

Orthopaedic Connection

Shoulder Replacement

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Transforming patient information into patient understanding.

Surgical innovations do not burst onto the scene, make a publicity splash and stay certifiably wonderful for years. Evolution is a good term to apply. The time line is more like a decade or more not years.

Total or even partial shoulder joint replacements are in this category. Patients are often unaware, I have found, that the shoulder can be replaced.

Whereas finding a patient that has not heard of hip or knee replacement hardly ever happens. You would practically have to live in a cave not to be aware of hip and knee replacements. Why is that? Because shoulder replacement surgery is done far less than the other joints. It seems that weight bearing joints wear out lots more than our shoulders.

I wrote an article in the past about shoulder pain probably not being due to true arthritis. Patients and most doctors call anything that hurts around the shoulder “arthritis”. That is far from true, as there are many tissue related shoulder problems that cause pain and disability, but are not arthritis in origin.

Making the Diagnosis

I can usually tell if arthritis is the cause of shoulder pain by a careful shoulder exam and plain x-rays. Note that I did not say MRI. I have strong opinions about MRIs being done before plain x-rays. While I would never tell you what to say to your doctor, you would be correct to ask for plain x-rays being done before an MRI is considered. To make a definite shoulder diagnosis I often do order an MRI *after* I evaluate the shoulder and see the plain x-rays.

Can you have mild shoulder arthritis that doesn't show on plain x-rays? Absolutely, but that degree of arthritis won't require a total shoulder replacement.

The History

The shoulder is a very complicated joint and the number of things I need to consider in diagnosis are many. I am bypassing all those things and focusing on true osteoarthritis of the shoulder joint.

Typically symptoms have come on slowly over months or years. Pain is present at night and at rest as well. Using the shoulder increases symptoms. Stiffness and weakness are prominent. Physical Therapy, if already tried, has made you worse. Tylenol and Motrin don't help the pain.

Shoulder Replacement

There are essentially 3 types of replacements.

1. ***Hemiarthroplasty*** is which only the ball part of the shoulder is replaced. This procedure has a limited place in shoulder replacements because it should only be done when the humeral head (ball) is damaged and the socket is normal. I prefer that patients not come in asking for this more limited procedure because only the Orthopaedic Surgeon can determine if that is the best choice.
2. ***Traditional Total Shoulder Replacement***. This involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem, and a polyethylene plastic socket.
3. ***Reverse Total Shoulder Replacement***. In this procedure the ball and socket components are switched. Leave the details up to the Orthopaedic Surgeon, but this special type of prosthesis is used if you don't have a normal functioning rotator cuff.

Results

Pain relief is the primary goal and in a large percentage of patients it occurs. Some patients get back near normal function, but it depends on so many individual patient variables. Physical therapy plays a prominent role and it usually takes several months to achieve a full result. As shoulder replacement surgery continues to evolve improved function is the quest of newer prosthetic designs.

My patients put their trust in me and what I do improves the quality of their lives.

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Good health. Good life. All the best to you.

Be well.

Dr. Haverbush