

## PATIENT INFORMATION

# Shoulder Replacement Surgery

### Introduction

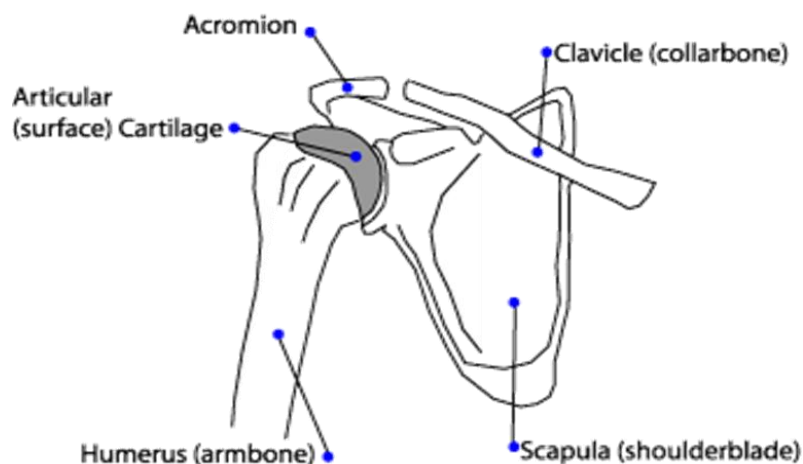
This booklet is designed to give you a general understanding of what happens before and after your operation. It may help to prepare you for the operation and also show how you can assist in your recovery.

**If you are given this booklet before your operation, please bring it with you when you come for any clinic appointments, Pre-Admission Clinic and your admission.**

Then keep this booklet in a safe place, as you may need to refer to it from time to time. If there is anything that you do not understand, please ask a member of the orthopaedic staff.

### Your Shoulder

The shoulder joint itself consists of a ball and a socket. The ball is on the bone of the upper arm (the humerus) and the socket on the shoulder blade (the scapula). The joint is supported by the rotator cuff muscles. These muscles may become damaged after trauma or with age.



### Shoulder Replacements

You will be admitted for surgery to your shoulder because of arthritis of the shoulder joint. Arthritis occurs as a result of either an inflammatory condition (for example rheumatoid arthritis) or as a result of osteoarthritis. Osteoarthritis may occur after a fracture, previous dislocation or muscle weakness. As a result the joint becomes painful and stiff.

## **Surgery**

Surgery is performed either under general anaesthetic or under sedation along with a nerve block of the area. Your anaesthetist will advise you about the most appropriate anaesthetic. At surgery the shoulder joint is replaced with an artificial joint.

There are two main types of shoulder replacement:

1. **Shoulder replacement:** At surgery the ball at the top of the humerus is removed and replaced with an artificial component. The socket is prepared to accept a plastic cup which is inserted using bone cement.
2. **Inverse/Reverse polarity shoulder replacement.** If you have lost the rotator cuff muscles this implant may be used. At surgery the ball at the top of the humerus is replaced with a socket. The socket on the shoulder blade is replaced with a ball component. By reversing the usual ball and socket anatomy an improvement in muscle function is often seen. This operation is only really done in patients above the age of 70 years.

There are other types of shoulder replacement surgery in which a different component may be used (for example if you have fractured your shoulder) or the cup is not replaced (for example if the cup is not worn or is worn to an extent that it cannot support a new cup). Your surgeon may plan to do one type of operation however the particular technique and choice of implants may be decided during the operation, depending on the operative findings.

If surgery has been performed using a nerve block the operated area is usually numb for 12-18 hours after surgery. At that time pain will increase and it is important that you then start taking your painkillers again.

The surgery is performed through an incision over the front of the shoulder taking down one of the shoulder muscles. At the end of the operation this muscle is re-inserted but it will have to be protected for at least 6 weeks post-operatively until it has fully healed.

