

# SLAP lesion repair operation

## Information for patients

This booklet contains information about the shoulder surgery that you have been advised to have, and aims to answer some of the questions you may have about the operation and your stay in hospital.

# About shoulder surgery at Sherwood Forest Hospitals

At our King's Mill Hospital site, there is an elective orthopaedic ward and an elective day case unit (DCU). At our Newark site, there is an elective day case unit/ward (Minster ward). The ward and site of your shoulder or elbow surgery will be discussed with you by your consultant team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward a "named nurse" will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

## What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

## Operation day

Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you. You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

**You must not smoke after midnight the day before the operation.**

## SLAP lesion repair – what is the problem?

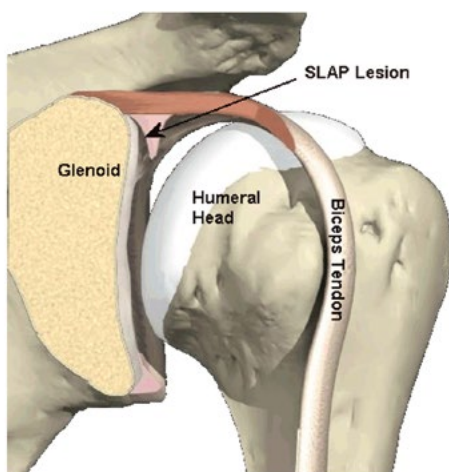
Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it. The most important muscles for this purpose are your rotator cuff muscles.

These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your shoulder joint.

Your shoulder has a very shallow socket, which allows it to be very mobile. To compensate for this shallow socket, the shoulder joint has a cuff of cartilage called the labrum that forms a cup for the ball of your arm bone to move in. It is made of thick tissue and is susceptible to injury following trauma.

A SLAP lesion stands for Superior Labrum from Anterior to Posterior. It is a tear at the top of the shoulder socket where the biceps tendon attaches. It is seen most commonly in young people who play a lot of repetitive overhead sports or following a fall.

Symptoms include aching, 'catching' and pain when moving the shoulder.



## SLAP lesion repair – what is it?

This is an operation to reattach the torn labrum back down to the shoulder socket. The surgeon re-attaches the labrum using small anchors and stitches.

## How is it done?

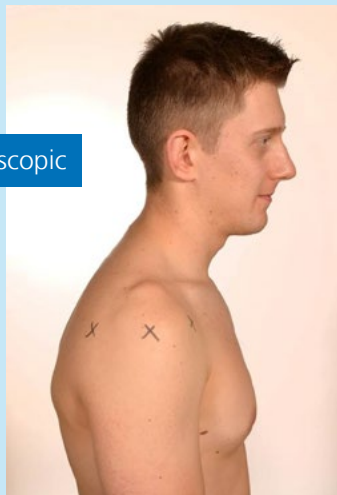
The procedure is usually carried out as a keyhole procedure (arthroscopically) using a telescope about 5mm in diameter and instruments of similar size. This will give you 2-4 small scars of about 5-7mm in length on the back, the side and the front of your shoulder.

During your operation, we will also examine your shoulder joint.

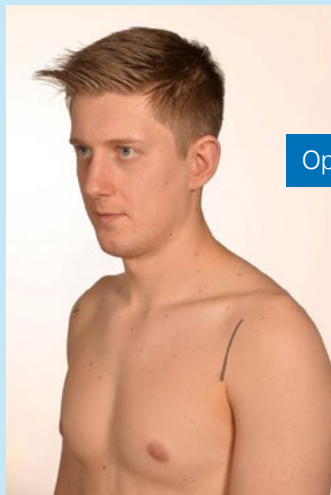
Very occasionally there are technical reasons why we cannot carry out the procedure arthroscopically. This means it will be done cutting the skin at the front of your shoulder (open) to get to the shoulder tissues. That will leave a scar about 7cms in length along the front of your shoulder, along the bra/vest strap line.

You will probably have a little pain after your operation – slightly more if you have had the 'open' procedure. You will be given painkillers.

Arthroscopic



Open



## When will the stitches come out?

If you have had stitches, they will be removed at your GP surgery, usually 10 days after your operation. An arthroscopic wound does not usually need stitches.

## After your SLAP lesion repair

Your arm will be supported in a sling. This is to protect your shoulder capsule while it heals after the operation. You must not remove your sling for usually four weeks (you will be told exactly how long after your operation), except for washing and dressing. The nurses or physiotherapists will help you learn how to do this safely.



# How do I fit my sling?

Please sclick on the weblinks to view a video demonstration.

<https://www.youtube.com/playlist?list=PL5xTTyoGZg0TKh9kQSqrftEqaScVqd6s0>



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.



2. Now using the non-operated arm feed the strap around your back and over the non-operated shoulder, as shown.



3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

You will be taught how to manage your sling by the therapists or nurses. You will also be taught exercises to keep your elbow and hand moving when your drains have been removed.

