

SHOULDER REPLACEMENT

The aim of this leaflet is to provide information and advice on shoulder replacement surgery.

What is a shoulder replacement?

The shoulder joint is a complex joint. It consists of a large ball at the top of the humerus (upper arm bone) and a small shallow socket called the glenoid which is part of the scapula (shoulder blade). The joint surfaces are covered with cartilage to allow smooth, pain free movement.

The most common reason to have a shoulder replacement is arthritis (either osteoarthritis or rheumatoid arthritis). A joint replacement is also sometimes required after a fracture of the upper arm.

A shoulder replacement is an artificial joint made of a combination of metal and plastic, which can reduce pain and improve movement.

Joint replacements are used when non-surgical treatments have not helped.

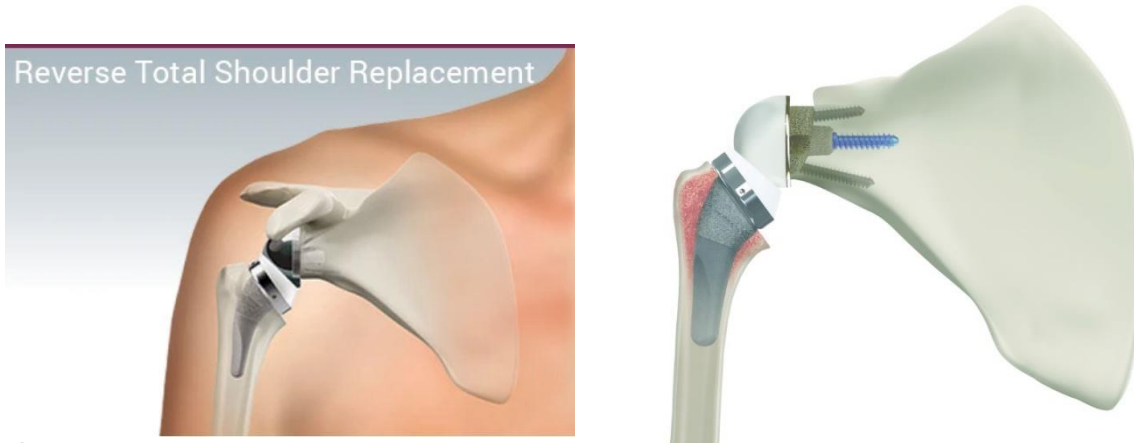
Types of shoulder replacement

- **Hemiarthroplasty (partial replacement)** – part of the shoulder is replaced (usually the ball)
- **Primary Total Shoulder Replacement** – both the ball and the socket are replaced



@Tornier

- **Reverse Total Shoulder Replacement** – an artificial ball replaces the socket and an artificial socket replaces the ball – this is usually done when the rotator cuff tendons are completely torn and irreparable.



@Tornier

What are the benefits of having a shoulder replacement?

The operation is primarily for pain relief and does not guarantee full movement.

You should be able to gain enough movement to put your hand to your lower back and behind your head. Most people will eventually be able to reach to head height.

What are the risks and alternatives associated with this operation?

As with any procedure, there are risks and potential complications associated with shoulder replacement surgery.

Complications are when problems occur during or after the operation. Although rare, all operations involve an element of risk and you need to be fully aware of the potential complications.

Complications relating to the anaesthetic include:

- Unexpected reaction to the anaesthetic, risk of stroke or heart attack.
- Blood clot in a vein in the leg (deep vein thrombosis - DVT) or lung (pulmonary embolism PE). Preventative measures used include using stockings and pumps in theatre, early mobilisation after surgery (walking) and keeping well hydrated (drinking water).

Other possible complications of shoulder replacement:

- **Wound infection** is rare and usually involves the skin. Occasionally a deep infection can occur. The risk is less than 1%
- **Fracture** of your arm bone (humerus) or socket (glenoid) during insertion of the components
- **Stiffness** which can be addressed by attending physiotherapy
- **Dislocation** is a rare complication
- **Nerve injury** to nerves around the shoulder is a very small risk (1%)
- **Failure/loosening** of the replacement components over time. Revision surgery is between 5-10% at 10 years

If you have any questions or concerns, please ask your surgical team.

