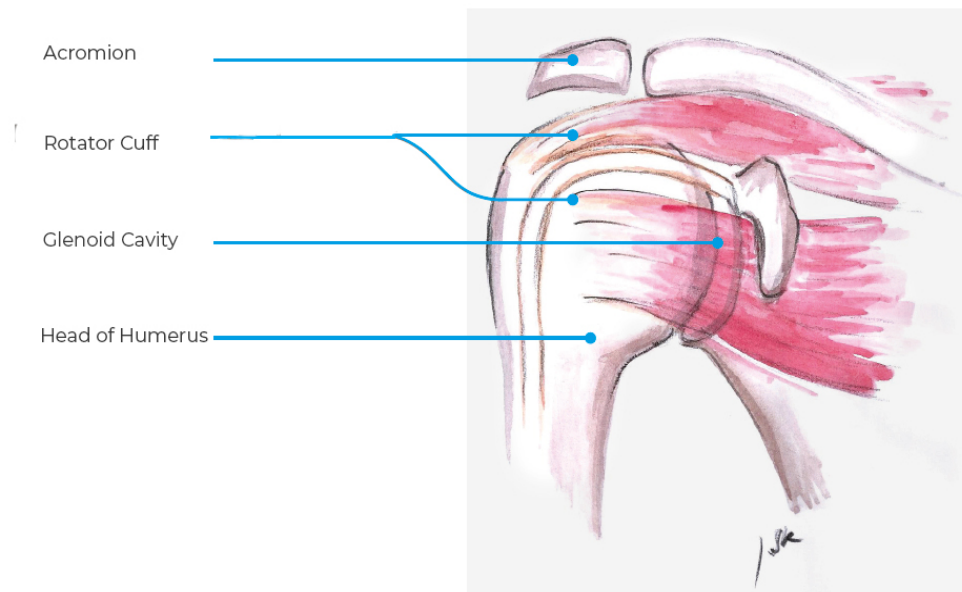

SHOULDER ARTHROPLASTY

FOR SHOULDER OSTEOARTHRITIS OR CUFF TEAR ARTHROPATHY

ANATOMY



SYMPTOMS

In the past months to years, the mobility of your shoulder has deteriorated considerably. Many arm movements are associated with pain, and you are increasingly plagued by pain, even at night. Anti-inflammatory pain relievers give you only a temporary relief.

EXAMINATION

The mobility of your shoulder is painfully restricted in all directions. Certain movements can be associated with a noticeable (sometimes even audible) crunch. If certain movements are no longer possible due to the lack of force, there may also be a defect in the tendons arranged around the head of the humerus (rotator cuff).

The narrow joint cavity can be seen in the x-ray as a sign of cartilage wear. Often there are also bony attachments (spikes) and changes in the original joint shape.



X-ray: Healthy Acromioclavicular Joint



X-ray: Osteoarthritis

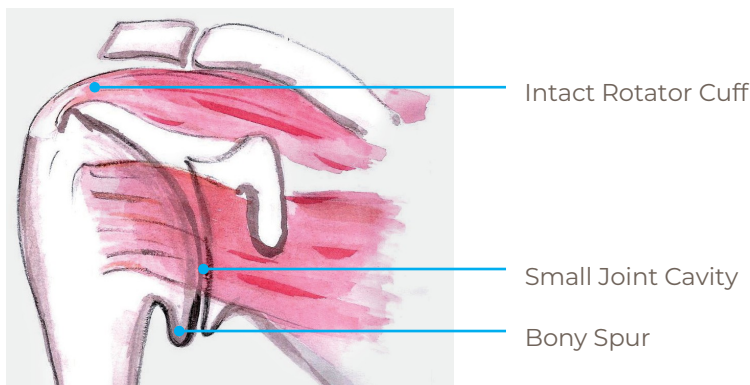
For a more precise assessment of the osteoarthritis and the condition of the surrounding soft tissue, an MRI (magnetic resonance imaging) or a CT examination (computed tomography) is usually carried out.

