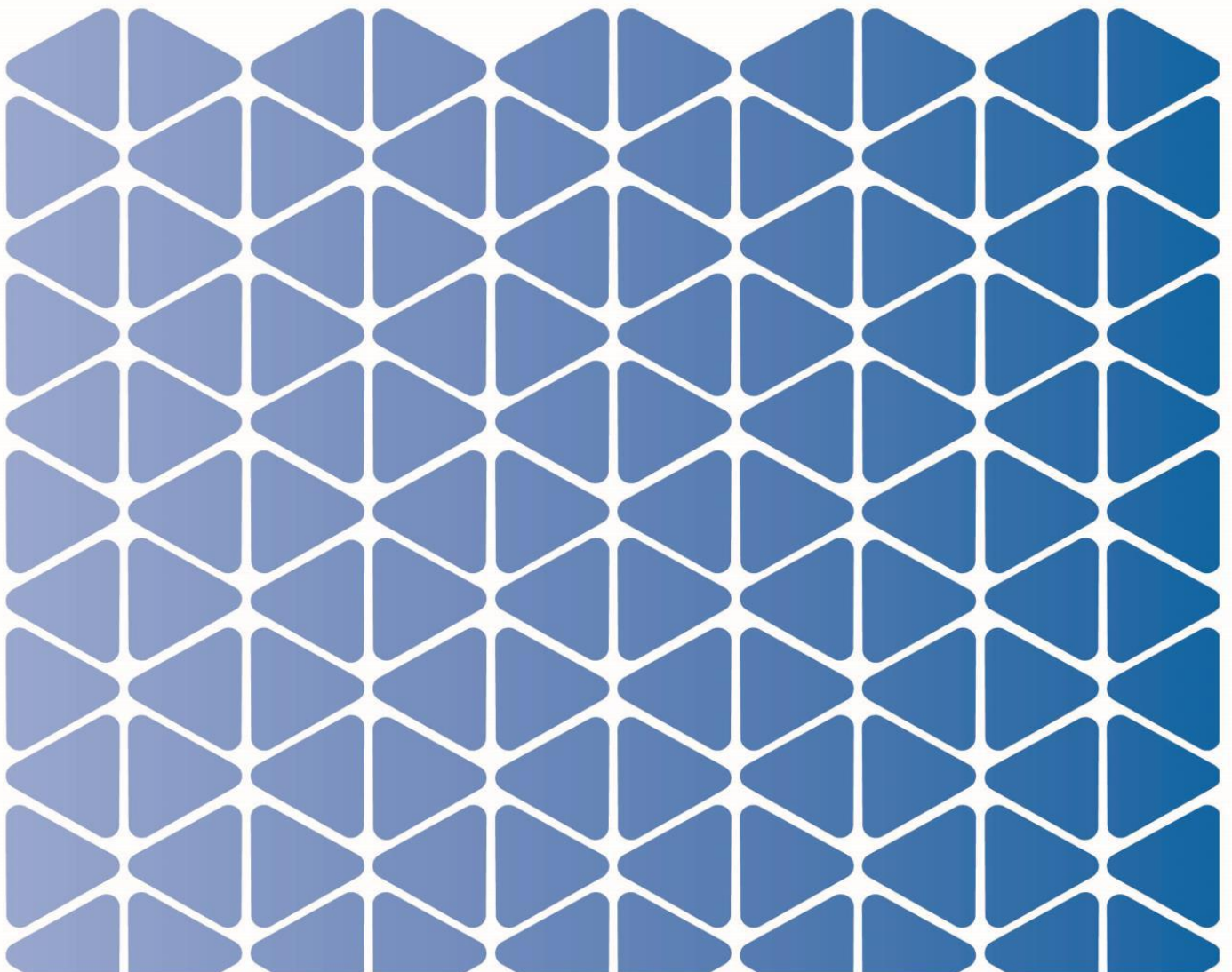


PATIENT INFORMATION

SHOULDER REPLACEMENT SURGERY

**Including Total Shoulder Replacement and
Reverse Polarity Shoulder Replacement**

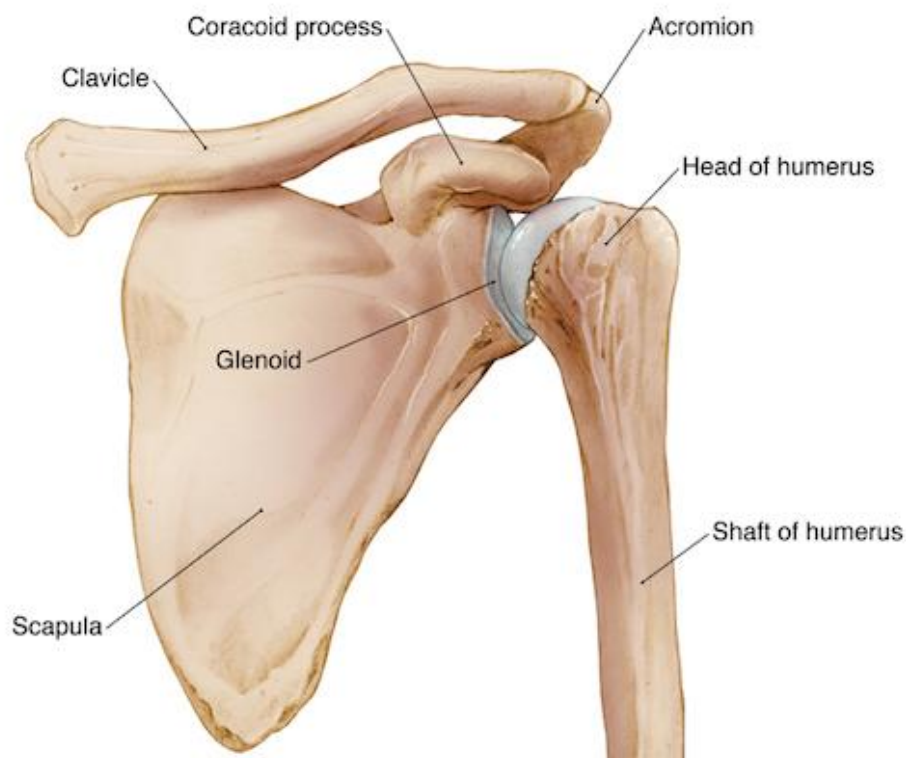


THE PURPOSE OF THIS LEAFLET IS TO:

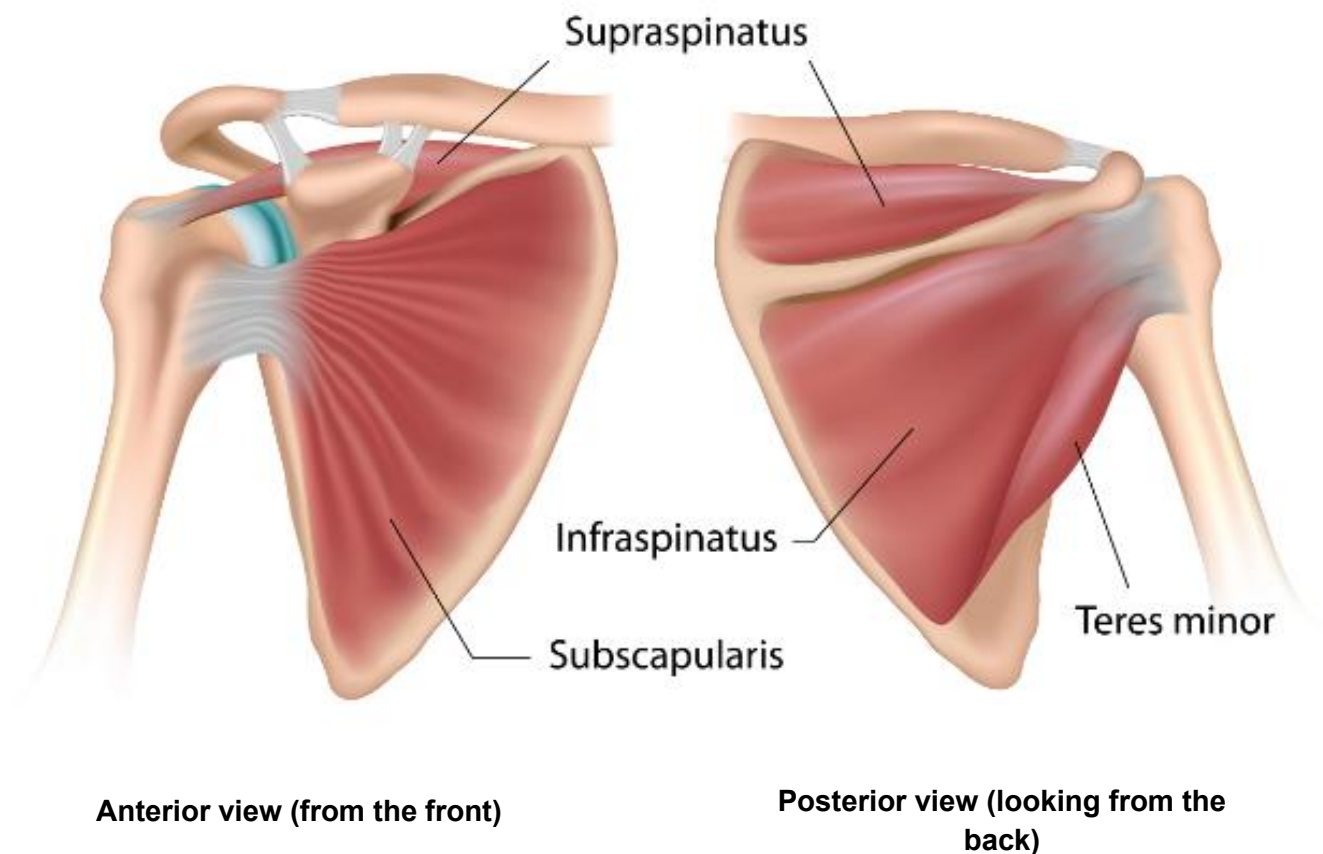
- Describe the relevant anatomy of the shoulder;
- Explain the reasons why you may need shoulder replacement surgery;
- Explain what the different types of surgery entail;
- Describe what you should expect after the surgery;
- Advise you on suitable exercises you can begin after the surgery as part of your ongoing rehabilitation; and
- Advise you how to complete daily activities following the surgery and how to access further support if needed.

