



ortho**NY**

SHOULDER SERVICE

TOTAL SHOULDER REPLACEMENT

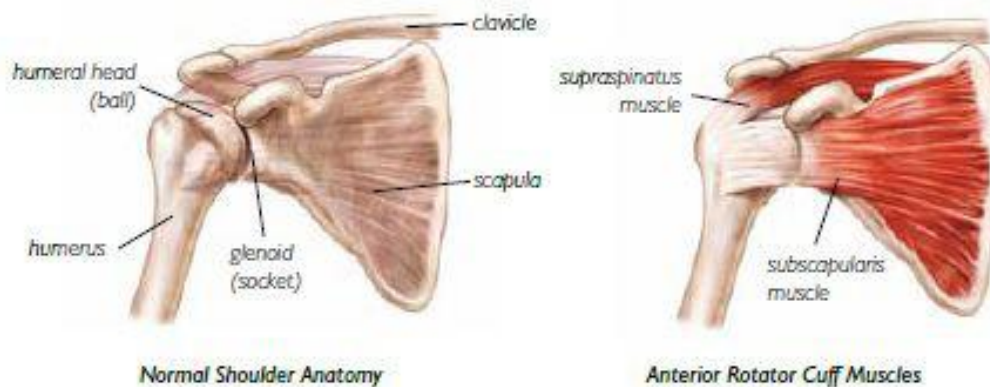
The following is designed to present an overview of shoulder replacement surgery options

SHOULDER PAIN

Chronic shoulder pain can limit your activities, keep you from your everyday tasks and make it hard to sleep at night. With a shoulder replacement, you may be able to reduce or eliminate shoulder pain and regain range of motion, so you can return to your normal activities.

SHOULDER ANATOMY

The shoulder joint is a ball and socket that connects the upper arm to the body. Conditions that can affect the bones include arthritis, fracture or shoulder dislocation. The shoulder joint is held in place by ligaments and muscles, including the rotator cuff group of muscles, which often are associated with shoulder problems.



SHOULDER REPLACEMENT OPTIONS

There are generally three procedures for shoulder replacement:

1. Primary Total Shoulder Replacement
2. Reversed Total Shoulder Replacement
3. Resurfacing Hemi and Total Shoulder Replacement

WHAT IS A PRIMARY TOTAL SHOULDER REPLACEMENT?

With a primary total shoulder replacement, the ball (humeral head) of the shoulder joint is replaced with an implant that includes a stem with a smooth, rounded metal head. The socket (glenoid) is replaced with a smooth, rounded plastic cup that fits the head of the ball perfectly. 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



WHAT IS A REVERSED TOTAL SHOULDER REPLACEMENT?

This procedure is designed for people who have exhausted all other means of repair. When a person gets to this stage of shoulder weakness and pain, changes must be made in the actual mechanics, or workings, of the shoulder.

With a reversed total shoulder replacement, the normal structure of the shoulder is “reversed.” The ball portion of the implant is attached to the scapula (where the socket normally is) and the artificial socket is attached to the humeral head (where the ball normally is). This allows the stronger deltoid muscles of the shoulder to take over much of the work of moving the shoulder, increasing joint stability.

The reversed total shoulder replacement is mainly used for older patients with rotator cuff tear arthropathy, a medical condition in which the rotator cuff muscles have degenerated, or weakened to a point where they can no longer hold the shoulder joint intact or allow it to function normally. This procedure can also be used in revision surgery, for failed shoulder replacement and shoulder fractures.



WHAT IS SHOULDER RESURFACING?

An option for some patients is shoulder resurfacing. With this procedure, the damaged humeral head is sculpted to receive a metal “cap” that fits onto the bone, functioning as a new, smooth humeral head. This procedure can be less invasive than a total shoulder replacement and can provide pain relief; however it is not for every patient and your shoulder specialist will advise the best option for your specific condition.



