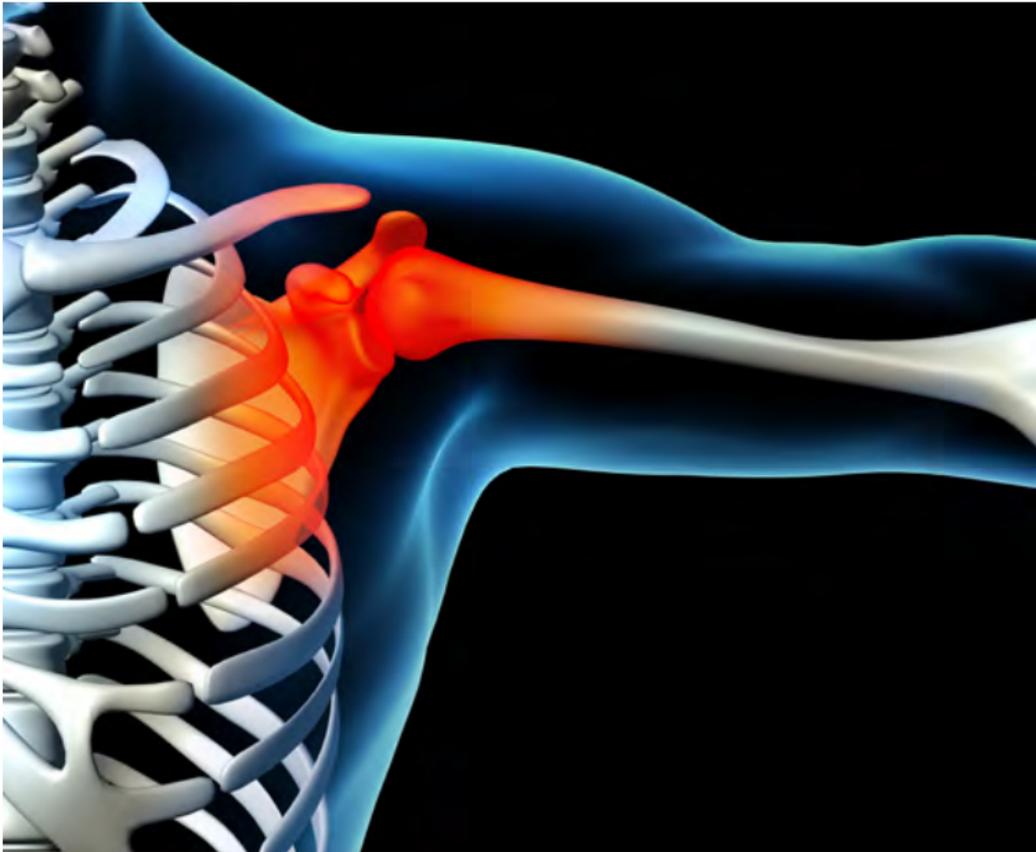




SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



Total Shoulder Arthroplasty

Ms. Ruth Delaney
Consultant Orthopaedic Surgeon



Introduction

Arthritis of the shoulder joint leads to pain and limitation of motion. In arthritis, the cartilage surface of the joint has been worn away. There is often overgrowth of bone as the body attempts to heal, called osteophytes, which contribute to the altered mechanics, stiffness and pain. It is not possible for the cartilage to heal or regenerate, and the pain continues. Shoulder arthritis can be treated with conservative approaches such as injections and anti-inflammatory medications. When symptoms reach the point where the patient feels they are having a significant impact on daily life, and conservative measures are failing to relieve these symptoms adequately, then the patient may be a candidate for shoulder replacement surgery. Shoulder replacement replaces both the ball (humeral head) and the socket (glenoid) of the shoulder joint. The humeral head is replaced with a metal component after removal of the arthritic parts, and the glenoid is replaced with a plastic (polyethylene) component.

