



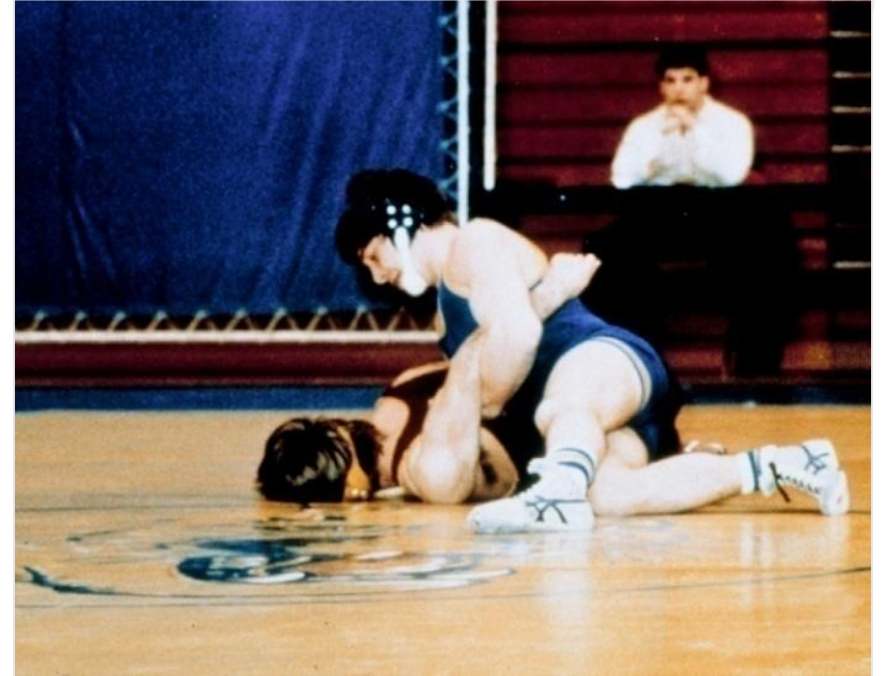
# Reconsidering the Arthroscopic Bankart

Charles J Gatt, Jr. MD

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## High school or college athlete with anterior shoulder instability

- Dislocation or subluxation
- 1<sup>st</sup> time or recurrent
- In season or off season
- Contact athlete
- Years of participation left



