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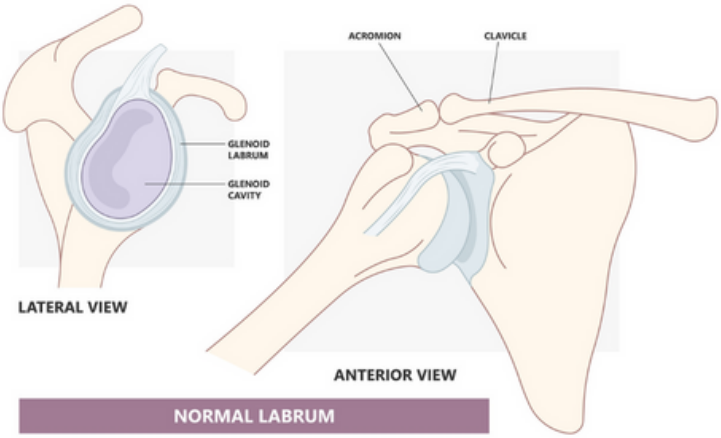
Patient Information Sheet
Latarjet Procedure (Open)

What's the Problem?

Your shoulder is a ball and socket joint. A soft tissue structure called the labrum deepens the socket, and helps to prevent the shoulder dislocating. In some people, a traumatic dislocation of the shoulder can tear the labrum, and results in the shoulder dislocating too easily. Over time, this can lead to multiple small dislocations and gradually wearing away of the glenoid bone (socket) of the shoulder.



How can you treat it?

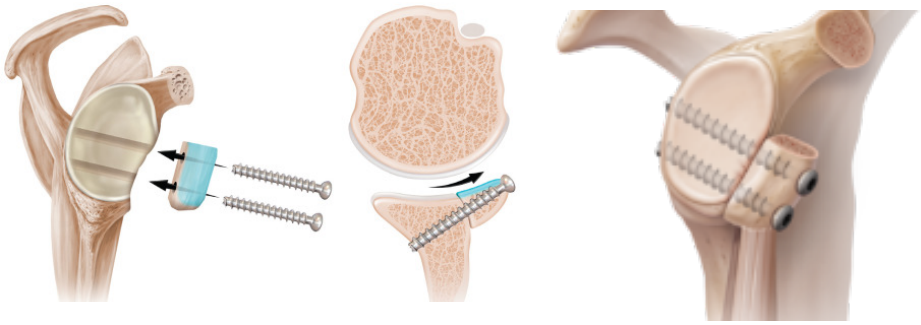
The first line of treatment is non-surgical. It includes:

- Taking pain relief
- Physio to strengthen the other muscles around the shoulder and help with shoulder stability
- Steroid injections can help to reduce inflammation in the shoulder

Ultimately, surgery is only reserved for patients whose shoulder pain and instability affects their life so much that they would rather have surgery than persist without.

The Operation:

An open Latarjet procedure involves transferring a portion of "spare" bone called the coracoid to the front of the glenoid (socket). This new piece of bone helps to recreate the curvature of the glenoid and therefore improves shoulder stability. In addition, the bone graft has a tendon attached to it (the conjoint tendon) which then provides further stability by acting as a sling over the front of the shoulder and preventing further dislocating.



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The whole procedure is done via an 8-10cm incision over the front of the shoulder. Screws are used to secure the coracoid bone graft and associated tendon. It takes approximately 60 minutes to perform.

The Anaesthetic:

You will be asleep for the duration of the operation (ie a general anaesthetic). The anaesthetist will talk to you about a nerve block before the operation, which helps with pain relief and generally lasts 24-48 hours. This is normally done while you are sedated/half asleep just prior to the operation.

What are the Risks of this Operation?

- **Infection:**
  Usually only a superficial wound infection to the top-most layer of the skin. In rarer cases a deep infection can develop and this is a serious complication that may require further surgery and exchange of the implants. Rare but serious, <1%.
- **Damage to the nerves and blood vessels around the shoulder.**
  Rare but serious, <1%
- **Clots – Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE).**
  These are very rare in upper limb surgery, and much lower when compared to lower limb cases like hip and knee replacements. Rare and affects <1%
- **Recurrent Shoulder Dislocation**
  Repeat dislocations after Latarjet stabilisation can occur in 5-10% of patients. Those at higher risk include patients who are ligamentously lax (double jointed) and younger athletes who return to sports with overhead activity or contact/collision athletes. It is important to adhere to the post operative rehabilitation protocol/restrictions to minimise the chance of failure
- **Bone Graft Non Union:**
  Although screws are used to hold the bone block (coracoid) in place, in some instances the bone may not unite together – approximately 5-10% of cases.
- **Return to Sport?:**
  Every athlete is different and return to sport rates vary. However generally 90% of patients will return to their chosen sport, and 80% will be able to return at their pre-injury level. These rates are lower when returning to collision sports like AFL.

Benefits:

Most patients will achieve a painfree shoulder with a functional range of motion and no further instability. Return to sport is generally possible.

What can I expect?

You will wake up with your arm in a sling after your surgery. If you have had a nerve block, you shouldn't feel any pain till the next day. The nurses will provide you pain relief and the next morning a physio will see you to go through some exercises you can do to help strengthen the muscles

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around the shoulder and stop the shoulder from becoming too stiff. These exercises will change over the next few months but you should try to do them regularly to maximise your rehabilitation.

Most patients spend one day in hospital after surgery, before going home. A number of allied health staff (physios, occupational therapists) will make sure you have adequate support at home before discharge. An appointment will be made for you for a wound check at 2 weeks, and another appointment with Mr Lau at 6-8 weeks with repeat XRs

Return to…?

- **Work**
  Depends what you do. Desk based work can be done from 2 weeks post operatively, if you can do these tasks single handedly. Otherwise generally 6-8 weeks before you can use both hands freely whilst seated.
  For manual work, it depends on what kind of lifting/pushing you do, but generally not before 3 months
- **Drive**
  In Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst you're in a sling, you cannot drive. Generally 6 weeks post operatively.
- **Sports/Hobbies:**
  - Swimming: breastroke at 12 weeks; freestyle at 18 weeks
  - **Golf:** usually requires significant rehab and time before adequate protection of the rotator cuff repair has occurred. Usually 4-6 months post op
  - **Non Contact Sports:** or sports where patients have control of their arm/body and can minimise the chances of a fall onto their arm with body weight (pilates, yoga, swimming, running, cycling, racquet sports, gymnastics, fencing, rock climbing)
    Consider breaking down these sports into components and commence gradual return with increasing progression of difficulty from 6 months
  - **Contact sports:** eg hockey, football, rugby, martial arts, BMX riding)
    As with non contact sports but with increased force and impact – need to train for unexpected impacts and ability to respond
    Do not commence before 9 months

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at admin@vbjs.com.au