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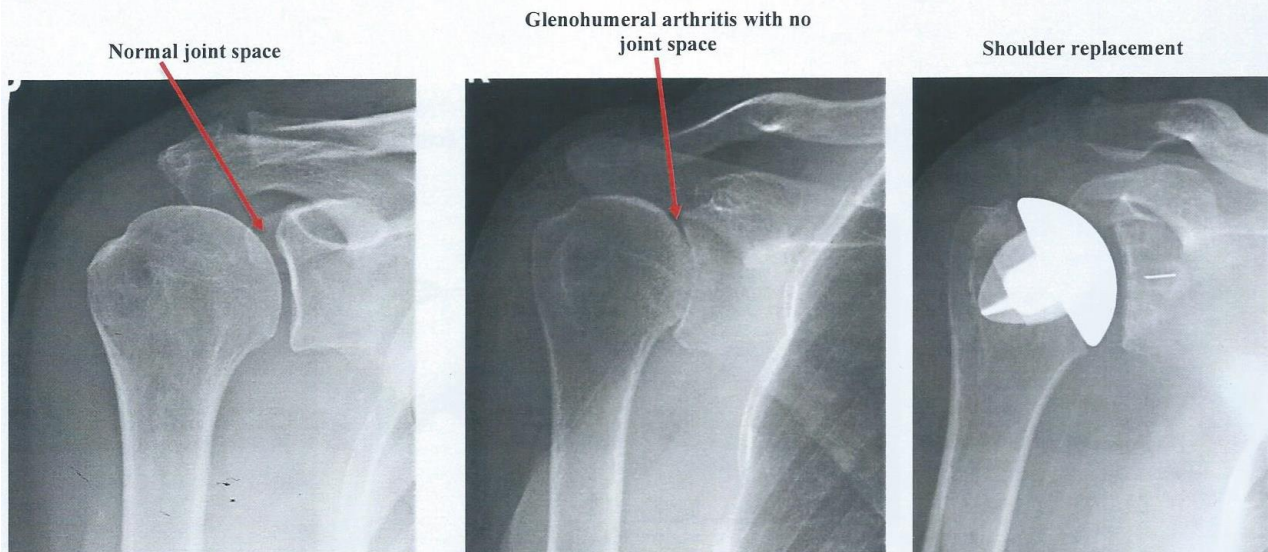
Your diagnosis is **shoulder (glenohumeral) arthritis**. You may need an anatomic shoulder replacement.

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)
- A grinding feeling with motion
- Night pain and difficulty sleeping



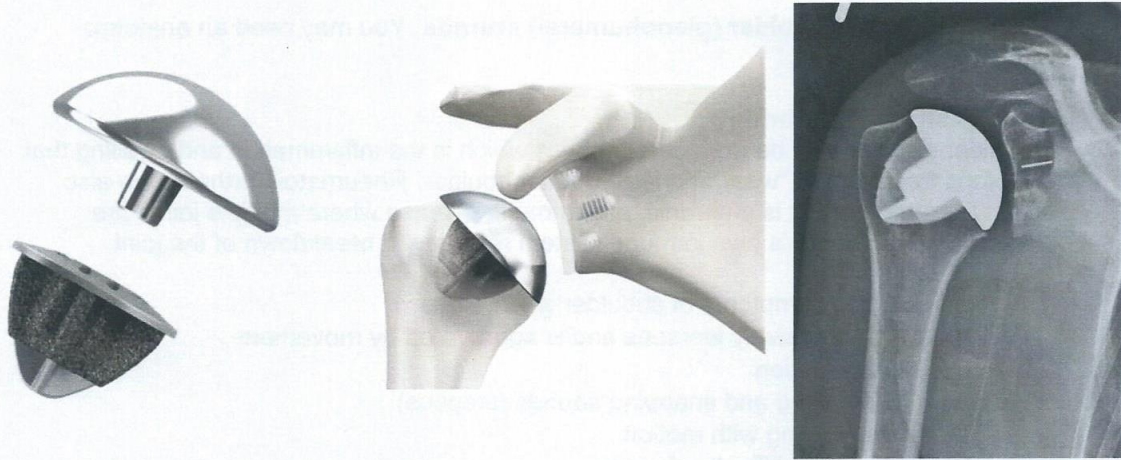
How does shoulder replacement surgery help?

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. Although the plastic is not visible on x-ray it does give the shoulder a visible joint space again.

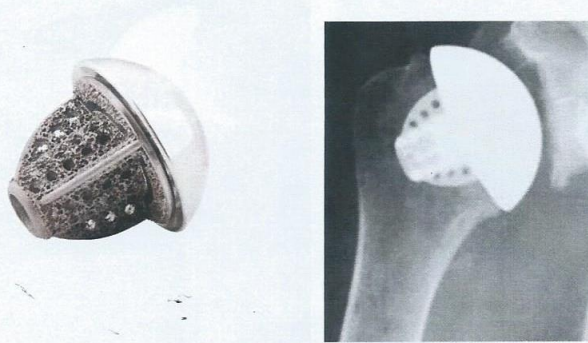
Total shoulder replacement implants –

- **Canal sparing (stemless) total shoulder replacement options**

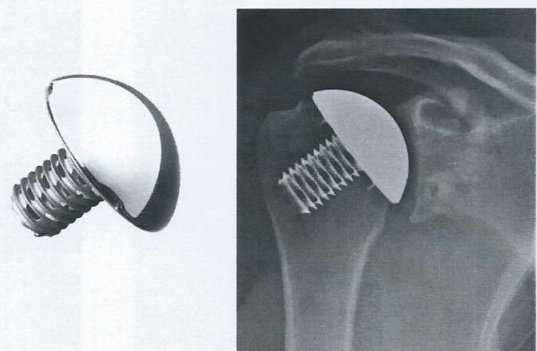
Simpliciti Stemless (Wright Medical)



