

Bankart Repair



Shoulder dislocations often cause Bankart injuries, resulting in pain, instability, and the possibility of recurrent dislocations. Learn about Bankart injuries and how they can be treated in this article.

"Shoulder dislocations represent 50% of all major joint dislocations."

Shoulders account for 50% of all major joint dislocations, making them the most commonly dislocated joint in the body. A person's first shoulder dislocation often happens as a result of significant trauma, like falling on an outstretched arm.

The problem with shoulder dislocations is that when a person has had one, there's a high risk that it will occur again. While the first dislocation is often caused by a significant injury, recurrent dislocations can happen much more easily. In the most severe cases, common everyday activities like combing hair or raising the arms overhead can cause another dislocation.

Why treatment is required

A Bankart injuries happen when a shoulder dislocation damages the anterior (front) of the labrum of the shoulder joint. The labrum is a thick lip of fibrocartilage that surrounds the glenoid, or shoulder socket. The labrum deepens the socket and helps keep the ball of the joint (the head of the humerus or upper arm bone) in place. These injuries are very common and occur in 80–90% of frontward shoulder dislocations.

When the labrum is torn, it is displaced from the rim of the socket so that the glenoid surface is flat and cannot resist the humeral head from moving to the rim and over the edge. This creates an increased potential for recurrent dislocations. A Bankart injury may also involve damage to the bone of the shoulder socket. This damage to the bone is more likely to occur with multiple dislocations. The more the bone is injured, the more likely the shoulder will dislocate.

People with Bankart injuries often experience symptoms such as:

- » Repeated shoulder dislocations
- » Instability and aching of the shoulder
- » Apprehension to use the arm above shoulder level

To prevent recurrent shoulder dislocations or subluxations (partial dislocations), a Bankart repair may be indicated.

How treatment is performed

Dr. Romeo has been at the forefront of developing the arthroscopic Bankart repair technique, a procedure in which the torn labrum and capsule are reattached to the socket rim. The arthroscopic procedure involves the use of a tiny camera (arthroscope) and tools inserted through small cuts in the skin (portals). They allow the surgeon to assess the injury to the joint, determine the extent of the tears, and subsequently repair them. Sutures (stitches) and tiny anchors embedded into the bone are used to fix the torn labrum back to the shoulder socket. This helps restore the concavity of the socket and the proper tension in the capsule and ligaments, which recenters and stabilizes the ball of the shoulder joint (humeral head) within the socket (glenoid fossa).

Risks and benefits

There are many benefits of an arthroscopic Bankart repair, including:

- » Smaller incisions

- » Minimal damage to healthy shoulder tissues
- » Shorter surgical time
- » Reduced postoperative pain
- » Improved shoulder range of motion
- » Fewer complications

Younger athletes who have only had one dislocation with a Bankart injury or who have instability after nonsurgical treatments are most likely to benefit from Bankart repair surgery. It is also the preferred repair technique when there is less bone damage.

However, as with any surgery, there are also some risks associated with Bankart repairs. These include:

- » Nerve injury during surgery
- » Wound infection
- » Recurrent instability
- » Shoulder stiffness

Physical therapy protocols

After surgery and before you leave the facility, Dr. Romeo and his team will inform you of their findings, what was done, and details of the postoperative plan. This plan, which is discussed before the procedure, includes your physical therapy instructions and your next appointment. Completing a rehabilitation program is essential for a full recovery.

Pain control

People often experience some pain after surgery, but the pain generally improves after the second day. Pain can be managed with:

- » Cold therapy (e.g., ice or commercial cold therapy unit)
- » Sleeping in an upright position
- » Oral pain medications

Recovery time

The operation is performed as an outpatient in an ambulatory surgery center, meaning that people can go home the same day as their surgery.

Oftentimes, simple motions are encouraged after surgery to help achieve optimal healing. People are



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usually able to perform gentle everyday activities immediately after surgery but are advised to avoid lifting or using the arm for forceful activities for six to twelve weeks.

People may require assistance with everyday activities such as shopping and driving for about one month after surgery. After six weeks, people may begin strengthening exercises to help the muscles stabilize the shoulder as it heals. People are often able to return to activities like golfing, tennis, and swimming three months after surgery. However, they should avoid activities that involve major impact, like contact sports or heavy lifting, until six months after surgery. The total recovery time will vary for each person. Most athletes have returned back to sports by six months but may not reach their pre-injury performance for nine to 12 months following surgery.

Results

Bankart repairs help restore comfort, stability, and function to the shoulder. When performed by an experienced surgeon, a Bankart repair significantly reduces the risk of additional shoulder dislocations. Less than 1 out of 10 patients are likely to experience another dislocation with a successful Bankart repair.

The key to determining whether the Bankart repair will be successful is the amount of bone that has been damaged. With one dislocation, the damage may only be minimal—usually less than 10% of the socket rim. However, if the shoulder keeps coming out of place, bone loss increases, sometimes to more than 20%, which affects the success of the repair. In this situation, procedures to restore the bone are used to improve results. When the bone loss is less than 10%, successful surgery can be accomplished arthroscopically by repairing the torn labrum and adhering the labrum back to the rim of the socket.

Want to learn more? Find relevant videos, animations, and research material related to this procedure at anthonyromeomd.com. →



For more information about Bankart repair surgery, please request an appointment with experienced Chicago orthopaedic surgeon Dr. Anthony Romeo.

Please visit our website to find out how to schedule your appointment.