

## A PATIENT EDUCATION GUIDE: SHOULDER HEMI-ARTHROPLASTY

This is a *brief* overview of what you, the patient, should know about getting a shoulder **Hemi-Arthroplasty**. If you have any questions, please write them down and bring them to your next consultation so Dr. Kassam can go through them with you in detail.

### Why do I need a Shoulder Arthroplasty?

There are several reasons why you may require a shoulder arthroplasty (remember: arthroplasty is just another word for replacement). The specific cause and its resultant damage to the shoulder can sometimes determine which types of replacements are best suited to help you regain function and reduce your levels of pain. Dr. Kassam will go through these options with you in detail at your consultation. Some common reasons are:

#### Shoulder Arthritis

This is the most common reason that patients have a shoulder replacement. Arthritis is the progressive destruction of joint cartilage. Normal cartilage helps maintain pain free motion. There are different types of arthritis. Osteoarthritis can be thought of as “wear and tear” and rheumatoid or inflammatory arthritis is often caused by a medical or autoimmune disease. When the cartilage 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 decrease your shoulder range of motion. Patient’s may also get a sensation of “loose pieces” or “crackling and popping” in the joint.

Patients with osteoarthritis often get a **Total Shoulder Arthroplasty (TSA)**. In some situations, younger patients who only have damage to one side of the joint (the “ball” side of the ball and socket joint) may be candidates for a **Hemi-arthroplasty**.

#### Fracture

Shoulder fractures or “breaks” can sometimes be fixed with plates and screws. However, if someone has a fracture that is beyond repair, are of an advanced age or has a medical condition that can affect bone healing, a shoulder replacement is a good option. This will allow for better function and decrease the likelihood of needing multiple operations in the future. Certain types of replacements are better for certain conditions. Age and type of fracture are the most common factors to affect this. Often, replacements following fractures are treated with either a **Hemi-arthroplasty** (for younger patients) or a **Reverse Total Shoulder Arthroplasty** (for older patients).

#### Rotator Cuff Arthropathy

Rotator cuff tears are sometimes so large and chronic that they result in damage to the shoulder joint and the rotator cuff tendon can no longer be repaired. This may result in poor range of motion and pain. A shoulder replacement can help restore function. This is often done with a **Reverse Total Shoulder Arthroplasty (RTSA)** as a Total Shoulder Arthroplasty (TSA) can not work without a functional rotator cuff.

## What is a shoulder Hemi-arthroplasty?

The most common reasons for getting a Hemi-arthroplasty is osteoarthritis or having a severe fracture in a younger patient. It is called a “hemi” because **it replaces only half of the shoulder joint** (the word “hemi” means “half”). Specifically, it replaces **the ball side** of the ball and socket joint. This allows for a less invasive operation and only addresses the part of the joint that has a problem. Again, this is only possible when the socket side is relatively normal.

Generally, the ball replacement is made of metal. If you have any known allergies to metals, such as nickel, please inform Dr. Kassam as he may be able to find an alternative for you.

When the ball side is replaced, it is either attached to a stem (an extension of metal which goes down the arm bone, or humerus, several inches) or it is stemless. Certain types of stemless hemi-arthroplasties are sometimes called a **Resurfacing**. For stemmed implants, the stem can either be cemented into the arm bone or be cement-less. A variety of factors such as age, disease severity and the possibility of future operations can help determine which type of ball replacement and fixation method is best for you.

Below are two x-ray examples showing the differences between a **stemmed (left) Hemi-arthroplasty** and a **stemless (right) Resurfacing Hemi-arthroplasty**.



# Dr. Hafiz F. Kassam | Orthopedics

Advanced Shoulder and Elbow Reconstruction,  
Sports Medicine and Trauma Surgery

## What should I expect when I have surgery?

### The Day Before Surgery

- You will receive a call from the hospital before surgery telling you what time you should arrive. 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.** This includes water. You may take sips of water to swallow pills if required and cleared by your medical team. **Your surgery may need to be cancelled if you do not adhere to these instructions.**

### The Morning of Surgery

- Arrive to the hospital 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 members to wait while you are in surgery.
- A nurse will check you in.
- The anesthesia team will meet with you to discuss their plan for anesthesia during surgery and will be able to answer any questions you may have for them.

### After Surgery

#### *Hospital Stay*

- **Most of our patients stay one night in the hospital.**
- During this time your nurse and anaesthesia 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 also meet with our Occupational or Physical Therapist who will review exercises you can do after surgery.
- A Care Coordinator 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 exercises demonstrated by the therapist.
- Keep your bandage dry while bathing. This may require covering it with a plastic wrap (i.e. "press-and-seal") or taking sponge baths.
- 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 pain medications.
- Many people are most comfortable sleeping in a more up-right position after surgery. You can opt to sleep in a recliner or prop yourself up on pillows in bed.
- If you received an ice machine please use 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.

# Dr. Hafiz F. Kassam | Orthopedics

Advanced Shoulder and Elbow Reconstruction,  
Sports Medicine and Trauma Surgery

## *Follow up*

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

---

I hope this has helped clarify some of your questions surrounding a shoulder **Hemi-arthroplasty**. As always, do not hesitate to ask questions and schedule a follow up appointment should you require any further discussion.

Best,



Hafiz F. Kassam MD, FRCSC



**PERSONALIZED CARE. EVIDENCE-BASED DECISIONS. YOUR QUALITY OF LIFE.**