Low failure rate after arthroscopic Bankart revision with a knotless anchor.

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Introduction With increasing evolution of techniques, implant strength, suture quality, and proper patient selection, the results of arthroscopic Bankart repair are more promising. Failed repairs are often offered an open revision procedure, but arthroscopic Bankart revision has been shown to have acceptable results too (Kim et al., Arthroscopy 2002). We present the results of arthroscopic revision of Bankart repairs in an active population.

Material and Methods Thirteen consecutive patients underwent arthroscopic Bankart revision. There were 9 male and 4 female with a mean age of 30 (13-48) years. They had undergone a mean of 2 previous procedures (1-4). There were 8 athletes and 5 non-athletes. Preoperatively Boileau's Instability Severity Index Score was median 3 (0-6). The operation was performed as an out-patient-procedure in a GA and a regional anesthetic in the lateral decubitus position. Six patients had large Hill-Sachs lesions, and six patients had anterior glenoid defects between 10 and 20 %. Two to three Pushlock anchors (Arthrex) were used together with FibreWire #2 (Arthrex). All operations were performed by one surgeon. Follow-up was performed by an independent observer. Primary outcome measures were recurrent instability, the Western Ontario Instability Score (WOSI), and the Rowe score.

Results The patients were reviewed at 24 months (12-34) after the operation. There were no cases of redislocation, but one patient (7.7 %) had one single episode of subluxation. He reported the shoulder to be stable at follow-up. The WOSI-score improved from median 38 (10-56) to median 72 (41-92) % at follow-up. The Rowe score was median 65 (35-100) at follow-up. No cases of infection or prolonged stiffness were seen.

Conclusion The short-term results of arthroscopic Bankart revision with a knotless Pushlock anchor showed good results with regards to stability and improvement of function. At follow-up all shoulders were stable, while one patient experienced a subluxation early in the follow-up period. Longer follow-up is needed in to prove the efficiency of the method.