



information

Shoulder Replacement and **Reverse Shoulder Replacement** and **Shoulder Resurfacing**

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email patient.information@salisbury.nhs.uk if you would like a reference list.

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Salisbury NHS Foundation Trust

Useful organisations

British Red Cross

☎ 01722 417738

www.redcross.org.uk

Age UK

☎ 01722 335425

Email: enquiries@ageuksd.org.uk

www.ageuk.org.uk

Wiltshire Farm Foods

☎ 0800 773 773

www.wiltshirefarmfoods.com

Salisbury Shopmobility

☎ 01722 3328068 or email shopmobility@wiltshire.gov.uk

www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/shopmobility.htm

Information about anaesthetics

For more information about anaesthetics see the Royal College of Anaesthetists website at:

www.rcoa.ac.uk/patients-and-relatives

Information about joint replacement statistics

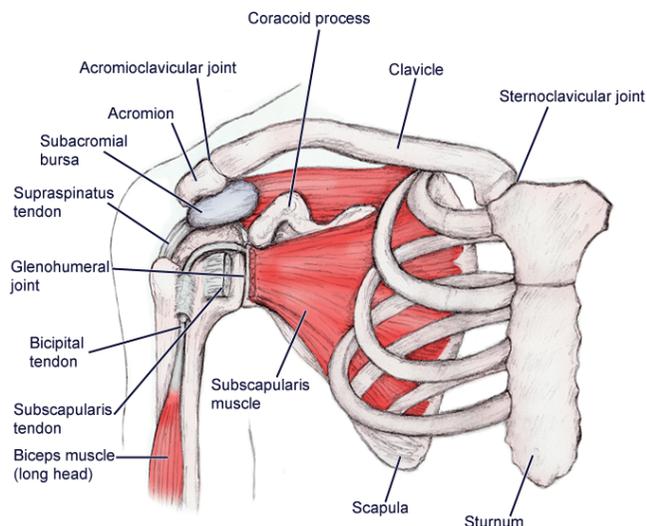
www.njrcentre.org.uk

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This booklet tells you about Shoulder Resurfacing and Shoulder Replacement surgery. It is for people who have decided to have the surgery after discussing the options, benefits and possible risks with their consultant. Please keep this booklet for reference before, during and after your operation.

Anatomy of the shoulder

Your shoulder is made up of 3 bones; the arm bone (humerus), the shoulder blade (scapula) and your collar bone (clavicle). The shoulder is a ball and socket joint. The ball of your humerus fits into the socket of the scapula called the glenoid.



The surfaces of the bone where they touch (articulate) are covered with cartilage; which protects the bones and allows them to move easily. In a healthy shoulder there is a small amount of fluid that lubricates the cartilage and reduces friction within the shoulder.

The muscles and tendons that surround the shoulder provide stability and support to the joint.

The shoulder joint has a greater range of movement than any other joint in the body.

Driving

Do not drive until at least 6 weeks after your operation. Your consultant outpatient appointment will usually be about 6 weeks after your operation. You can ask your surgeon at this appointment when you will be able to drive again, or speak to your physiotherapist.

Before you drive again tell your insurance company about your operation. This should not change your premium.

Conclusion

A shoulder resurfacing or replacement is a major operation and it will take several months before you feel 'normal' again. Allow plenty of time to do things gently.

This leaflet should have provided you with some useful information to help you prepare for managing at home after your shoulder surgery.

Questions?

If you have further questions about managing after your operation please contact the Orthopaedic Therapy Team, or if you have questions about the operation please ask your consultant. Use the space at the end of this booklet to make a note of any questions you want to ask.

Phase four - active movements

Six weeks after your operation you will be shown further exercises by your physiotherapist to increase your range of movements.

Resuming normal activities

When you can return to your normal activities depends on your symptoms. Most people find they are comfortable by 3 months after their surgery, but that they continue to improve for up to a year afterwards.

It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain, do the exercise or activity less forcefully, or less often and discuss any problems with your physiotherapist.

