PREOPERATIVE DIAGNOSIS: , Severe degenerative joint disease of the right shoulder.,POSTOPERATIVE DIAGNOSIS:, Severe degenerative joint disease of the right shoulder.,PROCEDURE: , Right shoulder hemi-resurfacing using a size 5 Biomet Copeland humeral head component, noncemented.,ANESTHESIA: , General endotracheal.,ESTIMATED BLOOD LOSS: , Less than 100 mL.,COMPLICATIONS:, None. The patient was taken to Postanesthesia Care Unit in stable condition. The patient tolerated the procedure well.,INDICATIONS: , The patient is a 55-year-old female who has had increased pain in to her right shoulder. X-rays as well as an MRI showed a severe arthritic presentation of the humeral head with mild arthrosis of the glenoid. She had an intact rotator cuff being at a young age and with potential of glenoid thus it was felt that a hemi-resurfacing was appropriate for her right shoulder focusing in the humeral head. All risks, benefits, expectations and complications of surgery were explained to her in detail including nerve and vessel damage, infection, potential for hardware failure, the need for revision surgery with potential of some problems even with surgical intervention. The patient still wanted to proceed forward with surgical intervention. The patient did receive 1 g of Ancef preoperatively.,PROCEDURE: , The patient was taken to the operating suite, placed in supine position on the operating table. The Department of anesthesia administered a general endotracheal anesthetic, which the patient tolerated well. The patient was moved to a beach chair position. All extremities were well padded. Her

head was well padded to the table. Her right upper extremity was draped in sterile fashion. A saber incision was made from the coracoid down to the axilla. Skin was incised down to the subcutaneous tissue, the cephalic vein was retracted as well as all neurovascular structures were retracted in the case. Dissecting through the deltopectoral groove, the subscapularis tendon was found as well as the bicipital tendon, 1 finger breadth medial to the bicipital tendon an incision was made. Subscapularis tendon was released. The humeral head was brought in to; there were large osteophytes that were removed with an osteotome. The glenoid then was evaluated and noted to just have mild arthrosis, but there was no need for surgical intervention in this region. A sizer was placed. It was felt that size 5 was appropriate for this patient, after which the guide was used to place the stem and pin. This was placed, after which a reamer was placed along the humeral head and reamed to a size 5. All extra osteophytes were excised. The supraspinatus and infraspinatus tendons were intact. Next, the excess bone was removed and irrigated after which reaming of the central portion of the humeral head was performed of which a trial was placed and showed that there was adequate fit and appropriate fixation. The arm had excellent range of motion. There are no signs of gross dislocation. Drill holes were made into the humeral head after which a size 5 Copeland hemi-resurfacing component was placed into the humeral head, kept down in appropriate position, had excellent fixation into the humeral head. Excess bone that had been reamed was placed into the Copeland

metal component, after which this was tapped into position. After which the wound site was copiously irrigated with saline and antibiotics and the humeral head was reduced and taken through range of motion; had adequate range of motion, full internal and external rotation as well as forward flexion and abduction. There was no gross sign of dislocation. Wound site once again it was copiously irrigated with saline antibiotics. The subscapularis tendon was approximated back into position with #2 Ethibond after which the bicipital tendon did have significant tear to it; therefore it was tenodesed in to the pectoralis major tendon. After which, the wound site again was irrigated with saline antibiotics after which subcutaneous tissue was approximated with 2-0 Vicryl. The skin was closed with staples. A sterile dressing was placed. The patient was awakened from general anesthetic and transferred to hospital gurney to the postanesthesia care unit in stable condition.