Alternative treatment options - non-surgical options

1. Steroid injections into the shoulder joint / suprascapular nerve ablation
2. Taking regular pain killers and/or anti-inflammatory tablets
3. Seeking advice from a physiotherapist
4. There is also the option of not having treatment at all. In some situations, symptoms may settle to an acceptable level over time.

Consent

You will be asked to give your consent to surgery. It is important that you understand what is involved. Information can be found on our website including a video in which our shoulder surgeon explains more about the procedure.

www.harrogatehealthhub.co.uk/shoulder-replace.

Pre Surgery

You will need to attend a pre-operative assessment appointment before your operation to assess your general health and fitness for surgery. Please bring your current prescription or your medications with you.

You will have blood tests, a heart test (ECG) and x-rays will be performed as necessary. You will also have swabs taken from your nose and groin to test for MRSA.

Please inform the team if you have been unwell following previous anaesthetic.

Note - smoking greatly increases the risk of complications during and after surgery. These include getting a chest or wound infection which can slow your recovery. **The sooner you stop smoking the better. Even stopping a few days before the operation can help to improve healing and recovery afterwards.**

It is also beneficial that you do leg strengthening and balance exercises prior to your surgery. This will help after your surgery especially when wearing a sling and when you can't use your operated arm to push up when getting out of a chair or out of bed - please see exercises at the end of this leaflet 'Leg and Balance Exercises to Start Before Your Operation'.

Coming into hospital and going home (admission and discharge)

You will be admitted to the ward on the day of your operation. Please leave all valuables and jewellery at home. We recommend bringing clothes that are loose around your arm and shoulder.

Things you will need to bring into hospital with you:

- Any medication that you normally take (including inhalers) ensuring they are in their original containers with the label attached
- A dressing gown, slippers, underwear, toiletries and a towel
- Your glasses and case and/or contact lens essentials

Plan ahead for discharge home

You will probably go home between 1 and 3 days after your operation. If you think you may have any difficulties managing at home please discuss these at your pre-operative assessment appointment. You will need someone at home for at least the first night after surgery. You need to keep your dressing on until you are reviewed by the hospital approximately 7 to 10 days after your operation.

What anaesthetic will be used?

You will meet the anaesthetist before your operation and will have a chance to ask any questions you may have. Most patients will have a general anaesthetic and possibly a supplementary nerve block (regional anaesthetic) which provides pain relief in the immediate post-operative period. The block numbs your arm and you will not be able to move it until the block wears off (usually 12-18 hours). It is important to take painkillers before the block wears off (generally before you go to bed the day you have had surgery).

What happens during the operation?

An incision (cut) will be made over the front of your shoulder. All the surgery is performed through this 10-15cm incision. Worn out joint surfaces are removed and replaced with the artificial joint. The operation takes approximately 2 hours. Afterwards you will be taken to a recovery room then back to the ward.

What should I expect after the operation?

Your arm will be supported in a sling. It is essential that you wear the sling day and night for 3 weeks (your surgeon and physiotherapist will advise you if you need to wear it for longer). During this period you can only remove the sling to do your exercises and for washing and dressing.

Wound Care

The incision at the front of your shoulder will be closed with staples or stitches. You will be advised when these need to be removed and will be given an appointment at the hospital or advised to make an appointment with the practice nurse at your GP surgery.

Will I have pain?

Your arm will be numb because of the nerve block but this should wear off within 24 hours. Pain after the operation is normal and you will receive painkillers to help limit this. Your arm and chest may be bruised and swollen as far as your fingertips. This is normal and will gradually get better. It is important that you control your pain to allow you to do your exercises as this will help to prevent your shoulder from becoming stiff.

What are the precautions regarding movements and positions after surgery and what should I avoid?

Your surgeon and physiotherapist will discuss any movements and positions to avoid for 6 weeks following your surgery.

These include reaching your operated arm behind your back, lifting more than the weight of a cup and weight bearing through your operated arm to get in and out of a chair or bed.

When lying on your back we recommend putting a towel under your elbow to support your arm.

