

## When is a Laterjet procedure (open shoulder stabilisation) considered?

A Laterjet procedure (open shoulder stabilisation) is considered when shoulder stability can't reliably be achieved with an arthroscopic, or key-hole, operation.

Laterjet procedure is considered in the following scenarios;

1. When there is bone loss involving the glenoid (Bony Bankart lesion) +/- Humerus (Hill-Sachs's lesion)
2. If dislocation occurs despite already having had an arthroscopic (or key hole) stabilisation
3. Contact sportsperson competing at high level
4. If there are multiple factors predicting a high rate of dislocation following arthroscopic stabilisation. A scoring system used to predict the chance of dislocation is demonstrated in Table 1.0

Questionnaire		Prognostic Factors	Points
	Age at surgery	≤20 yr	2
		>20 yr	0
	Degree of sport practice	Competition	2
		Recreational or no sports	0
Type of sports	Contact or forced abduction or external rotation	1	
	Other	0	
Examination findings	Shoulder hyperlaxity	Shoulder hyperlaxity	1
		Normal laxity	0
Anteroposterior (AP) radiograph	Hill-Sachs lesion on AP radiograph	In external rotation	2
		Not visible in external rotation	0
	Glenoid loss of contour on AP radiograph	Loss of contour	2
		No lesion	0

Table 1.0 Shoulder Instability Severity Score. Total of 10 points.  
 Laterjet procedure is often considered in scores of 7 or greater.

The Laterjet procedure involves the transfer of a bone block (coracoid process) which has two tendons attached. This bone is attached to the front part of the glenoid (socket) through a split in the subscapularis tendon (rotator cuff).

