Long-Term Outcomes Following Arthroscopic Repair for Posterior Shoulder Instability: A Mean Follow-up of 10.6 Years

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INTRODUCTION: Posterior shoulder instability, although less common than anterior instability, is increasingly recognized as a cause of persistent shoulder pain and dysfunction, particularly in athletic populations. Arthroscopic capsulolabral repair has been shown to improve short-term to midterm outcomes, but long-term outcomes remain largely unknown. This study aimed to evaluate long-term clinical outcomes, recurrence rates, and return to sports after arthroscopic repair for posterior shoulder instability.

METHODS: A retrospective review was conducted on 47 patients who underwent arthroscopic repair for posterior shoulder instability.(Table 1) The mean age at surgery was 20.7±4.1 years, and 87.2% were male. Clinical outcomes were assessed using the Rowe score, American Shoulder and Elbow Surgeons (ASES) score, and Single Assessment Numeric Evaluation (SANE) at baseline, one year, and final follow-up (mean 10.6±1.8 years). Recurrence rates, complications, and return to sports were also evaluated. The proportion of patients achieving minimal clinically important difference (MCID) and patient acceptable symptomatic state (PASS) were calculated for each outcome measure using established thresholds. RESULTS: At final follow-up, the mean Rowe, ASES, and SANE scores were 89.5±13.0, 87.8±12.8, and 83.8±7.7, respectively, demonstrating significant improvements from baseline. (Table 2) The MCID was achieved in 97.9% of patients for the Rowe score, 100% for the ASES score, and 85.1% for the SANE score. The PASS was achieved in 66% of patients for the Rowe score, 83% for the ASES score, and 68% for the SANE score. Three patients (6.4%) experienced recurrent instability, with a mean time to recurrence of 21.3±1.5 months. Two patients underwent revision surgery. The majority of patients (91.5%) returned to sports at an average of 5.4±1.0 months post-surgery, with 78.7% returning at the same level as before the injury. DISCUSSION AND CONCLUSION: Arthroscopic repair for posterior shoulder instability yields favorable long-term outcomes, with significant improvements in functional scores and a low recurrence rate at a mean follow-up of 10.6 years. A high proportion of patients achieved the MCID and PASS for all outcome measures, indicating clinically meaningful improvements in shoulder function and patient satisfaction. Most patients successfully returned to sports, with nearly 80% returning at their pre-injury level. These findings support the durability and effectiveness of arthroscopic repair in managing posterior shoulder instability, helping patients maintain a high level of shoulder function and sports participation over extended period. an

	Overall (No47)
Loc.	
Mana (STA)	20.774.13
Sea	
- Female	6(12,8%)
- Male	41 (81 250
Side	
- Left	19 (40,4%)
- Right	28 (199 620)
Episodes of	
lestability	
- Moan (SD)	13(0.7)
Dominant	
- No	19 (40.4%)
- Yes	28 (59.6%)
Glenoid Benz	
Lasc(%)	
- Mean (SD)	15(31)
Returned to	
sports	
· No	4 (8.5%)
261	43 (91.5%)

Level of			
Return			
- Did not	4 (8.5%)		
neturn			
- Lower Lovel	6 (12.8%)		
- Same Level	37 (78.7%)		
Time to			
Beitern			
- Mean (SD)	5.4 (1.0)		
Complications			
- No	44 (\$2.6%)		
- Yes	3 (6.4%)		
-			
ALCONGRAS			
- 560	44 (93.5%)		
- Yes	3 (6.4%)		
Time to			
Recurrence			
- Menn (SD)	21.3 (1.5)		
Anchors			
- Mean (SD)	2.4 (0.5)		
- Median (Q1,	2.000 (2.000, 3.000)		

Table 2. PROMs at Baseline, One Year, Ultimate Follow Up.

		Baseline	One Year	Final Follow Up
ROWE	- Mean	41.8	88.5	89.5
	(SD)	(11.9)	(14.2)	(13.0)
ASES				
	- Mean	53.4	91.3	87.8
	(SD)	(3.1)	(6.4)	(12.8)
SANE				
	- Mean	53.8	85.1	83.8
	(SD)	(12.1)	(8.4)	(7.7)