Bankart Lesion

Orthopaedic Specialists
of Central Ohio

Thomas J Kovack DO
Bankart Lesion
Normal Anatomy

- Shoulder is a ball and socket type joint
- Joint is surrounded by many ligaments and muscles to support the joint
- The labrum is a structure that attaches to the socket to help increase stability of the joint
Normal Anatomy

Shoulder Anatomy

- The acromion is the top part of your shoulder.
- Rotator cuff muscles and tendons hold the shoulder in place.
- The clavicle (collarbone) is the bony link that holds the shoulder to the body.
- The humeral head is the rounded top (ball) of your arm bone.
- The capsule is a pocket that provides stability.
- The glenoid is a shallow socket.
- The labrum is a rim of cartilage to which the capsule attaches.
- The bursa is a lubricating sac.

Shoulder, Lateral View (Humerus Removed)
Injury

- With trauma to the shoulder the joint may dislocate
- Most commonly dislocated joint in the body
- Most common direction of dislocation is anterior
Bankart Lesion

- As the humerus dislocates the labrum may be torn
- This is referred to as a Bankart Lesion
- Named for the English surgeon who originally described it
Bankart Lesion
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Bankart Lesion
Occasionally a bony piece of the socket will fracture off with the labrum; called a “bony Bankart” lesion
Hill-Sachs lesion

- After anterior dislocation can also have damage to the humeral head as glenoid drives into it.
- This is called a Hill-Sachs lesion.
Bankart Lesion

- These lesions can make shoulder unstable and lead to recurrent instability and repeat dislocations.

- Incidence of repeat dislocations is related to age:
  - Patient < 20 yrs old: 80-90%
  - Patients 20-30 yrs old: 50-75%
  - Patients > 40 yrs old: lower rates of repeat dislocations, higher rate of rotator cuff tear.
Treatment

- Can try non-operative treatment initially
- Immobilization in external rotation brace can allow labrum to potentially heal in its normal position
Treatment

- Must wear brace for 3 weeks continuously
- After 3 weeks in the brace will begin physical therapy to regain ROM and strengthen shoulder
Recurrence of Instability

- Despite non-operative treatment may have a recurrence of instability
- Can lead to multiple dislocations and wear of the anterior glenoid
- Recurrent dislocations can effect quality of life
  - lead to apprehension and pain
  - inability to work
  - inability to participate in hobbies or sports
Operative Treatment

- If having recurrent instability surgery is indicated

- Benefits of surgery:
  - allows for stabilization of shoulder and reduce chance of dislocations
  - less apprehension and more confidence in range of motion
  - can improve quality of life and return to normal activities
Operative Treatment

- Surgery is done arthroscopically
  - small incisions with limited morbidity
  - labrum is repaired using anchors and sutures
  - same day surgery
Operative Treatment
Operative Repair
Post-op

- After surgery you are placed in external rotation brace for 3 weeks
- Come out of brace only to work on pendulum exercises
Post-op

- At 3 weeks begin working on active assisted range of motion with physical therapy
- 10 weeks post op can begin gentle lifting
- At 6 months can return to activity as tolerated
Results of Surgery

- Most patients do well after surgery
- Satisfactory outcomes occur in greater than 90% of patients in most studies
- Majority of patients are able to return to pre-injury activities
Results of Surgery

- Rate of recurrence after surgery estimated between 5%-15%

Recurrence is higher in:
- patients with bony bankart
- patients with large Hill-Sachs lesion
- patients with generalized laxity

(Boileau)
Complications

- Loss of motion-most commonly external rotation
- Infection
- Nerve injury
- Cartilage injury
- Arthritis
- Arterial Injury
- Risks of Anesthesia