SLAP Lesion

Description
The socket of the shoulder (glenoid) has a cartilage rim called the labrum that lines the periphery. The labrum aids in shoulder joint stability. It serves as the attachment site of the shoulder capsule, the ligaments and the long head of the biceps tendon to the glenoid (one of the two upper biceps tendon attachments). The upper cartilage rim (superior labrum) is where the biceps tendon attaches. An injury to the superior labrum is called a SLAP lesion (superior labrum, anterior to posterior). This injury may be caused by degeneration, a tear of the labrum, or a pulling of the labrum off the glenoid, with or without the biceps tendon attachment being pulled off or torn.

Common signs and symptoms
- Pain in the shoulder, worse with overhead activities and especially with follow-through after throwing.
- Usually no pain at rest.
- Intermittent locking, clicking or snapping of the shoulder, often associated with pain.
- Weakness when reaching overhead.
- Loss of velocity when trying to throw.
- Feeling of the shoulder wanting to dislocate.
- Pain, tenderness and weakness in the front of the shoulder with attempted elbow bending or rotation of the wrist, such as when using a screwdriver
- Crepitation (a crackling sound) when the biceps tendon or shoulder is moved or touched.

Causes
- Repetitive throwing motions.
- Falling onto the outstretched arm.
- Pulling of the arm.
- Sudden force applied to the biceps while contracted.
- Direct blow to the shoulder with the arm in a throwing position.

**Risk of further injury**
- Contact sports.
- Overhead sports like baseball, tennis and volleyball.
- History of shoulder dislocation or subluxation.
- Rotator cuff tear.
- Poor physical conditioning (strength, coordination and flexibility).
- An inadequate warm-up before practice or play.

**Shoulder Arthroscopy Pre-Operative Instructions**

**Initial treatment**
Treating a SLAP lesion initially includes:
- Medication and ice to relieve the pain.
- Stretching and strengthening exercises.
- Modification of the activity that initially caused the problem.

These can be done out at home, although referral to an athletic trainer or physical therapist may be recommended. Often pain will persist, especially in throwers. Surgery may be recommended if symptoms persist despite non-operative treatment. Surgery is performed arthroscopically to débride (clean and remove torn pieces and fragments) or to repair the labrum. Reattachment may be performed with tacks or sutures (thread).

If a repair is performed, immobilization is usually recommended after surgery to allow the labrum to heal to the glenoid. After surgery and immobilization, physical therapy may be recommended to regain shoulder motion and strength.

**Pain control**
Non-steroidal anti-inflammatory medications, such as aspirin, naproxen sodium, and ibuprofen may be taken to relieve pain, but do not take these within seven days prior to your surgery. Other minor pain relievers such as Tylenol®/acetaminophen are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, upset stomach or signs of an allergic reaction occur.

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

**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 for inflammation and pain, and immediately after any activity that aggravates your symptoms. Use ice packs, frozen vegetables or an ice massage.

**Rehabilitation and exercises**

Range-of-motion, stretching and strengthening exercises may be carried out 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**

Your sling should stay on at all times, except for attending to personal hygiene and performing your 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 while you 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 (8 a.m. – 5 p.m.). For the best possible pain control, follow these recommendations:

1. Attempt anti-inflammatory medicine and Tylenol first.
2. Take anti-inflammatory medicine as directed on the bottle. Examples include ibuprofen, Motrin®, Aleve® and Celebrex®.
3. Take Tylenol®/acetaminophen every four to six hours as needed.
4. If Tylenol does not work, try pain medicine as needed and use as directed on the bottle. Most pain medicines have Tylenol in them, therefore, do not take Tylenol while taking pain medicine. The anti-inflammatory medicine may be taken with the pain medicine without adverse effects.

*Use caution when taking narcotic pain medicine because they affect your ability to drive and concentrate.*

**Swelling control**
Decreasing post-operative swelling will greatly improve pain control and accelerate rehabilitation. For the first 72 hours, keep the leg elevated above the level of the heart as much as possible. Use the Cryo-Cuff® as often, making sure you add ice every hour to keep the water cold. Do not leave the Cryo-Cuff on while you are walking, as this leads to walking with a bent knee. 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 you are finished, put on the sling.

**Notify our office if...**

- Symptoms get worse or do not improve in four to six weeks despite treatment.
- New, unexplained symptoms develop. The drugs used in treatment may produce side effects.

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