

Shoulder Replacement Surgery: What You Need to Know

Shoulder replacement surgery is an option when arthritis, severe fractures, or rotator cuff damage cause pain and limit motion, and non-surgical treatments like medications or therapy no longer help. The shoulder joint—made up of the humerus (upper arm bone) and glenoid (socket of the shoulder blade)—can be replaced in different ways depending on your condition. Shoulder replacement procedures include **anatomic total shoulder arthroplasty**, **reverse total shoulder arthroplasty**, and **shoulder hemiarthroplasty**. Below, we explain the surgery, recovery, potential complications, and expected outcomes to help you feel prepared.

Description of the Surgery

Shoulder replacement surgery replaces damaged joint parts with artificial components, tailored to your needs:

- **Anatomic Total Shoulder Arthroplasty:**

This replaces both the ball (humeral head) and socket (glenoid) to mimic the shoulder's natural anatomy. The surgeon makes an incision (4-6 inches) on the front of the shoulder, removes the arthritic humeral head, and attaches a metal ball with a stem into the humerus. The glenoid is resurfaced with a plastic socket. The incision is closed with stitches, and a sling is applied. This is best for arthritis with an intact rotator cuff.

- **Reverse Total Shoulder Arthroplasty:**

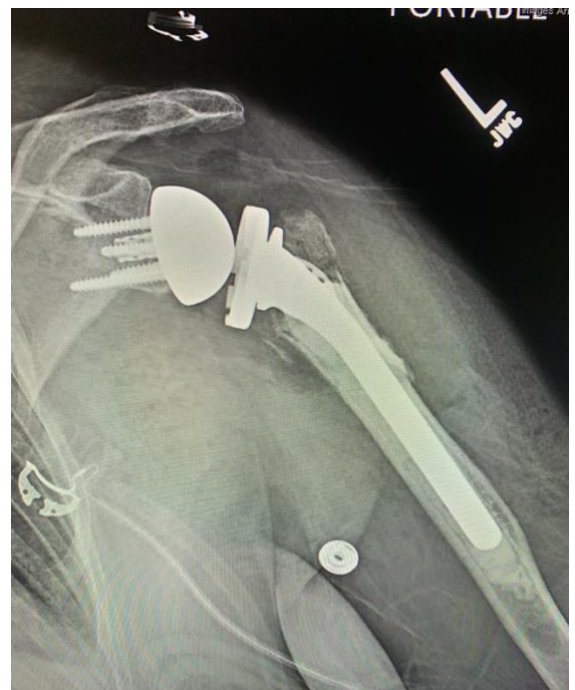
This flips the ball and socket roles, relying on the deltoid muscle instead of the rotator cuff. Through a similar incision (4-6 inches), the surgeon attaches a metal ball to the glenoid and a plastic socket with a stem to the humerus. The incision is closed, and a sling is applied. This is ideal for severe arthritis with a torn rotator cuff or complex fractures.

- **Shoulder Hemiarthroplasty:**

This surgery is not as commonly done as in the past and replaces only the humeral head (ball), leaving the natural glenoid intact. The surgeon makes an incision (4-6 inches), removes the damaged humeral head, and inserts a metal ball with a stem into the humerus. The incision is closed, and a sling is applied. This is used for fractures or arthritis when the socket is still healthy.



Source: stryker.com



These surgeries are performed under general anesthesia with a regional nerve block (numbing the shoulder and arm) for pain control. They take 1-3 hours and are typically outpatient, meaning you go home the same day, although some patients may require an overnight stay in the hospital.

What to Expect During Recovery

Recovery focuses on protecting the new joint while regaining motion and strength. Here's a general timeline:

- **Immediately After Surgery:**
Your arm will be in a sling, and you may feel pain, swelling, or stiffness, manageable with prescribed medication and ice. You'll start gentle elbow, wrist, and hand exercises to minimize stiffness.
- **First 1-2 Weeks:**
The sling stays on, and stitches are removed within 10-14 days. You'll avoid lifting or reaching with the arm. Passive therapy (someone moves your arm) may begin within days to weeks, depending on the procedure.
- **Weeks 3-6:**
The sling is worn for approximately 6 weeks and is removed for exercises under the guidance of a physical therapist. Light activities like writing, getting dressed, grooming, or eating with the arm may resume with care.
- **Weeks 6-12:**
The sling is discontinued and rehabilitation exercises progress through more advanced motion and then into strengthening. Most patients may resume full activities as tolerated after 6 months.
- **Full Recovery:**
Complete healing takes 6-12 months. Strength and motion improve steadily, though full range may not match a healthy shoulder.

Follow your surgeon's instructions on sling use, therapy, and activity limits.

Potential Complications

Shoulder replacement is effective, but risks exist. These are rare and often manageable:

- **Infection:** Redness, swelling, or drainage at the incision may indicate an infection, treatable with antibiotics or, rarely, additional surgery.
- **Dislocation or Fracture:** The new joint may dislocate, especially in reverse arthroplasty, requiring repositioning or revision. A fall or repeat injury may cause the bone around the prosthesis to break, potentially requiring a second surgery to address.
- **Implant Issues:** Components may loosen or wear out over 10-20 years, possibly needing replacement.
- **Nerve or Blood Vessel Injury:** Rarely, nearby structures may be affected, causing temporary numbness or weakness. Permanent injury or deficits are very rare.
- **Stiffness:** Motion may remain limited, though therapy helps.

Contact your doctor if you experience severe pain, fever, or signs of infection after surgery.

Expected Outcomes

Shoulder replacement surgery significantly reduces pain and improves function, with outcomes varying by procedure:

- **Pain Relief:** Most patients feel major improvement within weeks, with near-complete relief by 3-6 months.
- **Improved Function:**
 - **Anatomic Total Shoulder:** Restores near-normal motion (75-90% of healthy range) and strength for daily tasks and light sports, if the rotator cuff is intact.
 - **Reverse Total Shoulder:** Improves lifting ability (up to 10-15 pounds) and overhead reach, even with a damaged rotator cuff.
 - **Hemiarthroplasty:** Relieves pain with moderate motion improvement, best for fractures or partial arthritis.
- **Long-Term Results:** Over 85-90% of patients enjoy lasting benefits. Implants typically last 15-20 years, though reverse designs may wear faster in active patients.

Success depends on arthritis severity, rotator cuff condition, and therapy adherence.

Final Notes

Shoulder replacement surgery can ease your pain and restore shoulder function, tailored to your condition. If you have questions about which procedure is right for you, discuss them with your surgeon. We're here to support you every step of the way!