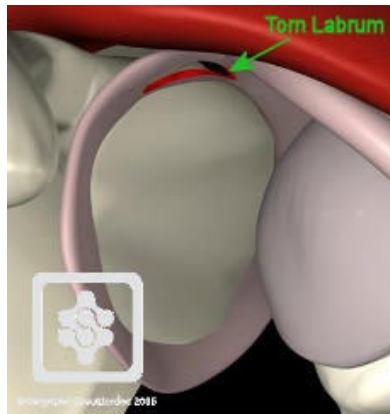


Arthroscopic SLAP repair

INTRODUCTION

SLAP refers to **S**uperior **L**abral **A**nterior to **P**osterior tears of the upper insertion of the long head of the biceps tendon.



THE OPERATION

Arthroscopic (key hole) surgery performed through 2 small (5 mm) surgical incisions to repair the damaged origin of the long head of biceps tendon.

General Guidelines

PAIN

A nerve block is usually used during the surgery. This means that immediately after the operation the shoulder and arm often feel completely numb. This may last for a few hours. After this the shoulder may well be sore and you will be given painkillers to help this whilst in hospital. These can be continued after you are discharged home. Ice packs may also help reduce pain. Wrap crushed ice or frozen peas in a damp, cold cloth and place on the shoulder for up to 15 minutes.

WEARING A SLING

You will return from theatre wearing a sling. The surgeon/physiotherapist will advise you on how long you are to continue wearing the sling. This is usually for 6 weeks. You will be expected to remove the sling for exercises only. Your physiotherapist will advise you of these.

Wound:

This keyhole operation is usually done through two or three 5mm puncture wounds. There will be no stitches only small sticking plaster strips over the wounds. These should be kept dry until healed. This usually takes 5 to 7 days.

DRIVING

You will not be able to drive for a minimum of 8 weeks. Your surgeon will confirm when you may begin.

RETURNING TO WORK

This will depend upon your occupation. You will need to discuss this with your surgeon.

LEISURE ACTIVITIES

Your physiotherapist and surgeon will advise you when it is safe to resume your leisure activities.

FOLLOW UP APPOINTMENTS

An appointment will be made for you to be reviewed at the clinic at 3 weeks. You will be monitored by a physiotherapist throughout your rehabilitation with formal physiotherapy normally beginning 6 weeks after surgery.

EXERCISES

The shoulder must remain immobilised with a sling and a body belt for 3 weeks. At your follow-up appointment the body belt will be removed.

You will perform first only wrist and hand exercises. Avoid elbow flexion against resistance for 6 weeks.

You may well be expected to perform the following exercises when you leave hospital. Please check with your physiotherapist before commencing.

1. With your arm in the sling and the elbow bent at your side, turn the hand to face the ceiling and then the ground.
2. With arm in the sling regularly shrug shoulders up and down and circle forwards and backwards.

Repeat these exercises four times per day. The number you should perform at each session will be recorded for you by your physiotherapist. Continue these exercises until otherwise advised by your physiotherapist.

If you require further information please discuss this with the doctors either in clinic or on admission.