CHAPTER 4 – DOUBLE-ROW CAPSULOLABRAL REPAIR

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4.1 Introduction

Both open and arthroscopic anterior shoulder stabilization procedures are commonly performed to address shoulder instability and have been shown to be successful in restoring shoulder stability and patient function. However, a critical review of the risk factors for recurrent instability following anterior stabilization is required to determine which patients may benefit from open stabilization, as recurrence rates following arthroscopic stabilization have historically been higher than with open stabilization. Multiple prospective studies have implicated younger patient age, capsular stretching, ligamentous laxity, contact athletics, and glenoid or humeral bone loss as risk factors for arthroscopic anterior shoulder stabilization failure [1–7].

The contact athlete is exposed to significant trauma and is thus particularly susceptible to recurrent instability after an initial arthroscopic stabilization [8–10]. Failure rates of stabilization procedures in contact athletes are reported to be higher than the general population [9–11]. Cho et al. compared collision and noncollision athletes who underwent arthroscopic stabilization for shoulder instability and found a recurrence rate of 28.6% in the collision group versus 6.7% in the noncollision group [9]. Rhee et al. compared arthroscopic and open anterior stabilization in 46 collision athletes and found a recurrence of 25% in the arthroscopic group versus 12.5% in the open group [10]. These high rates have led some to suggest that initial open stabilization may be more appropriate in the contact athlete. Pagnani and Dome reported that only 3% of their cohort of US football players developed postoperative subluxation after initial open stabilization [8]. These results indicate that open repair may offer certain advantages that arthroscopic techniques have not yet been able to duplicate in this population of high-demand contact athletes.

Many factors must be considered in determining which patients require surgical stabilization for anterior shoulder instability. Once a decision for surgery has been made, the surgeon must consider multiple patient-specific risk factors for recurrent instability in determining which stabilization approach to utilize. In this chapter, we present an overview of our evaluation and management algorithm of the patient with anterior shoulder instability. We then outline our rationale for electing an open stabilization and describe our technique.