Anterior Shoulder Instability When to Open?

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Shoulder Service

Disclosures

- Research and Educational Support: Tornier, SmithNephew, Arthrex, Ossur, DJO
- Royalty: Innomed

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Open Instability Repairs?!?

pic

true
o
too

"You can't handle the truth!"

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Treatment of Anterior Instability

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- Rehabilitation
- Avoidance
- Recurrence
  - Consider Operative stabilization

We do NOT let knee patients routinely experience an instability disability

- Operative Stabilization
  - Arthroscopic
  - Open
- Aftercare
- Return to contact sports 4-6 months

Redislocation

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- Age dependent

< 20 yrs	60-90%
20-40 yrs	25-63%
>40 yrs	10-15%

- Immobilization time?
- Rehabilitation?

Indications for Capsulorrhaphy

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- History
  - Dislocation
  - Subluxation
  - Pathologic Laxity
- Physical Exam
- Imaging

Radiology

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Plain Films
True AP, Axillary, Y-view

CT Scan
Arthrogram

MRI
Arthrogram

When to Intervene?

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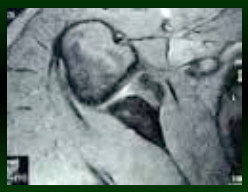
- **Hx of Injury**
- **Hx of Instability**
- **Age**
- **Activity**
- **Compliance**
- **Imaging**



Indications for Open Stabilization

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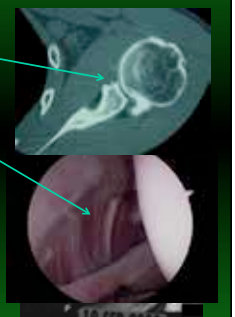
- Recurrent instability
- Glenoid Bone Loss
- Inability to address pathology arthroscopically- capsular injury or deficiency
- Revision
- Glenoid rim Fx
- Desire for high success rate, return to function



Introduction

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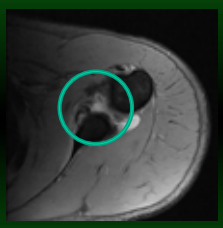
- Arthroscopic Instability repairs have supplanted open technique
- These "modern" arthroscopic techniques can fail:
- Poor technique, Capsular laxity, Age < 20, Contact sports, < 3 anchors
- Antero-inferior Bone Loss



The Glenoid Rim

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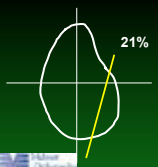
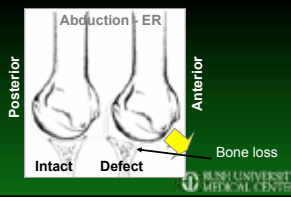
- Itoi et al, *JBJS,* 2000:
  Glenoid Defects >21% may cause continued instability w/ isolated soft tissue repair





Options for Failed Repair

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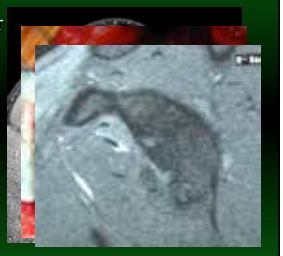
- Revision
  Arthroscopic Repair
- Revision
  Open Repair
- Latarjet
  coracoid transfer



Consider Open Repair

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- Collision athletes (Arthroscopic results are not as consistent)
- Large capsular injury with humeral avulsion (HAGL)
- Glenoid Bone Loss (18-25% seems to be the number)
- Failed arthroscopic repair without glenoid bone loss
- The younger age, higher number of recurrences, contact athlete patients
- Instability Severity Index Score (ISIS)

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Summary

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- The pendulum may be swinging back toward expanding indications for open instability repairs.
- Many "modern" trained surgeons may not have a consistent experience with open techniques
- Realize the clinical scenarios where open repair may be an advantage

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Thank you!

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Mobilize Labrum and Capsule

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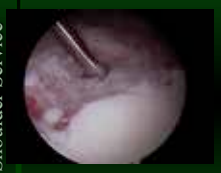
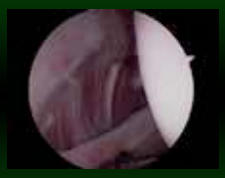


Left Shoulder, 12 o′ clock view of postero-inferior glenoid



Posterior capsular tear above labral injury

Characteristics of Instability

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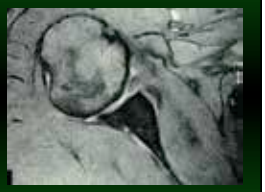
- Etiology
- Direction
- Magnitude
- Recurrence



Classification

Shoulder Service

- **Frequency**
  - Recurrent
- **Direction**
  - Uni- *Usually traumatic*
  - Bi- *Usually repetitive*
  - MDI
- **Etiology**
  - Traumatic
  - Repetitive micro-trauma
  - Atraumatic
- **Magnitude**
  - Dislocation
  - Subluxation