



## The Copeland shoulder replacement – a patient's view

What caused my shoulder to deteriorate is something which, despite interrogation by various specialists of which the CID would have been proud, it is impossible to determine.

Did I ever have any accident – no. Did I ever strain the arm in sport – no. Did I ever suffer any injury in childhood – not that I can recall, and so on. I am now 63 years old, but my children remember that when they were small and I played cricket in the garden with them, I bowled underarm. They thought I was being gentle to them, but I remember this was because I found it difficult to bowl normally, so I have to assume that at the age of 45 symptoms were already manifesting themselves.

It was no great inconvenience, so I did not think twice about it. Some years later, though, the shoulder felt a bit sore, and the GP suggested that it might be a 'frozen shoulder', whatever that may be, and I should have some physiotherapy.

This proved to be of some relief, and another physiotherapist did some acupuncture as well, which also helped a bit. (Apparently, though, he was less discreet with his female patients and was struck off, but that's another story).

I had always done some breast stroke swimming, and continued doing this, not too seriously, sometimes a few times a week when it was convenient, but sometimes when I was busy at work I had longer spells without doing much exercise of any description, although I am reasonably fit and not overweight.

By the age of 56, though, the shoulder was becoming a nuisance. I found that when I was working on my old cars (I have a few vintage models), I did not have so much strength in my right side (I am right handed) and it hurt to tighten and loosen nuts and bolts; the same problem occurred with DIY (which many husbands might think a distinct advantage to avoid putting up shelves when the football on TV is so much more appealing, and could offer a wonderful excuse).

The procedure he suggested was analogous to the much more common hip replacement. He would insert a new ball and socket into the shoulder, the ball being on the end of a stem which would be inserted into the bone of the upper arm, and held by pins. Since hip replacements are so successful, what are the drawbacks? Well, with hips there is plenty of bone to work with. So, if after time, the new ball and socket wear out, they can be replaced with another set. One hears of people having this operation repeated. With shoulders, however, the problem is worse, as the bone in the arm is much thinner, and the operation cannot be performed with any degree of success twice. It could be possible that after, perhaps, 10 years, the new prosthetic ball would become loose, and then it would have to be pinned permanently in place, leaving me, as I was blandly told, a cripple.

However, it was clear that I needed some expert advice, and I saw the first shoulder specialist. He immediately recognised the problem as being a worn out shoulder joint, with the disappearance of the cartilage. He told me that he could perform an operation which would be very successful, would immediately eliminate pain, but which also had drawbacks.

He went to tell me that at my then age of 56 I was much too young to have the operation, with the possibility that I might become permanently disabled at the age of 66. He suggested that I should keep the shoulder under review, so that there could be more scientific analysis of the deterioration over a period of years. I had some more professional physiotherapy and started doing Pilates.

I also went swimming much more regularly, several times a week. All of this was to strengthen the back muscles so that they could, to a certain extent, take over from the shoulder, and also that I should be much fitter if and when I finally had to have an operation, but that that should be delayed for as long as possible.

From the questions he asked me at that initial consultation, I realised that I was some way off having anything done. Did I take pain killers – no. Did I have difficulty sleeping- no. Did it adversely affect my style of living – well, a bit inconvenient, a bit of soreness, but in truth, not a lot.

So I went swimming and did Pilates quite religiously for a number of years. These exercises did a lot of good, and helped me postpone any treatment for a long period of time, but subsequent consultations enable the specialist to see that deterioration was continuing.

