

Your diagnosis is **shoulder (glenohumeral) arthritis**.

What is shoulder arthritis?

Shoulder arthritis may be from osteoarthritis which is the inflammation and swelling that develops from normal “wear and tear” of the shoulder. Rheumatoid arthritis can also affect the shoulders. It is a chronic, autoimmune disease where multiple joints are “attacked” by the body’s own immune system resulting in breakdown of the joint.

The most common symptoms of shoulder arthritis are:

- Pain – progressively worsens and is aggravated by movement
- Decreased motion
- Audible cracking and snapping sounds (crepitus)
- Night pain and difficulty sleeping

Normal joint space



X-ray of a normal shoulder

Glenohumeral arthritis with no joint space



X-ray of an arthritic shoulder

How does shoulder replacement surgery help?

In shoulder replacement surgery, the painful surfaces of the damaged shoulder are resurfaced with artificial shoulder parts. The part that replaces the ball consists of a stem with a rounded metal head (usually titanium or cobalt chromium) or a metal cap that covers the ball. The part that replaces the socket consists of a smooth plastic (polyethylene) concave shell that matches the round head of the ball.

Total shoulder replacement implants –



Humeral stem and humeral



Glenoid component



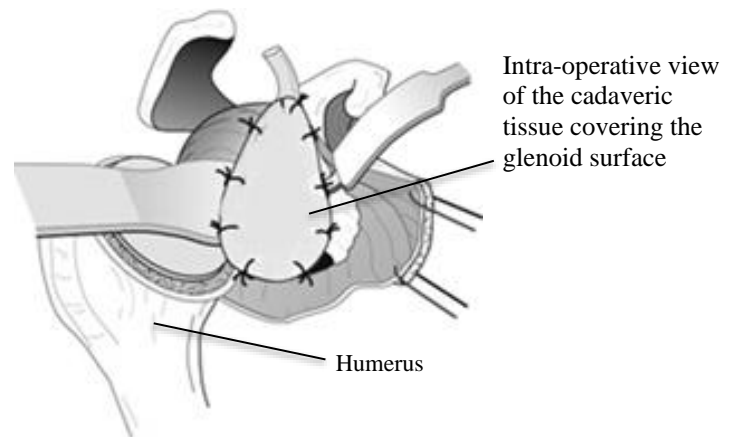
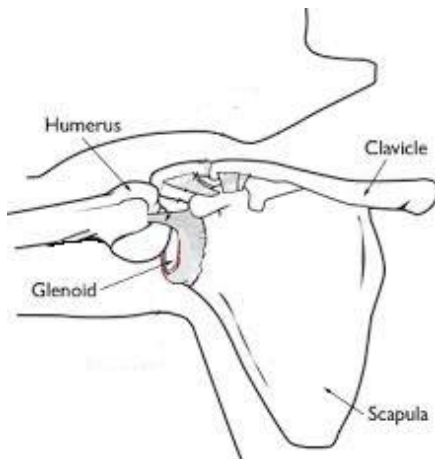
X-ray of a total shoulder

Canal sparing (stemless) total shoulder replacement



Biologic resurfacing total shoulder replacement

A biologic resurfacing shoulder replacement is a special type of replacement that may be considered for a younger patient with glenohumeral arthritis. Rather than replacing the glenoid surface with a manufactured implant, the glenoid surface is covered with cadaveric tissue. This approach preserves the glenoid bone in the case of a need for revision surgery later in a patient's lifetime. The humeral head is either resurfaced with a humeral cap or a more traditional humeral head and stem is utilized.



Biologic total shoulder replacement using a humeral head resurfacing cap

Frequently Asked Questions

How long is the hospital stay after a shoulder replacement?

Most people are in the hospital for 1 to 2 days following shoulder replacement. It is important that pain is well managed prior to leaving the hospital. Having help at home after a shoulder replacement surgery is highly recommended because of the need to have assistance with driving and range of motion activities.

What type of anesthesia is used for a shoulder replacement surgery?

An interscalene brachial plexus nerve block along with general anesthesia are typically the types of anesthesia utilized for a shoulder replacement surgery. Prior to surgery the anesthesiologist prior to your surgery and can discuss the options for anesthesia at that time.

A nerve block numbs the arm during and for a number of hours after surgery. When the block wears off a person's pain will start to increase so speaking with the nurse about managing the surgical pain as the block wears off is very important. The nurses help determine the timing of pain medication in order to make this transition as comfortable as possible.

How is the surgical pain managed?

Pain after a surgical procedure is unavoidable but by appropriately using pain medications as well as using ice helps to make the pain more manageable. In the hospital the nurses help patients determine how to manage the pain associated with surgery including figuring out what pain medication works best for individual patients.

How long do I need to wear the sling?

The sling is meant to protect, not strictly "immobilize" the arm. The sling should be worn for approximately 6 weeks after surgery; it is especially important to sleep in the sling and use it when out in a public place the first 6 weeks after surgery. Unless instructed otherwise, the sling should be removed about 3 times a day to in order to bend and straighten the elbow to work out any stiffness. Doing gentle hand exercises such as lightly squeezing a ball will help minimize swelling that can occur in the hand and fingers.

What are common problems experienced immediately after surgery?

Most people do experience some difficulty sleeping after shoulder surgery. Sleeping in a recliner or propped up on pillows helps in getting more comfortable. Sleeping on the side opposite the shoulder surgery just after a shoulder replacement won't do any damage but most people find it is too uncomfortable. The difficulty sleeping does resolve and most people are able to sleep on the side that was operated on over time.

Is physical or occupational therapy necessary after shoulder replacement?

The day after surgery a hospital physical or occupational therapist provides instruction in the passive motion exercises allowed after surgery. Ideally they provide this instruction to the patient as well as a family member or friend because passive motion requires someone to move the patient's arm through a limited range of motion. Prescriptions for outpatient physical therapy are provided at the post-operative visits to the surgeon's clinic. The prescriptions describe the appropriate activities at the specific post-operative time. Seeing a PT or OT is important so the progression of activity is done in a safe manner, leading to the best possible result of surgery.

When is driving allowed?

We recommend no driving for the first 6 weeks after surgery or the sling is still being worn. In addition, if a patient is still taking narcotic pain medication he/she should not drive.

When can I go back to my regular physical activity?

The answer to this question varies for every individual depending on the activity. Cardiovascular exercise is important and encouraged after surgery; walking or riding a stationary bike without putting pressure on the operated arm are good activities to begin after surgery. Range of motion is limited for a number of weeks after surgery and only very light (2 lbs.) of strengthening is allowed until about 6 months post-op so returning to regular physical exercise may take 6 months to a year.

When can I go back to work?

If work is more sedentary such as computer based work, returning in 2 – 4 weeks may be reasonable. For more physically demanding jobs it is important to discuss job requirements with the surgeon and his team to fully understand how the surgery may impact returning to work.

Web links and contact info:

Western Orthopaedics: www.western-ortho.com 303-321-1333

Medication refill line: 303-253-7313 or toll free 1-888-900-1333

- Narcotic medications will not be refilled on the weekends, please arrange for your refills during normal business hours. Mon-Fri 8:30 a.m.– 5:00 p.m.

Denver Shoulder: www.denvershoulder.com

Rose Medical Center: www.rosemed.org