**Table 5. Characteristics of the included studies- design, number of included patients, intervention and control group for question 1**

| Author, year | Participants | Comparison | Follow-up | Outcome measures | Comments | Risk of bias* |
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| **Abouelsoud (2015)** | The study was conducted on 32 shoulders (and 32 patients).<br><br>*I: 16 patients*<br>*C: 16 patients*<br><br>*Mean age of the total study population was 28.2 years. Gender: 29 males and 3 females*<br><br>*All patients had a history of recurrent anterior shoulder instability.*<br><br>*Six patients were involved in non-violent sports, two in violent sports, and the rest not involved in sports.*<br><br>*Number of dislocations (total patient population)*<br>*Minimum number of dislocations: 3*<br>*Some patients, the number of dislocations was (so) numerous that it could not be counted.* | <u>Intervention:</u> Arthroscopic remplissage procedure with capsulolabral repair using four anchors.<br><br>Postoperative rehabilitation protocol was the same for both groups<br><br><u>Control</u><br>Modified Latarjet procedure [Coracoid transfer procedure (modified Latarjet with coracoid osteotomy just anterior to coracoclavicular ligaments attachment)].<br><br>Postoperative rehabilitation protocol was the same for both groups | Mean follow-up period of 31.31 months (range: 24–40 months). | *Reluxation*<br>*Not reported*<br><br>Complications | Author's conclusion:<br>*"Open modified Latarjet and arthroscopic remplissage procedure with Bankart repair are equally effective in prevention of dislocation in patients with recurrent anterior shoulder dislocation and engaging Hill–Sachs lesion"* | High<br>It seems that no randomization was performed |

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| **Kukkonen (2021)** | 122 young males with traumatic shoulder anteroinferior instability were randomised.<br><br>*I: 62 patients*<br>*C: 59 patients*<br><br>*Age (years)*<br>The average age of patients was 21 years (range 16-25 years).<br><br>*All young male patients between 16 and 25 years old.*<br><br>*Mean age (SD) (range)*<br>*I: 21.4 (2.7) (16-25)*<br>*C: 21.4 (2.7) (16-25)*<br><br>*Hyperlaxity (n)*<br>*I: 11*<br>*C: 8*<br><br>*Significant Hill-Sachs lesion in CT (n)*<br>*I: 19*<br>*C: 18* | <u>Intervention</u><br>Arthroscopic Bankart for the treatment of traumatic shoulder instability in young males<br><br><u>Control:</u><br>Open Latarjet procedure in the treatment of traumatic shoulder instability in young males. | 3 months, 6 months, 1 and 2 years postoperatively. | Recurrence of instability (dislocation at two-years follow-up).<br><br>Clinical apprehension | Author's conclusion:<br>*"Arthroscopic Bankart operation carries a significant risk for short-term postoperative redislocations compared with open Latarjet operation, in the treatment of traumatic anteroinferior instability in young males. Patients should be counselled accordingly before deciding the surgical treatment."*<br><br>Drop- out rate 25%. Reason not reported.<br><br>% bone loss not reported | Some concerns |
| **Russo (2017)** | Ninety-one patients with moderate anterior glenoid bone loss underwent from 2011 to 2015. From these patients, two groups of 20 individuals each have been selected. | <u>Intervention</u><br>Arthroscopic Bankart repair associated with subscapularis augmentation<br><br><u>Control</u><br>Open Latarjet procedure | The mean follow-up in the open Latarjet procedure group was 21 months (20–39 months),<br><br>In the arthroscopic Bankart repair group, the | Complications<br>Persistent instability subluxations | Author's conclusion:<br>*"Arthroscopic subscapularis augmentation of Bankart repair is an effective procedure for the treatment of recurrent anterior shoulder instability with glenoid bone loss without any significant difference in comparison* | High<br>It seems that no randomization was performed |

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| | *I: 20 patients*<br>*C: 20 patients*<br><br>*One patient in each group presented a failed arthroscopic Bankart repair.*<br><br>Baseline characteristics for the total study population:<br><br>*Mean age:*<br>23.4 years<br><br>*Right shoulder involved:*<br>19/40 patients (47.5%)<br><br>*Gender, males*<br>28/40 patients (70%) | | mean follow-up was 20 months (15–36 months). | | *with the well-known open Latarjet procedure."* | |
| **Zarezade (2014)** | Patients over the age of 18 and less than 45 years suffering from recurrent anterior shoulder dislocation due to trauma<br><br>*40 patients were selected and randomly divided into two groups of 20 patients.*<br><br>*I: 18 patients*<br>*C: 19 patients*<br><br>*Age (years)* | <u>Intervention</u><br>Arthroscopic Bankart repair<br><br><u>Control</u><br>Open Bristow procedure | Mean follow-up time in these patients was 7.5 years and none of the patients had relapse.<br><br>Time period of measured outcomes not specified (solely mentioned mean follow-up duration of 7.5 years). | *Outcomes*<br>Dislocation after surgery, Complications | Author's conclusion:<br>*"The two mentioned techniques did not differ significantly, although some parameters such as level of performance, pain intensity, use of analgesics, and range of internal rotation showed more improvement in Bristow procedure. Therefore, if there is no contraindication for Bristow procedure, it is preferred to use this method"*<br>% bone loss not reported | Some concerns |

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| | | | | | | | The average age of patients was 29.6 ± 4.6 years (range: 23-40).<br><br>I: 28.6 ± 4.5<br>C: 30.4 ± 4.8<br><br>Frequency of dislocations (N, %)<br><br>*Less than 5 times: 11 (29.7%)*<br>*5-9 times: 5 (13.5%)*<br>*More than 10 times: 12 (32.4%)*<br>*Unknown number: 9 (24.3%)* |

***For further details, see risk of bias table in the appendix***