

# Latarjet Surgery



Have you experienced the pain and disappointment of a failed shoulder stabilization procedure? If so, Latarjet surgery might be the solution you're looking for. Read on to find out why.

**"Only 4–5% of Latarjet recipients will experience another dislocation in the future."**

The Latarjet surgical technique was first published in 1954 by French surgeon Dr. Michel Latarjet. It is now widely accepted around the world as the most effective technique for treating anterior (frontward) instability of the shoulder coupled with loss of bone in the shoulder socket (glenoid). Latarjet surgery is often used for high-performance athletes who participate in sports with frequent collisions, such as rugby. It is also an option for people who did not have a successful outcome with earlier shoulder surgery.

## Why treatment is required

The shoulder is the most mobile joint in the body and therefore the least stable and most prone to dislocation. During a shoulder dislocation, there is a complete separation of the ball-and-socket joint. Dislocations can cause tearing of ligaments and damage to bones. Latarjet surgery can be used when there is bone loss and shoulder instability due to a previous shoulder dislocation or another type of injury or trauma.

Generally, more minor shoulder injuries can be treated with arthroscopic (keyhole) surgeries—like the Bankart surgery. However, when more bone is missing from the rim of the socket (shown with a 3D CT scan before surgery), arthroscopic repair procedures do not provide enough strength to ensure a stable shoulder. This is especially true if people want to return to contact or collision sports or other challenging professions like first response or the military. For these people, the Latarjet surgery restores the missing bone and secures the capsule, ligaments, and labrum.

## How treatment is performed

The Latarjet procedure involves taking a small piece of bone from the coracoid in a process called bone grafting. The coracoid is the small hook or beak-shaped bone that comes forward off the front of the scapula (shoulder blade). The piece of the coracoid is moved to the front edge of the shoulder socket to replace its missing bone. It is then fixed with two screws and sometimes a tiny metal plate so that it heals firmly to the front of the socket. This bone graft will act as a bumper to stop the ball joint of the shoulder from slipping out of place.

Two small tendons are also attached to the graft to reinforce the stability of the shoulder, forming a tendon sling. Finally, the torn soft tissues (labrum and capsule) are repaired with sutures (stitches). All of the bone and the two small transferred tendons remain in the shoulder, just a short distance from their normal position, without compromising the overall shoulder function.

This triple effect of replacing the lost bone, adding a tendon sling, and repairing the capsule and labrum is highly effective at stabilizing the shoulder and allows

the person to return to all activities with a very low risk of future instability.

## Risks and benefits

A number of recent studies show that the Latarjet procedure is highly effective at:

- » Correcting failed shoulder surgery
- » Rebuilding supportive structures
- » Addressing chronic instability
- » Preventing future shoulder dislocations

The risks of the Latarjet procedure are low. They include postoperative stiffness, pain, joint instability, and rarely infection or nerve damage. In some cases, the bone graft does not heal properly but fortunately, it does not affect the success of the procedure in preventing future instability.

## Physical therapy protocols

You will gradually ease into a routine of simple exercises that can be done at home. After about a month, it will be time to begin a program of physical therapy to build strength in the joint and extend your range of motion. It is important not to place excessive stress on the shoulder as it recovers. Once the bone graft heals (usually within six weeks), therapy can become more aggressive with the effort to return to work or sport.

## Pain control

A regional nerve block is administered using 20–40 mL of local anesthetic to “freeze” the area being operated on. The nerve block is long-lasting and works for approximately 12–18 hours after surgery. The anesthesiologist uses ultrasound guidance for the safe and effective placement of the medication for the nerve block.

As the nerve block gradually wears off, oral pain medications (pills or tablets) may be used to manage any discomfort. Dr. Romeo uses a variety of pain-control methods (multimodal analgesia), such as Tylenol Extra Strength (acetaminophen) and non-steroidal anti-inflammatory drugs such as Naprosyn (naproxen) or Mobic (meloxicam). Cold therapy or ice



**“Sport-specific rehab programs can begin after three months.”**

at the surgical site also helps reduce swelling, pain, and the need for medications. Dr. Romeo recommends using ice or cold therapy three to four times a day for 20 minutes.

Dr. Romeo provides each patient with specific instructions to manage any post-op pain, including enhanced recovery after surgery (ERAS) protocols. Dr. Romeo has managed thousands of surgeries and has detailed pain management plans for all of his patients. He is also committed to managing their pain responsibly to minimize the risk of opioid addiction.

## Recovery time

After a Latarjet surgery, you will be sent home with a sling to wear for at least four weeks. The sling will immobilize your arm and allow your shoulder joint to heal. Swelling is a normal part of the healing process and it will initially restrict your range of motion.

At eight to twelve weeks, light weight-lifting exercises can begin. Sport-specific rehab programs can begin after three months.

## Results

The surgery has a very low incidence of additional surgery being needed. Only 4–5% of Latarjet recipients will experience another dislocation in the future, even with a return to high-risk sports.

## FAQs

### How long does a Latarjet procedure take?

A Latarjet procedure typically takes less than ninety minutes to perform. This procedure is done on an outpatient basis, meaning that the person will go home the same day.

**Want to learn more?** Find relevant videos, animations, and research material related to this procedure at [anthonyromeomd.com](http://anthonyromeomd.com). →



*For more information about the Latarjet solution for previous failed shoulder surgery, please request an appointment with experienced Chicago orthopaedic surgeon Dr. Anthony Romeo.*

**Call our office today to schedule your visit. 331-777-9827**