

Patient information

SLAP Repair

Trauma and Orthopaedic and Therapies Department

You have been given this leaflet because your surgeon thinks that you will benefit from this operation. The aim of this operation is to reduce your pain and so improve your function.

What is a SLAP Repair?

The shoulder is the most mobile joint in the body. It is dependent on muscles, ligaments (including the joint capsule) and a rim of cartilage (the glenoid labrum) to stabilise it during movement.

SLAP lesions or tears of the superior labrum (superior labrum, anterior and posterior) refers to the specific area of labral damage. The tendon of the biceps muscle also attaches onto the labrum in this area and so can be affected by this injury.

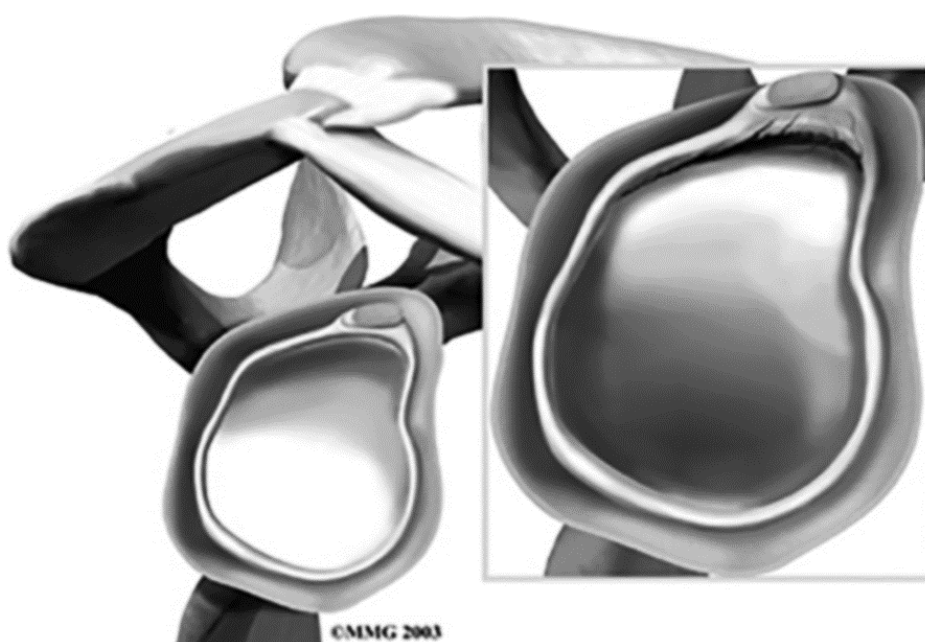


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Possible associated procedures

During your operation your surgeon will use a tiny camera to look inside your shoulder for other areas of damage. It may be necessary to do an additional procedure at the same time.

These include:

- Bankart repair (PIF1645 Arthroscopic Bankart Repair)

What are the aims of surgery?

The purpose of a SLAP repair is to attach the damaged labrum (cartilage) to the glenoid (socket) of the shoulder joint to restore stability to your shoulder and reduce your symptoms.

What are the risks of having a SLAP repair?

All operations involve an element of risk, these are very small but you need to be aware of them and can discuss them with your doctor at any time.

The risks are:

Common

- Short term stiffness and swelling.
- Mild bleeding or leakage of blood stained fluid for a few hours post surgery.
- Further Dislocation/Instability – Lifetime re-dislocation risk of 10 – 15%.

Unusual (less than 1 in 10)

- Wound Infection.
- Failure to resolve symptoms.
- Minor altered sensation around wound sites.

Rare (less than 1 in 100)

- Chronic regional pain syndrome (an abnormal reaction to surgery or trauma resulting in unexpected levels of pain, sensitivity, stiffness and swelling).
- Persistent stiffness.
- Nerve injury resulting in inability to elevate the arm or loss of function.
- Deep infection.
- Bleeding requiring additional treatment.
- Damage to cartilage.

- Failure of repair to heal.
- Deep vein thrombosis/pulmonary embolism (blood clot in leg/lungs)

If after your operation you suffer a sudden increase in pain, onset of pins and needles and /or numbness or start to feel unwell and hot you must be reviewed by your doctor at the earliest opportunity.

Alternatives

You are having this surgery because other treatment options such as physiotherapy have been unsuccessful.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the Royal College of Anaesthetists Patient Information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, a chest X-ray, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have. You will be given instructions on eating and drinking.

You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital with you, a nurse can lock these away for you. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercings at home. Acrylic nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- Porters and a nurse will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat. The ward nurse will then leave you and you will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

You may be discharged home the same day as your operation. Occasionally you may be kept in hospital overnight.

If you are discharged on the day of your operation, and you have had a general anaesthetic and/or sedation, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity
- Take your medications as usual
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Your shoulder is likely to be uncomfortable in the first few days post- surgery. This is normal. You may not feel there is a significant improvement in your pre-operative pain until a few weeks after surgery.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

Your wounds must remain covered with dressings until your outpatient appointment, where your sutures (stitches) will be removed.

