

## Recurrent Anterior Glenohumeral Instability-Arthroscopic Results of Bankart Repair

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**Objectives:** In the treatment of traumatic anterior shoulder instability there is still not formed a ideal consensus. Although the results of the open technique for repairing Bankart lesions detected in these patients, in recent years with the development of arthroscopic methods, arthroscopic Bankart repair with the successful results are obtained. We aimed to present our results of Bankart repair with the arthroscopic method.

**Methods:** The study included 42 patients who underwent arthroscopic Bankart repair in our clinic between the years 2011-2014. Mean age was 26.3 (18-37). Preoperative and postoperative pain and functions of the patients were assessed using the Constant and Rowe scores. The mean follow-up period was 19 months (range 6 to 30 months). Patients with at least two dislocations were included in the study. The mean number of dislocations was 4.8 (2-10). The mean time from the first trauma to surgical intervention was 2.5 years (range 0.5 to 10 years). Patients with multidirectional instability were excluded. Repair was performed using double-stranded double with the standard anterior portal. Decision for surgical treatment was made based on limitation of activities because of fear of having a dislocation and on positive results of instability tests. Before surgery for all patients, a detailed clinical examination, conventional radiography and conventional MRI were evaluated. All the patients had labral tears on preoperative magnetic resonance scans and had complaints of instability even during daily activities.

**Results:** The mean passive shoulder abduction was 155 (145-170) degrees and mean external rotation was measured 80 (60-90) degrees. The mean preoperative Rowe score was 42 points, while the postoperative score was 89.1 points at the last time follow up. The difference was statistically significant ( $p < 0.05$ ). The Constant score was 52 preoperatively and increased to 85 points after the surgery. The difference was statistically significant ( $p < 0.05$ ). The mean loss of external rotation was observed %28.75 and the last time follow up decreased to %8.2. The difference was statistically significant ( $p < 0.05$ ). All of the patients returned to their daily activities and no dislocation has been occurred.

**Conclusion:** Although, in the past, the results of arthroscopic repair were less satisfactory compared to open and mini open surgery. This condition has changed remarkably. The results of arthroscopic repair in our study were good enough compared to open surgeries. Also in patients who underwent arthroscopic repair, length of hospital stay is shorter, less pain and less scar tissue occurs after the surgery. We believe that, with enhanced experience and advances in arthroscopic repair techniques, arthroscopic treatment may outweigh open surgery.

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