



Shoulder Replacement

Post operative Patient information

Why replace the joint

Common reasons for replacing the shoulder joint are for arthritis, either osteo-arthritis (wear and tear) or rheumatoid arthritis. It may also be necessary following a fracture or accidents. With arthritis the joint becomes painful and difficult to move. Sometimes the rotator cuff which control shoulder movements can also be torn or damaged.

What is replaced

The operation replaces the damaged joint surface. The replacement surgery can be performed either as metal replacement for the ball (hemiarthroplasty) or a replacement for the ball component and plastic cup for the socket (total shoulder replacement). Different surgeons have different views on either hemiarthroplasty or total shoulder replacement.

There are advantages and disadvantages of both operations and you need to discuss this in detail with your surgeon in the clinic, at the time of consenting.

In my practice, the type of replacement is dependent on the type and extent of damage to the socket.

The most commonly performed operation will be a hemiarthroplasty i.e. replacement of the ball component with the metal prosthesis.

This replacement is usually of a surface replacement type in which minimal bone is removed for the insertion of the metal component.

On the occasion, when the tendons of the rotator cuff have been irreparably torn, a different type of prosthesis is required. If you fall into this category then you are advised to speak to your surgeon at length regarding the type of replacement that will then be performed.

The main reason for doing the operation is to reduce the pain in your shoulder. You may also have more movement in your shoulder. This depends on how stiff the joint was before the operation and if the muscles around the shoulder are damaged and unable to work normally.

Are there any risks?

All operations involve an element of risk:

- a) Complications relating to the **anaesthetic** such as sickness, nausea or rarely cardiac, respiratory or neurological. (Less than 1-2% each, i.e. less than one person out of one hundred)
- b) **Infection** – this is usually a superficial wound problem. Occasionally deep infection may occur after the operation. (2-3%)
- c) Stiffness and/or **pain** around the shoulder area. (Up to 20%)
- d) Damage to the **nerves** and **blood vessels** around the shoulder. (less than 1%)
- e) Need to redo the surgery (**revision surgery**). (5–10% at 10 years)
- f) **Fractures and dislocation** are very rare. As with all joint replacements, the components can loosen. This is not normally a problem until several years after the operation.

Frequently asked questions

Do I need to wear a sling?

The sling is for comfort and to protect the shoulder after the operation. The therapists and nurses will show you how to use the sling. You will gradually wear the sling less over 4–6 weeks.

You should be also wear the sling at night (with the body strap), especially for the first 4 weeks after the surgery.

Is there any post operative pain?

Although the operation is to relieve pain, it may be several weeks until you begin to feel the benefit. You will be given pain-killers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital and when discharged home.

You will probably have some bruising around the shoulder/upper arm and the arm may be swollen. 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 piece of wet paper towel between your skin and the ice pack. Until it is healed, also use a plastic bag to protect the wound from getting wet. Leave on for 10–15 minutes and you can repeat this several times a day.

What do I do about the wound?

Keep the wound dry until it is healed. This is normally for 14 days. You can shower or wash when you have waterproof dressing on. However protect the wound with cling film or a plastic bag also. Avoid using deodorant, talcum powder or perfumes near or on the scar.

Do I need to do exercises?

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.

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.

Complying with the physiotherapy exercises are essential to gain the maximum benefit of the procedure.

When do I return to the clinic?

This is usually arranged for approximately two weeks after you are discharged from hospital, to check on your progress.

Are there things that I should avoid?

For the first 6 weeks

1. Avoid taking your arm out to the side and twisting it backwards. For example; when putting on a shirt or coat, put your operated arm in its sleeve first. Try not to reach up and behind you (e.g. seat belt in car). It is normally too painful/difficult to do! Do not force these movements for 3 months.
2. Avoid leaning with all your body weight on your arm with your hand behind you. For example leaning heavily on your arm to get out of a chair. The occupational therapist will show you ways of avoiding these movements and can give you aids and appliances if necessary.

Post operative progress

Immediately after the operation

You will start to move the shoulder with the help of the physiotherapist, but to begin with you will be quite one-handed. If your dominant hand is the side with the operation, then you will be needing significant help and support at home.

Activities that are affected include dressing, bathing, hair care, shopping and preparing meals. The occupational therapist will discuss ways and show you how to be as independent as possible during this time. Some common difficulties which are encountered with examples of practical solutions to help are listed in a section later in this booklet.

Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. Please discuss any worries with them. We may be able to organise or suggest ways of getting help for when you are home. This should be sorted at the pre-assessment clinic before your surgery.

Up to 4 weeks after the operation

The pain in your shoulder will gradually begin to reduce and you will become more confident. Wean yourself out of the sling after the first 4 weeks, using it only when you feel necessary.

Do not be frightened to try and use your arm at waist level for light tasks. 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.

Between 4 and 12 weeks

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. Overall, you will have an increasing ability to use your arm for daily tasks.

After 12 weeks

You can progress to more vigorous stretches if this is necessary for the activities that you want to do. If the muscles are weak because before the operation the shoulder pain stopped you being able to use them, you should find that you will regain the strength in them with regular exercise. Strength can continue to improve for many months, even up to a year or more. Even if the muscles will not work properly because of chronic wasting and damage, the pain in the shoulder joint should still be much

less than before your operation and often you can find small movements that enable you to do what you want 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?

You will probably be off work approximately 6–8 weeks, 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 to 6 months.

When can I drive?

It is normally about 6–8 weeks before you can do this safely. Make sure you can manage all the controls and it is advisable to start with short journeys. Check your insurance policy. You may need to inform the insurance company of your operation.

When can I participate in my leisure activities?

Your ability to start these activities will be dependent on pain, range of movement and the strength that you have in your shoulder following the operation.

General examples:

Swimming – after 6 weeks

Gardening (light tasks e.g. weeding) – after 6–8 weeks

(NB. Heavier tasks e.g. digging – do not do!)

Bowls - after 4–6 months

Golf, tennis, badminton or squash - after 6 months