













LNH SPORTS INJURY SYMPOSIUM



Advanced Shoulder Arthroscopy Workshop



NATIONAL SPEAKERS

at Liaquat National Hospital & Medical College

COURSE CHAIRMAN Dr. Khalid Mahmood Shah

COURSE DIRECTOR Dr. M. Sufyan

COURSE CO-ORDINATOR Dr. M. Kazim Rahim





Mr. Ruben Manohara





· Prof. Intikhab Taufiq · Col. Dr. Khalid Masood

Dr. Naveed Juman

· Dr. Idrees Shah

INTERNATIONAL SPEAKERS

LIVE SURGERIES

CADAVERIC SESSIONS

SAW BONE WORK STATIONS

INTERACTIVE LECTURES

CME ACCREDIATION



Rs. 5,000/- (RESIDENT) Rs. 10,000/- (CONSULTANT)



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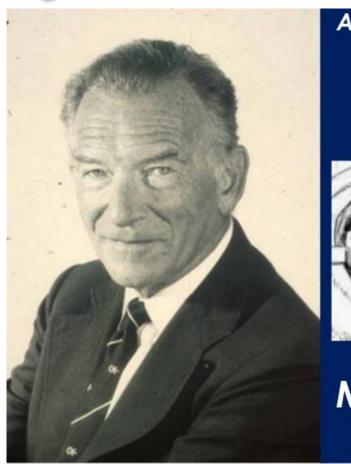




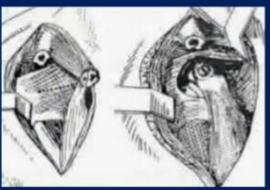








A propos du traitement des luxations récidivantes de l'épaule. Lyon



Michel Latarjet









". He was a character in 1000 facets: highly skilled anatomist, skilful surgeon, talented sportsman, accomplished musician, big traveller, and many others... An eclectic life, symbol of an abundant XXth century.







Was He really the First One







Bristow Procedure



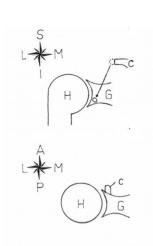
Helfet AJ. Coracoid transplantation for recurring dislocation of the shoulder. *J Bone Joint Surg Br.* 1958 May. 40-B(2):198-202.



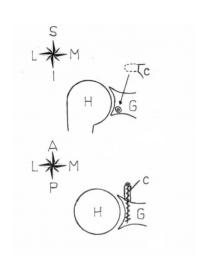










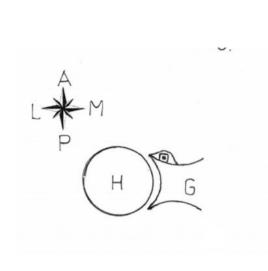


Bristow Laterjet Procedure

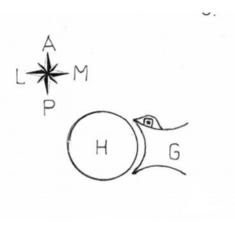












Eden-Hybbinette procedure

Hybbinette S. De la transplantation d'un fragment osseux pour remédier aux luxations récidivantes de l'epaule; constatations et résultats opératoires. Acta Chir Scand. 1932;71:411–45.











French Modification

G. Walch, P. Boileau

Latarjet-Bristow procedure for recurrent anterior instability

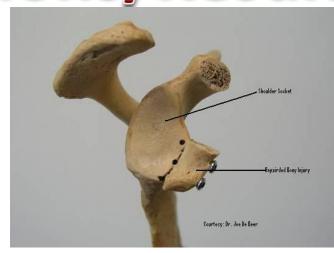
Tech Shoulder Elbow Surg, 1 (2000), pp. 256-261











The Congruent-Arc Latarjet

de Beer, Joe M MED, (Orthop)*; Burkhart, Stephen S. MD[‡]; Roberts, Chris Paul MB, BS, FRCS (Tr&Ortho)*; van Rooyen, Karin*; Cresswell, Tim FRCS (Tr&Ortho)*; du Toit, Don F.[†]

Techniques in Shoulder & Elbow Surgery: June 2009 - Volume 10 - Issue 2 - p 62-67 doi: 10.1097/BTE.0b013e31819ebb60 Techniques