Light activities such as sewing, knitting and computer work are best avoided until 6 weeks after your operation. Please see 'Protecting your new shoulder'

Avoid taking your arm out to the side and twisting it backwards.

Avoid leaning with all your body weight on your arm with your hand behind you.

Tasks such as ironing should be avoided for the 6 weeks, and following this only for short periods of time, such as 15 minutes in any one session.

You can swim after six weeks, avoid front crawl initially.

Heavier work above shoulder level and tasks such as mowing the lawn should be avoided until at least 12 weeks after the operation.

There are many reasons why your shoulder joint needs resurfacing or replacing:

- wear and tear on the surface of the joint, such as osteoarthritis or rheumatoid arthritis.
- trauma.

There are several reasons why it may be recommended that you have shoulder replacement or resurfacing. People who benefit from surgery often have:

- severe shoulder pain that interferes with everyday activities, such as reaching into a cabinet, dressing, toileting and washing.
- severe pain while resting. This pain may be severe enough to prevent a good night's sleep.
- loss of motion and/or weakness in the shoulder.
- failure to substantially improve with other treatments such as anti-inflammatory medications, cortisone injections or physiotherapy.

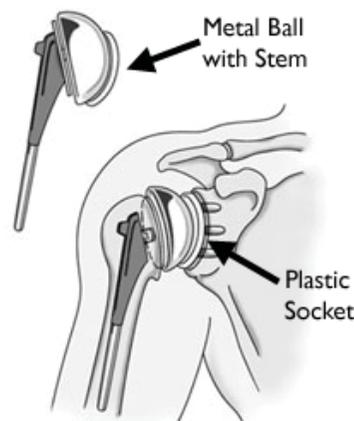
In shoulder replacement surgery, the damaged parts of the shoulder are removed and replaced. The treatment options are either replacement or resurfacing of just the head of the humerus (ball), or replacement of both the humerus and glenoid (socket).

Types of shoulder replacement

There are many different types of replacement to choose from and you and your surgeon will discuss these and select the best one to suit your needs.

Total shoulder replacement

A total shoulder replacement involves replacing the damaged joint surfaces with a highly polished metal ball attached to a stem and a plastic socket.



Stemmed hemiarthroplasty (half shoulder replacement)



Depending on the condition of your shoulder, your surgeon may replace only the ball. This procedure is called a hemiarthroplasty. In a traditional hemiarthroplasty, the head of the humerus is replaced with a metal ball and stem, similar to the component used in a total shoulder replacement. This is called a stemmed hemiarthroplasty.

This operation is done for:

- trauma
- arthritis with a healthy socket
- arthritis due to torn tendons.

Move within your pain limitations, and as you become more comfortable, make the movements bigger.

Complete 10 times forwards and backwards.

Complete 10 times side to side

Complete 10 times in a circle.

Once you have completed these movements, bend your elbow and put your sling back on.

Two weeks after your operation, you will be seen by the outpatient physiotherapists who will show you the next stage of exercises.

Phase two - passive range of movement exercises:

Do not start these exercises until you have been seen by your outpatient physiotherapist.

Using your 'good arm' to take the weight, move the operated arm.



- Take your hand away from you body so that your fingers are pointing forward, rotating at the shoulder (external rotation). Do take your fingers beyond this point.
- lift the operated arm no further than shoulder level (forward flexion to 90 degrees).

Phase three - active assisted range of movement

Four weeks after your operation, you will progress to active assisted exercises, do not start these until shown by your physiotherapist.

Phase three involves the same movements as phase two, with the operated arm taking part in the movement. Again, the movements should remain below shoulder height.

Exercises

It is important to maintain the movements at other joints that may become stiff during your time in the sling.



Gentle active movements of your neck prevent stiffness when using the sling.

When you remove the sling to do your shoulder exercises, bend and straighten your elbow 10 times to prevent stiffness.



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While you are wearing your sling, move your wrist up and down.

