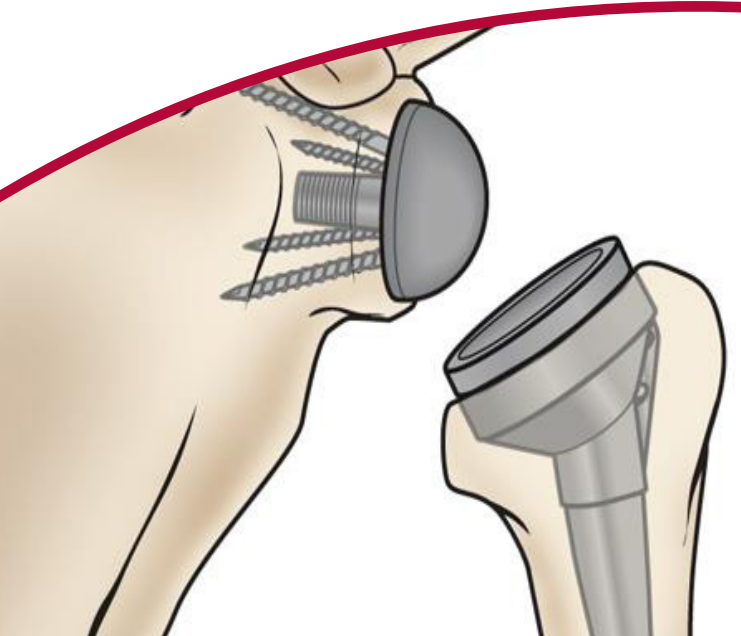


SHOULDER REPLACEMENT

SURGERY

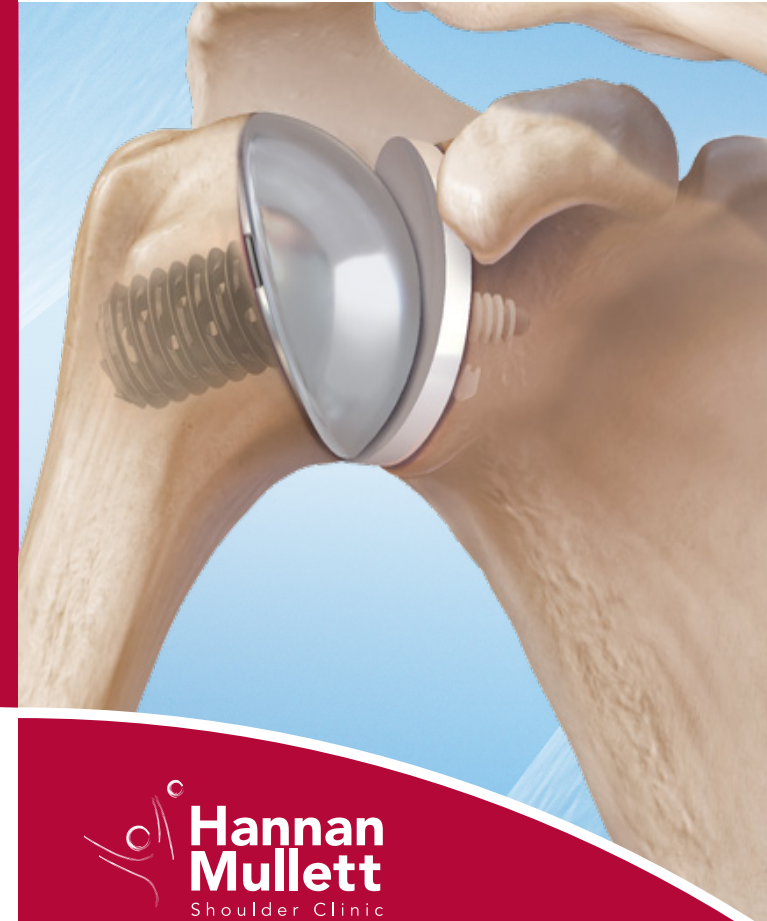
Patients with shoulder arthritis or significant rotator cuff problems generally need a shoulder replacement when they have severe pain, sleep disturbance, difficulty performing their normal activities and simpler options such as injections and physiotherapy have not been effective enough. The operation will involve replacing the worn joint surfaces and implanting a metal and plastic joint. It is similar to the replacement of other joints such as hip or knee replacement. Depending on the state of the surrounding internal muscles (rotator cuff) and degree of bone damage the type of replacement will either be a standard anatomical total shoulder replacement or reverse geometry shoulder replacement. Mr Mullett will discuss the type which best fits your condition and in fact there is little difference in the post operative care or rehabilitation with either. Both types of replacement are now routine operations and Mr Mullett has performed a high volume of both types of replacement.



SHOULDER
REPLACEMENT
SURGERY



SPORTS SURGERY CLINIC
*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



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2-3
DAYS

HOSPITAL STAY

Patients for Joint Replacement Surgery generally require pre-operative assessment to ensure that they are fit enough for surgery and that their health is optimised. Patients generally stay 2-3 days in hospital following shoulder replacement surgery. Post operative convalescence may need to be arranged if necessary. Patients wear a sling following surgery though they are allowed to use the arm below the elbow immediately after surgery to use cutlery, wash teeth, read a book or use a computer. The sling supports the weight of the arm but does not need to be tight and it is a perfect alternative to support the arm with a pillow instead. Icing the shoulder may help reduce swelling and help discomfort.

%

COMPLICATIONS

The surgery is performed under general anaesthetic. There is a small risk (<1%) of damage to nerves or blood vessels or infection. The surgery is successful in approximately 90% of patients. A small proportion of patients (<5%) develop stiffness of the shoulder following the procedure. There is a very small risk of dislocation (<1%) which is very low with the latest generation of prosthesis.

Infection is now a rare complication occurring in less than 1% of patients. Strict protocols in the operating theatre, intra-operative antibiotics, special surgical gowns and meticulous attention to surgical detail have helped achieve this low number. As with any surgery, there are also a small proportion of patients who fail to derive benefit from the surgery or who require further procedures.

4-6
WEEKS

REHABILITATION

Patients wear a sling for a **4-6 week** period. If patients regain an adequate range of motion, strength and confidence they can return to driving. Mr Mullett will advise you about return to driving.

Six weeks – The patient may use the whole arm, including shoulder, for light activity.

Eight weeks (more in some cases) – The patient may begin unrestricted, active use of the arm and shoulder.

Three months – Most patients are reasonably comfortable, have a range of motion about half of what is normal, and experience some weakness.

Six months – Most patients are pain-free (although they may experience pain during certain weather conditions), and have motion and strength about two-thirds that of a normal level. Patients generally have returned to golf, swimming and other sports at this time.



SHOULDER
REPLACEMENT
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