TOTAL SHOULDER REPLACEMENT

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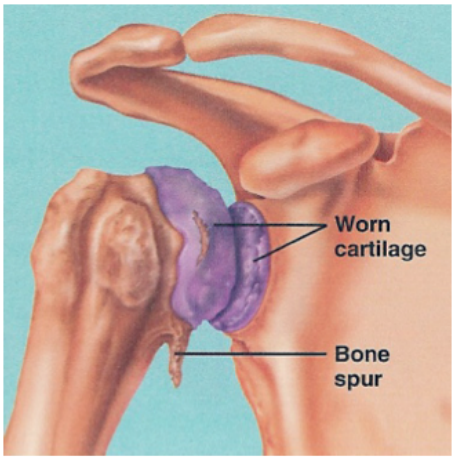
ORTHOSPORTS™

A Total Shoulder Replacement operation is performed to relieve pain and improve use of a painful, arthritic shoulder. The replacement consists of special metal and highly technically engineered plastic to replace an arthritic joint. The rough, painful surfaces are replaced by smooth metal and plastic, which is carefully secured to the bone around the shoulder joint.



Arthritis is the gradual wearing away of the smooth surfaces of the shoulder joint. Over time the smooth cartilage becomes worn and roughened. As a result of the two surfaces not "matching" anymore, joint movement becomes restricted and painful.

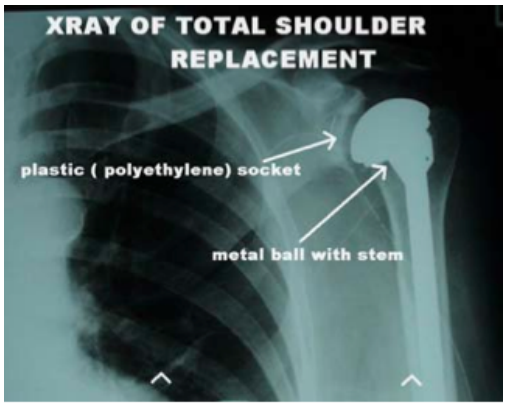
There currently is NO CURE for arthritis. Early treatment involves anti-inflammatory medication, physiotherapy and reduced activity to relieve symptoms. Occasionally injections of cortisone into the joint may give temporary relief.

When the pain and stiffness become unbearable it is time to consider a shoulder replacement. One reason why surgeons do not recommend this type of surgery early in the disease process or at a young age is that the operation is not always successful and the artificial shoulder only has a life span of 10 to 15 years. Although a worn out replacement can be replaced again, the results of a revision of the shoulder replacement are not particularly good. Therefore, one would not recommend a shoulder replacement in someone under 50 years of age unless the circumstances were exceptional.

The principle of the operation is to replace the damaged articular cartilage with an artificial shoulder. The ball is made out of Titanium metal alloy while the socket is made out of a plastic material called polyethylene, which often has a metal base plate. These components are either cemented into position or placed into the bone using a "press fit" technique.

In an ideal situation replacement of both sides of the joint generally gives the best results. However, sometimes it is more suitable to replace only half of the joint. A decision as to what kind of replacement is best often needs to be made during surgery, when I can assess the amount of shoulder damage. The factors that affect the decision are the quality of the rotator cuff tendons, quality of glenoid bone, age, and activity level.

Some persons with irreparable rotator cuff tears are suitable for a procedure known as a "reverse" shoulder replacement. This prosthesis has special components that allow for more stability to the joint and better use of the arm. Unfortunately, these advantages also come with more risk, with higher complication rates and a shorter life expectancy of the prosthesis. Therefore, this prosthesis is only used in certain situations.



The surgery generally gives good but not perfect pain relief. Return of range of movement is generally good but few people ever gain full range of movement. You should expect to be able to comfortably get your hand over your head if the rotator cuff is functioning well. If however the rotator cuff is torn then you should only expect to get your hand to your head.

Infection is a risk with this type of surgery, not only in the immediate postoperative period but also years after surgery. In the later case, a blood borne infection from another site, such as an infected tooth or urinary tract infection, can travel to the artificial shoulder and cause it to become infected. You should always take any trivial infection seriously following surgery, and be placed on antibiotics. You will also need to be on antibiotics if you have any dental procedure done, so be sure to inform your dentist. Prior to having surgery I would recommend you see your dentist for a check up and if you have any bladder, urinary or prostatic problems you should be assessed by a urologist (talk to your G.P. first).

If you have certain medical problems you may require some preoperative tests that will be organised by our office, to ensure you are fit for a general anaesthetic. If you have any serious medical problems then I will have you assessed preoperatively by a medical specialist who will also help care for you while you are in hospital. If you are already under the care of a medical specialist I would strongly suggest you see them prior to surgery to ensure you are in good medical shape.

As a general rule a blood transfusion will not be required. We do, however, as a precaution," type" your blood group so in case of an emergency we can get some blood

quickly. There is no need to get cross-matched or autologous (your own) blood.

It takes about 6 to 12 months until the shoulder has reached its full potential, and physiotherapy as well as exercises are required for that period of time.

As explained above, even with an excellent result you will not have a perfect shoulder. Pain relief is very good but range of motion never returns to normal especially if the rotator cuff is torn. In addition you need to look after your shoulder to lessen the likelihood of the shoulder replacement loosening. You should not return to heavy or repetitive work. Heavy lifting and repetitive overhead work needs to be avoided. You can swim breaststroke but not freestyle. You can play bowls but not racquet sports. If you return to playing golf then there is a risk of premature loosening of the prosthetic socket and golf should be avoided for the best outcome.

I will review you every year on the anniversary of your surgery to examine you and get an x-ray. This is to enable me to review your progress and ensure that the artificial joint is not loosening. If significant loosening or excessive wear of the artificial joint is detected then a revision of the replacement may be required. These second time procedures have a lower success rate than the initial replacement.

About 80% to 90% of patients achieve a good or an excellent result.

My surgical practice is a subspecialty practice. I operate within my defined areas of interest and expertise. I believe that this results in better outcomes for patients and a very low complication rate. My patients are only offered the option of surgery after non-operative forms of treatment have been considered. Surgery is offered only when I consider that the potential advantages of this form of treatment outweigh the possible complications and side effects (when I feel that it is likely to lead to a better outcome for you than non-operative forms of management). In the case of elective surgery, you are encouraged to consider the non-operative options of treatment and take time to make an informed choice about the preferred course of management. You are free to discuss this with me or your referring medical practitioner. If elective surgery is proposed, please feel free to take as much time as you need to come to an informed decision. If you are not completely comfortable with the decision to proceed with surgery, you are free to take up further discussions with me or seek an independent second opinion.