



UNIVERSITY ORTHOPAEDIC CENTER, PA
RAPHAEL S. F. LONGOBARDI, MD, FAAOS

TOTAL SHOULDER JOINT REPLACEMENT

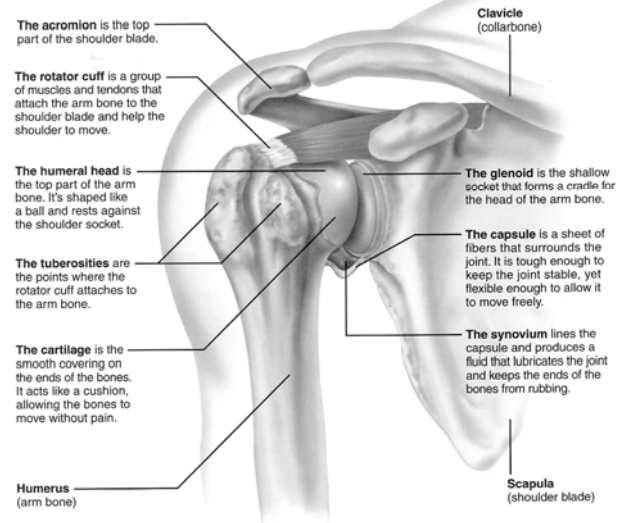
The following is designed to present an overview of total shoulder replacement surgery. Because each patient is an individual, please be assured that certain aspects of your care may be altered according to your needs and the wishes of your orthopedic surgeon.

SHOULDER ANATOMY

The shoulder is a **ball and socket** joint similar to the hip joint, but with much greater mobility. It is composed of bones, muscles, tendons and ligaments which all work together to provide stability and movement. (See diagram) The clavicle (collar bone) attaches to the rib cage and helps hold the shoulder out, away from the mid-body. The clavicle connects with the large, flat triangular bone, the scapula (shoulder blade) at the acromion. The rounded head of the humerus (arm bone) rests against the socket in the scapula.

A Healthy Shoulder

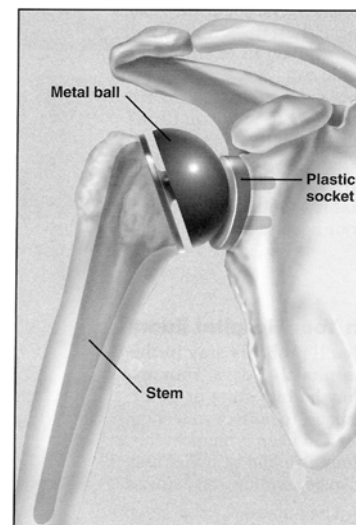
When your shoulder joint is healthy, the ball glides smoothly in the socket. That's because the ends of the bones are cushioned by a smooth covering (**cartilage**), and tissue (**synovium**) lines the joint. The muscles and tendons of the **rotator cuff** hold the head of the arm bone firmly in the socket and give you strength and flexibility.



HOW IS THE SHOULDER REPLACED?

In a total shoulder replacement a metal ball replaces the humeral head and a polyethylene cup replaces the glenoid socket. (See diagram) The primary indication for a total shoulder replacement is pain which does not respond to conservative treatment. Pain may be due to abnormalities and changes in the joint surfaces as a result of arthritis, avascular necrosis or abnormalities due to trauma or fractures. The primary goal of total shoulder replacement surgery is to relieve pain with secondary goals of improving motion, strength and function.

