KEY PROCEDURES

OPEN SURGICAL STABILIZATION OF GLENOHUMERAL DISLOCATIONS

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Published outcomes of this procedure can be found at: *J Shoulder Elbow Surg.* 2017 Oct; 26(10):1873-80 and *Arthroscopy.* 2009 Mar;25(3): 298-304.

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Abstract

Traumatic anterior shoulder dislocations are the most common dislocations of the shoulder, and the recurrence rate is high when they are treated nonoperatively in young patients (<30 years old). This has led to a trend toward early surgical stabilization. Originally open Bankart repair was considered the standard of care, with good clinical outcomes and a low recurrence rate. However, the majority of Bankart repairs are now performed with newer arthroscopic techniques because of their potential advantages and similar results. Both open and arthroscopic repairs have been shown to decrease the recurrence rate to 6% to 23%. Although arthroscopic Bankart repair is now more common, open repair should be considered for younger patients participating in contact sports or military activity, osseous Bankart lesions, revision cases, shoulder instability with “subcritical” (20% to 25%) glenoid bone loss, ligamentous laxity, or cases not considered repairable with arthroscopic techniques. Therefore, knowing how to perform an open Bankart repair is essential. The major steps of the procedure are (1) preoperative planning, (2) induction of anesthesia, (3) patient positioning and setup, (4) examination under anesthesia, (5) possible arthroscopic examination of the shoulder, (6) incision along the anterior axillary fold, (7) exposure using the deltopectoral interval, (8) clavipectoral fascia incision, (9) vertical tenotomy of the subscapularis tendon, (10) dissection of the capsule from the subscapularis, (11) assessment of the quality of the capsule, (12) “T” capsulotomy, (13) repair of the Bankart lesion, (14) anterior capsulorrhaphy, (15) subscapularis repair, (16) possible closure of the rotator interval, (17) wound closure, and (18) postoperative rehabilitation. Studies have shown that surgical stabilization after traumatic anterior shoulder instability decreases the recurrence rate, and open and arthroscopic techniques have similar clinical outcomes.

Acknowledgment

NOTE: The 2 tables in Video 8 were reproduced, with permission of Elsevier, from Hohmann E, Tetsworth K, Glatt V. Open versus arthroscopic surgical treatment for anterior shoulder dislocation: a comparative systematic review and meta-analysis over the past 20 years. *J Shoulder Elbow Surg.* 2017 Oct;26(10): 1873-80. Epub 2017 Jul 5.

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