

Arthritis & Arthroplasty Surgery with Dr. Shukla

This handout is designed to address the common questions patients have regarding their upcoming surgery and what has led them to this point.

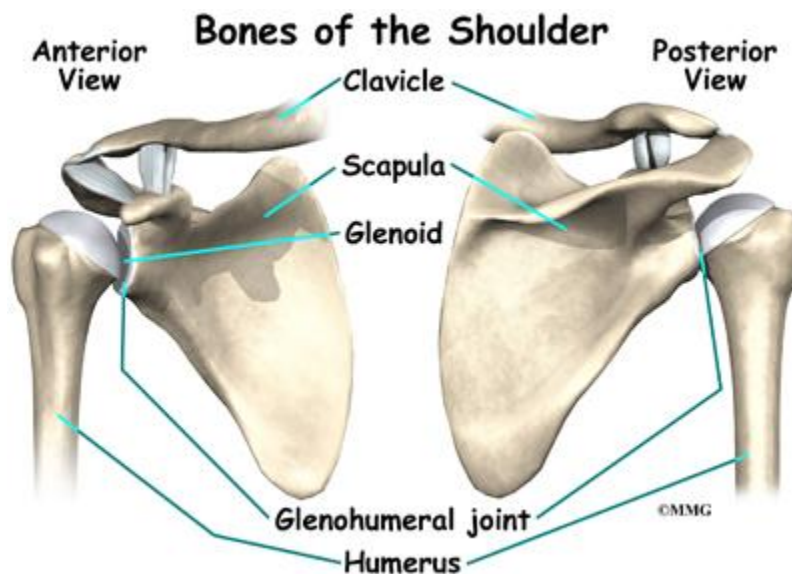
Arthroplasty, also known as shoulder replacement, is typically performed to treat shoulder pain, shoulder weakness and reduced mobility due to severe arthritis.

The information in this handout should answer most of your questions.

Please remember that everyone's recovery is different and progresses at a different speed depending on how severe their own personal disease was prior to surgery. So, please remember to personalize this information and apply your personal variation of recovery to this information.

Understanding Your Condition

The picture below depicts the shoulder joint. Known as a "ball and socket" joint. The rounded top of your upper arm sits into and rotates within a socket/cup known as the glenoid.



- The rounded upper arm (humerus) and the socket (glenoid) attach to the shoulder blade (scapula) to allow you to reach out in front of you, scratch your back, reach to the



opposite shoulder, open doors, perform overhead activities such as washing/combing hair, carrying weight above shoulder level etc.

- Typically, where the bones meet, there is a layer of cartilage which is slippery and allows for seamless movement of the parts of the joint.
- The joint is given stability and support by the rotator cuff muscles and surrounding tendons.

When arthritis develops the smooth surface which the parts of the joint rotate on is worn away. Once it is damaged or worn away, movement becomes stiffer and in turn, more painful.

Typically, when damaged by arthritis we can see one or more of the following;

- Loss of cartilage- slippery surface which facilitates movement of joint
- Damage to the roundness of the humeral head
- Damage to the socket (glenoid)
- Bone spurs (small fragments of bone which form in setting of arthritis) which can interrupt the shoulders normal movement and cause pain with certain movements.

Complete loss of the cartilage; this will lead to two bones pressing on one another with all movement of shoulder. The body does not like bones to touch and so this can cause significant pain.

As Arthritis of the Shoulder Progresses Patients Notice;

- Pain with shoulder movements- reaching overhead, shampooing hair, driving, fastening clothing behind back etc.
- Decreased strength in shoulder- where patient could previously put a heavy load on top shelf above shoulder level, they are no longer able etc.
- Decreased range of motion; the shoulder may not be able to move in the same way it once did and so motion becomes limited. Where one was able to reach the opposite shoulder before they become unable to etc.

How did I get Arthritis?

- Osteoarthritis or degenerative joint disease is typically caused by “wear and tear” which becomes more common as we get older.
- Sometimes, repeated trauma can cause early osteoarthritis.
- Sometimes abnormal joint development in childhood can cause the shoulder mechanism to wear out early causing arthritis.
- Inflammatory conditions such as rheumatoid arthritis can cause ongoing inflammation and damage to shoulder joint.
- Sometimes, large rotator cuff tears left untreated or severe fractures can also cause early arthritis.

Symptoms of shoulder arthritis

- Deep aching shoulder pain at rest
- Severe pain with movement/activity
- Decreased range of motion of shoulder
- Can impact patient's ability to perform activities of daily living

When do I need to consider surgery?

