

Shoulder replacement

The aim of this leaflet is to help answer some of the questions you may have about shoulder resurfacing. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to your doctor.

What is a shoulder replacement?

Your shoulder is a ball and socket-type joint made up of two main parts: the humerus (arm bone, which is the ball) and glenoid (socket). This is known as the gleno-humeral joint. When arthritis affects the shoulder, it can cause the lining of these joint surfaces to wear, causing pain and stiffness.



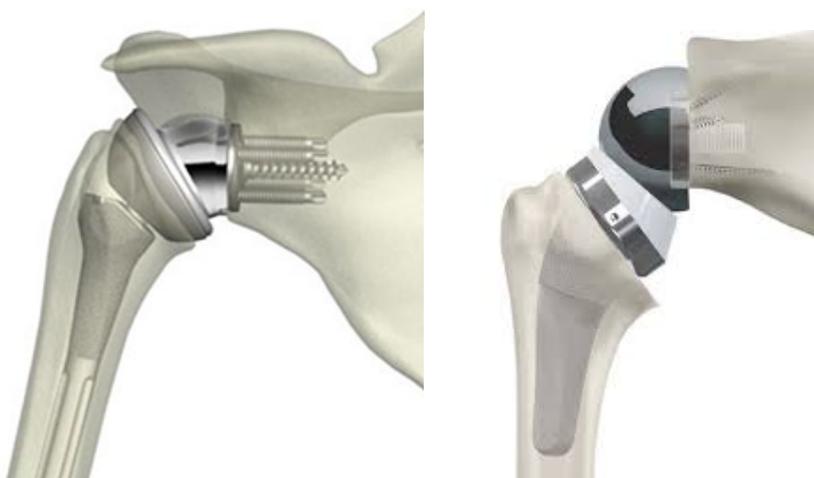
During a shoulder replacement, the joint surfaces are replaced.

- In Total Anatomic Shoulder Replacement, the head of humerus is

replaced with an artificial metal head and the glenoid with a plastic surface. The replacement can have a long stem, short stem or be stemless.



- In Reverse Shoulder Replacement again both surfaces are replaced but the relationship between the ball and the socket are reversed (the ball becomes the socket and the socket becomes the ball). The prosthesis can again have a long or short stem.



- In a Shoulder Resurfacing the head of the humerus is replaced with a metal surface.



What are benefits – why should I have a shoulder replacement?

Replacing the worn surfaces with a replacement surface (prosthesis) will reduce the amount of pain and increase the range of movement available from your shoulder joint. This should result in you being able to move your arm more comfortably to do the activities of daily living.

What are the possible risks and complications?

In general, the risks of any operation relate to the anaesthesia and the procedure itself. In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you.

Shoulder Replacement is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- **infection:** this is a very serious complication and therefore significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it. If an infection develops, the implanted joint may need to be removed to get rid of the infection
- **nerve/vessel injury**
- **bleeding:** rarely you may require a blood transfusion
- **stiffness** (reduced movement)

- **dislocation** (ball coming out of the socket)
- **fracture** of the bone supporting the prosthesis
- **loosening of the prosthesis** (failure at the connection between the artificial surfaces and the bone)
- **thrombosis/blood clot**
- **revision** (reoperation)

The overall complication rate is about 5%-30%.

Are there any alternatives?

You may have undergone a regime of conservative measures such as painkillers, injections, exercise and physiotherapy to help improve your pain and function. This surgery is recommended for people with shoulder arthritis mainly affecting the shoulder joint when other alternative treatments have failed and is the best surgical option.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

What happens during the operation?

On your day of admission, you will be seen by your consultant who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

The surgery involves an incision (cut) at the front of the shoulder. The head of the humerus (arm bone) is replaced with a metal component

and the glenoid (socket) is replaced with a plastic surface. This aims to replace the worn cartilage and improve the patients' symptoms. The operation takes about two hours. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help reduce this pain. It may take several months for the pain to fully settle but long-term your level of pain should be significantly reduced from before your operation.

What happens after the procedure?

Following the operation, you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to an orthopaedic ward. You will probably stay in hospital for about one to two days following your operation to start your rehabilitation and recover from the surgery.

You will be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery and organise your outpatient physiotherapy follow up.

What do I need to do after I go home?

Your arm will be resting in a sling for two to six weeks. You will not be able to fully use your arm for all activities of daily living during this period but the therapists will advise and guide you on what you can and cannot do. Wear your sling for rest and support, but remove it to complete your

exercises throughout the day. Your rehabilitation will continue with physiotherapy at your hospital, or closer to your home at your convenience.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss with you the management of your painkillers before you go home.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your consultant for advice and pain management.

Depending on the nature of your employment, you may be signed off from working for six weeks.

What should I do if I have a problem?

Please contact your consultant, or attend your local A&E department out of hours, if you have any urgent medical concerns or you experience any of the following:

- increasing pain
- increasing redness, swelling or oozing around the wound site
- fever (temperature higher than 37.5°C).

Will I have a follow-up appointment?

Two weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

If you have any concerns about your operation, please contact your consultant's secretary.