



Glenohumeral Arthritis

Treatment may begin with anti-inflammatories, painkillers, gentle exercising and resting the shoulder and the application of ice to the area to decrease pain and inflammation. Cortico-steroids can be injected directly into the joint if the pain persists.

Arthritic changes affecting the glenohumeral joint are relatively uncommon. In these cases, it is important to establish the integrity of the rotator cuff. Cuff tear arthropathy (CTA) requires specific requirement to ensure restoration of movement.

Conservative management includes analgesia, physiotherapy and activity modification. Steroid injections and arthroscopic debridement have little effect.

Arthroscopy can be used to examine the interior of the joint to determine the damage to tendons, ligaments and cartilage and to make a diagnosis.

Surgery

Sometimes surgery may be necessary, the most common procedure being "Arthroplasty" which is a shoulder replacement. A shoulder replacement involves prosthetic replacement of the damaged joint surfaces.

Shoulder replacement can be total shoulder replacement (TSR), where both sides of the joint surfaces are replaced and hemiarthroplasty, where only one side of the joint is replaced (copland replacement).

Copeland Surface Replacement Arthroplasty of the Shoulder



This operative procedure is performed in cases of severe Osteo or Rheumatoid arthritis where pain is the predominant feature. In my practice I perform this kind of replacement only when the joint is congruent i.e. the curvature of the head and socket match perfectly.