Following surgery the arm rests in a collar and cuff. You should continue using this sling for 2-4 weeks or until good shoulder muscle control has been obtained.

## **Pre-Admission Process**

### **Shoulder Surgery Information Group**

The first step towards your admission is the Shoulder Surgery Information Group. The aim is to provide important information to prepare for surgery. You will meet patients who are also awaiting similar surgery or in some cases will have already had surgery to their shoulder.

## **Pre-Admission Clinic**

You will be called to a Pre-Admission Clinic in the month prior to your admission. At this clinic, you are seen by a nurse, members of the rehabilitation team and on occasion an anaesthetist in order to make sure you are fit for the operation. The staff in the clinic will carry out a number of tests including blood pressure measurement, taking swabs to check for MRSA and testing urine samples. You will also be examined, have blood tests and a heart tracing (ECG), and may have x-rays of your shoulder. It is also an opportunity for us to plan for your safe and timely discharge.

The Pre-Admission Unit is located opposite the Chapel within the hospital.

This appointment allows us to pick up any potential problems and deal with them.. Occasionally problems are detected that we do not have time to resolve and so your operation may need to be postponed. To avoid the disappointment there are some things you can do to help prepare yourself.

## **Be aware of your health**

If you suffer from any dizzy spells, breathing problems, chest pain or any new or unusual symptoms it is important to get these checked out by your GP. You may need to undergo further investigations or start taking some medication. It is also important that you inform the hospital if you are awaiting any investigations for heart or breathing problems or if you are waiting another operation.

## **Diet**

It is important that you have a healthy diet leading up to and after your shoulder surgery, as this will help with the healing process.

## **Smoking**

The West Suffolk Hospital is a smoke-free site. Smoke-free means that smoking is not permitted anywhere on site and applies to all staff, patients and visitors. Nicotine Replacement Therapy (NRT) should be taken into hospital by inpatients who smoke. You are not allowed to smoke during your stay. Although we recognise that it is difficult to give up smoking, it is advisable to do so before your operation. Smoking increases your risk of developing a chest infection following anaesthetic and also delays the healing of the bone and soft tissues. If you feel unable to give up on your own, your GP can offer you support.

## **High Blood Pressure**

If you take medication for high blood pressure then we would advise you to visit your GP or practice nurse regularly until your operation date to get your blood pressure checked. If your blood pressure is checked, please ensure your GP surgery writes the readings down – please bring these with you to the Pre-Admission Clinic. If you have your own blood pressure measurement device then it may be useful if you checked your blood pressure regularly to ensure that it is within the normal range.

## **Ward admission**

All beds are allocated to patients waiting for surgery. The ward will only ring you if there is a problem so please arrive on the ward by the time given on your admission letter.

It is important that you remember to bring with you:

- All the medication that you are taking in their original packets.
- Details of next of kin.
- Wash things – flannel, soap, toothpaste, tooth brush, comb, razor, towel.
- Clothes – day clothes and night-wear, including socks, stockings, shoes and slippers.
- Current walking aid such as sticks, frame, crutches.
- This information leaflet.

## **Visiting hours**

Please contact the ward for visiting times.

Visiting hours are in place to enable essential rehabilitation and rest to occur during the day.

## **Before the operation**

- You will see your consultant or member of his operating team prior to your operation.
- Your arm will be 'marked' for the operation by drawing an arrow pointing to your shoulder.
- An anaesthetist will assess you for the anaesthetic.
- You are not allowed to eat from midnight. This includes eating sweets or chewing gum. If your operation is in the afternoon, you may be allowed a light breakfast. Water can be consumed as per instructions given at pre-assessment.
- Please do not leave the ward or bed area whilst waiting for your operation – there are a number of orthopaedic staff that need to see you before you have your surgery.
- The staff will run through a checklist prior to taking you to the operating theatre. You may be asked the same questions on several occasions – please bear with us, it is to ensure that there are no mistakes. Likewise if you have any questions please feel free to ask us.
- You will be formally assessed for your risk of developing a VTE (venous thrombo-embolism) otherwise known as a blood clot in order that we can take precautions to reduce this risk.

