

**7) TITLE: Factors of Failure and Outcomes of Failed SLAP Repairs  
(TRAINEE)**

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**INTRODUCTION:** The recent advancements in arthroscopic technology and technique have led to an increased ability to address shoulder pathology such as SLAP lesions. While our understanding of superior labral pathology and repair techniques has improved, there continues to be substantial debate concerning who is an ideal candidate for a SLAP repair. In addition, there is a lack of literature addressing the appropriate treatment of a patient who has had a failed SLAP repair. As a tertiary referral center, we have the opportunity of seeing a high volume of patients who have had a poor surgical outcome after a SLAP repair. We have identified a cohort of patients presenting with pain, stiffness and/or mechanical symptoms after previous SLAP repair.

**OBJECTIVE:** To describe and analyze a subset of patients to determine what factors may contribute to poor outcomes after SLAP repair. In addition, to evaluate the clinical outcomes of these patients after they receive further treatment.

**METHODS:** We completed a retrospective medical record review of consecutive patients who presented between 2000 and 2007 with pain, stiffness and/or mechanical symptoms after a SLAP repair. Data collection included demographics, age at initial SLAP repair, history of known trauma, past medical history, review of non-operative and operative treatments, and physical exam. Outcome measures included patient satisfaction with shoulder function, and Simple Shoulder Test questionnaire.

**RESULTS:** Forty-one shoulders in 40 patients met the inclusion criteria. The average patient age was 43 years. 31 patients (76%) presented with pain and adhesive capsulitis, 9 patients (22%) presented with pain only, and 1 patient (2%) presented with pain and mechanical symptoms. 34 had met a medical endpoint after further treatment and were included in the analysis of treatment outcome. 24% (8/34) were satisfied after conservative treatment, 61% (14/23) were satisfied after revision surgery, and 65% (22/34) were satisfied overall after either type of further treatment.

**CONCLUSION:** SLAP repair is not an innocuous procedure, and the precise indications for SLAP repair remain unclear. Our findings in this cohort of patients lead us to believe that in patients over 40 years the presence of a type II SLAP lesion may be an incidental finding, possibly due to normal aging, rather than the source of patient's pathology. We therefore do not recommend SLAP repair in patients over 40 years. In patients with a failed SLAP repair, this study found that only 24% of patients will have a good or excellent result with additional non-operative treatment. If patients are not responding to conservative therapy, consider operative intervention, as 61% of patients had a satisfactory outcome with revision surgery. Unfortunately, despite further non-operative and operative treatment, 35% of patients will have a suboptimal outcome once they have had dissatisfaction after a SLAP repair. Therefore, the focus should be on preventing unnecessary SLAP repairs from being performed.

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