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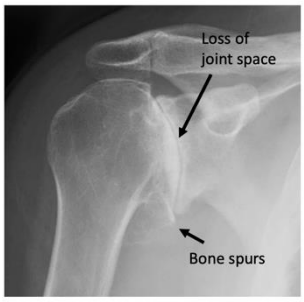
# Shoulder Replacement

## Frequently Asked Questions

### Why does the shoulder need to be "replaced"?




Shoulder replacement surgery is most often performed for osteoarthritis. Osteoarthritis occurs when the cartilage, which is the smooth material that normally lines the joint, wears out. This results in a "bone on bone" effect, causing pain, stiffness, and the development of bone spurs on x-rays. The second most common reason that shoulder replacement is performed is if the rotator cuff (the small muscles surrounding the shoulder joint) is torn in a way that it cannot be repaired. This can also result in a form of arthritis called rotator cuff arthropathy. Occasionally, shoulder replacement surgery can also be performed for severe fractures around the shoulder.

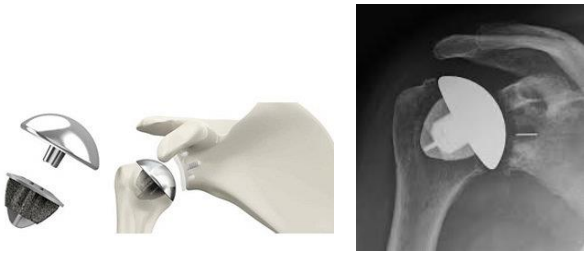
**Quick Facts:**

- **Shoulder replacement is the surgical treatment for arthritis and rotator cuff arthropathy**
- **2 types: *anatomic* and *reverse***
- **A CT scan or MRI may be needed before surgery**
- **Shoulder replacement can now be performed as an *outpatient***
- **Recovery: 4-6 weeks in a sling, 3 months of non-weight bearing, ~6 months to full recovery**
- **Physical therapy is essential!**

### What are the different types of replacements?

There are two primary types of shoulder replacement: anatomic and reverse. Anatomic is the conventional shoulder replacement that involves replacing the ball of the shoulder joint with a new metal ball and replacing the socket of the shoulder with a new plastic socket. In a reverse shoulder replacement, a metal ball (glenosphere) is placed on the socket and a plastic socket replaces the ball.

Anatomic shoulder replacement is performed for standard osteoarthritis of the shoulder with an intact rotator cuff (4 tendons around the shoulder). If the rotator cuff is torn, then a reverse shoulder replacement is performed. Reverse shoulder replacement is also often used for patients with arthritis and severe bony deformity or for patients with fractures. The characteristics of the shoulder determine which implant must be used.



Anatomic total shoulder arthroplasty using a stemless humeral component

Reverse total shoulder arthroplasty using a small humeral stem

### What kind of imaging is needed before surgery?

Standard shoulder x-rays are needed before surgery and are typically performed in clinic when you come to see Dr. Curtis. Additionally, a CT scan is sometimes needed if there is suspicion for a more severe bony deformity. A CT scan can be very important for choosing the correct implants for you and Dr. Curtis uses pre-operative planning software to pre-plan your surgery with

the appropriate implants if a CT scan is ordered. An MRI is sometimes needed as well if there is concern about whether your rotator cuff is intact.

**What does the day of surgery involve?**

Shoulder replacement surgery can be performed at the hospital or at the surgery center. Historically, patients would always be admitted to the hospital after shoulder replacement. However, modern anesthesia techniques now allow many patients to discharge home the same day as surgery. Whether you are discharged home after surgery or stay the night will be determined by you and Dr. Curtis.

You will receive information from the facility the day before surgery about when you should arrive. When you arrive for surgery, pre-operative nurses will prepare you by cleaning your shoulder. The anesthesiologist will most often perform a nerve block that provides partial pain control during and after surgery. Sometimes this block can provide relief of your pain for up to 3 days after surgery. You will be brought back for surgery and will receive a general anesthetic. This is important to make sure that you are fully relaxed and asleep during surgery.

After surgery you will be in the recovery room. Your arm will be in a sling with an attached "abduction pillow", that helps to put less stress on the shoulder. There will be a sticky dressing on your shoulder. This dressing is sealed and has antibiotic properties. It can remain in place until your first post-operative visit. You will be prescribed a pain medication post-operatively, which can be used as the block is wearing off. Patients should wean off of this medication as they are able to. You will need a friend or family member to drive you home after surgery.

**What is the post-operative recovery?**

Post-operative rehabilitation is more than half the battle in shoulder replacement surgery! It is absolutely critical that patients are treated by a physical therapist post-operatively to maximize their recovery. The goals in physical therapy are to allow adequate time and immobilization for rotator cuff healing, reduced risk of dislocation, reduce pain, and ultimately regain shoulder range of motion and strength.

Patients should typically start physical therapy after the second post-operative clinic visit (approximately 4-6 weeks post-operatively). Patients will most often see their therapist 2-3 times per week. Recovery proceeds in several phases: for the first 4 weeks, patients will remain in the sling at all times except when performing exercises or personal hygiene; over the next 2 weeks, patients will wean out of their sling and begin regaining their "active" range of motion (meaning you can move your arm); beginning at 3 months post-operatively, patients can begin strengthening the rotator cuff and may lift more than 1 pound with the arm.

Recovery from shoulder replacement surgery is LONG! It takes 6 months for all restrictions to be lifted after surgery and studies have shown that patients continue to improve for over 1 year post-operatively.

**Important Contacts:**

Surgery Scheduler: Yahara Manzo 775-785-3432
Medical Assistant: Itzel Perez 775-333-7865
Nurse Practitioner: Danae Foley, APRN

The MyChart patient portal can also be used to contact Dr. Curtis, Danae Foley, or Itzel Perez