

Long-Term Outcomes of Bankart Repair With Remplissage Versus Latarjet for Anterior Shoulder Instability: A Systematic Review and Meta-analysis

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ABSTRACT

Background. For anterior shoulder instability with an engaging Hill-Sachs lesion and subcritical glenoid bone loss, two augmented stabilisations compete: arthroscopic Bankart repair reinforced with a Hill-Sachs remplissage, and the coracoid-transfer Latarjet. Both control instability well early; how they diverge years later — in recurrence and in the degenerative change that shadows a stabilised shoulder — is less settled. This review compares them at longer follow-up, with recurrent instability as the primary endpoint.

Methods. Following PRISMA 2020, five databases were searched for studies directly comparing Bankart repair with remplissage against Latarjet in adults with a minimum 2-year follow-up; studies with separately extractable data at five years or more formed a prespecified subgroup. Recurrent instability was pooled as a risk ratio (remplissage relative to Latarjet) under a DerSimonian–Laird random-effects model, with redislocation, revision, functional scores (Rowe, WOSI, ASES, SSV, Walch-Duplay), external rotation, return to sport and Samilson-Prieto osteoarthritis as secondary outcomes.

Results. Eight comparative studies (866 shoulders; 407 remplissage, 459 Latarjet) were pooled. Recurrent instability did not differ significantly between the procedures (risk ratio 1.38, 95% CI 0.79 to 2.41; $I^2 = 0\%$) — a point estimate numerically favouring Latarjet but with an interval crossing unity. The three studies with five-year-or-longer follow-up gave a concordant result (risk ratio 1.88, 95% CI 0.66 to 5.35; $I^2 = 0\%$). Functional recovery was high after both operations; the subjective shoulder value modestly favoured Latarjet and external rotation was generally better preserved after Latarjet. The single cohort with radiographic follow-up beyond five years recorded more Samilson-Prieto arthritis after Latarjet (7/34) than after remplissage (1/34; $p = 0.054$).

Conclusion. At longer follow-up the two procedures control recurrent instability comparably, with only small, inconsistent functional differences and a modest external-rotation edge for Latarjet. The most striking signal is degenerative rather than mechanical — a possible excess of glenohumeral arthritis after Latarjet — but it rests on a single long-term cohort and is hypothesis-generating.

Keywords: Shoulder instability; Bankart repair; Remplissage; Latarjet; Recurrence; Glenohumeral osteoarthritis; Meta-analysis.

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INTRODUCTION

Anterior dislocation is the most common form of glenohumeral instability, and after a first traumatic event recurrence is frequent, particularly in young and athletic patients. Recurrent anterior instability is commonly accompanied by bipolar bone loss — the combination of a posterosuperior humeral head impaction fracture (the Hill-Sachs lesion) and attritional erosion of the anteroinferior glenoid. It is the interaction between these two defects, rather than either in isolation, that determines whether the humeral lesion engages the glenoid rim during functional movement and drives further instability.

This interaction is captured by the on-track/off-track concept. The glenoid track represents the zone of contact that sweeps across the humeral head when the arm is

abducted and externally rotated; a Hill-Sachs lesion lying within this track (“on-track”) is unlikely to engage, whereas one extending medial to it (“off-track”) engages the anterior glenoid and predisposes to recurrent dislocation.¹⁹ By directing attention to the humeral side of the lesion, this framework has reshaped surgical planning and highlighted the need for procedures that address the engaging defect.

Two augmented stabilisations dominate the treatment of an engaging, off-track Hill-Sachs lesion with subcritical glenoid bone loss. Arthroscopic Bankart repair combined with Hill-Sachs remplissage fills the humeral defect by tenodesing the infraspinatus and posterior capsule into it, converting an off-track lesion to on-track while preserving native anatomy.² The Latarjet procedure

transfers the coracoid process to the anteroinferior glenoid, restoring the bony arc and adding a dynamic sling through the conjoint tendon.³ Both reliably control instability in the early postoperative years, yet the choice between them remains contested: remplissage is soft-tissue-sparing and avoids the graft- and hardware-related morbidity of coracoid transfer, whereas Latarjet directly restores glenoid bone stock and is frequently favoured when bone loss is greater or the risk of failure is judged high. The treatment selection is influenced by the magnitude and pattern of bone loss, previous surgery, sport activities, and perceived risk of failure. Importantly, these indications can differ between treatment groups in observational studies and may introduce confounding by indication.

