

Latarnet Surgery

The problem:

Anterior shoulder instability.

Reason for treatment:

Recurrent anterior shoulder instability with a lack of bone or soft tissue making arthroscopic surgery less successful.

The treatment:

Surgery is done using an open incision between 3 and 5 inches long. A one-inch segment of a bone called the coracoid is cut and transferred to the area where the bone and soft tissue is deficient on the front of the glenoid (socket). This segment of bone has a tendon attached to it which also serves as a wall to prevent the ball (humeral head) from dislocating. The transferred bone is held in place using two screws.

Day of surgery:

The patient arrives 2 hours before the procedure to meet the operative team and get situated. A catheter is placed in the patient's vein (IV) to give medicine during and after the surgery. The patient is put to sleep for surgery. The surgery itself takes about one hour, but the setup time in the operating room and the takedown time add one half hour to an hour. The surgery is done with the patient in the sitting position, so care is taken to position the patient appropriately. The patient stays in the recovery room for 1-2 hours after surgery. Patients go home on the day of surgery.

After surgery:

The patient wears a sling for 2-4 weeks. The incision is kept dry for 7 days. Sponge baths are appropriate. The sling is removed only to take a bath or shower and when sitting/standing while awake and away from crowds. It should always be worn when asleep for the first 4 weeks. Exercises start 4 weeks after surgery. Recovery is usually complete at 4-6 months.

The shoulder is painful for several days and is uncomfortable for 2-3 weeks. Pain is managed with ice and narcotic pain medication. Narcotic pain medication is stopped by the 4th to 6th week after surgery. Anti-inflammatory medication may start at 4-6 weeks if needed.