

Shoulder Replacement Surgery

Information for Patients

This leaflet will provide you with general information about shoulder replacement surgery. It will briefly explain the operation procedure and provide guidance on the recovery process, including rehabilitation expectations.

Surgery is required due to osteoarthritis (wear and tear) of the shoulder joint. Normally all attempts at conservative treatment i.e. pain medication and modification of activities will have failed for this to be considered. The aim of surgery is to replace the worn out joint with a new metal one.

The surgery is an open procedure. This will involve the surgeon making a 10-15cm incision down the front of the shoulder. The worn out joint surface and cut out and replaced with an artificial joint.

Types of Shoulder replacement:

- Partial replacement* - part of the shoulder is replaced - usually the ball
- Total replacement* - both the ball & socket is replaced
- Reverse replacement* - the artificial ball and socket are reversed to compensate for weak or torn tendons or a very deformed socket



Long term benefits of shoulder replacement

- Pain relief
- Improved range of movement (not necessarily a full range, but enough to allow you to carry out your day to day activities)
- Increased ability to perform functional activities

Recovery may take up to 6–9 months for full benefit. However, you should start to notice the vast majority of recovery within 6-12 weeks.

What should I bring with me for my operation?

You will arrange your visit for surgery with the admissions team. You will either arrive on the operation day or the day before. The admissions team will also advise you of the latest time before surgery that you may eat or drink something.

Ward Admission

Bring limited items when you come into hospital as storage space is limited. Try to avoid bringing large amounts of cash or valuable items.

You should bring the following items:

- Any medicines you take regularly
- Any walking aids you use
- Bring loose clothing and we would recommend button-up or zip-up tops as you will not be able to lift your arm up in front of you following the procedure. Avoid bottoms with complicated belts or zips as you will be effectively one-handed following the procedure.
- Nightdress/pyjamas
- Flat supportive shoes/slippers with back support – big enough to allow for your foot to swell a little
- Wash bag - soap, toothpaste, deodorant etc.

Consenting to the operation

A member of the surgical team will have explained the risks, benefits and alternatives to surgery in the outpatient clinic. This leaflet will allow you to further reflect on this discussion. You may change your mind about surgery at any time and

should contact the admissions team to inform them if this is the case. On the day of surgery, you will be seen by the surgeon (or member of his team) who will re-iterate the risks, benefits and alternatives to surgery. It is important that you understand why you are having surgery and all the risks associated with it. As recommended by the World Health Organisation, an ink marking will be made on your arm that final checks on correct site surgery can be made whilst you are asleep. This may remain visible on your skin for a few days after surgery. You will be asked to sign a form consenting to the surgery.

Anaesthetic

You will be seen by an anaesthetist before your operation who will discuss different forms of anaesthesia. The operation is usually performed under general anaesthesia (fully asleep) and is supplemented with local anaesthetic to help with pain relief afterwards. Different methods of local anaesthetic administration are available and the anaesthetist will discuss the risks of benefits of each with you so that you can make a preferred choice.

What are the risks of having a shoulder replacement?

All operations have risks both from the anaesthetic and the procedure itself. However most of these complications are relatively minor and easily treatable, but may mean you need to stay in hospital longer.

Risks	Information
Pain	The procedure involves moving soft tissues and removal of bone, which may be uncomfortable for up to 6 months afterwards.
Bleeding	A small amount of bleeding is inevitable with this operation. You may develop significant bruising. Sometimes blood accumulates under the skin (a haematoma) but this rarely results in a blood transfusion.
Infection	Sometimes a wound can become infected and show signs of inflammations (i.e. red, hot, itchy). If the infection is deep down near the replacement this can be a devastating complication unless treated properly. It is very important that if this happens you contact

	your surgeon immediately on the secretarial number below. Do not accept antibiotics from anyone else apart from the orthopaedic team as this may affect the ability to treat your infection. If an infection does develop it is very likely that your surgeon will perform an operation quickly to wash the infection away, remove infected tissues and sometimes change some of the metal/plastic components of the replacement.
Scar	Sometimes the scar is raised and/or thickened.
Stiffness	A general restricted range of movement in the shoulder sometimes occurs. Physiotherapy, injections and sometimes further surgery can help.
Nerve damage	There are a number of important nerves in the tight area around the shoulder. Damage can cause symptoms of muscle weakness or numbness along the arm. Fortunately, this only occurs in 1 in 100 cases.
Loosening	Joint replacements can loosen with time requiring a further operation (usually over 10 years after the operation). The younger and more active you are at the time of surgery, the greater the chance of loosening.
Fracture or dislocation	This may occur during or after the surgery, and may be due to a fall or accident. If it is recognised at the time of surgery it will be corrected. If it occurs afterwards then further surgery may be required.

After the Operation

After the operation you will be taken to one of the recovery rooms and may have several drips attached with nurse supervision. You will be wearing an oxygen mask. When you have recovered to a sufficient extent you will be taken to the ward on your bed. It is normal to require only one night in hospital, but occasionally this may be longer according to your personal circumstances.

