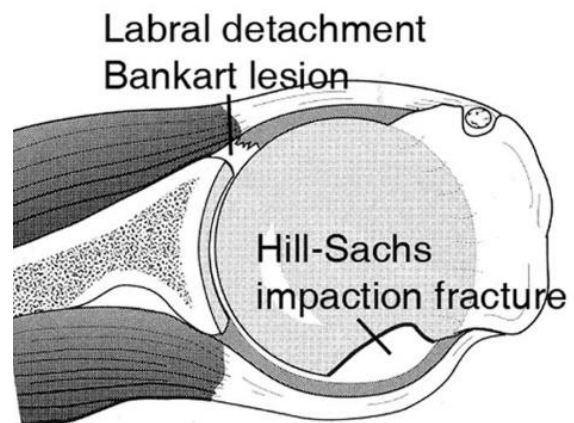
## Anterior Bankart Repairs for Shoulder Dislocations

### Indications for Surgery

Surgery for shoulder instability is indicated for people who have recurrent 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 (repeat) 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. The goal of surgery is to repair the torn structures and stabilize the shoulder to prevent further instability or dislocations.



Anterior Dislocation



Dislocation reduced



X-ray of Anterior Shoulder Dislocation



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## SHOULDER, KNEE & SPORTS MEDICINE

### 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
- 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

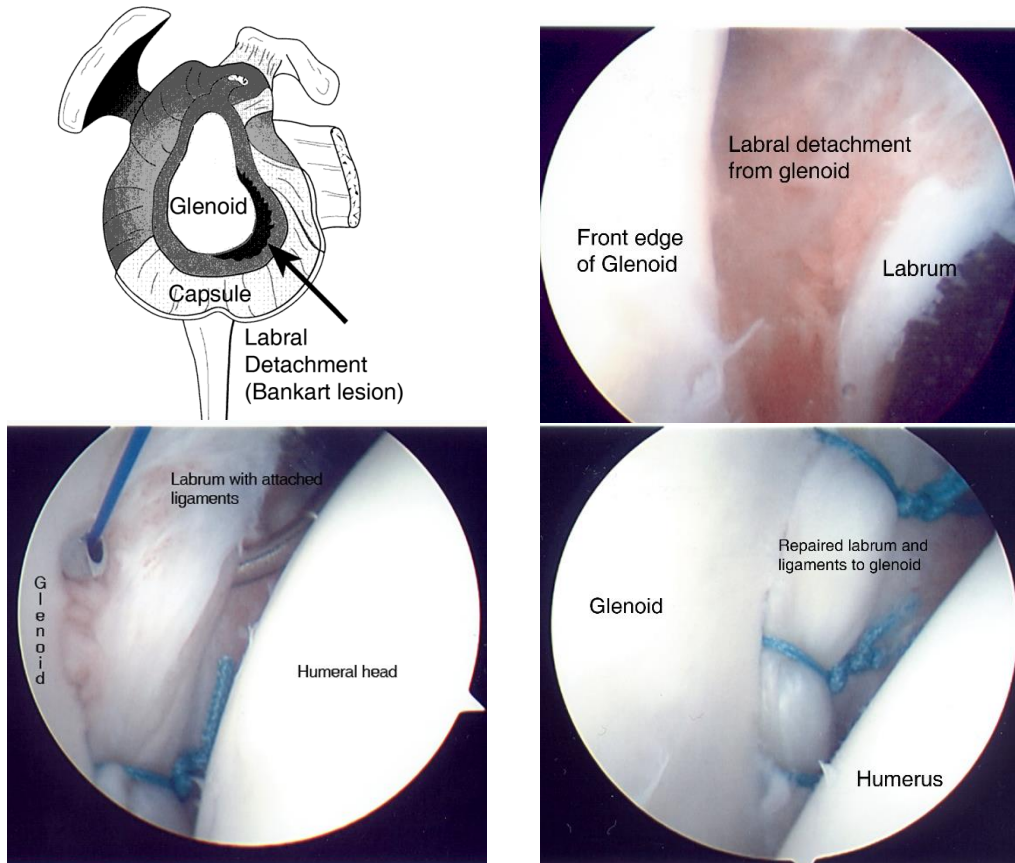
Dr. Chudik utilizes an arthroscopic approach through small incisions (less than 1 cm) to repair the torn capsule, ligaments and labral tissues. He repairs the tissues of the shoulder joint using bio-absorbable anchors and sutures. The anchors are inserted into the glenoid (socket) bone edge and the sutures attached to the anchor are passed through the torn edge of the soft tissue and tied to repair the capsule, ligaments, and labrum. Immobilization in a sling for six weeks following surgery allows the torn labrum, capsule, and ligaments to heal in 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.



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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 three days after surgery 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.



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### 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
- To prevent re-injury, Dr. Chudik recommends and provides extra shoulder stabilization training and testing to allow a safe return to sports.

### Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin<sup>®</sup>, Lovenox<sup>®</sup>, Xarelto<sup>®</sup> according to the prescribing doctor's directions
- Stop anti-inflammatory medicines such as ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Naprosyn<sup>®</sup>, Alleve<sup>®</sup>, 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](mailto: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**



Orthopaedic Surgery & Sports Medicine  
Teaching & Research Foundation  
[otrfund.org](http://otrfund.org)

630-324-0402 • [contactus@chudikmd.com](mailto:contactus@chudikmd.com)  
[stevenchudikmd.com](http://stevenchudikmd.com)



Schedule online now

**STEVEN CHUDIK MD**  
**SHOULDER, KNEE & SPORTS MEDICINE**

**Physical Therapy Prescription**

**Diagnosis: (Left/Right) S/P Traumatic Dislocation  
Planning Arthroscopic Bankart Repair  
Preoperative Rehabilitation**

**Patient Name:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**General Guidelines**

- Sling Immobilization for comfort and gently wean if painful
- Restore shoulder ROM
- Avoid positions and movements that reproduce instability
- Strengthen dynamic stabilizers of the shoulder
  - Rotator cuff
  - Periscapular
  - Cervico-thoracic/scapular posturing
- Progress to Humeral head stabilization exercises
- Progress to PNF exercises
- Strengthen Deltoid/Latissimus/Pectoralis/Biceps/Triceps strengthening as appropriate
- Upper extremity ergometry for endurance

**PLEASE** instruct patient about postoperative rehabilitation and restrictions, **AND** about methods of dressing, bathing and personal care.

**Frequency:** Two to three times/week for four to six weeks

**Therapist Note:**

Dr. Chudik only signs physical therapy prescriptions at patient visits and will return them with the patient.

- Please send physical therapy progress notes/prescription renewals with patient or at least three days prior to the patient's visit so that we can internally process it for the visit.
- Please fax notes to 630-920-2382, or email ***contactus@chudikmd.com***

  
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Steven C. Chudik, MD

Date: \_\_\_\_\_