When, though, at the age of 61 I was on holiday in Israel, I thought I would get a second opinion. I visited the Herzliya Medical Centre, which is a well known hospital and it was not necessary to have to have referrals from a GP so one could just walk in and ask to see a consultant. He confirmed the diagnosis exactly, but asked me if I was aware that there was a specialist clinic in Reading, not too far from where we live in North West London, where an entirely different method of solving the problem is undertaken, by a doctor who invented procedure, Mr Copeland, and his colleague, an Israeli who also worked from time to time in Herzliya, Mr Ofer Levy. Accordingly, when I got back to England I made an appointment to see Mr Levy

My Levy explained to me the procedure which Mr Copeland have developed. Instead of the replacement ball and socket, they clean up the surface of the existing ball, and then cover it with a hemispherical metal cap. The socket is also cleaned up and holes drilled into it to encourage the development of a second grade cartilage as a lubricant. The operation appealed to me; it was like relining the pistons of a car engine with a new cylindrical lining and thus extending the engine life considerably. (Modern engines don't really need this, they are so good, but old cars have to have this done from time to time, so I was well acquainted with what was necessary).

The operation, he explained to me had many advantages; it was quicker and less invasive than a full shoulder joint replacement. If it had to be done again for whatever reason (and this was most unlikely) this was always a possibility. If at any stage a complete replacement was required (although this also be highly unlikely), this was still an option. The operation had been performed for many years, and some of the original patients were still happily using their shoulder more than 20 years later. It seemed the sensible option, but it was possibly a little premature for it to be done. Mr Levy advised me to wait awhile.

With regular, frequent exercise, and weekly Pilates sessions, I continued living fairly normally, with the shoulder being generally sore but bearable, the pain was not great and I did not need painkillers.

Deciding the right time for the operation is not an exact science. One does not want to do it too early in life, but at the same time it should not be done too late or when the muscles have atrophied through lack of use. This lengthens recovery time considerably.

However, from spring 2007 the shoulder began to deteriorate relatively rapidly. It became hard to do common movements, I could no longer reach to open a top window, doing the DIY jobs was hard, and I suddenly noticed that I was doing a huge number of jobs left-handedly, because it was hard to use my right arm. I found that I could not stretch my arm to work the controls on the dashboard fascia of the car, and one of my old cars, which had very heavy steering, (and no power steering of course) was becoming difficult to drive. I was carrying suitcases in my left hand, something I had never done before. More unpleasant, I could not reach over to put deodorant under my left arm, and sometimes I needed help putting on a sweater. Clearly the time had come to act.

I made arrangements to see Mr Levy again and have the operation. This was performed in November 2007. It was surprisingly quick. I went in one day and within a few days I was back home, but it could have been even quicker if I had not had an unrelated problem.

Almost from the start I was free of pain. I wore a sling for about three weeks, not only to ensure that the arm did not do any 'wrong' movements, but also to tell the public at large "watch out", and be careful I don't get knocked. I went back to the Reading shoulder clinic weekly at first, and then at longer intervals for physiotherapy.

The physios there were brilliant. Although I had been given the option of having physiotherapy locally, I went back to Reading as they are experts at after care for this precise condition, which meant that the level of care and understanding was very high. I was very conscientious about doing the exercises regularly at home whilst I got over the operation and the anaesthetic, and this greatly helped the speed of recovery.

I was astonished at how quickly I was able to regain a reasonable amount of movement in the shoulder. Bit by bit, I could stretch further and further, and do things again I had not been able to do for a very long time. The healing period until there is no further recovery can be anything between 18 months and 2 years, so I have a way to go yet.

After about 6 weeks I was able to drive again (at least in the modern cars). After a few months I started gentle swimming again, also doing some exercises in the water which was very beneficial.

The primary object of the operation is in pain relief. In this it succeeded very well, and although I still have a little muscle soreness, it is getting better all the time, and will, I understand continue to improve until I forget about it entirely. The second

object is to recover the use of the shoulder. This also has been very good, and although the range of movements is possibly going to be less than before, it will nonetheless enable me to do more or less everything I could do previously. I have no problem in driving the old cars either, despite their heavy steering, and DIY has again become an option.

For anyone with a similar condition, I can strongly recommend that they visit Mr Levy or Mr Copeland at the Reading shoulder clinic. If anyone wishes to contact me for any more information I can let them have from a patient's point of view (I can't offer any medical advice!!), I shall be only too pleased to do so.

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