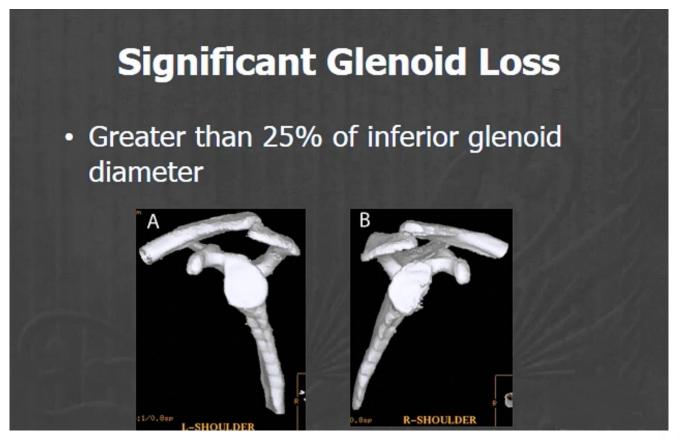
Indications for Latarjet

- Greater than 25% loss of inferior glenoid diameter
- Failed prior instability repair with borderline bone loss
- Absent or deficient capsule (from prior surgery, thermal damage, etc.)























Bipolar Lesions With glenoid bone loss, H-S engages more easily

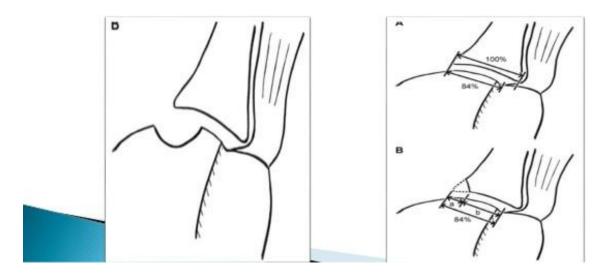






Contact between the glenoid and the humeral head in abduction, external rotation, and horizontal extension: A new concept of glenoid track

Nobuyuki Yamamoto, MD, ^a Ejji Itoi, MD, ^b Hidekazu Abe, MD, ^a Hiroshi Minagawa, MD, ^a Nobutoshi Seki, MD, ^a Yoichi Shimada, MD, ^a Kyoji Okada, MD, ^a Akita and Sendai, Japan



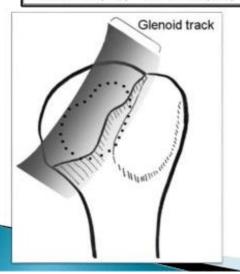


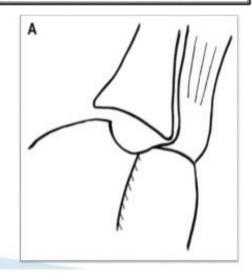




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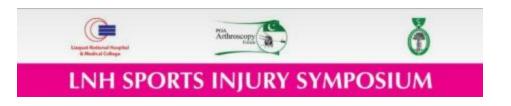






Evolving Concept of the Hill-Sachs Lesion: From "Engaging/Non-Engaging" Lesion to "On-Track/Off-Track" Lesion - DiGiacomo, Itoi, Burkhart, Arthroscopy 2014



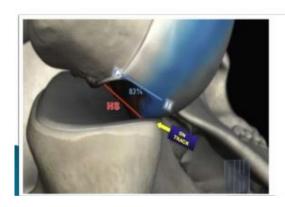


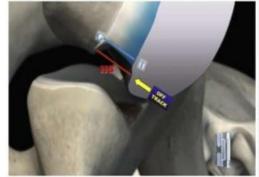


Evolving Concept of Bipolar Bone Loss and the Hill-Sachs Lesion: From "Engaging/Non-Engaging" Lesion to "On-Track/Off-Track" Lesion

Giovanni Di Giacomo, M.D., Eiji Itoi, M.D., Ph.D., and Stephen S. Burkhart, M.D.

Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 30, No 1 (January), 2014: pp 90-98





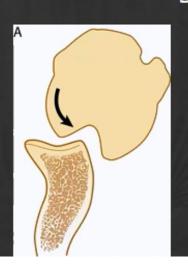






Treating the Engaging H-S by Treating the Glenoid Side

 Lengthen the glenoid articular arc so much that H-S cannot engage











Developing a Treatment Paradigm for Bipolar Bone Loss

- Group 1 = glenoid defect < 25% plus on-track H-S
 - Arthroscopic Bankart repair (ABR)
- Group 2 = glenoid defect < 25% plus off-track H-S
 - ABR + Remplissage
- Group 3 = glenoid defect ≥ 25% plus on-track H-S
 - Latarjet
- Group 4 = glenoid defect ≥ 25% plus off-track H-S
 - Latarjet







Latarjet Techniques

- Non-congruent arc technique
 - Direct apposition of coracoid to glenoid
 - French technique (Latarjet, Walch)
- Congruent-arc technique
 - Rotate coracoid 90° on its long axis
 - Burkhart-DeBeer technique







