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CONDITION

What is Shoulder Arthritis?

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What is shoulder arthritis?

The commonest form of shoulder arthritis is degenerate or osteoarthritis. This involves gradual wear of the smooth surface of the ball and socket joint until you have bone grinding on bone. This causes pain and stiffness in the shoulder, particularly first thing in the morning, at night and after a lot of activity. It usually affects patients in their 60's and older.

Other forms of arthritis include rheumatoid arthritis and other inflammatory conditions which cause inflammation of the lining of the joint (synovitis).

The synovitis damages the surface of the joint, the underlying bone and the surrounding ligaments and tendons. Inflammatory arthritis can affect patients at a younger age.

What causes shoulder arthritis?

Most wear and tear arthritis (osteoarthritis) is due to a combination of environmental and genetic factors. Sometimes there is a family history of arthritis or a history of damage to the joint, but usually the pain and stiffness develops gradually over a few years with no specific cause identified.

Inflammatory arthritis usually affects a number of joints and the patient is often aware of their condition by the time the shoulder is involved.

How is shoulder arthritis diagnosed?

The first step is to make the correct diagnosis. Shoulder arthritis can be confused with frozen shoulder and, sometimes, rotator cuff problems.

The diagnosis is made by taking a careful history, particularly around the onset of the symptoms and the sorts of activities which cause the pain. A thorough examination is very important assessing the range of movement of the joint, strength of the individual tendons and the manoeuvres that cause pain.

An x-ray is particularly helpful to demonstrate the degenerative changes. Occasionally more specialist tests such as a CT scan are required to confirm the extent of damage to the joint and to plan potential surgery.

What are the treatment options?

The first line of treatment is almost always 'conservative' (non-surgical). Typically, you will be provided with a set of gentle exercises to help stretch and strengthen your shoulder.

You will often be referred to a physiotherapist to help you perform the exercises properly and to monitor your progress. Regular painkillers may be needed to control your pain and allow you to use your arm more comfortably.

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There is no evidence that steroid injections offer any long-term benefit, but, occasionally, if your pain is very severe and you don't want to consider surgery then they can be helpful.

If you can't tolerate the pain and stiffness and you don't respond to 'conservative' management then surgery is probably the best option.

What does surgery involve?

The operation for shoulder arthritis is joint replacement. My preference is for a total joint replacement rather than a 'resurfacing' or partial joint replacement.

Total joint replacement usually involves replacing the damaged head of the humerus with a metal ball and stem and covering the dish with a plastic insert. Occasionally, if your tendons are also badly damaged, a 'reverse' total shoulder replacement is used.

Both procedures are undertaken via an 'open' approach. The operation is typically performed under a general anaesthetic with a nerve block (which helps the pain for the first 12-16 hours) and takes about 90 minutes.

You will usually be admitted to the hospital early in the morning and should be ready to go home when you are comfortable a day or two later.

What can I expect after surgery?

You will wake up from surgery with your arm in a sling. Your arm will feel numb and 'heavy' whilst the nerve block is working during the first night.

The shoulder will become quite sore after that but you will be provided with painkillers which you should take regularly for the first few days. It is important to rest your arm in the sling, day and night, for the first 3 weeks.

You should only remove the sling to perform your exercises and carefully when in the shower. You will be provided with a 'rehabilitation' sheet showing you the appropriate exercises or you can download the instructions from the Exercises and Rehabilitation section of this website. Your physiotherapist will closely monitor your exercises and progress.

During the first 3 weeks you will be performing elbow and 'pendular' shoulder exercises. It is important not to rotate your arm outwards too far during these first three weeks to protect the tendon repair at the front of your shoulder.

From 3 weeks you will start to 'actively' mobilise your shoulder. You can use your good arm to help lift the operated arm upwards. From 4 weeks after surgery you will be able to start gentle strengthening exercises.

You should be able to return to driving at around 6 weeks post-surgery, to swimming (breaststroke) at around 4 months, to light duties around 8 weeks and to heavier duties around 4 months. You can expect the shoulder to continue to improve for 6-9 months after surgery.

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If you have any problems or concerns, do not hesitate to contact the office or myself. I can generally be reached on one of the numbers listed below and if I am not immediately available, I will try to get back to you as soon as possible. If for some reason I am unable to be reached, then you may be able to seek advice from the hospital ward or from your General Practitioner.

Bethesda Hospital 9340 6300
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