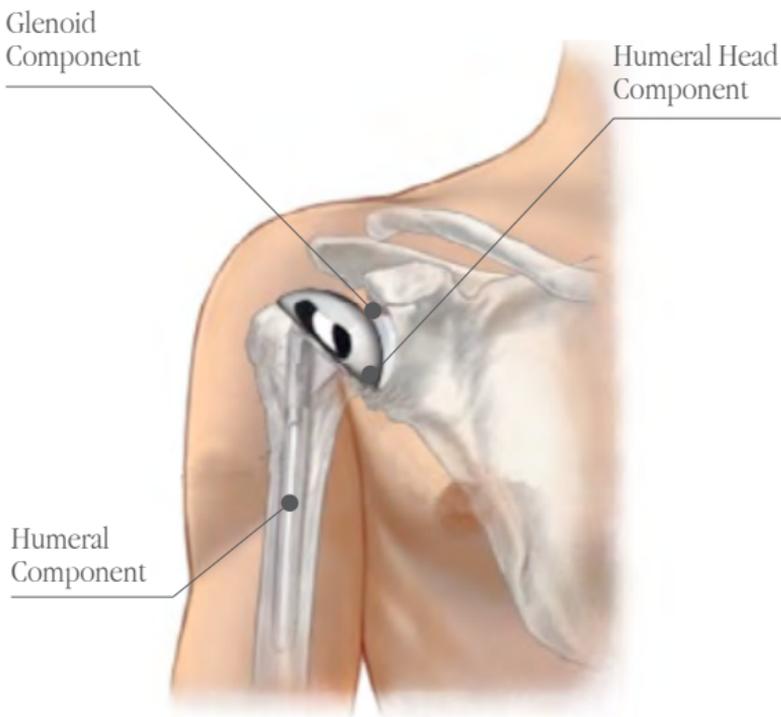


Prior to shoulder replacement surgery, Ms. Delaney may request a CT scan of your shoulder to see the extent of deformity of the joint and to allow for surgical planning.

This leaflet provides general guidelines, but each patient's shoulder condition is unique and Ms. Delaney will discuss with you the specific details relevant to your case.

Shoulder Replacement Surgery

The surgery is performed under general anaesthesia. The incision is in the front of the shoulder and provides access to the shoulder joint by detaching a tendon at the front of the shoulder, the subscapularis tendon. The arthritic joint surfaces are removed, and replaced with the implant components. In addition, the top portion of the biceps tendon, which is usually degenerative, inflamed and painful in association with the shoulder arthritis, is removed and the biceps is reattached further down the arm. The subscapularis is carefully repaired at the end of surgery.



Risks

Risks of shoulder replacement surgery include damage to nerves or blood vessels and infection. You will be given antibiotics by the anaesthetist at the beginning of surgery and for the following 24 hours to minimise the risk of infection. Longer term risks include instability or dislocation of the replacement, loosening of the socket, or further trauma causing fracture or loosening. Shoulder replacement surgery is successful in over 90% of patients.

Post-operative Care

Pain Control

It is to be expected that there will be some pain and discomfort after surgery. You will be given pain medication in hospital and you will be sent home with a prescription for pain medication. The post-operative pain should be controlled by the pain medicine and ice. Apply ice, in the form of ice packs or crushed ice/frozen peas wrapped in a damp cloth, to the shoulder frequently (approximately 20 mins at a time, at least 2-3 times a day).

Sling

You will be placed in a sling at the end of your surgery, largely to protect the subscapularis tendon repair. The physiotherapist will show you how to manage the sling while protecting the shoulder. You will commence some gentle pendulum and passive motion exercises with the shoulder early in your rehabilitation, within limits prescribed by Ms. Delaney, but the sling is to be worn at all other times, including sleep, for 4 weeks. At that point, you will transition out of the sling and begin active motion of the shoulder, under supervision of your physiotherapist and Ms. Delaney.

Follow up Appointments

An appointment will be made for you to see Ms. Delaney approximately 2 weeks after surgery.

Ring the office at 01-5262335 to confirm this appointment.

Rehabilitation

At your follow up visit with Ms. Delaney, you will be given a prescription for physiotherapy and a detailed physiotherapy protocol for you and your physiotherapist to follow. Typically, you will spend 4 weeks in a sling, during which time you will be allowed to do some supervised, passive motion exercises, followed by active motion exercises after the 4-week point, with any strengthening usually deferred until 12 weeks.

Driving



You must not drive while in the sling or while taking narcotic pain medication. Ms. Delaney will advise when you may begin driving.

Return to Work

Return to work depends on the nature of your occupation. You need to discuss this with Ms. Delaney. If you work in a job that involves heavy impact loading of the shoulder, this puts the joint replacement at risk for loosening and failure, and this needs to be discussed prior to your surgery.

Return to Leisure Activities

You will be advised on return to sports and leisure activities by Ms. Delaney and your physiotherapist. In the long term, patients generally can participate in most of their desired sports, with the exception of collision and contact activities. Skiing is permissible, but falling risks fracture of the shoulder and loosening of the prosthesis.

Antibiotic Prophylaxis

After joint replacement, it is important that you take a preventative antibiotic prior to any dental work, as even a simple dental cleaning can cause bacteria to enter your bloodstream and infect your shoulder replacement. Ms. Delaney can provide you with a prescription for this antibiotic whenever you need it – please call the office.



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