THE SHOULDER GIRDLE ANATOMY

The shoulder girdle is made up of three bones; the scapula (shoulder blade), the humerus (upper arm bone) and the clavicle (collarbone).



MUSCLES OF THE ROTATOR CUFF



As the arm is raised, the rotator cuff also keeps the humerus tightly in the socket (glenoid) of the scapula.

WHY DO I NEED SHOULDER REPLACEMENT SURGERY?

SYMPTOMS

The shoulder joint is a ball and socket joint between the humerus and scapula bones. Conditions such as osteoarthritis and rheumatoid arthritis can affect the surfaces of the joint, causing degeneration or erosion, which in turn leads to inflammation, pain and reduced range of movement. The pain is usually aching in nature and can make sleeping difficult. Certain movements may cause grinding or catching as the arthritic joint surfaces move against one another.

TREATMENT

Once the diagnosis is made, your doctor may suggest several treatments to ease your pain. Like many arthritic conditions, osteoarthritis of the shoulder may respond to anti-inflammatory medications such as aspirin or ibuprofen. Physiotherapy may be suggested to regain as much of the motion in the joint and strength in the shoulder muscles as possible before any surgical intervention is considered.

SHOULDER SURGERY

Total shoulder replacement/arthroplasty

This surgery replaces the damaged surfaces of the ball and socket joint. This type of surgery requires good rotator cuff muscles.

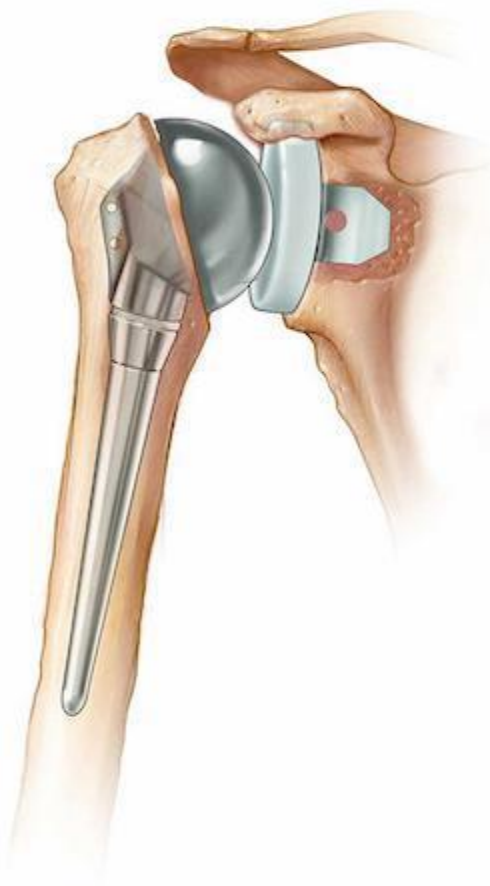
Reverse shoulder replacement/arthroplasty