If you have tried over the counter medications such as Tylenol, ibuprofen, lidocaine patches and intra-articular steroid injections you may be considered for surgical intervention with medical guidance.

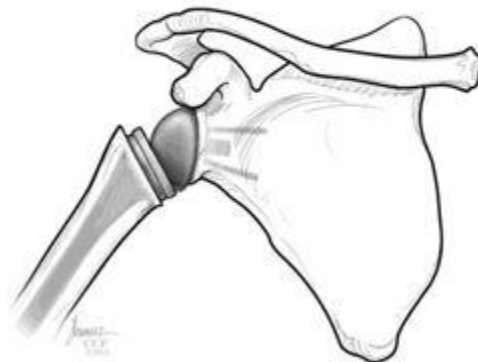
Shoulder Arthroplasty aka shoulder replacement

There are two types of surgical procedures which are aimed at restoring your function and decreasing your pain;

Standard total shoulder replacement



Reverse total shoulder replacement



1. Anatomic Total Shoulder Arthroplasty

The entire ball and socket are replaced with an artificial joint

2. Reverse Total Shoulder Arthroplasty

This procedure replaces the ball portion of your shoulder joint with a socket and the socket portion with a ball. In short, it turns your shoulder joint the opposite way around.

Why would I be advised to get an Anatomic Total Shoulder Arthroplasty?

- A patient who has severe arthritis and intact rotator cuff group

Why would I be advised to get a Reverse Total Shoulder Arthroplasty?

- Severe shoulder arthritis with rotator cuff damage
- Arthritis with a severely damaged and worn-out socket (glenoid)
- Patients who have had a previous shoulder replacement

Prior to the surgery, there is a list of tasks you will need to complete to ensure you are prepared for the surgery.

1. **Medical Clearance;** I will ask you to see your Primary Care Doctor and/or Cardiologist to get medical clearance. This typically will require 1-2 primary care doctor visits, with lab work, EKG and chest x ray.

Please ensure that you plan in advance and leave enough time to complete this fully. The process typically takes 1-2 weeks.

It is critically important for your well-being and safety that you are medically stable and all medical conditions are optimized before surgery.

2. Family/Friend/Helper

You will need to assign a family member or friend or HHA to help you in the immediate post-operative period. My staff will need to contact them in the immediate post op period to ensure you are picked up in a timely fashion. They will need to stay with you in the immediate post-operative period at home to ensure that you have your medications, are feeling ok and can use the bathroom, eat/drink etc. safely.

3. Medical Information

- a. Please ensure that you are in possession of the following information on the day of surgery;
- b. Copy of insurance card and identification
- c. Primary care doctors name and telephone number
- d. A list of any/all specialists you are seeing and why
- e. A list of medical conditions and previous surgeries.
- f. List of current medications and supplements and how often you take them
- g. List of allergies and details about the type of allergic reaction you experience
- h. Bring any legal healthcare documents such as advance directives, information on your power of attorney etc.



- i. Medical clearance; Please ensure you bring a copy of your medical clearance, lab results, EKG and imaging results with you on the day of your surgery. This will prevent any delays to you in the event of delayed communication from other physicians' offices.

4. Medications to Stop prior to surgery

- **Anti-inflammatory medications**

PLEASE STOP THESE 1 WEEK PRIOR TO SURGERY NSAIDS (Non-steroidal anti-inflammatory medications) Advil, Aleve, Motrin, Ibuprofen, Naproxen, Difene/Diclofenac, Meloxicam/Mobic, Celebrex, Voltaren.

- **Blood Thinners**

Coumadin /Plavix etc. – these are typically stopped **5 days prior to surgery**. **THIS WILL BE DECIDED ON BY YOUR PRIMARY CARE DOCTOR OR CARDIOLOGIST, SO PLEASE DISCUSS WITH THEM BEFORE STOPPING THEM AND KNOW WHEN THEY WOULD LIKE YOU TO RESTART THEM.**

- i. Ensure they are aware you need to stop for surgery. Some patients may need a different blood thinner in the time they are off the oral blood thinners.

- ii. **Pradaxa, Eliquis** -these are typically **stopped 2 – 3 days prior to surgery**.

Please discuss with your primary physician before you stop these.

- **Herbal Supplements to Avoid 2 weeks prior to surgery**

- Dong quai
- Ephedra
- Echinacea
- Feverfew
- Fish Oil
- Garlic supplements
- Ginko Biloba
- Ginseng
- Goldenseal
- Kava
- Licorice
- St John's Wort
- Valerian Root

Why do I need to avoid herbal supplements 2 weeks prior to surgery?

