

Shoulder Replacement Surgery

Indications

- Painful arthritis of the shoulder glenohumeral joint, not amenable to lesser treatments of activity modification, simple medication, or arthroscopic debridement.

Goals of Surgery

- Pain relief and often improvement in movement and function.
- The level of movement and functional improvement varies depending on the condition of the shoulder including the rotator cuff.
- Often patients with primary glenohumeral osteoarthritis achieve good pain relief and two-thirds normal range of movement or better.

Planning

- Pre-operative medical assessment may be advised to optimise safety for anaesthesia and recovery support.
- Pre-operative imaging includes X-Rays and often CT or MRI scans. These may assist in planning the procedure.

Arthroplasty Options

- Total Shoulder Replacement (ball and socket replacement)
- Reverse Shoulder Arthroplasty (“ball” is on the socket side, designed to compensate for deficient rotator cuff muscles and tendons)
- Hemiarthroplasty (replacing the ball but not the socket)
- The decision on which type of implant is used is based on a number of individual factors including the pattern of bone wear and the condition of the rotator cuff

How Long Do They Last?

- In New Zealand, more than 90% of shoulder replacements have not had a revision procedure in the first 10 years from surgery.

In Hospital

- The procedure is done under general anaesthetic through an incision on the front of the shoulder.
- The operation often takes 2 hours or longer.

Expectations

- The goal is for the shoulder to feel around 80% right around 4 – 6 months from surgery, and 90% right or better 9 – 12 months from surgery.
- Sometimes it can take a long time for all aching to fully resolve.
- A shoulder sling is applied at the end of the procedure.
- There are routine X-Rays and blood tests done on the first post-operative day.
- On the second day, usually the patient can be helped to shower in a light sling and start the pendulum exercise. This is the most gentle shoulder exercise, involving leaning forward, letting the arm hang down and swinging the arm in a gentle circle, for around 30 seconds twice a day.
- The hospital stay is often 3 or 4 nights, depending on the level of independence and home support.

The First 6 Weeks

- The sling is worn for the first 6 weeks.
- Sometimes we recommend physiotherapy – passive external rotation to neutral, and passive elevation exercises, starting around 2 weeks from surgery.
- You should not drive in this time as your arm is in a sling.
- Depending on pre-surgery level of function, you may need help with shower and dressing, cooking and cleaning.

After the First 6 Weeks

- Wean off using the sling over 2 or 3 days.
- Use the arm gently in comfort range.
- Don't lift heavier than 1 – 2 kg.
- Do gentle range of motion exercises but don't force it.
- Be careful not to stress the healing subscapularis muscle, so don't force external rotation or internally rotate forcefully.
- Work on posture and scapular control.

3 Months Post Surgery

- Sometimes some physiotherapy guided light inner range strengthening.
- However, the shoulder should never be used for heavily lifting or rapid ballistic activities, or stretched forcefully.

Risks

- The risks and complications of shoulder replacement surgery include, but are not limited to: anaesthetic and medical risks, infection, fracture, neurovascular injury, instability, pain, loosening and wear.