Outcome Comparison of Concomitant Arthroscopic SLAP/Anterior Bankart Repair with SLAP/Posterior Bankart Repair

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Disclosures

- All disclosures are listed in the program
- No conflicts relevant to this presentation.
Introduction

- Limited literature regarding the results of SLAP repair and repair of associated Bankart tears

- Retrospective study of patients with concomitant repairs of unstable superior labral tears and Bankart labral tears by one surgeon (TG)
  - Anterior Bankart and SLAP (Type V SLAP)
  - Posterior Bankart and SLAP (Type VIII SLAP)
Hypotheses

- Predominance of men in both groups

- Combined posterior repairs would be older with more residual pain

- Combined anterior repairs would have more restriction in range of motion
Methods

  - Preoperative note
  - Operative note
  - Pictures
  - Followup notes
    - 6 wks, 12 wks, final

- Followup minimum 1 yr postop
  - American Shoulder & Elbow Surgeons Score (ASES)
  - Simple Shoulder Test (SST)
  - Subjective Shoulder Value
  - Visual Analog Scale for Pain
  - Visual Analog Scale for Instability
  - Short Form-12
Surgical Technique

- **SLAP repair**
  - Accessory anterolateral portal
    - Just posterior to biceps
  - Biocomposite anchors
    - 1 anchor double loaded
    - 2 anchors single loaded
    - All posterior to biceps origin

- **Bankart repair**
  - Biocomposite anchors
    - 3 anchors anterior
    - 1 to 3 anchors posterior
Rehabilitation

- **Sling**
  - 4 weeks for combined Bankarts and SLAP repair
  - 6 weeks for rotator cuff repair
- **Pendulums immediately 4-5x/day**
- **Passive motion at 2 weeks**
- **Active motion when sling discontinued**
- **Strengthening**
  - 6 weeks for combined Bankarts and SLAP repair
  - 12 weeks for rotator cuff repairs
- **Return to contact sports ~ 6 months**
Results

- 49 patients (49 Shoulders)
  - 27 anterior Bankart + SLAP
  - 22 posterior Bankart + SLAP

- Followup of 36 shoulders (73.5%)
  - 18 anterior Bankarts + SLAP (67%)
  - 18 posterior Bankarts + SLAP (82%)

- Mean followup 24 ± 11 months (range 12 – 67)
Results

- Average age 33.6
  - Anteriors: 32.4 ± 13 (range 14 - 56)
  - Posteriors: 34.5 ± 11 (range 21 - 56)
  - P= 0.53

- All men except 5 patients
  - Anteriors: 4 females
  - Posteriors: 1 female
  - P=0.25
Results

- **Intraoperative findings**
  - All patients had evidence of unidirectional instability in the direction of the Bankart lesion
  - All patients had an unstable superior labral tear

- **Concomitant procedures**
  - Anteriors: 1 side-to-side cuff repair, 2 open Mumfords
  - Posteriors: 4 side-to-side cuff repairs, 2 small (1 anchor) rotator cuff repairs, 3 cuff debridements, 1 open Mumford
Results

Adverse Outcomes

- **Anteriors**
  - 2 had recurrent anterior instability
    - 1 professional football player underwent Latarjet
    - 2 arthroscopic capsular releases for refractory stiffness

- **Posteriors**
  - 1 recurrent posterior Bankart repair in Javelin thrower

- SLAP repairs were healed in all 4 patient at reoperation

- **Anteriors had less external rotation 3 months postoperatively** (52±16° vs 67.3±5°; p=0.005).
  - No other observed differences in ROM
Results

- 35 of 49 (71%) Athletes
  - Anteriors
    - 2 professionals (2 football)
    - 4 collegiate (3 football, 1 Hockey)
  - Posteriors
    - 3 professional (1 football lineman, 2 baseball)
    - 5 collegiate (2 football, 2 baseball pitchers, 1 soccer goalie)
- All returned to previous level
Results

<table>
<thead>
<tr>
<th></th>
<th>Anterior</th>
<th>Posterior</th>
<th>p value</th>
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</thead>
<tbody>
<tr>
<td>VAS pain</td>
<td>1.3 ± 2.3</td>
<td>1.2 ± 0.9</td>
<td>0.48</td>
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<tr>
<td>VAS instability</td>
<td>0.7 ± 2.0</td>
<td>0.6 ± 1.3</td>
<td>0.89</td>
</tr>
<tr>
<td>ASES</td>
<td>88.3 ± 19.6</td>
<td>91.5 ± 9.7</td>
<td>0.55</td>
</tr>
<tr>
<td>SSV</td>
<td>83.3 ± 19.4</td>
<td>89.2 ± 10.7</td>
<td>0.33</td>
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<tr>
<td>SST</td>
<td>10.8 ± 2.7</td>
<td>11.5 ± 1.1</td>
<td>0.29</td>
</tr>
<tr>
<td>SF12</td>
<td>87.9 ± 5.6</td>
<td>86 ± 4.5</td>
<td>0.31</td>
</tr>
</tbody>
</table>

All patients were satisfied with the outcome
Summary

- Patients who underwent combined Bankart & SLAP repairs were predominately men

- Stiffness was more common in the anterior group
  - Transient deficit in average external rotation at 3 months
  - Two patients that required capsular release.

- SLAP repairs can heal even in setting of recurrent instability

- Similar excellent outcomes in both groups