The controversy extends beyond recurrence alone. Remplissage has long carried a theoretical penalty of restricted external rotation from the posterior tenodesis, although the clinical magnitude of this loss is disputed. Latarjet, by transferring bone and altering the distribution of load across the joint, raises a distinct and slower-emerging concern: glenohumeral osteoarthritis. Because degenerative change accrues over years, it is poorly captured by the short follow-up of most comparative studies, and the durability of stability itself is seldom examined beyond the medium term.

Previous systematic reviews have generally reported similar recurrence outcomes and small differences in external rotation between the procedures, but long-term radiographic outcomes have been less consistently synthesized. The present review therefore focuses on recurrent instability while prespecifying a subgroup of studies with at least 5 years of follow-up and examining radiographic glenohumeral osteoarthritis when reported.

METHODS

Protocol and reporting

The protocol was registered a priori with PROSPERO (CRD420261483900) and reporting follows the PRISMA 2020 statement.

Eligibility criteria (PICOS)

A cohort of adults who underwent surgical correction of their anterior shoulder instability were studied. The intervention was an arthroscopic Bankart reconstruction with remplissage of the Hill-Sachs defect. The control cohort underwent the Latarjet procedure. The Latarjet procedure can be done either arthroscopically, open or in some cases as a combination of both procedures. Primary outcome measure of this study was recurrent instability. Recurrent instability is defined as a subluxation or dislocation after surgery. Secondary outcomes included redislocation, revision surgery, functional scores (Rowe, WOSI, ASES, SSV, and Walch-Duplay), external rotation, and return to competitive sport.

Radiographic glenohumeral osteoarthritis was assessed using the Samilson–Prieto classification, when reported.

Comparative cohort studies and randomized controlled trials with a follow-up duration of more than 2 years were eligible for inclusion. Studies providing separately extractable outcome data at 5 years or longer were included in a prespecified subgroup analysis. Studies were excluded if they were single-arm studies, evaluated Bankart repair without remplissage, involved biomechanical or cadaveric models, were review articles, or exclusively enrolled patients undergoing revision procedures. When multiple publications reported data from the same patient cohort, the largest or most comprehensive report was selected to avoid duplicating patient data. The definition and threshold of subcritical glenoid bone loss was accepted as reported in the respective primary studies. Given the variability in definitions and measurement techniques across studies, this parameter was considered a source of clinical heterogeneity, rather than applying a single predefined universal threshold.

Information sources and search

Information sources included PubMed/MEDLINE, Embase, Scopus, the Cochrane Central Register of Controlled Trials (CENTRAL), and Web of Science, with forward and backward citation searching of included studies and relevant systematic reviews. Search terms combined concepts relating to shoulder instability with Bankart repair, remplissage, Hill-Sachs lesions, Latarjet, coracoid transfer, and bone-block procedures. No language restriction was applied.

Selection, extraction and risk of bias

Two independent reviewers assessed eligibility and extracted data. Disagreements were resolved by discussion. Extracted variables included study design, follow-up, glenoid and humeral bone-loss measurements as reported, Latarjet technique, sample size, recurrence and revision events, functional outcomes, external rotation, return to competitive sport, and Samilson–Prieto grading. All eight included studies were non-randomized comparative cohorts, hence methodological quality was assessed using an instrument appropriate for non-randomized studies; MINORS tool used appropriately to assess the methodological quality of the included non-randomized studies.

Data synthesis

The risk of recurrent instability was pooled as a risk ratio (Bankart repair with remplissage relative to Latarjet) using the DerSimonian–Laird random-effects method on the logarithmic scale. Haldane–Anscombe continuity correction was applied where an arm contained zero events. Statistical heterogeneity was assessed using I^2 ; an I^2 of 0% was interpreted as no statistically detected heterogeneity, not as proof of clinical homogeneity. A prespecified subgroup analysis included studies with at least 5 years of follow-up. Secondary outcomes were summarized narratively because of differences in definitions, reporting formats, follow-up, and the limited number of studies. Where comparable data were available, study-level risk ratios or mean differences were reported without implying equivalence between

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procedures. All statistical analysis was conducted in Python 3 (numpy/matplotlib) with an accompanying script for reproducibility.

