


Mid-term evaluation of clinical outcomes and complications following arthroscopic Latarjet procedure with Double ENDOBUTTON[®] Fixation Device


Boileau P, Saliken D, Gendre P, Seeto BL, d'Ollonne T, Gonzalez J, Bronsard N. Arthroscopic Latarjet: Suture-button fixation is a safe and reliable alternative to screw fixation. *Arthroscopy*. 2019;35:1050-1061.

Available at: [Arthroscopy: The Journal of Arthroscopic and Related Surgery](#) 

Key points



No neurological complications, infections or hardware failures at last follow-up



Low revision rate of 2.5% (3/121) at mean follow-up of 26 months

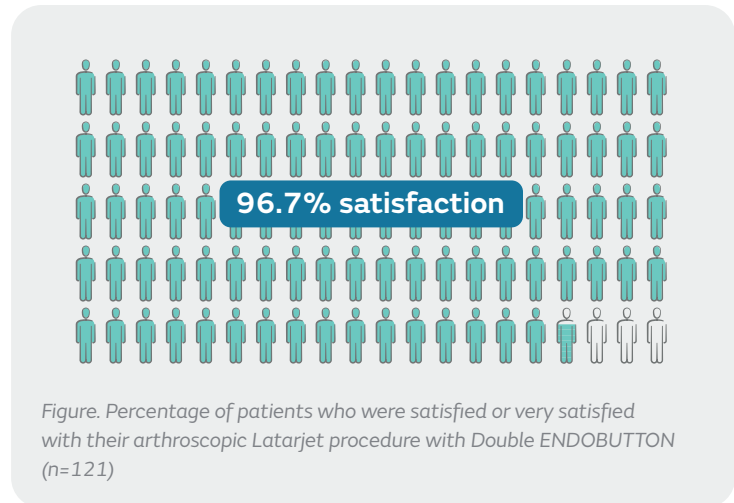
In **95%** of cases, the transferred coracoid process had healed to the scapular neck (115/121)

Overview

- Single surgeon, prospective study of patients undergoing guided arthroscopic Latarjet with Double ENDOBUTTON fixation for traumatic recurrent anterior instability and glenoid bone loss
- Patients were included if they demonstrated:
 - Glenoid bone loss >20%
 - Instability Severity Index Score >3
 - Minimum 24 months radiographic and clinical follow-up
- Clinical evaluation including range of motion, apprehension testing, functional outcomes (Rowe and Walch-Duplay scores), modified subjective shoulder value for sport and patient satisfaction, as well as any complications were assessed at 2 weeks, 3 months, 6 months then yearly post-surgery
- Computed tomography (CT) was completed at 2 weeks and 6 months post-surgery to confirm bony union

Results

- 136 consecutive patients, with 121 available at final follow-up (mean follow up, 26 months)
- No neurological complications, infections or hardware failures
- Three patients (2.5%) underwent revision surgery
- Mean Rowe and Walch-Duplay scores were 90 and 91, respectively, at last follow-up.
 - No significant restriction in ROM was recorded
- 93% patients (105/113) had returned to sport at last follow-up
 - 70% returned to their sports at the same or higher level within 1 year post-surgery
 - Mean subjective shoulder value for sports was 94%
- 96.7% (117/121) patients were satisfied or very satisfied with the procedure (Figure)
- At final follow-up, the transferred coracoid process healed to the scapular neck in 95% cases (115/121)
 - Smoking was a significant risk factor associated with non-union ($p < 0.001$)
- The coracoid graft was positioned flush to the glenoid surface in 95% (115/121) and below the equator in 92.5% (112/121) cases



Conclusions

Double ENDOBUTTON suture fixation demonstrated accurate graft positioning, low revision rate with no hardware complications and high levels of patient satisfaction.