

Patient information

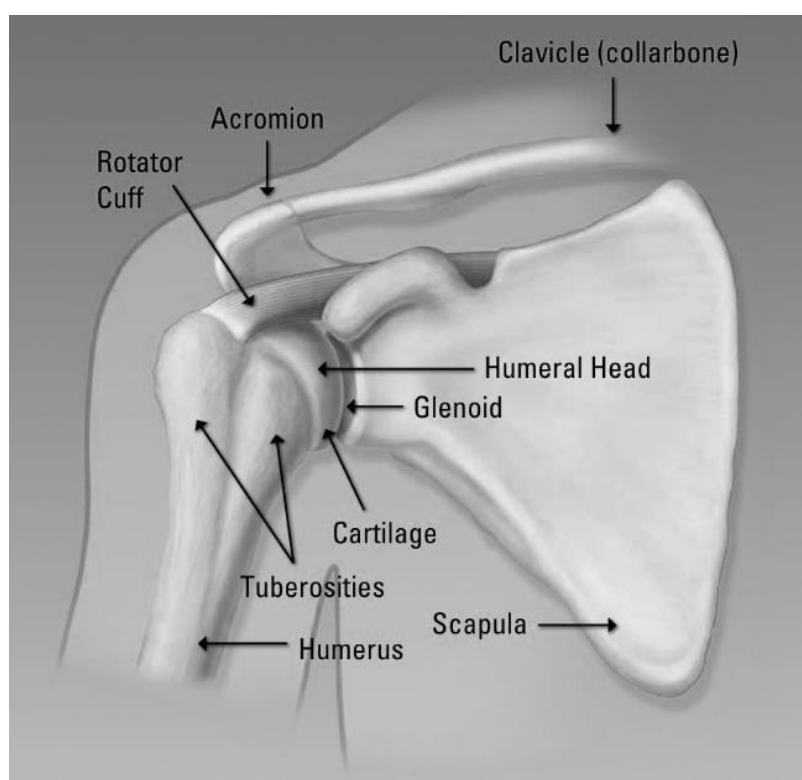
Total Shoulder Replacement

Therapies Department

You have been given this leaflet because your surgeon thinks that you will benefit from this operation. The aim of this operation is to reduce your pain and so improve your function.

What is a total shoulder replacement?

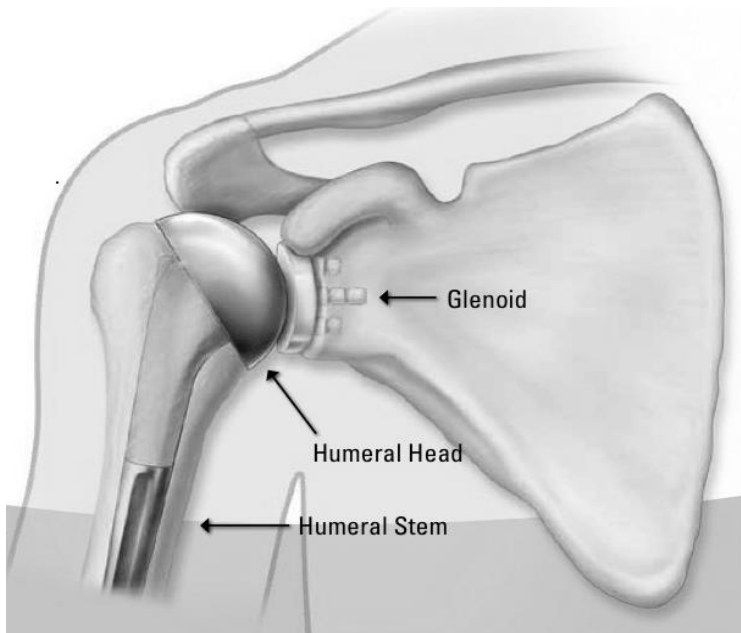
Healthy shoulder



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The shoulder joint is a ball and socket joint, the ball is at the top of the arm bone (humerus) and the socket is on the shoulder blade (scapula). A total shoulder replacement is an operation where the whole shoulder joint (the ball and the socket) is removed and replaced with a prosthetic implant.

A total shoulder replacement in situ



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Surgeons tend to choose this particular type of implant for people who have osteoarthritis ('wearing') in both sides of their shoulder joint, and rotator cuff muscles that are intact (muscles that hold the ball into the socket).

What are the benefits of surgery?

The main aim of a total shoulder replacement is to reduce pain and therefore to improve function (your daily activities that you may have difficulty with e.g., getting dressed).

What are the risks of having a total shoulder replacement?

All operations involve an element of risk, these are very small, but you need to be aware of them and can discuss them with your doctor at any time.

The risks are:

- Complications relating to the anaesthetic less than one percent.
- Infection less than two percent.
- Stiffness and or pain around the shoulder ten percent.
- Damage to nerves or blood vessels around the shoulder less than three percent.
- Tear of the rotator cuff muscles, in the long term.
- Failure of the prosthesis, in the long term.

