

A Patient Education Guide: TOTAL SHOULDER ARTHROPLASTY (TSA)

This is a brief overview of what you, the patient, should know about getting a Total Shoulder Arthroplasty (TSA). If you have any questions, please write them down and bring them to your next consultation so I can go through them with you in detail.

WHY DO I NEED A TOTAL SHOULDER ARTHROPLASTY?

Arthroplasty is the medical term for the reconstruction or replacement of a joint. There are different types of shoulder arthroplasty procedures. The underlying issue(s) and the extent of the damage to the shoulder joint help determine if a Total Shoulder Arthroplasty (TSA) is best suited for you and your goals.

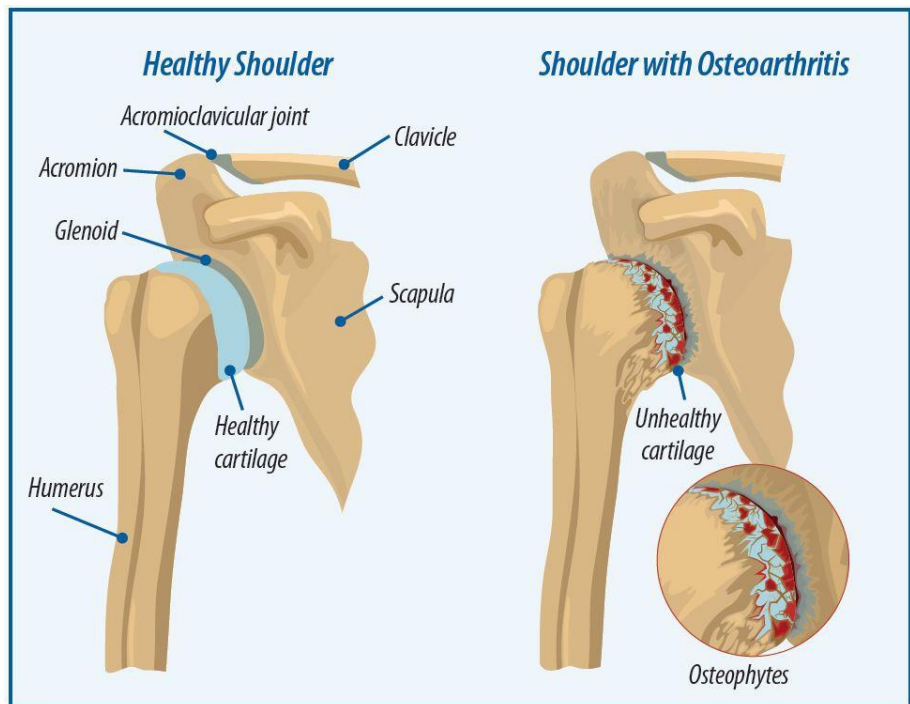
Shoulder Arthritis

Arthritis is the progressive destruction of *joint cartilage*. There are different types of arthritis, such as *osteoarthritis* which can be thought of as “wear and tear” of the joint, and *rheumatoid arthritis* which is often caused by medical or autoimmune disease.

Normal cartilage covers the ends of bones to create a low-friction environment and cushion at the joint surface which helps maintain pain-free motion.

When the cartilage in the shoulder wears down, the space between the *ball-and-socket* joint becomes smaller. Without the cartilage lining, bone on one side of the joint begins to rub on the other side of the joint. This can cause pain, deformity, swelling, and can decrease your range of motion. Patients may also get a sensation of “loose pieces” or “crackling and popping” in the joint.

Shoulder arthritis is the most common reason for a Total Shoulder Arthroplasty (TSA). This procedure will not work without a functional rotator cuff or if the damage to the joint is caused by a fracture. In those cases, procedures such as a Reverse Total Shoulder Arthroplasty (RTSA) or Hemi-Arthroplasty are better suited to restore function and ease pain.



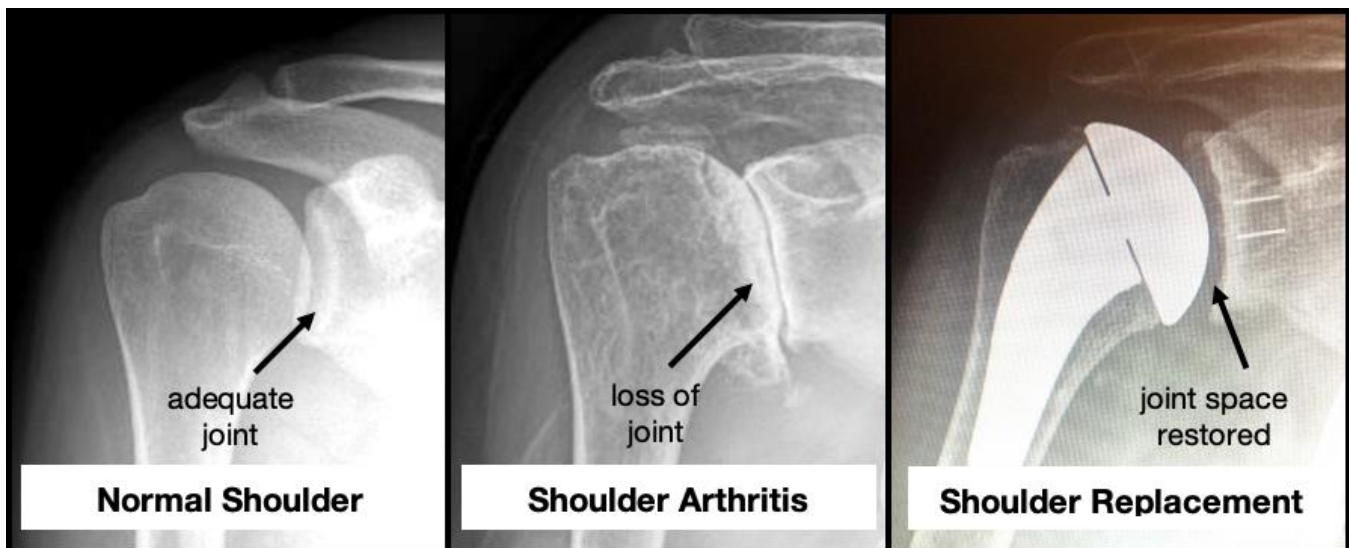
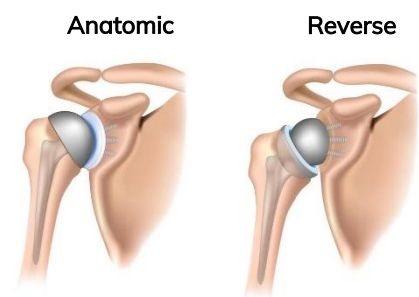
WHAT IS A TOTAL SHOULDER ARTHROPLASTY?

