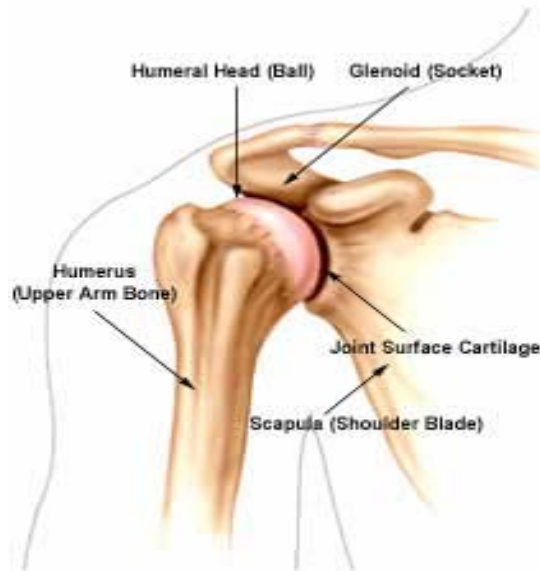


Shoulder Replacement Surgery for Shoulder Arthritis

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The shoulder is a ball and socket joint. The ball portion of the joint is called the humeral head, and is part of the humerus (upper arm bone). The socket portion is called the glenoid, and is part of the scapula (shoulder blade). The humeral head (ball) fits into the glenoid (socket) and the two bones rub together as the shoulder moves.

In a healthy shoulder joint, the surfaces of these bones where the ball and socket rub together are very smooth and are covered with a tough protective tissue called cartilage. Arthritis causes damage to the cartilage surface. These damaged surfaces eventually become painful as they rub together. There may also be inflammation tissue or bone spurs as a result of the arthritis.

How is arthritis treated?

Dr Bents will normally recommend physical therapy to restore range of motion and strength of the shoulder. Occasionally an injection may temporarily decrease the pain associated with arthritis. In some cases arthroscopy may be recommended to repair rotator cuff tendon tears and/or shave bone spurs. In select cases, Dr Bents will recommend shoulder replacement surgery.

Who should consider shoulder replacement surgery

Individuals with [shoulder arthritis](#) should consider shoulder joint replacement if the [shoulder arthritis](#) is a major problem for the individual and the following apply:

- the individual is sufficiently healthy to undergo the procedure,
- the individual understands and accepts the risks and alternatives,
- there is sufficient bone to permit the surgery,
- the surgeon is experienced in shoulder replacement surgery,

Shoulder replacement surgery is most effective when the individual follows a simple exercise program after surgery and understand the limitations of the procedure. Thus, the individual 's motivation and cooperation are important elements of the partnership.

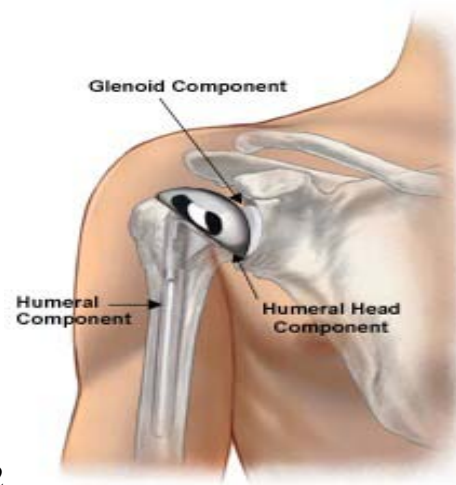
Surgical options

The shoulder replacement procedures range from a replacement of the humeral head only with a resurfacing CAP prosthesis [Figure 1], to a [total shoulder arthroplasty](#) which includes a ball and stem on the humerus and a artificial socket or glenoid [Figure 2]. Figure



1

Figure 2



Benefits

In the hands of an experienced surgeon like Dr Bents, shoulder replacement can be helpful in restoring stability, comfort and function to the shoulder of a well-motivated individual. The greatest benefits are often the ability to sleep on the affected shoulder and the ability to perform normal activities, and decreased pain.

Risks

Shoulder replacement surgery carries potential risks that are important for the individual to consider. The risks of this surgery include but are not limited to the following: infection (which can be sufficiently serious to require revision surgery, including removal of the prosthesis), injury to nerves and blood vessels, fracture, stiffness or instability of the joint, dislocation, loosening of the prosthesis, pain, failure of tendon or muscle attachment, and possible need for additional surgeries – any or all of which may result in major loss of function to the arm.). An experienced

shoulder joint replacement team will use special techniques to minimize these risks, but cannot totally eliminate them.

Rehabilitation

A careful, well-planned rehabilitation program is critical to the success of a shoulder replacement. You usually start gentle physical therapy on the first day after the operation. You wear an arm sling for 4-6 weeks after surgery.. Most patients are able to perform simple activities such as eating, dressing and grooming within 2 weeks after surgery. Driving a car is not allowed for 6 weeks after surgery.

Here are some "do's and don'ts" for when you return home:

- Don't use the arm to push yourself up in bed or from a chair because this requires forceful contraction of muscles.
- Do follow the program of home exercises prescribed for you. You may need to do the exercises 4 to 5 times a day for a month or more.
- Don't overdo it! If your shoulder pain was severe before the surgery, the experience of pain-free motion may lull you into thinking that you can do more than is prescribed. Early overuse of the shoulder may result in severe limitations in motion.
- Don't lift anything heavier than a glass of water for the first 6 weeks after surgery.
- Do ask for assistance. Your physician may be able to recommend an agency or facility if you do not have home support.
- Don't participate in contact sports or do any repetitive heavy lifting after your shoulder replacement.
- Do avoid placing your arm in any extreme position, such as straight out to the side or behind your body for the first 6 weeks after surgery.

Many thousands of patients have experienced an improved quality of life after shoulder joint replacement surgery. They experience less pain, improved motion and strength, and better function.