



PATIENT INFORMATION

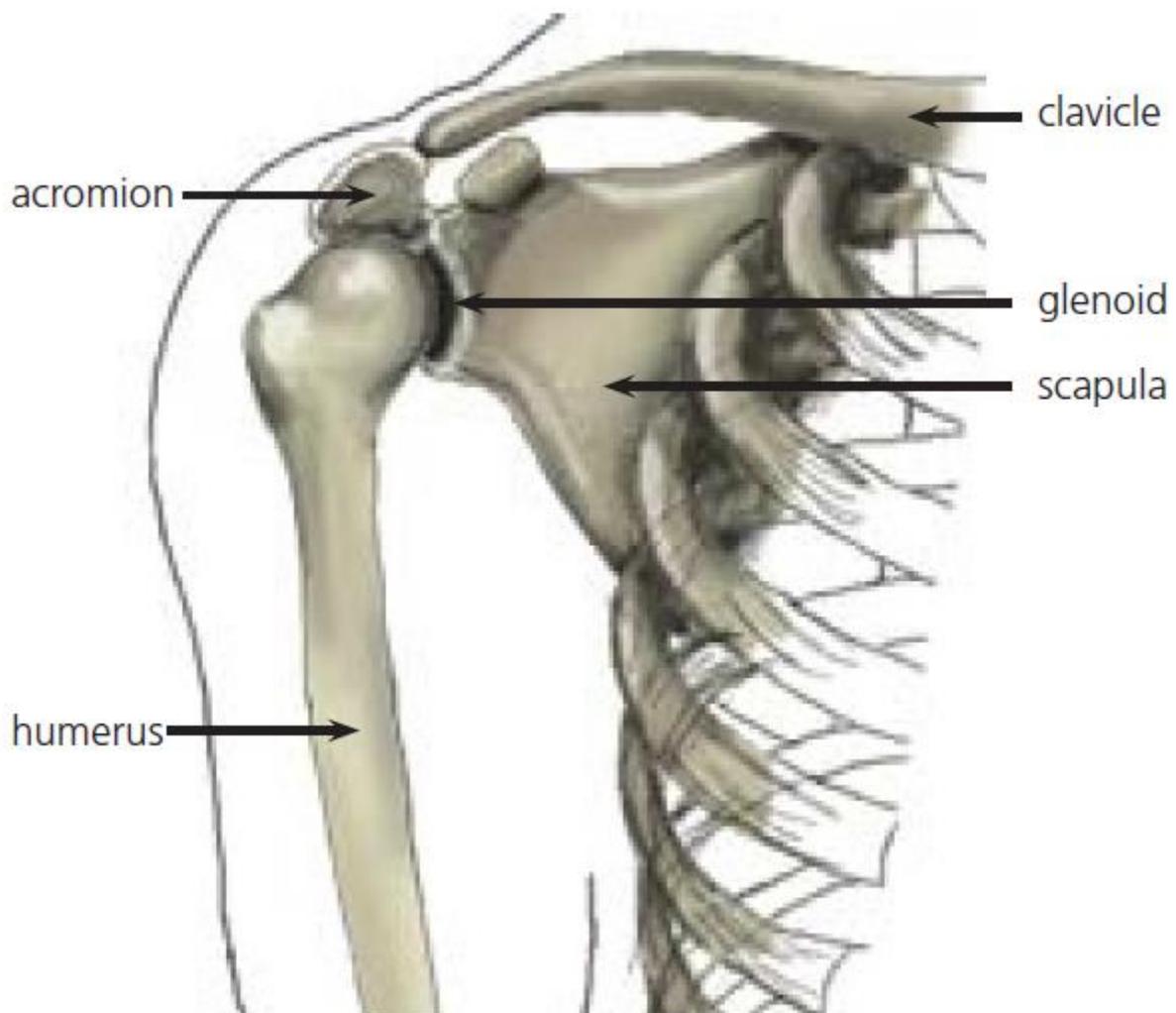
SHOULDER SURFACE REPLACEMENT



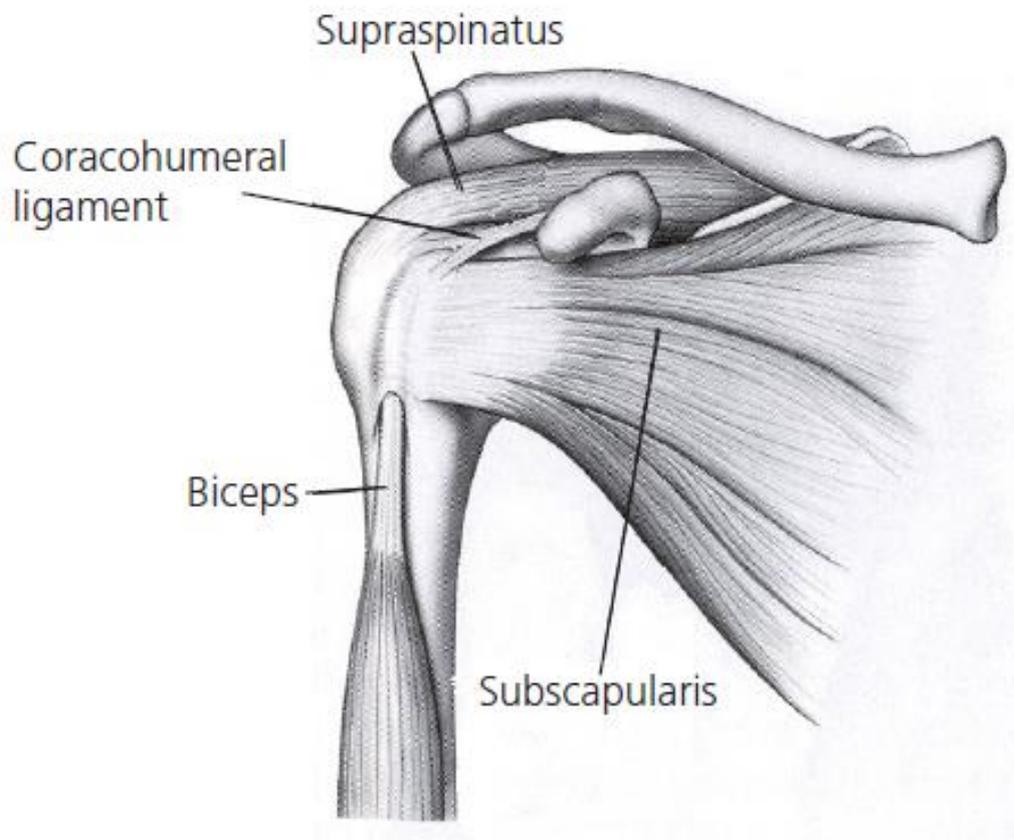
THE SHOULDER GIRDLE

Anatomy

The shoulder is made up of three bones; the scapula (shoulder blade), the humerus (upper arm bone) and the clavicle (collarbone).



MUSCLES OF THE ROTATOR CUFF



As the arm is raised, the rotator cuff also keeps the humerus tightly in the socket (glenoid) of the scapula.

SYMPTOMS

The shoulder joint is a ball and socket joint between the humerus and scapula bones. Osteoarthritis affects the surfaces of the joint, causing degeneration which in turn leads to inflammation, pain and reduced range of movement. The pain is usually aching in nature and can make sleeping difficult. Certain movements may cause grinding or catching as the arthritic joint surfaces move against one another.

TREATMENT

Once the diagnosis is made, your doctor may suggest several treatments to ease your pain. Like many arthritic conditions, osteoarthritis of the shoulder may respond to anti-inflammatory medications such as aspirin or ibuprofen. Physiotherapy may be suggested to regain as much of the motion in the joint and strength in the shoulder muscles as possible before any surgical intervention is considered.

SHOULDER SURGERY

Total shoulder replacement

This surgery replaces the damaged surfaces of the joint. This type of surgery requires good rotator cuff muscles.

