



Arthroscopic SLAP repair

You've been listed for an operation called arthroscopic SLAP repair. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection. Deep infection affecting the inside of the joint is even rarer, but this could damage the joint permanently unless it is dealt with promptly with a surgical washout and antibiotics.

Nerve damage: As part of the procedure traction is applied to your arm to make the introduction of instruments into your shoulder joint easier. This can in rare instances result in a traction injury to nerves in the arm, potentially resulting in pain, numbness and weakness. Usually this is a problem that gets better with time. Permanent damage is very rare.

Damage to vessels/bleeding: This is rarely a problem and usually dealt with at the time of surgery but might result in a bruise.

Pain: While the procedure is successful in most patients, there are some with residual pain. Usually this is minor in nature and may not require further treatment. Only rarely is further surgery required.

Problems with the biceps tendon: The long biceps tendon attaches right where the torn labrum is. There are different types of SLAP tears and in some of them the biceps tendon may be damaged. Dependent on the tear pattern, the biceps tendon may have to be detached from the labrum to aid the healing process. The biceps tendon will either be allowed to retract into the arm, this is called biceps tenotomy (for most patients no functional deficit can be noticed), or for patients with high functional demands the tendon will be reattached to the front of the arm bone, this is called biceps tenodesis. A biceps tenodesis takes time to heal and there is a small risk the repair may fail. In some instances it even makes sense not to repair the SLAP tear and to simply deal with the biceps tendon through either a tenodesis or a tenotomy. Although this seems to be counterintuitive, this approach is backed up by good research. I will make a decision during the operation which of these options is more suitable for you.

Stiffness: This can sometimes occur following surgery. For most patients this resolves within 6 months of the operation and with help of physiotherapy.

Swelling and bruising: This is normal after surgery and usually resolves quickly.

Re-tear: The repaired soft tissues take a long time to heal and during that time there is always a risk of the repair failing. Even once the soft tissues have healed there is a risk of re-tearing. Usually this is the result of a violent injury. Some patients may get better with physiotherapy, but others may require revision surgery.

Mr. Jochen Fischer

State Exam Med, MRCSEd, FRCS (Tr&Orth), MD
Consultant Orthopaedic & Upper Limb Surgeon



www.jf-ortho.co.uk

www.manchesterorthopaedicgroup.co.uk

www.advancedshoulderclinic.co.uk

www.orthobiologicsclinic.co.uk

Anchors and sutures: I use suture anchors to repair the SLAP tear. This is like a wall plug with sutures attached that gets buried in the bone. If the anchor pulls out it can cause pain and may have to be removed. If the sutures fail or become undone they may cause pain and irritation in the shoulder and may have to be removed. These are rare problems.

Likely outcomes: Most patients are much improved, but as with any surgery there is always a very small risk of a poor outcome.

Following Surgery: Your arm will be in a sling. You should be able to go home on the same day.

Physiotherapy: This is all important to help making the operation a success. The Physios on the ward will give you instructions regarding simple exercises, hygiene etc. They will look after you during your Rehab and will gradually give you more exercises.

Sutures and dressings: The sutures are absorbable. There is no need to remove them. The dressing can be removed after 2 weeks and provided everything has healed well you can then have a shower or a bath without the need to cover the wound.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com

Spire Regency Hospital
West Street
Macclesfield
Cheshire SK11 8DW

Secretary Spire Regency
T: 07935 480 188
E: jfortho.secretary@gmail.com