Shoulder Arthroplasty: What is the Value in Decision-Making

Science, Clinical Information, Experience, Judgement...This is what your patient expects before you operate

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I. What is the Problem? Arthritis in a patient > 60 years old
   a. Clinical Evidence: TSR is more durable and reliable than Hemi
   b. Humeral resurfacing is less durable than TSR
   c. Patient expectations: Golf, tennis, swimming vs heavy work
   d. How bad is the problem: Mild pain, severe pain, trouble sleeping...does this warrant an arthroplasty?
   e. Scientific evidence for arthroscopic debridment is poor
   f. Are there other factors?: failed prior surgery (status of cuff?)
   g. Are there other factors?: prior infection (need to rule out infection?)
   h. Are there other factors?: Deltoid function normal? Need for EMG

II. Is the Problem “outside the box”:
   a. Arthritis in a young patient after surgery
   b. Severe glenoid retroversion from fracture or glenoid dysplasia
   c. Fracture malunion
   d. Rotator cuff insufficiency
   e. Inflammatory arthritis
   f. Non-compliant patient

III. What are the Principal Goals for this patient?
   a. Pain Relief
b. Functional improvement

c. Return to work

d. Is anatomical reconstruction possible?

IV. What You Shoulder Determine Before Surgery:

a. Is the subscapularis intact? - PEx and Imaging
b. Is there severe glenoid distortion? - 3-Dimensional Imaging
c. Is neurologic intact? - PEx
d. Is this a very stiff shoulder? - PEx
e. Is there prior soft-tissue distortion: History and PEx (Bristow, RCR, etc)
f. Is there infection: Aspiration and blood labs.

V. What Do You Need before You go to the Operating Room?

a. Specific Implants for the problem?
b. Plan A, B, C etc…”Do the operation in your mind before going to the operating room” (-C Gerber)
c. Special Instruments?
d. Allograft

VI. Positioning and Set-up:

a. Beach-chair?
b. Arm Holder
c. Will you need to have access to the iliac crest (bone graft)?
d. Will you need to have access to the posterior shoulder?

VII. Final Thoughts

a. Many operations fail before the incision is made
b. Dictate the operative report in your head before you do the surgery

VIII. References:

REFERENCES


