First Stop: Annecy
Annecy

- Laurent Lafosse
- Bruno Toussaint
- Clinique Générale Annecy
  - Private hospital
  - Lafosse CEO until recently
  - 145 bed hospital
  - Also has general surgery, OB/GYN, internal medicine and others
  - Recently opened an ER
The Lafosse Experience

- 5 fellows including me
- UK, US, Spain, Austria

- Case log: 60 cases
- Scrubbed on 21 of them
- 12 arthroplasty
- 44 arthroscopy
- 4 others - hand, elbow
The Lafosse Experience - Instability

- 4 arthroscopic Latarjet
  - 1 with posterior glenoid iliac crest grafting also

- 3 arthroscopic Bankart!
  - 2 with posterior labrum and SLAP repair also
Latarjet
The Lafosse Experience - cuff

- 17 Cuff Repair
  - 2 with balloon
  - Almost always resected AC joint – done prior to cuff repair so as to maximize space to work on cuff and also so that there will be time to wash out all of the debris from the AC resection by the time you finish the case
- Often with biceps tenodesis into the anterior cuff
The Lafosse Experience – other arthroscopy

4 isolated Suprascapular Nerve Release
2 all arthroscopic CC Ligament Reconstruction
2 arthroscopic Brachial Plexus Neurolysis
6 isolated AC Joint Resection
1 Capsular Release
  • Starts from subacromial space
The Lafosse Experience - arthroplasty

5 TSA
- 4 Depuy Unite
- Reams humerus on power
- Uncemented glenoid - uses a syringe to collect the marrow extruded during humeral reaming & puts this around the flanged central peg but no cement & no bone graft
- 1 Biomet TESS resurfacing prosthesis for AVN post fracture in 60 y/o

1 Hemi
- Depuy Unite
The Lafosse Experience - arthroplasty

7 RSA
- 6 Depuy Delta
- 2 with lat dorsi transfer, anchor fixation
  - 1 of which was a revision from hemi in 66 y/o
- 1 for proximal humerus nonunion in 63 y/o
- 1 BIO RSA (Tornier)
MAPs and Pump Pressures
“Spider” à Lafosse
“Class”
ARTHRORIAL ARTHRONET TRAINING
February 02-03 2014

CHAIRMAN: P. MAFOUSS
SFA Symposium for 2015
Comparing arthroscopic (Lafosse) and open (Walch) Latarjet on CT scan immediately post-op and at 6 months
Graft position, healing, osteolysis
Part of a larger group
Early stages, measurement protocol to be
AC Resection (LL)

Today Lafosse: Arthroscopic distal clavicle resection: - believes that AC resection is critical for ROM in abduction after cuff repair & does it on almost everyone, regardless...
The walk to work
“Academic” Days
Next Stop: Lyon
Lyon

Gilles Walch
Hôpital Privé Jean Mermoz
- 268 bed private hospital
- Ortho, general surgery, oncology, internal medicine, emergency room

Clinique Orthopédique Santy
- Founded in 2006 by Gilles Walch & Pierre Chambat
- All members of the SOCOLY group (Société de Chirurgie de Orthopédique de Lyon) moved their respective practices and outpatient rooms to this clinic
The Walch Experience

One Italian visiting resident and one French medical student

Two rooms once a week

- Same two scrub techs every week
- Typically 8-9 cases by 5-6pm

Case log: 28 cases

Scrubbed on all of them

5 open Latarjet
18 Arthroplasty
The Walch Experience - Instability

“Butée” (meaning a “stop” or “block”) Usually not referred to as a Latarjet, especially in Lyon
Michel Latarjet was a general surgeon Early 1950s, he attempts to perform a Trillat procedure Mistakenly breaks off the whole coracoid Unsure what to do, he pushes it through a split in the subscap & fixed it to the glenoid
Robert Trillat  
1913 - 1988

Henri Dejour  
1930 - 1998

Michel Latarjet  
1913 - 1999
Trillat is aghast at Latarjet’s mistake
He says he would never allow any of his students to perform such an operation
In 1984 one of these students, a young surgeon named Gilles Walch, returns from his one-year observership with Jobe & Rockwood
Walch believes from his observations that the Trillat procedure has a high failure rate
Trillat is a mentor for Walch, giving him many private patients as he starts out in practice.

Henri Dejour, the professor of orthopaedics, tells Walch that he is not allowed to do Latarjet’s operation “this is Trillat’s hospital”

Walch persists and shows Dejour data on the Trillat procedure with a 30% rate of recurrence of instability; goes on to publish this in French.
The Walch Experience - Instability


Anterior recurrent luxation of the shoulder.

Article in French

Walch G, Charret P, Pietro-Paoli H, Dejour H.
Walch Instability

- Trillat procedure

Albert Trillat (Lyon, 1940s), senior to Latarjet.
Described a procedure in which the base of the coracoid is osteotomized in a wedge-shaped fashion at its base, with a laterally based wedge, then swung medially & inferiorly. A single screw then transfixes the distal coracoid to the glenoid rim, with no compression and leaving the coracoid attached at its base and outside the joint capsule. All of subscap is inferior to the osteotomized coracoid and under the conjoined tendon. This can limit ER (GW series by 10 - 20 degrees) because the subscap muscle is huge and as you go into ER the tendon passes laterally and the muscle is trying to all fit deep to the conjoined tendon and often can't fit.
GW will do this in an older patient with recurrent instability rather than a Latarjet because when there is arthritis in the joint they do not do as well with the coracoid graft placed next to the cartilage. He will also use the Trillat for older patients with massive cuff tears and instability. It is theoretically possible that re-routing the subscap more inferiorly under the osteotomized coracoid makes it into somewhat of a humeral head depressor, thereby allowing it to take over the function of the superior cuff, but GW is not sure that he really believes this.
Rehabilitation in Lyon

How to maximize range of motion ...

Rehabilitation protocol designed by the Lyon Team

Jean-Pierre Lirotard, M.D., Centre Orthopédique Santy, Lyon, France

At the end of the rehabilitation program, we recommend to the patient to go to a local swimming pool. Swimming pool is the ideal "accessory" for stretching which remains the mainstay of treatment.
Je préfère ne pas ajouter de légende pour cet objet.
Merci