

Arthroscopic Distal Tibia Reconstruction

What is the recurrent anterior instability?

Glenohumeral instability is the inability to maintain the humeral head centered in the glenoid fossa (socket). Anterior refers to the direction, the front, of the shoulder. This is also called a Bankart tear. An arthroscopic Bankart repair is usually successful in stabilizing a shoulder with recurring dislocations. However, sometimes surgery can fail to stabilize the shoulder, either because the repair is not strong enough or because the socket or the ball of the shoulder is compromised.

How do you repair the instability?

After evaluating your physical exam, history of injury, previous procedures and the radiology studies Dr. Acevedo feels the most successful surgery for you is:

Distal Tibia Allograft procedure: It is procedure a base of cadaver bone is shaved and fashioned and then placed inside the shoulder to reconstruct the glenoid (socket). This increases the surface area of the socket making it harder for the shoulder to dislocate.

Length of Stay

The is same day surgery, you will go home the same day. You will need to have someone to drive you home after you have been discharged.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block. Your arm will be numb and will feel very strange. The nerve block will last about 12-14 hours. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have an incision extending up from the crease of your underarm in the front of your shoulder in the Open version of this surgery. If the surgery is performed arthroscopically then you will have about 3 small poke hole incisions around the shoulder and a small 2 cm incision in the front.

Pain

These repairs are initially very uncomfortable. You will have pain medication prescribed for you prior to discharge. After the nerve block wears off you will have discomfort. Most of the pain is related to your very swollen shoulder. That swelling will resolve in 24-48 hours. Its is important to stay on top of the pain medication. Most patients receive Toradol, which is a strong anti-inflammatory.

Begin taking this medication when you get home. The Narcotic you are prescribed should be used as a rescue medication as needed. For the first 2 days it is advised that you take 1 of these pills around the clock to stay on top of the pain. If it is too strong, you can take Extra strength Tylenol in its place.

Post Op Ice Therapy

If you can obtain an Ice Machine Unit these are very helpful. **Please be sure to bring it in with you on the day of surgery.** Plan to use ice on the shoulder intermittently at least for the first 48 hours after surgery. You should use ice therapy on the shoulder for 15-minute increments throughout the day. Using ice therapy helps decrease pain and swelling. You can use it daily as needed throughout your recovery period.

Sling

Your arm will be placed in a sling prior to leaving the operating room. Sling use is for 6 weeks. You are to remain in your sling 24 hours a day except to bathe. This includes sleeping in your sling. For the six weeks that you are in your sling, **you are not permitted to drive.**

Dressings

You will go home with a clear waterproof dressing. You may shower after surgery as long as the tegaderm dressing is intact. If the tegaderm begins to fall off it may be removed after 5 days. The actual skin incision CANNOT get wet prior to 5 days. Simply allow the water to wash over the site and then pat dry. Do not rub the incisions. Make sure your axilla (armpit) is completely dry after showering.

Physical Therapy

For the first six weeks of recovery you will do remain in your sling at all times. After 2 weeks you will be allowed to perform pendulum exercises at home. You will be referred to Physical therapy at the 2 week mark and continue therapy until you are full recovered.

Restrictions

Recovery from a This surgery is about 5 months. During that time, you will have restrictions on the use of your operative arm. Physical Therapy will call you to schedule an appointment and will begin after your post operative visit with Dr. Acevedo

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Day of surgery to 6 weeks: remain in sling, no use of arm, out of work, no driving

Months 1.5-2.5: opposite hand work only

Months 2.5-4: no lifting/carrying greater than 10lbs

Months 4-5.5: No lifting/carrying greater than 20lbs

Follow Up Appt

You should have had your follow up appointment made at the time of your preoperative appointment. You should be seen at around 10-14 days.

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