

ARTHROSCOPIC LATARJET: CAPSULE PRESERVING TECHNIQUE

Felix H. Savoie III, MD & Michael O'Brien MD
Tulane Institute of Sports Medicine
Tulane University
New Orleans, LA, USA

DISCLOSURES

- Royalties/Stock: none
- Boards: Arthroscopy Journal BOT; OLC- Chicago, J Wrist Surgery , AANA-EF
- Consultant: Smith & Nephew, Mitek, Rotation Medical, Exactech

EVALUATION

Bernageau view



CT scan



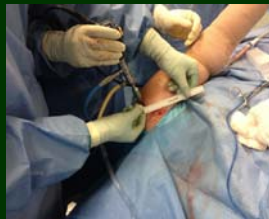
ARTHROSCOPIC ASSISTED TECHNIQUE

- Beach chair or lateral decubitus rolled back about 45°
- Harvest coracoid open and split subscapularis open to see capsule
- Switch to arthroscopy for intra-articular viewing
- Allows capsule repair over the graft



OPEN HARVEST OF CORACOID

- **Small incision inferior to coracoid**
- Harvest and attach to holder
- Dilate tunnel through subscapularis muscle belly



OPEN HARVEST OF CORACOID

- Small incision inferior to coracoid
- **Harvest and attach to holder**
- Dilate tunnel through subscapularis muscle belly



OPEN HARVEST OF CORACOID

- Small incision inferior to coracoid
- Harvest and attach to holder
- Dilate tunnel through subscapularis muscle belly



JOINT PREPARATION

- 3 Portals: AS, AI, Posterior
- Release capsule medially and inferiorly: create a large healing bone surface for the graft
- Percutaneous retractor to pull capsule laterally and expose the subscapularis muscle belly

PREPARATION

- Debride anterior glenoid and remove all soft tissue attachments
- Must also remove old sutures and ? anchors



BONE LOSS: PREPARATION

- Must be able to retract the capsule laterally and expose subscapularis muscle belly
- Can use switching stick from posterior or crochet hook from anterior-superior



USE CORACOID HOLDER TO PUSH GRAFT INTO JOINT

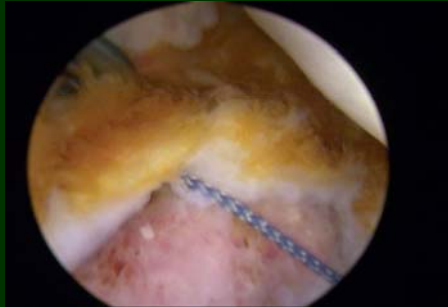
- Start with the open visualization
- Slip graft under laterally retracted capsule
- Arthroscopic observation of graft position

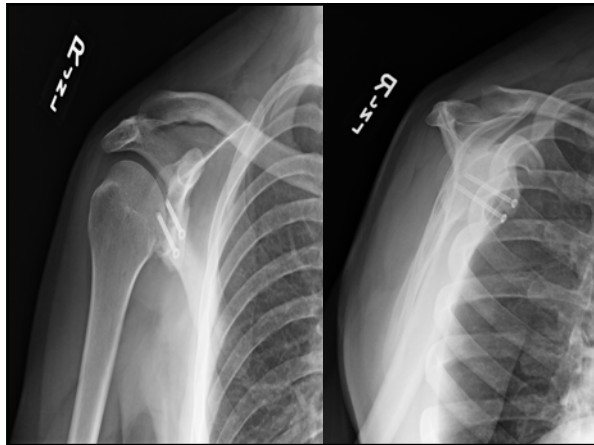


ARTHROSCOPICALLY ASSISTED LATARJET WITH REPAIR OF CAPSULE



REPAIR CAPSULE OVER BONE FOR CORACOID or ICBG





TULANE TECHNIQUE: RESULTS

- 24 Patients
- Stability excellent
- Surgical time 64 minutes
- 2 complications: one transient MC neuropathy, 1 screw erosion (technical error: too close to articular surface)



CONCLUSIONS

- Anatomic restoration (Caspari principle) provides excellent results - key is to correct *ALL* pathology - sometimes this means bone restoration
- Combined technique seems useful with current available equipment.

THANK YOU