Non-Congruent Arc (Walch)

- Direct apposition of coracoid to glenoid
- No rotation of coracoid graft





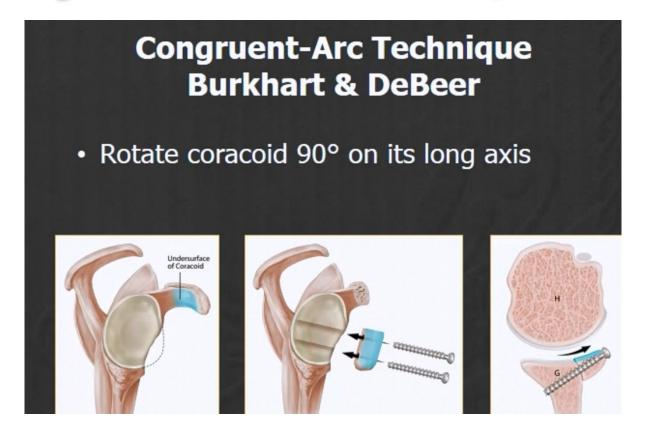








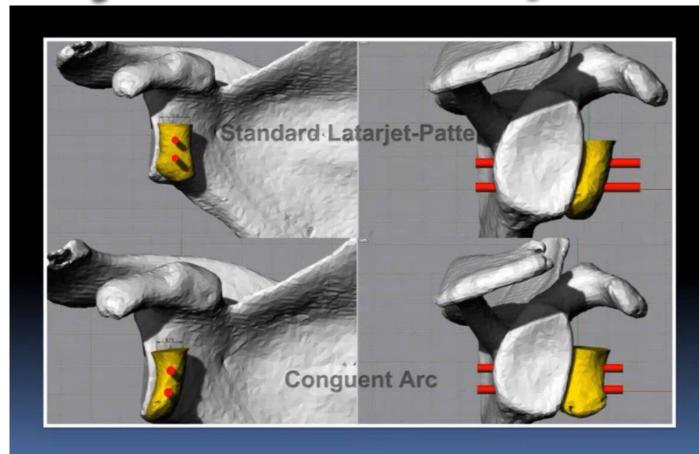
















Walsall Healthcare

Today's Gold Standard for Significant Bone Loss in Instability Patients: Open Latarjet

- Large bone graft
- Sling effect
- Congruent articular arc
- Glenoid-based graft treats both glenoid and humeral defects to maintain the glenoid track







Open Or Arthroscopic







My Personal Requirements for an Arthroscopic Procedure are:

- Can be done safely
- Can be done reproducibly
- Can be done elegantly without destruction of native tissue







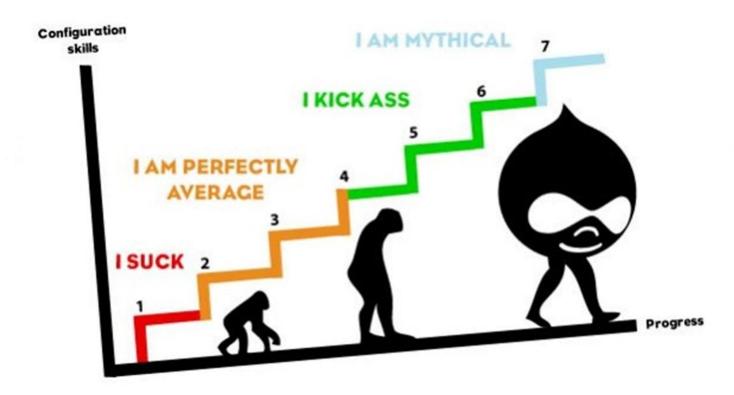
Arthroscopic Latarjet?

- High risk of N-V injury
- High rate of malposition of graft (20%, LaFosse)
- Current techniques require destruction of capsule and middle 1/3 of subscap to place graft









Drupal configuration learning curve. Image by Elin Lagerlöf/NodeOne.