RESULTS

Study selection and characteristics

Eight comparative studies met the eligibility criteria, together enrolling 866 shoulders — 407 treated with Bankart repair and remplissage and 459 with a Latarjet procedure (Figure 1). All were retrospective or prospective comparative cohorts; none was randomized. Follow-up ranged from a mean of 27 months to 90 months, and three studies reported outcomes at a mean of five years or longer. Latarjet was performed open in most series, arthroscopically in one and as a modified coracoid transfer in one. Study-level detail and per-arm recurrence counts are given in Table 1.

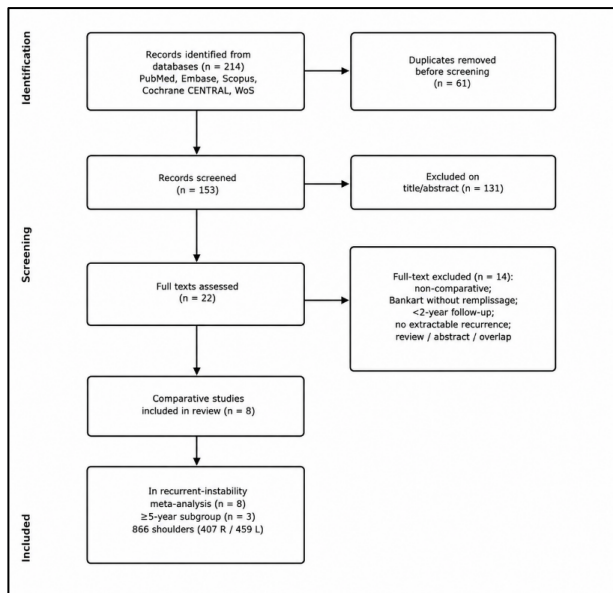


Figure 1. PRISMA 2020 flow diagram of study selection.

Study (year)	Design (LoE)	R / L (n)	Latarjet type	Follow-up (mo)	Recurrence (R / L)	≥ 5 yr
Aboulsoud 2015	Prospective (II)	16 / 16	Open	31	0 / 1	—
Cho 2016	Retrospective (III)	37 / 35	Open	27	2 / 2	—

Bah 2018	Retrospective (III)	43 / 43	Open	47	4 / 5	—
Yang 2018	Retrospective (III)	98 / 91	Modified	38	13 / 5	—
Saremi 2021	Retrospective (III)	68 / 26	Open	74	1 / 0	★
Horinek 2022	Retrospective (III)	70 / 188	Open	30	1 / 6	—
Hurley 2022	Retrospective (III)	41 / 26	Arthroscopic	55	5 / 2	★
Lima 2026	Matched cohort (III)	34 / 34	Open	90	5 / 2	★

Table 1. Characteristics and recurrence counts of the 8 included comparative studies. R, Bankart repair with remplissage; L, Latarjet; LoE, level of evidence. Recurrence counts are extracted from the primary trials (per Schrouff & Verlaan 2023, Table II; Limam 2026 from the primary report).

Risk of bias

All included studies were non-randomized comparative cohorts, which introduces the possibility of selection bias and confounding. In clinical practice, surgeons may be more likely to choose Latarjet for patients with greater glenoid bone loss, previous failed stabilization, or a higher perceived risk of recurrence. As a result, the two treatment groups may differ in their baseline risk of instability, making direct comparisons more difficult. In addition, the included studies varied in terms of Latarjet technique and patient characteristics. Therefore, the pooled findings should be interpreted as associations observed in comparative observational studies rather than definitive estimates of treatment effect. A further limitation is the inconsistent reporting of baseline characteristics across studies, which prevented a reliable pooled comparison of these variables.

Recurrent instability

Across the eight included studies, the pooled risk ratio for recurrent instability following Bankart repair with remplissage, compared with Latarjet, was 1.38 (95% CI

0.79–2.41). As the confidence interval crossed 1.0, the analysis did not demonstrate a statistically significant difference in recurrent instability between the two procedures. Although the point estimate was numerically in favor of Latarjet, this should be interpreted cautiously given the observational nature of the included studies, the potential for indication bias, and the wide confidence interval. Importantly, these findings should not be interpreted as demonstrating that the two procedures are equivalent or that one is non-inferior to the other, as clinically meaningful differences between the procedures cannot be excluded.

