

Shoulder Replacement

Trauma & Orthopaedic Department

Purpose of the leaflet

Before you agree to any treatment, it is advisable to obtain information about your condition. This means knowing what the problem is, the treatments that are available, the risks and also the benefits. It also helps to explain what happens in hospital and when you go home and the consequences of not having the treatment. This leaflet should help you make the decision alongside discussion with your doctor. Do mention any particular worries that you have and ask for more information at any time.

What is the problem?

You have a painful and stiff shoulder with evidence of arthritis, or wear and tear of the shoulder joint evident on X-ray and other investigations.

What is the shoulder joint?

Your shoulder is a ball and socket joint, which allows a large range of movement. The bone at the top of your arm (humerus) has a ball at the top which fits into the socket (glenoid), which is part of the shoulder blade (scapula).

The shoulder joint is surrounded by a group of muscles called the rotator cuff which attach on the shoulder blade around the ball and socket joint and are important for function.

What has gone wrong?

The most common cause for replacing the shoulder joint is arthritis (wear and tear), either osteoarthritis or rheumatoid arthritis.

The joint becomes painful and stiff, making it difficult to move and perform common activities of daily life, like dressing, lifting items onto shelves, brushing your hair.

Sometimes the rotator cuff muscles around the shoulder can also be worn and damaged.

Non-operative management:

Initially non-operative management is the main option to maintain muscle strength and function. It consists largely of a combination of pain relief medication, physiotherapy and steroid injections.

- **Physiotherapy** - aims to maximise the range of movement of the shoulder. If there is damage to the muscles that stabilise and move the shoulder joint, you will need to work on strengthening the muscles that can substitute the function

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

- **Injection** - You may be offered a steroid injection into the shoulder. It is usually a mixture of steroids (powerful anti-inflammatory) and local anaesthetic, which can help relieve the inflammation around the shoulder and provide some pain relief.

Like all procedures it carries a small risk. There is a very rare risk of infection or allergic reaction. Following an injection some patients may experience an ache in the shoulder for a few days. The steroid injection will not heal the arthritis and is likely to offer relief for a variable length of time depending on the patient.

What are the alternatives if I decided not to have surgery?

Your arthritis may continue to hurt and be stiff.

Arthritis is a progressive disease, but the symptoms and function may be maintained as much as possible by physiotherapy, pain relief and steroid injections.

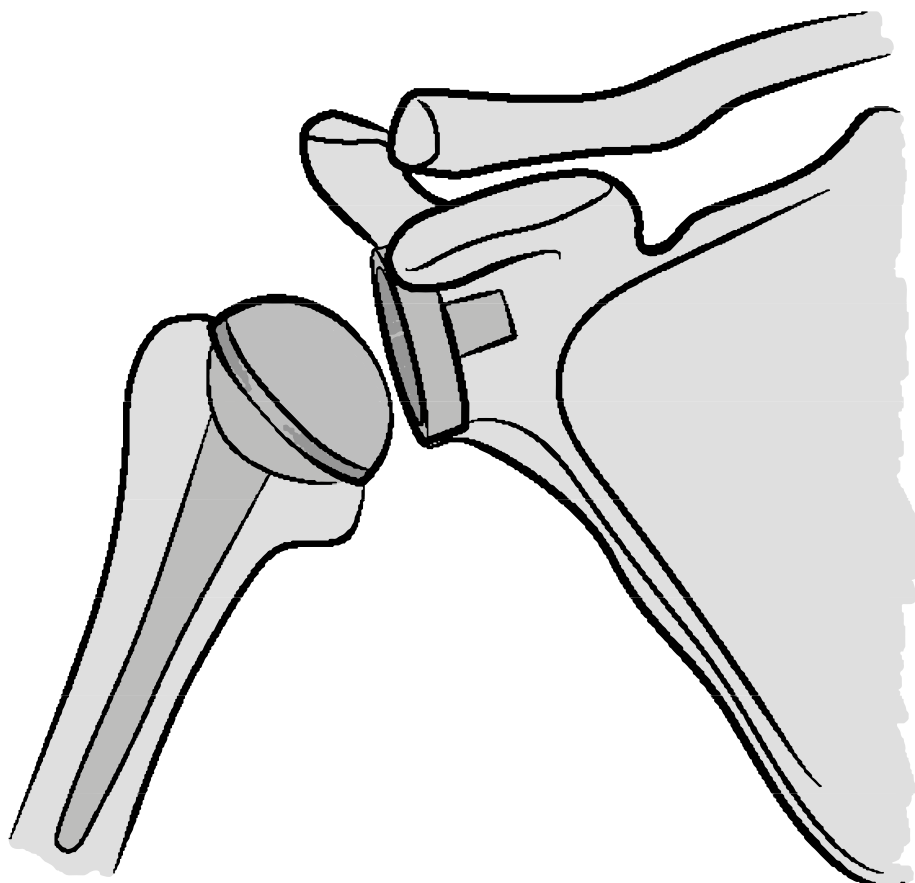
What is a shoulder replacement?