# High school or college athlete with anterior shoulder instability

- X –rays
- MRI
- MRI arthrogram



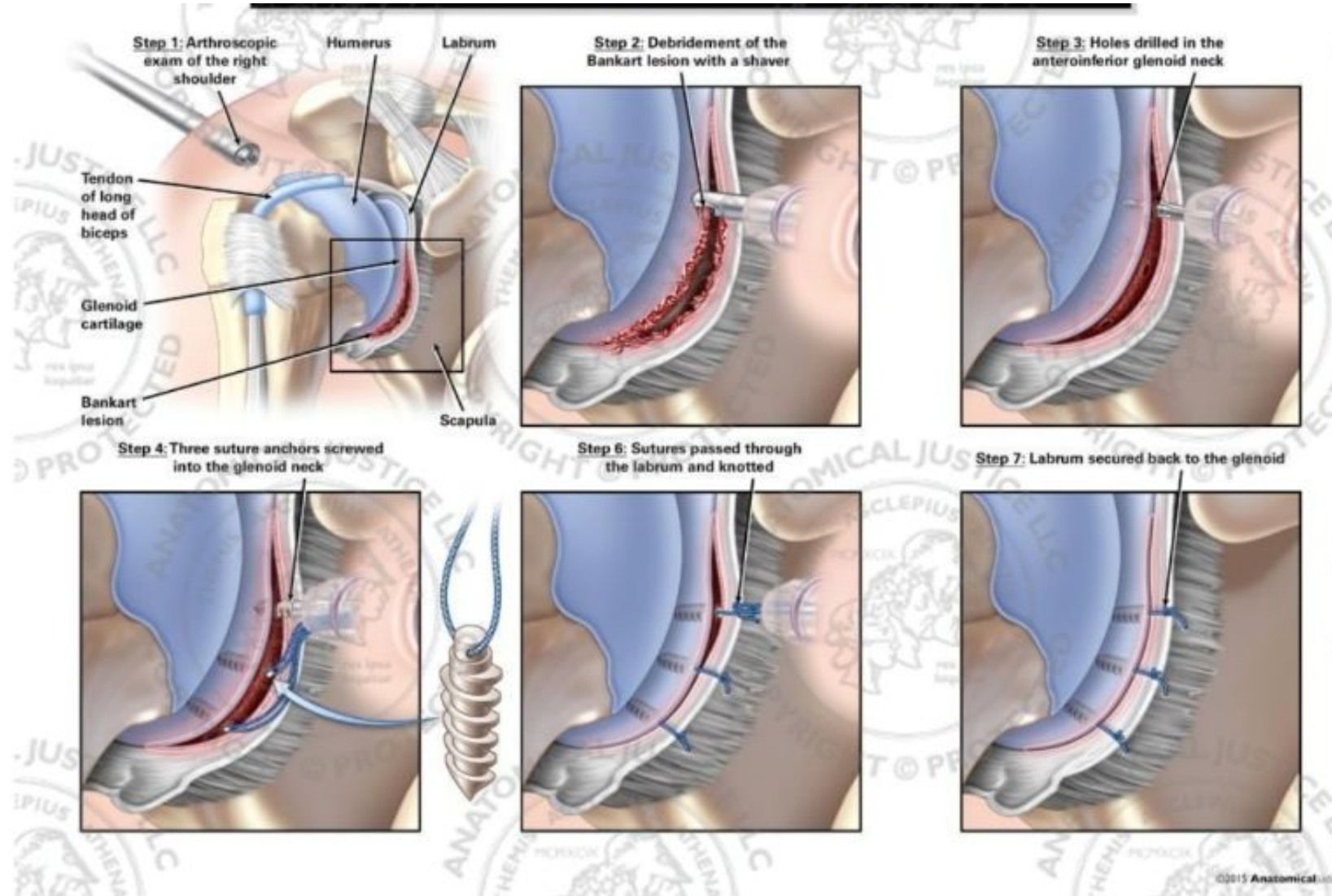
# High school or college athlete with anterior shoulder instability

- Surgery
- Arthroscopic Bankart repair?





# What is an arthroscopic Bankart repair



# Evolution of arthroscopic Bankart

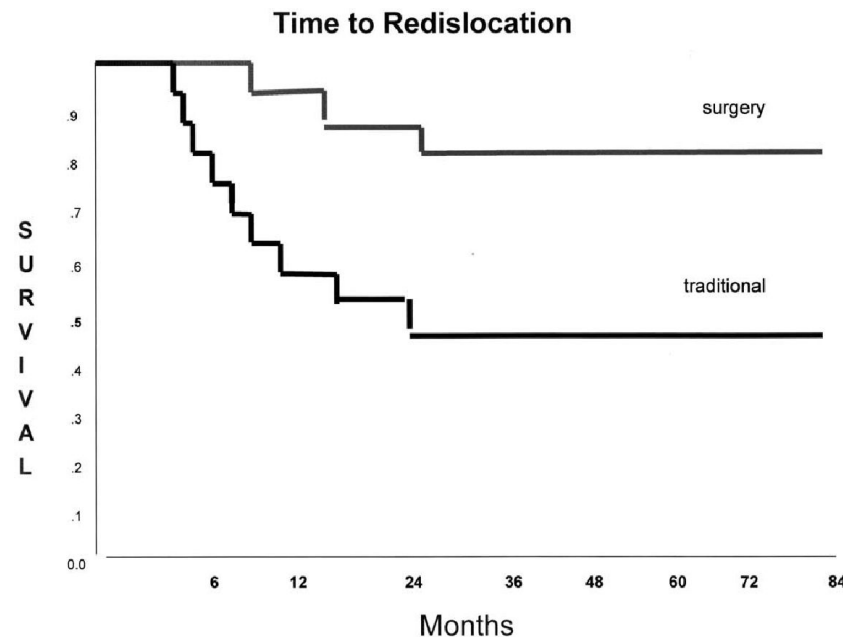
- Transglenoid sutures
  - Good short term
  - Bad mid term
- Suture anchors
- Improved instrumentation
  - Better access to inferior glenoid
  - Allowed for more capsular management



# Prospective Randomized Clinical Trial Comparing the Effectiveness of Immediate Arthroscopic Stabilization Versus Immobilization and Rehabilitation in First Traumatic Anterior Dislocations of the Shoulder: Long-term Evaluation

Alexandra Kirkley,<sup>†</sup> M.D., F.R.C.S., Robert Werstine, B.Sc., P.T., Andrew Ratjek, B.Sc., P.T., and Sharon Griffin, C.S.S.