Getting back to normal – How you can help yourself to recover

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

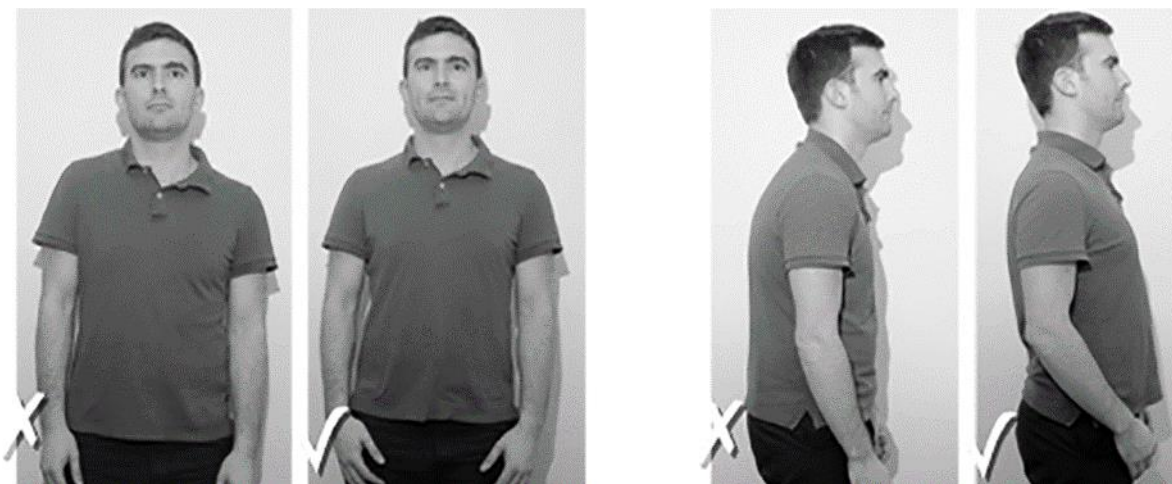
Your shoulder is likely to be uncomfortable in the first few days post-surgery. This is normal. However this should start to improve within the first two weeks after surgery.

There are several things you can do to aid your recovery and help to settle any postoperative pain.

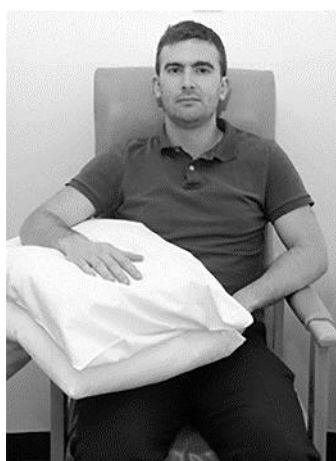
- Using ice on your shoulder for 15 minutes, twice a day or after exercise and therapy. Gel packs, frozen peas or a plastic pack of ice can be used. These must be wrapped in a damp towel as direct contact with the skin can cause burns (cover your dressings with cling film or a plastic bag to prevent them getting wet).
- Sleeping can be uncomfortable if you try and lie on your operated arm. We would recommend that initially you lie on your back or on the opposite side.
- If you lie on your back support the operated arm with a folded pillow under your lower arm. Make sure that your elbow is above your shoulder. If you are on your side then a folded pillow supports your operated arm from your elbow to your wrist.



- Posture can make an important difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in a raised position. Also try to avoid slumping or standing/sitting with round shoulders.



In the first few days after surgery you will find it helps to support your arm on pillows with your elbow in front of your shoulder and slightly out to the side when you are sitting down (see picture).



The best pain relief is usually achieved within six months after surgery (in up to 90% of patients according to the research) however there can be continued improvement for up to one year.

How long do I need to wear the sling?

Your sling is for comfort and to support the weight of your arm while your repair heals. You will need to wear it for two to three weeks after your operation. You can remove the sling for showering (make sure you cover the wound for the first five to seven days after your operation to avoid getting it wet) and to do the exercises shown to you by the physiotherapist. You may find it useful to continue to wear the sling at night for a little longer if the shoulder feels uncomfortable when you are in bed.

How long will it take me to recover?

Patients having this procedure will usually regain functional range of movement by eight to ten weeks. We see big improvements in range of movement and pain in the first six weeks after the sling is removed. The improvements are still usually rapid for up to three months after surgery.

What is the long term prognosis?

You will continue to improve for up to one year following the operation, but from around six months these improvements are usually much slower.

Everybody is individual and makes progress at slightly different rates, but overall more than 85% of patients return to sport and full activity by four to six months post surgery.

Returning to work

Return to work is dependent on the nature of your work and how quickly your pain settles.

The following are guidelines only;

- Sedentary work e.g. office work-as soon as you feel comfortable, usually around three weeks.
- Light manual work – usually around six to eight weeks.
- Heavy manual work – 12-16 weeks*.

*** This must be discussed with your surgeon or physiotherapist as it will depend on your range of movement and muscle control.**

Driving and leisure activities

You can usually begin driving four weeks after your operation if you feel comfortable i.e. one week after removal of your sling. We suggest that you check that you can safely do a three point turn and an emergency stop before you return to driving. However it is essential that you discuss this with your surgeon or physiotherapist and inform your insurance company that you have had shoulder surgery.

Your return to your sport or leisure activities should be discussed on an individual basis with your surgeon or physiotherapist. You should not return to any type of contact sport for at least three months.

Further appointments – When will you back to see the doctor?

You will be seen in outpatient clinic approximately six weeks after your surgery. This appointment will be made and given to you before you are discharged from hospital.

Physiotherapy appointments - How often will I have to attend?

It is essential to your recovery to attend physiotherapy as directed by your physiotherapist.

You have an important part to play in your own recovery and therefore will be expected to follow your home exercise programme as instructed.

Specific Notes for You

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information:

Physiotherapy Department

Royal Liverpool University Hospital Prescott Street

Liverpool L7 8XP

Tel: 0151 706 2760

Text phone number: 18001 0151 706 2760

Therapies Department Alexandra Wing Broadgreen Hospital Thomas Drive

Liverpool

L14 3LB

Tel: 0151 282 6276

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