The operation replaces the damaged joint surfaces with a specially designed prosthesis. It is a procedure performed while you are asleep under general anaesthetic. The type of shoulder replacement you have will depend on whether the group of muscles encasing the shoulder (rotator cuff) is intact. Your doctor will discuss the type of shoulder replacement you will have with you.

Anatomical Total Shoulder Replacement

This replaces the ball and socket joint with an artificial prosthetic joint made from metal and plastic.

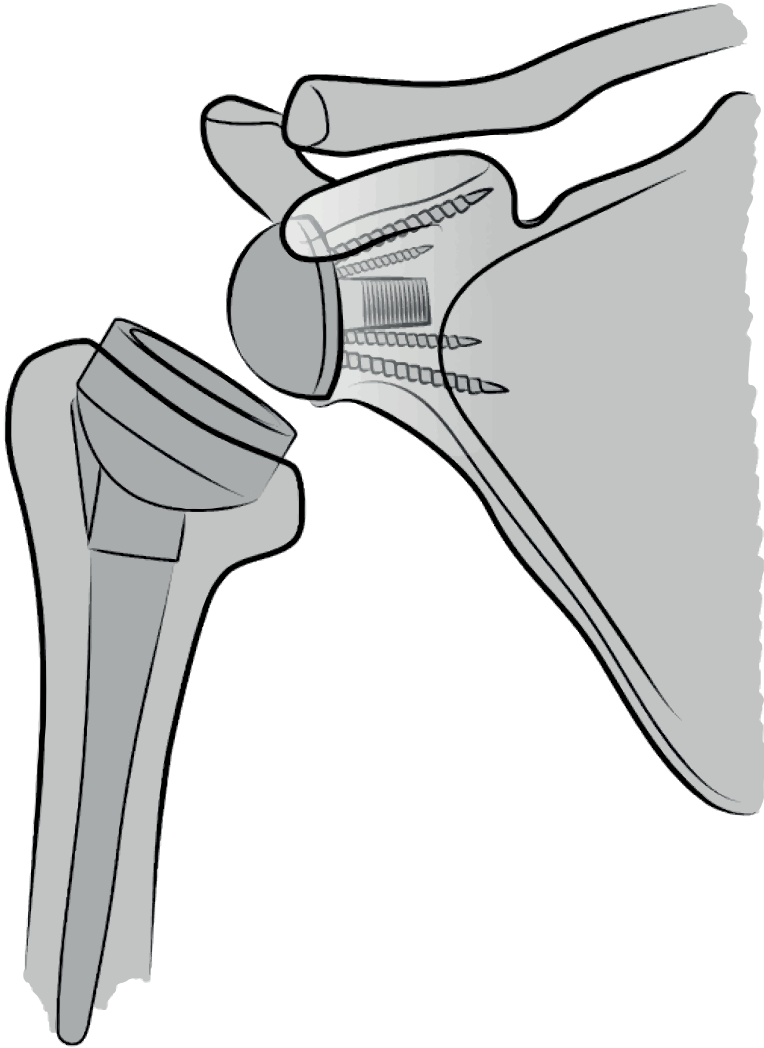
This type of shoulder replacement is for patients with intact rotator cuff muscles around the shoulder.



