## Arthroscopic Bankart Repair with or without Remplissage: A Single-Institution Cost Comparison

Gennaro DelliCarpini<sup>1</sup>, Michael Ross Moore, Wendell W Cole<sup>2</sup>, Samuel R Montgomery, Spencer Matthew Stein <sup>1</sup>NYU Langone - Long Island, <sup>2</sup>Tulane University School of Medicine INTRODUCTION:

Anterior shoulder instability has a high rate of recurrence with non-operative management. Repair of the anteroinferior glenoid labrum (Bankart lesion) is typically the first line of treatment with remplissage as a useful adjunct to lower risk of recurrence. We compared overall costs between isolated arthroscopic Bankart repair (ABR) and ABR with remplissage. METHODS:

This was a retrospective study of all patients who underwent arthroscopic treatment of anterior shoulder instability between June 2011 and August 2021. Patient, procedural factors and clinical outcome data were collected. Financial data was provided by the finance department with reporting of "relative costs". The glenoid track was calculated using MRI and the best fit circle method to estimate glenoid bone loss (GBL). The Hill Sachs Interval (HSI) was measured, and patients were determined to either have 'on' or 'off' track lesions. **RESULTS:** 

The study included 48 patients who underwent ABR alone and 49 patients who underwent ABR with remplissage. There were no significant differences in age (29.6 ± 7.9 years vs. 29.7 ± 9.0 years, p=0.949), sex (72.9% male vs. 71.4% male, p=0.872), or BMI (25.8  $\pm$  4.5 kg/m<sup>2</sup> vs. 25.4  $\pm$  4.1 kg/m<sup>2</sup>, p=0.647) in the ABR alone and ABR with remplissage cohorts, respectively. There was no significant difference in total cost between isolated ABR and ABR with remplissage (p=0.429). The remplissage cohort had a significantly greater mean number of anchors used in surgery (5.5 ± 1.1 vs. 4.0 ± 1.5, p<0.001). There was no significant difference in mean number of dislocations (0.12 ± 0.33 vs 0.06 ± 0.24, p=0.312), ED visits  $(0.12 \pm 0.33 \text{ vs } 0.04 \pm 0.20, \text{ p=}0.150)$  or revision surgery  $(0.10 \pm 0.31 \text{ vs } 0.04 \pm 0.20, \text{ p=}0.234)$  between the two cohorts. The remplissage cohort had a significantly higher rate of "off-track" lesion (24.5% vs. 6.2%, p=0.013), % glenoid bone loss (8.7% vs. 5.7%, p=0.015) and Hill Sachs lesion size (16.7  $\pm$  4.1mm vs. 8.9  $\pm$  6.9mm, p<0.001).

## **DISCUSSION AND CONCLUSION:**

No differences in total cost were found between ABR with or without addition of remplissage. Rates of post-operative ED visits and revision surgery due to recurrent instability were similar in both groups, despite a significant increase in the number of off-track lesions, HSI and GBL seen in the remplissage group. Surgeons may consider addition of remplissage in the clinical low increased cost.



Fig. 2B. Axial fat-suppressed T2-weighted image showing a broad superficial HEI-Sucha intion supersound by the yellow line (19.0mm). The glossid track i

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Densgraphic	No Remplinsage (n=48)	Homplinsge (#*#)	p-value
Age (years)	28.6 ± 7.9	29.7 ± 9.0	1.949
beg	36 72.0%	34.71.6%	6.972
	F 27.1%	F:28.6%	
EMI (kg/m²)	25.8 +4.5	25.4 + 4.1	8.647

	Na Remplicage (n=48)	Rosplinage (x=49)	p-valu
Total Cost	118.00%	300.00%	0.429
Total Cost of Primary Surgey	91,59%	92.41%	0.913
Total Cost of Revision Surgeries (S)	18.47%	0.81%	0.285
Total Cost of ED	0%	0.69%	0.112

	Ne Ecosphicage (e=48)	Rosplinage (s=0)	probe
Amerikania Administration Corts	14%	10%	0.86
Saybar Coris	Elen-	10.07%	0.181
Laboratory Associated Costs	0.36%	00%	0.113
Medical Transport Snepsyly Contr	4196	439%	0214
Operating Keens Associated Code	поч	368%	0714
FACU Associated Costs	10.54%	1000%	0.729
Pharmary Corts	1795	12%	0.900

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98 Track Lorieus	629	30%	000
N Beacher	176	CN CN	0065
Mili Sado Leries	O+Om	167+43 mm	0085
Dideadon Abri Turpey	012+039	608+634	0.913
ED Value Alber Yangun	012+039	601+638	0.130
Britis Supry	010+011	9.30x 9.20	0214