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## **PATIENT INFORMATION SHEET: TOTAL SHOULDER REPLACEMENT**

Much like the hip and knee, arthritis of the shoulder has increased dramatically over the past decade. We attribute this to our patients living longer, being more active, and several other factors. Arthritis, simply speaking, is the deterioration of the smooth cartilage surfaces that line the ends of bones that form joints. This presents as stiffness, pain at night and with activity, noise from the joint, and loss of function. It can be debilitating, and cause significant impairments in the ability to function and maintain good health.

We do not have a “cure” for arthritis at this time. While there are several promising treatments in development, it will likely be decades before a practical nonsurgical treatment for severe arthritis is available. For moderate cases, stretching, anti-inflammatory medications, cortisone injections, and activity modification can help control symptoms. For the shoulder, we occasionally will try an arthroscopy or “scope” to “clean out the joint.” This has only limited success, and does not address the underlying arthritis.

Fortunately, the orthopaedic profession has remarkably improved the process of joint replacement. Hip and knee replacements are very routine, and have helped millions of patients obtain pain relief, and restore function. In the same way, shoulder replacement (total shoulder), has made significant advances, and is now routinely performed for patients with moderate to severe shoulder arthritis. It has the potential to relieve pain, and improve function for many people. During the procedure, the surgeon removes the arthritic “ball” of the shoulder, and smooths down the “socket.” The joint is then replaced with a metal ball, and a polyethylene socket. There is a 1-2 day stay in the hospital. Patients will typically use a sling for 2-4 weeks. Some physical therapy is helpful for restoring motion and strength. Over 95% of patients have successful results. After completion, patients may play golf, and perform most normal activities. Lifting over 40-50 pounds is discouraged. At this time, the survival rate of total shoulders has been shown to be 96% at 10 years from surgery.

Although rare, all joint replacements have the potential for complications. Infection, nerve injury, dislocation, pain, and fracture are possible. Most patients will not require a blood transfusion, but it is available if needed. Blood clots are rare, but can occur, and it is recommended that a baby aspirin is taken each day after surgery if possible. Patients should receive antibiotics when going for dental procedures for the first year after their shoulder replacement.

Thank you for allowing us to assist with your care. Please let us know if you would like any further information.