

# Shoulder Arthroplasty

## Patient Information

### Why this letter?

Having surgery is stressful. A lot of information that I may say to you is easily forgotten, especially when you get home, and someone asks you “what did the doctor say?” Having these things in writing may help you.

### What is wrong with your shoulder?

You have arthritis. This means that the cartilage that lines the ends of the bones (like the end of a chicken bone) is wearing away. This happens in all joints to all people. The severity, timing and painfulness of it are what vary from person to person. Eventually this problem of wear allows the bone to rub on bone and that is very painful.

### What happens if I do not have surgery?

Over time the problem of arthritis worsens and usually causes more pain and less motion. This happens slowly over time. The other options are pills to treat the inflammation associated with arthritis and occasionally injections of cortisone. Even in some cases, physical therapy can be helpful.

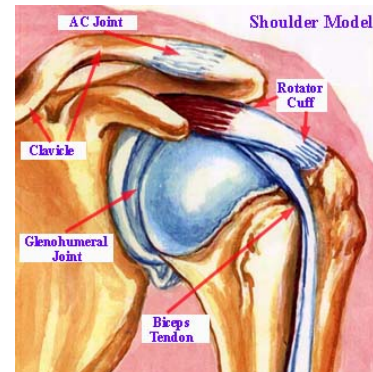
### What is the purpose of the surgery?

The purpose of the surgery is to eliminate or at least significantly decrease your pain. Other benefits may be an increase in motion and function.

### What is done at the time of surgery?

The surface of the shoulder bone (called the head) is damaged and must be removed. This is the portion that will be replaced by the metal “head”. The head is attached to the shoulder by a metal “shaft” that goes down into the center of the humerus (arm bone). During this time the muscles, tendons and nerves are carefully protected.

Then the area of the socket is examined. Based on The studies that we did before surgery, we have already decided whether or not replacement of the

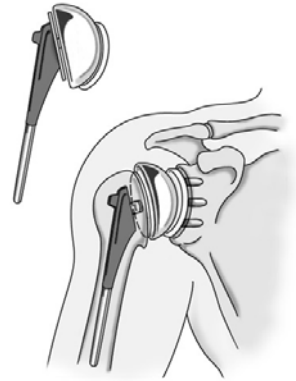


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**Carmelita A. Teeter, M.D.**  
**(956) 421-2663**

socket (or glenoid) will be done. The surface of the socket is shaved to allow the implantation of the “glenoid component,” which is plastic (polyethylene) that is about ¼ of an inch thick. This is held in place by bone cement.

### Can the parts wear out?

Yes, over time, the parts can eventually wear out and this usually happens on the socket side. Most shoulder replacements last 15 years or longer. Early failure can happen, but, thankfully, they are rare.



### What kind of anesthesia is used?

Patients undergo *general anesthesia*. This means that you are put to sleep for surgery and a breathing tube is placed during the surgery to breathe for you while the work is done. This is the best way to allow me to work deep inside the shoulder.

### What about a sling?

When you wake up from surgery you will be in a sling. You will wear that for 6 weeks after the surgery. To perform the surgery, I have to cut a major tendon in the front of the shoulder. That is the rate limiting step after surgery. Your limitations are set in place to allow that tendon to heal (it is called the subscapularis muscle)

### How long will I be in the hospital?

Plan to be there from 2-4 days. You will come in the morning of surgery and stay for a few days until you are getting around well and your pain is well controlled.

### Is a blood transfusion needed?

In less than 5% of patients is a blood transfusion needed, so most patients do not donate their own blood before hand. If you feel strongly that you would like to do that, please let me know.

### How successful is the surgery?

No surgery is 100% effective every time. This operation, however, is successful in 80-90% of patients done nation wide. It is a very reliable way to eliminate or significantly reduce the pain caused by arthritis. The other things are less predictable (such as overhead activities or restoring all of the motion that was lost). Remember this is not your native shoulder and extremely vigorous activities should be avoided (weight lifting,

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**(956) 421-2663**

aggressive use of the arm). What I can guarantee is that I am well trained to do this operation and that I will deliver the best possible care that I can to you.

### When can you return to regular activities?

You may use your hand, wrist, fingers, and elbow immediately after surgery. You may shower 2 days after surgery with regular soap and water. After a few days, you can get around the community (walk, cook, drive an automatic car, write). Do not lift anything with the operated arm. **Do not use the arm to push yourself up from a seated position and do not lean on your elbow!**

### When can you return to work?

For most sedentary jobs, you should probably take at least one week off. When you return you should do no lifting, pushing, pulling, or carrying. At 6-8 weeks after surgery you can handle 1-2 pounds at waist level. At 3-4 months, you can lift 5-10 pounds. Heavy lifting should be avoided until 6-12 months. For many jobs, we will have to make decisions as we go on what is best for you and your shoulder.

### What is rehabilitation like?

I like water therapy the best and know several places that I can send you for that. If that is not convenient for you, we can use a back up therapy program with a local therapist at your convenience. You will be doing some sort of exercises on your own at home for 3-4 months. Here are some guides that you can use:

1-2 weeks--walking outside or a stationary bike

2-3 months--jogging, Stairmaster, regular bicycle

4-6 months--swimming, running and tennis ground strokes, chipping and putting

12 months--overhead throwing, regular tennis strokes, driving a golf ball.

### What will I do for pain control?

I will give you a prescription for pain medication. You may take it as directed on the bottle, and that may vary depending on allergies or other medications. In addition, icing the shoulder is very helpful in controlling the pain.

I request that you call for pain medication refills Monday through Friday from 8am to 5 pm. Remember that I am in the operating room several days a week, so please do not be surprised if you have to wait a few hours to get the message handled and called in to your pharmacy. I need to approve each request personally.

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**(956) 421-2663**

### When will I have doctor's appointments?

I will see you at 2 weeks after surgery, then again 6 weeks after the surgery. After that, I will see you at 6, 9, and 12 months after surgery. At each visit, I will assess your progress and make recommendations of rehabilitation or activities based on your progress.



### What about surgical costs?

Because medical insurances can be quite complex, there are not fixed rules. You may need to check with your insurer about your obligations such as co-pays, coinsurance, or deductibles. We will bill the surgeon's fees from this office. The code that we use is 23472. In addition, this is a complex procedure and usually, I use an assistant. Her name is Cynthia Miller and she is a Certified Physician's Assistant. You will see fees for her services. In addition, there are a lot of fees not directly associated with my office. These include, but may not be limited to, anesthesia and hospital costs.

I will do everything that I can to answer your questions and make you feel at ease with the decision that you have made to undergo surgery. Please remember that I am your advocate and I appreciate that you need to feel comfortable. There will be a number of times that you will get to see me face to face and feel free to use those times for questions. Otherwise you can consider my staff an extension of me and you may leave messages and I will do my best to get your questions answered as quickly as possible.



Carmelita A Teeter, MD  
Rio Grande Orthopedic Center  
1601 Treasure Hills Blvd  
Harlingen, Texas 78550  
956-421-2663  
[OrthoDoc.aaos.org/CATeeterMD](http://OrthoDoc.aaos.org/CATeeterMD)  
or [www.rgoc.net](http://www.rgoc.net)

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**Carmelita A. Teeter, M.D.**  
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