Pain Control

The local anaesthetic will wear off after 24-48 hours and you will not be discharged until the surgeon and nurses are sure you will be able to manage at home. It is important to take your prescribed pain killers to control the pain. You should expect some pain to continue for several months, but this may not be bad enough to require painkillers.

Ice

When you go home you may want to use an icepack on your shoulder to try and reduce your pain and swelling; however you **must not** use an icepack if there is still numbness around your shoulder or you cannot feel any cold sensation. You should not use this for more than 10-15 minutes at a time. It is important that your wound does not get wet so make sure any icepacks you use are well wrapped up, i.e. with a tea towel.

Wound Care and Washing

Your wound must remain dry until it has healed; reducing the risk infection. Your wound should heal within 12-14 days. You may take a shower and use an icepack as long as you keep the wound covered and dry with a waterproof dressing. Avoid the use of spray deodorants and powder near the scar. The nurses will discuss wound care with you prior to your discharge. Keep your dressing clean and dry. To minimise the risk of infection, the dressing should not be removed until you are seen in the outpatient clinic, unless it is loose or dirty. Sometimes you will need stitches to be removed at your first clinic visit.

Sling

You will be given a sling to wear for 4 weeks. This must be worn 24 hours a day: Excluding taking the arm out to wash and dress for some gentle exercises. After 4 weeks you can wean out of the sling as comfort allows.

How do I get dressed?

It is important to use your arm despite the pain to prevent stiffness, which can be a source of further pain and discomfort. Moving the arm will not damage the shoulder.

It is easier to use front button shirts and pull-up trousers with an elastic waistband in the first few weeks. When dressing put the operated arm into sleeves first and when undressing take the un-operated arm out first, followed by the operated arm.

Armpit Hygiene

To wash under your arm lean forward slightly while your arm is out of the sling as if you were doing the elbow straightening exercise. Lean forwards slightly so that your arm hangs slightly away from your body. You should then be able to wash and apply deodorant.

Follow-up appointments

Week two – Nurse and Surgeon appointment

Your wound will be checked and, if needed, stitches removed.

Week two to twelve – Outpatient physiotherapist

Seeing a physiotherapist after two weeks is very important. They will guide you through a rehab program that has been agreed with your surgeon. You may already have a relationship with a local physiotherapist, who you also wish to see post-operatively. Alternatively physiotherapy can be arranged in the hospital in which you have your operation.

