

### Recurrent Dislocation

#### Latarjet procedure: (open)

When glenoid bone loss >15%

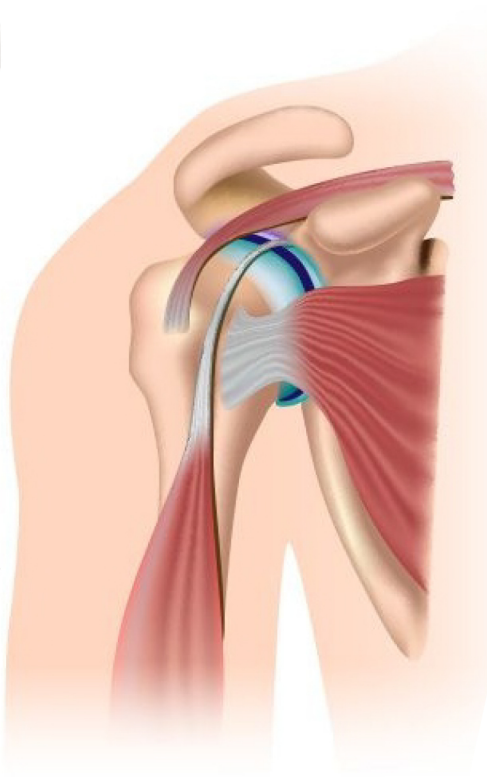
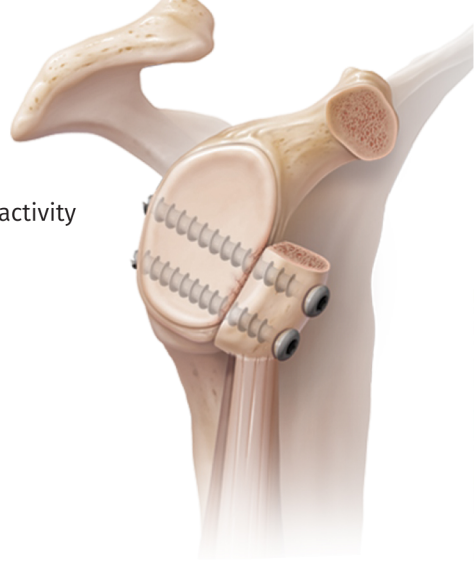
Pt involved in heavy work, competitive sports activity

#### Advantages

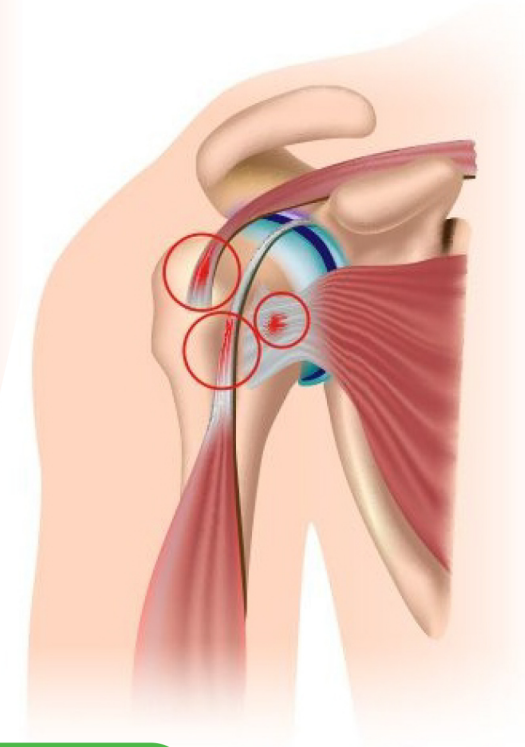
1. Shorter rehabilitation period
2. Lower recurrence rates (2-4%)

#### Disadvantages

1. More morbid procedure
2. Alters the native anatomy & biomechanics
3. Metallic implants (Screws)



Normal Shoulder



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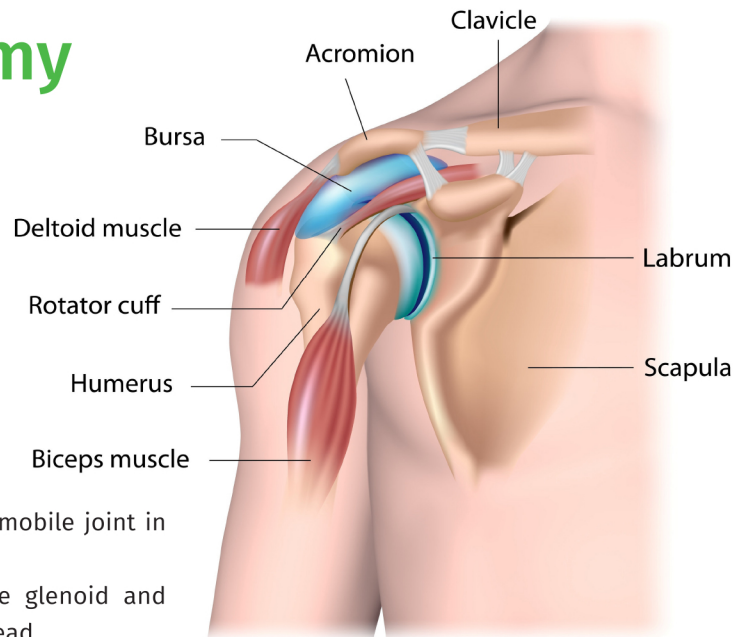
**WE CARE**

