DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Posterior Labral Repair Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after posterior labral repair, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Shoulder & Labrum

The shoulder is a ball-and-socket joint formed where the top of the upper arm bone (humerus) meets the shoulder blade (scapula). The socket is shallow, so a ring of cartilage called the labrum lines its rim, deepening the socket and helping hold the ball centered. Ligaments attaching to the labrum provide additional stability, especially at the extremes of motion.

The labrum can tear at the back of the socket as well as the front. Posterior tears often come from repeated loading with the arm out in front of the body — blocking in football, bench pressing, pushing — or from a fall onto an outstretched arm. Unlike a front dislocation, a posterior tear frequently causes pain and a vague sense of the shoulder slipping rather than the shoulder plainly coming out of place, which is part of why it is often recognized late.

Posterior Labral Repair Surgery

Posterior labral repair is performed arthroscopically, through several small portal incisions using a camera, as an outpatient surgery. The torn labrum is reattached to the back rim of the socket with suture anchors and the loose capsule behind the joint is tightened. Because the muscles around the shoulder naturally pull the ball backward when the arm reaches forward, the early recovery focuses on keeping the arm out of that position while the repair heals.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection and poor healing. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. You will be notified of your arrival time the day before surgery.

3. Wear loose-fitting, front-buttoning or zip-up clothing on the day of surgery — you will leave in a shoulder sling and won't be able to raise the operative arm over your head.

4. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

5. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

6. Your first postoperative visit is usually scheduled 8–14 days after surgery.

7. Please schedule your first postoperative physical therapy visit **before** the day of surgery, since early therapy focuses on gentle, protected motion.

8. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Sling Instructions

You will wear a neutral-rotation sling to protect the repair while it heals. Rather than resting your hand across your stomach, it holds the forearm pointing straight ahead, which keeps the ball of the shoulder from pressing back against the repair.

- Wear the sling at all times, including while sleeping, except when showering or doing the specific exercises your physical therapist or Dr. Yao instructs.
- Do not reach across your body — no pulling a seatbelt across, no washing the opposite armpit, no reaching into the back seat. This is the position most likely to stress a posterior repair.
- Do not push with that arm: no pushing up from a chair, a bed, or a car door.
- Loosen the sling straps if you notice numbness or tingling in the hand, and contact our office if it does not improve.
- Practice putting the sling on and taking it off before surgery if possible.

Day of Surgery

What to expect: This is an outpatient procedure — you'll go home the same day. Plan to arrive about 2 hours before your scheduled surgery time and to be discharged 1–2 hours after the procedure ends.

Anesthesia & nerve block: Most patients receive general anesthesia along with a regional nerve block (often an interscalene block) for pain control. The block typically numbs and weakens the entire arm for 8–24 hours — your arm may feel completely asleep and heavy, which is expected. Keep the arm in the sling and protected until normal sensation and strength return.

Postoperative Instructions: Sling Use & Arm Precautions

You'll wake up with your arm in a sling. In general, for the first several weeks:

- Do not actively lift or reach with the operative arm, and do not reach across your body.
- Do not push or press with that arm, and do not lift anything heavier than a cup of coffee.
- Do not put weight through the arm — no pushing up out of a chair or leaning on that hand.
- You may take the arm out of the sling for gentle elbow, wrist, and hand exercises and for hygiene, then return it to the sling.

The neutral-rotation sling is typically worn full-time for 6 weeks, unless Dr. Yao gives you different instructions based on your specific repair.

Resting & Sleeping

Many patients find it more comfortable to sleep semi-upright — in a recliner or propped up on several pillows — for the first 1–2 weeks, with the arm supported in the sling. Do not sleep on the operative shoulder.

Bandages, Dressing & Bathing

A dressing covers the small arthroscopic portal incisions around your shoulder. Keep it clean and dry until your follow-up visit. You may shower, keeping the dressing covered and dry with a waterproof cover, and avoid direct water spray or soaking the shoulder.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Swelling and hand stiffness. It is normal for the hand and wrist to swell while the arm is in a sling, and this can take 1–2 weeks to resolve. Do **not** wear rings or other tight jewelry on the operative arm until the swelling has fully resolved. Gently move your fingers, wrist, and elbow (as allowed) throughout the day.

Bruising. Bruising can appear around the shoulder and track down the upper arm, typically 3–7 days after surgery, and will fade over time.

Low-grade fever. A mild fever (under 101°F) in the first couple of days is common. A higher or persistent fever, or worsening pain at the incision, should be reported to our office.

Numbness or weakness after the block wears off. Most sensation and strength return within 24 hours. If it persists well beyond that, seek prompt medical evaluation.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and elevation
- A dressing that is soaked through with blood or fluid
- Shaking, chills, or a fever over 101°F
- A sudden pop, severe pain, or a feeling the shoulder has come out of place

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Your shoulder itself needs to stay protected in the sling. These gentle movements are for the parts of the arm not being repaired, and help circulation and prevent stiffness. Do not attempt any active shoulder motion, and do not push up with that arm, until cleared to progress.

Hand grip pumps. With the arm still in the sling, make a gentle fist and release, 15–20 times.

Wrist circles and bends. Gently bend your wrist up and down, and rotate it in slow circles, 10 times each direction. 2–3 sets.

Elbow bend and straighten. With the arm supported and out of the sling, slowly bend and straighten your elbow, without using the shoulder to help. 10–15 reps, 2 sets.

Finger stretches. Spread your fingers wide, then make a fist, several times throughout the day.

Frequently Asked Questions

Do I sleep in the sling?

Yes, in most cases, until you're told otherwise at a follow-up visit.

How much can I move my shoulder?

None on your own at first. Motion is introduced gradually by your physical therapist. Reaching across the body and rotating the arm inward are the positions that stress a posterior repair; rotating the arm outward is safe and is usually started early.

How much pain should I expect?

Expect meaningful discomfort for the first 1–2 weeks, improving steadily with ice, medication, and proper positioning.

How long will I need the sling?

Typically 6 weeks in the neutral-rotation sling, unless Dr. Yao gives you different instructions.

When can I drive?

Generally once you are out of the sling, off narcotic pain medication, and have enough motion and strength to control the wheel safely — usually not before 6 weeks.

When can I return to work?

Desk jobs where the arm can stay in the sling: often within 1–2 weeks. Jobs requiring arm use, lifting, or overhead work: typically several months.

When can I return to sports?

Non-contact sports are often cleared around 4–5 months. Contact and collision sports, and anything built on pushing or pressing — blocking, bench press, push-ups — typically wait 5–6 months or longer.

How long will I need physical therapy?

Typically 4–6 months, progressing from passive motion to strengthening and sport-specific training.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–6 weeks	Neutral-rotation sling full-time, including sleep. No active motion, no reaching across the body, no pushing.
6–12 weeks	Sling discontinued; therapy progresses from passive to active-assisted, then active motion, adding internal rotation last.
3–4 months	Rotator cuff and periscapular strengthening as motion and healing allow.
4–6 months	Graded return to pressing and closed-chain loading; progress toward sport-specific work.
5–6+ months	Return to sport, contingent on passing strength and stability testing — contact and pressing sports wait the longest.

This is a general framework — your pace may differ based on the extent of the tear, any bone loss addressed, and the demands of your sport. Your physical therapist and Dr. Yao will adjust this timeline together with you.

DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON