

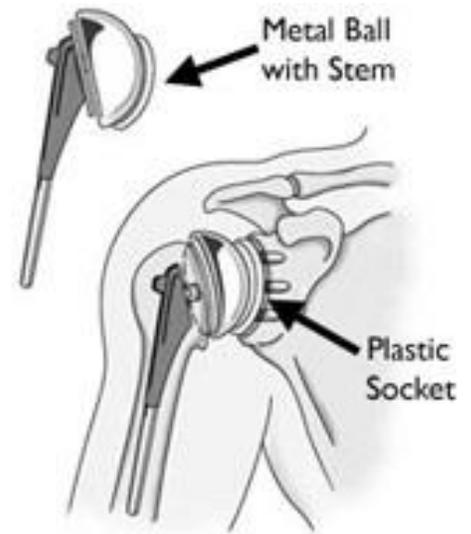
## About Total Shoulder Replacement

### What is Total Shoulder Replacement?

The bones of the ball (the humeral head) and the socket (the glenoid) are normally protected by a smooth cartilage surface. With time, age and injuries, the cartilage can wear down and the joint becomes stiff, weak and painful. This wear-and-tear is called shoulder arthritis.

Some shoulder arthritis patients can have relief with medication, injections and light exercises. For severe degeneration, a reliable surgery for pain relief and improvement in function is Total Shoulder Replacement. Shoulder replacement is the third most common joint replacement performed.

In Total Shoulder Replacement, the damaged parts of the shoulder are replaced with artificial components. A metal ball is placed at the top of the humerus and a polyethylene plastic cup is fitted to the glenoid socket. Changing both the ball and socket is called a Total Shoulder Replacement; changing just the humeral side (when the cup is too worn down) is called Partial Shoulder Replacement or hemi-arthroplasty.



### Preparing for surgery

We'll have you stop certain medications before surgery, such as aspirin or anti-inflammatory medications (Ibuprofen, Naprosyn, Advil, Motrin, Celebrex, etc.) one week before surgery since they can cause bleeding. Depending on your age and medical history, we may have you see your regular physician and undergo some blood tests and an EKG before surgery.

### What you can expect on the day of surgery

The surgery is performed in most cases in an inpatient setting at the hospital. We'll have you show up at the hospital operating room about one hour and a half before your surgery. The nurses will register you, shave and prep the surgery area, and place an IV and start the preventative antibiotics.

Shoulder replacements are done under general anesthesia, which means you will be completely asleep and then wake up comfortably after the procedure is completed. Most patients also have an additional nerve block, to help keep the shoulder numb and comfortable for about 12-18 hours after surgery. The anesthesia doctor will also talk to you before surgery to review your medical history and answer any questions.

You'll stay in the hospital overnight and you'll be able to leave the next morning. A friend or family member will have to drive you home from the hospital, and someone should plan to be with you for at least the first 24-48 hours.

### When you get home from surgery

Plan to relax at home for at least about 1-2 days. You'll be able to get up a bit and go to the kitchen or bathroom, but it's wise to rest and relax for at least a few days. In order to start driving, you'll need to be off of the narcotic pain medications, and you have to be able to control a car safely.

You'll be given a sling to use after surgery, but it is not required to wear. Most patients use it for the first several days after surgery, and then will use it when standing for long periods or when going outside the home.

## **Recovery and Physical Therapy**

You will come back to see us in the office one week after surgery. At that visit we'll make sure your incision is healing well and remove your stitches.

A strong commitment to rehabilitation is important to achieve a good outcome after shoulder replacement. A supervised physical therapy program is necessary to regain strength and function in the shoulder.

Rehabilitation progresses in stages. The first phase is just to work on range of motion exercises. We limit how much you can rotate the arm externally to the side to allow one of the tendons in the front to heal. After range of motion improves, a light strengthening program will be started. This isn't heavy weight training, but specific rotator cuff and shoulder blade strengthening to gradually restore shoulder function. Most patients have a functional range of motion and adequate strength by 4 to 6 months after surgery, and complete recovery may take even a year after surgery.

## **Getting back to work and sports after Shoulder Replacement**

Getting back to work depends on the demands of your job. Sitting up for desk work can usually be started around a few days after surgery, especially if you can keep the arm at your side and use an ice pack at your desk. Shoulder Replacement is designed for pain relief and flexibility; it's not designed to return to heavy manual work or heavy weight training. It is reasonable to plan some light resistance exercises, but using mostly the exercises learned in physical therapy.

## **Long-term prognosis after surgery**

After Total Shoulder Replacement, most patients achieve a satisfactory result, with good improvement in pain and improvement in function. A typical result is being able to lift the arm just above the shoulder level. Some patients have more active motion than that, and some have less. It usually depends on your level of degeneration, stiffness and weakness prior to having the surgery.

## **Possible risks and complications**

All surgery has risks of bleeding, infection, damage to nerves and arteries, stiffness, blood clots, and persistent pain. These complications are uncommon after shoulder surgery. As in all joint replacements, there is a risk of infection setting up in the implants, which is a serious complication requiring aggressive treatment with repeat surgery and intravenous antibiotics.

An important concern after shoulder replacement is to regain full flexibility, and a small percentage of patients have difficulty tolerating the physical therapy and require a second operation to break up the scar tissue. The best way to decrease this risk is to be diligent in the exercises learned in physical therapy.

There are some patients who have loosening or wear in the components over time. This is not common and the survivorship rates at 20 years after replacement are very high, especially since the shoulder is not a weight-bearing joint. Some patients can develop instability of the components or degeneration of the rotator cuff tendons of the shoulder, which are not common.

There is a small risk of infection setting up in the shoulder replacement after dental work. We commonly have patients take preventative antibiotics for at least after surgery prior to dental work. Recent research indicates the risk of infection after dental work is very low.

The risk of severe complications from general anesthesia, such as death, heart attack or stroke, are very low, especially for patients with good general health.

## **Questions?**

If you have any questions, be sure to call us at 925-600-7020.