NHS
Airedale
NHS Foundation Trust

Shoulder Replacement Surgery

Patient Information

Managing at home

In the early stages after surgery some difficulties are quite common. After your operation we will help you to be as independent as possible during your rehabilitation.

If you

- Live alone
- Use a walking aid
- Currently have help at home from social services or family
- Have caring responsibilities for another person

Or if you have any concerns about how you are going to manage at home please contact the inpatient therapy team **as soon as you are given a date for your operation** so that they can arrange an individual assessment of your needs. Please contact the inpatient therapy team by calling Airedale Hospital Switchboard on 01535 652511 and asking them to bleep the 'Orthopaedic Therapy Team' on 3232.

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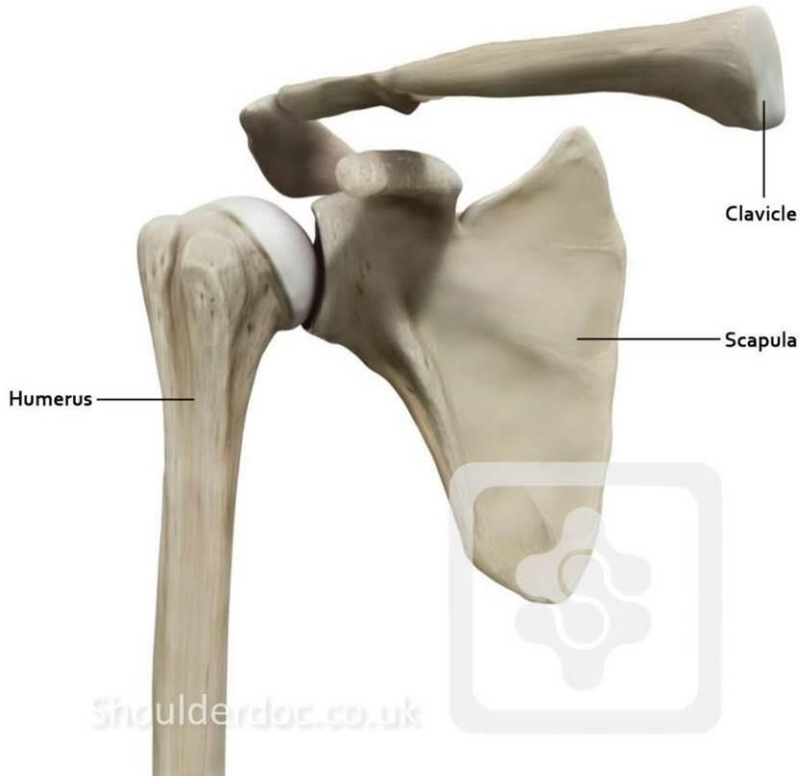
Shoulder replacement surgery

This leaflet aims to help you understand and gain the maximum benefit from your operation. It is not a substitute for professional medical care and should be used in association with treatment from your clinicians. Each person's operation is individual, and you may be given specific instructions that are not contained in this leaflet.

The shoulder

The shoulder is a ball and socket joint. Most shoulder movement occurs where the ball at the top of your arm bone (the humerus) fits into the socket (the glenoid), which is part of the shoulder blade (the scapula).



Why does the joint need replacing?

The most common reason for replacing the shoulder joint is arthritis, either osteoarthritis (wear and tear) or rheumatoid arthritis. It may also be necessary

following a fracture or bad accident. With all forms of arthritis the joint becomes painful and difficult to move. Sometimes the deep layer of muscles (the 'Rotator Cuff') which help control shoulder movements can also be worn or damaged.

Shoulder replacement

The operation replaces the damaged surfaces of the shoulder joint with a replacement joint (prosthesis).

The main reason for performing the operation is to reduce the pain in your shoulder. Hopefully, you may also have more movement in your shoulder. This will depend on how stiff the joint was before the operation and if the muscles around the shoulder are damaged and unable to work normally. There are 2 types of shoulder replacement: anatomic and reverse (see diagrams below).

Anatomic

Reverse

Complications

Decisions regarding surgical treatment are best taken jointly between the surgeon and an informed patient. In addition to the surgeon explaining the procedure, you must take the opportunity to ask and clarify what concerns you the most, no matter how trivial you feel your concern may be.

All surgical procedures are associated with a degree of risk. Your surgical team will do everything possible to minimise the risks and complications. Below is a list of some risks and complications associated with common shoulder surgical operations, but these may differ depending on the exact type of surgery you are having.

General complications of any shoulder surgery

Pain levels felt after surgery vary depending on the type of surgery, individual pain thresholds, the nature of the problem for which surgery was done and various other factors.

Stiffness after shoulder surgery is not uncommon and occurs as a result of pre-existing conditions, surgical scarring and prolonged post -operative protection in a sling. Shoulder movements after shoulder replacement may not completely return to normal even after a successful replacement and the expected range would be discussed with your surgeon, depending on the condition and type of replacement being performed.

Bleeding: steps are taken during the surgery to reduce the amount of bleeding and blood loss. There is a low risk that you may bleed more than expected; the surgeon would manage this at the time. It is common to have some oozing from the wound after surgery. It is unlikely, but possible, that you may require a blood transfusion after shoulder replacement surgery.

Infection: can occur deep in the joint or in the wound. The risk of infection is low, however early diagnosis of post-operative infection has a significantly better outcome compared to delayed diagnosis. After your operation, you should ring the ward and your GP immediately if you get a temperature, become unwell, notice pus in your wound, or if your wound becomes red, sore, or painful. An infection deep in the wound around a joint replacement is much more serious than a routine skin or soft tissue infection as antibiotics have no effect on the metal work inside. For this reason, there is a quite often a need for one or more further operations if a joint replacement becomes infected.

Unsightly scarring: most surgical scars have disappeared to a thin pale line by one year after surgery. If you are concerned about your scar, you must discuss it with your surgeon or therapist, as there are many treatments to improve scar healing.

Nerve injury: is rare with most shoulder operations but some larger operations have a higher risk, such as repeat (revision) shoulder replacements, and complex fracture surgery. The risk of nerve injury is low.

Blood vessel injury: the risk of blood vessel injury is very low. Certain shoulder fractures, previous blood vessel surgery to the same arm, and revision surgery have a higher risk of blood vessel injury.

Anaesthetic: related complications such as sickness and nausea are relatively common. The risk of more serious anaesthetic complications (such as heart, lung or neurological problems) is very low.

Complications specific to shoulder replacement

Almost all joint replacements have a limited lifespan. Even though most patients who undergo shoulder replacement do not need a revision operation, it is worth considering loosening and wearing out of the implants, although this is not normally the case for several years after the surgery.

The chances of needing to have the shoulder replacement revised and the lifespan of the implant is lower in patients where there is already bone loss prior to replacement and in younger patients. The lifespan of the implant is also lower in revision surgery. The outcomes and results following revision surgery are generally less favourable compared to initial surgery. Similarly, complication rates and risks are usually higher in revision surgery. Dislocation of a shoulder replacement is very uncommon but may need further surgery. Fractures of the bones during or after a shoulder replacement are also very rare but may need further surgical treatment.

Alternatives to surgery

The decision to proceed with an operation is an individual choice between every patient and their surgeon. You will only be offered an operation if your surgeon believes that this will help improve your symptoms. Very few operations are essential, and all have a degree of risk. Some patients can learn to manage their symptoms with painkillers and improve function with muscle strengthening and physiotherapy.

Before your operation

Pre-operative assessment

You will be asked to attend a pre-operative assessment appointment before your operation, to assess your general health, wellbeing and fitness for surgery. Please bring your current prescription or your medications with you. The risks and benefits of the operation will be discussed with you. You will be asked to sign a consent form for the operation, to say that you understand what it involves and why you are coming into hospital.

You will be asked some routine questions about your general health. Specific blood tests, 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 nurse if you have been unwell following a previous anaesthetic. We need to know if you are diabetic, and/or take warfarin, or other blood thinning medication, or have a latex allergy. If so, you will be given special advice before your surgery. It is also important that we know if you have had any significant medical problems, such as a heart attack, stroke, thrombosis, or any infections.

Smoking greatly increases the risk of complications during and after surgery, such as getting a chest or wound infection, which can slow your recovery. The sooner you stop the better. Even a few days before your operation can help to improve healing and recovery afterwards. For help and advice contact your GP.

Looking after your physical and mental health before surgery

Maintaining and improving your overall wellbeing will lead to faster recovery after surgery. The information provided in the link below gives advice on how you can maintain a healthy weight, get active, quit smoking and reduce your alcohol intake. Your mental wellbeing is just as important as your physical health, simple steps can be taken to improve your mental health.