**SHOULDER**

*Information Booklet*

**INSTABILITY**

# Anatomy



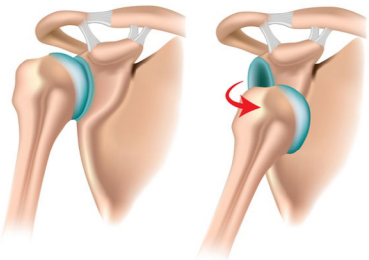
Shoulder is the most mobile joint in the body.

Formed by socket-like glenoid and ball shaped humeral head.

But, mobility comes at the cost of lesser stability.

Most common dislocated joint in the body, in view of shallow glenoid and limited constraints.

## Shoulder Dislocation

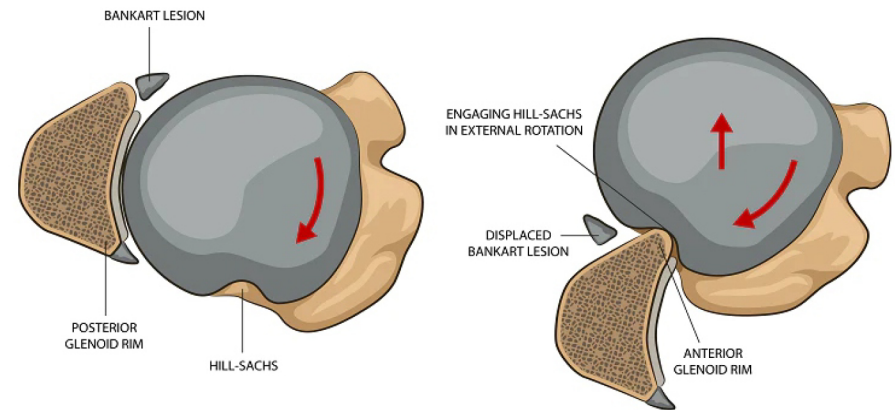
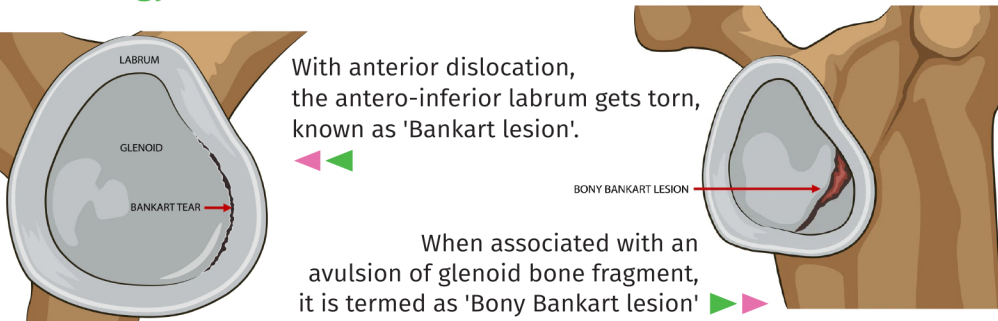


### 3 types

1. Anterior (97%)
2. Posterior (2.5%)
3. Inferior (0.5%)

**Mode of injury:** throwing activity, fall on outstretched hand, electrocution  
Younger the age at first dislocation, higher the chances of recurrence

## Pathology



Recurrent dislocations lead to glenoid bone loss and depression over humeral head known as 'Hill-Sachs lesion'

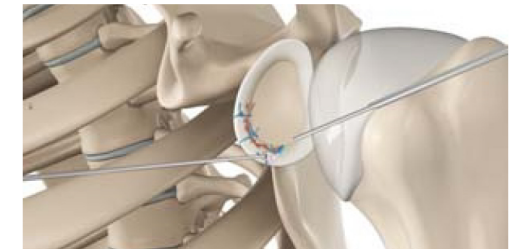
## First episode of dislocation

- Management of first episode of dislocation essentially remains conservative (except in high-demand athletes involved in contact sports).
- Reduction of the joint & sling immobilization for 3 weeks, followed by rehabilitation with physiotherapy.
- In patients with generalized ligamentous hyperlaxity, management remains conservative, irrespective of the number of dislocations.

## Recurrent Dislocation

### Arthroscopic Bankart repair:

- When glenoid bone loss < 15%
- Pt involved in light work,
- Leisurely sports activity



### Advantages:

1. Minimally invasive, less morbid | 2. Preserving the anatomy | 3. Bio absorbable implants (Anchors)

