

**Latarjet**  
Hussein Elkousy, MD  
Fondren Orthopedic Group  
7401 South Main St.  
(713) 799-2300

The problem:

Anterior shoulder instability.

Reason for treatment:

Recurrent anterior shoulder instability with a break (fracture) of the socket bone (glenoid) of the shoulder.

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 glenoid is broken. 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) in order 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. Most patients stay overnight in the hospital for pain control.

After surgery:

The patient wears a sling for 2-4 weeks. The wound 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. Physical therapy is started after 4 weeks if needed and continues for 3 months. Recovery is usually complete at 4-6 months.

The shoulder is very painful for several days and is uncomfortable for several weeks. Pain is managed with ice and narcotic pain medication. Narcotic pain medication is stopped by the sixth week after surgery. Anti-inflammatory medication may be started at 4-6 weeks if needed.