SHOULDER JOINT **REPLACEMENT**

A guide to the symptoms and treatment for **Shoulder Arthritis**

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REPLACEMENT

Shoulder Joint Replacement *(Arthroplasty)*

Your shoulder is a ball and socket joint. The top of the humerus (your upper arm bone), known as the humeral head, is the ball. The socket is a part of the scapula (shoulder blade) called the glenoid. The joint surfaces are covered with cartilage to allow for a wide range of movement.

The most common reason for replacing the shoulder joint is arthritis; sometimes the sugery is performed for a fracture or irreparable muscle damage.

Osteoarthritis or 'wear-and-tear' arthritis is a condition that destroys the articular cartilage (the smooth outer covering of your bone). As the cartilage wears away it becomes frayed and rough, and the protective space between the bones decreases. During movement the bones of the joint rub against each other, causing pain and loss of range.

Osteoarthritis usually affects people aged over 50.

Post-traumatic arthritis is a form of osteoarthritis that develops after an injury, such asa fracture or dislocation of the shoulder.

Rheumatoid arthritis is an auto immune disease, which attacks multiple joints in the body.

Arthritis can also develop after a longstanding **rotator cuff tendon tear**. When the muscles can no longer hold the ball and socket joint, the bones rub together. This damages the bone surface and causes arthritis.

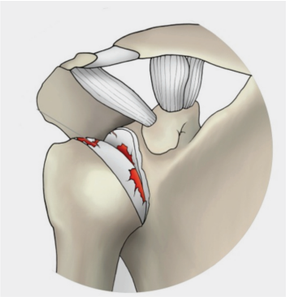
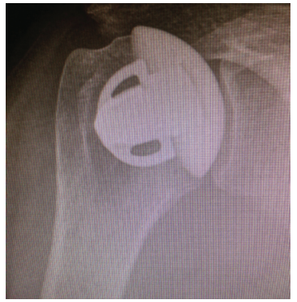
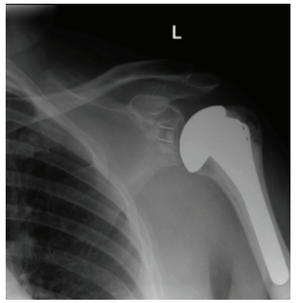


Diagram showing worn cartilage

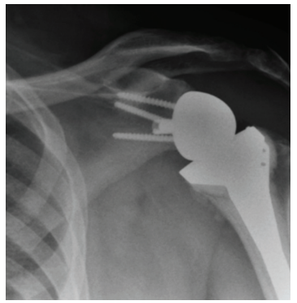
X ray showing shoulder arthritis



Hemiarthroplasty



Total joint arthroplasty



Reverse anatomy arthroplasty

What does shoulder replacement involve?

Arthroplasty or shoulder replacement is an open surgical procedure. This means you will have a scar down the front of your shoulder. The operation replaces the damaged joint surfaces with a metal or ceramic substitute for the ball and a plastic cup for the socket.

The aim of this procedure is to reduce the pain in your shoulder, which may in turn improve mobility. This depends on how stiff your joint was before the operation, and whether the muscles around your shoulder are too damaged to function properly.

Potential problems caused by this surgery include infection, bleeding, neurovascular injury (damage to nerves and blood vessels), dislocation of the joint and the replacement wearing out. These problems can sometimes require revision surgery. Ongoing pain may occur.

There are three main types of arthroplasty:

Hemiarthroplasty: the replacement of the ball of the joint.

Total joint arthroplasty: the replacement of the ball and socket.

Reverse anatomy arthroplasty: the replacement of the ball by a socket, and the socket by a ball.

The decision regarding which type of shoulder replacement is best suited to your needs will be discussed with you by your surgeon. There are a number of options related to the type of replacement including the length of the stem and the material from which the ball is made.

The operation is usually carried out using a combination of a general and regional (switching off nerves to the arm) anaesthetic. The surgery is performed through a single incision closed with a stitch under the skin. Prior to discharge from hospital waterproof dressings are applied, so showering is possible the day after surgery.

