

Solid as a Rock

Surgery Solves Complex Shoulder Instability

In 13 months, Alex dislocated his shoulder 60 times. It would pop out while he was playing hockey, or sitting in a restaurant – even when he was sleeping. It happened so often, he became an expert at popping it back in. “I’d had arthroscopic surgery three years earlier and didn’t want to have more surgery right away, so I just lived with it,” he explains.

Eventually, he sought the advice of Christopher Annunziata, MD, a Commonwealth surgeon with expertise in treating complex shoulder instability. Dr. Annunziata recommended the Latarjet procedure, a technique performed when there is significant bone loss in the glenoid (the shallow socket in the shoulder blade) from repeat dislocations. The surgeon transfers the coracoid – a small structure on the shoulder blade – to the front of the glenoid to replace the missing bone and act as a strut to prevent further dislocations.

“Latarjet is a modification of a technique that’s been around since the 1950s and has come back into vogue in the past five years,” Dr. Annunziata says. “It’s a very successful procedure for restoring stability to the shoulder joint, especially in patients like Alex with multiple issues that require a multifaceted approach.”

Another successful surgical option for recurrent shoulder instability is remplissage, a French word meaning “to fill in.” In this technique, the surgeon tacks down part of the rotator cuff into the upper arm bone to fill in a large fracture known as a Hill-Sachs lesion. Hill-Sachs lesions often develop in patients with chronic shoulder instability.

Dr. Annunziata stresses that a thorough assessment by a qualified surgeon is critical to select the right surgical option for each patient. Although the vast majority of people with shoulder instability do very well with simple arthroscopic techniques, there’s a small subset with extensive pathologies for whom a more complex procedure is warranted.

Alex opted for the Latarjet procedure because his brother had good results with it several years earlier. And he found Dr. Annunziata’s advice compelling. “He warned me of the perils of developing arthritis later on, and thought surgery would be a good idea, but he was not forceful about it at all. Ultimately it was my choice,” he says.

The surgery was performed as an outpatient procedure and Alex went home the same day. After six weeks in a sling to keep his shoulder immobilized, he began a three-month rehabilitation program to restore range of motion, strength and flexibility. Now living in Boston, the 25-year-old is back to all the sports he loves: weightlifting, hockey, tennis and swimming. Best of all, his shoulder is firmly in place and has not dislocated in more than two years.



After a successful operation to correct recurrent shoulder instability, as well as a three-month-long rehabilitation program, Alex can once again enjoy playing hockey.



Christopher C. Annunziata, MD, earned a BS from Boston College before graduating with his medical degree from Georgetown University. He completed an orthopaedic surgery residency at Georgetown University Medical Center and went on to complete a fellowship in Sports Medicine/Knee and Shoulder Surgery at the University of Pittsburgh Sports Medicine Center.

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