

SHOULDER ARTHROPLASTY (REPLACEMENT)

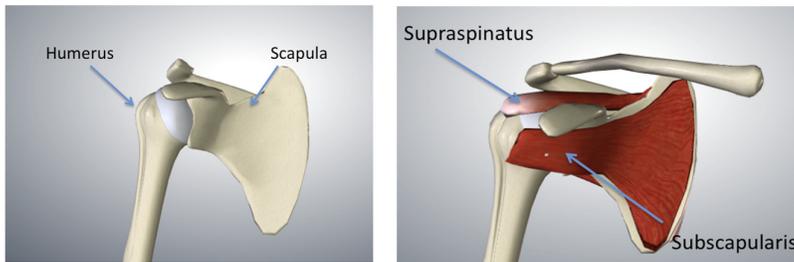
This information aims to help you understand your condition and gain maximum benefit from your treatment. It covers the most commonly asked questions. However, every individual is different, and you should ask as many questions as you like.

SHOULDER ANATOMY

The shoulder (glenohumeral joint) is a ball and socket joint. The ball is at the top of the arm bone (the humerus). The socket is part of the shoulder blade (scapula).

The bone surfaces of the ball and socket are covered in a specialized type of cartilage. This produces a very smooth low friction joint. The joint surfaces can get worn out or damaged causing pain.

Surrounding the shoulder are the tendons of the rotator cuff. Tendons are where muscles attach to bone. Muscle pulling on bones through tendons produces movement at joints. The rotator cuff tendons may be affected by wear and tear and may not function normally.



THE OPERATION

The worn out or damaged parts of the shoulder are replaced with metal and plastic. This should relieve pain and improve range of motion

You will have a general anaesthetic. A nerve block may also be used. The surgery usually takes 1-3 hrs. An incision is made on the front of the shoulder around 10cm long. The subscapularis tendon is detached from the front of the humerus to allow access to the joint surfaces.

Two main designs of shoulder replacement may be used:

ANATOMIC SHOULDER REPLACEMENT

This design mimics the natural ball and socket shape of the shoulder joint.

Dr Smith usually uses a 'stemless' design. This design is used if the rotator cuff tendons are in good condition and if the socket of the joint is reasonably normal

REVERSE SHOULDER REPLACEMENT

In this design the ball and socket arrangement of the shoulder is reversed so that the ball part of the joint is attached to the glenoid and the socket part is attached to the humerus. This design is usually selected if there is a rotator cuff tendon tear in the shoulder or if the socket of the joint is very worn. The reversed design changes the way that the intact muscles around the shoulder work so that the shoulder can move even if the rotator cuff is not in good condition.



AFTER SURGERY

You will stay in hospital between 1-2 nights

You will see a physiotherapist before you leave hospital.

You will use a sling for 6 weeks.

The speed of recovery is variable. It can be rapid or seem slow. Most improvement occurs in the first 6 months. The end of recovery is around 12-24 months after surgery.

Further general information is available in the 'Information for patients undergoing surgery' leaflet.

APPOINTMENTS AFTER SURGERY:

10-14 days; 6 weeks, 3 months, 6 months, 12 months, 2 years, 5 years, 10 years, 15 years, 20 years.

REHABILITATION EXERCISES

Specific rehabilitation exercise sheets will be given to you in hospital and during your follow-up visits.

Only do the exercises shown to you in hospital and demonstrated to you in clinic. Do not remove the sling until you are told to do so. Your therapist will suggest whether you can do the exercises yourself at home or would be better with regular supervised physiotherapy sessions. You will need to get into the habit of doing the exercises several times a day for around 6 months.

MILESTONES

0-2 weeks

Sling full time including waist band

2-6 weeks

Sling full time. Waistband can be removed.

6-12 weeks:

Sling is removed. Normal day to day use of the arm is allowed.

Aim to regain 50-75% range of motion during this phase.

Active use is allowed but do not lift anything heavier than 1-2kg

3-6 months:

Aim to regain 75-100% range of motion during this phase

Formal strengthening starts

6 months +:

Full activity

RETURN TO WORK/SPORTS

Work (light duties / office)

1-2 weeks

Swimming (breaststroke)

6-8 weeks

Driving

6-8 weeks

Work (manual)

3-6 mnths

Light lifting:

3-4 mnths,

Heavy lifting

not done

Swimming (freestyle)

3-4 mnths

Golf

3-4 mnths

DRIVING

You cannot drive while you are using a sling.

Once you have been told that you can remove the sling you can drive when you feel that you have full control of the vehicle. It is your responsibility to make this decision.

LIFTING

In the long-term regular lifting of >10kg and any repetitive lifting over shoulder height is not recommended

LIKELY OUTCOMES

The main aim of surgery is to improve pain and function. Range of motion and strength may also improve although this is more difficult to predict. Patient satisfaction rates after surgery are around 95%. No surgery will result in a joint that feels and functions completely normally.

Improvement in prosthetic design and materials mean that we expect that the prosthesis will last for a long time. However eventually all non-biological materials will wear out. For this reason joint replacements need to be carefully looked after and are generally recommended only for older patients and heavy lifting is not permitted.