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How Satisfied Are Patients with Arthroscopic Bankart Repair? A Two-Year Follow-Up On Quality-Of-Life Outcome

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Summary:

Following arthroscopic Bankart repair for posttraumatic recurrent anterior glenohumeral instability quality-of-life will be impaired during early postop course, but will increase significantly above pre-operative levels within 6-12m after the procedure resulting in a steady state of excellent quality-of-life and functional outcomes from 12m follow-up on.

Abstract:

Purpose: To report quality-of-life in terms of general life satisfaction and satisfaction with health after arthroscopic Bankart repair in posttraumatic recurrent anterior glenohumeral instability.

Methode: 53 consecutive patients (mean age 29.4 years) with posttraumatic recurrent anterior glenohumeral instability who underwent isolated arthroscopic Bankart repair were longitudinally monitored with Questions on Life Satisfaction Modules (FLZM) and Short Form 12 (SF-12) quality-of-life outcome scales. Oxford Instability Score (OIS), Quick Disabilities of the Arm, Shoulder and Hand questionnaire (QuickDASH), and American Shoulder and Elbow Surgeons (ASES) shoulder index were used as functional outcome scales. Return-to-work (months) was monitored and analyzed depended on physical workload. Data was assessed the day before surgery and prospectively monitored until 24 months postoperatively. Quality-of-life outcome was correlated with functional shoulder outcome.

Results: Satisfaction with general life and satisfaction with health (FLZM), as well as physical component scale (SF-12) significantly improved to values above normative data within 6-12 months after surgery (each p<.001). Ols significantly improved from baseline until 12 months after surgery (p<.001). On average, from one year follow-up on an excellent functional outcome was observed. Besides, QuickDASH, and ASES significantly improved between baseline and final follow-up (each p<.001). Mean time to return-to-work was 2 months (range 0-10, SD 1.9), with significantly longer time-intervals observed in patients with heavy physical workload (3.1 months, range 0-10, SD 2.4; p=.002). There was no correlation between quality-of-life and functional outcome.

Conclusions: Unrealistic patient expectations may cause disappointment despite technical successful arthroscopic Bankart repair. Surgeons should counsel their patients concerning realistic aims and goals. High satisfaction with general life and health was observed along with significantly improved functional outcome, but did not correlate. We showed, that quality-of-life will be impaired during early course after surgery, but will increase significantly above pre-operative levels within 6-12 months after the procedure. In summary a steady state of excellent quality-of-life and functional outcomes was noted from 12 months follow-up on for this short-term case series. In addition heavy physical workload must be considered as a risk factor for prolonged time lost to return-to-work.