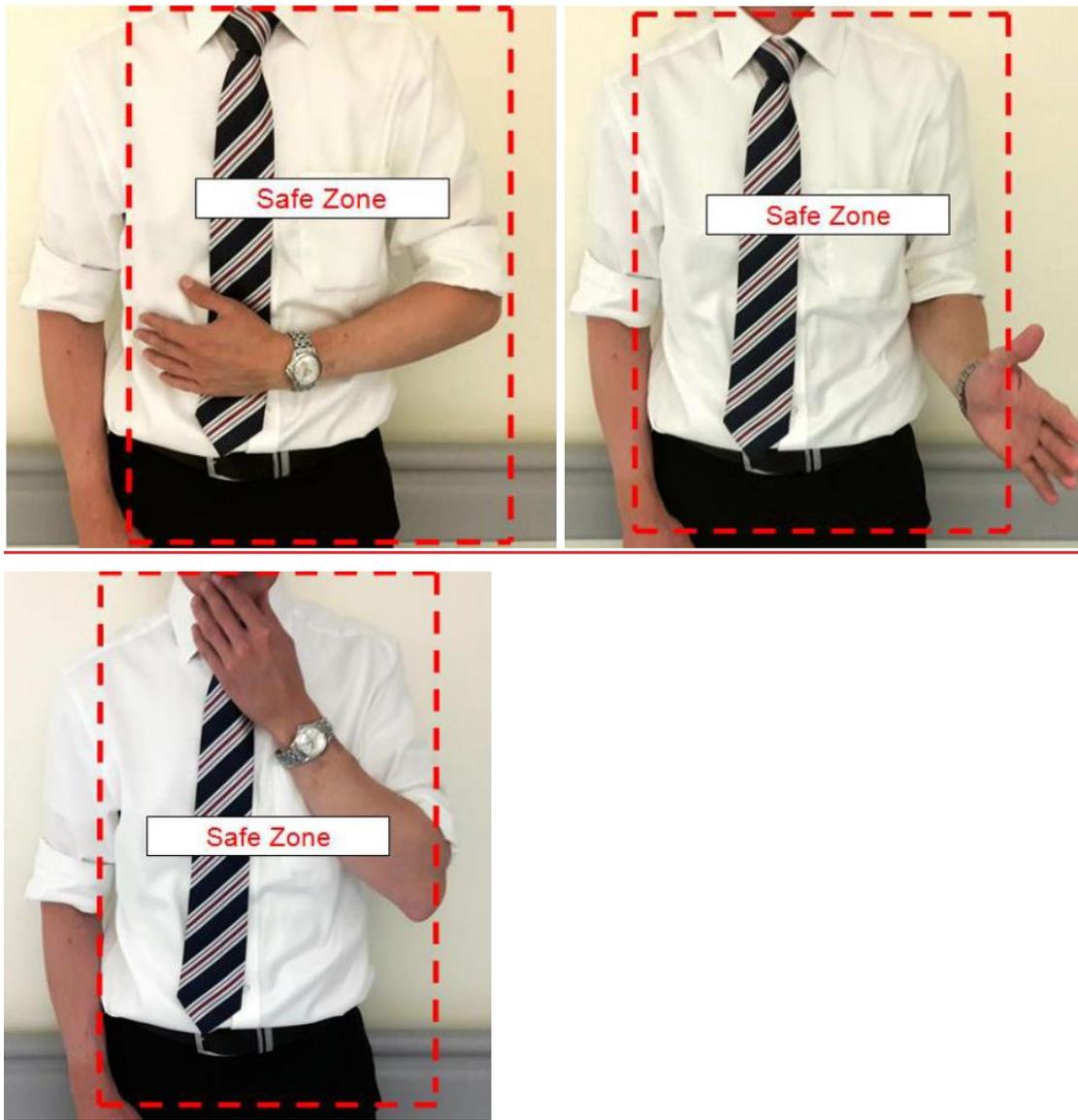
Week twelve – Surgeon appointment

This is a review to ensure a good recovery has been made and no further treatment is needed. If all goes well you will not need any further appointments. If your progress is slower than anticipated further appointments will be arranged to ensure your recovery is as good as it can be.

How will I progress and what should I avoid doing?

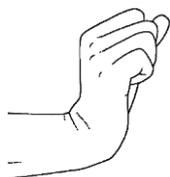
Day 1 until follow up at 2 weeks

- Sling: wear for 4 weeks most of the time, you may remove your sling when comfortable at home but remember to not move your arm outside of the 'safe zone' (see below). Wear at night for up to 6 weeks and in public as required.



You may find that your whole arm becomes slightly swollen and stiff, particularly if you do not move it. To prevent this happening you should do the following exercises 10 times 3-4 times a day from day 1.

Avoid: Any painful movements and exercise within limits of pain



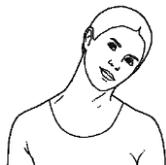
Hand & Wrist Exercises

Keep clenching your hand into a fist and then straightening your fingers
With fingers straight move them wide apart and then back together
Move your wrist round in circles



Elbow Exercises

With operated arm out of the sling, fully straighten and then bend your elbow. Use your other arm to help if necessary.
With you arm bent to 90° turn your forearm so that the palm of your hand faces up and then down.



Neck Exercises

Do not let your neck become stiff. Slowly turn your head from side to side and then tilt it each side.



Shoulder Blade Squeezes

To prevent your shoulders becoming hunched post-op pull your shoulder blades together, hold for 5seconds and then relax.



Shoulder – Pendulum Exercises/

While standing let your operated arm swing down by your side. Gently swing your arm in circles, side to side and then forwards and backwards.
Use this position to wash in your armpit.

2-6 weeks

Exercise: You will be given guidance on increasing your range of movement and restoring strength to your arm.

Avoid: Any painful movements and exercise within limits of pain

Repeating any movements that involve reaching over your head

6 weeks onwards

You should be working on restoring;

- Movement to the shoulder
- Strength in the arm
- Ability to perform the majority of function activities

When will I be back to normal?

Returning to work

Inform your surgeon at your pre-operative clinical appointment if you are intending to return to work. The speed at which you can return to work is entirely dependent on the job you do. For rough guidance we advise:

- 3 weeks if you can work in sling
- 4-6 months for manual occupations or sustained overhead postures.

Lifting

- Light - 3 months
- Heavy - 6 months

Driving

If you normally drive, you can start driving again after six weeks dependent on pain levels, range of movement and strength in the arm and shoulder. You should not

start driving until you feel you have enough movement in your arm to drive safely and once you have consulted with your insurance company.

Returning to sport

The following are rough guidelines and you should discuss with the physiotherapist at the 2 week follow up before undertaking any sport.

- Golf - 3 months
- Swimming - 3 months

Useful addresses and telephone numbers

Please direct all enquires in normal working hours to Mr Ibrahim's secretary:

Thames Shoulder and Elbow

Secretary: 020 3761 5987

admin@thamesshoulderandelbow.co.uk

If your enquiry is **urgent** and needs to be made out of hours, or specific to your hospital admission, please contact the hospital in which you are having/had your surgery:

Hospital of St John and St Elizabeth

Switchboard: 020 7806 4000 (ask for the orthopaedic ward for urgent advice)

Admissions: 020 7078 3876

Clementine Churchill Hospital

Switchboard: 020 8872 3872 (ask for the orthopaedic ward for urgent advice)

Admissions: 020 8872 3807