

Bankart Repair Technique Video with Knee Scorpion™ Suture Passer for Anterior Glenohumeral Instability

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Overview: This video demonstrates a surgical technique for using a knee suture passer for bankart repair for anterior-inferior labral tears. Special emphasis is placed on positioning of the patient, accompanied by tips and techniques for bankart repair. Rehabilitation protocol and outcomes from our institution's experience with this technique are presented for patients with more than 1 year of follow up.

Indications/Contraindications: Patients who have been unsuccessful with conservative management options, had at least one dislocation event and are at increased risk for further dislocation events. Patients tend to be young and involved in sports. This technique is used for patients that have less than 10-15% glenoid bone loss. Contraindications include 20-25% glenoid bone loss which may warrant bony augmentation techniques.

Technique description: This technique is performed in a lateral decubitus position with three primary portals: posterior, anterior superolateral viewing and anterior working portals. The shoulder is helped positioned with a limb elevator. The anterior-inferior labrum is prepped with an arthroscopic elevator and then shaver. Knee suture passer is used as a grasper and passer to secure the labrum and is anchored into appropriate position within the glenoid with suture anchors.

Results: This video presents a case example and technique using an arthroscopic knee suture passer to repair anterior-inferior labral tears in patients with anterior glenohumeral instability. Patients follow post-operative rehabilitation protocol prior to returning to sport. All eight patients with one year follow up returned to sport or baseline activities with one patient sustaining one subluxation event seven months after surgery without need for further interventions.

Discussion/Conclusion: Arthroscopic anterior-inferior labral repair with knee suture passer with anchors can be a useful technique in patients who have minimal glenoid bone loss with anterior glenohumeral instability.