- Avg 6 year follow up
- Surgery 3/16 (18%)
- Non op 9/15



## **A Prospective, Randomized Evaluation of Arthroscopic Stabilization Versus Nonoperative Treatment in Patients with Acute, Traumatic, First-Time Shoulder Dislocations\***

Craig R. Bottoni,† MD, John H. Wilckens, MD, Thomas M. DeBerardino, MD,  
Jean-Claude G. D'Alleyrand, MSE, Richard C. Rooney, MD, J. Kimo Harpstrite, MD, and  
Robert A. Arciero, MD

- 2002 Prospective, randomized clinical trial comparing arthroscopic vs non-surgical treatment in active duty males (age 18-26)
- 14 non-operatively treated patients □ 4 weeks of immobilization + rehab program (4 mo)
- 10 operatively treated (arthroscopic Bankart repair w/suture anchors ) + rehab program
- **Reduced recurrent instability: 75% non-op vs 11% op**
  - 6/9 non-op with recurrent instability required subsequent stabilization

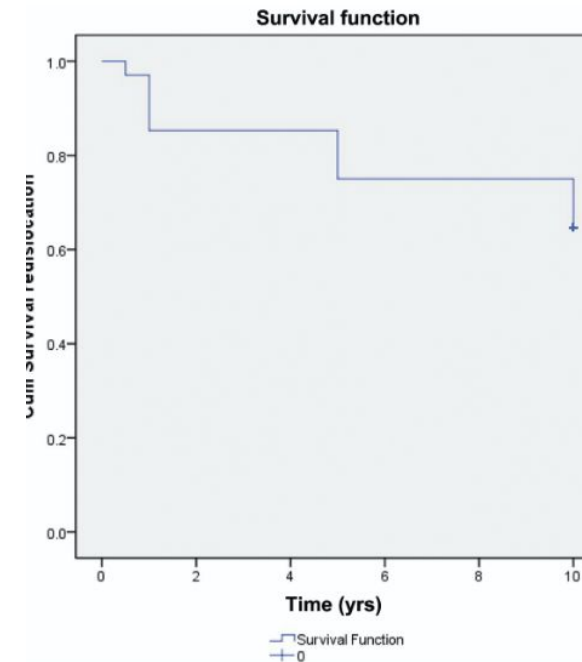


# Long-term Results After Arthroscopic Shoulder Stabilization Using Suture Anchors

## An 8- to 10-Year Follow-up

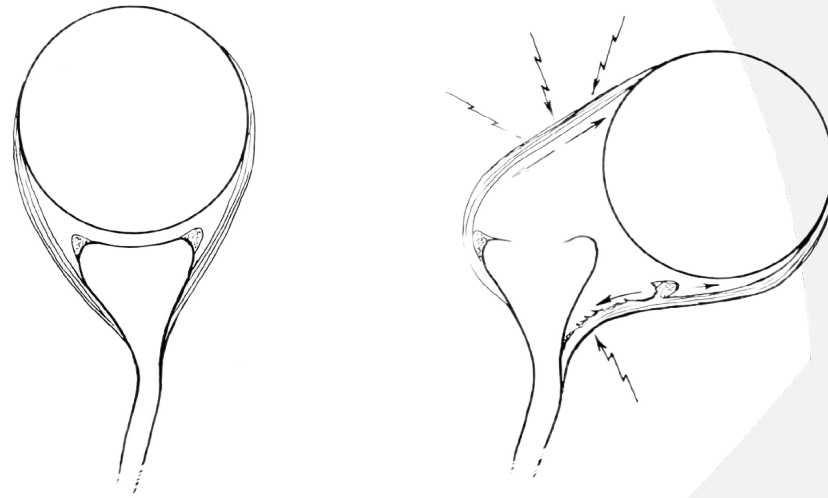
Just A. van der Linde,<sup>\*†</sup> MD, Derk A. van Kampen,<sup>†</sup> MD, Caroline B. Terwee,<sup>‡</sup> PhD,  
Lea M. Dijkman,<sup>†</sup> MSc, G. KleinJan,<sup>†</sup> MSc, and W. Jaap Willems,<sup>†</sup> MD, PhD  
*Investigation performed at the Department of Orthopedic Surgery, Onze Lieve Vrouwe Gasthuis,  
Amsterdam, the Netherlands*