Total Replacement



DAY OF SURGERY

1. Your preoperative testing, x-rays and examination will be done in the weeks prior to surgery. You will be admitted to the hospital the morning of surgery. This allows you to be with your family the night before surgery.
2. An anesthesiologist will discuss with you the type of anesthesia appropriate for you. This may consist of a regional anesthetic which affects only your shoulder and arm. You will also be given medications through your IV which keep you relaxed, comfortable and somewhat sedated. The other option is general anesthesia.
3. You will be given intravenous antibiotics before surgery and for 48 hours post-operatively to help prevent infection. You may also be given other pre-operative medications.
4. Once in the operating room you will meet the staff consisting of nurses, physicians and technicians. You will be positioned on the operating table and made comfortable. Your head is positioned away from the operative shoulder. There is much sterile surgical draping and your head will be partially covered to shield and protect the operative site. The anesthesia staff will remain by your head to monitor your condition throughout surgery. The surgery lasts approximately 2 hours but preparation time will prolong your time in the operating room.
5. After surgery you will be transported to the recovery room and an x-ray of your shoulder will be taken. You will have a dressing on your shoulder, a sling on your operative arm, and possibly a small drainage tube exiting the shoulder.

HOSPITAL COURSE

The average length of stay in the hospital is 2 days. You will be provided with pain medication throughout your hospital stay and on discharge.

The drain will be removed from your shoulder and your dressing will be changed on the first day after surgery. You will be encouraged to be up and around, ambulating in the hospital halls.

Your intravenous line will remain in place for fluids, antibiotics and possible pain medication for 24-48 hours after surgery.

Physical Therapy (PT) is the most important component of a successful result. Beginning the first day after surgery, you will be going to PT twice daily to begin passive stretching and range of motion exercises. You and your nurse will plan to provide a heating pad and pain medication for your shoulder one-half hour before PT.

The Physical Therapy Program will enable you to learn your specific exercises during your hospitalization and after discharge, to continue them at home. The exercises are fairly simple and require a short amount of time two or three times each day. A successful outcome of your total shoulder surgery depends heavily on the faithful performance of your exercises. You will need a partner to assist with exercises at home and this partner should attend at least one Physical Therapy session with you in the hospital.

INSTRUCTIONS FOR HOME

1. Keep the incisional area dry until sutures are removed. As long as there is no drainage from the wound and the steri-strips are intact covering the wound, you may shower. Do not scrub the steri-strips and wound itself.
2. Do not use spray deodorants (you may use roll-on type) until sutures are removed.
3. You will be given a return appointment for 12-14 days after surgery for suture removal and shoulder examination.
4. You may resume driving in 3-4 weeks.
5. No heavy lifting for two months.
6. You may resume active movement of arm within limits of pain for activities of daily living such as eating and grooming.
7. Continue exercises at home as instructed by your physical therapist and physician.

You may expect your rehabilitation to be ongoing and progressive. Near normal functioning should be achieved within 3-6 months. The maximum benefit may take six months to one year. It is important to realize that progress is sometimes slow and not always steady. You must persevere with your therapy program and try not to get discouraged. Your progress will be monitored by your physician with visits at intervals of six weeks for the first four to five months, and then less frequently for one year.

Please note that any physician or dentist contemplating a future operative or invasive procedure or dental work, must give you antibiotics preoperatively and postoperatively to prevent infection. This includes all surgeries, “oscopy” procedures, tooth extractions and root canals. Any infection, such as urinary tract infection, must be treated promptly with antibiotics as bacteria can spread to the replaced joint.

At any time you receive medical treatment, notify the person in charge that you have a Total Shoulder Replacement.

You will be given a card to carry verifying that you have a joint replacement. This may be necessary to use when passing through airport security. The reverse side of the card outlines the recommended antibiotic treatment for other physicians and your dentist to use.

Any problems, questions or concerns you may have may be phoned to your surgeon’s office. Any symptoms such as fever and/or increased drainage, redness or swelling, or sudden, significant increase in pain should be reported promptly to your physician.



The information contained in this patient education packet is intended to help you and your families/caretakers better understand a particular diagnosis and/or the treatment options available. If you have any questions after reading this, please don’t hesitate to contact Dr. Longobardi’s office at 201.343.1717 for a further explanation or you can also go to www.universityorthopaedic.com and click on Patient Education to gather more information. Thank you.