

Appendix E-1

Surgical Technique

Following diagnostic arthroscopy, an arthroscopic elevator was used to elevate the scarred labrum and capsule off the medial neck of the glenoid. Prior sutures that may have caused joint irritation were removed. To facilitate healing after suture-anchor repair, an arthroscopic rasp or burr was used to decorticate the juxta-articular cortical surface. The first suture anchor was then placed as close to the lowest extent of the tear as possible. In all procedures, either BIORAPTOR (Smith & Nephew) or Bio-SutureTak (Arthrex) anchors were used. With the use of a suture passing device, sutures were shuttled around the capsulolabral complex to perform an anteroinferior capsular shift of the tissues and to rebalance the shoulder. These steps were repeated in likewise fashion from inferior to superior along the anterior aspect of the glenoid, placing anchors approximately 5 mm apart and 2 mm from the articular rim. A rotator interval closure was performed in 3 patients who had residual capsular laxity and/or redundant rotator intervals that did not resolve with external rotation of the shoulder.