Reverse Total Shoulder Replacement

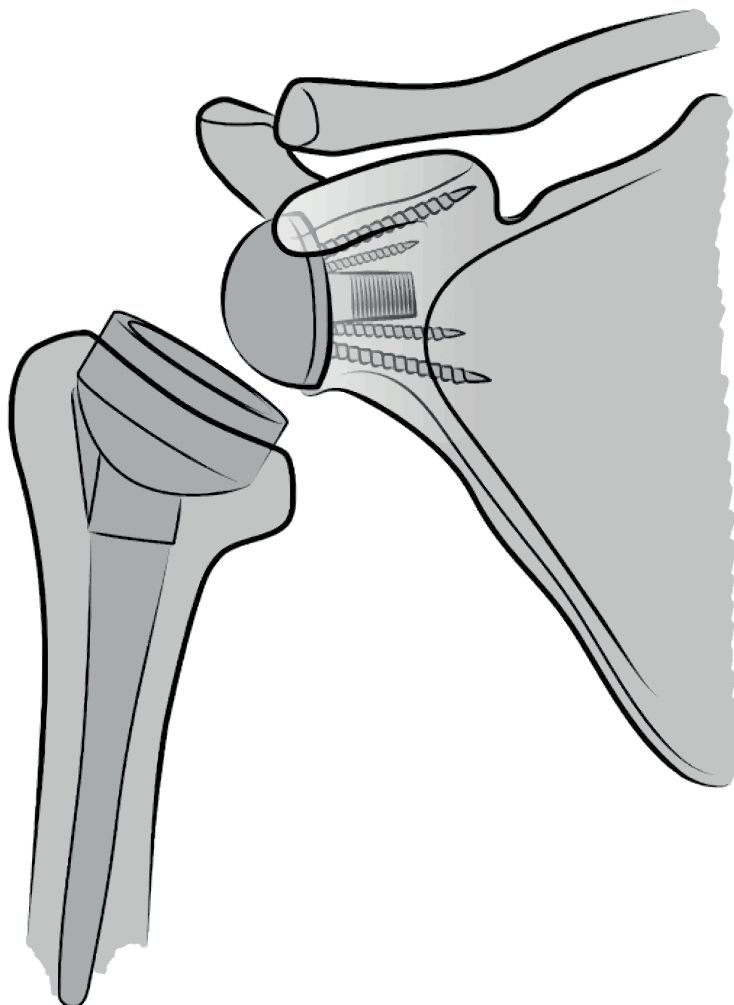
This type of shoulder replacement is for patients who have wear and tear of the joint, but also of the muscles and tendons of the rotator cuff.

In a reverse total shoulder replacement, the ball and socket are replaced but in reverse. The ball component is fitted to the socket side and the socket component is fitted to the ball side. This enables the large overlying muscle of the shoulder (deltoid) to compensate or take over the work of the absent rotator cuff muscles.



Resurfacing Hemi-arthroplasty (Half joint replacement)

In a Hemi-arthroplasty, only the ball part of the joint is replaced preserving the natural socket. The resurfacing type of replacement requires only the worn out cartilage to be removed and this is then replaced by a metal cap providing a smooth surface for the ball, whilst preserving the bone. This is usually done in patients with moderate arthritis, particularly in the younger age group.



What investigations are required prior to the shoulder replacement?

To assess the severity of damage to the joint surface you will have:

- X-rays of the shoulder
- A CT, MRI and / or Ultrasound scan of the shoulder joint, which may be required to assist in planning the surgery.

To assess general fitness for anaesthesia and surgery you will have:

- Blood tests
- ECG - Electrical record of your heart function
- Chest X-ray.

What are the benefits of surgery?

- Relieve pain
- Improve function.

All operations and anaesthetics have benefits and risks and your doctor will discuss these with you at the time of obtaining your consent.

What are the risks of surgery?

- **Extended rehabilitation** - following a shoulder replacement you will require an extended program of physiotherapy and exercises to improve your range of movement. Improvement can be expected up to 12 months following the surgery
- **Stiffness** - It is often not possible to get all of your range of motion back, but most patients do get a good functional range of motion (can touch top of head, behind back and other shoulder). A small group of patients still have some stiffness after surgery
- **Infection** - Infection around the prosthesis occurs in about one patient in every hundred, this is comparable to hip and knee replacements. It can occur immediately or after several months. To prevent infection, antibiotics are given before and after surgery. You may need antibiotics for an extended period and in some cases subsequent operation to clean the joint. A resistant infection may need removal of the prosthesis and reinsertion when the infection is completely under control. Infection prevention is taken very seriously in the hospital. All staff, patients and visitors are encouraged to wash their hands frequently. Hand wash gels are available on the wards for this purpose - please encourage anyone visiting your or staff making direct contact with you to gel their hands
- **Nerve damage and bleeding** - Nerves and blood vessels very close to the operation site can rarely be damaged during surgery
- **Fractures** - Rarely fractures can occur on the socket or the ball side of the joint before, during or after the implant is inserted. Occasionally, minor injuries can cause fractures even at a later date
- **Dislocation** - Dislocation is when the ball has come out of the socket. This can occur at an early stage or later stage after the operation and is usually due to an imbalance of muscle forces across the artificial joint and is uncommon
- **Loosening of the implant** - The implant used for the shoulder replacement can loosen or wear out over a period of time. This might require removal followed by putting in a new implant
- **Anaesthetic problems** - Any operation puts a strain on the heart, brain, lungs and immune system. A small number of patients can have a serious problem such as a heart attack, stroke or chest infection soon afterwards. This is more likely to happen if you already have a heart or lung problem. The anaesthetist will do a thorough assessment prior to the operation to assess the risk of surgery. The complications relating to anaesthetic such as sickness, nausea or rarely cardiac, respiratory or neurological problems are less than 1%
- **Blood clot or thrombosis** - There is a chance that you could develop a blood clot in one of the veins in your legs following the surgery. This is called a deep vein thrombosis. The clots in the legs cause pain and swelling. Rarely part of the clot may break off and travel to the lungs which can be fatal. To try and prevent these clots from developing, we administer a single dose of a blood thinning medication and apply pneumatic compression device on the calf. Following surgery you will be encouraged to exercise your calf pumps and start walking as soon as possible after the operation to help your circulation.

