ROBERT PETTIT, MD

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ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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SHOULDER · PREPARING FOR SURGERY

Preparing for Your Latarjet Procedure

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Shoulder surgery	Typically outpatient — most patients go home the same day	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Shoulder instability with bone loss — the Latarjet transfers bone to the front of the socket to prevent dislocation.

01 A MESSAGE FROM DR. PETTIT

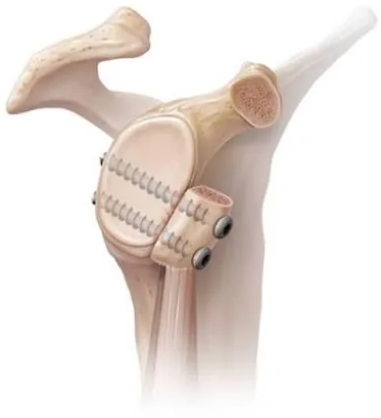
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Latarjet Procedure is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your latarjet procedure, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR LATARJET PROCEDURE

PROCEDURE ILLUSTRATION



Latarjet — the coracoid, with its attached tendon, is transferred and fixed to the front of the glenoid · for education; your anatomy may differ

The Latarjet procedure treats recurrent shoulder instability, especially when bone has been lost from the front of the socket. A small piece of bone (the coracoid) with its attached tendon is transferred to the front of the socket, deepening it and adding a stabilizing sling effect that reliably prevents further dislocations.

The Latarjet procedure transfers a piece of bone (the coracoid) with attached tendon to the front of the shoulder socket, adding bone stock and a dynamic soft-tissue restraint to treat significant shoulder instability with bone loss.

Want to see how the procedure is done? Watch an animation and read more at Orthopedia patient education.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Why it may be recommended

— Recurrent shoulder instability with significant glenoid (socket) bone loss
— Failed prior labral repair
— High-risk instability patterns, such as contact athletes with bone loss

What it is intended to achieve

— Addresses bone loss that soft-tissue repair alone cannot fix
— Provides reliable, durable stability, particularly for higher-risk patients
— Well-established procedure with strong long-term outcomes for recurrent instability

04 RISKS TO UNDERSTAND

Risks include infection, stiffness, nerve irritation, hardware-related symptoms, and, rarely, non-union of the transferred bone. Dr. Pettit will review your specific bone loss pattern and why Latarjet is recommended over other options.

05 IN THE WEEKS BEFORE SURGERY

— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required
— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery
— but never stop a prescribed medication without instruction from the prescribing doctor
— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery
— this is especially important for tendon, ligament, cartilage, and bone healing
— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night
— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time
— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.
— Complete pre-operative clearance, labs, and CT imaging for bone loss assessment
— Stop NSAIDs and blood thinners as directed
— Arrange help at home, since your arm will be in a sling
— Follow fasting instructions before surgery

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

— You will go home in a sling, typically worn for about 4–6 weeks while the transferred bone heals
— Physical therapy restores motion gradually and protects the healing bone block before strengthening
— Return to contact sport is typically around 4–6 months, guided by bone healing
— Wear your sling as directed
— Follow specific motion restrictions closely to protect the bone graft
— Ice regularly to manage pain and swelling
— Attend follow-up visits, including X-rays to monitor bone healing

Recovery timeline

— Weeks 0–6: sling with restricted motion

— Weeks 6–12: active motion progression as bone healing allows
— Months 3–5: strengthening
— Months 5–6+: return to contact and overhead sport

> Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at **robertpettitmd.com/protocols/latarjet.pdf**

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's Latarjet (Coracoid Transfer) post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   — DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   — Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   — Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   — If you have any questions or concerns about narcotic strength medications, please contact us.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed: Ibuprofen every 8 hours with food to help reduce swelling and pain. **Do not take other NSAIDs (Celebrex, Advil, Aleve, etc) with Ibuprofen.**
4. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
5. **Antibiotic**: You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen. Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

Sling & Weight Bearing Status

— With a Latarjet, you will be placed in a sling
— You need to wear the sling for 4-6 weeks. It should only be removed for showering and for your exercises
— You should not bear weight with your arm or use your arm to lift anything until instructed by Dr. Pettit
— If your sling came with a squeeze ball: please use the squeeze ball regularly to make a fist, as this will help reduce pain, swelling, and bruising. If your sling did not come with a squeeze ball: please use a pair of socks and frequently squeeze them to make a fist. Pendulum Exercises: Perform 3 times daily for 5 minutes at a time. Gradually increase the size of the circle
— Please see the picture below as a reference of maintaining neutral shoulder rotation. The hand of your operative arm should remain in the box, and in front of you at all times
— If you are always wearing your sling for comfort, it is important to come out of it 3-4 times a day to straighten your elbow. Be sure to move your wrist and fingers to avoid stiffness

— Until you are more comfortable you will need some help to remove your sling. You will need to unclip the shoulder strap and the Velcro strap across your forearm. Be sure to support your arm while the sling is being removed and put back on. Do not actively move your shoulder to remove your sling

Home exercise program

Early Motion — Start Immediately

Perform 2–3 times per day, 10 repetitions per session. These keep the hand, wrist and elbow moving while the shoulder is protected. Do not actively move the shoulder itself.

Pendulum Exercises

3×/day, 5 minutes at a time

Lean forward with your good arm resting on a table or chair and let the operated arm hang relaxed. Gently swing it in small circles, letting gravity do the work. Gradually increase the size of the circle.

Hand & Finger Motion

2–3×/day, 10 repetitions

Open and close your hand. Use the squeeze ball that came with your sling to make a fist — this helps reduce pain, swelling and bruising. If your sling did not come with a ball, use a rolled pair of socks.

Wrist Motion

2–3×/day, 10 repetitions

Bend your wrist up and down. Keep the movement gentle and within a comfortable range.

Forearm Rotation

2–3×/day, 10 repetitions

Turn your palm up and down, in a motion similar to turning the pages of a book.

Elbow Motion

2–3×/day, 10 repetitions

Bend and straighten your elbow as much as possible. Come out of the sling 3–4 times a day to do this and to avoid stiffness.

Follow-up appointment

— Your first post-operative appointment will be scheduled 7-10 days following your surgery. If you do not have a post-operative appointment scheduled, please call 513-441-5639

Signs & Symptoms to Immediately Report

Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.

Call the office at **513-354-3700** to report any of the following:

— Persistent fever (101 or greater)

— Sudden increase in pain and swelling

— Wound redness or drainage (besides blood)

— Increased skin temperature around incision

— Deep calf pain and swelling

— Severe abdominal pain

Your home exercise program. Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Shoulder Home Exercise Program**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/shoulder.pdf** — follow the specific instructions you are given at your visits.

09 COMMON QUESTIONS

Why is Latarjet used instead of a labral repair?

It's chosen specifically when there is significant bone loss, which a soft-tissue repair alone cannot adequately address.

Will I have hardware in my shoulder permanently?

Screws are typically left in place long-term unless they cause irritation requiring removal.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/latarjet.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.