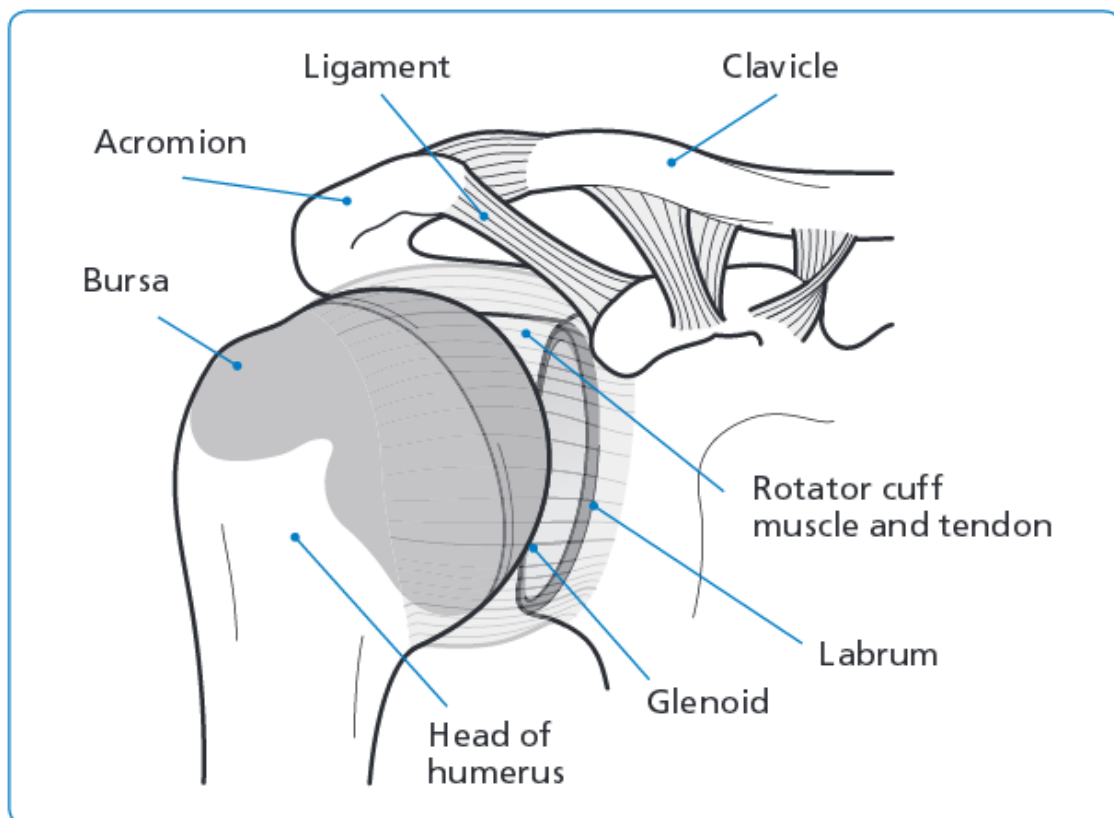


Department of Trauma and Orthopaedics

Total Shoulder Replacement



This leaflet aims to help you understand and gain the maximum benefit from your operation. 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 ('humerus') fits into the socket ('glenoid'), which is part of the shoulder blade ('scapula'). Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it.

Why the shoulder joint needs replacement

The most common reasons for replacing the shoulder joint are for arthritis, either osteoarthritis (wear and tear) or rheumatoid arthritis. It may also be necessary following a fracture or bad accident. With arthritis the lining of the joint surfaces becomes worn causing pain and difficulty with movement.

