

Patient Information

Shoulder Replacement

KEY POINTS

- This is a good operation for pain relief but it is less reliable at improving movement and will not restore normal strength to the arm
- Most people go home on the second postoperative day
- You will have a general anaesthetic (you will be asleep)
- You will be in a sling for up to 6 weeks
- You will not be driving for at least 6 weeks
- Up to 3 months before returning to work (if a manual worker) but much sooner if not a manual worker
- You can return to sport in a progressive fashion but not competitively for 3 months
- This is a safe reliable and effective operation for 90% of people

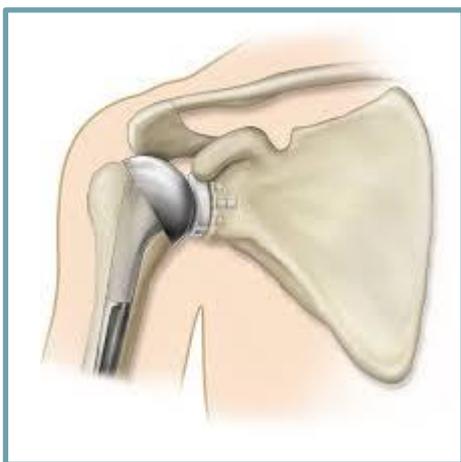
The most common reason for replacing the shoulder joint is for osteoarthritis. It may be also necessary for irreparable rotator cuff tears or following a fracture or previous injury. Arthritis causes the shoulder joint to become painful and difficult to move. Sometimes the deep layer of muscles (the rotator cuff) which control shoulder movements is also worn or damaged.

About your operation

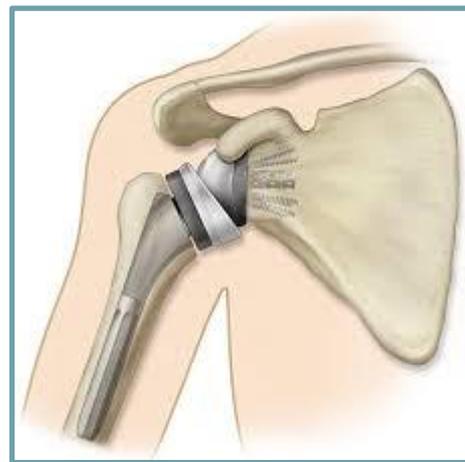
The operation replaces the damaged joint surfaces. It consists of a metal replacement for the ball component and usually a plastic cup is also used to replace the socket.

The main reason for doing the operation is to reduce the pain in your shoulder. Ultimately you may also have more movement in your shoulder. This depends on how stiff the joint was before the operation and if the muscles around the shoulder are damaged and able to work normally.

You will have a full anaesthetic (you will be asleep). You are sat up on the operating table. A 10cm cut is made over the shoulder. The underlying muscle is carefully split to expose and inspect the deep layer of tendons (rotator cuff). One of these tendons (subscapularis) is carefully lifted away from the bone so that the shoulder joint can be dislocated. Using special instruments the head of the humerus bone is either reshaped and covered with a resurfacing shoulder replacement, or the ball is replaced with a stemmed replacement. Usually the glenoid side of the joint is also replaced with a shallow plastic cup. If the tendons are badly damaged then it will be necessary to implant a reverse shoulder replacement. Once the new shoulder has been inserted the rotator cuff tendons are repaired and the wound is closed.



Anatomic Total Shoulder
Replacement



Reverse Total Shoulder
Replacement

What are the risks?

All operations involve an element of risk. The risks include:

- Infection. These are usually superficial wound problems. Occasionally, deep infection may occur many months after the operation (less than 2%). This can be very serious and very difficult to treat.
- Loosening and wear. Most joint replacements last at least 10 years. After which it may start to become painful again and revision surgery may be contemplated. The outcome from revision surgery is less good and less predictable than from primary surgery.
- Serious damage to the nerves around the shoulder (less than 1%). This is a rare complication but can be permanent and disabling.
- Dislocation. You will be taught how to avoid certain activities which can cause the new shoulder replacement to dislocate. Dislocation can also become a problem at a later stage when the components start to wear.
- Fracture. It is possible to cause a fracture to the humerus or socket during the replacement operation. Usually this will have been recognised and addressed at the time.
- DVT and PE. Blood clots in the legs or lung (rarely fatal) are uncommon after shoulder replacement but can occur especially if you have other risk factors.
- Stiffness and/or pain in the shoulder (less than 1%). Incomplete relief of pain occasionally occurs but rarely requires further surgery. Stiffness is sometimes a problem. If it is due to very poor tendons then the movement may never improve much, but if your tendons are of good quality then you can expect the movement to improve with physiotherapy and time for up to 18 months after operation.
- Bruising can be extensive, even down to the elbow for about 2 weeks.
- Complications relating to the anaesthetic, such as sickness, nausea or rarely cardiac, respiratory or neurological (less than 1% each, i.e. less than one person out of one hundred).