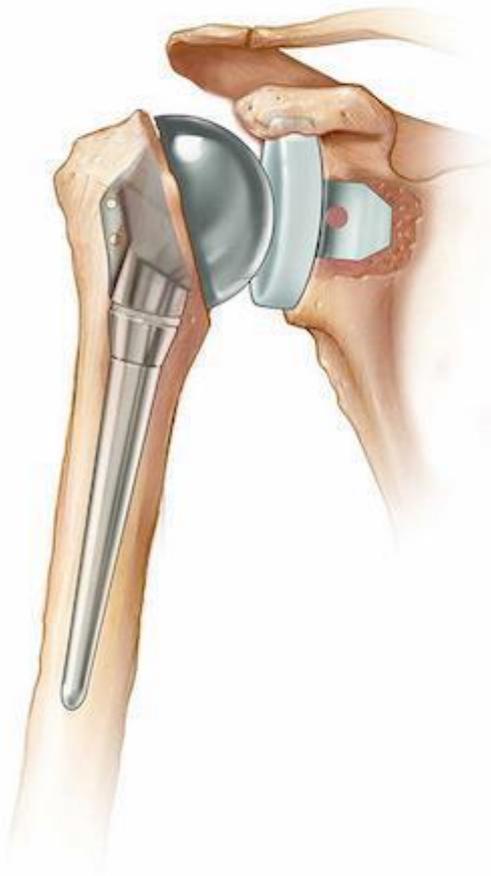
Reverse shoulder replacement

This procedure is not as common as the total shoulder replacement and is usually carried out when the rotator cuff muscles are absent. The ball and socket of the shoulder joint are swapped over. You may have already had previous surgery before this option is considered and it is usually carried out for pain relief only.

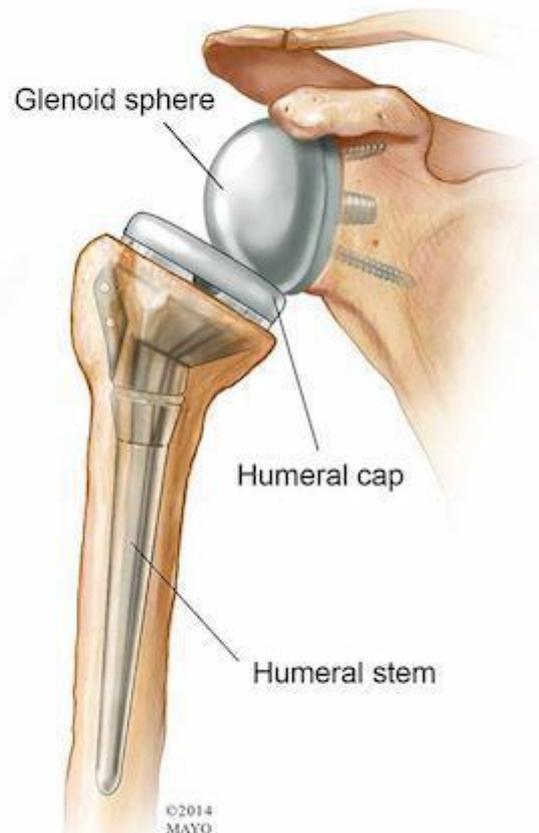
Functional expectations maybe less than with other procedures.

Your surgeon will discuss which type of surgery would be most appropriate for you

Total shoulder arthroplasty



Reverse shoulder arthroplasty



BEFORE SURGERY

Diet

Prior to your operation it is important that you are in optimum health. In order to achieve this, it is essential that you eat a balanced diet. If you are overweight:

- Reduce the fat in your diet
- Cut down on sugary foods
- Eat more wholegrain foods
- Keep alcohol to sensible limits

COMING INTO HOSPITAL

Most people come in on the morning of their surgery. On arrival to the ward you should meet your named nurse. She/he will plan and co-ordinate your care during your stay and ensure that everything you require is arranged for discharge.

You will have nothing to eat or drink for 6 hours before your operation. If you do eat or drink within this time your operation will be postponed. A bath or shower will be necessary; pre-medication may then be given. To go to theatre you will be asked to wear a gown. Please could you also bring a clean pair of cotton briefs to wear for theatre. After the operation we will transfer you to the recovery room where you will stay until you are awake. At this stage you may be aware of:

- An oxygen mask
- A drip
- A cuff around your arm recording pulse and blood pressure.
- A dressing on your wound.
- A sling with strap around your back

PAIN CONTROL FOLLOWING SURGERY

Interscalene Block

Your anaesthetist will often administer an injection to the side of the neck to reduce post-operative pain in the shoulder. After surgery, your arm may feel heavy and numb which is the effect of the injection. This is normal and usually wears off after 12-24 hours.

