Outcomes Of Bankart Repairs Using Modern Arthroscopic Technique In An Athletic Population

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INTRODUCTION
The ideal technique for management of traumatic anterior shoulder instability is yet to be determined. Although collision and limited contact athletes have been found to be at higher risk for recurrence, the literature has only recently begun to emerge on this special patient population.

PURPOSE
The purpose of this study was to report a large number of highly active patients, including collision and limited contact athletes who underwent arthroscopic Bankart repair at our institution over the last decade.

METHODS
A retrospective analysis of patients who underwent primary and revision arthroscopic Bankart repairs using bioabsorbable anchors was performed. Outcome measures included recurrence of dislocation, ASES (American Shoulder and Elbow Scores), Rowe, VAS (Visual Analog Scale), return to sports and satisfaction scores.

RESULTS
After review of 839 charts, 153 shoulders met inclusion criteria. The recurrence rate was 6/94 (6.4%) at a mean follow-up of 5 years (range 3-8.3). The mean postoperative scores were as follows: ASES=91.5/100; Rowe=84.3/100; VAS=0.8/10; satisfaction=8.8/10. In those who attempted to return to sports, 82.5% were able to return to the same level of competition. Statistical analyses revealed a significant increase in risk of recurrence amongst high school and recreational athletes. No recurrences were observed amongst professional or college level athletes. No significant difference in recurrence rates were observed in regards to age, time to surgery, type of athlete (collision vs limited contact), repair of SLAP lesion, number of anchors or revision surgery.

DISCUSSION
Although several repair techniques exist for traumatic anterior shoulder instability, arthroscopic repair remains a viable option even in a highly active patient population. In this young population, age, time to surgery, type of athlete (collision vs limited contact), repair of SLAP lesion, number of anchors or revision surgery were not associated with an increase in recurrence rates. This study uniquely identified high school and recreational athletes at higher risk for recurrence. This is perhaps due to inferior shoulder development and technique as well as limited access to postoperative physical therapy.

CONCLUSION
Arthroscopic Bankart repairs remain a good option even in collision and limited contact athletes. Particular attention should be paid to recreational and younger, underdeveloped athletes.

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