



Orthopaedic Surgery
& Sports Medicine

Bankart lesion

Description

A Bankart lesion is a specific injury to a part of the shoulder joint called the labrum (the cartilage rim around the shoulder joint). The labrum aids in shoulder joint stability. When the labrum is torn, the stability of the shoulder joint is compromised.

A Bankart lesion occurs when an individual sustains a shoulder dislocation. As the shoulder pops out of the joint, it often causes the labrum to tear, especially in younger patients. The tear is to part of the labrum called the inferior glenohumeral ligament and this is called a Bankart lesion.

Common signs and symptoms

- An aching sensation in the shoulder joint.
- Catching or pain in the shoulder with movement, especially overhead motions.
- Weakness in the shoulder with lifting, throwing sports, or reaching overhead.
- Anterior or rotational instability.

Causes

- Repetitive throwing motions or similar motions.
- Falling onto an outstretched arm.
- Direct blow to the shoulder with the arm in a throwing position.
- Repeated shoulder dislocations.

Risk of further injury

- Frequent subluxation (partial dislocation) or an acute dislocation of the shoulder.
- Contact sports.
- Overhead or racquet sports (baseball, tennis, and volleyball).
- Poor physical conditioning (strength, flexibility, and coordination) especially in the rotator cuff muscles.
- Rotator cuff tear.

Shoulder arthroscopy pre-operative instructions

Initial treatment: Consists of medication and ice to relieve the pain, stretching and strengthening exercises, and modification of the activity causing pain or instability. These can be done at home, although referral to a physical therapist or athletic trainer may be recommended. An injection of cortisone to the area around the tendon (within the bursa) may be recommended. Surgery may be performed arthroscopically or with an open incision. The return to full activity usually requires 6 to 12 months.

Pain control:

Nonsteroidal anti-inflammatory medications such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.

Pain medication is not usually prescribed for this condition. If your physician does prescribe pain medications, use only as directed.

Cortisone injections reduce inflammation, and anesthetics temporarily relieve pain. There is a limit to the number of times cortisone may be given because it may weaken muscle and tendon tissue.

Swelling control: Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours and immediately after any activity that aggravates your symptoms. Use ice packs, frozen vegetables or an ice massage.

Rehab/exercises: Rehabilitation of rotator cuff tears usually focuses on reducing any swelling and/or pain, and regaining muscle control and strength. Range of motion, stretching, and strengthening exercises may be done at home, although a referral to a physical therapist or athletic trainer is recommended.

Shoulder arthroscopy post-operative instructions

Dressing: The large tape dressing on your shoulder may be taken off 48 hours after surgery. The Band-aid/Steri-strips covering your wounds should be left in place and may be removed in clinic or allowed to fall off on their own.

Showering: After the tape has been removed, you may shower. Allow the arm to hang down to the side. Carefully wash and dry the armpit by moving your body away from the arm.

- Do not actively lift the shoulder for this.
- Do not spend a long time in the shower.
- Do not submerge the shoulder in a bathtub or hot tub until instructed.

Sling: Regardless of the procedure you had done, your sling should stay on at all times, except for hygiene and exercises. Lean toward your affected side so that your arm gently swings out from your body. This position will allow you to use a washcloth and to apply deodorant. Your sling should stay on to sleep. At your first follow-up appointment, further instructions for sling usage will be provided.

Pain control: You are given a prescription for a narcotic pain medicine. This may be required to provide adequate pain control.

NO PAIN MEDICINE PRESCRIPTIONS WILL BE CALLED IN AFTER BUSINESS HOURS.

For the best possible pain control, recommendations are as follows:

- Anti-inflammatory medicine as directed on the bottle.
Examples: Ibuprofen, Motrin, Aleve, Celebrex, Tylenol/Acetaminophen every 4-6 hours as needed.
- Pain medicine as directed on the bottle.
- Attempt anti-inflammatory and Tylenol first.
- Add pain medicine as needed. Most pain medicines have Tylenol in them; therefore, do not take Tylenol while taking pain medicine.
- The anti-inflammatory and pain medicine may be taken together without adverse effects.

Swelling control: Decreasing post-operative swelling will greatly improve pain control and accelerate rehabilitation. Use the Cryo-Cuff as often as possible, making sure you add ice every hour to keep the water cold. You may sleep with the Cryo-Cuff on if this is comfortable.

Exercises: During the first week post-operative, daily elbow and wrist range of motion exercises should be performed. The sling is removed, the arm is held to the side, and the elbow and wrist can be put through a range of motion. Please take care not to move the shoulder during these exercises. When completed, put on the sling.

Please call **859-323-5533** with questions or for more information.