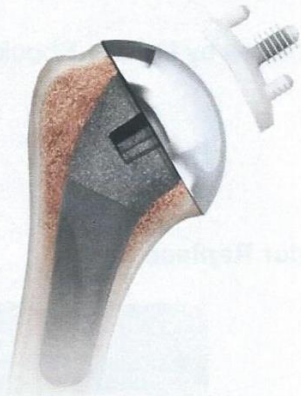
Equinox Stemless (Exactech)



Eclipse Stemless (Arthrex)

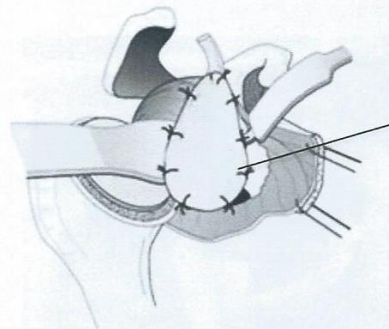
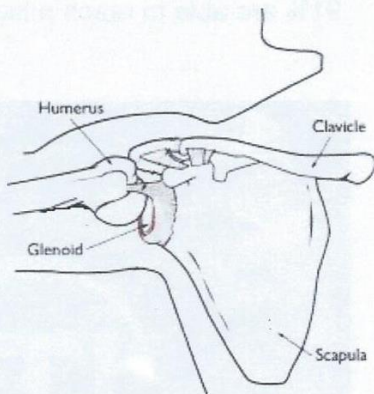


- **Short-stem total shoulder replacement**



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 polyethylene 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 usually resurfaced with a humeral cap. This approach eliminates the potential concern of plastic socket loosening, particularly for young and/or active patients.



Intra-operative view of the cadaveric tissue covering the glenoid surface



Biologic total shoulder replacement using a humeral head resurfacing cap and dermal allograft (donor graft) on the socket side.

Patient Reported Outcomes 1 Year after Shoulder Replacement:

94%
of our patients state they are
satisfied or very satisfied
1 year after total shoulder
replacement



91% are able to reach a high shelf



The majority of patients are able to return to work and/or enjoy the recreational activities they weren't able to participate in prior to shoulder replacement.

Frequently Asked Questions

How long is the hospital stay after a shoulder replacement?

Many people stay in the hospital for 1 or 2 evenings following shoulder replacement although some people are able to go home the same day as an outpatient. 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. You can discuss options for anesthesia with your anesthesiologist prior to surgery.

A nerve block numbs the shoulder and arm during and for a number of hours after surgery. When the block wears off a person's shoulder pain will start to increase so speak with your nurse about managing the surgical pain as the block wears off. Nurses will help you 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 manageable with appropriate pain medication and by using a cold therapy unit. The nursing staff will work with you to establish the right plan for you. At 6 weeks after surgery most people are pain-free or may need an occasional Tylenol to manage discomfort after therapy activities.

How long do I need to wear the sling?

The sling is meant to protect, not strictly "immobilize" the arm. The sling should be used intermittently 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 at least 3 times a day to in order to bend and straighten the elbow to work out any stiffness. Performing gentle hand exercises such as lightly squeezing a ball helps minimize swelling that can occur in the hand and fingers.

What are common problems experienced immediately after surgery?

Sleeping after shoulder surgery may be difficult but interestingly, more people reported difficulty sleeping *before surgery* due to shoulder pain rather than after surgery. If you do experience problems, sleeping in a recliner or propped up on pillows can help. After 6 weeks, 73% of patients had little trouble sleeping because of pain and by 1 year very few patients experienced difficulty sleeping.

Is physical or occupational therapy necessary after shoulder replacement?

To achieve the best possible result, seeing a physical therapist (PT) and/or occupational therapist (OT) is important throughout your recovery. On the day of surgery, a hospital PT or OT will teach the patient and a family member/companion how to do limited passive motion exercises. At post-operative visits, Dr. Hatzidakis will provide prescriptions for outpatient PT that will describe the appropriate activities at the specific post-operative time in order to ensure your activity progresses steadily and safely leading to the best possible outcome.

When is driving allowed?

Safe driving is a two-handed activity therefore we recommend no driving for the first 6 weeks after surgery or if 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. Light jogging is allowed at 2 – 3 months after surgery. By 6 months after surgery 82% of patients have reported they had no to very little pain while enjoying recreational activities as opposed to 68% who experienced extreme pain performing these activities before surgery.

When can I go back to work?

If work is more sedentary such as computer-based work, returning in days to weeks may be reasonable. For more physically demanding jobs it is important to discuss job requirements with the shoulder team to fully understand how the surgery may impact returning to work.