

Risk Factors for Repeat Shoulder Dislocation Following Arthroscopic Surgery

Arthroscopic surgery, surgery where the doctor makes a few tiny incisions and uses long, narrow instruments to perform the procedure, is an increasingly popular option when it is possible. Shoulder surgery is one area where arthroscopic technique is frequently used. However, when a shoulder has been dislocated, leaving the joint unstable. Unfortunately, the surgery isn't always successful over the long term and the shoulder may dislocate again. In fact, with young adults, arthroscopic surgery doesn't have the same success rate that open surgery has. Despite this, it's often the first choice because of the many advantages of arthroscopic surgery: quicker healing time, less pain, and fewer complications.

The authors of this article wanted to identify risk factors that could contribute to the chances of redislocating the shoulder after arthroscopic surgery.

Researchers examined the progress of 385 patients (278 men) out of an original 422 at the start of the study. In 301 of the patients, the dominant shoulder that was affected. Ninety-two of the patients had experienced a first dislocation when they were 22 years old. There was an average of three months between injury and surgery for 97 patients, four to six months for 112 patients, six to eight months for 95 patients and 10 to 12 months for the remaining 81. One hundred seventy six patients had experienced between one and three dislocations before surgery. After surgery, each patient received the same post-operative care and the same rehabilitation program. Patients were followed up at three months, six months, one year, two years, and three years after surgery.

The researchers found that 31 patients (8.1 percent) had experienced another dislocation within three years of their surgery. Of these patients were those who had dislocated their shoulder the first time before they were 22 years old. The majority of the patients who redislocated were men (90.3 percent), and in 77.4 percent overall, it was their dominant shoulder.

The study authors concluded that it could be possible to identify patients who may be at higher risk of dislocating their shoulder. However, they caution that their study was limited because it was retrospective (looked back) and did not have any pre-operative imaging. All patients were on an equal basis. As well, they had no x-rays or other types of images that were taken after surgery to check for damage that may only have been visible in that way.

Reference:

Giuseppe Porcellini, MD, et al. Predisposing Factors for Recurrent Shoulder Dislocation After Arthroscopic Treatment of Primary Instability of the Shoulder. *Journal of Shoulder and Elbow Surgery*. No. 91. Pp. 2537 to 2542.