

Patient Information Laterjet Procedure

Bristow-Latarjet– What is the problem?

Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it. The most important muscles for this purpose are your rotator cuff muscles. These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your shoulder joint. The shoulder is a ball and socket joint. Some injuries to the shoulder can dislocate it forwards. This is quite common, especially amongst young people who play ‘contact’ sports. When the shoulder is dislocated the muscles around the shoulder will try and pull the arm back into the socket. When this happens it can sometimes damage the ‘ball’ part and/ or the “socket” part of the shoulder joint. This can cause the shoulder to dislocate more frequently.

My indications for the laterjet 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.

Bristow-Latarjet Operation – What is it?

This is an operation to make the shoulder more stable. It involves a piece of bone called the ‘coracoid’ which is attached to the front of the shoulder blade. The coracoid is removed and reattached to the front of the socket, near to the joint, therefore helping to stop the shoulder from dislocating.

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

How is it done?

The operation will be done in the traditional way (open), it will leave a scar about 7cms in length along the front of your shoulder, along the bra (or vest) strap line. During your operation they will also examine your shoulder joint. You will probably have pain after your operation - You will be given painkillers to help manage this.

What happens before I come into hospital?

This information will help you prepare for admission to hospital. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.

Dr Ratahi operates at both Kensington Hospital and Northland Orthopaedic Centre. If you do not go home on the day of your surgery, it will be done at Kensington Hospital.

All our staff are friendly and available to help answer any questions that you may have at any stage of your treatment.

Pre-assessment

If there are concerns around your fitness for an anaesthetic you may be asked to attend a pre-assessment. This is a medical examination made by the anaesthetist who works with Dr Ratahi to make sure you are well enough for surgery.

Transport

Patients are responsible for their own transport to and from the hospital. You will be informed of your admission and discharge date in advance so that you can arrange for a relative, friend or taxi to transport you.

What happens on the day of surgery?

On the morning of your surgery you will be greeted by the staff at the hospital reception on your arrival. Before being taken to the theatre suite you will be greeted by the nursing staff who will be looking after you and ask you to change into a hospital gown to get you prepared for theatre. You will be assessed by Dr Ratahi and the anaesthetist to perform a final check that you are fit for surgery and answer any questions you may have. You will be asked to sign a form giving your consent to the operation. You will then go to theatre, accompanied by a nurse where your personal details and the operation will be confirmed before you are given an inter-scalene nerve block and a general anaesthetic.

Inter-scalene Nerve Block

An inter-scalene block is an injection of local anaesthetic around the nerves that supply your arm. The purpose of the injection is to provide pain relief for the operation. When you wake up from the general anaesthetic the shoulder and upper arm will be numb. Inter-scalene block is offered for shoulder surgery because it is the best form of pain relief for this procedure in the first 24 hours after the operation. It is important that you are aware that it is not the only method for providing pain relief for this type of operation and also that it does not affect what the surgeon will do. Your anaesthetist will discuss the pros and cons of this procedure as well as the possible complications and alternatives with you on the day.

Important Information and Disclaimer – Outcome of Surgery

The goals of surgery are discussed with you prior to the procedure; however, it is important to understand that these goals cannot be guaranteed in every case. In particular, improvement in pain levels may not be achieved, and in some cases symptoms may persist or change despite surgery.

Surgical outcomes may vary depending on individual factors, the nature of the condition, and findings at the time of surgery.

While imaging studies (such as MRI or CT scans) are an important part of preoperative assessment, they do not always fully reflect the condition of the tissues. Findings at surgery may differ from those reported on imaging, and intraoperative findings will guide final decision-making and treatment.