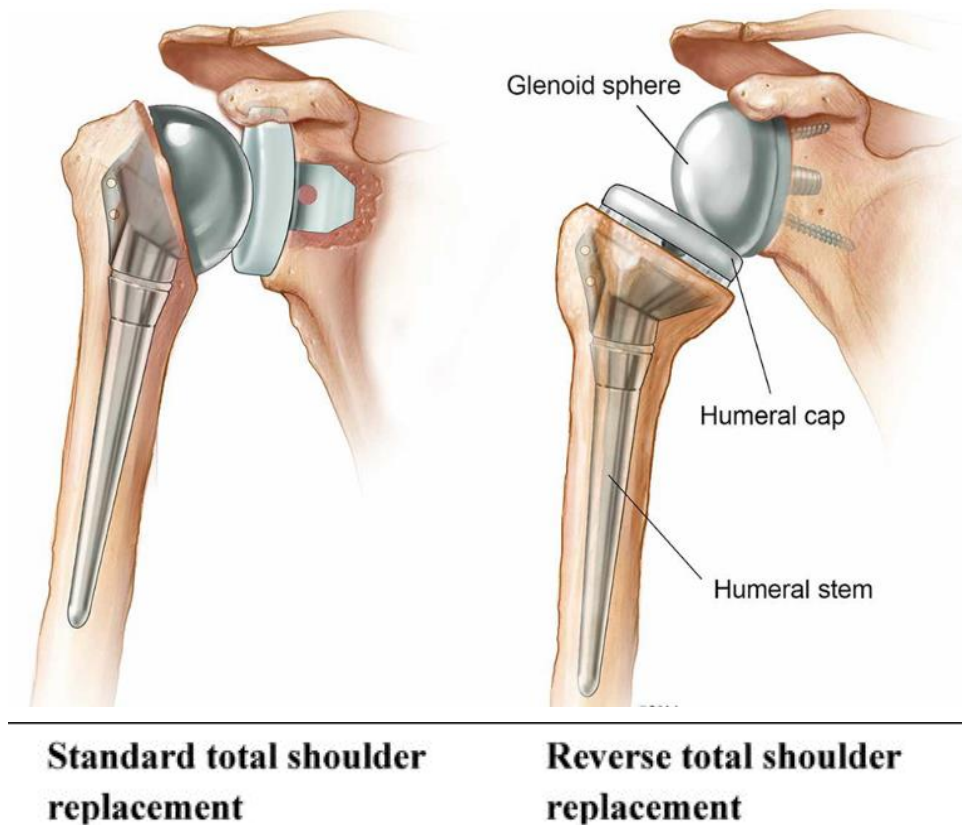
About a total shoulder replacement

During a total shoulder replacement, both the head of the humerus and the socket are replaced with artificial surfaces (metal and plastic). The main reason to do this operation is to reduce the pain in your shoulder. You may also get an improvement in movement but this depends on how stiff your shoulder is before surgery and if all muscles/tendons around the shoulder are working normally. The picture below is what a shoulder replacement looks like.

Types of total shoulder replacement

There are two main types of shoulder replacement.

- 1) An “**anatomic**” total shoulder replacement replaces the ball of your shoulder with a metal ball and the socket with a plastic socket
- 2) A “**reverse**” total shoulder replacement involves creating a socket on the top of the humerus bone and fitting a ball on to your socket. This type of shoulder replacement is used if the rotator cuff tendons around your shoulder are torn or non-functional because it relies on different muscles to move the arm.



What are the risks?

All operations involve an element of risk. The risks following a total shoulder replacement include:

- Infection - these are usually superficial wound problems. Very rarely, deep infection may occur after the operation (less than 1 in 100 people).
- Bleeding- you will lose some blood during the procedure; occasionally a patient may need a blood transfusion.
- Damage to nerves and blood vessels around the shoulder (less than 1 in 100 people).
- Persistent pain or stiffness in the shoulder (up to 20%).
- Thrombosis/blood clot (less than 1 in 100 people).
- Fracture when putting in components.
- Dislocation.
- Loosening of components.
- Need to redo the surgery (5-10% at 10 years).

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 occasional steroid injections. Their function can sometimes be improved with muscle strengthening and physiotherapy.

Will the operation be painful?

Although this operation aims to relieve pain it may take several weeks to notice any benefit. The pain is often different. Arthritic pain is replaced by pain from surgery. The following pain control methods may be used to ensure you have as little discomfort as possible:

- A local nerve block, known as an inter-scalene block.
- Pain killers and anti-inflammatory medication.
- Ice packs (wrap a bag of frozen peas on a tea towel and place on your shoulder).

A prescription for pain medication will be given to you when discharged home.

Do I need to wear a sling?

The sling is worn for 6 weeks to protect the shoulder. **This is especially important after an anatomic total shoulder replacement, because it is essential to protect the repair of a tendon at the front of your shoulder (Subscapularis).** Healing of this tendon is crucial for successful outcomes after an anatomic total shoulder replacement. You can take it off to do elbow and wrist exercises to prevent stiffness. The physiotherapists will guide you with your rehabilitation.

Do I need to do exercises?

Yes. You will be shown exercises by the physiotherapist. You will need to continue with these exercises when you go home. Outpatient physiotherapy appointments will be organised for you.

Patient Information

It is important to get used to doing regular daily exercises at home for several months. The exercises are important so you get maximum benefit from your operation. The exercises aim to stop your shoulder getting stiff and strengthen muscles. They will be changed as you progress with your rehabilitation.

What do I do about the wound?

Your wound will have a shower-proof dressing on when you are discharged. 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, do not rub.

The stitches may need to be removed or trimmed at your GP practice nurse or outpatient appointment. This usually happens 10-14 days after your operation. If dissolvable stitches are used they will not need to be removed.

When do I return to the outpatient clinic?

This is usually arranged for 6-8 weeks after your operation to check on your progress. Please discuss any queries or worries you may have when you are at the clinic.

How am I likely to progress?

The discomfort from the operation will gradually lessen over time. Time taken to improve varies between individuals. The operation is performed to relieve pain from your shoulder and this is usually noticeable by 3-4 months after the surgery. There may be improvements especially with your movements for up to 1 year.

When can I drive?

You cannot drive for at least 6 weeks when you are wearing the sling. After that, you must be able to comfortably control your car and be able to perform emergency manoeuvres if necessary. This usually takes a further 3-4 weeks. It is recommended that you inform your insurance company of your recent surgery.

When can I return to work?

This will depend on the type of work you do. Most people will be off work for at least 8 weeks. However if your job involves lifting, activities over head or manual work you may not be able to do this for 3-6 months. Please discuss this further with the doctors or physiotherapist if you feel unsure.

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. Please discuss planned activities with your doctor or physiotherapist so they can guide your return to these.

Contact details

If you have any questions or concerns about your shoulder surgery, please contact the following:

Consultant's secretary (Monday – Friday: 8am – 4:30pm)

- Mr Drew: Clare Perryman 02476 965093, clare.perryman@uhcw.nhs.uk
- Mr Lawrence: Tracey Hill 02476 965094, tracey.hill@uhcw.nhs.uk
- Mr Modi: Tracey Hill 02476 965094, tracey.hill@uhcw.nhs.uk
- Mr Bhabra: Tracey Hill 02476 965094, tracey.hill@uhcw.nhs.uk

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