

# Latarjet Stabilisation Advice Sheet

A Latarjet procedure involves moving a piece of bone (coracoid) and its attached tendons (conjoined tendon) to the front of the socket of the shoulder (Glenoid). This is done through a 5-10cm incision in the front of your shoulder. After the bone surfaces are freshened to allow for healing, the coracoid is fixed to the glenoid using screws. You are then brought through a period of protected rehabilitation. The operation typically requires one night in hospital and a general anaesthetic.

If you have any specific concerns please ask either in the clinic or at the time of consent pre-operatively. It may be helpful to write any questions you may have down prior to your consultation or when we review you on the morning of surgery. You may wish to educate yourself regarding your shoulder condition and in addition to our own website [www.dmorthopaedics.ie](http://www.dmorthopaedics.ie), we recommend the website [www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk) and the BESS website for this purpose.

Post operatively I will explain the findings and advise you of the likely post operative recovery. In general however the following applies:

## Sling:

You will require the sling in bed and when outside your home for 6 weeks. The sling can be removed for hygiene and for physio directed exercise.

## Driving:

You may be able to drive an automatic after 2-6 weeks. If you have a manual, return to driving will take at least 6 weeks. It is important you advise your insurer of your surgery and that you are sensible about returning to driving. We would advise that you try driving in a safe environment first before returning to the road.

***DO NOT DRIVE OR WORK MACHINERY IF TAKING NARCOTIC PAIN MEDICATION***

## Physiotherapy:

Physiotherapy is an essential part of all shoulder surgery. It is important you engage fully with a physio program post operatively. In general you will be seen by a physiotherapist before discharge from hospital but you should seek to see a physio comfortable with managing shoulder problems in a unit convenient to you within the first week or two post operatively. We would advise you make such arrangements prior to your operation. There is some guidance for physios on our website but seeking someone experienced in shoulder problems is wise.

## Pain Control:

You will require pain relief post operatively and a prescription will be provided for you on discharge. This will include a range of medication depending on the usual requirements for your operation.

***PLEASE LET US KNOW OF ANY ALLERGIES OR MEDICATION INTOLERANCES IN ADVANCE OF SURGERY***

In general taking pain medication regularly for the first 5 days is recommended. After this your requirements are likely to reduce. Remember that physiotherapy may cause some pain and so taking some pain medication in advance of sessions is wise. Finally, do not underestimate the ability of simple measures to impact significantly on pain relief.

A good example of this is cryotherapy (ice packs). There are several on the market and your local pharmacy will be able to guide you. In general, the simpler the better. If a cryotherapy device is complex for you to put on, you are less likely to use it! Often a simple bag of frozen peas is as good as any. Be careful to protect your skin with a towel or similar as direct application of cold packs may damage your skin.

Our anaesthetic team may offer you a pre-operative nerve block. This does help with post op pain control and your anaesthetists will discuss the risk/benefit of it with you. Where a block is administered, post-operative pain control is usually good but the duration will be limited so it is important that you take your pain medication before the block wears off. Pre loading your systemic pain control in this way will prevent you from getting sudden onset of severe post-operative pain when the block wears off.

## Wounds and Follow up:

Dressings should be changed at 5 days. We typically use metal skin staples for wound closure. Please see your GP at the 2 week post op mark for removal of sutures. It is recommended that you arrange this with your family doctor preoperatively so as to avoid late removal of sutures which can be uncomfortable. Where there are concerns regarding your wounds please contact my office and we will arrange an early review if necessary. We typically review patients at week 6 and week 12 with x-rays at those time points to confirm coracoid position.

## Return to work:

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If wearing a sling precludes you from doing your job then obviously the above time frames related to the sling requirement will dictate your return to work. Likewise inability to drive may dictate this also. Otherwise for most desk jobs 2 weeks should suffice to allow for pain control and early mobility. For heavy manual work you are likely to require at least 12 weeks out of work. Please be conscious of this and make plans for help to be available for the postoperative period. No matter how well the surgery goes, if you challenge the reconstruction too severely in the post operative period you may disrupt it prior to healing having been completed. Adhering to the post operative physio plan and doing enough but not too much rehab is key to a successful outcome in the end.

## Return to Sport:

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This will be a minimum of 3 months. Loading the coracoid is possible after a minimum of 6 weeks and building strength only happens after that. Comfort in lifting may take several months. Contact sport will take 16-18 weeks. Make sure you have the necessary range of motion and strength for your chosen sport prior to returning to play. Your physio will guide you on this.

## Risks of surgery:

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In general it is important to remember that while controlled, surgery is in and of itself an injury. Inflammation, pain, stiffness and swelling are natural reactions to injury and while we will attempt to minimise the effects of these, post operative pain and frustrating early lack of function are completely normal for the post operative period. Discomfort typically gets better over time. If you are not seeing an improvement or indeed your pain is worsening, or if swelling and redness are developing then you should let us know early so that post operative complications such as infection or bleeding can be dealt with as soon as possible.

Complications specific to the Latarjet will be discussed with you at the time of your consultation and again on the day of your procedure during the consent process. These include infection, bleeding, nerve and vessel injury, instrument failure, fracture (particularly of the coracoid graft) and the risk of post-operative capsulitis (frozen shoulder). It is possible that the coracoid does not heal to the glenoid which can cause pain and/or recurrent instability. All instability procedures are risk reduction rather than risk elimination procedures. The Latarjet is no different and the recurrence rate is in the order of 5%.

In addition to the surgical complications there are potential complications relating to the anaesthetic such as disorientation, nausea or rarely heart or lung problems including chest infections and heart attack. There is also a very small risk of stroke. Where a nerve block is used, there is the potential for nerve injury or infection around the nerve.

While clots in upper limb surgery are very rare, they do sometimes occur in either the legs or arms. Even more rarely these clots can migrate to the lung which is a serious and sometimes fatal event. Anticoagulants (medication to prevent clots) are rarely required in upper limb surgery but this will be assessed based on any other risk factors you might have.

For further information please consult our website [www.dmorthopaedics.ie](http://www.dmorthopaedics.ie). You can also call us during office hours on 089-4004995 or email us on [info@dmorthopaedics.ie](mailto:info@dmorthopaedics.ie). In case of emergency there will always be a member of the orthopaedic team on call in Tallaght hospital so you may attend the A/E there and look to be seen by orthopaedics on call. In addition there are A/E facilities in the Blackrock clinic which may be able to help you and who will liaise with us as necessary. If you are based outside Dublin and require urgent review please contact your GP or your nearest A/E.

