There has been a great deal of enthusiasm for using arthroscopic techniques to repair the unstable shoulder. Results with early techniques provided surgeons with experience in recognizing multiple articular lesions, but outcomes were inferior to open procedures in reducing the chance of recurrence. Modern suture anchor techniques with additional capsular tensioning have reduced the risk of recurrence and are comparable to stabilization rates found with open repairs.\textsuperscript{1-4} Complications of shoulder stiffness, return to overhand throwing sports, absence of subscapularis dehiscence or dysfunction, and reduced risk of infection have made arthroscopic stabilization the most common stabilization technique performed today.\textsuperscript{5,6} With a greater percentage of athletes returning to sport, there continues to be a risk of recurrence, and surgeons need to be able to treat patients who underwent prior surgery.\textsuperscript{7-11}

Recurrence of instability following surgical stabilization can create a complex situation. There is often a recreation of the Bankart lesions in addition to capsular changes. In addition, there is additional trauma to the glenohumeral joint, raising concern due to degenerative arthritis, rim fractures, and advancing glenoid and humeral deficiency.\textsuperscript{12,13} Revision surgeons have blamed anchors placed medially as the cause of failure referring to the index surgery. This may not have actually occurred, but following addition of glenoid loss, anchors appear to be medial to the glenoid rim (Figure 14-1).

Successful management includes 1) proper patient selection for nonoperative, arthroscopic, and open procedures; 2) techniques used to address multiple articular lesions; and 3) time for healing and postoperative rehabilitation. The results of revision surgery have not been as favorable as initial surgery, suggesting difficulty in correcting articular defects, limiting excessive translation, and preventing the development of degenerative arthritis.\textsuperscript{9,14-16}

This chapter will address arthroscopic approaches to patients with failure due to recurrence of instability, failure due to pain with a stable shoulder, and management of complications. Certain arthroscopic techniques have been abandoned, including prolonged thermal shrinkage and articular pain pumps using potential chondrolytic agents due to reports of chondrolysis and premature degenerative arthritis. As with many forms of “new technology,” problem recognition and early management are essential.\textsuperscript{16}