Kaliper Orthopaedics

Dr Kalman Piper

MBBS FRACS (Orth) FAOrthA
Orthopaedic Surgeon
Arthroscopic & Open Shoulder Surgery
Trauma Surgery

PATIENT INFORMATION

The Latarjet procedure

An open operation to stabilise a shoulder that keeps dislocating. What to expect, and how to look after your shoulder afterwards.

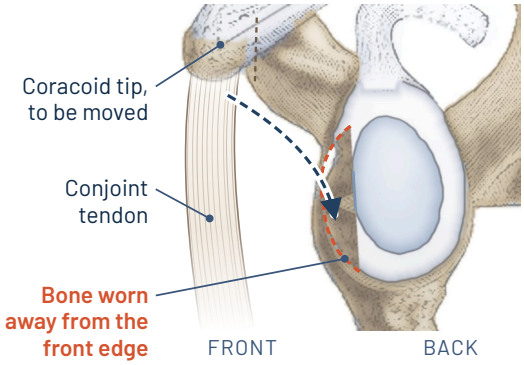
IN HOSPITAL	SLING	DRIVING	DESK WORK	CONTACT SPORT
Usually 1 night	**4 weeks**	**About 5 weeks**	**About 6 weeks**	**About 4½ months, after a CT scan**

About your operation

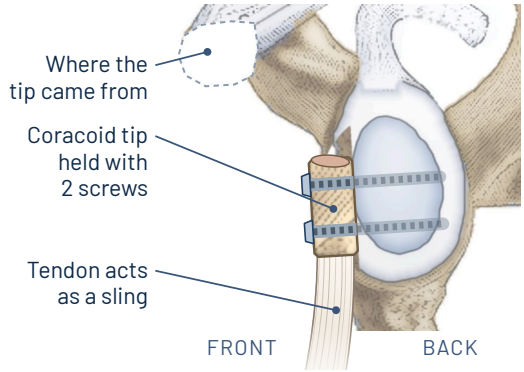
Your shoulder is a ball and socket joint with a shallow socket. When a shoulder dislocates again and again, two things can happen. The soft rim around the socket (the labrum) tears, and bone can be knocked off or worn away from the front edge of the socket. With less bone, the ball slips out more easily.

A soft-tissue repair alone often isn't strong enough when bone has been lost, or when an earlier repair has failed. The **Latarjet procedure** rebuilds the front of the socket with bone.

Worn socket
Looking into the socket



After the Latarjet
The coracoid tip screwed on



Looking into the socket from the side. Left: bone lost from the front edge, with the coracoid and its tendon in their normal place. Right: the coracoid tip fixed into the gap with two screws.

Dr Piper does the Latarjet as an **open operation**, through a short cut at the front of the shoulder. A small piece of bone called the **coracoid**, with a tendon still attached, is moved to the front of the socket and fixed with **two screws**. It works in three ways:

- **More bone.** The block makes the socket wider, so the ball has a bigger platform to sit on.
- **A sling effect.** The attached tendon wraps across the front of the joint when your arm is up and out to the side, the position where shoulders usually dislocate.

- **A tighter capsule.** The lining of the joint is repaired as well.

Before your operation

- The hospital will tell you when to stop eating and drinking.
- Tell us if you take blood thinners, weight-loss or diabetes medicines. Some medicines need to be stopped before surgery. Discuss this with your anaesthetist.
- If you smoke, try to stop. Smoking slows bone healing.
- Bring loose, front-opening tops. Button-up shirts are much easier with a sling.
- Arrange for someone to drive you home and stay with you the first night.
- Set up the things you use every day at waist height, so you don't have to reach up.

In hospital

The operation is done under a general anaesthetic. The anaesthetist usually adds a **nerve block** to numb the arm. Your arm may feel heavy and numb for 12–24 hours afterwards. This is normal. Keep it in the sling until the feeling comes back.

Most people stay one night.

Going home: you need someone to take you home from hospital and stay with you for the first night.

Pain relief

Your shoulder will be sore for the first week or two. The aim is to keep the pain low enough that you can sleep and do your exercises.

- **Start your pain tablets before the nerve block wears off**, usually the evening of surgery.
- **Paracetamol** (for example Panadol): 2 tablets (1 g) up to 4 times a day. No more than 8 tablets in 24 hours. Keep taking it until you no longer need any of the stronger tablets.
- **Anti-inflammatory tablets**: only if your anaesthetist says they are safe for you.
- **Stronger pain tablets**: the anaesthetist may give you a script for the first few days. Take them only as directed and stop as soon as you can. Don't drive or drink alcohol while you take them.
- Strong pain tablets can cause constipation. Drink plenty of water and use a gentle laxative if needed.

