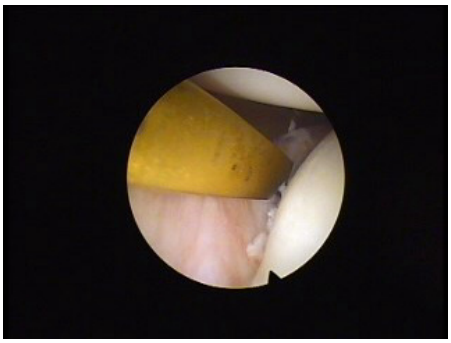
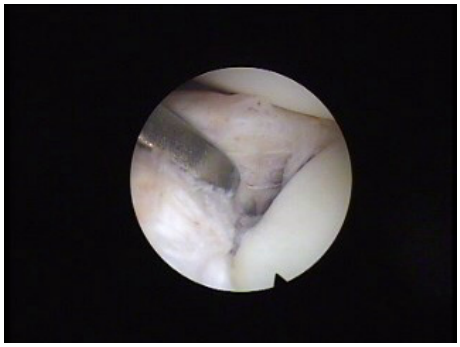
Arthroscopic Anterior Shoulder Stabilisation

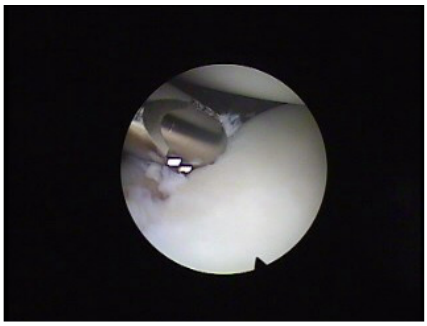
Patient is positioned in the lateral position with a slight posterior tilt. Suitable light traction is applied on the arm. The primary portal is the posterior portal. After completing a thorough diagnostic round of the shoulder and confirming the diagnosis, the anteroinferior portal is created. This is made just above the upper border of the subscapularis at an angle which allows access to the 5' 0 clock position on the glenoid.
At this stage, the anterosuperior portal is created at the upper border of the rotator interval and the scope is shifted to this portal. Thus, antero inferior (8 mm cannula) and posterior portals (6 mm cannula) are now the working portals and the anterosuperior portal is used for viewing. This gives a clear view of the anterior glenoid and the neck thus facilitating their preparation prior to the repair.

Step 1. With the help of a sharp liberator knife, the labrum is further detached off the glenoid neck. This enables us to then free it so that it can be mobilized superiorly at the time of the actual repair.





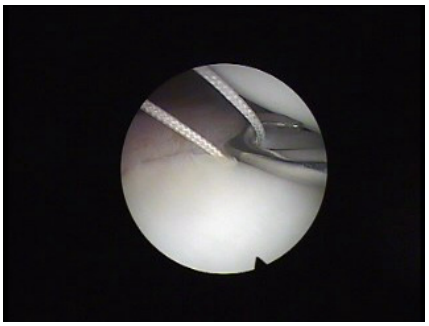
Step 2. With the help of a rasp or a shaver, the neck is next debrided of all soft tissues. It is important to avoid inadvertent shaving of the labrum during this stage and hence the suction is switched off or kept at a minimum. This helps in optimizing the chance for labral healing.

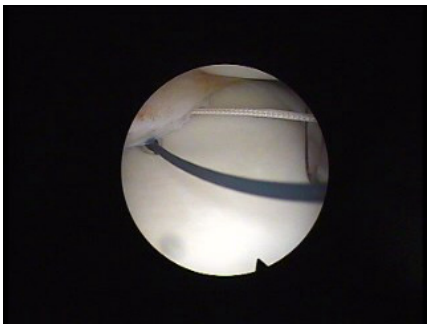


Step 3. Once adequate mobilization and preparation of the labrum has been achieved, preparation for anchor insertion is made. Using the surgeon's choice of

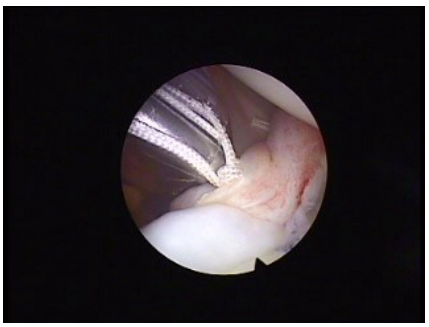
anchor, the first anchor is inserted at the 5’0 clock or even lower position of the glenoid. This placed on the face of the glenoid and not at the margin.

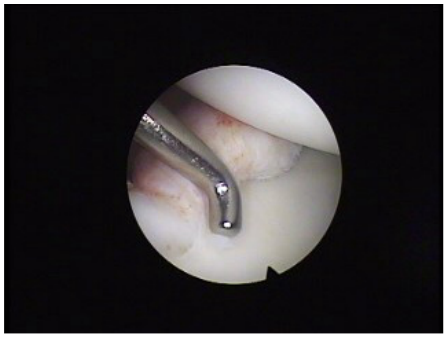
Step 4. The suture limb which is closer to the labrum (post) is retrieved through the posterior portal. Using a suitable labral piercing device such a spectrum hook, a shuttle suture is passed through the labrum. This labral bite is taken at about a cm lateral to the free edge and also about a cm lower so as to cause a superior tissue shift.





Step 5. The post is shuttled through the labrum and a secure arthroscopic knot is tied. This should preferably be a sliding locking knot so as to prevent any backing off of the knot as the additional throws are being tied. This helps create a roll of tissue on the glenoid margin (bumper effect).





Step 6. Sequential inferior to superior anchors are placed at a suitable distance and the labral repair is completed. Generally speaking, 3 to 4 anchors are required for an arthroscopic labral repair.

The repair is then rechecked from the posterior portal and the arm can be released from the traction and movement checked under visualization.