## **Surgery and aftercare**

The operation usually takes around 1-2 hours to complete. You are likely to be off the ward for 3-4 hours in total.

When you wake you are in the recovery area. You will be here for about an hour to be closely monitored. They monitor your heart rate, blood pressure, oxygen levels, as well as monitoring your wound and pain levels.

On returning to the ward from recovery you may be quite sleepy. A number of items are attached to you, which may include:

- A wound dressing
- Oxygen – usually through two prongs which sit just inside your nostrils.
- A drip will be running to provide fluids. As you have been nil by mouth prior to the surgery, we need to make sure that you are not dehydrated.
- A PCA (Patient Controlled Analgesia). This is a morphine pump that allows you to administer your painkillers as and when required. It does have a safety lockout to prevent any over-dosing.
- A collar and cuff to protect your arm and keep comfortable

The staff on the ward will regularly check your blood pressure, temperature, oxygen levels and help you control any pain.

## **Pain Control**

You will be given regular painkillers during your stay. It is important that you take these to aid your rehabilitation. It is reasonable to expect some pain as you have had major surgery but your pain will be kept under control. Always inform the doctors or nurses if your arm is very painful.

## **Risk of deep vein thrombosis (DVT)**

There is a small risk with any major surgery that you may develop a blood clot (VTE—venous thrombo-embolism). The most common type of VTE is a potentially dangerous blood clot in your calf called a deep vein thrombosis (DVT). You will be formally assessed for your risk of developing a VTE in order for treatment to be considered.

## **Length of stay and discharge plans**

The average stay for a patient having shoulder surgery is 2-3 days after the operation. This may be affected by other medical conditions and your home environment.

You start your rehabilitation on the day of surgery. We encourage you to wear ordinary clothes in hospital during the day, not your nightwear!

You will have an x-ray to check the shoulder prior to discharge. You will be discharged from the hospital when you and all members of the team are happy with your progress..

You must not drive for six weeks after the operation.

## **Wound**

You will be reviewed at clinic at 10-14 days after the surgery for a wound inspection and removal of sutures if required.

A dressing should cover the wound until it is healed to prevent infection. This should only be changed as necessary, not every day.

## **Infection**

There is always a small risk that you may pick up an infection with surgery. We minimise the risk in several ways:

- Operations are carried out in an 'ultra-clean' theatre.
- Highly sterilised operating theatres and equipment are used.
- Antibiotics are given during the operation. You will be given extra antibiotics if you need a catheter.

- Every patient is screened for MRSA prior to admission and no patient with MRSA is allowed onto the elective orthopaedic ward.
- Side rooms are available for isolation if required.
- Hand washing or using alcohol gel is very important in fighting the spread of infection.
- Visitors should not sit on beds.
- All visitors, staff and patients must use alcohol gel on their hands or wash their hands on entry/exit to ward and bays and after touching patients.

**Most patients do not require input from Social Services after their operation. However, if you do have any concerns, please discuss this with the staff when you attend the Pre-Admission Clinic.**

## **Follow-up clinic appointments**

You should attend a follow-up clinic appointment 2 weeks later. This will be given to you on the ward, or sent later by post.

You will be referred for follow-up physiotherapy and should have been contacted within two weeks from your surgery date. If you have not been contacted within this time please contact the physiotherapy department at the West Suffolk hospital 01284 713300.

You will see the rehabilitation team both before and after your operation, on the following occasions:

1. **Information Group:** during this session we explain how to care for your shoulder post operatively and how you can plan to manage at home after your operation.
2. **Pre-admission Clinic:** If you have any specific concerns regarding your discharge arrangements or exercises then we can review you in the clinic, but we do not routinely do so.
3. **After your operation:** following your operation we see you for shoulder exercises. You may also have a mobility assessment depending on your functional ability. Prior to your discharge home we will check the necessary arrangements for your return home.