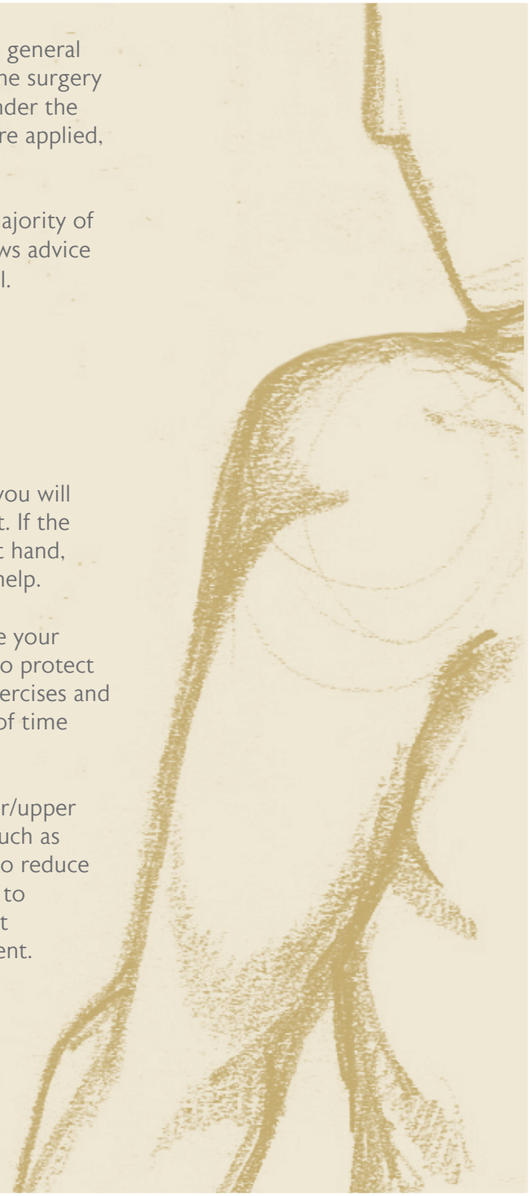
The stitches are removed after approximately 10 days. The majority of patients stay in hospital for 2 or possibly 3 nights, which allows advice regarding care of the replacement before leaving the hospital.

How long is the recovery period?

After the operation, until you are discharged from hospital, you will start to move the shoulder with the help of a physiotherapist. If the operation has been carried out on the side of your dominant hand, your daily activities will be affected and you will need some help.

You may be in pain for a few weeks, so it is important to take your pain medication regularly. You will also have to wear a sling to protect your shoulder, but you can remove this for physiotherapy exercises and personal care. After four weeks you can reduce the amount of time you wear it.

It will take a few weeks for any bruising around your shoulder/upper arm and any swelling in your arm to disappear. An icepack, such as ice cubes or frozen peas wrapped in a damp cloth, can help to reduce swelling and pain. Leave the icepack on your shoulder for up to 15 minutes, checking your skin regularly to ensure it does not become irritated. If this happens, discontinue the ice treatment. Never place ice directly onto your skin.



After you've been discharged

Once discharged you will see a physiotherapist regularly and will be given exercises to do at home. Between 6-12 weeks after the operation, the exercises will be designed to improve the movement you have and get the muscles to work.

You can usually drive approximately 8 weeks after surgery, and return to work in six weeks if your job is sedentary (typing may be difficult), and four–six months if it is manual. Your ability to resume leisure activities depends on the mobility and strength you regain in your shoulder after the operation.

As a guideline; breast stroke swimming after six weeks and golf after three months. Racquet sports (if non-dominant arm operated) at three months. Racquet sports (if dominant arm operated) and contact sports should not be considered for at least six months after surgery.

Most improvement will be felt in the first six months but strength and movement can continue to increase for 18 months to 2 years.

Notes

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