May I use my operated arm for dressing, bathing, driving and other normal daily activities?

- **You may use your wrist, hand, and elbow for daily activities.** This includes eating and shaving as long as it does not increase your pain.
- You may wash under your armpit of your operated arm by bending forward to let the arm hang forwards.
- Do not use your arm to push up/off the bed or chair for six weeks after your surgery.
- You may drive approximately 6 weeks after the operation if it's comfortable, safe and you have good movement and strength. You must notify your insurance company.

When will I begin physiotherapy and how often will I need to go?

It is essential for the success of your surgery that you do your physiotherapy exercises. You should begin physiotherapy approximately one week following your surgery. It is essential that you begin your physiotherapy within this timeframe so if you do not get an appointment please contact the physiotherapy department (01423 553472).

Will I progress the same as my friend who had a total shoulder replacement?

Your recovery is individual and there are many variables that will impact it. It may take 12-24 months before you reach your full recovery.

Milestones

- Dressings removed 7-10 days after your operation
- Sling for 3 weeks (unless otherwise stated)
- Driving - approximately 6-10 weeks – check you can manage all the controls and could make a sudden turn. It is advisable to start with short journeys.
- Light work (sedentary) 6-8 weeks

Some things to know:

Most people with a shoulder replacement will experience one or more of the following:

- **Clicking and clunking in the joint**
Some people can feel or hear the new joint components moving against each other. This is normal and is nothing to worry about unless it is associated with significant pain.
- **Numbness around the wound**
Numbness around the wound occurs because the tiny nerves have been affected during surgery. This will often return to normal but it can take over a year.
- **Difficulty lying on the operated arm**
Most people find that lying on the operated is uncomfortable but it will not cause any harm to your new joint to lie on your side. It may improve over time and some people find that they can eventually sleep on the new shoulder. For others it remains uncomfortable and sleeping positions may need to be modified.
- **Muscle ache**
A shoulder replacement only replaces the worn out joint surfaces so it is common to still experience muscle ache. This may improve as you strengthen the muscles with physiotherapy. Keeping active and maintaining muscle strength is the best way of reducing muscle ache.

Recovery and wound care

Once home it is important to contact your GP as soon as possible if you experience any of the following:

- Chest pain and/or breathlessness
- A fever or general feeling unwell (e.g. high temperature, sweating, fever or shivering)
- Increasing arm pain or leg pain, swelling or if your arm/leg becomes warmer than usual, or reddish/purplish in colour as these could be signs of a deep vein thrombosis (DVT)

You should contact the Nurse Led Dressing Clinic (01423 553443) if you experience any of the following:

- Fluid leaking from your wound
- Redness around your wound that seems to be spreading
- Excessive swelling of the wound area

Washing

You must keep the wound dry until it has fully healed.

Safe Zone

During the first 3 weeks you may remove the sling and use your arm for light functional activities within the 'Safe Zone' (see below)



Examples of safe activities include, making a cup of tea (but using your good arm to lift the kettle), making a sandwich, washing your face and shaving, putting on make-up, using a lap-top, tablet or computer and writing.

Note: You are safe to straighten your elbow when your arm is at your side.

Physiotherapy

You will be shown exercises by the physiotherapist on the ward and you will need to continue with the exercises once you go home. They aim to stop your shoulder and elbow getting stiff.

Living with a shoulder sling

It is essential that you regularly loosen or release the sling to exercise and move your elbow, wrist and hand to prevent stiffness of these joints. This should be done at least 4 times per day.

1. Washing: For the first **3 weeks** you will need help to wash your **un-operated** arm, as you will not be able to use your **operated** arm for this. You must keep the surgical wounds dry and protected whilst washing. To dry yourself, it may be easier to put a towelling bathrobe on as this will help to dry your un-operated arm.

2. Dressing: You will find it easier to wear front opening and loose fitting clothes. Sit on the edge of a chair or stand with your arm 'hanging' by your side. Slide your **operated** arm into the garment first using your **un-operated** arm. Do not assist with your operated arm, just let it hang loose. Once this arm is fully in the sleeve bring the garment around your back and put the other arm in. Once you have dressed your upper body place your arm back in the sling. You will be able to return to dressing as usual after 3-6 weeks.