- 67 patients 97% follow up
- Overall 35% redislocation rate
- 13% had additional surgery



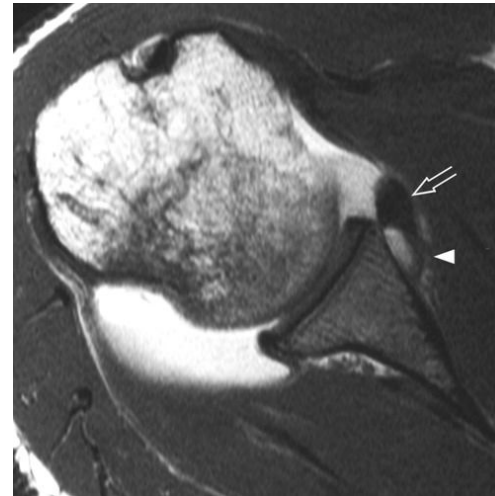
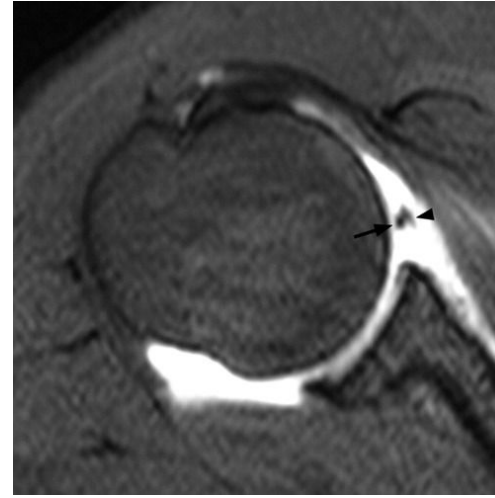
## What is the problem?

- **Glenohumeral joint capsule**
- Hill Sachs lesions
- Glenoid bone loss



## What is the problem?

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## What is the problem?

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- **Glenoid bone loss**



# The instability severity index score

A SIMPLE PRE-OPERATIVE SCORE TO SELECT PATIENTS FOR ARTHROSCOPIC OR OPEN SHOULDER STABILISATION

Prognostic factors	Points
Age at surgery (yrs)	
≤ 20	2
> 20	0
Degree of sport participation (pre-operative)	
Competitive	2
Recreational or none	0
Type of sport (pre-operative)	
Contact or forced overhead	1
Other	0
Shoulder hyperlaxity	
Shoulder hyperlaxity (anterior or inferior)	1
Normal laxity	0
Hill-Sachs on AP* radiograph	
Visible in external rotation	2
Not visible in external rotation	0
Glenoid loss of contour on AP radiograph	
Loss of contour	2
No lesion	0
Total (points)	10