General-Health-Advice.pdf (myplannedcare.nhs.uk)

Coming into hospital and going home (admission and discharge)

You will usually be admitted to the ward on the day of your operation. Do not drive yourself to hospital; ask a family member or friend to bring you in.

Please bring with you:

- any medication that you normally take (including inhalers) ensuring they are in their original containers with the label attached, wherever possible
- a dressing gown, slippers, underwear, toiletries and a towel
- your own clothing, loose shirts or tops are useful to include
- your glasses (and case) and lens case if you wear contact lenses
- your hearing aids if you wear them

Please leave all valuables and jewellery at home (except your wedding ring). Any other items that you may need can be brought in by a relative or carer during evening visiting hours or the next day. We recommend that any clothes you wear during your stay are loose around the arm and shoulder. Please note that only limited storage is available. You will probably go home between 1 and 3 days after your operation.

You should make sure that you tell the people who are helping and supporting you at home about this (your friends, family or any Social Services staff that already visit you), so that they can make plans for your discharge home. If you

live alone, stocking up on easy meals before your admission may be useful. You may see an occupational therapist during your stay, to discuss coping at home and whether you may need any specific aids after your operation to make daily activities easier.

Getting ready for the operation

On the day of the operation

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you. If you have any questions please contact the hospital using the telephone number on your admission letter. Please remove any nail polish and all jewellery (except your wedding ring) before you come in. You should take a bath/shower at home before you come into hospital.

On admission

When you arrive you will be welcomed to the ward and shown to a bed or waiting area. The nursing staff will help you get ready for your operation and will answer any questions you might have. Nursing or medical staff will check your paperwork and consent form with you. You will be able to speak to the anaesthetist before the operation if you have any concerns about the anaesthetic.

You will be asked to wash your shoulder using a special antibacterial soap to reduce the risk of infection. The nursing staff can help you get ready. A gown and paper pants will be provided for you to wear before going to theatre. If the area of surgery is particularly hairy, the nursing staff will clip it using specialised clippers (so as not to cut or damage the area before your operation). Do not shave the area yourself. A doctor will draw an arrow or mark on the area for operation.

You will be escorted, usually on a chair or trolley, to the operating theatres by a porter. Alternatively, if you are able, you may wish to walk. You will then be taken into the anaesthetic room.

What sort of anaesthetic will I have?

Shoulder replacement surgery is usually carried out under a general anaesthetic and nerve block. A general anaesthetic means you will be asleep during the operation. The nerve block is used to completely block pain from the shoulder area. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

Frequently asked questions

Will it be painful?

Although the operation is to relieve pain it may be several weeks before you begin to feel the benefit. You may have had an anaesthetic nerve block as part of the anaesthetic so you may wake up with a numb arm. This local anaesthetic will wear off over the first day, so it is important to take medication regularly immediately after surgery to keep the pain under control.

You will be given painkillers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. It is important to keep the pain to a minimum by taking regular pain relief, this will enable you to move the shoulder joint and begin the exercises that you will be given by the physiotherapist. If you require further medication after these are finished, please visit your General Practitioner (GP).

You will probably have some bruising and swelling around the shoulder/upper arm. This will gradually disappear over a period of a few weeks. You may find ice packs over the area helpful. Use a packet of frozen peas, placing a damp towel between your skin and the ice pack. Use a waterproof dressing over the wound until it is healed. Leave the ice pack on for up to 20 minutes and you can repeat this several times a day.

Do I need to wear a sling?

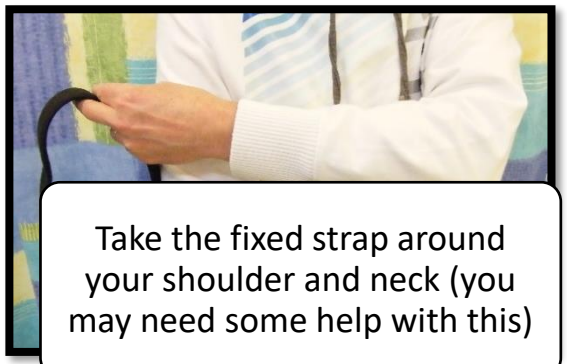
You will be given a sling post-surgery; this protects the shoulder during the early phases of healing and makes your arm more comfortable. You will be advised post-operatively how long you need to wear the sling for. A nurse or physiotherapist will show you how to take the sling on and off.

