

A NEW SHOULDER

Is it right for you?

YOU PROBABLY KNOW

that if you have a bum knee or hip, you can have the joint replaced. But what about that persistently painful shoulder – do you just have to live with it? Or can it, too, be replaced?

The short answer: Yes. Although shoulder joints are replaced far less frequently than hips or knees, the surgery is just as successful as hip or knee replacement at relieving chronic pain, according to the American Academy of Orthopaedic Surgeons.



● Robert Hall, MD, an Anchorage orthopedic surgeon

“Shoulder surgery is becoming much more common,” says Robert Hall, MD, an orthopedic surgeon in Anchorage. “And as more shoulders are replaced, the success rate is increasing while the complication rate is decreasing.”

Reasons for replacement

Like the hip, your shoulder is a ball-and-socket joint.

The ball is the top of your upper arm bone, or humerus. The ball is called the humeral head. It fits into a shallow, dish-shaped socket at the end of your shoulder bone, or scapula. The socket is called the glenoid.

A protective layer of cartilage covers the bones where they meet.

The joint is supported and held together by muscles, tendons and ligaments.

Most shoulder joint replacements aren't due to bones gone bad. Instead, the problem usually is in the cartilage, which can become damaged by arthritis.

One of the most common culprits is osteoarthritis, in which the cartilage wears down over time. As a result, the humeral head and glenoid socket begin scraping against each other.

Cartilage also can be damaged by the inflammation of rheumatoid arthritis or by arthritis that develops after an injury.

In addition, a shoulder may need to be replaced when a bone is fractured so badly that it can't be repaired.

Your doctor might suggest replacing your shoulder if you have pain that interferes with activity and sleep or if your shoulder becomes weak and immobile and other treatments haven't helped.

“When you're considering surgery, ask the provider how many shoulder replacements he or she has performed and what the outcomes were,” Dr. Hall says. “Providers who conduct more shoulder replacement surgeries tend to have better outcomes for their patients.”

The types of surgery

In most shoulder surgeries, the entire shoulder joint is replaced. The top of the humerus is removed and replaced with a metal ball attached to a stem, which is inserted into the upper arm bone. The glenoid is replaced with a plastic socket.

If damage is limited to the humerus, your surgeon may opt for a partial replacement – inserting only the metal ball and stem while leaving your original socket intact.

Other surgical options include:

- Resurfacing, a type of partial replacement usually reserved for young, athletic people
- Reverse replacement, usually done in cases of severe tendon damage

“Reverse replacement is a new option that's being used more often because it offers reliable treatment for patients who previously didn't have many satisfactory options,” says Dr. Hall.

Ask your doctor to explain the risks and benefits of the surgery that's most appropriate for you.



The other half: Your recovery

The first half of a successful joint replacement is the surgery.

The second half comes during recovery.

It's critical to follow all the instructions you're given when you leave the hospital after having your shoulder replaced, including instructions on how to manage pain.

Be sure you understand how to care for the surgical site and what red flags should prompt a call to your doctor.

Your arm will be in a sling for several weeks to support and protect your shoulder, which means you won't be able to drive.

You will also need help with some daily tasks, such as bathing, dressing and cooking. So it's best to arrange for help at home.

That doesn't mean your arm will remain immobile, however.

Exercise is key to a good recovery. Talk with your doctor about rehabilitation therapy at home or in a clinic.

Source: American Academy of Orthopaedic Surgeons

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more about
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