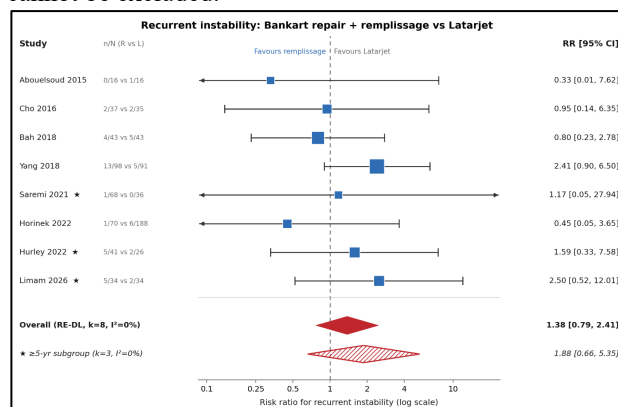


Figure 2. Forest plot of recurrent instability, Bankart repair with remplissage versus Latarjet (risk ratio, log scale; $RR > 1$ favours Latarjet). Marker size is proportional to study weight. Red diamond: overall random-effects estimate. Hatched diamond (★): five-year-or-longer subgroup.

Long-term (≥5-year) subgroup

The three studies followed to a mean of five years or beyond — Saremi, Hurley and Limam — gave a pooled risk ratio of 1.88 (95% CI 0.66 to 5.35; $I^2 = 0\%$), directionally the same as the overall estimate and again not significant. Durability of stability therefore appears comparable between the procedures out to the medium term, though the small event numbers leave the interval wide.

Revision and redislocation

Revisions due to instability were infrequent in each group and when revisions were done they were equally distributed across the two groups. In addition, the single Latarjet and the four Remplissage shoulders that required a revision in the longest followed matched cohort had the same rate of redislocations as the overall study population. The inconsistency of reporting on redislocations precluded combining them with those reporting on subluxations, thus the two are included in the endpoint on recurrent/instability.

Functional scores, motion and return to sport

The Rowe and Walch-Duplay scores did not show significant differences between treatment groups in all reports with these measures, while the subjective shoulder value had a small preference for Latarjet in the largest group (92 vs. 81). External Rotation is often noted as the primary disadvantage of remplissage, yet, the loss

of external rotation was trending slightly lower for the Latarjet reconstruction in terms of measuring at the side (with elbow flexion) though the results are variable depending upon whether patient's elbows are abducted to 90 degrees. Return to competitive levels occurred earlier in patients who underwent Latarjet compared to remplissage in the first post-operative year, but by the fifth post-operative year return rates equaled out. Most other outcome measures including WOSI, ASES and SANE have been reported in limited frequency and/or format variations sufficient to allow pooling in one table for comparison, thus they will be described individually.

Glenohumeral osteoarthritis

Degenerative changes will probably be the most dissimilar regarding process, as well as our data about degenerative changes is very limited. There is a single large comparative cohort with long term radiographic follow-up over five years that described Samilson-Prieto osteoarthritis in 7 of thirty-four Latarjet shoulders (21%), vs. one of thirty-four remplissage shoulders (3%) where all were grade 1. Although, while we could find nearly a statistically significant difference ($p = .054$); by that timeframe this difference produced no functional loss.

Study (year)	Follow-up (mo)	Remplissage age OA	Latarjet OA	Grading system	p-value
Limam 2026	90	1/34 (3%)	7/34 (21%)	Samilson-Prieto	0.054

Table 2. Radiographic glenohumeral osteoarthritis at long-term follow-up in the single comparative cohort reporting ≥5-year radiographic data. OA, osteoarthritis graded by the Samilson-Prieto classification; remplissage, arthroscopic Bankart repair with Hill-Sachs remplissage. No other included study reported radiographic degenerative outcomes beyond five years, so pooling was not possible.