What are the alternatives?

You have probably tried most of these options before considering surgery. They include:

- Simple pain killers
- Anti-inflammatory drugs
- Altering your activities to avoid painful movements such as bringing crockery and jars down from high shelves to surfaces at waist height or below
- Physiotherapy and gentle swimming
- Glucosamines and chondroitin sulphate tablets
- Cod liver oil tablets
- Cortisone injections may provide some short-lasting benefit in some people

Will it be painful?

During the operation local anaesthetic will be put into your shoulder to help reduce the pain. We will give you strong tablets in hospital and some to take home. Take tablets regularly for the first 2 weeks and after this time only as required. The careful use of ice packs (5 to 10 minutes per application) or heat may also help relieve pain in your shoulder.

Do I need to wear a sling?

Yes. The sling is to protect your shoulder after the operation and for comfort. The therapists and nurses will show you how to take the sling on and off. You will gradually wear the sling less and less over 3 to 6 weeks.

When can I go home?

Most people stay for 2 nights after the operation.

Do I need to do exercises?

Yes, the physiotherapist will see you while you are in hospital and you will be taught the appropriate exercises. You will start exercises to move the shoulder on the first day after the operation. You will then need to continue with exercise when you go home and outpatient physiotherapy appointments will be organised for you.

What do I do about the wound?

Keep the wounds dry until they are healed. This is normally for 10 to 14 days. You will have one long dissolvable stitch. The ends which look like fishing line will normally drop off after 2 or 3 weeks, but may need to be trimmed by the GP practice nurse.

How am I likely to progress?

This can be divided into 4 phases:

Phase 1: Immediately after the operation until you are discharged

- You will start to move the shoulder with the help of the physiotherapist, but to begin with you will be quite one-handed. If your dominant hand (right hand if you are right handed) is the side with the operation, your daily activities will be affected and you will need some help
- Activities that are affected include dressing, bathing, hair care, shopping and preparing meals. The physiotherapist will discuss ways and show you how to be as independent as possible during this time

Phase 2: After you have been discharged and for up to 6 weeks after the operation
The pain in your shoulder will gradually begin to reduce and you will become more confident. Wean yourself out of the sling slowly over this time, using it only when you feel necessary. Do not be frightened to try and use your arm at waist level for light

tasks. You will be seeing a physiotherapist and doing regular exercises at home to get the joint moving and to start regaining muscle control. Lifting your arm in front of you may still be difficult at this stage

Phase 3: Between 6 and 12 weeks

The pain should be lessening. The exercises are now designed to improve the movement and to get the muscles to work, taking your arm up in the air or away from your body when you are sitting or standing. Overall, you will have an increasing ability to use your arm for daily tasks.

Phase 4: After 12 weeks

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 drive?

It is illegal to drive while wearing a sling. You may start to drive once the sling has been discarded, but not until you are able to safely control the car. This time period is very variable, but is normally 6 to 8 weeks after the operation.

When can I return to work?

Return to work depends very much on your specific job and whether or not you need to drive. It is illegal to drive while in a sling. Most people need about 6 to 8 weeks off work. If you can get to work then desk workers can return as soon as you feel able. This can be after 3 weeks although you will have to be able to work one-handed. Heavy manual workers will require 3 to 6 months off work. Prolonged, heavy overhead activity may never be possible.

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. Start with short sessions, involving little effort and gradually increase. General examples are:

- Swimming gentle breast stroke after 6 weeks, freestyle 12 weeks. You may have difficulty with vertical steps into the pool
- Gardening (light tasks e.g. weeding) after 6 to 8 weeks (avoid heavier tasks e.g. digging)
- Bowls after 3 to 6 months
- Tennis, badminton or squash after 4 to 6 months

These are approximate and will differ depending upon each person's individual achievements. They should be seen as the earliest that these activities may commence.

CONTACT US

Private Patients
Tel: 0203 897 0663

Email: brownlow.pa@med-services.co.uk

NHS Patients
Tel: 0118 922 0008

Email: tracey.sandland@circlereading.co.uk

www.berkshireshoulders.co.uk