## What will happen after my operation?

When you have woken after the operation, you will be shown how to exercise your arm and manage your sling by one of the team.

# How can I sleep?

Sleeping can be a little uncomfortable if you try to lie on your operated shoulder. We recommend that you lie on your opposite side. Ordinary pillows can be used to give yourself comfort and support (feather pillows are easier to use than foam ones). **Wear your sling whilst sleeping and do not remove at night time.**



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



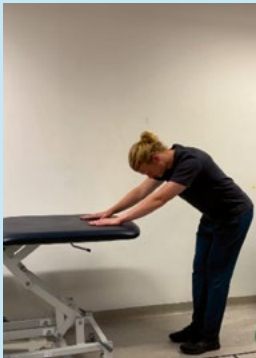
If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

## Rehabilitation

**Please scan the QR code to view a video demonstration.**

Rehabilitation is important to get the most out of your shoulder after the operation. The first stage is to let your shoulder heal, by resting it in the sling. Meanwhile, you can move your wrist and hand to make sure that they do not get stiff or swollen.

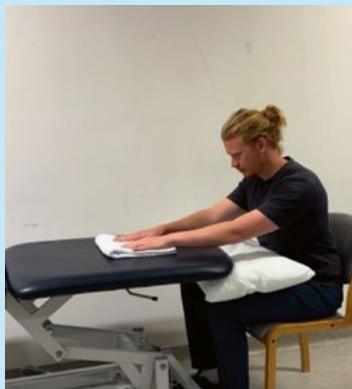
**These are the only exercises you should do in the first 4 weeks whilst in your sling.**



The following two exercises should be performed twice a day and we recommend between 10 and 15 repetitions for each exercise.

In standing, carefully place your hand on a tabletop. Then gently step back and without putting any weight through your arm, perform a forward bow as shown in the picture.

**<https://youtu.be/94NXN9-MqNk?feature=shared>**



In sitting, carefully place your operated arm on a towel on a tabletop as shown. Then gently lean forward and take your arm forward as shown, using the non-operated arm to do the motion shown. Do not lean on the hand or put any weight through your arm but gently slide forwards and backwards slowly.

[https://youtu.be/gi\\_LifXqTBC?feature=shared](https://youtu.be/gi_LifXqTBC?feature=shared)

## When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you can manage your sling
- When you have seen the physiotherapy team.

## Is that the end of my treatment?

Following your operation, you will be referred to physiotherapy for on-going rehabilitation. This will be timed for when your sling can come off (usually four weeks) or sooner if you are having difficulties with the sling or pain.

When you are allowed to remove the sling the physiotherapist will progress your exercises and advise you on how and when you should start to increase your arm use and return to activities of daily living.

After six weeks, you will have your clinic follow-up at either King's Mill or Newark Hospital. This will be with the advanced practice physiotherapist and/or nurse specialist. You will see them again at six months where they can organise a quick appointment with the surgeon if necessary.

## What will I do as an outpatient?

You will continue with your exercises as given to you by the physiotherapist. You will gradually work on developing the strength and control of your shoulder, progressing to full functional movement. We will encourage you to learn how to use your shoulder comfortably.

# When can I do my normal activities?

This depends upon your symptoms. Most people are comfortable by between six to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company. We would advise you not to drive for at least four weeks after the operation – as your arm may be in a sling.

The following table gives you the timescales for the amount of rest required to your arm before resuming a particular type of activity.

**Guide:**

- |                                               |                 |
|-----------------------------------------------|-----------------|
| • Light work (no lifting)                     | 6 weeks         |
| • Medium (light lifting below shoulder level) | 6 weeks onwards |
| • Heavy (above shoulder level)                | 3-6 months      |

At eight to 10 weeks you can carefully return to light low risk activities, such as breaststroke swimming and jogging. At three months, you can return to training and freestyle swimming. At around six months you should be able to return to full scale contact sports provided you have regained strength and, most importantly, control and confidence. It is usually best to discuss this with your surgeon first.



If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are below.

# Useful contact numbers

## King's Mill Hospital

Telephone: 01623 622515

Mr Kurian's secretary

Mr Bidwai's secretary

Mr Mitra's secretary

Nurse surgical care practitioner

Advance practice physiotherapist

King's Mill Day Case Unit

King's Mill orthopaedic ward

Newark Hospital Day Case Unit  
(Minster ward)

King's Mill physiotherapy department

Newark Hospital physiotherapy  
department

## Newark Hospital

Telephone: 01636 681681

## Extension number

4117 (Monday to Friday, 8am-5pm)

4175 (Monday to Friday, 8am-5pm)

6318 (Monday to Friday, 8am-5pm)

4104 (Monday to Friday, 8am-5pm)

6148 (Monday to Friday, 8am-5pm)

3048 (Monday to Sunday, 24 hours)

2414 (Monday to Sunday, 24 hours)

5850 (Monday to Friday, 8am-5pm)

3221 (Monday to Friday, 8am-5pm)

5885 (Monday to Friday, 8am-5pm)

## **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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