3. Eating: For the first 3 weeks after your operation you may find it uncomfortable using both hands to eat and may will need to eat using your un-operated hand only.

4. Getting up from a chair, bed, bath & toilet: For the first 6 weeks you must only push up from the bed, chair, toilet and bath using **your un-operated arm**. After 6 weeks you may return to using both arms as is comfortable.

5. Stairs: When going up or downstairs you must hold the banister with **your un-operated arm**. This may mean that a second banister is required. After 6 weeks you may hold the banister with either arm.

6. Sleeping: For the first 3 weeks your sling must be kept on in bed. Following this it may be more comfortable to sleep in the sling but it is not essential. You may find it more comfortable sleeping on your back with a pillow under your operated arm for support. You may also find it more comfortable to sleep in a semi-sitting position.

7. Kitchen Activities: After 6 weeks you may lift a kettle but it is important to **avoid lifting anything heavy for 3 months**.

8. Housework: You can start light housework after 6 weeks. More strenuous housework should be avoided until 3 months after your operation.

Note: The above are guidelines only. If you have any concerns or additional queries please contact your consultant or physiotherapist.

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.



Exercises

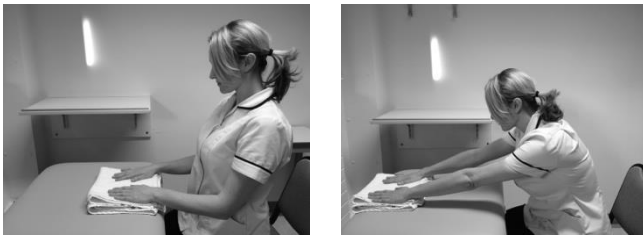
You can begin to exercise the arm with the following exercises as soon as the anaesthetic block has worn off.

1. Shoulder Rolling



- Sit or stand with arms relaxed
- Circle your shoulders backwards
- Repeat 10 times, 4 times a day

2. Table Slide Flexion



- Sit or stand with hands supported on a table
- Slowly slide your arms forwards using a towel under your hands to reduce friction
- DO NOT push into resistance
- Repeat 10 times, 4 times a day

3. Table Slide Abduction



- Sit or stand with hands supported on a table
- Slowly slide arm out to the side
- DO NOT push into resistance
- Repeat 10 times, 4 times a day

4. Elbow Flexion



- Sit on a chair with your arm straight at your side
- Bend your elbow keeping the palm of your hand facing upwards
- Use your other hand to support your elbow
- Repeat 10 times, 4 times a day

5. Neck Rotation



- Sit or stand tall
- Slowly turn your head to the side to look over your opposite shoulder
- Return to start position and repeat on other side
- Repeat 4 times, 4 times a day

6. Neck Flexion



- Sit or stand tall
- Slowly bend forwards bringing chin to chest to look down at floor
- Repeat 4 times, 4 times a day

7. Finger Flexion

- Clench a tight fist then straighten fingers
- Repeat 20 times, 4 times a day

These exercises are intended as a guide; if you have any difficulties please contact your physiotherapist. Regular exercise is the best way to optimise the outcome of your operation, however, only perform exercises that you have been instructed to do.

Leg and Balance Exercises to Start Before your Operation

We recommend you start the exercises below a few weeks before your operation

1. Heel Raises



- Stand with support eg.using table top
- Raise both heels if the ground and lower
- Repeat 10-20 times, 3 times a day

2. Single Leg Stand



- Stand with support eg.a table top
- Raise one leg and if possible move your hand off the table
- Balance on one leg as long as possible
- Repeat on the other leg, 3 times a day

3. Squats



- Stand with support eg.a table top
- Bend your knees as if sitting down
- Repeat 10-20 times, 3 times a day

4. Sit to Stand



5. Step Ups

- Sit on a chair
- Cross your arms in front and try to stand without using your hands
- Slowly lower yourself back to the chair
- Repeat 10 times, 3 times a day



- Stand at the bottom of the stairs
- Step up onto the bottom step
- Repeat 10-20 times, repeat on the other leg
3 times a day