TREATMENT AND OPERATION

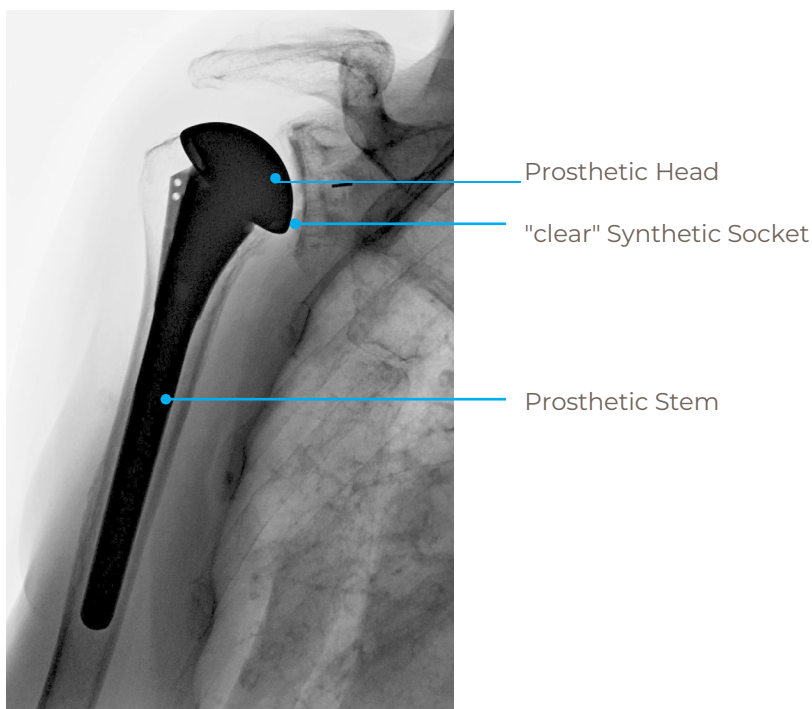
First of all, physiotherapy, anti-inflammatory painkillers and possibly also a steroid injection into the affected joint will try to improve your condition without surgery. However, if your complaints persist and after careful assessment, we may recommend to perform a total shoulder arthroplasty. We differentiate between two fundamentally options.

Anatomic Shoulder Arthroplasty

If your osteoarthritis has arisen as a result of increasing cartilage destruction (primary osteoarthritis), the rotator cuff that guides the humerus is usually intact. In this case, we opt for the so-called anatomical shoulder arthroplasty, which mimics the original joint as closely as possible and therefore relies on an intact rotator cuff.



Anatomy: Primary Osteoarthritis



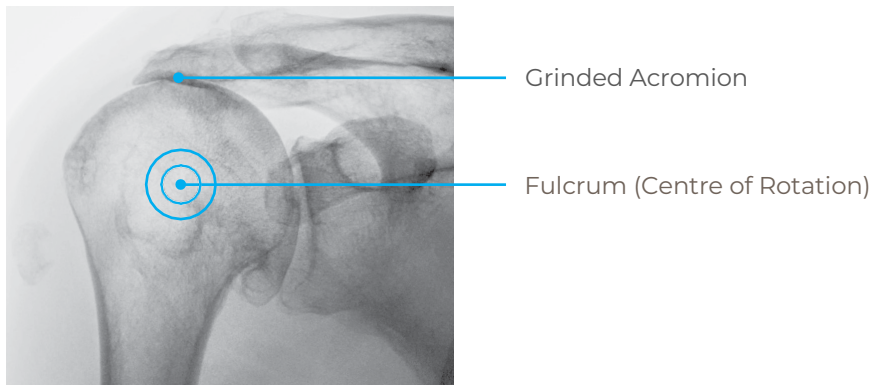
X-ray: Anatomic Shoulder Arthroplasty

Inverse Shoulder Prosthesis

If, on the other hand, there is an extensive rotator cuff injury that can no longer be repaired, the anatomical arthroplasty mentioned above does not provide sufficient joint guidance and therefore only results in poor functioning of the joint.

