

Bristow-Latarjet operation

Information for patients

This booklet contains information about the shoulder surgery that you have been advised to have, and aims to answer some of the questions you may have about the operation and your stay in hospital.

About shoulder surgery at Sherwood Forest Hospitals

At our King's Mill Hospital site, there is an elective orthopaedic ward and an elective day case unit (DCU). At our Newark site, there is an elective day case unit/ward (Minster ward). The ward and site of your shoulder or elbow surgery will be discussed with you by your consultant team in the outpatient clinic before your operation.

You will be admitted to one of these wards during your stay in hospital. On each ward a "named nurse" will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home the same day. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

Operation day

Your anaesthetist will see you on the morning of the operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

You must not smoke after midnight the day before the operation.

Bristow-Latarjet – what is the problem?

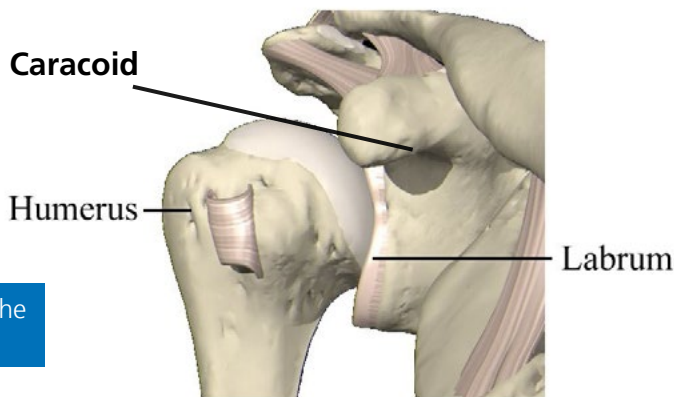
Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it. The most important muscles for this purpose are your rotator cuff muscles.

These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your shoulder joint. The shoulder is a ball and socket joint.

Some injuries to the shoulder can dislocate it forwards. This is quite common, especially amongst young people who play 'contact' sports.

When the shoulder is dislocated the muscles around the shoulder will try and pull the arm back into the socket. When this happens, it can sometimes damage the 'ball' part of the shoulder. This damage can cause the shoulder to dislocate more frequently.

Front view of the right shoulder



Bristow-Latarjet Operation – What is it?

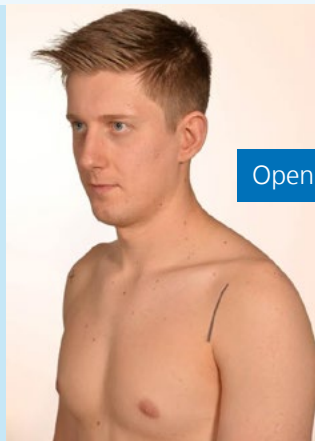
This is an operation to make the shoulder more stable. It involves a piece of bone called the 'coracoid' which is attached to the front of the shoulder blade.

A part is removed and reattached to the front of the socket, near to the joint, therefore helping to stop the shoulder from dislocating.

How is it done?

The operation will be done in the traditional way (open), which will leave a scar about 7cms in length along the front of your shoulder, along the bra/ vest strap line. During your operation, we will also examine your shoulder joint.

You will probably have a little pain after your operation – you will be given painkillers.



Open

When will the stitches come out?

If you have had stitches, they will be removed at your GP surgery, usually 10 days after your operation.

After your Bristow Latarjet

You will have a dressing on your shoulder and your arm will be supported in a sling. This is to protect your shoulder capsule while it heals after the operation. You must not remove your sling for two to six weeks (your surgeon will decide), except for washing and dressing. The nurses or physiotherapists will help you learn how to do this safely.



How do I fit my sling?

Please click the weblinks to view a video demonstration.

<https://www.youtube.com/playlist?list=PL5xTTyoGZg0TKh9kQSqrftEqaScVqd6s0>



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.



2. Now using the non-operated arm feed the strap around your back and over the non-operated shoulder, as shown.



3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

You will be taught how to manage your sling by the physiotherapists or nurses. You will also be taught exercises to keep your shoulder, elbow and hand moving.

What will happen?

When you have woken after the operation you will be shown how to exercise your arm and manage your sling by one of the team.

How can I sleep?

Sleeping can be a little uncomfortable if you try to lie on your operated shoulder. We recommend that you lie on your opposite side.