This procedure is not as common as the total shoulder replacement and is usually carried out when the rotator cuff muscles are absent or of poor quality. The ball and socket of the shoulder joint are swapped over. You may have already had previous surgery before this option is considered and it is usually carried out for pain relief only.

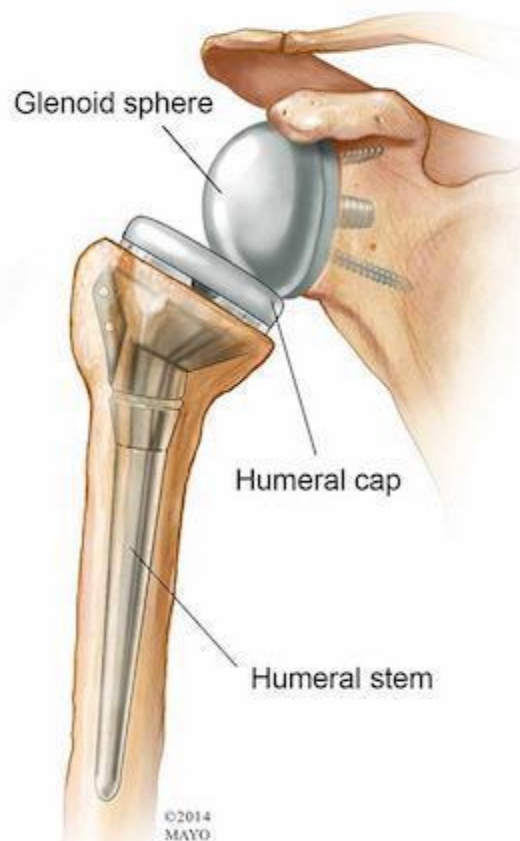
Functional expectations may be less than with other procedures.

Your surgeon will discuss which type of surgery would be most appropriate for you

Total shoulder arthroplasty



Reverse shoulder arthroplasty



BEFORE SURGERY

Diet

Prior to your operation it is important that you are in optimum health. In order to achieve this, it is essential that you eat a balanced diet. If you are overweight:

- Reduce the fat in your diet
- Cut down on sugary foods
- Eat more wholegrain foods
- Keep alcohol to sensible limits

COMING INTO HOSPITAL

Most people come in on the morning of their surgery. On arrival to the ward you should meet your named nurse. She/he will plan and co-ordinate your care during your stay and ensure that everything you require is arranged for discharge.

You will normally be admitted on the day of your surgery and will be told a time to come to the ward. Please follow the **fasting guidelines** you will have been given and ensure you have a bath or shower before you come in. Do not apply creams after your shower unless you have been advised to do so.

To go to theatre you will be asked to wear a gown. Please could you also bring a clean pair of cotton briefs to wear for theatre. After the operation we will transfer you to the recovery room where you will stay until you are awake. At this stage you may be aware of:

- An oxygen mask
- A drip
- A cuff around your arm recording pulse and blood pressure.
- A dressing on your wound.
- A sling with strap around your back

PAIN CONTROL FOLLOWING SURGERY

Interscalene Block

Your anaesthetist will often administer an injection to the side of the neck to reduce post-operative pain in the shoulder. After surgery, your arm may feel heavy and numb which is the effect of the injection. This is normal and usually wears off after 12-24 hours.

Shoulder surgery can be painful and you will be expected to carry out exercises quickly after the operation with the physiotherapist. In order for you to be able to perform these important exercises and for you to benefit fully from your shoulder replacement, controlling your pain is essential.

If you have any pain or discomfort, please tell the nursing staff, do not wait until the pain is severe.

