

Shoulder Arthritis

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SUPER SPECIALIST SHOULDER SURGEON



Anatomy and Function

The shoulder joint is a ball and socket joint. The ball and the socket are covered in a lining, called the cartilage, which acts to create smooth motion and lubricates the joint. In order for the shoulder to work well and be pain-free, we require good cartilage and rotator cuff tendons that are attached and working well.

There are two types of arthritis that affects the shoulder. The first type is called primary glenohumeral osteoarthritis. This is where the cartilage is worn away but the rotator cuff muscles and tendons are attached. The other type is rotator cuff arthritis, where the cartilage is worn away and the rotator cuff is torn.

Causes and Risk Factors

In patients with primary osteoarthritis of the shoulder, there is often no clear cause. In rotator cuff arthritis, patients may not recall any a traumatic event that caused their rotator cuff tear in the past. Both conditions often start insidiously and become symptomatic as we get older (often >65 years old).

Symptoms

Most people with shoulder arthritis do not have any symptoms at all. If their shoulder is working well, no treatment is needed. However, it is common to develop pain, often felt on the side of the upper arm and radiating down towards the elbow. The pain may be worse at night or on activity, particularly overhead. Patients may develop stiffness that limits their motion and ability to reach away from the body or behind their back. If the pain is severe and limits your ability to use your shoulder, and affects your sleep quality, then various treatments are available that can help manage your pain.

Diagnosis

After hearing about your pain and examining your shoulder, Dr. Rashid will obtain X-rays of your shoulder to confirm arthritis. The type of shoulder arthritis is often clear on X-rays alone, but a MRI scan can often help confirm whether the rotator cuff is intact or not.

Non-Surgical Treatment Options

Pain management is key to helping manage your arthritis without the need for surgery. Simple painkillers are often not that effective. Steroid injections into the shoulder slightly increase the risk of infection, and can accelerate the degradation of the cartilage. Dr. Rashid prefers not to use steroid, or cortisone, inside the shoulder joint, especially for advanced arthritis, as it is often not that beneficial. Instead, Dr. Rashid may offer you a nerve block, to block the pain signals travelling from the shoulder to the brain. These are effective in 3/4 of people and can last up to 6 months. The risk of infection within the joint is lower as the injection is not given inside the shoulder, but around the nerve outside the shoulder.

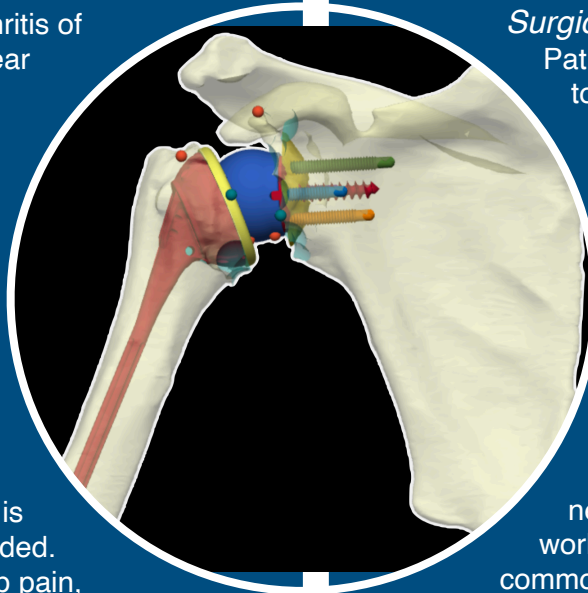
Surgical Treatment Options

Patients seeking a long-lasting solution to their painful and arthritic shoulder may wish to consider a shoulder replacement operation. This can be either to replace the ball and socket of the shoulder with like-for-like artificial implants (called an anatomic replacement) or by replacing the ball with an artificial socket, and the socket with an artificial ball (called a reverse shoulder replacement).

The reverse replacement is often needed when the rotator cuff is not working well or torn. It is the most common type of shoulder replacement. If you think this is an option for you, please consider booking a consultation with Dr. Rashid, who specialises in all type of shoulder replacement surgery. These operations are done as a day procedure in the majority of patients. Dr. Rashid plans all replacements using 3D modelling software to accurately choose the correct size implants and position them for optimal function.

Self-Management and Lifestyle Tips

Some patients may choose to adapt how their use their shoulders to compensate for pain and stiffness. It is not advisable to use a sling, as it will often worsen your function in the long term. Regular painkillers can help, but should be discussed with your primary care practitioner.



To book a consultation with Dr. Rashid, please visit www.mustafarashid.com, send a message (or Whatsapp) to +44 (0) 7584 033 470, or email consultations@mustafarashid.com.

