

BONE DEFICIENT SHOULDER INSTABILITY: LATERJET PROCEDURE

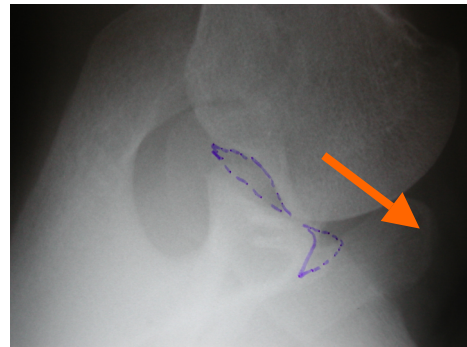
In shoulder instability there can be loss of bone on the socket, humeral head or both.



1. Glenoid bone loss.



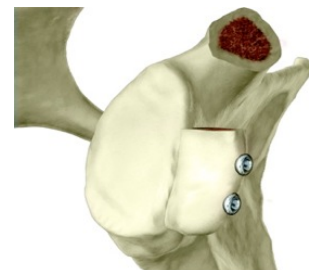
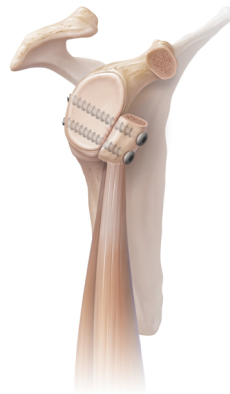
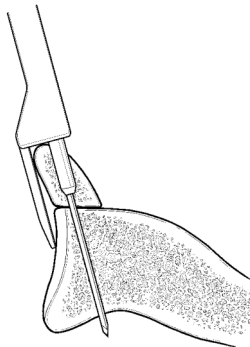
2. Hill-Sach's Lesion.



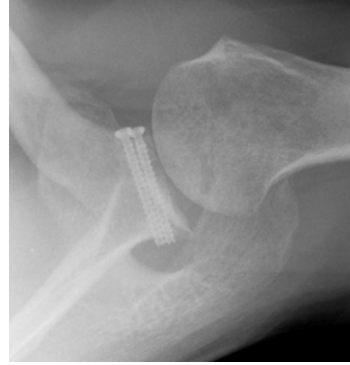
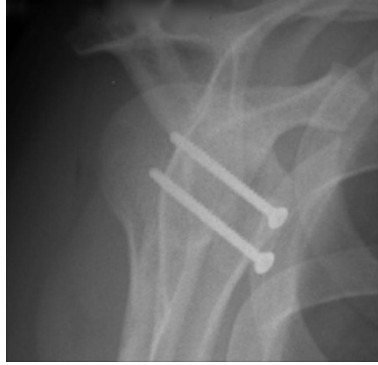
3. Interaction of bone defects.

The failure rate for arthroscopic soft-tissue stabilisation in contact athletes with bone defects has been reported at 2/3. *Arthroscopy*. 2000 Oct;16(7):677-94 Burkhart SS, De Beer JF.

Addressing the bone defects with a glenoid bone graft reduces the recurrence of instability. My preferred technique is the Laterjet procedure. This technique fixes local coracoid bone graft with attached tendons to the anterior glenoid neck.



This is performed as an open procedure +/- arthroscopy. The procedure takes approximately 2 hours to perform. Most patients stay 1 night in hospital. This is a salvage procedure for difficult instability cases. The risks are small but include infection, stiffness, bone graft non-union, nerve injury, recurrent instability and screw complications requiring removal. Pain-killers are required for the first week after surgery. Waterproof dressing are used to allow early showering. Sutures are removed 10-14 days post surgery.



The post-operative rehabilitation requires immobilization in a sling for 6 weeks, performing elbow range of motion exercises only. Shoulder motion begins 6 weeks after surgery. A strength program commences 10 weeks after surgery. Return to pre-injury activity takes approximately 6 months.