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Outcomes After Arthroscopic Bankart Repair: First Time vs. Recurrent Dislocators

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Abstract:

Objectives: The shoulder is the most common joint dislocation effecting roughly 2% of the general population. Males are effected to a higher degree that females at a ratio of 3:1.1-2 The young, athletic population make up the largest portion of shoulder instability, and treated nonoperatively have a recurrent dislocation rate approaching 50%.3-5 Owens et. al recently published a cohort looking at 45 college athletes with an in season shoulder instability event. 73% of athletes returned to play in season. Only 36% of athletes completed the season without re-injury and 64% of athletes had a recurrent instability event.6 It is unknown how the outcomes of those who go on to have a recurrent dislocation in season are effected versus those who have a stabilization procedure after a first time dislocation. The objective of the current study is to report the postoperative outcomes of first time dislocators versus patients with recurrent dislocations prior to surgery.

Methods: CPT codes were used to identify patients who had arthroscopic Bankart repair between 2003-2013. 439 patients aged 16-30 years were identified across 8 fellowship trained surgical practices. The first phase of the study was a retrospective chart review to obtain patient demographics, number of reported preoperative dislocations, review imaging, and number of anchors placed. Patients were identified as first time dislocators or as recurrent dislocators when they had more than one dislocation prior to surgical intervention. The second phase consisted of a survey to obtain a simple shoulder test score, whether they returned to sport, postoperative instability events and further surgery on the shoulder. Postoperative instability was defined as a subluxation or dislocation reported by the patient survey in the postoperative period. Of the 439 patients identified, 296 were excluded for revision surgery, open repair, posterior instability, multidirectional instability, HAGL lesion, labral tears involving the biceps anchor and refusal to participate. This left 144 patients eligible for the study.

Results: 121 patients participated for a follow up rate of 85% at an average of 51 months post surgery. There were 53 patients in the recurrent dislocation group and 68 in the first time dislocation group. The average age in both groups was 19yrs. The postoperative instability rate in the first time dislocator group was 9%. The postoperative instability rate in the recurrent dislocator group was 47%. This was statistically significant with $p < 0.0001$. The first time dislocator group reported a 7% rate of repeat operation to address instability. The recurrent dislocator group reported a 32% rate of repeat operation to address instability. This was statistically significant with a $p = 0.0007$. The Simple Shoulder Test (SST)



score in the first time dislocator group was 11.4. The SST score in the recurrent dislocator group was 11. The difference was significant with $p=0.037$.

Conclusion: First time dislocators had lower postoperative instability rates and reoperation rates when compared to patients with recurrent dislocations prior to surgical intervention. The SST scores were significantly different between groups. Young, athletic patients with shoulder instability should be offered early surgical intervention to lower the risk of postoperative instability and reoperation.