Keep your fingers moving, practice touching each finger to your thumb.



Shoulder exercises - phase one

The first 6 weeks after your operation are quite restrictive with regards to what you are and are not allowed to do. This is designed to allow the muscles that are affected during the operation to heal. Please see 'Protecting your new shoulder'

For the first two weeks after your operation, you need to complete these pendular exercises with your shoulder.

Do the exercises 3-4 times a day; first thing in the morning, before lunch, before your evening meal and before you go to bed.

With your un-operated arm supporting you on a table or the back of a chair, lean forward and allow your operated arm to hang.

Move your arm forwards and backwards; side to side and then round in small circles.



Stemless shoulder hemiarthroplasty

The stemless shoulder prosthesis is a new concept in shoulder arthroplasty, introduced as a new modern shoulder replacement system that was designed to reduce the potential risks associated with using a stemmed humeral implant.



However, we do not know of its effectiveness in the long term.

Shoulder resurfacing

A shoulder resurfacing involves replacing the joint surface of the humeral head with a cap-like prosthesis without a stem.



Reverse shoulder replacement



There are many different types of replacement to choose from and you and your surgeon will discuss these and select the best one to suit your needs.

Reverse total shoulder replacement is used for people who have arthritis along with severe tendon tears.

For these people a conventional total shoulder replacement can still leave them with pain. They may also be unable to lift their arm up past a 90-degree angle, which can be severely debilitating.

In reverse total shoulder replacement, the socket and metal ball are switched. This means a metal ball is attached to the shoulder bone and a plastic socket is attached to the upper arm bone. This allows the patient to use the larger deltoid muscle instead of the damaged rotator cuff to lift the arm.

In some instances reverse shoulder replacements require a longer period of protection in a sling. If this is the case this will be discussed with you after the operation.

What happens if I decide not to have an operation?

The decision to have or not to have the operation is yours. If the joint is not replaced or resurfaced your condition can become worse. You may have more pain and less movement. Alternative treatments such as pain killers and physiotherapy can help, but these treatments will not stop your condition from worsening.

If you decide that you do not want this operation and would like more information about any other treatments that may be available, please ask your GP to help you.

Remember you can change your mind at any time and that you have the right to seek a second opinion.

Registrars and doctors-in-training may be involved in your operation. They may carry out part of, or all of your operation, but will be supervised by the consultant in charge of your care.

Students of all professions may be involved in your care. Please speak to a senior member of staff if you do not wish a student to be a part of your care.

Risks and complications

Pain

This operation is done to lessen or relieve your long-term pain. It is common to experience pain after the operation. If you are in pain tell staff so that medicines can be given to help with this. Pain management is an important part of your recovery. Physiotherapy will begin the day after your surgery, it is important that you are able to start early gentle movements with your shoulder.

Getting dressed

When getting dressed, put your operated arm in first. Clothing that does up at the front such as shirts and cardigans are best. Bras can be worn, but you will need help to reach rear-fastening bras. Clothes that zip up, such as coats and cardigans, are almost impossible to do up so try to avoid these.

To get undressed you must use the reverse – that is, take your un-operated arm out first then slide the garment off your operated arm as it hangs to your side. Do not move your operated shoulder or arm to help take the garment off. Your un-operated arm should do all the work.

Toileting

Tear off the toilet paper before you sit down. Ladies may find it easier to wear dresses or skirts. Gentlemen may find elasticated trousers easier than managing buttons or zips.

Cleaning teeth

Putting toothpaste on a brush one-handed can be difficult. Try positioning the toothbrush on its back on the sink with bristles facing up. If it will not stay face-up secure it with a piece of blutack or grip the brush between your knees. Use your un-operated hand to squeeze toothpaste onto the brush.

Sleeping position

You will probably find it more comfortable to sleep on your back at first. Support your operated arm with pillows as you find comfortable. If sleeping on your side, ensure you fully support your operated arm. Do not sleep on the side of your operation.

