



Understanding The Bankart Procedure



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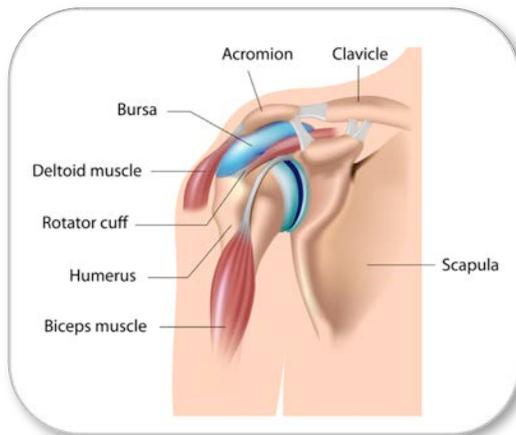
Our goal at The Orthopedic Institute of Wisconsin is to provide high quality care, both non-surgical and surgical. This approach allows our patients to regain lost function and experience pain relief that will hopefully result in the improvement of their quality of life. If you have any additional questions, please call: (414) 643-8800

Causes of a Bankart Lesion

These labral tears are most commonly due to trauma and dislocation. Over 95% of all shoulder dislocations result in an accompanying bankart lesion. The majority of dislocations are due to the humerus moving too far forward or too far downward from it original position in the glenoid. Forceful external rotation when the arm is raised typically provides enough stress to force the shoulder out of its socket.

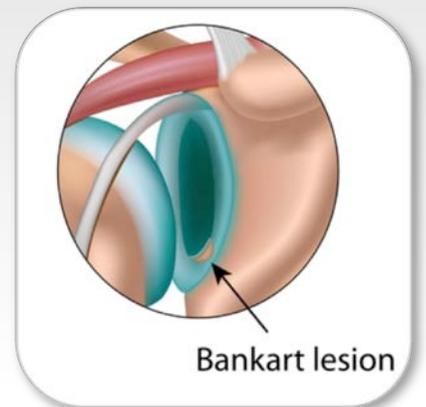
Understanding Shoulder Anatomy

The shoulder is a large ball and socket joint composed of bones, tendons, muscles, and ligaments. The bones of the shoulder joint include: your collarbone, your upper arm bone, and your shoulder blade. The rounded head of the humerus fits into a shallow socket in the shoulder blade, known as the glenoid. The glenoid is surrounding by a rim of cartilage that deepens the socket, known as the glenoid labrum, a static stabilizer of the shoulder joint.



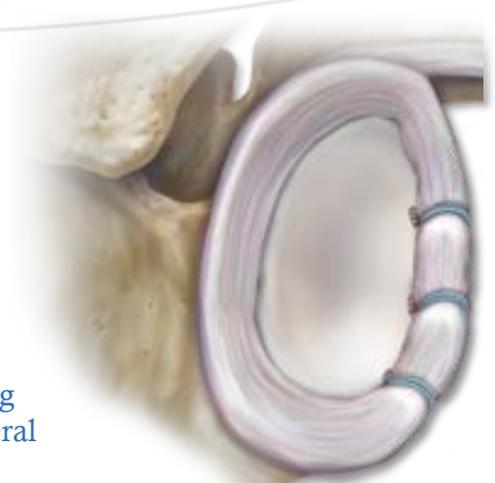
What is a Bankart Lesion?

When the shoulder dislocates, the humeral head slips out of the glenoid socket. Because of forceful movement out of the socket, the labrum that acts as a bumper for the humeral head often tears. Oftentimes, because of the force on the front of the labrum, the back can also experience stress and tearing. Patients often present with a sense of shoulder instability, repeat dislocations, and an aching shoulder.



The Surgery

This surgery, typically lasting between 30-45 minutes, repairs the torn labrum so that the shoulder joint can regain stability. It is performed arthroscopically, by inserting a small camera into the shoulder through 2-3 small incisions. In some cases, a Bankart lesion is debrided, meaning that the torn portion of the labrum is shaved away to leave a smooth edge of healthy tissue. If the tear is repairable, anchors are used to attach the labrum back to its original position. Sutures are attached to these anchors, allowing the anchors to hold the repair firmly in place once they are hammered into the bone. Each suture is passed under the labrum and is tightened, securing the labrum back to the glenoid. Once the repair is complete, the humeral head should once again be secure in the shoulder socket.



Arthrex Inc. "Knotless Labral."
<http://www.arthrex.com/shoulder/knotless-labral-instability-alpsa-and-hagl-lesion-repair>

Typical Schedule of Follow-up Visits

Five-to-seven day assessment

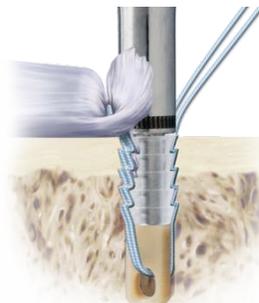
- Suture removal
- Check in with your Dr. Pennington's surgical team

Five-to-seven week assessment

- Passive motion check
- Progress into the active range of motion phase

Monthly assessments

- Range of motion check
- Strength check
- Discuss return to activity/sport



Arthrex Inc. "Knotless Suture Anchors." <http://www.arthrex.com/hand-wrist/knotless-suture-anchor-technique>

Post-Operative Expectations

A polar ice pack is placed on the shoulder to help decrease inflammation and pain. Patients are typically kept in a sling after surgery to serve as a reminder to not move the arm above shoulder level or behind their back. Gentle range of motion below shoulder level and in front of your body is allowed. In the first four weeks following surgery the goal is to minimize pain and protect the repair site. Many patients have difficulty finding a comfortable sleeping position at first, and find that sleeping in a recliner or propped up with pillows is more comfortable. You may sleep in a bed anytime. You may drive once you are off your pain medication. No strengthening exercises may be performed until 12 weeks following surgery. You may return to work within several days unless your job requires heavy lifting, in which case, your return may be delayed. Return to full athletic activities can be expected in 3-4 months.

Physical Therapy

Following your surgery, you will be given a continuous passive motion (CPM) machine to assist with early, passive motion. Physical therapy is typically started three weeks after the procedure. Therapy session should be attended two to three times per week. After spending time with your physical therapist, you will learn how to perform your exercise program on your own at home. When you do not have supervised physical therapy, it is crucial that you continue your physical therapy program at home. The best results will come to those patients who perform their exercises until completely healed.



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