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What to expect following surgery!
Shoulder Replacement

You have been diagnosed with an arthritic shoulder. This implies that the smooth surface of your shoulder (cartilage) has been worn away now causing a rough surface much like multiple pot holes in an aging road. The cause of shoulder arthritis is typically multifactorial and related to genes, gradual wear and tear, trauma, or other conditions such as rheumatoid arthritis, etc). The goal of shoulder replacement surgery is primarily pain relief and secondarily to return function (motion) to the shoulder. The average motion following replacement surgery is 120 degrees of forward elevation (arm lifted straight out in front of you), however, the best predictor of motion after surgery is the motion that you are starting with (i.e. good starting motion typically equates with comparable motion after surgery).

The surgery is performed thru a 6-10cm incision in the front of your shoulder (front crease of your deltoid). A metal stem (titanium alloy) and metal head (cobalt chrome) will then be selected based on your specific anatomy and press-fit (wedged) into the humerus and a plastic (polyethylene) socket cemented onto the glenoid (scapula). This provides a new smooth surface for your shoulder and eliminates the pain from the arthritis. Arthritis does not come back following surgery. You will be placed in a shoulder abduction sling after surgery which will remain in place for 4-6 weeks and allow healing of the front rotator cuff (subscapularis) which is repaired at the end of your surgery with strong sutures. You must abide by the restrictions early on because if the front tendon fails to heal or pulls away this can result in a disastrous outcome for your shoulder leading to a condition called antero-superior escape and glenoid failure. Your surgery can be performed as an outpatient or you may have to spend one night in the hospital depending on your health and insurance. The biggest risks of shoulder replacement surgery are stiffness, incomplete resolution of pain, prosthetic loosening (glenoid primarily) and low risk of infection (less than 0.5%). Typically the first 2 weeks can be the most difficult but improve every week after. By six weeks the sling is removed and improvements are noted with regard to pain. Gradual return of motion achieved with therapy between 6-12 weeks. Most people attend therapy on average for 2-3 months. At six months, the majority of patients are back to normal activities (golf, tennis, etc) but improvements in strength and motion typically continue 12-18 months postop. A yearly x-ray is typically advised to monitor for glenoid wear or loosening.

Facts About Shoulder Replacement Surgery

➢ The average orthopedic surgeon performs less than 10 shoulder replacement surgeries per year (lower volume has been correlated with poorer outcome and higher failures)

➢ A high volume shoulder replacement surgeon performs at least 50 per year so please educate yourself on the experience your surgeon has

➢ Shoulder arthritis is a two-sided disease (ball and socket); hemiarthroplasty (partial replacement) is typically a surgery performed by less experienced surgeons and only addresses the ball side of the joint. This has been associated with poorer outcomes and persistent pain. Make sure you discuss this with your surgeon beforehand.

➢ 10% of shoulder replacements will fail by 10 years typically a result of glenoid loosening/polyethylene wear

➢ A shoulder replacement is not indestructible and will never be like the shoulder you had as a teenager. Lifetime activity modification after surgery is advised and it is recommended that no weight greater than 20 pounds overhead should ever be performed to increase the lifespan of your joint replacement

Physical Therapy

➢ You will start 3-6 weeks after surgery and this will continue for 2-3 months based on your progress

POTENTIAL BENEFITS

The primary benefit from shoulder replacement surgery is pain relief, as well as an improvement in shoulder function and motion.

POTENTIAL RISKS

Total shoulder replacement surgery is considered a major surgical procedure. Serious medical risks associated with the surgery may include, and are not limited to, problems with anesthesia, heart attack, heart beat irregularities, and stroke. Blood loss can occur during or after the surgery which may require transfusions. In very rare situations, a person may die from complications related to the surgery. Other general medical risks related to this orthopedic procedure include, but are not limited to: blood clots; pulmonary embolism; infection; dislocation; fracture of bones around the shoulder; hematoma formation (a collection of blood) that can require surgical drainage; nerve injury; blood vessel injury; and numbness and scarring around the surgical incision. Shoulder stiffness can occur which limits expected motion and function. Pain may be incompletely relieved and shoulder replacement may not fully restore the function of the shoulder.

ALTERNATIVES TO SURGERY

Conservative (non-surgical) measures may help control shoulder pain. These include the use of anti-inflammatory and/or pain medications, and appropriate therapy.

CONSEQUENCES OF DECLINING CARE

Arthritis, itself, is not considered a life threatening illness. If the patient elects to not undergo treatment, then it is likely that shoulder pain will continue and both pain and disability may increase over time. If left unattended, the arthritic process may result in progressive damage to the joint, compromising surgery performed later.

LONG TERM CONCERNS

Long term complications are possible after total shoulder replacement. Late loosening, wear, infection or progressive bone loss may occur and require re-operation. Close follow-up is necessary to monitor for changes around the joint replacement which could threaten the strength of the bone near the joint replacement. Regular follow-up (every one to two years) becomes more important as the joint replacement becomes older. The risk of problems related to wearing of the artificial joint surfaces increases over time.