A Total Shoulder Arthroplasty (TSA) is often referred to as an “Anatomic”. This is because the implant is designed to mimic the natural anatomy and position of the *ball-and-socket* joint. Since the implant functions in a similar way to a normal joint, it is necessary that all other shoulder components, such as tendons, nerves, and the rotator cuff, function properly. If this is not the case, you may require a different type of replacement such as a Reverse Total Shoulder Arthroplasty (RTSA).

In a typical Total Shoulder Arthroplasty, the arthritic *humeral head* (ball) is replaced with a rounded metal implant and the *glenoid cavity* (socket) is replaced with a plastic insert.

The metal “ball” can either have a stem (an extension of metal that goes down the humerus) or be stemless. A variety of factors such as age, disease severity, and the probability of future surgeries can help determine which type of implant is best suited to you.

The “socket” is replaced with highly durable plastic that is cemented into the bone of your socket. In cases of severe osteoarthritis where a significant portion of the socket bone is lost or worn away, you may require a special type of socket replacement known as an “augment” to help replace the worn bone. In some severe cases of bone loss, a Total Shoulder Arthroplasty may not be possible, and you may require a Reverse Total Shoulder (RTSA), despite having healthy rotator cuff tendons.



WHAT SHOULD I EXPECT?

Before Surgery

- You may need medical clearance from your medical specialist (primary care doctor, cardiologist, etc.) before surgery.
- Our office will contact you to book your surgical time and location. Typically, outpatient (same day) surgeries are done at a surgery center convenient to you and in-patient (overnight) procedures are done at Flowers Hospital or Southeast Health.
- You will receive a confirmation call from the hospital the day before surgery telling you what time you should arrive. They will usually go over last-minute details such as hygiene tips, and let you know which medications to bring. It is normal to arrive several hours ahead of your scheduled time to allow for the check-in process.
- **Do not eat or drink anything after midnight the night before surgery.** You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be canceled if you do not adhere to these instructions.**

Morning of Surgery

- Arrive at the hospital or surgery center at your instructed time.
- If possible, arrive with a family member or friend who can assist with your check-in and help you remember any last-minute questions. There will be a place for family and friends to wait while you are in surgery. **You will require someone to take you home if you are leaving the same day of surgery.**
- Dr. Smith will meet with you before you enter the operating room to answer any questions and perform an initial safety check.
- The anesthesia team will meet with you to discuss their anesthesia plan during surgery and be able to answer any questions you may have for them.

After Surgery

Hospital Stay

- **Some patients having shoulder replacements stay overnight and leave the next morning.**
- During this time, your nurse and anesthesia team will help to manage your post-operative pain. **It is important to know that you will have some pain, but the medications should help make your pain manageable.**
- You will need someone to take you home.
- A Case Manager can be available to help if you need any other services when you are discharged home.

Home

- **Wear your sling at all times except for bathing and doing your gentle post-operative exercises.** These exercises include moving your hand and wrist and coming out of the sling to fully straighten and bend your elbow. You should do this 3-4 times a day.
- You will typically have a waterproof bandage that allows you to shower normally. Confirm this with your nurse before you leave the hospital. Pat it dry after you shower.
- **Do not use your operative arm to carry or lift anything.** Do not use your operative arm to push yourself up from a chair or when getting off the toilet.
- **No driving while using your sling and while you are taking your narcotic pain medications.**
- Do your best to wean off your narcotic pain medications. Over-the-counter medications such as Tylenol and Ibuprofen can be very helpful.

- Many people are most comfortable sleeping in a more upright position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed. **You need to wear your sling while sleeping.**
- If you received an ice machine, please use it as instructed to help reduce swelling. You may also use ice packs or bags. Do not use for longer than directed and always avoid direct skin contact.
- Follow your in-hospital physical therapy instructions carefully if you have been given them.

Follow-Up

- Your first follow-up appointment is usually 10-14 days following surgery.
- At this visit we will discuss your progress and check your incision. We may take x-rays. We may also remove your sutures/staples at this time.
- We will determine if you are ready for outpatient physical therapy.
- If you can start physical therapy, you will be given a referral with the specific instructions both you and your therapist should follow.
- We will then book your next follow-up visit before you leave, which is typically 4-6 weeks later.

As always, do not hesitate to ask questions and schedule a follow-up appointment should you require any further discussion.

Best,



Cory D. Smith, MD

