

SHOULDER REPLACEMENT ARTHROPLASTY SURGERY

What is wrong with your shoulder?

You have arthritis in your shoulder joint. The beautiful, smooth, glistening articular cartilage that allows the joint to move is worn out. Bone is now grinding against bone.

Besides the grinding, there is pain, swelling from inflammation and stiffness with loss of movement.

What I recommend.

Based on your description of the problem, my physical examination and review of the X-rays, I believe shoulder replacement would be helpful for you. The indications for surgery are persistent pain interfering with your activities of daily living, sleep, work and/or sports.

Are any other options available?

Non-operative options are available including more painkillers, anti-inflammatories, hot and cold packs, resting your shoulder, physiotherapy and even breaststroke swimming. If you are not ready for surgery we can trial these treatment options.

Sometimes these treatments can take the edge off your discomfort, however gradually the arthritis continues and the symptoms can increase.

What happens in surgery?

During surgery I remove the worn out surface of the humerus (arm bone), the head of the humerus, opening the joint through one of the muscles at the front of the shoulder.

I also replace the worn out socket and the new joint is reduced, the muscles repaired. We place a drain to drain away any excess blood.

Do the replacement parts wear out?

The new joint is made of metal and plastic. This bearing surface is not as good as the one you were born with and is therefore better to do a joint replacement in an older patient.

In younger patients or patients like farmers and labourers, who do a lot of lifting, the plastic can wear and may even require revision surgery.

Most people however only need one surgery.

Is there muscle or tendon damage?

Usually not. If there is damage to a muscle or tendon, then I repair this at the time of surgery. Or a different type of shoulder surgery is performed.

What kind of anesthesia is used?

We use general anaesthesia because we cannot do this type of surgery with local or regional anaesthesia alone. General anaesthesia is currently the only reliable agent that allows us to work deep inside your shoulder. The anaesthetist will see you before your operation to make sure you are fit to undergo a general anaesthetic.

What is it like when you wake up?

After surgery you will awake in the recovery room. Your arm will be in a sling and have some ice on the shoulder.

How long will you stay in hospital?

Usually people stay for 5 nights. The main reason for this is to make sure your pain is well controlled, you can fit your sling safely and you can manage to care for yourself.

Sometimes you will need to stay in a rehab hospital for a week or 2 to make sure you are safe to go home.

Will you need to wear a brace?

You will need to wear a simple sling when walking and sleeping for six weeks.

When you sit down, your arm can be out of the sling, you can move your hand to your mouth and your thigh. You can use your arms for eating, drinking, writing and computer. You can lift up a mobile phone and a coffee cup.

What about complications?

Shoulder replacement surgery is significant and complex, complications do occur.

The most common complication is subluxation (the ball or humeral head comes partially out of the socket) or dislocation (the ball comes completely out of the socket). This occurs 3-5% of the time. If this condition is painful (and it may not be) the additional surgery might be required.

I think one of the worst complications is infection, which occurs in 1-2% of patients, and may require oral antibiotics, antibiotics by injection, and rarely, further surgeries. This is a disaster, something that the hospital, the nursing staff and I go to great lengths to prevent.

Nerve injury can result in partial or complete, temporary or permanent loss of feeling and/or movement particularly in the hand. This occurs about 1% of the time, but fortunately, is usually only temporary.

Implant loosening can occur with time or after a major injury. It is highly unlikely for your ball or stem to loosen and require further surgery but it is possible. In my experience the weak link is the socket. Even if the socket loosens, that may not cause you any pain or difficulty with movement.

Sometimes a significant fall can even break the humerus bone surrounding the stem, this often requires surgery.

Is a blood transfusion needed?

A blood transfusion is a possibility. About ¼ of my patients receive 1 unit (pint) of blood. I recommend that you consider donating 2 units of your own blood through the hospital blood donation program. We will let you know how to arrange this. If you cannot pre-donate blood, for whatever reason, you may require blood from the blood bank, and although risk of reaction or infection are small, they are real.

How successful is the surgery?

This type of surgery is successful about 80-90% of the time. No shoulder operation is 100% successful in every individual but the procedures we perform are reliable and will help restore the potential function in your shoulder.

The operation is most successful at relieving pain. What is harder to accomplish is the return to vigorous overhead use of the arm in work and/or sports. Whether you can return to your previous level is an individual matter and depends on the damage to your shoulder, how well it heals, how well you rehabilitate.

The shoulder is good for simple household activities, gentle golf and bowls. It's not good for heavy lifting, farm work or labouring. You re-injure it with a major fall, wrench or pull.

Sometimes we notice the biceps has a more rounded shape after surgery, this is because getting the biceps tendon repaired exactly at the right length is difficult, but the strength of the muscle returns and pain is significantly better with the repair.

The aim of surgery is to restore stability to your shoulder both for activities of daily living and sports.

When can you return to routine activities?

You will be able to use your fingers, wrist and elbow immediately after surgery, for writing, computer, eating and drinking.

You will be able to move your hand and arm from your ear to your buttock.

You can shower 24 hours after surgery.

You can walk outdoors, write and cook within a few days.

You must be careful not to lift more weight than a mobile phone or plate of food with your operated arm for about 2 months.

You will wear a sling to bed at night for comfort, and when outdoors in a crowd for 6 weeks. You must not fall on the arm or get bumped.

Some people can return to driving within 3 to 6 weeks. You can't travel in a train or bus for eight weeks, as you might take a tumble in the crowd and break your shoulder. You will need to get a lift to work or catch a taxi.

When can you return to work?

For office jobs I recommend taking 1-2 weeks off work. When you return to work your arm will be in a sling. Some people who get back to office work at 3 to 4 weeks, but most people would take 6 to 8 weeks off work.

Non-office workers can get back to light duties at 2 to 3 months.

For farmers and heavy labourers I ask you to avoid heavy lifting permanently, but in individual cases could return to medium labour at four months.

You can return to office work at two weeks.

You will generally need 4-6 months of recovery before beginning occasional work at shoulder level.

How is the shoulder rehabilitated?

Generally you can take the arm out of the sling; out of the sling you can use the arm for eating, paper and computer work.

You may enjoy walking after 2 weeks, then stationary bike within 2 months.

Jogging and regular bicycle riding can start 3 months from surgery, as can gentle golf strokes.

Swimming, running, and tennis groundstrokes start 4-6 months after surgery.

Postoperative Consultations?

Your first office visit is 2 weeks after surgery so that I can examine the surgical incisions. Sling wear continues for 6 weeks after surgery. Your next visit occurs six weeks after surgery when more vigorous use of the shoulder will be allowed. Office visits occur 5 and 12 months after your surgery, then each year.

What about pain medication?

You will be given strong painkillers when you leave the hospital, like Panadeine forte or Endone to take as breakthrough painkillers or on going to bed at night

You can take anti-inflammatories 6 weeks.

However, almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the arm comfortable by positioning it out of the sling, resting it on your tummy or a pillow.

Sleep in a reclining chair and / or with a body-hugging pillow.

Regular icing with the Body Ice pack: 30mins on 4 times daily and after exercises or physio is very helpful

How much does the surgery cost?

I charge AMA based fees, which are usually greater than what the Government allows the Insurance companies to fully cover. There will be a "gap"; my Assistant will provide you an accurate quote for the surgery fee, anaesthetist and assistant fees.

Hospital accommodation and operating theatre costs should be checked with the individual hospital.

How do you schedule surgery?

Contact my Assistant on (02) 9409 0500

What if you have more questions?

Please feel free to call me in my rooms on (02) 9409 0500 and I'll call you back as soon as I can.

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