

INFORMATION SHEET: Shoulder Replacement

INTRODUCTION

In shoulder replacement surgery, the surgeon replaces the joint surfaces of the shoulder with artificial parts. The artificial joint decreases pain, restores motion, and improves function of the shoulder joint.

INDICATIONS AND GOALS FOR SURGERY

Most patients who consider shoulder replacement surgery have severe arthritis of the shoulder or another condition that has led to the destruction of the cartilage in the shoulder. When the shoulder condition causes daily, disabling pain, restricts motion and/or decreases functional abilities, and the patient is unable to achieve adequate pain relief or improved function with conservative (non-surgical) measures, then shoulder replacement may be an appropriate option.

The primary goal of shoulder replacement surgery is to reduce pain. The secondary goal is to improve shoulder function. Shoulder replacement may also be utilized to treat a severe fracture of the shoulder region. In this case there may not have been arthritis, however, the joint surface of the native joint is damaged beyond repair, and may need to be replaced.

DESCRIPTION OF THE SURGICAL PROCEDURE

Total Shoulder Replacement

During shoulder replacement surgery, the Orthopedic Surgeon will make an incision over the shoulder region. After removing the ball portion of the ball and socket, damaged cartilage and bone is removed from the surfaces of the socket side (called the glenoid). The socket is “re-surfaced” with a polyethylene component to provide a frictionless surface. On the “ball” or humerus side, a new metallic hemisphere component is positioned. This is typically placed upon a stem that is down the shaft of the humerus bone. The “new” shoulder will be “relocated” and tested for stability. Soft tissue that was cut for surgery will then be repaired. This completes the operation.

Reverse Shoulder Replacement

The incision and procedure is very similar, but because of loss of rotator cuff function, the socket (glenoid) is replaced with a hemispheric metallic implant and the “ball” side is replaced with a socket type component. Thus, the reverse relationship of normal anatomy. This new joint is then reduced together and stability is checked. The soft tissues are repaired.

Rehabilitation

Rehabilitation will begin soon after surgery. The patient will participate in therapy in the hospital with the goal of achieving safe transfers from the bed, short distance walking, and an early exercise program. After discharge, the patient will continue with surgeon-directed therapy and a home exercise program. Full recovery after surgery is a process

that will take weeks. The patient's motivation and willingness to participate in the rehabilitation program are critical in the ultimate outcome of the surgery.

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.

MEMBERS OF THE SURGICAL TEAM

The Orthopedic Surgeon will require the assistance during surgery of a team of experts. Fellows and Orthopedic Residents will be performing important tasks related to surgery as well as surgical technicians and operating assistants. These activities are in accordance with the hospital's policies and, in the case of the Residents/Fellows, based on their skill set and under the supervision of the responsible Orthopedic Surgeon.

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.

PARTICIPATION IN CARE

Patient participation in their care is critical to the success of shoulder replacement surgery. The patient should provide accurate and complete information about their health and any change in condition after surgery. Patients are encouraged to follow the recommendations made for their care and to ask any questions they may have.

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