SHOULDER SLING - PATIENT INFORMATION

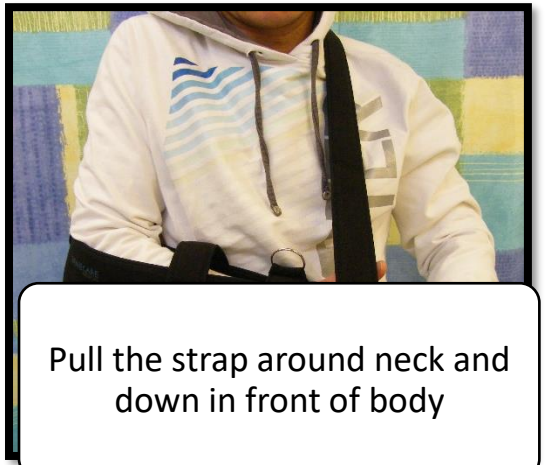
The sling has a forearm support with a fixed strap and a removeable waist strap

Slide your forearm in under the small straps. Do not remove the strap with the metal ring.

Your elbow should be back in the angle of the sling so your forearm and wrist are well supported.



Take the fixed strap around your shoulder and neck (you may need some help with this)



Pull the strap around neck and down in front of body

Pull the strap through the metal ring as shown. Do not remove the strap with the ring

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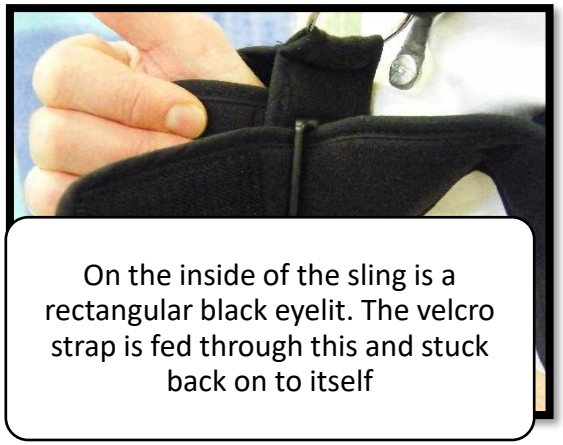
The velcro strap is then pulled up and stuck back to the shoulder strap. Make sure the hand is at elbow height or higher

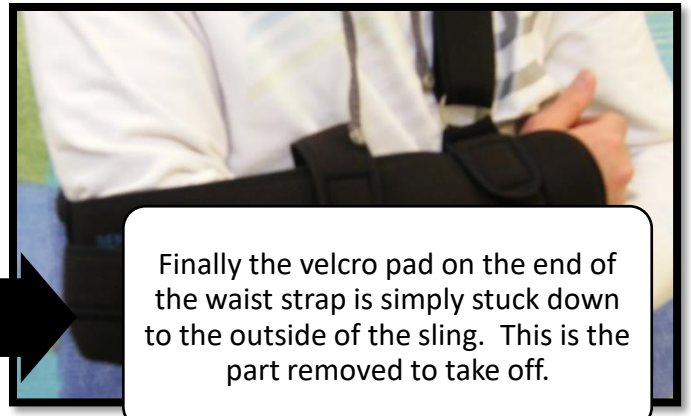
The waist strap, if not attached will look like this. Once it is attached only remove the part stuck to the outside of the sling

Take one end of waist strap and keep the velcro pad facing away from your body.



On the inside of the sling is a rectangular black eyelit. The velcro strap is fed through this and stuck back on to itself

The strap is then wrapped around your waist (you may need help with this)



Finally the velcro pad on the end of the waist strap is simply stuck down to the outside of the sling. This is the part removed to take off.

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Do I need to do exercises?

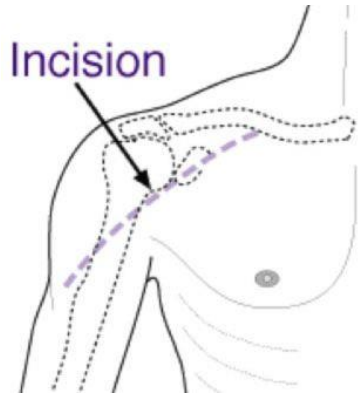
Yes. You will be shown exercises by a physiotherapist when you are in hospital. You will start exercises to move the shoulder on the first day after the operation. You will then need to continue with exercises when you go home, and attend physiotherapy appointments in the outpatient department over a period of many weeks to continue your exercises. The exercises aim to prevent your shoulder from getting stiff, and to strengthen muscles. They will be changed as you progress and made specific to your shoulder and your lifestyle. You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

'Safe Zone'

When out of the sling, it is okay to use the arm for light functional activities within a **'Safe Zone'** (see below). Examples of safe activities include; making a cup of tea (using good arm to lift kettle), making a sandwich, putting a meal in the microwave, washing your face, putting on make-up, using a lap-top or tablet computer and writing. You are also safe to fully straighten your elbow.