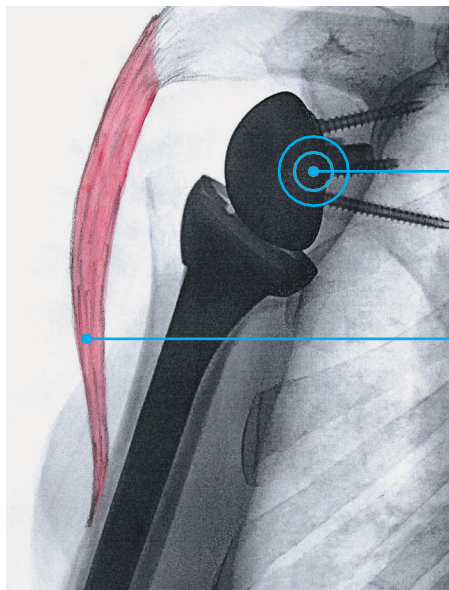


Anatomy: Joint Changes with a Defective Rotator Cuff



X-ray: Osteoarthritis with irreparable rotator cuff defect

In these cases we opt for the so-called inverted or reverse shoulder arthroplasty. "Reverse" because a hemisphere is used in the area of the former joint socket and a socket in the area of the humerus. This leads to a more stable joint movement. In addition, the shifting of the fulcrum enables the deltoid muscle to at least partially raise the arm despite the defective rotator cuff. Although this is of great benefit for many patients, we would like to point out that the deltoid muscle cannot bring back all previously missing movements via this technique.



Modified Rotation Center

Delta Muscle takes over the deficient Rotator Cuff

X-ray: Reverse Shoulder Arthroplasty

AIM

With both types of arthroplasty, our main goal is to relieve you of pain as much as possible. Furthermore, it is not always possible to improve mobility and strength. This is due to the fact that the shoulder joint is more dependent on the good functioning of the surrounding soft tissues and muscles than other joints and that these have often been “out of order” for a long time with osteoarthritis. Therefore, we cannot expect them to automatically resume their function after the joint has been replaced. Depending on the initial situation, a partial restriction of mobility can remain even after a successful operation.

RISKS

We treat you with experienced surgeons. However, no intervention is free from risks or possible complications.

- Joint infection 1.8%
- Injury to large blood vessels 0.5 - 1%
- Injury to large nerves 0.5 - 1%
- Painful loosening of a prosthetic component: after 10 years
5 - 15% (depending on the type of arthroplasty and strain)
- Dislocation of the joint ~ 3-5% with the reverse prosthesis
~ 1% for the anatomical prosthesis
- Later functional deterioration due to later injuries to the soft tissue

HOSPITAL STAY

Your arm will be immobilized in a vest for the first six weeks after the operation. Nevertheless, from the first day onwards you will take up passive and supported movement exercises with our physiotherapists and carry them out independently. In addition, a motion machine will be used after a few days. The hospital stay will last about one week.

DISCHARGE

The physiotherapy will continue seamlessly after your discharge. This takes place either on an outpatient basis or as part of an inpatient stay in a rehabilitation clinic, for which we first have to request a cost acceptance from your insurance company. The stitches are removed after about 12 days by your family doctor or in the rehabilitation clinic. The shoulder vest may be omitted after the first consultation in our clinic six weeks after the operation. Movement therapy is also continuously increased. It is usually possible to drive a car for short distances after about 8-10 weeks. After about 3 months, you will be able to strain your arm with moderate strength in everyday life. However, physical therapy to improve mobility and strength will continue for about six months after the procedure.

Should you have any further questions after your consultation and after reading this brochure, we are at your disposal.

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