Shoulder replacement surgery
About Your Shoulder replacement operation

This leaflet aims to help you 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 North Bristol 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 for arthritis, either osteoarthritis (wear and tear) or rheumatoid arthritis. It may also be necessary following a fracture or bad accident. With either form of arthritis the joint becomes painful and difficult to move. Sometimes the deep layer of muscles (the ‘rotator cuff’) which control shoulder movements can also be worn or damaged.
Shoulder replacement

The operation replaces the damaged joint surfaces with a replacement joint (prosthesis). It may consist of a metal component for the ball and a plastic cup for the socket component.

The main reason for performing the operation is to reduce the pain in your shoulder. Ultimately, 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. When you have the operation, the doctors will be able to see if there is significant damage to the muscles. From this information we can give you a realistic idea of what movement to expect.
What are the risks?

All operations involve an element of risk. Risks for shoulder replacement surgery include:

- Minor complications relating to the **anaesthetic** such as sickness and nausea are relatively common. Cardiac, respiratory or neurological problems are much rarer. (Less than 1 person in 1,000).

- **Infection** – this is usually a superficial wound problem. Occasionally deep infection may occur after the operation. (Less than 1 in 100.)

- Unwanted **stiffness** and/or **pain** in (and around) the shoulder. (Up to 20 in 100).

- Damage to the **nerves** and **blood vessels** around the shoulder. (Less than 1 in 100).

- Need to **redo the surgery**. (5-10 in 100 at 10 years).

Dislocation is very rare. As with all joint replacements, the components can loosen. This is not normally a problem until several years after the operation.

**Please discuss these issues with the doctors if you would like further information.**
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 to begin with, to keep the pain under control. You will be given painkillers (either as 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 regular pain relief, this will enable to you to move the shoulder joint and begin the exercises you will be given by the physiotherapist. If you require further medication after these are finished, please visit your General Practitioner (GP).

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 (CPS, 1998). Use a waterproof dressing until the wound is healed, to prevent it getting wet. Leave the ice pack on for up to 20 minutes and you can repeat this several times a day.

Bruising

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.
Do I need to wear a sling?
Yes, your arm will be in a sling initially; 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.

You may find your armpit becomes uncomfortable whilst you are wearing the sling for long periods of time. Try using a dry pad or cloth to absorb the moisture.

What position should I sleep in?
If you are lying on your back to sleep, you may find placing a small towel or pillow under your upper arm/elbow can make it more comfortable.

You may find it helpful to wear the sling at night (with or without the body strap), particularly if you tend to lie on your side. Alternatively, you can use pillows in front of you on which to rest your arm. (see diagram)
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 stop your shoulder getting stiff and 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 showerproof dressing on when you are discharged. You may need to have the wound and dressing checked at your GP practice the day after your discharge, the nurses will discuss this with you if it is necessary. You may wash with the dressing in place, but do not shower or bath until you are able to remove the sling. Pat the area dry, do not rub. You can use icepacks while the dressing is in place, but cover the stitches / clips will need to be removed at your GP practice. 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 6 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?

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 a 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 (OT) will show you ways of avoiding these movements and can give you equipment if necessary. See ‘guide to daily activities’ in this booklet.

When your physiotherapist advises you that you can remove the sling during the day time, do not be frightened to start moving the arm as much as you can. Gradually, the movements will become less painful.
How I am likely to progress?

This 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 and you may need 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.

Before you are discharged from hospital, the staff will help you plan how you will manage when you leave. If you are having particular problems with aspects of self-care, an occupational therapist (OT) can suggest ways that can help. You will be referred for outpatient physiotherapy at your local physiotherapy department.

**Stage 2. Regaining everyday movements**

When advised by your physiotherapist or consultant 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 damaged 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 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. It is your responsibility to ensure this and to inform your insurance company about your surgery.

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 3-6 months. Please discuss any queries with the therapists or hospital doctor.
Guide to daily activities

Some difficulties are quite common, particularly in the early stages. The OT will help you to be as independent as possible during your rehabilitation. Everyone is different, so your individual needs will be assessed. We appreciate that you may have been having many of these problems before your operation. Please discuss your difficulties with the OT.

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.

1. **Getting on and off seats.** Raising the height can help. E.g. extra cushion.

2. **Hair care and washing yourself.** Long handled brushes and sponges can help to stop you twisting your arm out to the side.

3. **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.

4. **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.

5. **Household tasks/cooking.** Light tasks can be started once your arm is out of the sling.
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. Please discuss activities you may wish to do with the therapists or hospital doctor. Start with short sessions, involving little effort and gradually increase.

General examples:

**Swimming**
- Breast stroke 6 weeks
- Freestyle 12 weeks

**Gardening (light tasks e.g. weeding)** 6-8 weeks
(Do **not** undertake heavier task e.g. digging for 3-6 months!)

**Bowls** 3-6 months

**Golf, tennis, badminton or squash** 3-6 months
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.

Certain exercises may be changed or added for your particular shoulder.

**Do short, frequent sessions** (e.g. 5-10 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 3-4 weeks you can increase the length of time exercising.

Get into a habit of doing them.
References and Further Information

Guidelines for the management of soft tissue (musculoskeletal) injury with Protection, Rest, Ice, Compression and Elevation (PRICE) during the first 72 hours. ACPSM, CSP 1998.

Royal College of Anaesthetists Jan 2006. Patient information section www.rcoa.ac.uk.

www.theupperlimb.co.uk
www.Shoulderdoc.co.uk
www.noc.nhs.uk/shoulderandelbow

This is based upon information originally produced by Jane Moser (Clinical Physiotherapy Specialist) and Professor Andrew Carr (Consultant Orthopaedic Surgeon) for The Nuffield Orthopaedic Centre, Oxford.

Help and feedback was given from people who have had shoulder replacement surgery.
NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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