

TIME

TEXT SPOKEN BY MR CHARLIE TALBOT

00:00	Hello, I'm Charlie Talbot, I'm a specialist shoulder and elbow surgeon from Harrogate District Hospital. I'm going to talk to you today about shoulder replacement surgery for arthritis. We offer patients shoulder replacement surgery when patients present with pain and stiffness from arthritis of the shoulder joint. When patients have exhausted non-surgical treatment options, we look to replace the joint to primarily remove pain but also to give better function to the joint itself.
00:33	A patient will come into clinic to an x-ray which shows there is arthritic change and talk to them about the procedure going forward. There are two types of shoulder replacement that we offer. The first is called an anatomic total shoulder replacement and the second is a reverse shoulder replacement. Anatomic shoulder replacements are performed when patients have normal rotator cuff tendons around the shoulder. These are necessary to move the shoulder and give you the function.
01:06	Patients with rotator cuff tears and this these rotator cuff tears themselves can lead to arthritis we have to perform a reverse total shoulder replacement. The reverse shoulder replacement works by inverting the ball and socket such as the ball is placed onto the socket side and the socket is placed onto the ball side, in a reverse fashion. This gives a mechanical advantage to the deltoid muscle which allows you to lift and control your arm and give you the function.
01:40	Every operation has risk and benefits. The benefit of surgery is to reduce your pain and secondary to improve your function. We do everything we can to minimise risk, however we cannot completely remove it. There is a small risk of infection. We give antibiotics and operate in a very clean environment. There is a small risk of bleeding.
02:07	There is very small risk of nerve injury from the surgery, and this comes in two forms. The first is due to the surgery itself where there's a small risk of stretching and the second relates to nerve block which we tend to offer patients which is placing some anaesthetic into the base of the neck when they are asleep, to numb the nerve in the arm which helps the pain relief following surgery. The overall risk of nerve injury is extremely rare and the overall risk of permanent nerve injury even less.
02:40	There is always a small risk of cracking bones putting any implant into replace a joint. Thankfully that risk is very low. There is a small risk of dislocation, which is very slightly higher in reverse shoulder replacement, but we protect patients in the first few weeks after surgery in a sling to reduce that risk even further.
03:04	We also know that joint replacements eventually wear out. Like anything mechanical to more you use it eventually you'll find it wears out. We expect

shoulder replacements to last 10 to 15 years in a high proportion of patients.

The process of having a shoulder replacement requires coming into hospital on the day of surgery and you'll be seen by myself or my team along with the anaesthetist to discuss the anaesthetic. The surgery is then performed, and you will be placed into a sling across your body to protect the shoulder.

03:41 We get people up and out of bed following day and patients are generally discharged one day after the surgery. We protect your arm in a sling for the first three weeks following surgery and allow you to take your arm out of the sling to wash and dress and do physiotherapy exercises in a very controlled way, preventing certain ranges of movement in the initial stages.

04:06 When people come out of the sling, we start to increase the range of movement, but people will often find that it still takes a few more weeks to get back to work and driving and you can return to driving when you feel safe to do so, but this tends to be six if not eight weeks following the surgery.

(End of spoken work)