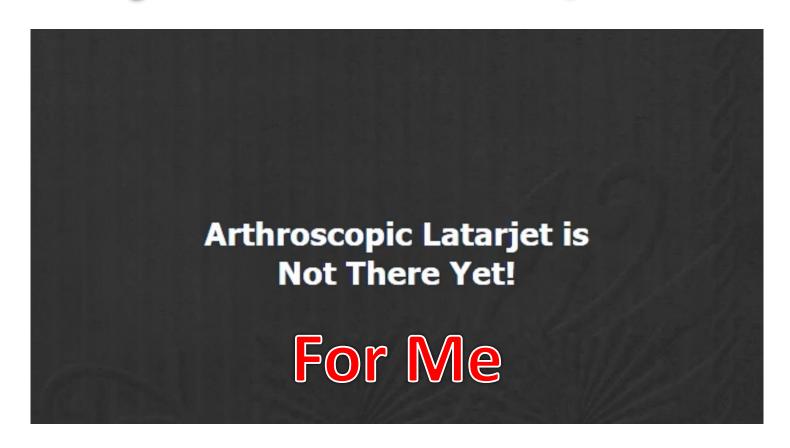


















My Practice







My Practice

Arthrex Laterjet
Subscap Split
Congruent Arc
2 screws and plate

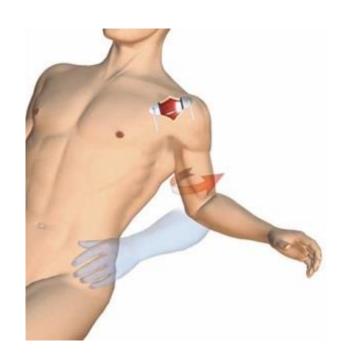
Open





























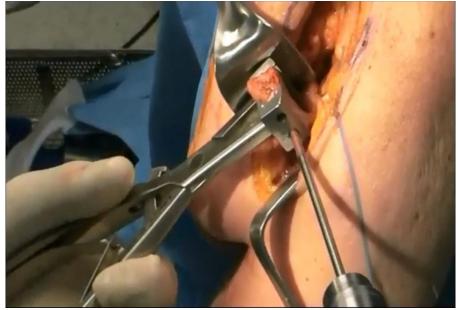








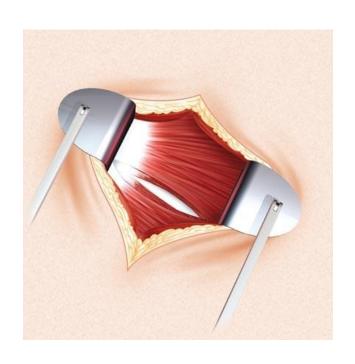


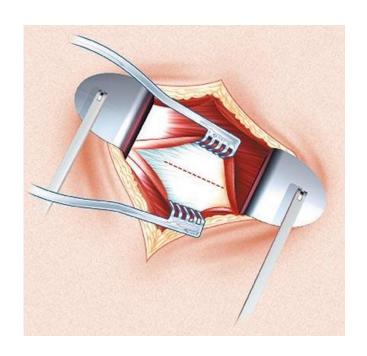








































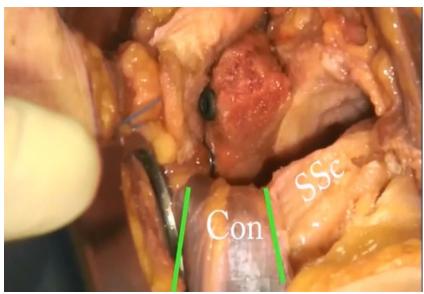








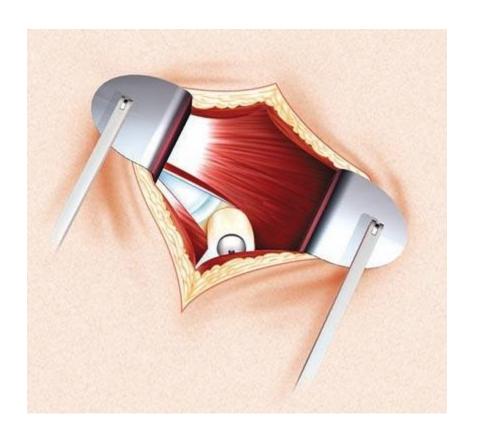








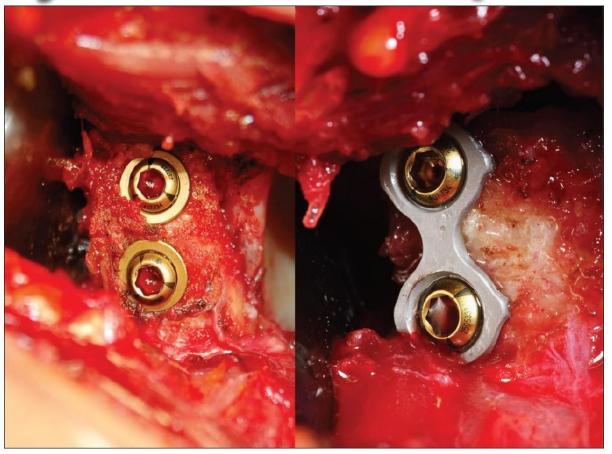


















The Sling Effect of the Conjoined Tendon

- Causes posteriorly-directed forces in abd-ER
- Prevents engagement of H-S
- Prevents H-S from overriding glenoid track
- Addresses glenoid and humeral defects with glenoid-based graft only







