



# Osteoarthritis of the shoulder



## What is it?

In a normal joint, the articulating bone ends are covered with a smooth layer of cartilage which allows free and painless movement.

In osteoarthritis (degenerative arthritis) the cartilage thins and eventually the bone ends rub against each other.

The joint capsule may thicken and there may be additional bone/loose body formation.

The result is pain, stiffness, loss of movement and maybe catching or grinding of the joint.



## How is it diagnosed?

Osteoarthritis of the shoulder is diagnosed on the basis of the history as described in the previous answer, and by clinical examination.

Plain radiographs will reveal established cases.

Occasionally, an MRI scan or shoulder arthroscopy are required to detect early disease.



## What is my approach to treatment?

Initially, the symptoms may be controlled with rest, non-steroidal anti-inflammatory tablets, physiotherapy and steroid injections into the joint.

If the condition progresses, and/or the above measures fail, then surgery in the form of partial or total shoulder joint replacement may be required.



## What does an operation involve?

There are many different types of shoulder joint replacement available, from simply replacing the surface of the humerus to complete joint replacement. If the rotator cuff tendons are non-functioning or torn, then a reverse polarity prosthesis may be required. You can ask for more details at your first consultation.

Surgery is normally carried out under general anaesthetic, often supplemented with regional anaesthetic. A laminar flow theatre is used in order to minimise the risk of infection. An inpatient hospital stay of 2 to 3 nights is recommended.

An incision is made either to the front or side of the shoulder, depending on the implant to be used. The worn joint surface is removed using special instruments and the remaining bone is shaped to accept the implants, made of metal or plastic. These implants are either cemented into place or have an artificial coating onto which the bone grows. The area is washed with saline and the wound is closed in layers. The skin is closed with non-absorbable sutures or clips. These are removed in the clinic after two weeks.



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## What is the recovery period?

The arm rests in a sling until 72 hours when controlled shoulder movements begin under supervision of the physiotherapist. This continues for several months.

The exact regimen may vary as it will depend on numerous factors.

Driving is usually possible after 6 to 8 weeks.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work after six weeks.

Heavy manual work and all loading, lifting, pushing and pulling including sports must be discontinued or the joint replacement will loosen.



## Are there any possible complications?

Over 90% of patients are satisfied with the pain relief achieved. However, as with any treatment, there are always risks involved: Infection: 2%, Frozen shoulder: 5%, Nerve injury: 2%, Intraoperative fracture: 1%, Dislocation: Variable

The loosening rate for shoulder implants is about 10% after 10 years.

This may require further complicated surgery.

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