DAY OF SURGERY

1. You will be admitted to the hospital the morning of 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 24 hours post-operatively to help prevent infection.
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. The anesthesia staff will remain by your head to monitor your condition throughout surgery. The surgery lasts approximately 2 hours.
5. After surgery you will be transported to the recovery room. 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

1. The average length of stay in the hospital is 1 day. You will be provided with pain medication throughout your hospital stay and on discharge.
2. If present the drain will be removed from your shoulder and your dressing will be changed on the first day after surgery.
3. You will be encouraged to be up and around, ambulating in the hospital.
4. Your intravenous line will remain in place for fluids, antibiotics and possible pain medication for 24 hours after surgery.
5. Beginning the first day after surgery, you will be going to PT to begin passive stretching and range of motion exercises.
6. 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.
7. Aspirin therapy 81mg daily starting post-op day one, or resume previous anticoagulant therapy per primary care directions.

INSTRUCTIONS FOR HOME

1. Keep the incision 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.
2. You will be given a return appointment for 7-10 days after surgery for staple removal and shoulder examination.
3. No heavy lifting for two months.
4. You may resume active movement of arm within limits of pain for activities of daily living such as eating and grooming.
5. Continue exercises at home as instructed by your physical therapist and physician.
6. If you have EMERGENCIES (CALL THE OFFICE FOR THE FOLLOWING)
 - Painful uncontrolled swelling or numbness
 - Fever or chills (It is common to have low grade fever for two days following surgery).
 - Redness that is increasing around incision or color change in extremity.
 - Continuous drainage or bleeding from incision site.
 - Difficulty breathing or excessive nausea/vomiting.

****If you have an emergency after office hours or on the weekend, contact the office at

518-453-9088

and you will be connected to our page service, which will page one of our on-call providers.****

*****If you require immediate attention, proceed to the nearest Emergency Room.*****

Dental Procedures and Antibiotics

Your joint Replacement, Dental Procedures and Antibiotics

For the first Two weeks after a joint replacement, all patients may need antibiotics for all high –risk dental procedures. After two years, only high-risk patients may need to get antibiotics for high-risk procedures.

The bacteria commonly found in the mouth may travel through the bloodstream and settle in your artificial joint. This increases your risk of contracting and infection. Ask your dentist about preventive antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your orthopedic surgeon, working together, will develop an appropriate course of treatment for you.

You may need preventive antibiotics before all high-risk dental procedures if:

- You had joint replacement less than two years ago.
- You've had previous infections in your artificial joint.
- You have an inflammatory type of arthritis, Type 1 diabetes, or hemophilia.
- You have suppressed immune system or are malnourished.
- History of prior or present malignancy

These dental procedures have a high risk of bleeding or producing high levels of bacteria in your blood:

- All dental extractions.
- All periodontal procedures.
- Dental implants placement and replantation of teeth that were knocked out.
- Some root canal work
- Initial placement of orthodontic bands(not brackets).
- Certain specialized local anesthetic injections.
- Regular dental cleanings (if bleeding is anticipated)

One of these preventive antibiotics may be prescribed for you:

If you are not allergic to penicillin: 2 grams of Amoxicillin, Cephalexin, or Cephadrine (orally) or 2 grams of Ampicillin or 1 gram of Cefazolin (intramuscularly or intravenously) one hour before the procedure.

If you ARE allergic to penicillin: 600 milligrams of Clindamycin (orally or intravenously) one hour before the procedure.

These guidelines were developed by the American Academy of Orthopaedic Surgeon sand the American Dental Association, They are designed to help practitioners make decisions about preventive antibiotics for dental patients with artificial joints. They are not a standard of care or substitute for the practitioner's clinical judgment. Practitioners must exercise their own clinical judgment in determining whether or not preventive antibiotics are appropriate. Pediatric doses may be different.

The image displays two main components of a total shoulder replacement. On the left, there is a white, semi-circular glenoid component with a textured surface and two screws. On the right, there is a larger, more complex component consisting of a white, semi-circular humeral head with a smooth, polished surface, and a long, tapered, textured stem. The components are set against a plain white background with soft shadows.

TOTAL
SHOULDER
REPLACEMENT

orthoNY
SHOULDER SERVICE

REVERSE
TOTAL
SHOULDER
REPLACEMENT



orthoNY
SHOULDER SERVICE