COMPLICATIONS OF SURGERY/SHOULDER REPLACEMENT

All surgery and anaesthetic carries risk. The health care team looking after you have been trained to ensure that these are minimised and that your treatment is carried out safely. There are however, specific risks relating to your shoulder surgery that you need to be aware of. As with all major surgical procedures complications can occur.

Some of the most common complications following artificial shoulder replacement are listed below and sometimes surgery is needed to put right these complications:

- Infection
- Loosening
- Dislocation
- Nerve Injury
- Blood clots
- Fracture

WOUND

You will usually have clips or sutures on your wound, covered with a large bandage over your shoulder. Under the bandage there will be dressings over the wounds. Nursing staff will be able to advise you on care of your wound and dressings. Removal of the clips is at 14 days following surgery and will be done by a district nurse either at home or in your GP's surgery. Nursing staff will be able to advise you on care of your wound.

PHYSIOTHERAPY

The physiotherapist will visit you on the ward after your operation to show you how to take the shoulder immobiliser on and off. They will also tell you which exercises you can commence. These will include shoulder girdle, postural and pendular exercises, and will be marked off in the exercise section of this booklet as appropriate. You will also be required to complete exercises for your elbow, wrist and hand to prevent stiffness and reduce swelling.

OUTPATIENT PHYSIOTHERAPY

You will normally be requested to attend outpatient physiotherapy after you have returned home. This can usually be arranged at your local hospital. The physiotherapist will need to look at your shoulder, therefore please be prepared to remove your clothing or wear a loose fitting vest. They will help you to progress onto more active exercises to strengthen your shoulder with an aim of maximising your function. Please remember that you may not achieve full range of movement but should get enough to improve your function and you should have less pain. Improvements can continue for 12-18 months

but is very dependent upon the procedure and your movement and strength pre-operatively.

GENERAL ADVICE, RISKS AND BENEFITS

- You are advised to do exercises as instructed, otherwise your shoulder may become stiff.
- You will be given appropriate pain killers and you should take these as directed to allow you to be comfortable enough to do your exercises.
- You will be given a sick note for work. The length of time you are off work will depend upon your job. If you require further sick notes, please see your GP.
- When you return from theatre, you may have an immobiliser fitted, to keep your arm close to your side. It is important to use the immobiliser as instructed as it gives your arm support and protection while the shoulder heals.
- You should not drive while still using a shoulder immobiliser (between 4 - 6 weeks) and you need to feel you are in full control of the vehicle.

HOW DO I PUT MY SLING ON AND OFF?

Below are instructions on the shoulder immobiliser and its application. The sling should be fitted in a sitting position. It is possible to fit the sling yourself but it is much easier to get someone to help you with this if possible.

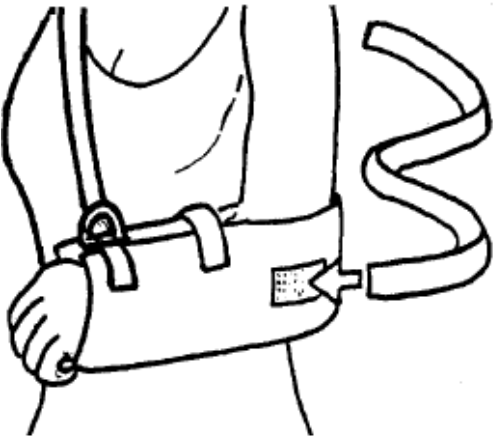
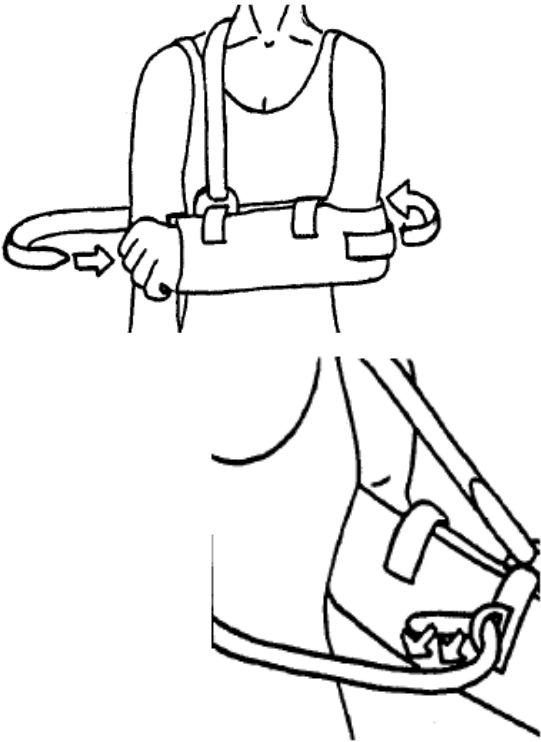


