Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Shoulder Replacement Surgery

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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 at the WWL NHS Trust. Each person's operation is individual, and you may be given specific instructions that are not contained in this leaflet.

The shoulder

The shoulder joint 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 reversed (see diagrams below). Your options will be discussed at clinic with your Orthopaedic team and are dependent on the condition of your shoulder.



Anatomic



Revers

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 usually settles with antibiotics, but very occasionally the wound may need to be drained or you may need another operation.

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.

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

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 a local 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 (eitheras tablets or injections) to help reduce the discomfort whilst you are in hospital. A one week 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 r egular pain relief, this will enable you to move the shoulder joint and begin the exercises that you willbe 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?



Your arm will be in a sling for at least 2 weeks: this protects the surgery during the early phases of healing and makes your arm more comfortable. The physiotherapist will advise you post-operatively how long you will need to wear the sling for. The sling will then gradually be used less as the repair heals and the muscles regain their strength. A nurse or physiotherapist will show you how to take the sling on and off.

Do I need to do exercises?

Yes. You will be shown exercises by the physiotherapist. 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 outpatient physiotherapy appointments will be organised for you.

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.

What do I do about the wound?

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 GP practice, or 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.

When do I return to the outpatient clinic?

This is usually arranged for approximately 2-3 weeks after you are discharged from hospital to check on your progress. Please discuss any queries or worries you may have when you are at the clinic. Appointments are made after this as necessary.

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. Keep your arm in the sling, except when you are doing your exercises. 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 on, no movement of the shoulder except for exercises.

You will basically be one handed immediately after the operation. This will affect 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 (see guide to daily activities).

Stage 2: Regaining everyday movements

When advised by your team, you can gradually wean yourself out of the sling. 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.

General examples:

Work (light duties)	3-6 weeks
Work (manual work)	12-16 weeks
Swimming (breaststroke)	6-8 weeks
Swimming (freestyle)	12-16 weeks
Golf	12-16 weeks
Lifting	12-16 weeks

Gardening	12-16 weeks

Guide to daily activities

Immediately after surgery to 4 to 6 weeks:

Some difficulties are quite common, particularly in the early stages. 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 the orthopaedic team or GP.

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 the 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.

Contact

Wrightington Inpatient Physiotherapy Team: 01257 256307 (answer machine available)

Wrightington Outpatient Physiotherapy Team: 01257 256305

Ward One: 01257 256550

Further information

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

Acknowledgement

Professor Funk www.shoulderdoc.co.uk



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