What do I do about the wound?

The incision will be made over the front of your shoulder. (See image below)



All of the surgery is performed through this 10 – 15cm incision.
Your wound will have a shower-proof dressing on when you are discharged. You will be given extra dressings to take home with you. You may shower or wash with the dressing in place, but do not run the shower directly over the operated shoulder or soak it in the bath. Pat the area dry and do not rub.

Your stitches may be dissolvable. If not, the stitches/ clips will need to be removed at your hospital follow up appointment. The nursing staff will advise you when this can happen, it is usually between 10–14 days after your operation. Avoid using spray deodorant, talcum powder or perfumes on or near the wound until it is fully healed. Please discuss any queries you may have with the nurses on the ward.

Do I need to come back to the hospital after the operation?

Your surgeon and their team will monitor your progress after the operation using appointments in the outpatient department. Please discuss any queries or worries you may have when you are at the clinic.

Are there things that I should avoid doing?

1. Avoid anything other than very gentle everyday activities for the first 3 weeks, especially those taking your elbow away from your body. Continue with this until the consultant, hospital doctor or physiotherapist advises you otherwise.
2. Avoid leaning with all your body weight on your arm with your hand behind you. For example, leaning on your arm to get out of a chair.
3. When your physiotherapist advises you that you can remove the sling during the daytime, do not be frightened to start moving the arm as much as you can. Over time the movements will become less painful.

How I am likely to progress?

This is dependent upon your procedure and can be divided into 3 stages:

Stage 1: Sling usage and early shoulder and arm exercises as advised.
There will be limitations immediately after the operation, which will be discussed with you. This will limit your ability to do everyday activities, especially if your dominant hand is the side of the operation. You may need to plan to have some help. Activities that are affected include dressing, shopping, eating, preparing meals and looking after small children. You will probably need someone else to help you. You may also find it easier to wear loose shirts and tops with front openings.

Stage 2: Regaining everyday movements
If still using a sling, your team will advise you to gradually wean yourself out of it and to start doing more with your arm. Do not be frightened to try and use your arm at waist level for light tasks. The pain in your shoulder will gradually begin to reduce and you will become more confident. You will be seeing a physiotherapist and doing regular exercises at home to get the joint moving and to start regaining muscle control. If you feel unsure about what you can or cannot do, please discuss this with the physiotherapist. Lifting your arm in front of you may still be difficult at this stage.

Stage 3: Regaining strength
The exercises are now designed to improve the movement available and get the muscles to work, taking your arm up in the air or away from your body when you are sitting or standing. This may be a slow process, particularly if your arm was painful and stiff before the operation. Overall you will gradually have an increasing ability to use your arm for daily tasks (see driving, work and leisure sections later). Strength can continue to improve for many months - even up to a year or more.

Unfortunately, sometimes the muscles are badly worn, and you may find it is difficult to regain movement even though you are trying very hard. Even if the muscles will not work properly, the pain in the shoulder joint should still be much

less than before your operation and often you can find small ‘trick’ movements that enable you to do what you wish to do. Most improvement will be felt in the first 6 months, but strength and movement can continue to improve for 18 months to 2 years.

When can I return to work?

Your time off work will vary depending on the type of job you have. If you are involved in lifting, overhead activities or manual work you are advised not to do these for 3-6 months. Please discuss any queries with your physiotherapist or hospital doctor.

When can I drive?

You cannot drive while you are wearing the sling. After that time period the law states that you should be in complete control of your car at all times. Discuss this with your team. It is your responsibility to ensure this and to inform your insurance company about your surgery.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and strength that you have in your shoulder following the operation. Please discuss activities you may wish to do with your physiotherapist or hospital doctor. Start with short sessions, involving little effort and gradually increase.