\* AP, anteroposterior

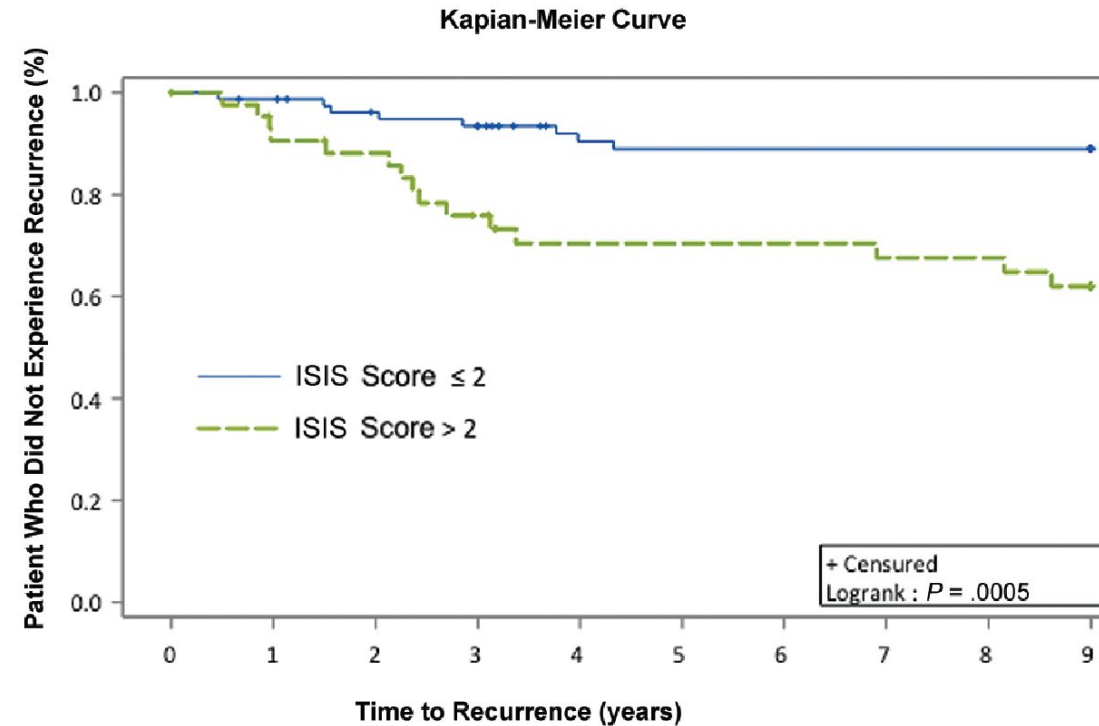
- Score greater than 6 had 70% recurrence rate
- Recommend Laterjet
- Balg, Boileau – JBJS-B, 2007



# Long-term, Prospective, Multicenter Study of Isolated Bankart Repair for a Patient Selection Method Based on the Instability Severity Index Score

Hervé Thomazeau,<sup>\*</sup> MD, Prof, Tristan Langlais,<sup>†</sup> MD, Alexandre Hardy,<sup>‡</sup> MD, Jonathan Curado,<sup>§</sup> MD, Olivier Herisson,<sup>||</sup> MD, Jordane Mouton,<sup>¶</sup> MD, Christophe Charousset,<sup>#</sup> MD, Olivier Courage,<sup>\*\*</sup> MD, French Arthroscopy Society, and Geoffroy Nourissat,<sup>††‡‡</sup> MD, PhD  
*Investigation performed at Rennes University, Clinical Research Unit, Rennes, France*

- 67 patients 97% follow up
- Overall 35% redislocation rate
- 13% had additional surgery