## **Activities of daily living**

There are a number of normal daily activities you will need to reconsider in preparation for your return home after the operation.

### **Personal Care**

You need to adjust the way you carry out personal care activities as you will have limited use in the operated arm. You may benefit from using long handed equipment such as a long handed hairbrush and long handed sponge. You need to consider what clothing

you wear to allow you to dress the operated side adhering to the post operative precautions, ideally loose clothing that fastens at the front. If you currently manage your personal care you should experience no difficulty doing so post operatively.

## **Kitchen**

In order to follow your post operative precautions you have limited use of the operated arm, therefore you need to consider adjusting how you prepare meals. It is worth planning the layout of your kitchenware so that commonly used items are easy to access. Consider eating your meals in the kitchen so you do not have to carry your dinner through to another room. It may be useful to stock up on ready meals in the freezer, as you may not feel like cooking initially on your return home. Also consider using a microwave if you have one. Consider gadgets that may make life easier in the kitchen such as electric can openers, one handed cutlery, chopping boards with spikes on, etc.

## **Housework and Shopping**

You will find it difficult to complete heavy cleaning tasks on your return home. You need to arrange assistance for tasks such as vacuuming, cleaning, shopping (you may be able to have this delivered) and heavy laundry. If doing laundry, it is easier to load/unload onto top of machine and to hang clothes indoors.

## **Driving**

You must not drive after the operation for a minimum of six weeks. You therefore need to organise alternative travel arrangements. You should have the go-ahead from your consultant before driving and we would advise that you check with your insurance company prior to resuming driving.

## **Active Hobbies**

It is advisable to avoid any active hobbies whilst recovering from your operation including activities such as gardening and swimming. Seek advice from your consultant regarding resuming such activities.

## **Furniture**

You need to avoid using low furniture after your operation because you may have difficulty standing up from low heights as will not be able to push through your operated arm. It is your responsibility to organise suitable furniture.

- **Bed:** If this is too low use an alternative bed.
- **Chair:** Use a firm upright chair. If the chair is too low, place an extra cushion or firm piece of foam on it to raise the height of the seat. You might be able to borrow a suitable height chair from friend or family.



- **Toilet:** If needed, the occupational therapist will provide a raised seat to place on your toilet to ensure it is the correct height.

It is your responsibility to ensure you have made the necessary preparations to manage at home post operation.

## Exercise Programme

You may have been given an exercise programme before the operation. If you have, then please continue to do these exercises.

### Deep breathing exercises

After an anaesthetic it is important to take some deep breaths to minimise the retention of secretions in the lungs. During normal activity, our bodies do this automatically, so take 3-4 deep breaths every hour until you are up and walking about on the ward.

### Circulation exercises

In the recovery period after an operation, your circulation tends to slow down, putting you at risk of developing a DVT. Maintain good circulation by doing these exercises. You must do these exercises **every hour** whilst you are in hospital and **3-4 times a day** at home before and after the operation.

- Pull toes and foot towards you, and push away again. Repeat 10 times.
- Circle your ankle 10 times each way .
- Tighten your buttock muscles, hold for 5 seconds then release. Repeat 10 times.

## Rehabilitation

It is important that your new shoulder is not stressed immediately following your operation:

- Do not take your arm behind your back for 6 weeks.
- Do not lift the arm on its own for the first 4 weeks; always help it with your other arm.
- In bed, always rest your arm on a pillow to prevent it dropping behind your body.
- Wear the sling for the first 2 weeks when walking around, in particular when you are outside.

The following exercises should be repeated 3-4 times a day.