Shoulder surgery can be painful and you will be expected to carry out exercises quickly after the operation with the physiotherapist. In order for you to be able to perform these important exercises and for you to benefit fully from your shoulder replacement, controlling your pain is essential.

If you have any pain or discomfort, please tell the nursing staff, do not wait until the pain is severe.

COMPLICATIONS OF SURGERY/SHOULDER REPLACEMENT

All surgery and anaesthetic carries risk. The health care team looking after you have been trained to ensure that these are minimised and that your treatment is carried out safely. There are however, specific risks relating to your shoulder surgery that you need to be aware of. As with all major surgical procedures complications can occur.

Some of the most common complications following artificial shoulder replacement are listed below and sometimes surgery is needed to put right these complications:

- Infection
- Loosening
- Dislocation
- Nerve Injury
- Blood clots
- Fracture

WOUND

You will usually have clips or sutures on your wound, covered with a large bandage over our shoulder. Under the bandage there will be dressings over the wounds. Nursing staff will be able to advise you on care of your wound and dressings. Removal of the clips is at 14 days following surgery and will be done by a district nurse either at home or in your GP's surgery. Nursing staff will be able to advise you on care of your wound.

PHYSIOTHERAPY

The physiotherapist will visit you on the ward after your operation to show you how to take the shoulder immobiliser on and off. They will also tell you which exercises you can commence. These will include shoulder girdle, postural and pendular exercises. You will also be required to complete exercises for your elbow, wrist and hand to prevent stiffness and reduce swelling.

OUTPATIENT PHYSIOTHERAPY

You will normally be requested to attend outpatient physiotherapy after you have returned home. The physiotherapist will need to look at your shoulder, therefore please be prepared to remove your clothing or wear a loose fitting vest.

You will progress onto more active exercises and strengthening exercises under the guidance of your physiotherapist with an aim of maximising your function. Please remember that you may not achieve full range of movement but should get enough to improve your function and you should have less pain. Improvements can continue for 12-18 months but is very dependent upon the procedure and your movement and strength pre-operatively.

EXERCISE

Exercise is important for the following reasons:

- Keeps joints mobile
- Increases circulation of the blood
- Improves oxygen to the tissues
- Increases mental well being
- Strengthens muscles

Activity is not the same as exercise. Many people think that because they are active at home or at work that they need not carry out a specific exercise routine, but this is not the case.

Never rush doing exercises, start slowly and gradually increase. Pain or uncomfortable stiffness following activity is a sign that it has been overdone.

These are the exercises you should start straight away: **EACH EXERCISE SHOULD BE REPEATED 5 - 10 TIMES AND YOU SHOULD TRY TO REPEAT EACH SET TWICE A DAY.**

You will be referred to outpatient physiotherapy at your local hospital.

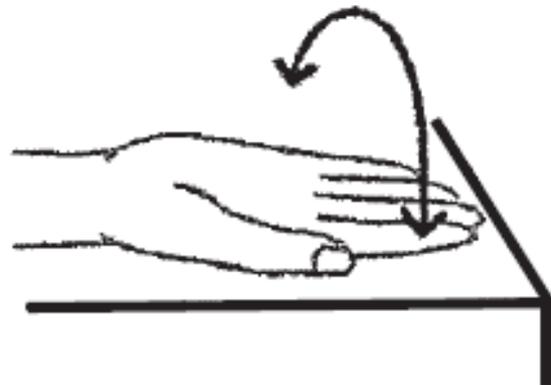
1. Stand. Bend your elbow and then straighten your elbow.



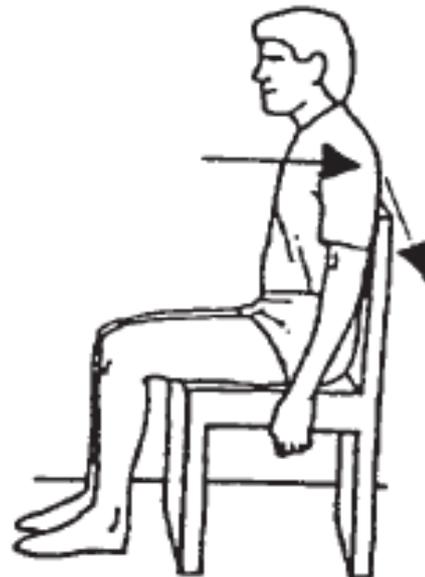
2. Bend and then straighten your wrist.



