



Dr Greg Janes

MBBS FRACS (Orthopaedics)
Orthopaedic & Sports Surgeon

SURGERY

Total Shoulder Replacement

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CONDITION

What is Total Shoulder Replacement?

This is the replacement of the arthritic ball and socket joint of the shoulder. It can be either a normal ball and socket or a reverse ball and socket design.

What happens before surgery?

Once a decision has been made to proceed to surgery you will be contacted by staff at the hospital where you are going to have your procedure for a pre-operative assessment. This will either take place on the telephone or at the hospital if you have any medical problems that might require a more detailed assessment.

What happens on the day of surgery?

You will be admitted to the ward or the day surgery unit, where you will be seen by the anaesthetist who will take you through the details of the anaesthetic.

What does the surgery involve?

The operation involves the replacement of your arthritic 'ball and socket' shoulder joint with a metal ball and a plastic socket. If the rotator cuff tendons are torn then we place the ball and socket in a 'reverse' orientation from a normal shoulder joint. This is to allow the deltoid muscle to function better and improve your range of motion. A tendon at the front of your shoulder has to be detached to allow access to the joint and the tight tissues around the joint are released to improve your range of movement. The tendon at the front of your shoulder is repaired at the end of the procedure.

What happens after the operation?

You will wake up in the recovery unit where a nurse will be looking after you. Your arm will be in a sling and it will usually feel very heavy and numb as a result of the nerve block. The shoulder is usually quite comfortable, but you will be given painkillers if you are in any pain. Once you have recovered from your anaesthetic you will be transferred back to the ward.

You will then be seen by a physiotherapist who will take you through how to apply and remove your sling safely and the initial exercises you should perform. Once you have recovered and are comfortable, usually a day or two after surgery, you will be sent home with painkillers and instructions. You will need to contact Dr Janes' secretary to arrange an appointment to be seen in the clinic 2-3 weeks after your operation.

What exercises should I perform after the operation?

1st 4 weeks:

You will need to wear your sling day and night for 4 weeks. Release the sling three times a day to perform your exercises:

- Active finger, wrist and elbow movements (no resisted biceps work)
- Scapular setting exercises
- Shoulder pendulum exercises for the first 4 weeks

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These notes are intended as a guide and some of the details may vary depending on your individual circumstance and at the discretion of your surgeon.

- Gentle passive exercises with someone's help
- Active assisted exercises may start from week 3 under the supervision of a physiotherapist
- **No external rotation beyond neutral (forearm pointing forwards when elbow bent) for the first 3 weeks**
- **Avoid reaching your hand behind your back**

Weeks 4-8:

- Wean yourself out of your polysling
- Continue active assisted exercises of the shoulder
- Gentle active flexion to start
- Gentle active external rotation to start
- Gentle stretching at end of range
- Gentle cuff strengthening exercises

Week 8 onwards:

Start gradual rotator cuff strengthening exercises:

- Perform gentle capsule stretching exercises as directed
- Work on dynamic scapula control
- Start stretching the joint into full range including external rotation
- Start resisted exercises with a theraband to strengthen the rotator cuff
- Progress anterior deltoid strengthening (increase arc, add weights)
- Your physiotherapist will start proprioception exercises

What is the usual recovery?

- 6 weeks: driving
- 8 weeks: swimming (breaststroke)
- 12 weeks: a good, but not full, range of movement
- 12 weeks: golf
- 16 weeks: racquet sports
- 6-9 months: full recovery. Pain, particularly at night, can persist until then

Return to work: depends on occupation

- Home based sedentary work (e.g. computer) from 2 weeks
- Sedentary work in an office from 4 weeks
- Light manual work from 8 weeks
- Heavy manual work from 12 weeks

Are there any complications of surgery?

Fortunately, complications after total shoulder replacement are relatively uncommon. They include:

- Infection: approx. 7 in 1000. Infection usually requires revision surgery over two stages, removal of the implants and clearance of the infection, antibiotics and then re-insertion of an implant 6-8 weeks later.
- Stiffness. Mild stiffness is common but occasionally a full frozen shoulder can develop (5%) which will prolong your recovery by a few months and may limit your mobility.
- Instability: This is an unusual complication that may occur as a result of injury to the prosthesis or over a long period of time, secondary to degeneration of the surrounding soft tissues.
- Fracture: 2%. If you fall there is a risk you may break the humerus adjacent to your replacement. Very occasionally a fracture can occur during surgery. This is usually addressed at the time.
- Rotator cuff tear: Over time your shoulder tendons (the rotator cuff) may gradually fail leading to some loss of function. This is only a concern in the 'anatomic design' shoulder replacements
- Nerve injury: <1%. This may lead to weakness or numbness of your shoulder or arm.
- Loosening: Over a period of time, generally very many years part or all of the prosthesis may either wear out and/or become loose, which may in turn require revision of the operation.

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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

Hollywood Hospital 9346 6000