Trauma Upper Limb

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Revisiting the UK shoulder surgeon's approach to traumatic, anterior shoulder dislocation in the young patient.

Authors
Malhotra , A.; Freudmann M.; Hay S.

Institution
Robert Jones and Agnes Hunt Hospital

Abstract
Aims To discover how the management of traumatic anterior shoulder dislocation in the young patient (17-25) has changed, if at all, over the past six years. Methods The same postal questionnaire was used in 2003 and 2009, sent out to 164 members of British Elbow and Shoulder Society. Questions were asked about the initial reduction, investigation undertaken, timing of any surgery, preferred stabilization procedure, arthroscopic or open, detail of surgical technique, period of immobilization and rehabilitation programme instigated in first-time and recurrent traumatic dislocators. Summary of Results The response rate were 92% (n=151) – 2009, 83% (n=131) - 2003 The most likely management of a young traumatic shoulder dislocation in the UK would be: • Reduction under sedation in A&E by the A&E doctor (80% of respondents). • Apart from X-ray, no investigations are performed (80%). • Immobilisation for 3 weeks, followed by physiotherapy (82%). • 68 % of respondents would consider stabilisation surgery for first time dislocators (especially professional sportsmen) compared to 35% in 2003. • Out of them nearly 90% would perform an arthroscopic stabilization vs. 57.5% in 2003. For recurrent dislocators: • 75% would consider stabilisation after a second dislocation. • 85% would investigate prior to surgery, choice of investigation being MR arthrogram (52%), compared to 50% in 2003 that would chose to investigate. • 77% would choose to perform arthroscopic stabilisation compared to 18% in 2003, the commonest procedure being arthroscopic Bankart repair using biodegradable bone anchors (62% compared to 27% in 2003). • Following surgery, immobilisation would be for 3 weeks, full range of motion at 1 to 2 months and return to contact sports at 6 to 12 months. Conclusions There has been a remarkable change in practice compared to the previous survey. A significant proportion of Orthopaedic Surgeons would consider stabilisation in young first time dislocators instead of conservative management. Arthroscopic stabilisation is now the preferred technique compared to open stabilisation whenever possible. Surgeons are using more investigations prior to listing the patient for surgery namely the MR arthrogram. There is also an increased use of bio-degradable anchors as compared to metallic bone anchors in 2003.