

TOTAL SHOULDER REPLACEMENT

The following is designed to present an overview of total shoulder replacement surgery. Because each patient is an individual, please be assured that certain aspects of your care may be altered according to your needs and the wishes of your orthopaedic surgeon.

SHOULDER ANATOMY

The shoulder is a ball and socket joint similar to the hip joint, but with much greater mobility. It is composed of bones, muscles, tendons and ligaments which all work together to provide stability and movement. The clavicle (collar bone) attaches the shoulder to the ribcage and helps hold the shoulder out, away from the mid-body. The clavicle connects with a large, flat triangular bone, the scapula (shoulder blade), at the acromion. The rounded head of the humerus (arm bone) rests against the socket in the scapula.

SHOULDER REPLACEMENT

In a total shoulder replacement, a metal ball replaces the humeral head and a polyethylene cup replaces the glenoid socket. The primary indication for a total shoulder replacement is pain which does not respond to conservative treatment. Pain may be due to abnormalities and changes in the joint surfaces as a result of arthritis, avascular necrosis or abnormalities due to trauma or fractures. The primary goal of shoulder replacement surgery is to relieve pain with the secondary goals of improving motion, strength and function.

DAY OF SURGERY

Your prospective testing, x-rays and examination will be done in the weeks prior to surgery. You will be admitted to the hospital on the day of surgery.

An anaesthetist will discuss with you the type of anaesthesia appropriate for you. This may consist of a regional anaesthetic which affects only your shoulder and arm. You will also be given medications through your IV which keep you relaxed, comfortable and somewhat sedated. The other option is general anaesthesia.

You will be given intravenous antibiotics before surgery and for 48 hours post-operatively to help prevent infection. You may also be given other pre-operative medications.

Once in the operating room, you will meet the staff consisting of nurses, physicians and technicians. You will be positioned on the operating table and made comfortable. Your head is positioned away from the operative shoulder. There is much sterile draping and your head will be partially covered to shield and protect the operative site.

The anaesthesia staff will remain by your head to monitor your condition throughout surgery. The surgery lasts approximately two hours, but preparation time will prolong your time in the operating room.

After surgery, you will be transported to the recovery room and an x-ray of your shoulder will be taken. You will have a dressing on your shoulder, a small drainage tube exiting the shoulder and an immobiliser on your operative arm.

HOSPITAL COURSE

The average length of stay in the hospital is two days. You will be provided with pain medication throughout your hospital stay and on discharge.

The drain will be removed from your shoulder and your dressing will be changed on the first day after surgery. You will be encouraged to be up and about as quickly as possible.

The logo for Queensland Combined Orthopaedic Specialists (qcos) features the lowercase letters 'qcos' in a bold, orange, sans-serif font. The 'q' is stylized with a vertical line extending downwards. To the right of the 'o' are three small orange dots arranged vertically.

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Your intravenous line will remain in place for fluids, antibiotics and possible pain medication for 24 – 48 hours after surgery.

Physiotherapy is the most important component of a successful result. Beginning the first day after surgery, you will be going to physiotherapy twice daily to begin passive stretching and range of motion exercises.

The physiotherapy programme will enable you to learn your specific exercises during your hospitalisation, which will continued after discharge. The exercises are fairly simple and require a short amount of time two or three times each day. A successful outcome of your total shoulder replacement surgery depends heavily on the faithful performance of your exercises. You will need a partner to assist with exercises at home and this partner should attend at least one physiotherapy session with you in the hospital.

DISCHARGE INSTRUCTIONS

Keep the wound dry until sutures are removed.

- Do not use spray deodorants (you may use roll-on types) until the sutures are removed.
- You will be given a return appointment to my rooms for 12–14 days after surgery for suture removal and shoulder examination.
- You may resume driving in 3 – 4 weeks.
- No heavy lifting for two months.
- You may resume active movement of your arm in two weeks with limits of pain for activities of daily living such as eating and grooming.
- Continue exercises at home as instructed by your physiotherapist and physician.

You may expect your rehabilitation to be ongoing and progressive. Near normal functioning should be achieved within 3 – 6 months. The maximum benefit may take six months to one year. It is important to realise that progress is sometimes slow and not always steady. You must persevere with your therapy programme and try not to get discouraged. Your progress will be monitored by your physician with visits at intervals of six weeks for the first four or five months and then less frequently for one year.

Please note that any physician or dentist contemplating a future operative or invasive procedure or dental work must give you antibiotics pre-operatively and post-operatively to prevent infection. This includes all surgeries, tooth extractions and root canals. Any infection such as urinary tract infection must be treated promptly with antibiotics as bacteria can spread to the replaced joint. At any time you receive medical treatment, notify the person in charge that you have a total shoulder replacement.

You will be given a card to carry verifying that you have had a joint replacement. This may necessary to use when passing through airport security. The reverse side of the card outlines the recommended antibiotic treatment for other physicians and your dentist to use.