

Shoulder Arthritis

What is it?

Osteoarthritis of the shoulder is a condition that occurs due to disintegration of the surfaces of the shoulder which are normally bound by smooth cartilage. Damage to this cartilage can be progressive over time and may result from an injury to the shoulder, overuse of the joint or normal wear-and-tear. The key point when considering treatment options for shoulder arthritis is whether the rotator cuff tendons are intact or damaged. This will make a significant difference to the treatment options possible.

What are the symptoms?

The most common symptoms of arthritis of the shoulder are pain and stiffness. Pain can occur at rest and is often worse with motion. There is often a limitation of movement, a reduction in ability to flex and often overhead activities are limited. These symptoms become worse as the condition progresses and people often find it increasingly difficult to use the shoulder. Previous conditions such as rotator cuff tear or shoulder dislocation/fracture can lead to shoulder arthritis, and all of these may contribute to arthritis in the younger population.

Clinical examination

Common examination findings are a reduction range of motion compared to the contralateral side. There is often limitation of movements both actively and passively. Soft tissue and bony swellings may also be obvious. Dr Taylor will perform a careful examination of the range of motion and use this to assess whether surgery is required.

What investigations are required?

All patients who have this condition will require an x-ray as this is the most frequent way of diagnosis. However, if surgical intervention such as a total shoulder replacement or reverse total shoulder replacement is indicated, a CT scan and usually an MRI scan will be required if surgery is warranted. This helps Dr Taylor to plan the approach for surgery, decide which is the most suitable procedure to perform and aids with the positioning of implants intra-operatively.

What are the treatment options?

Non-operative Treatment:

Non operative treatments of shoulder arthritis are usually guided by a Physiotherapist. They rely on maintaining range of motion, reducing pain, anti-inflammatory medications can be trialed and avoidance of activities which provoke pain. An intra-articular steroid injection or injection into the joint or subacromial space may also relieve pain and improve function although this benefit may not be sustained in many patients.

Operative Treatment:

Operative treatments include an arthroscopic debridement, treatment of associated problems such as biceps tendinosis or acromioclavicular joint arthritis and micro fracture of the joint. This is usually limited to very minor disease and most patients who have established osteoarthritis benefit from a shoulder replacement.

An anatomical shoulder replacement is possible if the rotator cuff tendons are intact, and the shoulder is balanced due to the presence of these tendons and muscles holding the shoulder in an anatomical position. If the rotator cuff tendons are damaged it may be required to reverse the components of a shoulder replacement to perform a reverse total shoulder replacement which allows good function, even in the absence of an intact rotator cuff. Usually, an MRI scan is required as well as a careful clinical examination to determine whether the rotator cuff is intact and suitable for a total shoulder replacement.

Shoulder replacement is limited to patients who have low demands on their shoulder and is best performed in patients over 65 years of age, however the different options can be discussed in patients younger than this if required.

Possible complications

Most people are happy with the results of surgery however complications do occur occasionally. Some of the complications specifically related to shoulder arthroplasty are infection, dislocation, need for a revision procedure, nerve or blood vessel injuries surrounding the shoulder may also occur intra-operatively or a fracture may also occur. These are uncommon but must be considered during the discussion of shoulder replacement. All replacements, including hip and knee replacements, have a limited life span and the lifespan of a shoulder replacement is related to the activity level of the patient. Dr Taylor will discuss whether this procedure is suitable for you at your visit.