PROCEDURE

Shoulder replacement

Shoulder replacement is surgery that replaces damaged joint surfaces with artificial parts to reduce pain and improve movement.

PURPOSE
Reduce pain and restore useful shoulder movement

PROCEDURE TYPE
Therapeutic surgery replacing damaged joint surfaces

WHERE IT IS DONE
Operating theatre

ANAESTHESIA
General, often with a regional nerve block

HOW LONG IT TAKES
1 to 3 hours

PREPARATION
Fasting, medicine review, and home recovery planning

RECOVERY
Same day or overnight; no driving until cleared

MAIN RISKS
Infection, instability, fracture, nerve injury

RESULTS
Early result immediate; recovery assessed over several months

Overview

Shoulder replacement is an operation to remove damaged parts of the shoulder joint and replace them with artificial parts. These parts may be made from metal, ceramic, and medical-grade plastic.

Your shoulder is a ball-and-socket joint. The ball is at the top of your upper arm bone, and the socket is part of your shoulder blade.

The main types of replacement are:

The type offered to you is based on the condition of your bones, tendons, muscles, and joint surfaces.

- Anatomic total shoulder replacement: replaces the ball and socket in their usual positions

- Reverse shoulder replacement: places the ball on the socket side and the new socket on the arm side
- Partial replacement: replaces only the ball of the joint

Why the procedure is performed

The main goals are to reduce pain and help you use your arm more comfortably. Replacement may be considered when shoulder damage causes ongoing pain, loss of movement, sleep problems, or difficulty with daily activities.

Reasons for replacement include severe osteoarthritis, inflammatory arthritis, major fractures, loss of blood supply to the upper arm bone, and damage from an earlier injury or operation.

A reverse replacement is often used when the rotator cuff tendons are badly damaged. These tendons normally help lift and control your arm. The reverse design allows the deltoid, the large muscle over the shoulder, to do more of this work.

Who should and should not have it

You may be offered shoulder replacement if joint damage is clear on imaging and your pain or loss of function remains unacceptable despite nonsurgical care. This may include activity changes, pain medicine, physiotherapy, or injections.

Surgery is not automatically the best choice for every damaged shoulder. It may be avoided when symptoms are manageable, the likely improvement is limited, or you would not be able to follow the rehabilitation plan.

Replacement is usually delayed if you have an active infection, an open wound near the shoulder, or a medical condition that makes anaesthesia or surgery unsafe at that time. Poorly controlled diabetes, smoking, dental infection, skin problems, or significant heart or lung illness may need attention before surgery.

The choice of implant also matters. An anatomic replacement generally requires a working rotator cuff. A reverse replacement relies on a functioning deltoid muscle and related nerves. Severe bone loss or nerve damage may limit the available options.

Your surgeon should explain the expected benefit for your particular shoulder, including what movement or strength may not return.

How to prepare

Your treating facility's own instructions take priority because fasting rules, medicine changes, and admission arrangements differ between hospitals.

Tell the surgical team about all prescription medicines, over-the-counter products, supplements, allergies, and previous reactions to anaesthesia. If you take a blood thinner like warfarin or apixaban , do not stop it on your own. The prescriber and surgical team will give you a specific plan.

Follow the instructions about when to stop eating and drinking. Tell the team before surgery if you develop a fever, infection, new rash, wound, or significant change in your health.

Plan for help at home. For a time, dressing, bathing, cooking, shopping, and household work may be difficult with one arm in a sling. Arrange transport home because you will not be able to drive yourself.

Loose, front-opening clothing is usually easier to put on after the operation.

What happens during the procedure

You will usually have a general anaesthetic, which means you are unconscious. You may also receive a regional nerve block. This temporarily numbs the shoulder and arm to help control pain.

The surgeon makes an incision over the front or side of the shoulder and moves muscles and other tissues aside to reach the joint. Damaged bone and cartilage are removed.

In an anatomic total replacement, the upper arm bone receives a new ball, and a plastic component is placed in the shoulder socket. Some implants have a stem inside the upper arm bone, while others are stemless.

In a reverse replacement, a metal ball is fixed to the shoulder blade and a cup-shaped component is fitted to the upper arm. A partial replacement changes only the ball side.

The surgeon checks movement and stability before closing the incision. A dressing is applied, and your arm is usually placed in a sling.

Recovery and what to expect afterward

Pain: Pain is expected at first but should gradually improve. You may receive a combination of pain medicines. If you had a nerve block, your arm may feel numb and heavy for several hours. Take medicines only as directed, especially as the block wears off.

