HSS

Labral Repair

MOIRA McCARTHY MD

ORTHOPAEDIC SURGERY & SPORTS MEDICINE

Surgical Locations:

HSS Main Campus - Main Hospital
535 East 70th Street
New York, NY 10021

HSS ASC of Manhattan
1233 2nd Avenue (bwt. 64th and 65th St.)
New York, NY 10065

HSS Orthopaedics at Stamford Hospital
Tully Health Center
32 Strawberry Hill Ct
Stamford, CT 06902

Your guide to labral tears, shoulder instability, and recovery after labral repair — from your first visit to your return to sport.

No. 1
HSS is ranked No. 1 in orthopedics by *U.S. News & World Report* — 17 years in a row

~1 hour
Typical surgery time

Same day
Most patients go home after surgery

6 weeks
Out of the sling

WHY PATIENTS CHOOSE DR. MCCARTHY

- **Personalized care:** Dr. McCarthy tailors every part of your care and spends time with you before and after surgery
- **A clear recovery roadmap** with sling and therapy guidance at every stage
- **Extra infection-prevention step:** extra fluid irrigation of the shoulder, with every portion of surgery done under sterile conditions
- **Two office locations** — New York and Stamford, CT
- **Three surgical locations** — HSS Main Campus, HSS ASC of Manhattan, and Stamford Hospital

Schedule your consultation

CALL · NEW YORK **646-714-6360**	CALL · STAMFORD **203-705-0900**
SELF-SCHEDULE ONLINE **hss.edu**	MESSAGE US **MyChart app**
EMAIL **mccarthyoffice@hss.edu**	

UNDERSTANDING YOUR LABRAL TEAR

WHAT IS THE LABRUM?

- The shoulder is a ball (humerus) resting in a socket (glenoid).
- The ball relies on both the muscles and the labrum to stay centered in the socket.
- The **labrum** is a ring of cartilage around the edge of the socket that helps keep the shoulder stable.

COMMON SYMPTOMS

- An aching feeling deep in the shoulder
- Instability: the shoulder may repeatedly slip partly out of joint (subluxation) or dislocate
- Limited range of motion and weakness
- Depending on where the tear is, a sense of apprehension that the shoulder will dislocate with certain rotating movements

TYPES OF TEARS

SLAP tear	A tear near where the biceps tendon attaches, at the top of the socket.
Bankart tear	Typically caused by dislocations in younger patients.
Chronic tear	Caused by wear and degeneration over time.

YOUR TREATMENT OPTIONS

Non-surgical (conservative) treatment

Recommended for first-time dislocations or labral tears that did not come from an injury.

- Anti-inflammatories (NSAIDs such as Aleve or Advil) for pain
- Physical therapy to improve range of motion, strength, and stability
- A cortisone injection may be considered for continued or significant pain

Labral repair surgery

Recommended for patients who still have instability after conservative treatment, or who are at high risk of the shoulder becoming unstable again.

Dr. McCarthy will talk through your options with you and help you decide what is right for your shoulder and your goals.

RISKS OF SURGERY

Every surgery has risks. Here is what to know about labral repair.

Bleeding	The risk of bleeding with this surgery is low. We do obtain consent for a blood transfusion in case bleeding occurs.
Infection	The risk is very low at HSS. We take extra caution to irrigate the shoulder and do every portion of the surgery under sterile conditions. If an infection does occur, it will likely require further surgery and IV antibiotics.
Repair failure	As with any repair, there is a chance the repair may fail. Dr. McCarthy will discuss your individual risk with you.

PREPARING FOR SURGERY

BEFORE SURGERY

- If you are **40 or older**, or have any significant medical problems, you will need medical clearance, including basic lab work and clearance from your primary care doctor.
- If you have had a **cortisone injection**, your surgery must be at least **6 weeks** after the injection.

THE DAY OF SURGERY

- You will meet with Dr. McCarthy and the anesthesiologist to discuss the surgery and answer your questions.
- **Anesthesia** will likely be general anesthesia, to relax the muscles of the shoulder, along with an injection to numb your arm.
- Surgery takes about **1 hour**.
- You will wake up in the recovery room in a **shoulder sling**.
- **Most patients go home the same day**, once they have feeling in their arm, have met with the therapist, and are able to use the bathroom.
- Your medications — narcotic pain medication, an anti-inflammatory, aspirin, and anti-nausea medication — are explained in your *Surgery Instructions* booklet.

YOUR RECOVERY

THE FIRST WEEKS

- **Follow-up visit 2 weeks after surgery** to remove sutures, discuss the surgery, and review images.
- **Physical therapy** begins 4 weeks after surgery.

YOUR SLING

- Wear the sling at night and any time you are up and walking around.
- You may take your arm out of the sling and rest it on a pillow when doing hand, wrist, and elbow exercises and when icing.
- Stop wearing the sling at **6 weeks** after surgery.

YOUR ROAD BACK TO ACTIVITY

General guidelines — your own timeline depends on your surgery and progress.

4 weeks

Begin PT, focused on regaining normal range of motion

6 weeks

Stop wearing the sling

3 months

Begin strengthening

6–12 months

Return to full strength and previous activities

Ready to take the next step? Schedule a consultation with Dr. McCarthy

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For non-emergent questions, the most efficient way to reach us is a portal message through the **MyChart** app.

NOTES & QUESTIONS FOR DR. MCCARTHY