



Duke Orthopaedics: Upper Extremity Division

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Humeral Hemiarthroplasty for Cuff Tear with Arthritis

What is Rotator Cuff Tear Arthritis?

Rotator cuff tear arthritis is an arthritic shoulder condition caused by a massive rotator cuff tear. With the torn rotator cuff, the shoulder loses stability causing more wear on the joint which advances arthritis. This is a devastating condition that seriously compromises both the comfort and function of the shoulder.

How do you replace the shoulder?

The arthritic, misshapen ball is replaced with a smooth, perfectly round prosthesis placed through an incision down the front of the shoulder. The ball is held in the humeral bone by a stem that fits in the hollow center of the bone. While the rotator cuff tendons are not replaced, the shoulder should have smoother, less painful motion.

Length of Stay

There is a possibility of staying one night after surgery or going home the same day of surgery. If you do not stay the night, someone must stay during the entire length of the procedure. You will need to have someone to drive you home after you have been discharged. The surgery usually takes approximately 2 hours to complete.

Anesthesia

Patients usually have two types of anesthesia for this surgery. The first is general anesthesia, which means you are asleep. The second type of anesthesia is a nerve block with sedation so you will not remember the procedure. Your arm will be numb and will feel very strange. The nerve block will usually last approximately 2-3 days with the use of an Experil block. The anesthesiologist will speak to you on the day of surgery. The ultimate choice of anesthesia technique is up to you and your anesthesiologist.

Incision

You will have an incision down the front of your shoulder. After the incision has healed, it is usually not objectionable.

Pain Control

While admitted to the hospital you will be provided with a PCA (Patient Controlled Analgesia) machine. This is a syringe of pain medication attached to a computer with a button. The computer is programmed with a specific amount of pain medication that can be administered when the button is pressed. When you feel pain, press the button and you will receive pain medication. You will also have pain medication prescribed for when you are discharged home. After the nerve block wears off you will have post-surgical discomfort, so start your pain medicine when the block begins to wear off.

Diet

The combination of anesthesia and pain medications can cause nausea in some patients. If you are prone to nausea or show signs of nausea prior to discharge, a prescription for an anti-nausea medication will be

provided. You may wish to advance your diet slowly the day of surgery to avoid exacerbation of nausea. Surgery and the narcotic pain medications are very constipating. Your diet should include plenty of water, fiber, fresh fruits and vegetables.

Sling

Your arm will be placed in a sling prior to leaving the operating room. You are to remain in your sling 24 hours a day for the first 6 weeks. This includes sleeping in your sling. You may remove the sling only for showering, changing clothes, and exercises as instructed by our staff or your physical therapist. For the four weeks that you are in your sling, **you are not permitted to drive.**

Dressings

You will go home with gauze dressings on your shoulder. After 3 days you may remove the dressings. There will be a steri strips over the incisions. The steri strips are to remain in place until they fall off on their own. You may see some blue or clear suture (stitch) sticking out the ends of the incision. The suture will be removed at your first postoperative visit approximately 14 days after your surgery.

Physical Therapy

Before leaving the hospital you will be taught your home exercise program. For the first three months of recovery you will do these very gentle stretches at home. Formal physical therapy will be prescribed as needed

Restrictions

Recovery from partial shoulder replacement is three months. During that time you will have restrictions on the use of your operative arm. You may drive when you are not in the sling and feel that you can safely control a car and you are **NOT** taking narcotic pain medication.

Day of surgery to Week 6: No active reaching and lifting, no pushing or pulling, no reaching behind your back, no leaning on operative extremity, and no repetitive movements