≪심포지움 I (Shoulder Instability) 09:20 ~ 09:35≫

Intraarticular Bankart Procedure For Recurrent Dislocation of The Shoulder

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From 1975, we have performed modified Bankart procedure, namely intraarticular Bankart. This report describes the surgical technique and intraarticular Bankart. This report describes the surgical technique and results of our experience

Materials and Methods: Between 1975 and 96, we performed this procedure in 83 patients (84 shoulders). 72 men and 11 women aged 23.7 years in average. 74 patients were reviewed 5.5 (0.5 to 21.2) years in average after surgery.

Surgical Technique: Deltopectoral approach is used without detachment of the coracoid process. The subscapularis tendon is separated from the capsule. The capsule is open at the humeral side. 2-3 bone holes are made at the glenoidal edge and the detouched capsule or ligament is tied to the holes intraarticularly. Capsule and subscapularis tendon are sutured back to the original insertion individually. Results: The were 61(81%) excellent, 6(8%) good, 5(7%) fair and 3(4%) poor results due to Rowe scale.

Discussion: This procedure is approached from the intraarticular side, so that it is similar to the Arthroscopic repair as well as Matsen's open procedure reported from Seattle. However, in those reports the separation between the subscapularis and capsule has not been done compared with our procedure. The subscapularis should be separated from the capsule, Because both layers are always adhered. The separation is the most important from the anatomical repair to the Bankart lesion, otherwise the redislocation may be easily occurred.