3. Alternatively turn palm up and down keeping elbow still.



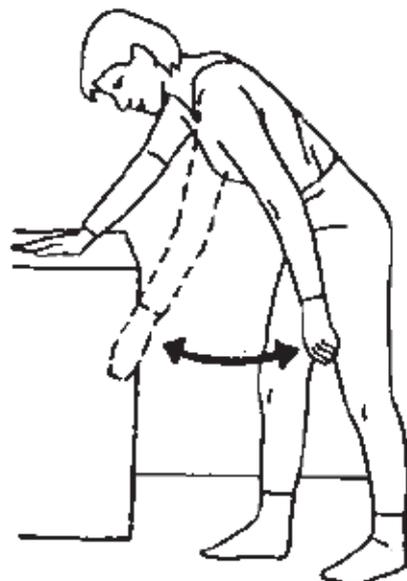
4. In sitting, bring your shoulder blade back and down toward your opposite hip. This is a small movement you should not brace your shoulders back hard. Hold for 5 seconds.



5. Stand leaning on a table with one hand. Let your affected arm hang relaxed straight down. Swing your arm to your left and then to your right.



6. Standing leaning on a table with one hand. Let your affected arm hang relaxed straight down. Swing your arm forward and backwards.



GENERAL ADVICE, RISKS AND BENEFITS

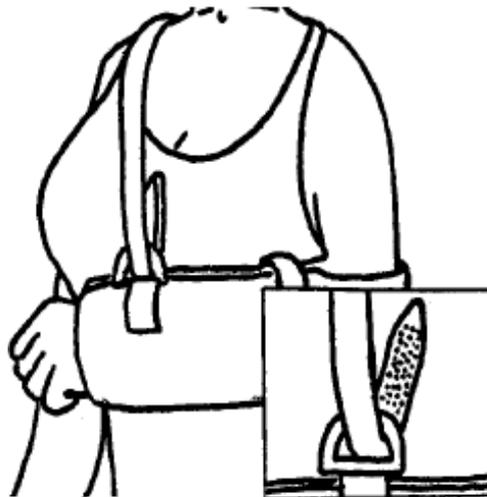
- You are advised to do exercises as instructed, otherwise your shoulder may become stiff.
- You will be given appropriate pain killers and you should take these as directed to allow you to be comfortable enough to do your exercises.
- You will be given a sick note for work. The length of time you are off work will depend upon your job. If you require further sick notes, please see your GP.
- When you return from theatre, you may have an immobiliser fitted, to keep your arm close to your side. It is important to use the immobiliser as instructed as it gives your arm support and protection while the shoulder heals.
- You should not drive while still using a shoulder immobiliser (between 4 - 6 weeks) and you need to feel you are in full control of the vehicle.

Below are instructions on the shoulder immobiliser and its application:

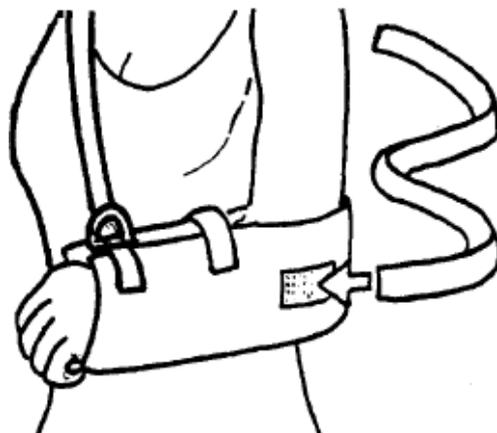
Place arm in sling and ensure the elbow is held securely in place.



