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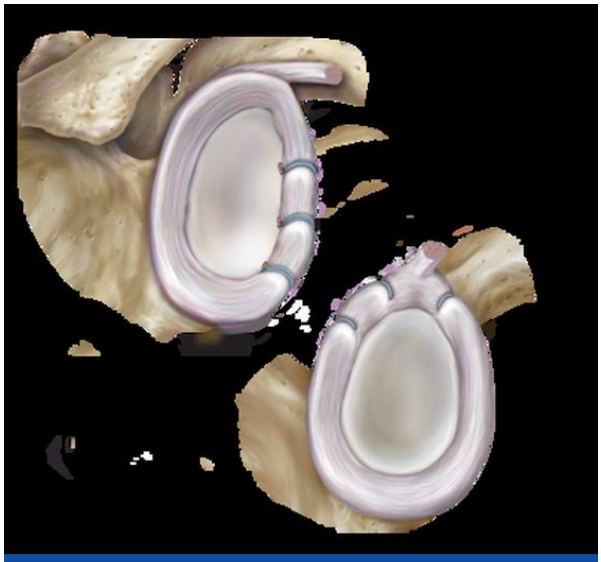
SLAP REPAIR

This leaflet provides general information to help you understand arthroscopic SLAP repair for a torn labrum at the top of the socket.

This keyhole procedure re-attaches the torn labrum to restore stability, and is usually a day case.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



LABRUM & SOCKET

Videos of the surgery: https://www.youtube.com/c/ProfBijayendraSingh

This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

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The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

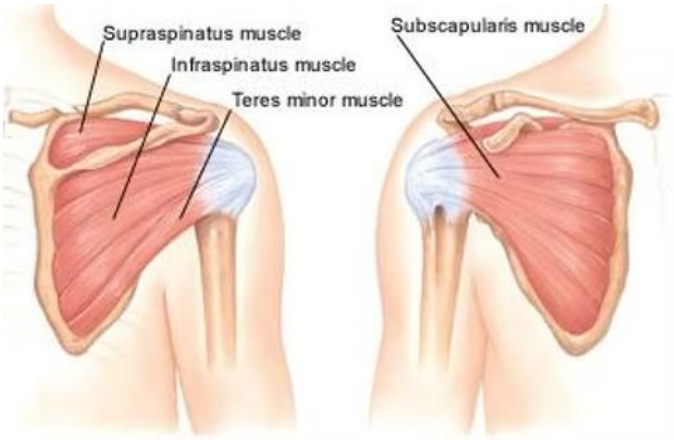
How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage



The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a "bumper" or suction cup that keeps the joint stable and prevents dislocation.

The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

About the Operation

A SLAP repair re-attaches the torn top of the labrum — where the biceps anchors — back onto the socket. By keyhole surgery, the torn labrum and socket edge are prepared and secured with small anchors and stitches. In some patients, a biceps tenotomy or tenodesis is a better option than repair, and this is discussed with you.

Benefits & Logic

The operation aims to:

- Relieve pain from the torn labrum
- Restore the normal attachment and stability
- Prevent further catching, locking or instability
- Joint Assessment
- Minimally Invasive Keyhole surgery reduces smaller scar and a more predictable surgery

The Procedure, Step by Step

The operation, step by step:

- Assessment: a camera examines the joint and confirms the tear
- Preparation: the torn labrum and socket edge are prepared
- Repair: anchors and stitches re-attach the labrum
- If necessary perform biceps tenodesis (additional or alternative)
- Address other issues like loose fragment or damaged cartilage
- Closure: dissolvable stitches and a sling

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-op team

Please read 'Preparing for Surgery'

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- General anaesthetic with a nerve block that numbs the arm
- Nerve block alone (awake) if general anaesthetic is unsuitable

Recovery & Results

Recovery is a partnership. The timeline below is a guide — your physiotherapist and I will adapt it to you — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Sling: usually worn for a few weeks
- Gentle exercises: begin as advised
- Recovery: most do well by 3–4 months
- Return to sport: often around 4–6 months

Results

Most patients get good pain relief and a stable shoulder. Where repair is not ideal, a biceps tenodesis gives reliable results.

After Surgery

In the first weeks

Sling: worn for a few weeks to protect the repair

Pain Relief: start at home; take regularly for the first few days

Wound Care: dressings changed at 24–48 hours; showering after 3–5 days

Physiotherapy: a graded programme; avoid heavy biceps loading early

Follow Up: 2 – 6 weeks post op to monitor progress

Risks & Complications

Uncommon, but possible

Anaesthetic: complications are rare

Infection: fewer than 1 in 1000; treated with antibiotics

Stiffness: some stiffness can occur, usually improves with physiotherapy.

Persistent Pain: a small number have ongoing pain, sometimes needing tenodesis

Nerve: minor, temporary irritation in about 5%

Failure of Repair: 80-85% achieve good / excellent recovery. Some may need further investigation / intervention

Return to activities:

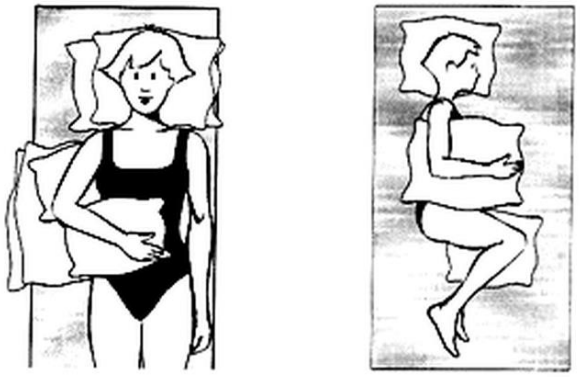
This can be extremely variable and discuss with the surgeon. These are just guidelines.

Desk work 2 – 4 weeks; **Driving:** once safe and out of the sling, usually 4 – 6 weeks, **Manual Work**: 6 – 12 weeks, **Golf:** 12 – 16 weeks. **Sport is staged** — your physiotherapist will guide the timeline. A member of the team will discuss your specific plan.

Recovery Timeline & Sleeping

Recovery Timeline

Sleeping Positions



Prop up at first; when back in bed, use pillows to support the arm and avoid lying on the operated shoulder

Red Flags — When to Seek Urgent Help

Fever, spreading redness or discharge from the wound, worsening pain, or numbness and a cold hand — seek urgent assessment. If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- **Re-attaches the torn top of the labrum**
- **Symptoms matter more than the scan**
- **Usually a day case**
- **Sometimes a biceps tenodesis is the better option**

Questions You May Wish to Ask

- **When can I take the sling off?**
- **When can I drive and return to work?**
- **How much improvement can I expect?**
- **What happens if I don't have surgery?**

Book or Enquire Directly at Each Site

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Practice Plus Gillingham	*01634 969045*	*Private.gillingham@practiceplusgroup.com*