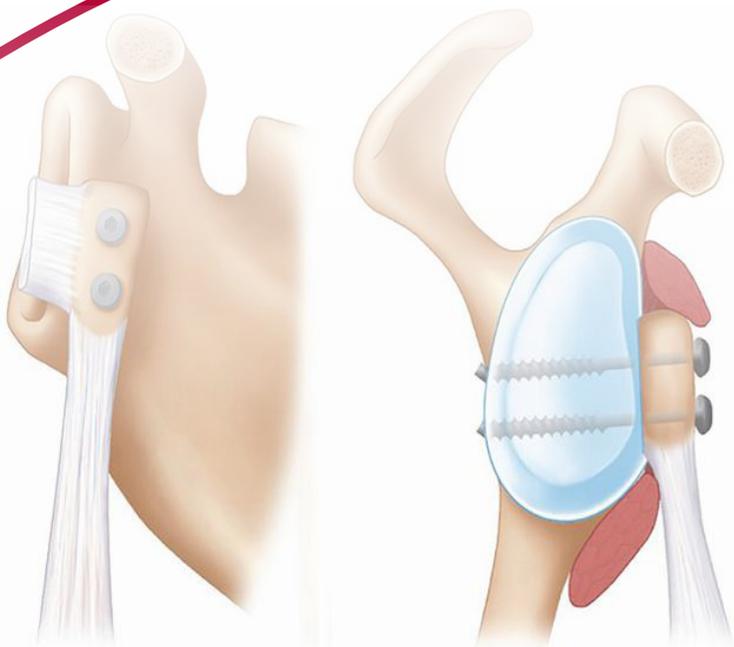


LATARJET SURGERY

The Latarjet procedure is an operation to treat patients who have shoulder instability. It is often used in patients who play collision sports, typically GAA or Rugby, who have sustained damage to the shoulder socket (glenoid) or the ball (humeral head) and have a high rate of dislocation. It has been used for many years and has the lowest failure rate of instability procedures particularly in patients who have sustained bone damage.



LATARJET SURGERY



SPORTS SURGERY CLINIC
Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries



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**Hannan
Mullett**
Shoulder Clinic

LATARJET SURGERY

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1
NIGHT

PROCEDURE

The operation generally involves a single night in hospital and is performed under general anaesthetic.

The shoulder is first inspected with a small camera (arthroscopy) to confirm the amount of bone damage and check for other injuries to the shoulder joint. An incision is made over the front of the shoulder (approximately 6cm). The shoulder joint is exposed and the bony fragment from the socket is excised. The coracoid bone is carefully prepared and shaped and attached to the socket using two screws. These are inert and do not need to be removed. The wound is closed with dissolvable sutures and covered with a waterproof dressing which allows showering. You can use your arm immediately for activities such as using phone and laptop, washing teeth and personal hygiene. A physiotherapist will give you some simple exercises before you leave the hospital.

3- 6
MONTHS

REHABILITATION

You wear a simple sling for a **3 week period**. Mr Mullett can advise you about return to driving which is generally at three weeks.

Six weeks – The patient may use the whole arm, including shoulder, for light activity.

Eight weeks – The patient may begin unrestricted, active use of the arm and shoulder.

Three months – Most patients are reasonably comfortable, have a range of motion about half of what is normal, and experience some weakness.

Six months – Most patients are pain-free (although they may experience pain during certain weather conditions), and have motion and strength which is returning to that of a normal level.

%

COMPLICATIONS

The surgery is performed under general anaesthetic. There is a small risk (<1%) of damage to nerves or blood vessels, infection or bleeding (haematoma) - which rarely needs a further operation. The surgery is successful in approximately 95% of patients. A small proportion of patients (<5%) develop recurrent instability following the procedure. Some patients have persistent discomfort which generally improves with time.

2-3
WEEKS

POST-OPERATIVE FOLLOW UP

The first post-operative visit is generally around 2-3 weeks. Mr. Mullett will check the wound and discuss the procedure and give you a physiotherapy referral and protocol. At four months a final review with xray is scheduled. Mr. Mullett in conjunction with your treating physiotherapist will be able to advise on return to training, contact and play.



LATARJET
SURGERY