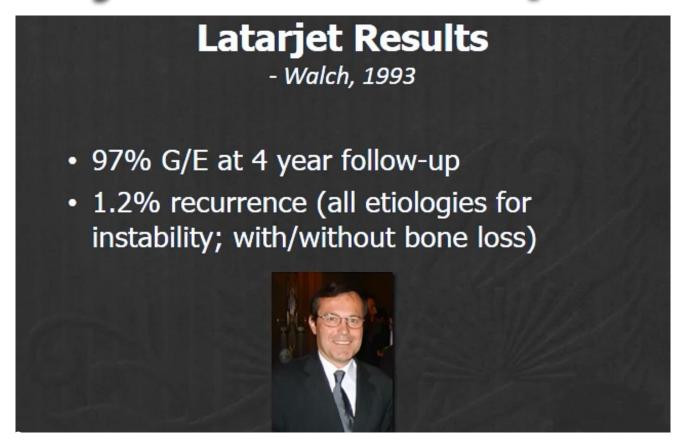


Results















Latarjet Results

- Burkhart & DeBeer, 2004

- 101 patients, > 25% glenoid loss
- 5% recurrence rate, 5 year follow-up







Snort-term Complications of the Latarjet Procedure

Anup A. Shah, MD, R. Bryan Butler, MD, James Romanowski, MD, Danny Goel, MD, Dimitrios Karadagli, FRCS, and Jon J.P. Warner, MD

Investigation performed at Massachusetts General Hospital/Harvard Medical School, Boston, Massachusetts

JBJS 2012

48 Latarjet procedures

Retrospective review

45 shoulders for follow-up (94%)

3 Groups of complications

- Infection
- Instability

Neurologic iniury

Overall rate = 25%

- Infection: 6%

-Instability: 8%

-Neurologic: 10%

Only 2 were permanent







Latarjet 90-Day Complications Rush Experience

133 patients (5 surgeons)

Average age 28.5 ± 11.8 years

Males: 105 (75%)

Prior surgery: 99 (70%)

Complications

- 3 infections (2 required I&D)
- 1 MC nerve injury (required surgery)
- 1 arthritis progression (required surgery)
- 1 recurrent instability (required surgery)
- 1 pain and subjective "stiffness" (required surgery)
- 1 CRPS
- 1 hematoma (resolved without surgery)
- 1 transient ulnar neuritis (resolved)
- 1 additional superficial infection at 104 days

7/10 patients with complications with prior history of surgery







	Number of Procedures Performed	Follow-up Duration	Redislocation Rate
Allain (1998) ¹⁴	95	14 years	0%
Burkhart (2007) ^B	102	5 years	3.9%
Hovelius (1983) ¹⁹	112	2.5 years	6%
Hovelius (2004) ¹⁵	118	15 years	3.4
Singer (1995) ²⁰	14	20 years	0%
Walch (1991) ¹²	354	3 years	1%
WALCH (2000) ⁷	160	3 years	1%











Table 3

Total of complications found in the literature and in CHSJ, the University hospital The data are presented as number and percentage of individuals that suffered the complication.

	Literature (962) n (%)	CHSJ (34) n (%)
Instability		
Redislocation	25 (2.6%)	1(2.9%)
Subluxation	18(1.9%)	-
Positive apprehension test	39(4%)	1 (2.9%)
Radiographic complications		
Pseudarthro-	45 (4.7%)	2(3.2%)
sis/nounion/fibrous union		
Graft dislocation	20(2%)	-
Graft fracture	5(0.5%)	-
Osteolysis/graft reabsorption	36(3.7%)	2(5.8%)
Arthrosis	122(12.7%)	1 (2.9%)
Screw related complications	29(3%)	6(16.1%)
Intraoperative complications	-	2(5.8%)
Functional complications		
Range of motion limitation	389 (40.4%)	15 (44.1%)
Loss of strength	20(2%)	
Pain	118(12.3%)	4(117%)
Hematoma	9(0.9%)	1(2.9%)
Infection		
Superficial	11(1.1%)	-
Deep	1 (0.1%)	-
Neuromuscular/vascular complications	35 (3.6%)	5(14.7%)
Revision surgery	34(3.5%)	4(11.7%)













My Results
55 cases in 12 years
No infection
No instability







My Results 55 cases in 12 years Some stiffness long-term 1 failure

needed removal of implant