Consent

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and your individual circumstances. We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What happens during the operation?

- **Anaesthesia** - A general anaesthetic is given often along with anaesthetic to block the nerves through an injection around the nerves near the shoulder. This will help to reduce post-operative pain. You will be asleep during the operation. Antibiotics are given and dose of blood thinning medication to prevent clots is also given
- **Surgery** - Your shoulder joint is replaced through a cut over the front or side of your shoulder. The worn out joint surfaces are removed and the joint replacement parts are put in. The wound is closed with stitches or clips and a dressing is placed. The operation takes around 2 hours.

Will it be painful?

There will be some pain after the operation as expected following any surgery, this will be controlled by medication given on the ward and taken regularly for several days. Although the operation is to relieve pain, it may be several weeks until you begin to feel the benefit. You will be given painkillers to help reduce the discomfort whilst you are in hospital. And you will be given a continued prescription on discharge. Please contact your GP if you require further medication after that.

You will probably have some bruising around the shoulder/upper arm and it may spread down the whole arm. This will gradually decrease over a period of a few weeks to months. You may find ice-packs over the area helpful.

Do I need to wear a sling?

A sling is used after the surgery to support the arm and help to protect the shoulder joint. Depending on the type of shoulder replacement you have you may be required to stay in the sling for up to 6 weeks.

During this time in the sling you will be able to take the arm out of the sling to wash, dress and perform your physiotherapy as directed.

What exercises should I do?

- Before leaving the hospital a member of the physiotherapy team will explain what exercises you should do and how often to do them. Your exercise program will vary depending on the type of shoulder replacement you have
- You may be in a sling for up to six weeks after the shoulder replacement but you will be able to take the arm out of the sling to perform the exercises as directed
- An appointment will be arranged for you to attend the outpatient physiotherapy department.

How long will I be in the hospital for?

Most patients are discharged within 2-3 days. You will have blood tests and X-rays on the day after your operation.

You will see someone from the physiotherapy team prior to discharge.

A follow-up appointment will be arranged before you are discharged.

When do I return to the hospital?

A follow-up visit is generally around the two week mark following surgery. This is to assess the wound and remove the clips or stitches if necessary.

You will leave the clinic with a dressing for just an additional 48 hours. You can remove the dressing after this period and have a shower.

When can I use the bath or shower?

It is important that the wound is kept dry for the first two weeks after surgery.

It is advisable to have a 'strip wash' at the wash basin for the first two weeks.

A shower can be had two days after the clips come out and the final dressing is removed.

When should I contact the hospital?

You should contact the ward that you have been discharged from for advice, if you suddenly experience any of the following:

- Temperature higher than 38.5° Centigrade, sweating, shivering or chills
- Severe pain or tenderness
- Heavy bleeding from the wound
- Spreading redness around the wound
- Worsening stiffness
- Loss of mobility of the replaced joint with increased pain
- Feeling that the joint is out
- Pain, tenderness and excessive swelling of the calf of either leg - this would indicate a blood clot or thrombosis
- Any other problems or concerns you may have regarding the surgery.

Contact Details

New Cross Hospital
Main Hospital Switchboard
01902 307999

Waiting List Co-ordinator
01902 694092
Mon - Fri 9.00am - 4.30pm

Orthopaedic / Fracture Clinic
01902 695380
Mon - Fri 8.30am - 4.30pm

Pre-Admission Clinic
Mon- Fri 8.30am - 4.00pm
01902 695587

Ward A5
01902 695005

Ward A6
01902 695006

Beynon Short Stay Unit
01902 694049

Appleby Suite
01902 695588

Cannock Chase Hospital
Main Hospital Switchboard
01902 307999

Orthopaedic Pre-admission Clinic
01543 576589

Holly Bank Ward
01543 576742

Hilton Main Ward
01543 576580

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。