Guide to daily activities

Some difficulties are quite common, particularly in the early stages after surgery (4 to 6 weeks). We will help you to be as independent as possible during your rehabilitation. Everyone is different so your individual needs will be assessed and addressed. We appreciate that you may have been having many of these problems before your operation. Please discuss your difficulties with your physiotherapist.

If you have any caring responsibilities for others you may need to make specific arrangements to organise extra help. Discuss your needs with your GP or hospital staff prior to your surgery.

Getting on and off seats - raising the height can help e.g. extra cushion.

Hair care and washing yourself - long handled brushes and sponges can help to stop you twisting your arm out to the side.

Dressing - wearing loose clothing, either with front fastenings or which slip over your head. For ease, also remember to dress your operated arm first and undress your operated arm last.

Eating - a non-slip mat can help when one handed. Use your operated arm once it is out of the sling as you feel able.

Household tasks/cooking - light tasks can be started once your arm is out of the sling.

Exercises – general points

- Use painkillers and/or ice packs to reduce the pain before you exercise.
- It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. If you experience intense and lasting pain (e.g. more than 30 minutes) do it less forcefully or less often. If this does not help discuss the problem with your Physiotherapist.
- Do short, frequent sessions (e.g. 5 to 10 minutes, 4 times a day) rather than one long session. Gradually increase the number of repetitions. Aim for the repetitions your therapist advises. The numbers stated here are rough guidelines. After 3 to 4 weeks you can increase the length of time exercising. Get into a habit of doing them.

Some things to know

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

Awareness of clicking and clunking of 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 completely return to normal, but it can take over a year. Sometimes altered sensation can remain permanently, but this should not cause any difficulty in day-to-day life.

Numbness in the arm or hand

Nerves can be bruised or damaged during surgery, which can cause tingling or numbness in the arm or hand. This normally settles with time, but if symptoms are not improving after 6 weeks, then do mention this at your next clinic review.

A sensation of the shoulder stiffening up

This tends to happen if you have kept your arm in one position for more than 15 - 20 minutes. It should feel better quite quickly if you start to move your arm.

Awareness of having an artificial joint

Some people are aware that their new shoulder does not feel the same as their old shoulder did before it became painful. Most people get used to the feeling of their new joint in the first year after surgery and cope very well in day-to-day life.

Difficulty lying on the operated arm

Most people find that lying on the operated side, certainly in the early days following surgery can be uncomfortable and feel awkward. You will not cause any harm to your new joint by lying on your side. This can improve over time and some people find that eventually they can sleep on the new shoulder. However,

in some cases it may remain uncomfortable, and sleeping positions may need to be modified long-term.

Muscle ache

A shoulder replacement only replaces the worn-out joint surfaces, so it is still common to experience muscle ache. As you make progress with your physiotherapy your muscles should strengthen up and this may improve. Keeping active and maintaining muscle strength is the best way of reducing muscle ache.

Useful Numbers and Contact Details

General appointment queries

If you are unsure of who to contact or you have an appointment query, contact the appointments team on 01535 292574, 292576, or 292580.

Wound care queries

If your wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact the ward, or your consultant's secretary.

Elective Orthopaedic Ward: Ward 18:	Telephone number 01535 292181
Trauma Orthopaedic Ward: Ward 9:	Telephone number 01535 292091
Surgical Day Unit: Ward 20:	Telephone number 01535 292201
Secretary: Shauna Mullan:	Telephone number 01535 292116

Exercise queries

If you have a query about your physiotherapy treatment contact the physiotherapy department where you are having treatment or the Main Physiotherapy Department at Airedale General Hospital.

Airedale General Hospital:	Telephone 01535 293656
The Oaks Resource Centre:	Telephone 01535 295631
Skipton General Hospital:	Telephone 01756 701726
Bingley Canalside:	Telephone 01274 322034
Ilkley Coronation Hospital:	Telephone 01943 885150
Settle Health Centre:	Telephone 01729 892985

Further information

Help and feedback were given by people who have had shoulder replacement surgery.

Acknowledgements

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For more information contact:

Physiotherapy Reception, Location A9, Airedale General Hospital
Phone: 01535 293656

If you are deaf or have a hearing or speech impairment, the Relay UK Service can be used to contact us. Dial **18001** followed by the contact number on your letter / of the hospital.

If you require this leaflet in other languages or formats, please telephone the Patient Advice and Liaison Service (PALS) on 01535 294019.

www.airedale-trust.nhs.uk

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