# Glenohumeral capsule - Open stabilization

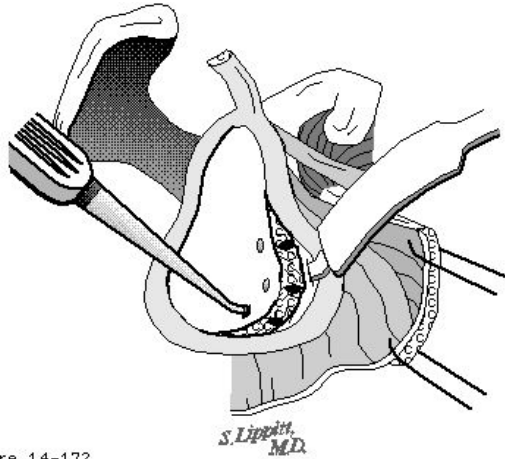


Figure 14-172

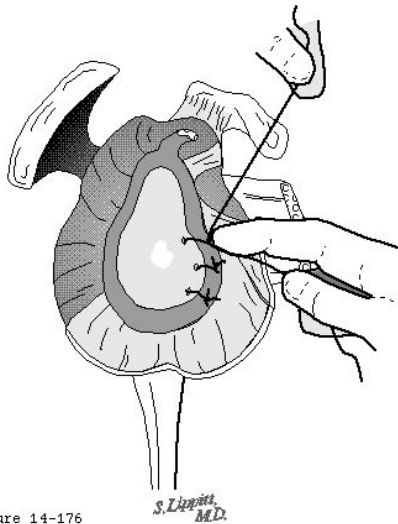
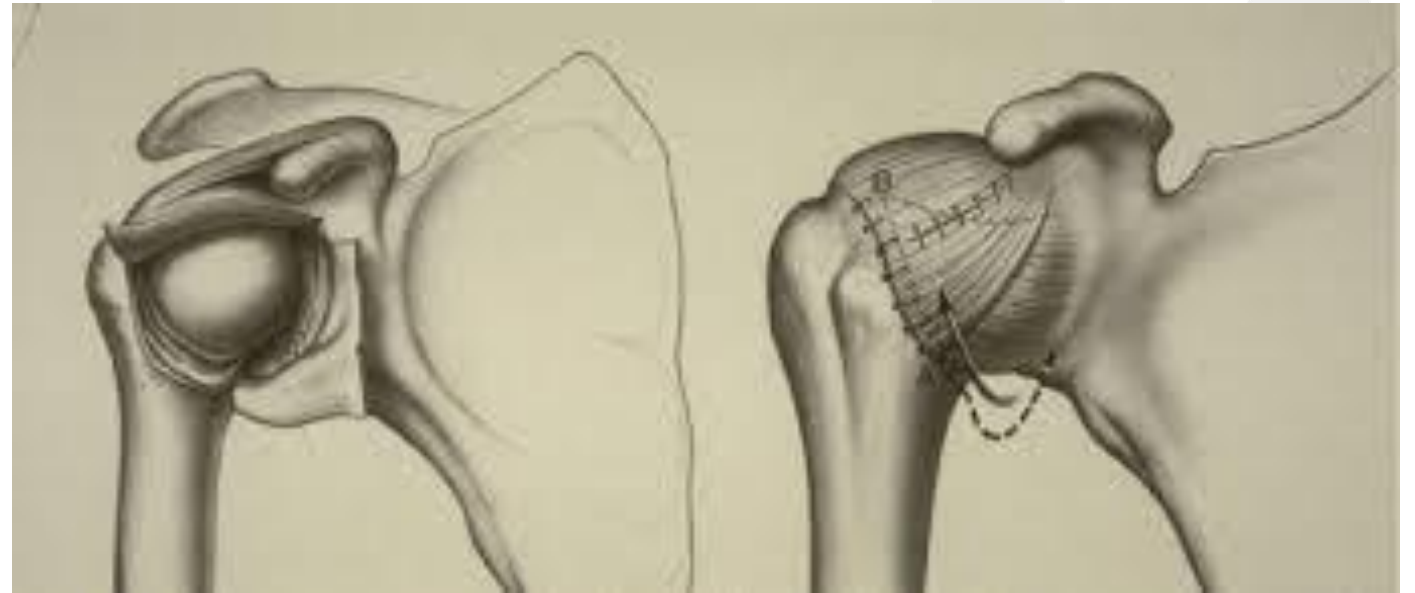


Figure 14-176



# A Randomized Clinical Trial Comparing Open and Arthroscopic Stabilization for Recurrent Traumatic Anterior Shoulder Instability

Two-Year Follow-up with Disease-Specific Quality-of-Life Outcomes

Nicholas G.H. Mohtadi, MD, MSc, FRCSC, Denise S. Chan, MBT, MSc, Robert M. Hollinshead, MD, FRCSC, Richard S. Boorman, MD, MSc, FRCSC, Laurie A. Hiemstra, MD, PhD, FRCSC, Ian K.Y. Lo, MD, FRCSC, Heather N. Hannaford, BKin, Jocelyn Fredine, BKin, CAT(C), Treny M. Sasyniuk, MSc, and Elizabeth Oddone Paolucci, PhD

*Investigation performed at the University of Calgary Sport Medicine Centre, Calgary, Alberta, Canada*

- 2014 RCT of 196 patients comparing open vs arthroscopic stabilization for recurrent anterior shoulder dislocations
- WOSI/ASES scores taken pre-operatively, 3 mo, 6 mo, 1 yr, 2 yrs post-operatively **were not significantly different**
- **Lower recurrence rate at 2 years with open Bankart:**  
11% open vs 23% arthroscopic (p=0.05)