Ordinary pillows can be used to give yourself comfort and support (feather pillows are easier to use than foam ones). Wear your sling whilst sleeping and do not remove it at night time.



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow in front of your tummy is a nice place to rest your hand to help you sleep.

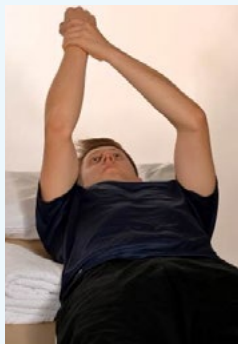


If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

Rehabilitation

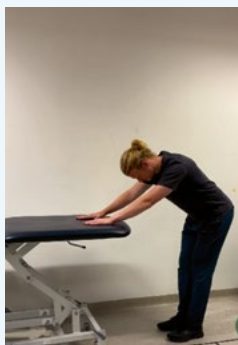
Rehabilitation is important to get the most out of your shoulder after the operation. The first stage is to let your shoulder heal by resting it in the sling. The following exercises should be performed twice a day and we recommend between 10 and 15 repetitions for each exercise. **These are the only exercises you should do in the first four weeks whilst in your sling.**

Please scan the QR codes to view a video demonstration.



From lying on your back with your elbows supported as before, use your unoperated arm to lift the other up towards your head. Try to get your hands on top of your head if you can.

<https://www.youtube.com/watch?app=desktop&v=GkhahPUKb2Q>



In standing, carefully place your hand on a tabletop. Then gently step back and without putting any weight through your arm, perform a forward bow as shown in the picture.

Need new link

When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you can manage your sling
- When you have seen the physiotherapy team.

Is that the end of my treatment?

Following your operation, you will be referred to physiotherapy for ongoing rehabilitation. This will be timed for when your sling can come off (usually four weeks) or sooner if you are having difficulties with the sling or pain.

When you are allowed to remove the sling the physiotherapist will progress your exercises and advise you on how and when you should start to increase your arm use and return to activities of daily living.

After six weeks, you will have your clinic follow-up at either King's Mill or Newark Hospital. This will be with the advanced practice physiotherapist and/or nurse specialist.

You will also be seen by the advanced practice physiotherapist and/or nurse specialist at six months and if necessary they can organise a quick appointment with the surgeon.

What will I do as an outpatient?

You will continue with your exercises as given to you on the ward. You will be given more exercises to progress. You will gradually work on developing the strength and control of your shoulder, progressing to full functional movement. We will encourage you to learn how to use your shoulder comfortably.

If you do heavy or demanding activities, you may also be helped by our occupational therapists.

When can I do my normal activities?

This depends upon your symptoms. Most people are comfortable by between six to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company. We would advise you not to drive for at least four weeks after the operation as your arm will be in a sling.

Guide:

- | | |
|---|-----------------|
| • Light work (no lifting) | 4-6 weeks |
| • Medium (light lifting below shoulder level) | 6 weeks onwards |
| • Heavy (above shoulder level) | 3-6 months |

At eight to ten weeks you can carefully return to light low risk activities, such as breaststroke swimming and jogging. At three months, you can return to training and freestyle swimming. At around six months you should be able to return to full scale contact sports provided you have regained strength and, most importantly, control and confidence. It is usually best to discuss this with your surgeon first.

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are at the end of this booklet.

Useful contact numbers

King's Mill Hospital

Telephone: 01623 622515

Mr Kurian's secretary

Mr Bidwai's secretary

Mr Mitra's secretary

Nurse surgical care practitioner

Advance practice physiotherapist

King's Mill Day Case Unit

King's Mill orthopaedic ward

Newark Hospital Day Case Unit
(Minster ward)

King's Mill physiotherapy department

Newark Hospital physiotherapy
department

Newark Hospital

Telephone: 01636 681681

Extension number

4117 (Monday to Friday, 8am-5pm)

4175 (Monday to Friday, 8am-5pm)

6318 (Monday to Friday, 8am-5pm)

4104 (Monday to Friday, 8am-5pm)

6148 (Monday to Friday, 8am-5pm)

3048 (Monday to Sunday, 24 hours)

2414 (Monday to Sunday, 24 hours)

5850 (Monday to Friday, 8am-5pm)

3221 (Monday to Friday, 8am-5pm)

5885 (Monday to Friday, 8am-5pm)

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office

Leaflet code: PIL202505-06-BLO

Created: July 2017 / Revised: May 2025 / Review Date: May 2027