It can be difficult to know what exactly is in these supplements (some of them thin the blood) and in the interest of your safety and ensuring an excellent surgical outcome, it is recommended to avoid these.

Post op Recovery Common Issues

Wound Care

When you leave the surgical center, your wound will be covered with clean bandages and dressing. There is no need to change this dressing before your first appointment with me. IF it does happen to get wet, soiled and come loose, please remove it carefully and replace with clean gauze secured with large band



aids. Please avoid it getting wet for the first three days- that means no showers or submergent baths. Sponge bath etc. is ok.

No ointments/creams on incisions for 4 weeks please.

Sling

The use of your sling is very important in terms of healing and recovery.

FIRST 3-7 DAYS (WILL DEPEND ON YOUR SURGERY)

- Patient can gently remove your arm from sling 3 times daily.
- All movement of that shoulder should be **PASSIVE**. (I.E. Use your other arm to carry the full weight of the operative arm, or ask for assistance).
- Patient can do Pendulum exercises 3 times daily for roughly 3-5 minutes each session.
- **WHILE SEATED**: Patient can rest elbow on a pillow that supports the arm and gently bend and straighten your elbow to prevent stiffness.
- **NEVER** perform any motion with more than 2 out of 10 on the pain scale.
- The sling should carry the *FULL WEIGHT* of your arm.

Exercises

Physical therapy plays a large role in your recovery. Your therapist will show you exercises which you should do daily in order to regain your full range of motion.

FORMAL THERAPY WILL START WHEN INDICATED BY DR. SHUKLA

AFTER ANY SURGERY INVOLVING A 'REPAIR', 4 WEEKS OF REST WITH MINIMAL MOTION IS ENCOURAGED

Lifting/Carrying

Please do not use the arm you had surgery on to lift or carry heavy objects. Please check with me before you lift or carry objects of more than a few ounces in weight.

Sleeping

RECOMMENDATION FOR FIRST 2-4 WEEKS:

- Avoid sleeping on that side by positioning your trunk and shoulders with pillows, or use a recliner chair to sleep which may provide more comfort.
- Your recovery from shoulder surgery is typically 6-8 weeks however it varies from person to person.

At night, often pain becomes more apparent due to activity during the day and also pressure on the wound at night time.



Pressure is applied to the wound when you lie on the side of the surgery or even partially lie on the surgical side.

Driving

You should not drive in the immediate post-operative period. Narcotic medications can make you sedated and sleepy and affect your decision-making ability while driving. Additionally, you may not use your surgical arm to drive. Please ensure you do not drive until you are completely off narcotic medications such as Percocet, Norco, Tramadol etc. and are cleared to drive with your surgical arm by me.

Medications

Instructions for each patient will be in your discharge paperwork from the hospital or ambulatory surgery center, as each patient differs. Please read all paperwork from the hospital after surgery.

In the immediate post-operative period, you might require strong pain medications such as Percocet, Norco etc. for pain relief.

Please ensure that you collect this medication from your pharmacy THE DAY BEFORE surgery. Dr. Shukla will have sent them in, but sometimes the pharmacies need to double-check.

It is very challenging to deal with prescription issues after hours and you could be without medications if you are unable to collect your prescription the day prior to surgery.

Most patients do not require a refill of their narcotic pain medication. However, every patient's recovery is different and if you DO require a refill please remember that controlled substances such as pain medication CANNOT be refilled easily after hours and on weekends due to federal restrictions. If you think you may need a refill and are running out of medication please call the office immediately during working hours and alert my staff AT LEAST 72 HOURS PRIOR TO RUNNING OUT.

WE ARE ALLOWED TO PROVIDE 1 REFILL OF CONTROLLED SUBSTANCES

VIDEOS

SCHEMATIC VIDEO CLIPS ON VARIOUS PROCEDURES

<https://www.newportortho.com/Meet-Our-Doctors/S/Dave-R-Shukla-MD.aspx>

HELPFUL INFORMATION FOR SLING WEAR

<https://www.newportortho.com/About-Us/Our-NOI-Blog/2016/December/Proper-Fitting-for-an-Arm-Sling.aspx>

****MANY OTHER USEFUL VIDEOS ON OUR WEBSITE @
[HTTPS://WWW.NEWPORTORTHO.COM](https://www.newportortho.com)**