

Latarjet Procedure

X-ray after a Latarjet procedure: two screws hold the transferred coracoid bone block against the front of the shoulder socket, restoring bone stock and stopping the ball from slipping out.

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Why this operation has been suggested

Your surgeon has likely suggested this operation because your shoulder keeps slipping out of place (anterior instability) and other treatments have not provided enough relief. While most patients treated with this procedure have excellent outcomes, a minority may have poorer results based on their personal health factors rather than how severe the instability is. This surgery is often recommended when non-operative options like physical therapy have failed to stop the shoulder from dislocating.

The main goal of this operation is to provide greater stability than other repairs, significantly lowering the chance of the shoulder slipping again. Most patients return to work by 2.7 ± 3.0 months, and by 8 months, 73% have resumed their main sport. While the overall complication rate is 18.6%, serious events requiring further surgery occur in only 4.9% of cases. Your surgeon aims to restore your shoulder function and prevent future dislocations so you can return to your daily activities and sports.

Before the operation

You will need to fast before your surgery and stop certain medications as your surgeon advises. Please arrange a ride home and bring a list of your current medicines in comfortable clothing. You may need X-rays, MRI scans, blood tests, or an anaesthetic review to check your health and plan the procedure. Your surgeon performs this operation as an arthroscopic (keyhole) approach with two or three small incisions and a small camera inside the joint. This method helps restore stability while keeping the cuts small.

On the day

You will arrive at the hospital and check in with your surgeon's team. You will meet your anaesthetist before the operation to discuss your care plan. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

Your surgeon performs this procedure using an arthroscopic approach with two or three small incisions and a small camera inside the joint. You will then be moved to the operating theatre where the team prepares you for surgery. After the procedure, you will wake up in the recovery area where nurses will monitor your comfort and vital signs. You will stay there until you are stable and ready to go home or to your hospital room.

What the operation involves

Your surgeon will perform this surgery using small keyhole cuts, known as an arthroscopic approach. They will make two or three small incisions, each about 1 centimeter long, on the front of your shoulder. Through these tiny openings, a small camera and special instruments are inserted to see inside the joint.

Inside your shoulder, your surgeon will repair the torn tissue and bone that are causing the instability. They will reattach the damaged structures to the bone to restore stability. Once the repair is complete, the small cuts are closed with sutures or glue, and a dressing is applied to protect the area. This procedure is designed to offer greater stability than other common repairs for recurrent shoulder instability.

After the operation

You will wake up in a recovery ward where your pain will be managed. Your shoulder will be wrapped in a dressing and placed in a sling or brace. You do not need to stay in the hospital overnight; most patients go home the same day. You must have someone stay with you for the first 24 hours. You can begin moving your arm gently soon after surgery. Your surgeon used an arthroscopic approach, meaning they made two or three small cuts and used a tiny camera inside your joint.

Recovery

You will likely feel some pain and swelling in your shoulder right after the surgery. This is normal as your body heals from the small keyhole incisions. Your surgeon will guide you on using ice and medication to keep the discomfort manageable.

For the first few weeks, you will wear a sling to protect your shoulder while it heals. You will do gentle physiotherapy exercises to keep your arm moving safely. Most people find it easier to sleep propped up on pillows rather than lying flat. Your surgeon will tell you when it is safe to stop using the sling and begin more active movement.

As the swelling settles and your strength returns, you will gradually resume daily tasks. You will start with simple activities like eating and dressing, then move to more complex movements. Your physiotherapist will help you rebuild your shoulder's range of motion step by step. Everyone heals at their own pace, so your timeline may differ from others. Your surgeon and physio team will guide you through every stage of your recovery.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If you notice redness that spreads out from your small incisions or a fever that does not go away, call your surgeon right away. These signs could mean an infection is starting. You might feel a deep, throbbing pain that simple painkillers cannot ease.

Sometimes the bone graft used to fix your shoulder can cause issues. You might feel a new clicking or grinding sensation in your joint, or notice that the shoulder feels stiff and tight. If this happens, bring it up at your next review so your surgeon can check the graft position.

In rare cases, the shoulder might slip out of place again. You may feel a sudden pop or a sense that the joint is unstable when you move your arm. If this occurs, contact your clinic immediately to discuss your next steps.

Over time, wear-and-tear arthritis can develop or get worse in your shoulder. You might feel a dull ache that gets worse with activity or notice stiffness when you try to lift your arm. Most of the time, this arthritis remains mild, but you should mention any new pain to your surgeon.

Women may find they need to visit the emergency department more often than men after this surgery. If you experience sudden swelling, severe pain, or any other worrying symptom, do not wait. Go to the emergency department or call your surgeon immediately.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness or discharge from your wound, or sudden severe pain. Go to emergency if you notice calf swelling, shortness of breath, loss of sensation, or cannot move your arm. While serious complications are rare, these signs need urgent assessment. Your surgeon wants to ensure your recovery stays on track.