

**What To Do With Failed Arthroscopic Bankart Repair:
The Laterjet Procedure**

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4/26/2019



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Disclosures



- Consulting
 - Mitek
- Committee Member
 - AAOS, AOSSM,
- Journal Reviewer
 - AJSM, JSES, JBJS
- Clinical Trial Support
 - Zimmer
- Grant Support
 - DoD, OREF, Institutional funding
- Institutional Support
 - Zimmer, Stryker, Synthes, Smith & Nephew




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Outline

- Background
 - Define the problem
- Evaluation
 - Patient
 - Pathology
- Management: Laterjet
 - Surgical technique
 - Cases (patient selection)
 - Outcomes
- Conclusions

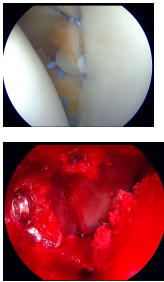


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Background

- Anterior shoulder dx is common
 - 1.7% of population
 - Males, 2nd – 3rd decade
- Most frequent tx options
 - NO-SX (we are surgeons)
 - Arthroscopic Bankart
 - Coracoid transfer
- ❖ True dichotomy exists




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What is a Failed Stabilization?

- The patient re-dislocates?
- The patient subjectively reports "unstableness"?
- X-ray/CT/MRI demonstrate continued pathology?
- The patient demonstrates a poor PRO?
- The patient cannot return to sport?
- The patient cannot return to work?
- A second opinion surgeon tells them they are unstable?

- a) One of the above
- b) all of the above
- c) A combination of the above
- d) None of the above



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Evaluation (Patient)

Define expectations

- ✓ What symptoms are we eliminating? (pain, instability, both)
- ✓ What are the goals? (sport, work, Valsalva)

What are their barriers to success

- ✓ PT compliance
- ✓ Return to activity compliance
- ✓ Narcotics
- ✓ Oddities (Brockmeier)



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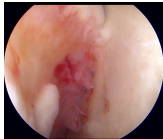
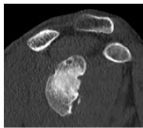
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Evaluation (Pathology)

Phone a friend

- X-rays, CT, MRI, MRA
- All of the above if needed
- Contralateral side


- ❖ Careful EUA
- ❖ Start with a camera
- ❖ Beware bipolar lesions
- ❖ Respect the track



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'20-second TO'



However...

1. This is not simple
2. This is not easy
3. May require imaging of the other side
4. Still only remains a static measurement


But...
This is a great start!

You wanna know about this ahead of time

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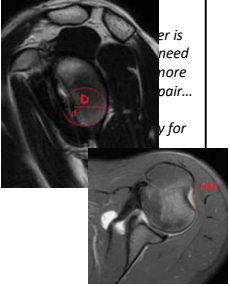
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Glenoid Track: How to Measure



Answer Key


- D: Diameter of inferior glenoid (obtained via best fit circle)
- d: width of anterior glenoid bone loss
- GT: glenoid track
- HS: Hill-Sachs
- HSI: Hill-Sachs Interval




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y for

- GT Calculation
 - $GT = 0.83D - d$
- HIS Calculation
 - Width of Hill-Sachs + bony bridge from lateral aspect of HS to cuff
 - AKA medial HS to cuff




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Management (Laterjet)




- Michel Laterjet 1954
- Numerous techniques/modifications
 - Screw number
 - Bone block orientation
 - Can be performed arthroscopically
- Highly Successful (low re-dx rate)
 - Primary or revision procedure
 - Range of complications
 - Naysayers are just jealous






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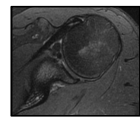



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Cases



- 22 yo M college student who has recurrent sensation of instability of L shoulder
- Shoulder “comes out of place” at night
- Previous arthroscopic Bankart in 2014

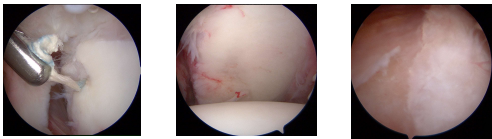






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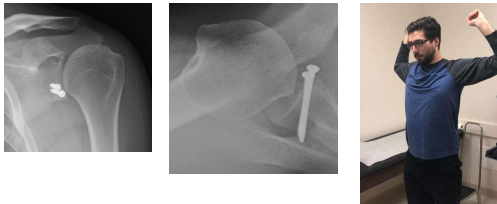
Cases



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Cases



❖ 2 years s/p Laterjet

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Case

- 16 yo M HS footballer player s/p re-dislocation following an arthroscopic Bankart repair 14 months prior
- Original surgery performed following one dislocation
- FOOSH while playing basketball
- No ligamentous laxity



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Case



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Case




❖ 9 months s/p Laterjet

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What Does the Literature Tell Us?

- ✓ Successful
 - OTRS 2015, OJSM 2018, etc
- ✓ Return to Sport
 - Ranalletta et al Arthroscopy 2018
 - 95% RTP
- ✓ Off-track lesion (w/ subcritical bone loss)
 - Yang et al AJSM 2018
 - Better than remplissage
 - Revision surgery, collision athletes, or >10% bone loss
 - Higher complication rate



"My pudding tastes better because it has proof in it!"



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Conclusion

- The Laterjet procedure is safe and effective for preventing recurrent instability in the previously
- C
- M
- A

outcome



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Thank you



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