

***INTRODUCTION***

***AND***

***AIM OF THE WORK***

---

# **INTRODUCTION**

## **AND**

### **AIM OF THE WORK**

In recent years, great advancements have been made in understanding the anatomy and pathology of recurrent anterior shoulder instability. Historically, many clinical and anatomical studies of recurrent anterior shoulder dislocations led to two schools of thought regarding the primary anatomic restraint to anterior glenohumeral instability: one focused on the subscapularis muscle; the second focused on the anterior capsular structures.

The pathological findings following recurrent traumatic dislocations of the shoulder are now well documented. The presence of a "Bankart lesion", defined as a separation of the inferior glenohumeral ligament-anterior labral complex from the anterior glenoid rim and scapular neck, has been reported in an extremely high percentage of traumatic anterior recurrent shoulder dislocators treated operatively.

Arthroscopic inspection allows visualization of the glenohumeral joint to an extent not possible by the largest arthrotomy. The open surgical exposure alters and distorts the anatomy to such an extent that the benefit of insight, which is offered by the arthroscope, is lost. Arthroscopic repair, comparable to open surgery, is cosmetically better, rapid post operative rehabilitation, rapid healing, and lesser hospitalization. But open surgery has the advantages of

imbrication of the capsule, augmentation of the repair, and tightening of connective tissue layers, including subscapularis tendon.

Most recently, arthroscopic operative techniques have been developed to treat many shoulder disorders. We mentioned in this thesis five different types of arthroscopic reconstruction for recurrent anterior shoulder dislocation had been reported. We have (1) staple fixation method [ by Johnson 1986 ], (2) Bankart repair by sutures [ by Morgan and Bodenstab 1987 ] with three modifications [ by Rose 1989, Maki 1990, and Caspari and McIntyre 1993 ], (3) rivet fixation [ by Murray Wiley 1988 ], (4) suture anchors [ by Wolf 1993 ], and (5) acufex system fixation [ by Warren 1991 ].

A new , beneficial , simple , and excellent technique for arthroscopic reconstruction of anterior recurrent shoulder dislocation has been initiated and described in this thesis. Thirty cases carefully screened to include only recurrent traumatic unidirectional anterior dislocation which are the indications for this new technique. The aim of the work is to describe that new technique, and to study its effectiveness, indications, and complications comparable to other techniques.