If you suffer a sudden increase in pain, onset of pins and needles and/or numbness or start to feel unwell and hot you must be reviewed by either your consultant, GP or you must attend your local NHS walk-in centre at the earliest opportunity.

Alternatives

You are having this surgery because other treatment options such as physiotherapy has been unsuccessful.

What will happen if I decide not to have treatment?

If you decide not to proceed with surgery your symptoms may remain the same, or they may worsen in the future.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion, and pain. Complications are very rare but can cause lasting injury: they include awareness under anaesthesia, paralysis, and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team.

Getting ready for your operation

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, a chest X-ray, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have. You will be given instructions on eating and drinking.

You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 am and 4.30 pm Monday to Friday. Therefore, if you are discharged outside these times, we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercings at home. Acrylic nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat. The ward nurse will then leave you and you will then be taken to the anaesthetic room.

What should I expect immediately after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain, you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going home

You will usually be kept in hospital overnight or for a couple of days.

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation.

Your shoulder is likely to be uncomfortable in the first few days post - surgery. This is normal.

You may not feel there is a significant improvement in your pre-operative pain until a few weeks after surgery.

There will be some limitations to the movements you are allowed to do with your shoulder for the first six weeks, whilst the soft tissues heal. This will be discussed during your pre-operative physiotherapy appointment and will be reiterated during subsequent physiotherapy sessions.

Discharge information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your wound

Your wound must remain covered with dressings for the first 10-14 days after your operation. You shouldn't have any sutures (stitches) in that need removing; rarely an internal suture may need trimming - this can be done during your outpatient appointment. If you have any concerns with your wounds, please discuss with your physiotherapist or GP/practice nurse.

Getting back to normal – how you can help yourself to recover.

Your shoulder is likely to be uncomfortable in the first few days post-surgery. This is normal but can be helped by:

Using ice on your shoulder for 15 minutes, twice a day or after exercise and therapy. Gel packs, frozen peas or a plastic pack of ice can be used. These must be wrapped in a damp towel as direct contact with the skin can cause burns (cover your dressings with cling film or a plastic bag to prevent them getting wet).

Sleeping can be uncomfortable if you try and lie on your operated arm. We would recommend that initially you lie on your back or on the opposite side.

If you are on your side, then a folded pillow supports your operated arm from your elbow to your wrist.

In the first few days after surgery, you will find it helps to support your arm on pillows with your elbow in front of your shoulder and slightly out to the side when you are sitting down (see picture).



Posture can make an important difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in a raised position. Also try to avoid slumping or standing/sitting with round shoulders.

Good posture



Poor posture



The best pain relief is usually achieved within six months after surgery (in up to ninety percent of patients according to the research) however there can be continued improvement for up to one year.

How long do I need to wear the sling?

Your sling is for comfort and to protect the muscle repair that is done in the operation. You can remove the sling for showering (make sure you cover the wound for the first five to seven days after your operation to avoid getting it wet) and to do the exercises shown to you by the physiotherapist.

You will need to wear the sling for three to six weeks. Your physiotherapist will advise you regarding weaning off of the sling when it is appropriate to do so. You should wear the sling at night for at least six weeks.

How long will it take me to recover?

Patients having this procedure will usually regain functional range of movement by 12 to 16 weeks.

What is the long-term prognosis?

You will continue to improve up to two years following the operation, but from six months these improvements are usually much slower. Everybody is individual and makes progress at slightly different rates, but overall, more than eighty five percent of patients get a satisfactory result in the first six months.

Returning to work

Return to work is dependent on the nature of your work and how quickly your pain settles.

The following are guidelines only:

- Sedentary work - after six weeks.
- Light manual work - after 12 weeks.
- Heavy manual work - should be avoided altogether.

This must be discussed with your surgeon or physiotherapist as it will depend on your range of movement and muscle control.

In the long term you must continue to avoid heavy lifting and weight bearing through your arm.

Driving and leisure activities

You can usually begin driving six weeks after your operation if you feel comfortable. We suggest that you check that you can safely do a three-point turn and an emergency stop before you return to driving. However, it is essential that you discuss this with your surgeon or physiotherapist and inform your insurance company that you have had shoulder surgery.

Your return to your sport or leisure activities should be discussed on an individual basis with your surgeon or physiotherapist. You should not return to any type of contact sport for at least three months.

Further appointments - when will I go back to see the doctor?

You will be reviewed in the consultant's clinic approximately two weeks following your surgery. After this initial appointment the frequency of your follow up appointments will vary. In the long term you will be reviewed on a yearly basis by a specialist physiotherapist on behalf of your consultant. You will be asked to complete some questionnaires at each follow-up appointment. This will help us to track your progress.

Physiotherapy appointments – how often will I have to attend?

It is essential to your recovery to attend physiotherapy as recommended. You have an important part to play in your own recovery and therefore will be expected to follow your home exercise programme as instructed.

Further information

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