1. Place your affected arm into the sling ensuring the elbow is as far into the corner of the sling as possible.



2. Place the long strap around your back and up and over the opposite shoulder. Place the end of the strap through the metal loop and Velcro to fasten. You should pull the strap tight so that your elbow is resting at a right angle or higher to prevent swelling in your hand and fingers.

There will be a second smaller strap without the metal loops. This should be placed over the sling nearer the bend of your elbow.

	3. Sometimes the waist strap is required (your ward physiotherapist will tell you if this is required). If this is required it is fastened using Velcro as pictured to the side of your sling near your elbow, wrapped around your waist and fastened through the other metal loop as described in the next step.
	4. Bring the waist strap round to the back of the sling (the part closest to your body) and fasten the strap through the other metal loop, pulling the strap through on itself to tighten so that the sling holds your arm close to your body.

The sling may be removed to complete your exercises and also to wash and dress yourself. To remove your sling simply reverse the steps listed in the table above. You should continue to wear the immobiliser until your consultant or physiotherapist tells you to discontinue its use.

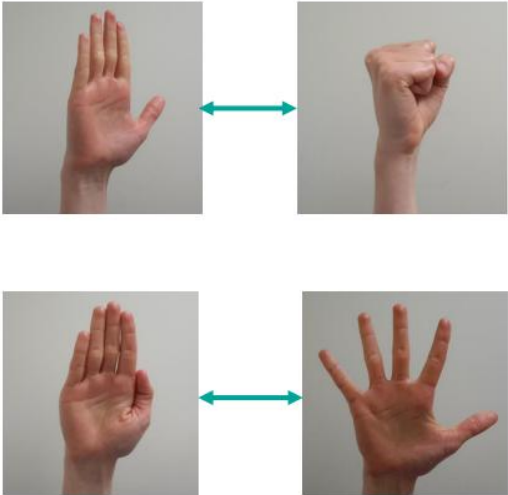
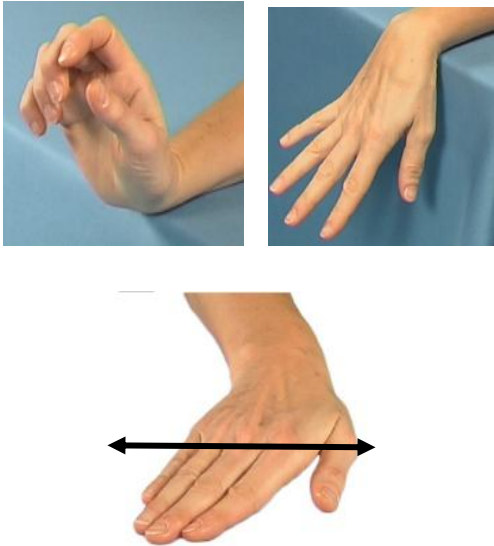
EXERCISE

Exercise is important for the following reasons:

- Keeps joints mobile;
- Increases circulation of the blood;
- Improves oxygen to the tissues;
- Increases mental well being;
- Strengthens muscles.

Never rush doing exercises, start slowly and gradually increase. Pain or uncomfortable stiffness following activity is a sign that it has been overdone.

The physiotherapist you see on the ward will mark off which exercises are safe for you to begin, and you can begin them straight away. **Please only complete the exercises that have been ticked by your physiotherapist. You should try to complete 3 sets of your exercises daily (unless advised otherwise).**

<input data-bbox="113 539 188 618" type="checkbox"/>		Finger/circulation exercises Bend your fingers downwards to make a fist, then open your hand back out. Repeat 10 times every hour. Spread your fingers apart and then bring them back together. Repeat 10 times every hour.
<input data-bbox="113 1155 188 1234" type="checkbox"/>		Wrist movements Move your hand up and down from your wrist joint. Repeat 10 times. Move your wrist from side to side. Repeat 10 times.