Sling

You will be given a 'Polysling' to wear to support your operated arm. This must be worn at all times, unless you are doing your exercises or getting washed and dressed. Your physiotherapist will show you how to take the sling off and put it back on.



Washing and dressing

The same precautions apply to your movements when getting washed and dressed. Bring loose fitting clothing that allows you to put your operated arm in first to maintain your precautions and then put the un-operated arm in.

Your sling can be removed to allow washing underneath your armpit. Lean forward and allow your operated arm to 'hang'. Do not attempt to lift your arm away from body against gravity. This should open up a gap under your arm. You can then wash your armpit with a flannel, sponge or wet wipe.

It is important that your wound and dressing remain dry until the wound is completely healed, usually around 2 weeks.

You can use a shower but you may find it easier to sit at your sink at first, using a high chair (such as a dining chair or plastic-moulded garden chair). Your wound will be covered with a shower proof dressing. **Do not** run the shower directly over the dressing.

Getting in and out of the bath is difficult and it is better to strip wash at first.

It is important to have a slip-resistant mat in your bath or shower.

If you experience any lasting pain, please inform your surgeon or talk to your GP.

Loosening

Parts of the replacement or resurfacing can loosen over time. It may mean having another operation.

Fracture (break or crack)

If you fall or have an accident at any time after you have had a shoulder replacement or resurfacing, you could fracture the bone around the new joint. This is usually painful and you will be unable to lift or move your arm. You may need an operation to fix it.

Fracture can occur during the operation. This may need to be fixed, either at the time or at a later date.

Nerve injury

Nerves around the shoulder joint may be damaged during surgery, although this type of injury is rare. This can cause reduced or altered sensation in the fingers and hand. Over time these nerve injuries will usually improve and may completely recover.

Dislocation

Dislocation can result from improper positioning of the implant parts or from injury to your arm.

Revision surgery

Excessive wear, loosening or dislocation may require additional surgery to replace part or all of the prosthesis.

General risks of the operation

All operations carry a number of risks.

Infection

In a shoulder joint replacement or resurfacing, infection may occur in the wound or deep around the prosthesis. This occurs in less than 2% (2 in 100) of patients. When infection occurs after total shoulder replacement, it is most commonly caused by bacteria that enter the bloodstream during dental procedures or from urinary tract, skin, or fingernail infections. Although uncommon, when these complications occur they can delay full recovery.

The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics but sometimes may require an operation to washout the joint. Major or deep infections may mean the prosthesis needs to be removed and replaced at a later date.

Blood clots – DVT (deep vein thrombosis)

A DVT is a blood clot in a vein. It can happen, especially after bone surgery, because of the body's response to the surgery and because the operated arm is less mobile.

Planning for your operation

You need to be as healthy as possible before your operation to help with a quick recovery:

- try to give up smoking completely as smoking delays wound healing.
- cut down on the amount of alcohol you drink. Please let us know if you have a problem or if you need some help with this.
- eat a well balanced diet. This will help improve your skin

Food and drink

After your operation you should be able to eat and drink normally. You may feel a little sick. The nurses can give you medication to help with this. It is important to drink plenty of fluids, this will help with your circulation and kidney function.

X-ray

Before you go home you will have an X-ray to check your shoulder.

Blood test

You may have one or more blood tests after your operation to make sure you are not anaemic and that your vital organs are functioning well.

Protecting your new shoulder

It is important that you protect your shoulder in the early stages of recovery by following the instructions given to you by the physiotherapist on the ward.

- your sling must be worn at all times for the first 6 weeks, unless you are getting washed and dressed or doing your exercises.
- only do the exercises shown to you by your physiotherapist
- keep your arm by your side, unless doing your exercises. Do not try to lift or rotate your arm away from your body
- do not push or pull with your operated arm.
- do not lift heavy weights with your operated arm – a glass of water is the maximum.

The operation

You will be told when to stop eating and drinking.

You will see an anaesthetist and the surgeon before you go to theatre. The arm that is being operated on will be marked with a marker pen.

