



QUESTION | HOW DOES THE LATARJET PROCEDURE WORK AND WHY WOULD MY PATIENT NEED A LATARJET PROCEDURE RATHER THAN AN OPEN OR ARTHROSCOPIC STABILISATION?

The Latarjet procedure is an operation to stabilise the shoulder of an anterior dislocator when there is significant bony damage.

When one dislocates the shoulder damage to the following structures occur

- Labrum (a Bankart lesion)
- Capsule
- Glenoid
- Humeral head (a Hill Sacks lesion)
- Rotator Cuff (mainly in the older patient)

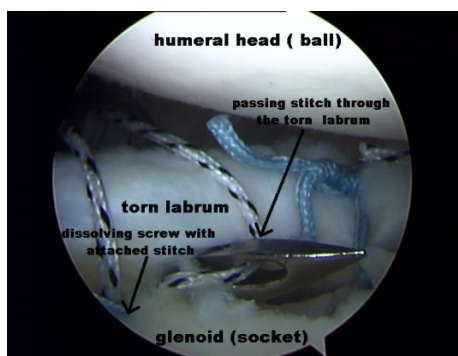


Torn labrum



Hill Sachs Lesion

In most cases when there is labral or capsular damage the shoulder can be stabilised with the standard arthroscopic or open surgery to repair the labrum and tighten the capsule



In cases where there is bony damage (to either the glenoid or the humeral head) standard operations are often unsuccessful if the bony damage is significant. To illustrate the problem take the analogy of a golf ball sitting on a tee

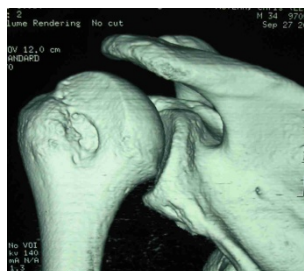


If the side of the tee breaks, the ball will fall off the tee. Similarly, in the shoulder, if more than 20% of the anteroinferior glenoid is missing then the standard labral repair will not give a stable shoulder. If there is a bipolar lesion, that is, loss of glenoid bone plus a bony defect in the Humeral head, then a glenoid lesion of between 10% to 20% may require a bony procedure.

The amount of bone loss is best determined on a 3D CT

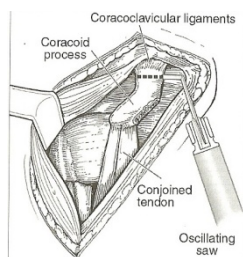


Glenoid bone loss

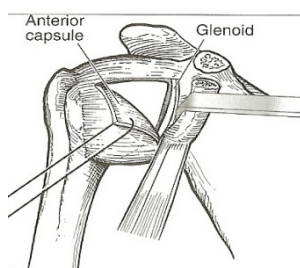


Humeral head defect

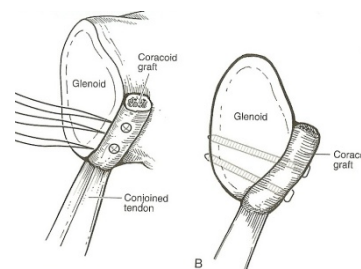
The principle of a Latarjet procedure is to cut and move the Coracoid bone with the conjoined tendon (coracobrachialis and short head of biceps) to the anteroinferior glenoid to compensate for the bony defect in the glenoid (to recreate the contour of the tee). The conjoined tendon also helps stabilise the shoulder by acting as a sling when the arm is abducted and externally rotated, stopping the humeral head dislocating anteriorly.



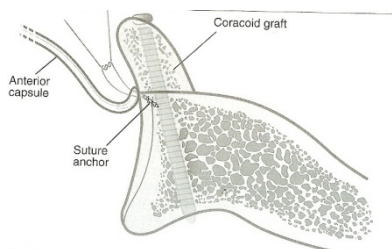
Cutting coracoid bone



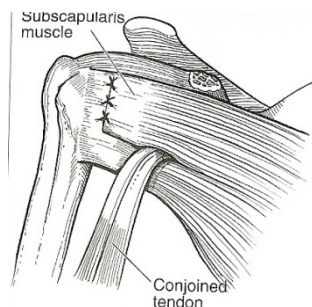
Moving coracoid & conjoined tendon to defect in glenoid



Attaching coracoid to glenoid with 2 screws



Axial view of glenoid screwed to coracoid



End result - conjoined tendon will cross over joint when arm is abducted and externally rotated

This operation is done utilising open surgery in most cases. It can be done arthroscopically but long term followup of the arthroscopic method is not yet available and there is a higher complication rate.

This operation, however, has a number of limitations which include

- High risk of nerve damage - mainly axillary and musculocutaneous nerves
- Hardware issues including non union of the graft.
- Increased stiffness
- Higher rate of long term arthritis

My indications for the Latarjet procedure are

- Instability when there is greater than 20% loss of anterior glenoid
- Instability when there is between 10% and 20% loss of anterior glenoid plus a moderate defect in the humeral head
- Instability where there is a significant defect in the humeral head alone
- After failed instability surgery in the contact athlete with or without bony damage.

Post operative rehabilitation is much the same as an open stabilisation. Six weeks in a sling followed by a graduated exercise program with no capsular stretches for 4 months. Avoid contact sports for 6 months.

Dr Jerome Goldberg