

## **Arthroscopic Latarjet Requirements**

### Ensure the following is booked/ available:

Tmax & Spider

Spectrum – Linvatec one set on shelf at PAH

Gryphon biocomposite anchors – Depuy

Biceps swivelock anchor for biceps tenodesis if needed – Arthrex

Switching sticks x 4 (please talk to theatre – may need more ordered in)

Caps lock cannulas – Arthrocare (need available, not opened)

Latarjet equipment set - Depuy

### Position

20 degree head up

Arthroscopic shoulder drape

Double prep 2% chlorhexidine (one prior to draping, one after draping)

### Other Equipment to Consider

Long, size 1 PDS sutures x 2

Arthroscopic instruments including two sets of arthroscopic graspers

Chondrotome

- soft tissue attachment, 4.5mm burr. 6.5mm burr
- short sheaths for 4.5mm & 6.5mm burrs (linvatec)

VAPR – depuy

14Gauge jelco x 2

### Anaesthetist

Speak to anaesthetist regarding list day prior

Ensure that Cerebral Perfusion Monitor is available

& that anaesthetist is aware that a SBP <100mmHg is desired

### Closure

Monocryl to skin to the ports that need closure

Most ports will only require steristrip closure

### Dressings

1 inch steristrips

cutifilm dressings (or other suitable waterproof dressing) over the ports

### Sling

Abduction Sling – needs to be ordered from Orthotics & Prosthetics at PAH the day prior to surgery

- this sling has the abduction pillow attached to it by velcro

### Positioning Sequence

Patient is placed into 20 degree head down

Patient is then slid up the table so that the shoulder is above the end of the tmax table

Left legs and slide angled bolster firmly under legs

Unlock and lift tmax & lift into reclined 30 degree beach chair position

Shoulder is rubbed down with alcoholic chlorhexidine

EUA of the shoulder is performed to confirm direction of instability

Outline of shoulder is then marked on skin

Foot pedals are placed in position