

Introduction: Arthroscopic stabilization of primary, recurrent anterior instability has become the procedure of choice with some infrequent exceptions. Failures of stabilization, both open and arthroscopic, can and do occur. Our experience with revision arthroscopic Bankart repair is detailed in this study.

Methods: This is a Level IV retrospective analysis of surgical intervention. 15 patients (12 men; 3 women) with a minimum 18 month follow up form the basis for this study. 21 patients underwent revision Bankart surgery, and 15 were available for follow up (71%). The average follow up was 22 months ranging from 18 to 70 months. The average age was 27, ranging from 17 to 44 years. 4 of the 15 were our arthroscopic failures while 10 were referred for treatment. 5 patients were felt to have significant bone loss and 4 were contact/collision athletes. Of the 15 failures, 11 were arthroscopic and 4 were following an open procedure.

Results: At the time of surgery, 10 recurrent Bankart lesions were noted and 8 were felt to have a poorly tensioned capsule. Hardware was present in 6 cases, but the ability to place anchors was not significantly hampered. An average of 2.5 anchors were implanted. Of the 15 revisions, four failures were recorded (27% failure rate). Two patients sustained a recurrent dislocation following trauma while 2 experienced atraumatic subluxations. Two patients underwent further surgery to stabilize the shoulder. One of the five with significant bone loss experienced recurrent instability while one of the four contact athletes also sustained recurrent subluxation following revision surgery. Range of motion analysis revealed a 15-20 degree combined motion loss in the abducted, externally rotated position in those with significant bone loss.

Conclusion: Revision arthroscopic Bankart repair is a viable alternative to open revision surgery in cases of failed stabilization. The 27% failure rate in this revision group is consistent with results reported for open revision surgery. Although significant bone loss is considered a contraindication to a soft tissue repair, stability can be achieved with concomitant motion loss. The small number of patients in this study make exclusion criteria, such as contact sports, age, gender or bone loss, difficult to ascertain.

Results of Arthroscopic Repair of Type II SLAP Repairs in Throwers: Assessment of Return to Pre-Injury Throwing Level and Satisfaction (SS-18)
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Introduction: It has been a decade since the last dedicated report on the results of SLAP tears on overhead athletes. Since then, techniques and approaches to

repairs have evolved. Returning high level throwers back to pre-injury level can be variable after repair. The purpose of this study was to evaluate the mid-term results of arthroscopic repair of SLAP lesions in throwing athletes.

Methods: A retrospective review of 31 patients with symptomatic type II SLAP tears who underwent arthroscopic repair of the superior labrum between 2003 and 2007 was performed. Patients were operated on by two surgeons at the same institution following the same rehabilitation protocol. Patients with other pathologic shoulder findings were excluded. The outcome of treatment was evaluated using the American Shoulder and Elbow Society (ASES) scoring system and the Kerlan-Jobe Orthopaedic Clinic (KJOC) Shoulder and elbow score. Also, the length of time to return and how successfully the athletes returned to play was evaluated. There were 23 male patients and 8 female patients with a mean age of 28.6. Twenty-one patients participated in baseball or softball at a high school level or above and the remainder of patients was involved in football, javelin, or tennis. The average follow-up was 4.3 years (minimum 12 months). All arthroscopic repairs were performed with suture anchors numbering ranging from one to three anchors (average = 2.2).

Results: Repairs resulted in validated ASES scores comparable to prior studies (ASES = 88). The KJOC score in the throwing population averaged at 77. On average, throwers perception was they returned to about 85% of their pre-injury level of function with a mean time to return to play of 10 months. Patients reported an overall satisfaction rate of 94% with the procedure with the majority being very satisfied.

Conclusion: Arthroscopic SLAP repairs show excellent results with worse outcome in throwers. Our study found throwers have a successful outcome with a high rate of satisfaction and return to pre-injury level.

SLAP Lesions of the Shoulder: Incidence Rates, Complications, and Outcomes as Reported by ABOS Part II Candidates (SS-19)
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Introduction: SLAP lesions of the shoulder are rare injuries. Snyder reported that SLAP lesions made up 3% of shoulder cases in a large subspecialty surgical referral practice. It is the authors' impression that the percentage of young orthopedists cases that are SLAP lesion repairs is far higher and that complications with this increased rate of repair are not insignificant.

Methods: As a part of the certification process, Part II candidates submit a six-month case list to the American Board of Orthopaedic Surgery. In the present study, we