Ice packs help for the first 3 days. Use them for 20 minutes at a time, wrapped in a cloth. If ice stops helping, try a warm pack instead.

Sleeping is often easier in a recliner, or propped up in bed with pillows behind you and a pillow under your elbow.

Your wound

- Keep the dressing clean and dry until your first visit.
- The dressing is waterproof, so you can shower. Afterwards, gently pat the dressing and the skin around it dry.
- The stitches dissolve. They don't need to be removed.

- Don't soak in a bath, spa or pool until the wound has fully healed.

Your sling

WEAR YOUR SLING FOR 4 WEEKS

- Wear it day and night, including the waist strap.
- Only take it off to do your exercises and to shower.
- In the shower, let your arm hang loosely by your side. Don't use it to wash.
- You can type and use a computer with the arm resting on the desk or in the sling.

Driving. By law, you must not drive with your arm in a sling, or while you should be wearing one. You can drive once the sling is off and your shoulder moves well enough to put both hands on the steering wheel and turn it quickly in an emergency. This is usually around a week or so after the sling comes off. Don't drive while you are taking strong pain tablets.

Exercises and physiotherapy

- **Weeks 0–4:** gentle exercises guided by your physiotherapist, starting in the first week or two. Keep your elbow, wrist and hand moving too.
- **Weeks 4–8:** the sling comes off and you start using the arm yourself, a little more each week.
- **From 8 weeks:** strengthening starts.

Exercises should not cause severe pain. If they do, stop and talk to your physiotherapist.

Your recovery

WHEN	WHAT YOU CAN DO
0–4 weeks	Arm in the sling. **No driving.**
4 weeks	Sling off. Start using the arm for light everyday tasks.
About 5 weeks	You can usually drive again.
8 weeks	Light manual work, and back to the gym and swimming, lifting no more than 5 kg.
3–4 months	Non-contact sport.
About 4½ months	Heavy work and contact sport, once a CT scan confirms the bone block has healed.

Returning to work

TYPE OF WORK	WHEN
Desk or office work	About 6 weeks
Light manual work	About 8 weeks
Full duties	About 4½ months, once a CT scan shows the bone block has healed

Light manual work means lifting no more than 5 kg, no work above shoulder height, and no repetitive shoulder movements such as digging or sweeping.

These times are a guide only. They depend on your job, and on what Dr Piper finds and repairs at your operation. Check with him before you go back.

Your appointments with Dr Piper

- **About 2 weeks after surgery:** Dr Piper explains the operation, checks your wound and looks at how your shoulder is moving.
- **About 6 weeks after surgery:** an x-ray of the screws, and a check of your movement.
- **About 4½ months after surgery** (3 months after your 6-week visit): a **CT scan** to confirm the bone block has healed before you return to heavy work or contact sport.

Possible risks

The Latarjet is a bigger operation than a keyhole repair, so the risks are a little higher. In return, the chance of the shoulder dislocating again is much lower. Dr Piper will talk about the risks that matter for you.

- **The shoulder slipping out again.** Much less likely than after a keyhole repair. About 3 in 100 people dislocate again, and up to about 8 in 100 have some feeling of instability.
- **Losing a little outward rotation.** Common, and usually doesn't affect everyday use.
- **Nerve injury.** Two nerves run close to the operation. Stretch injuries are uncommon and usually recover.
- **Problems with the bone block or screws.** The block may not heal, may shrink over time, or may break after another injury. Screws can loosen or become irritating and may need removing once the bone has healed.
- **Infection.** Uncommon, and a little more likely than after keyhole surgery.
- **Stiffness.** Normal at first, and improves with physiotherapy.
- **Complex regional pain syndrome (CRPS).** A rare condition causing pain, swelling and stiffness in the hand.
- **Anaesthetic risks.** Your anaesthetist will discuss these with you.

CALL US STRAIGHT AWAY IF YOU HAVE

- a temperature over 38°C, or you feel hot and shivery
- a wound that is red, hot, swollen or leaking
- pain that keeps getting worse and isn't helped by your tablets
- a hand that is cold, pale or blue, or numbness that hasn't gone 24 hours after surgery
- pain or swelling in your calf

Call the rooms on **(02) 9113 0606**. After hours, go to your nearest emergency department. **If you have chest pain or trouble breathing, call 000.**

Questions? Call the rooms on (02) 9113 0606 or email reception@kaliper.com.au.