

SUMMARY

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The shoulder joint plays an integral role in most activities of daily living and in most sports. Some of these sports require a range of motion more than usual thus making the person more prone to shoulder instability. The shoulder instability may be anterior, posterior, inferior or combined. The anterior shoulder instability is the most common. It is caused by many factors involving Bankart lesion, Hill-Sachs lesion excessive capsular laxity and capsular injury.

Bankart lesion is the most common cause and is diagnosed by history taking, clinical examination and radiological evaluation and plain x-ray, C.T scan and MRI. Previously Bankart lesion (detachment of anteroinferior glenoid labrum) was reattached by transglenoid sutures, screws and staples through open procedure.

Open procedure has many disadvantages as dissection of muscles which decrease the range of motion, excessive bleeding which makes the procedure difficult and difficult confirming of the diagnosis where sometimes bankart lesion has combined pathological lesion as excessive capsular laxity which should be diagnosed and treated in the same procedure and if not diagnosed and treated the prognosis is not proper.

At the last 2 decades, shoulder arthroscopy offers a new and reliable method for assessing Bankart lesion and management of it. It has many advantages involving small skin incision, no dissection of muscles which maintains the range of motion of the joint, no blood loss which makes the operation easy and does not exposed the elderly patients to risk, short hospital stay which reduces the cost of the procedure, early rehabilitation

and rapidly resuming of the range of motion, early return to normal activities, proper assessment of the Bankart lesion and more anatomical repair of it.

Also reattachment is done by suture anchors instead of other methods which mentioned before and these anchors give good prognosis.