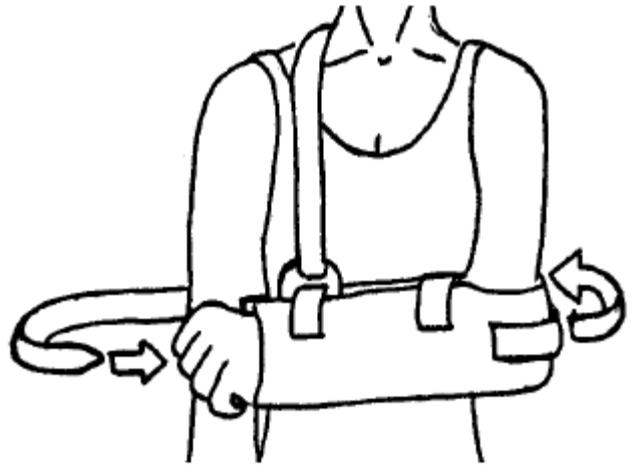
Place the strap over the shoulder opposite the injured arm and loop through buckle by wrist.



The waist strap is not always fitted and your physiotherapist will be able to advise you. If it is take the immobilisation strap and attach it to the front of the slip at the elbow.



Bring the immobilisation strap around the back of the waist and fasten into the 'D' ring (next to the stomach).



While in the immobiliser you need to take care with underarm hygiene, wash and dry your underarm daily without lifting your arm away from your side. You can do this by loosening or removing the waist strap then leaning forward so that your arm moves away from your body. You should continue to wear the immobiliser until your consultant or physiotherapist tells you to discontinue its use.

OCCUPATIONAL THERAPY

You will be seen by an occupational therapist on the ward who will be able to advise you on how to perform your daily activities in your home environment following the operation.

Getting Dressed

Please remember to bring in suitable loose clothing. Sit on the edge of the bed or chair to dress and undress. Wear loose clothes and avoid straps over the wound eg. bra straps. It is recommended that you wear front fastening tops after the surgery.

Undressing

If you have difficulty bending down to put on your lower clothing, you may require some dressing equipment e.g. helping hand, shoe horn.

Bathing/showering

You must not get the shoulder immobiliser wet and should take it off to wash. You are advised to strip wash in sitting or standing. To wash the armpit of your operated arm, loosen the waist strap on the sling and lean forwards allowing your operated arm to hang forwards.

Transfers

It is important that your furniture is the right height so that you can easily get on and off it. You will be assessed on the ward to ensure you are able to do this independently. No weight should be put through the arm for the first four weeks when getting out of the chair or bed.

Sleeping

Avoid lying on the operated side. Remember not to lean on the arm to push up when getting out of bed for 4 weeks.

Domestic tasks

You will require assistance with shopping, laundry and housework initially as they will all need to be done one handed. Keep meals simple and use a microwave or top oven where possible. This will be discussed with your occupational therapist.

Eating

Eating one handed can be difficult. Your occupational therapist can advise you about some useful equipment e.g. non-slip mat, plate guard.

PRECAUTIONS AFTER SURGERY

Do not rotate or move the operated arm outwards e.g. hair washing, combing hair, drawing curtains without consulting your physiotherapist.

No heavy lifting for 3 months, including lifting shopping or children.

No heavy gardening for 6 months (light gardening possible after 3 months)

In the long term avoid heavy lifting, tugging and jerky movements and any extreme movements which may force the joints.

RETURN TO FUNCTIONAL ACTIVITIES

Driving 4 weeks depending on your recovery.

Swimming - breast stroke 4-6 weeks, freestyle 12 weeks.

Golf - 3 months

Work - sedentary work 6 weeks, manual work guided by surgeon but could be up to 3 months.

These are guidelines only, please discuss these further with your surgeon(s).

HOSPITAL SOCIAL SERVICES SUPPORT

If you require further support and physiotherapy to increase your independence following the operation this can be provided and a social worker can arrange any additional services needed. These include help with personal care, hot or frozen meals delivered to your home, benefits and housing advice, someone to help with shopping and laundry and organising pendant alarms.

While there is normally a charge for services, your contribution will depend on your income and the type of services required.

QUERIES

If you have any queries about any of the advice contained in this booklet

OR

If you are unable to progress your exercises in accordance with the booklet

OR

If you have persistent pain, swelling or worsening of your symptoms, please contact the Physiotherapy Department at the hospital where you had your operation between 8.30am - 4.30pm Monday to Friday.

Worcestershire Royal Hospital

01905 760622 / 760187

Alexandra Hospital, Redditch

01527 512114

Kidderminster Hospital

01562 513066

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.