# Hill Sachs lesion

## Clinical Validation of the Glenoid Track Concept in Anterior Glenohumeral Instability

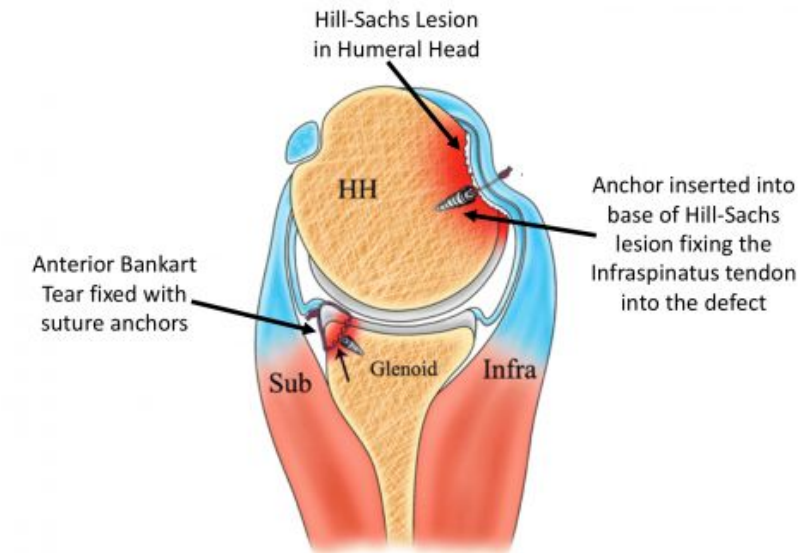
James S. Shaha, MD, Jay B. Cook, MD, Douglas J. Rowles, MD, Craig R. Bottoni, MD,  
Steven H. Shaha, PhD, DBA, and John M. Tokish, MD

- 57 Shoulders, military, primary arthro bankart
- 49 on track – 8% failure
- 6 off track – 75% failure
- PPV off track 75%
- PPV glenoid bone loss 44%

# Hill Sachs lesion - Remplissage

**TABLE I Arthroscopic Bankart repair with arthroscopic infraspinatus remplissage (REMP) vs. arthroscopic Bankart repair alone (no REMP) in recurrent anterior shoulder instability with a Hill-Sachs lesion at 24 months\***

Outcomes			Mean scores		P value
			REMP	No REMP	
Shoulder-related quality of life score (WOSI†)			15.6	15.6	>0.05†
Shoulder pain and functioning (ASESS‡)			93.3	91.6	>0.05
Shoulder functioning (SST#)			93.9	95.7	>0.05
Event rates			RRR (95% CI)		NNT (95% CI)
Recurrent instability	3.8%	18.0%	79% (18% to 95%)		8 (4 to 43)
Revision surgery	0%	12%	100% (41% to 100%)		9 (5 to 22)



