

Enjoy Life Pain Free
Total Hip & Shoulder
Joint Replacement Options

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In my previous article titled “[What is Arthritis?](#)”, I discussed many aspects such as the etiology (causes), diagnostics, medications, and conservative treatment options. In this article, I will present an educational understanding of advanced surgical treatment options for arthritis affecting the hip and shoulder – both referred to as “ball and socket” joints. First, I will describe how modern-day (minimally invasive) approaches to a total hip or shoulder arthroplasty (replacements) shorten hospital stays, decrease pain of the procedure, and expedite rehabilitation toward independence.

What is the best approach for a total hip replacement: Anterior or Posterior?

Total hip replacement approach continues to be a debate amongst orthopedic surgeons. Both the traditional (posterior) and minimally invasive (anterior) approaches have advantages and disadvantages. A basic agreement amongst orthopedic surgeons boils down to the patient choice

of surgeon, along with a full understanding of the approach, risks, and recovery based on what the surgeon is most comfortable performing for a successful recovery.

When the acetabulum (cup) and the femoral head (ball) become arthritic, limiting a patient's activity, a total hip may be warranted. During the procedure, the surgeon replaces the hip joint by removing all the arthritis (articular Cartilage covering the ball/socket and bone spurs). Once this is completed, the surgeon then determines the appropriate size prosthesis (implant) for the patient. When the surgeon confirms the selected prosthesis, he/she implants a new cup and ball/stem to replace the hip joint.

Posterior Approach: Traditional

Although the overall principle of the procedure has not changed, a traditional posterior approach to the hip joint used to be the only way to perform a total hip replacement. With a traditional posterior approach, a larger incision is required to obtain adequate exposure to perform the procedure based on instrumentation, and training. This approach may require a longer hospital stay, and greater post-surgery restrictions than the Anterior Approach. This

approach allows for greater access for placement of the implant and continues to have a high success rate.

Anterior Approach: Minimally invasive

Through technological advances, options for prosthesis availability have emerged immensely, but most importantly, a more limited approach to expedite one's recovery. This is referred to as a minimally invasive surgical approach. A minimally invasive surgery refers to any procedure that is performed through a smaller incision. This approach, along with necessary instrumentation, allows the patient to have a quicker recovery time, shortened hospital stay (even 24 hours), and less pain than a traditional approach. With the anterior approach, the surgeon uses a smaller incision(s) and approaches the hip through the front. When the procedure is completed with an anterior (front) approach, a patient can usually be discharged the following day, with limited restrictions, and less discomfort.

What is the best shoulder replacement for me: Primary or Reverse?

When the glenoid (socket) and the humeral head (ball) becomes arthritic, limiting a patient's mobility and use of the arm/shoulder, it may require a total shoulder replacement. This

procedure is done to remove articular Cartilage and bone spurs just as in a hip replacement. The cause of shoulder arthritis is multi-fold compared to hip arthritis. As you may recall from my first article, arthritis of the hip is generally “wear and tear,” as it is a weight-bearing joint. In shoulder arthritis, one can develop wear and tear, but generally the supporting structures (rotator cuff, previous dislocation, and fracture) can precede arthritis.

Regarding the incision used for a total shoulder approach, it has not changed much, as the approach to the front of the shoulder requires exposure to complete the procedure. However, hospital stays have shortened to an overnight stay due to advanced technology and instrumentation. Additionally, an individual will have mandatory restrictions of motion until fully recovered. Although a total shoulder replacement is like a hip replacement, a diagnostic work-up is necessary to determine the type of implant required prior to scheduling the surgery for both a primary and reverse total shoulder replacement. The following will provide a brief explanation of the different types of implants.

Primary Total Shoulder Replacement

A primary total shoulder replacement involves replacing the ball and socket, much like a total hip. Individuals generally have an intact (functioning) rotator cuff that assists motion to the shoulder. A reverse total shoulder replacement differs from a primary by “reversing” the components.

Reverse Total Shoulder Replacement

By reversing, instead of replacing the ball on the humerus, it is placed on the glenoid, and the cup is placed in the humerus. This implant is generally used for individuals who have a non-functioning – chronically torn rotator cuff. When the implants are reversed, it takes over the work of the non-functioning rotator cuff to allow for functioning.

Osteoarthritis is a condition that affects everyone differently. Some are successful with a conservative (non-surgical) approach, yet others require a joint replacement. In the latter description, I discussed how modern technology including anterior hip replacements and special shoulder implants can facilitate ones’ recovery with less pain, restrictions, and improving ones’ overall function. Although newer surgical options are available, the patient (family) must also understand that it takes a team approach involving primary care, the surgeon, nursing, and a

physical/occupational therapy program of YOUR CHOICE to become successful throughout your recovery period.



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