

Total Shoulder Arthroplasty

Shoulder replacement surgery is one of my favorite surgical procedures. Patients are almost universally pleased with their outcomes with minimal physical therapy. It's not like a knee or hip replacement; you aren't required to walk on your shoulder after all.

Typically people with shoulder arthritis do fine until their external rotation is limited. At that point, they generally make their way into our office. Injections don't typically help and an MRI is usually unnecessary. PT for this diagnosis is a waste of time and money. Once it gets to a certain point, shoulder arthritis can only be treated with shoulder replacement.

<http://www.youtube.com/watch?v=si0WdW3IO8M>

The above video is a good general review of the surgery without being too graphic. I didn't produce it so not everything in it is exactly my protocol but you'll get the point. Once you have decided to proceed with surgery you will get clearance from a primary care physician. Please let us know if you have chest pain or breathing difficulties with exertion such as going up stairs. Also, cavities are important to be addressed before surgery can be performed due to the risk for subsequent infection seeding the shoulder prosthesis.

Day of Surgery

On the day of surgery, the video describes the pre-operative routine with one major exception. Most of my patients get a scalene block before surgery that makes their arm go numb. This means you wake up with little to no pain for sometimes 8-12 hours. Also, this block decreases the amount of narcotics required for anesthesia therefore reducing the incidence of nausea post-operatively. I typically do not have to use much, if any, morphine after surgery. Usually pain pills suffice.

Some patients elect to go home on the day of surgery but most stay one night. If more time is needed that is fine too. If you require in patient rehab because no one is home to help you, I can arrange that also.

Post-Op Rehab

I will tell you the exercises I want you to do. Basically, an arm sling for the first week. I will then progress your range of motion at your first office visit. I prefer you do your therapy on your own because **my patients get better results that way**. I would rather you perform PT all the time making slow but steady progress on your own. Trust me, I get wonderful results this way.

Pain Control

Ice at least three times a day for 20 minutes. More if you like. Pain pills will be given at discharge as well.

Wound Care

In contrast to the video, I glue my wounds shut with sutures underneath the skin. You can therefore take a shower as soon as the drain comes out which is usually the day after surgery. The drain site may continue to drain some. That's ok. I would rather any fluid come on out as opposed to staying in the wound and increasing chance for infection.

Return Work/Play

You will get rid of the arm sling 2 weeks after surgery. I will limit some of your motion for 2 more weeks. At 4 weeks post op I will let you start using your shoulder for activities of daily living. Usually at 6 weeks you can return to such activities as golf. You can return to work whenever you want as long as the restrictions are respected during the first 4 weeks after surgery. As far as driving goes, well, you shouldn't drive while taking pain pills. It's probably not the smartest thing to drive with an arm sling on either. After 2 weeks though, you should be ok.

I hope this has been helpful!

Thanks for letting me, Jamie and Longview Orthopedic Clinic be involved in your care!

Stephen G. Littlejohn, M.D.