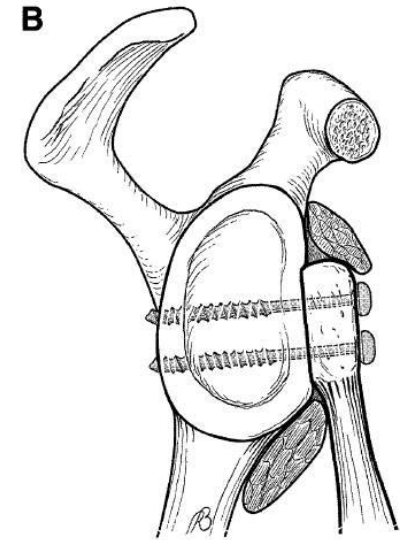
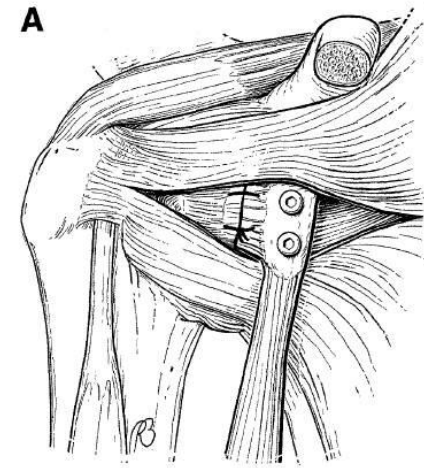
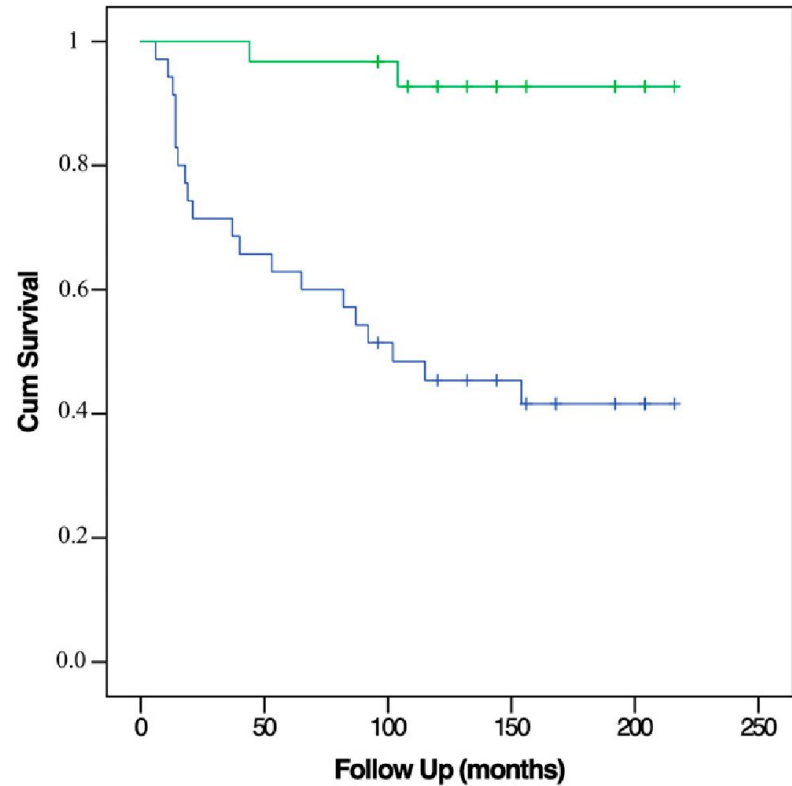
J Shoulder Elbow Surg. 2021 Jun;30(6):1288-98.



# Glenoid bone loss - Latarjet

## Long-Term Results and Failure Analysis of the Open Latarjet Procedure and Arthroscopic Bankart Repair in Adolescents

Manuel Waltenspül, MD, Lukas Ernstbrunner, MD, PhD, Jakob Ackermann, MD, Katja Thiel, MS,  
Joseph W. Galvin, DO, and Karl Wieser, MD



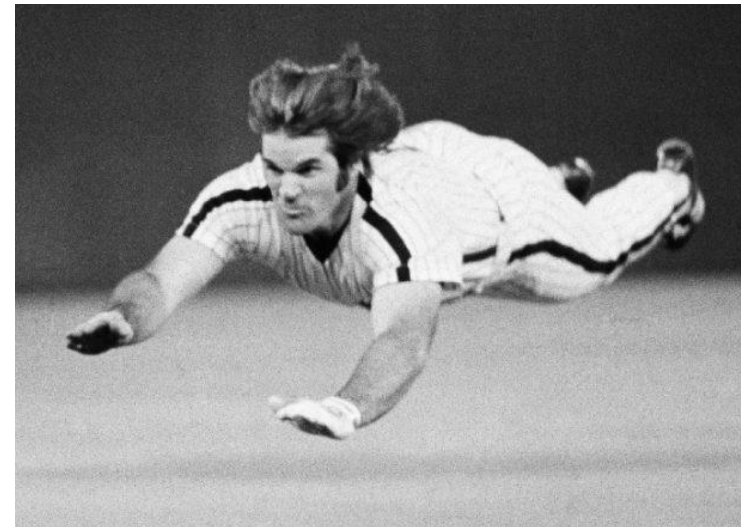
# *Editorial Commentary: Is It Time to Take a Stand?* When Arthroscopic Bankart Repair Is No Longer a Viable Option for Anterior Shoulder Instability

CAPT Matthew T. Provencher, M.D., M.C., U.S.N.R., Assistant Editor-in-Chief Emeritus

- Multiple recurrences
- >2 dislocations
- Instability sx > 6 mos
- Hill Sachs lesion
- Glenoid bone loss
- Not ideal candidates for arthroscopic Bankart

## Who is the ideal candidate for arthroscopic Bankart?

- First time dislocation
- Time to recover
- Non-contact athlete
- No hyperlaxity
- No glenoid or humeral lesions





**Thank  
you**

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