Certainty of evidence

The certainty of evidence for recurrent instability, assessed using GRADE, was low. A certainty appropriate for observational studies provided the starting point; however, it was limited further by serious risk of bias (nonrandomized study design with baseline imbalance) as well as significant limitations due to small numbers of events resulting in considerable imprecision. Therefore, although we are confident about the lack of a major impact on recurrent instability, we cannot be sure what the exact size of this lack will be.

DISCUSSION

Across eight comparative studies, no statistically significant difference in recurrent instability was demonstrated between Bankart repair with remplissage and Latarjet. The pooled risk ratio of 1.38 had a confidence interval crossing 1.0, and the prespecified ≥5-year subgroup showed the same general direction (RR 1.88) but with even greater imprecision. These results indicate that a major difference was not demonstrated in

the available observational evidence, but they do not establish equivalence.

The numerical tendency toward fewer recurrences with Latarjet should be interpreted in light of confounding by indication. Surgeons may preferentially choose Latarjet for patients with greater bone loss, prior stabilization failure, or a higher perceived risk of recurrence. Conversely, selection of remplissage may also vary according to Hill-Sachs characteristics, surgeon preference, and patient factors. Because these baseline differences were not standardized across studies, the pooled estimate should not be interpreted as a causal treatment comparison.

Functional outcomes were broadly similar. Some measures, including subjective shoulder value and early return to competitive sport, favored Latarjet in individual reports, whereas external-rotation differences were inconsistent and dependent on the measurement position. None of these findings, considered in isolation, provides strong evidence for selecting one procedure over the other across all patient groups. Treatment decisions should instead incorporate bone-loss pattern, activity demands, previous surgery, surgeon expertise, and the known complication profiles of each technique.

The most clinically interesting long-term observation concerned radiographic degeneration. The single 90-month matched cohort reported more Samilson-Prieto grade-I osteoarthritis after Latarjet than after remplissage (21% versus 3%; $p = 0.054$). Although biologically plausible mechanisms can be proposed, this result is not statistically conclusive and cannot establish a causal relationship. The absence of functional deterioration further limits its immediate clinical significance. Prospective studies with standardized baseline radiographs, validated grading, patient-reported outcomes, and at least 10 years of follow-up are needed before any conclusion about differential degenerative risk can be drawn.

This review adds to previous systematic reviews by focusing explicitly on longer follow-up, prespecifying a ≥ 5 -year subgroup, and examining radiographic osteoarthritis when reported [Haroun HK et al.(2020), Gouveia K et al.(2021), and Schrouff CLJH et al.(2023)]. The present findings should be considered complementary to, rather than definitive over, those earlier syntheses.

STRENGTHS AND LIMITATIONS

Strengths of this review include the clearly defined clinical question, the prespecified primary outcome of recurrent instability, the planned subgroup analysis of studies with at least 5 years of follow-up, and the use of a random-effects model to account for differences between studies. The review also specifically considered long-term radiographic glenohumeral degeneration, which is an important outcome when evaluating the longer-term effects of these procedures. However, several limitations should be considered. All included studies were non-randomized comparative cohorts, with potential for selection bias, confounding by indication, and differences

in baseline patient characteristics. The studies also varied in Latarjet technique, patient selection, reporting of bone-loss characteristics, and assessment of secondary outcomes. In addition, only a small number of studies had long-term follow-up, with relatively few reported events, resulting in imprecise estimates. Long-term osteoarthritis could not be pooled because only one eligible cohort reported radiographic data beyond 5 years. These limitations reduce the certainty and generalizability of the findings, and the results should therefore be interpreted cautiously within the context of the available observational evidence.

CONCLUSION

Both the remplissage and the Latarjet procedures have been shown to provide comparable long term stability in controlling recurrent dislocation, however, there are minor and non-consistent functional differences that may favor an external rotation advantage to the Latarjet procedure. The most significant finding from this review was that there appears to be an increased incidence of glenohumeral osteoarthritis associated with the Latarjet procedure; however, this finding was based upon data collected from a single study with prospective long-term follow-up and should be viewed as generating hypotheses rather than providing evidence for clinical decision-making. Future research priorities include prospective studies utilizing a systematic grading system of degenerative changes.

Conflicts of interest: None declared

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Ethics: Ethics approval was not required, as this review analysed previously published, de-identified aggregate data with no direct patient contact or access to individual-level records.

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