Return to sports after arthroscopic shoulder stabilisation

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Introduction: Posttraumatic shoulder instability is a common problem in the field of sports medicine. Especially overhead athletes need intact stabilisers to meet the functional requirements. Open procedures often result in limitations of movement postoperatively. Arthroscopic techniques offer potential advantages such as better range of motion and shorter rehabilitation times. Material/Methods: Between September 1996 and October 2000 159 arthroscopic shoulder stabilisations were performed with FASTak anchors. The mean follow up was 24,9 months (12-50). Rowe score and a visual analogue scale were used to measure patient satisfaction. 72 patients (m=57, f=15)with a mean age of 27,6 years (17-65) were included and clinically examined. Results: The Rowe score increased to 83.1 after primary stabilisation and 68,1 after revision procedures. The visual analogue score demonstrated overall patient satisfaction. 89,1% (n=64) of the patients could return to sports with 68,4% (n=49) being able to return to their previous sports activity level. 89,1% of the overhead athletes returned to sports; 63,3% returned to their pre-injury level. In the non-overhead athletes 86% returned to sports with 60% to their pre-injury level. Discussion: This study demonstrates that arthroscopic shoulder stabilisation with FASTak anchors may be offered to the athlete regardless of the sports activity. It allows return to sports in a high percentage and does offer the potential advantages of a faster return to the previous activity level, better range of motion and less postoperative pain. Disadvantages of the technique is a long learning curve and should therefore only be performed by dedicated and experienced shoulder surgeons.

Arthroscopic shoulder stabilisation in 262 patients - a 12 month follow up

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Introduction: Traumatic shoulder dislocations at young age result in a significant re-dislocation rate and lead to chronic instability. Conservative treatment fails in 25-96% of cases especially in young active patients. The accepted standard treatment is the classical open Bankart repair which almost always results in loss of motion. The development of new techniques and devices has lead to an increase in arthroscopic techniques for shoulder stabilisations. Material/Methods: Between September 1996 and October 2000 262 arthroscopic shoulder stabilisations were performed by the senior author. In 159 cases FASTak® titanium anchores, in 26 cases Panalok® and in 57 cases Suretac® anchores were used. Minimum follow up was 12 months with a mean follow up of 24,9 months (12-50). Rowe score and a visual analogue scale was used to measure patient satisfaction. Results: The Rowe score increased to 83,1 +/- 20,9. The visual analogue score demonstrated overall patient satisfaction. 4,7% suffered redislocations, 6,3% were complaining of subluxations and ongoing instability. 89,1% of the patients could return to sports with 68,4% being able to return to their previous sports activity level. Discussion: This study demonstrates that arthroscopic shoulder stabilisation is comparable to the golden standard with open Bankart repair. It is associated with a high patient satisfaction, lower morbidity, faster return to the previous activity level, better range of motion and less postoperative pain. The disadvantage of the technique is a long learning curve and the potentially longer operating times.