Revision Arthroscopic Bankart for Failed Cases

- Robert Burks, IVMD
- Professor Orthopaedic Surgery
- University of Utah

Bartl, et al AJSM 2011

"Arthroscopic revision repair provides high patient satisfaction, good clinical outcomes, and a high rate of return to sports...."

Franceschi, et al AJSM 2008

"In our hands, arthroscopic revision is a good system for failed arthroscopic Bankart repair, producing similar outcomes to those of open revision surgery of previous reports."

Generally Agreed Risks or Concerns for Arthroscopic Failures

- Young age (<20y/o)
- Hyperlaxity
- Bone loss (not repairable Bony Bankart)
- Prior technical errors
- Contact athletes?
- New Trauma

Keys to Consider Scope Revision:

- Mandatory to image for bone loss and new injury such as HAGL
- Any reason to think significant technical error?
- New trauma – how long from original repair?
- Who is the patient and what are their desires?

I (and/or my co-authors) have something to disclose.

Detailed disclosure information is available at:

"Be Academy" site:

Prepared Final Program or AANS Orthopaedic Instruction Program on the AANS website at https://www.aans.org/education
Candidates for Scope Repair:
- Less than 20% glenoid bone loss (maybe even 10%?)
- No engaging Hill-Sachs (remplissage?)
- No excess laxity
- Good tissues
- Not Contact athlete
- Identifiable technical error
- New onset trauma with prior period of good function

Technical Aspects Prior Surgery

Bone Loss Imaging

Burks, et al Arthroscopy 2014
- Large # cases performed by ONLY viewing from posterior
- Large # cases without substantial release and mobilization of IGHL
- Moderate # cases done with 2 anchors
- Rarely used posterior anchors or plications

Milano, et al AJSM 2011
- 161 pts with CT
  Some bone loss 72% of cases!
  20% bone loss in 8% cases
- Defect incidence associated with # of dislocations, male

Bartl, et al AJSM 2011
- Over half of prior failures lowest anchor between 3 and 4 o’clock
- Mean of 1.9 anchors in the failures

Arce, et al CORR 2012
- 75% of cases judged to be prior technical errors
  Posterior inferior repair and plication needs to be done

Kim, et al Arthroscopy 2002
- 23% technical errors in prior cases
Systematic Review

- Abouali, et al Arthroscopy 2013
- Most common reason for primary failure in articles – new trauma
- Overall recurrent instability after revision 14%

Technical Aspects

Expanding Releases

Results

- Krueger, et al AISM 2011
  Revision cases although no recurrences had worse subjective scores, WOSI, and return to pre-injury activity than primary cases

Anchor Placement

Maybe re-emphasize anchor placement

Boileau, et al Arthroscopy 2009

- Arthroscopic Repair to the Rescue!
- Arthroscopic Revision of prior failures including 16 Latarjets!
- 89% patients satisfied or very satisfied
- 5% recurrent subluxation, 10% persistent apprehension
Revision Arthroscopic Bankart Keys

- Get good Hx - "Real" new trauma?
- Significant period of normal activity?
- Image for bone loss
- Evaluate for apprehension in low angles of abduction, look for LS laxity
- Obtain notes and imaging to try to evaluate for technical failures
- PATIENT SELECTION!
Revision Bankart