The operation can take 1 to 2 hours. It is done under general anaesthetic (you will be asleep) but you may also be given a nerve block to numb the operated arm.

After your operation

You will wake up in the Recovery Room, and will be nursed on a one to one basis until the doctors and nurses are happy that you are ready to return to the ward.

Your arm will be in a sling when you wake up.

Wound site

Your wound will be down the outside of your shoulder.

The area around your shoulder will feel sore and bruised. You will need to ensure that the arm is well supported in the sling. The nursing staff will give you pain killers.

Swelling

It is quite common for the whole of the operated arm to become bruised and swollen. It is important to keep your fingers moving and elevated in your sling. Remove any rings you may wear on that hand before the operation to prevent any problems.

The swelling can vary from day to day, but will gradually improve. Any remaining pain, swelling or bruising should go away over the next few weeks.

condition and help wound healing.

- make sure your skin is unbroken and free from sore and open areas. This will reduce the possibility of infection both before and after your operation. An infection anywhere in your body will stop you from having your operation.
- make sure your teeth are in good condition. A tooth infection could cause bacteria to enter your blood stream and infect your new shoulder joint.
- do not apply any skin preparation (such as body lotion) on the day of surgery.

Home and help

It is important that you plan now for after your operation. Making simple changes in your home before surgery can make your recovery period easier.

- it would be good if you could have someone with you, or stay with them for a few days, after discharge from hospital.
- try to arrange help with the house work and shopping.
- will you need to make arrangements for personal hygiene?
- you might need help to look after your pets.

Kitchen

It is helpful to have meals prepared for you for the first few weeks.

- it will be hard to reach high cupboards and shelves. Look around your home and place any items you may need in easy to reach places.
- stock your freezer with convenience foods.
- practise eating one handed at home before you have your surgery

- place your plate on a non-slip mat, and use a plate guard to prevent food being pushed off the plate. Eating out of a bowl may be easier than a flat plate. Bowls and mats are available in local shops and can be ordered on-line.
- it is easier and quicker to use a microwave than a conventional cooker. Ready made meals reduce the preparation required.
- choose foods which are easy to cut up one-handed. Using a spoon may be easier than a fork.
- to open jars, grip the jar between your knees and twist the lid off with your un-operated hand. Loosen very tight lids before you come in for your surgery or transfer the contents of the jar into an easy-open plastic storage container.

If you feel that you will need extra help at home after you leave hospital, then this can be arranged in certain circumstances by the therapy and nursing teams. Try to arrange help at home before you come into hospital as you will only be in a day or two.

Caring for another person

If you are a carer for someone else and you will not be able to meet their needs after your shoulder surgery, you will need to make arrangements for their care yourself. We cannot arrange help for anyone who is not a hospital inpatient.

Pre-operative assessment clinic

After you and your surgeon have decided that you need an operation, you will be asked to attend a pre-operative assessment unit (POAU) appointment. You will have several tests. These include:

- blood tests
- ECG (heart trace)

- urine specimen
- MRSA (Methicillin Resistant Staphylococcus Aureus) swabs. If this is positive, your operation will be postponed until you have been successfully treated.

These tests will give the staff information about you. You will see a nurse or doctor who will make sure you are fit for surgery. This appointment will also be another opportunity for you to discuss the operation and all that is involved and to ask any questions. If for any reason you are not fit for surgery, your operation will be postponed until you have received treatment.

Coming into hospital

Things you need to do:

- make sure you have read your admission letter so that you come to the right place on the right day and at the right time.
- do not bring any towels or face cloths in with you. They will be provided for you by the hospital. This is to help reduce the risk of possible infections.
- bring sensible slippers with proper non-slip soles, suitable nightwear and dressing gown. Also bring some easy to wear day clothes for when you are up and about. Clothes that button up will be easier to get on after your operation.
- bring in all the tablets you are currently taking and a list of when and how many you take.
- leave jewellery, large amounts of money and valuables at home.