Eating: You can usually drink and then eat when you are awake and nausea is controlled. Start with lighter food if anaesthesia has upset your stomach.

Activity: You may go home the same day or stay overnight. You will usually wear a sling for a period set by your surgeon. Hand, wrist, and elbow movement may begin early, while shoulder exercises follow a specific rehabilitation plan.

Do not lift, push, pull, or reach behind you until you have permission. Restrictions differ for anatomic and reverse replacements. Physiotherapy helps restore movement safely, but strength and function often continue improving for several months.

Driving: Do not drive while taking medicines that impair alertness, while your arm is required to remain in a sling, or until you can safely control the vehicle and make an emergency manoeuvre. Your surgeon will tell you when driving may resume.

Work: Office work may be possible within several weeks if pain is controlled and travel is safe. Jobs involving lifting, overhead work, driving, or physical risk usually require longer. Some permanent limits may apply to heavy or repetitive lifting.

Risks and possible complications

All operations have risks. Your personal risk is affected by your health, the condition of the shoulder, the implant, and whether this is a first or repeat operation.

Possible complications include:

A complication may require further treatment or another operation. Replacement often improves pain, but it cannot guarantee normal strength, movement, or a return to every activity.

- Infection around the wound or implant
- Bleeding, blood clots, or anaesthetic complications
- Injury to a nerve or blood vessel
- Fracture during or after surgery
- Stiffness, weakness, or ongoing pain
- Dislocation or instability of the new joint
- Loosening, wear, or breakage of implant parts
- Rotator cuff failure after an anatomic replacement
- Stress fracture near the shoulder after a reverse replacement

Results and follow up

The surgeon can confirm during the operation that the new components are positioned and stable. X-rays may be taken soon afterward.

Follow-up appointments are used to inspect the wound, review pain and movement, and guide rehabilitation. Later visits may include X-rays to check the implant and surrounding bone.

Pain often improves before strength and movement fully recover. Your progress is judged over several months rather than in the first few days. Keep routine follow-up appointments even if recovery seems to be going well.

Artificial joints can loosen or wear with time. Tell future healthcare and dental professionals that you have a shoulder replacement.

Alternatives

The real alternatives depend on the reason for surgery and how much the shoulder affects your life.

Waiting is also a choice when symptoms are tolerable. Ask what may be gained or lost by delaying surgery in your situation.

- No surgery for now: avoids surgical risk but leaves the damaged joint in place, so pain and restricted movement may continue
- Pain medicine and activity changes: may make symptoms manageable but do not restore lost cartilage or repair major joint damage
- Physiotherapy: can improve flexibility, muscle control, and function but cannot reverse advanced arthritis
- Steroid injection: may provide temporary pain relief but does not rebuild the joint, and repeated injections have limitations
- Arthroscopic surgery: uses small incisions and may treat selected soft-tissue problems, but usually offers limited benefit for advanced joint damage
- Fracture fixation: repairs some broken bones while preserving the joint, but may not work when the bone or joint surface is too damaged
- Shoulder fusion: can provide stability and pain relief in unusual situations but permanently removes movement at the shoulder joint

When to call your healthcare team

For routine questions, contact the team during normal hours about medication side effects, sling use, exercises, wound care, or a recovery that is not progressing as expected.

Seek prompt medical advice for increasing redness or swelling, wound drainage, fever at or above the level given in your discharge instructions, pain that is rapidly worsening, or new numbness or weakness after the nerve block should have worn off.

Get urgent assessment after a fall or if the shoulder suddenly changes shape, becomes unstable, or you can no longer move it as expected.

Call emergency services for chest pain, severe difficulty breathing, fainting, uncontrolled bleeding, or an arm that becomes suddenly cold, pale, or blue.

Common questions

Will I be asleep?

Usually, yes. Most shoulder replacements are performed under general anaesthesia. A nerve block may also numb your shoulder and arm for pain relief.

Can I drive home?

No. Arrange for someone to take you home. You should not drive until you are out of the sling when required, are not impaired by pain medicine, and can control the vehicle safely.

How painful is shoulder replacement?

Moderate to significant pain is common early on. A nerve block and pain medicines help manage it. Pain should gradually improve, although exercise can cause temporary soreness.

When will I know if it worked?

The surgeon knows immediately whether the implant was placed as planned. You will judge the benefit over the following months as pain settles and movement improves.

How long will the replacement last?

There is no guaranteed lifespan. Implant wear is affected by your age, activity, bone quality, implant type, and complications. Follow any long-term activity advice from your surgical team.

Sources

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