

## Paper #24

# How Do Slap-Repairs Compare with Bankart Repairs? A Case Control Study of 200 Consecutive Labral Repairs

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### Summary:

The labral tear location is important in the short-term outcomes of an arthroscopic stabilisation of the shoulder. A SLAP-repair combined with a Bankart repair had similar, excellent, outcomes as a Bankart repair. An isolated SLAP-repair performed worse than a Bankart ± SLAP

### Abstract:

#### BACKGROUND

Our uncontrolled observations were that stiffness and pain are often problematic after superior labral (SLAP) repair.

#### AIM OF STUDY

To determine the effect of the location of labral tear on surgical outcomes of arthroscopic labral repair, particularly with respect to early postoperative pain and stiffness

#### MATERIALS & METHODS

Consecutive patients with a primary arthroscopic labral repair by a single surgeon using PEEK knotless anchors (Pushloc, Arthrex, Naples, FL) were assessed with the use of patient-reported pain scores, shoulder functional scores, and shoulder range of motion at the pre-operative evaluation and at six weeks, three months and six months after surgery. Post-hoc the patients were divided into three groups: Bankart, SLAP, and combined SLAP and Bankart. Our primary outcome was early postoperative examiner determined range of motion. Our secondary outcomes were patient-reported pain and function.

#### RESULTS

There were 53 patients in the Bankart group, 33 patients in the SLAP-group, and 40 patients in the combined Bankart-SLAP group. No differences in demographics, pre-operative range of motion and patient-reported scores, and postoperative range of motion and patient-reported scores were found between the Bankart and the combined Bankart-SLAP group. For subsequent analyses, therefore, these two groups were combined into a Bankart ± SLAP group (93 patients). There were significantly more workers compensation cases (WC) in the SLAP group compared to the Bankart ± SLAP group (49% vs 21%,  $p < 0.002$ ). Pre-operative the SLAP-group had less internal and external rotation ( $46 \pm 21$  vs  $59 \pm 21$  (mean±SD)) compared to the Bankart ± SLAP group ( $p < 0.01$ ). Postoperative internal rotation was also less in the SLAP group ( $p < 0.001$ ). Postoperatively, patients in both groups improved with respect to pain and satisfaction. Patients in the SLAP-group improved to moderate regarding pain and stiffness ( $p > 0.01$ ), and instability patients improved to mild-none ( $p < 0.001$ ). Multiple linear regression analyses showed a loss of internal rotation correlated with postoperative pain and stiffness ( $r = 0.4$ ). Workers compensation was associated with more pain, more stiffness and less satisfaction in the SLAP-group ( $r = 0.4$ ).

#### CONCLUSION

This study did show that labral tear location was important in the outcomes of arthroscopic stabilisation. A SLAP-repair combined with a Bankart repair had similar, excellent, outcomes as a Bankart repair. An isolated SLAP-repair

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performed worse than a Bankart ± SLAP repair, particularly in patients with a workmans compensation claim and/or pre-operative limitation of internal rotation. While pain and stiffness did improve after an isolated SLAP-repair, patients with an isolated SLAP lesion had more pain and stiffness from six weeks to six months post repair than patients who had Bankart lesions stabilised.