Failed anterior shoulder stabilization

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instability recurrence

- Success / failure
- Patient study
- What failed?
- How to manage it?
what success is?
What a fail is?

- New dislocation
- Instability
- Stiffness
Patient study
- First episode
Surgical report

Medical records
Left shoulder recurrent dislocation operated 2 years ago.

intervention:
Left shoulder arthroscopy, arthroscopic Bankart using three 2.3mm implants
MEDICAL HISTORY:
Patient with recurrent dislocation of his left shoulder, the first episode in 2013, reduced hospital, then another 5 episodes. Physical examination and testing compatible image anterior labrum injury, small anterior glenoid bone defect and large Hill-Sachs lesion. Surgical treatment is decided.

SURGERY: September 11, 2014
Patient in the lateral decubitus, a soft tissue traction table
Left shoulder arthroscopy with the following findings:
Glenohumeral: anterior and anterior labral lesion medialisation lower margin of labrum from 6 to 9 and structuring the same of 9 to 11. Important Hill-Sachs lesion with dynamic put down. We proceed to refresh the Hill-Sachs lesion, 1 Screw 5.5mm implant placed Biocork double suture bottom of the injury and 3mm titanium implant with a suture upper zone.
Last suture is carried through and infraspinatus capsule, not knotted sutures. In the anterior labrum is detached medialized finding small bone fragment in medial glenoid area, bloody footprint insertion in glenoid neck to the edge of it. anterior labrum repair is performed by 4 implants BiosutureTAC (7-8-9-10 clock face), right labroplastia from 6 to 9 and more precarious 9 to 11 in relation to the previous deficit capsulolabral tissue reconstruction.
Finally it comes to tying humeral head implants getting Remplissage effect and proper re-centering of the head
Closing portals staple, pressure dressing, shoulder immobilizer.

POSTOPERATIVE:
The patient is discharged on the date

TREATMENT AND RECOMMENDATIONS ON HIGH.
1. shoulder immobilizer 6 weeks, withdraw for a shower and to move elbow
2. 1c Keral 25mg / 8h
3. If pain paracetamol 1g / 8h alternate with Keral
4. Omeprazole 20mg 1c / 24h
5. Review and cure next week
- Event recurrence
Clinical evaluation
- imaging
OsiriX Imaging Software
Advanced Open-Source PACS Workstation
DICOM Viewer
Why in a minor trauma?

- Missing residual defect
- Technical error
- Why in a minor trauma?
  - missing residual defect
  - technical error
Why in a minor trauma?

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Why in a minor trauma?
- missing residual defect
- technical error
- why in a minor trauma?
  - missing residual defect
  - technical errors
how to face them?
Anatomía, variantes, patología

- **Labrum**
  - Labrum meniscoide, agujero sublabral, Buford
  - SLAP, pinzamiento AS, Bankart, Kim, ALPSA, Perthes, cápsula laxas sin lesión labral (43%)
  - No fijar Buford
  - Utilizar palpador
  - Portal anterior
Anatomía, variantes, patología
Anatomía, variantes, patología

- Cápsula y LGH
  - LGHM. Ausente en inestabilidades
  - IR. Difícil de explorar
  - HAGL
  - “Drive through sign”

- PLB
  - 4 variantes del origen
  - SLAP II
The Stabilizing Mechanism of the Latarjet Procedure
A Cadaveric Study

Nobuyuki Yamamoto, MD, PhD, Takayuki Muraki, PhD, Kai-Nan An, PhD, John W. Sperling, MD, Robert H. Cofield, MD, Eiji Itoi, MD, PhD, Gilles Walch, MD, and Scott P. Steinmann, MD

Investigation performed at the Mayo Clinic, Rochester, Minnesota
LATARJET

- Gracitelli (2013) artroscópico
- Diástasis injerto-glena (41%)
- prominencia cortical posterior (41%)
- 16% estiramiento de n. supra
- 87% tornillo en mala angulación
What I Learned From...
Glenoid defect

- <15%
- 15-30%
- >30%