

Patient Information Leaflet

Shoulder Stabilisation (Bankart Procedure)

Prepared by: Orthopaedic Department

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

You are coming into hospital to undergo a Shoulder Stabilisation. This information booklet has been designed with YOU in mind. We hope it will help alleviate any worries you may have about your forthcoming operation.

It is natural to be anxious about any operation – we understand this. If you have any particular worries let the staff know so we can help.

What is a Shoulder Stabilisation (Bankart Procedure)?

It aims to repair the damaged ligaments at the front of the shoulder to prevent repeated dislocation, while retaining shoulder flexibility, movement and strength. It is usually offered following a second or third dislocation episode.

The operation

A general anaesthetic is required. Depending on the degree of damage to the tissues the operation may be done through small incisions, by so-called 'keyhole' techniques, or by open surgery, through a 10 – 12 cm incision over the front of the shoulder. The damaged ligaments, which are often torn off the front edge of the shoulder socket, are reattached to the bone using stitches and titanium bone anchors. The operation takes approximately 1½ hours. The incision is either closed with stitches or metal staples and these have to be removed after ten days. After the operation you may find one or two drainage tubes have been placed in the wound to prevent excessive swelling. These are removed on the ward, usually without discomfort,, the day after your operation. Your arm will be in a 'Shoulder Immobiliser' (a special sling) to protect the surgical repair. Discomfort from the operation settles fairly quickly.

After the operation

You will usually be discharged from hospital on the second day after the operation. Your arm will remain in a sling for 4 weeks (6 if the damage to the joint was found to be severe). You will usually be seen in the outpatient department 4-6 weeks after the operation. If you require a sickness certificate please ask the staff.

After this, a 3 month programme of physiotherapy will begin. First aimed at regaining range of movement, then at about 12 weeks, strengthening of the muscles. The aim is usually to resume normal activities at 4 months after the operation. Please discuss with your surgeon when you can resume driving.

During the recovery period it is very important not to over-stress the surgical repair so you **must** follow physiotherapy instructions very carefully.

Please note that whether the operation is done by 'keyhole' or open technique, the post-operative programme and time to full recovery is the same.

What are the risks?

Like all operations there are some complications that can occur. Infection around the shoulder joint is quite uncommon because of the good blood supply, but wound infections can occasionally occur. They usually settle quickly with antibiotics. Thrombosis (blood clot) in the upper limb is very rare. There are two nerves that are found very close to the operation site and, as such, are liable to damage. If these nerves were to be damaged the relevant muscle would be weakened or paralysed but such nerve injury is rare. Shoulder wounds can occasionally heal in a rather broad and thick scar and cosmetic results are not always good. The operation is reported to carry a 96% success rate (meaning no further dislocation) and our own success rate over a ten year period was recently found to be 98%. A successful result means that you may return to all normal activities, including sports (though the risk of further problems is higher with contact sport), though some slight restriction of extreme movement is possible.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: O/SS/4