<input data-bbox="108 152 188 241" type="checkbox"/>		Pronation and supination Turn your palm over so it faces the ceiling, then downwards so it faces the floor. Repeat 10 times.
<input data-bbox="108 548 188 638" type="checkbox"/>		Elbow flexion and extension Bend your elbow (you may need to support your affected arm with your better arm), then try to fully straighten your arm. Repeat 10 times.
<input data-bbox="108 1081 188 1171" type="checkbox"/>		Scapular setting Sit in a chair. Slowly pull your shoulder blades back and down. Hold for 5 seconds, then relax. Repeat 5 times.

<input data-bbox="113 143 188 226" type="checkbox"/>		Pendular exercise – forwards and backwards Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Gently swing your arm forwards and backwards. Repeat 20 times.
<input data-bbox="113 835 188 918" type="checkbox"/>		Pendular exercise – side to side Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Gently swing your arm side to side, moving from out to the side, to in front of your body. Repeat 20 times.
<input data-bbox="113 1529 188 1612" type="checkbox"/>		Pendular exercise – circling Stand leaning forwards onto a stable support with your non-affected arm. Let your operated arm hang in a relaxed position. Swing your arm as though drawing a circle on the floor. Repeat 20 times. Repeat in the opposite direction 20 times.

OCCUPATIONAL THERAPY

You will be seen by an occupational therapist on the ward who will be able to advise you on how to perform your daily activities in your home environment following the operation.

Getting Dressed

Please remember to bring in suitable loose clothing. Sit on the edge of the bed or chair to dress and undress. Wear loose clothes and avoid straps over the wound e.g. bra straps. It is recommended that you wear loose or front fastening tops after the surgery. Use your good arm to help put your operated arm into the sleeve first.

Bathing/showering

While in the immobiliser you need to take care with underarm hygiene, wash and dry your underarm daily without lifting your arm away from your side. You can do this by carefully removing the sling, then leaning forward so that your arm moves away from your body (a movement similar to the pendular exercises described in the exercise table). You must not get the shoulder immobiliser wet and should take it off to wash. You are advised to strip wash in sitting or standing. Once you have completed this you should replace the sling as soon as possible to avoid any movements which may damage your shoulder.

Transfers

It is important that your furniture is the right height so that you can easily get on and off it. You will be assessed on the ward to ensure you are able to do this independently. No weight should be put through the arm for the first four weeks when getting out of the chair or bed.

Sleeping

Avoid lying on the operated side. Remember not to lean on the arm to push up when getting out of bed for 4 weeks.

Domestic tasks

You will require assistance with shopping, laundry and housework initially as they will all need to be done one handed. Keep meals simple and use a microwave or top oven where possible. This will be discussed with your occupational therapist.

Eating

Eating one handed can be difficult. Your occupational therapist can advise you about some useful equipment e.g. non-slip mat, plate guard.

PRECAUTIONS AFTER SURGERY

Do not rotate or move the operated arm outwards e.g. hair washing, combing hair, drawing curtains without consulting your physiotherapist.

In the long term avoid heavy lifting, tugging and jerky movements and any extreme movements which may force the joints.

RETURN TO FUNCTIONAL ACTIVITIES

Your Consultant will give you guidance on when you can return to work, activities and driving as this will vary depending on your individual circumstances. Your Physiotherapist will be able to give you guidance on returning to sporting and leisure activities as your movement and muscle strength improves.

SUPPORT AT HOME ON DISCHARGE FROM HOSPITAL

Some people require support at home after they leave hospital. If you have family and friends who could support you please speak to them prior to coming into hospital to see if they may be able to help you. Otherwise further support can be arranged through the hospital but you will require an assessment by physiotherapy and occupational therapy on the ward, and some services can incur a charge in the longer term. Any contribution would depend on your income and the type of services required. Social workers based in the hospital can advise you further on this following assessment.

QUERIES

If you have any queries about any of the advice contained in this booklet

OR

If you are unable to progress your exercises in accordance with the booklet

OR

If you have persistent pain, swelling or worsening of your symptoms, please contact the Physiotherapy Department at the hospital where you had your operation between 8.30am - 4.30pm Monday to Friday.

Worcestershire Royal Hospital

01905 760622 / 760187

Alexandra Hospital, Redditch

01527 512114

Kidderminster Hospital

01562 513066

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.



<https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback>

Ward admitted to: _____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.