### Shoulder exercises

You must do these exercises **3-4 times a day in hospital and at home following your discharge.**

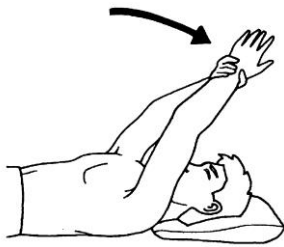


Bend elbow towards shoulder and straighten out fully.  
Repeat 10 times.

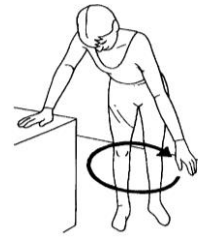


Roll your shoulders in both directions.  
Repeat 10 times.

Use your hand and wrist normally – move forwards and backwards, and in a circular motion to prevent stiffness.



Lying on your back with elbows straight. Use un-operated arm to lift the operated up, keeping it as close to the ear as possible. Remember to rest your arm on a pillow when it returns down beside your body. Repeat 10 times.



Bend forwards. Allow the arm to hang down from the shoulder. Carry out circular movements. Repeat 10 times.

## Outcome

The purpose of the operation is to relieve the pain of the shoulder and to gradually increase the range of movement. The operation does not restore shoulder function to normal.

You will be given individual information by your surgeon about what benefits you can expect from surgery.

Improvement following surgery is normally seen for at least 12 months following surgery.

## Complications

### Bleeding

From the wound or in the tissues: following surgery wound bleeding occurs. This normally settles within 24-48 hours. You may also see bruising around the shoulder, over the front of the chest and down towards the elbow. This bruising will subside and does not normally require any treatment. If you should experience bleeding from the wound after discharge you must contact the surgical department as soon as possible

in order for your surgeon to re-assess the wound.

## **Infection**

It is rare that infections occur following shoulder surgery. You may experience a superficial wound infection which normally settles once the wound has been cleaned. If you should experience increased redness, swelling, tenderness or leakage from the wound or develop a high temperature in association with shoulder pain you must contact the Orthopaedic Department as soon as possible.

## **Pain**

You will experience some degree of pain and discomfort following surgery. You are given regular painkillers and should ask for more painkillers from the nurses if required. You can use an ice pack as a form of pain relief, a pack of frozen peas wrapped in a towel could be used for this. There is a risk of burn with ice therapy so ensure only used for 10 minutes maximum at any time and remove if any pain or burning sensation occurs. Avoid using ice therapy if you have any skin problems or altered sensation in your arms.

## **Nerve Damage**

During the course of surgery nerve damage is rare but may occur. If damage to the nerves of the major shoulder muscles should occur, shoulder function may be significantly reduced permanently. It is extremely rare but more likely during operations to shoulders which previously have been operated on. Overall the likelihood of nerve damage is very low. You may experience altered sensation to the skin around the incision.

## **Instability of the shoulder**

On rare occurrence the shoulder may develop an instability following surgery. The shoulder would then dislocate and come out of joint. This happens very rarely and may require further surgical treatment.

## **Fracture**

If the bone is very tight or very weak, fractures may occur. These are rare and usually dealt with during the operation.

## **Loosening or wear of the implants**

Where a plastic socket is inserted this may with time wear and become loose. This may happen over a period of 10-20 years following surgery. Overall the need for revision of either of the implants is very small.

## **Anaesthetic complications**

The operation will be performed under a general anaesthetic. There may be certain risks in connection with this. There are also risks in connection with nerve blocks. These can be discussed with your anaesthetist.

This booklet is only a general guide. Every patient is an individual and their care is tailored towards their needs and so may differ from the information in this leaflet.

If you have any questions please do not hesitate to contact us on the numbers below. We will answer your questions as best we can.

<b>Pre-Admission Clinic</b>	<b>01284 712810</b>
<b>Physiotherapy Department</b>	<b>01284 713570</b>
<b>Occupational Therapy Department</b>	<b>01284 713570</b>
<b>Ward F4</b>	<b>01284 713430</b>
<b>Post-discharge Advice Helpline</b>	<b>01284 713924</b>

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