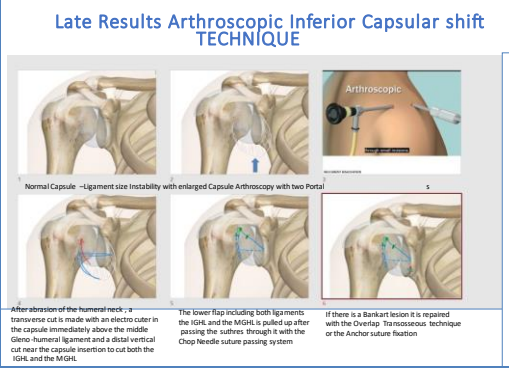




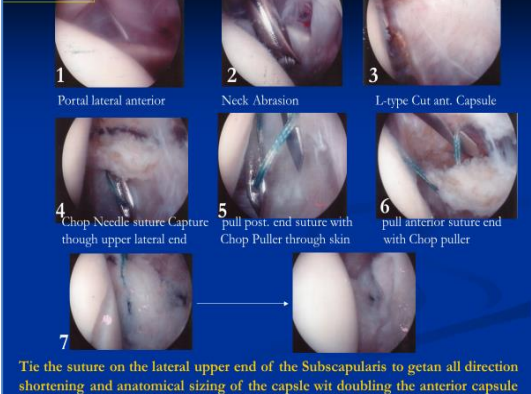
Long term outcomes of arthroscopic modified Neer inferior capsular shift for traumatic anterior shoulder instability, over 20 years of follow up
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Aim

This study aimed to assess the long-term outcomes of the arthroscopic modified Near inferior capsular shift procedure across more than 20 years in patients with traumatic anterior shoulder instability. (FIRST PUBLICATION: Late results of arthroscopic inferior capsular shift Arthroscopy ; Fleeega et.al. 2012)



STEPS



Methods

We reviewed 95 cases out of 108 surgeries. Participants in this study comprised 83 patients (83 shoulders, 60 men, 23 women) out of 95 cases after excluding 12 with Labrum avulsion tear. Mean follow-up 23.8 years between 21 and 27. We compared the recurrent instability rate after surgery, apprehension, revision rate, satisfaction, return to preinjury sporting activity, and patient background characteristics between recurrent and nonrecurrent groups. Thirty-two patients who were examined directly were evaluated for differences in range of motion and muscle strength between affected and nonaffected sides. Clinical outcome scores used for this study were the UCLA score.

Results

One shoulder showed posttraumatic instability after 5 years that needed surgery and one patient had a dislocation while playing soccer 15 years after surgery, but no revisions were required. Both cases were males. No significant differences in any patient characteristic were identified between the recurrent and non recurrent groups. No significant differences between affected and non affected sides were seen in the mean active range of motion or muscle strength for external rotation in the anatomic position or in 90° of abduction. Patients reported that 81 shoulders (97.5%) were "much better." Most athletes (88.4%) had returned to sports activity at a level more than 89%.

Conclusions

We investigated long-term outcomes of the arthroscopic modified inferior capsular shift procedure for traumatic anterior shoulder instability. Our data suggest that recurrent instability might result from new trauma even if a long time has passed since the open modified inferior capsular shift procedure, so follow-up should be continued as long as possible after surgery. The satisfaction was high and clinical scores were good. We thus believe this surgical method offers good results even after more than 20 years.