

Patient Information Leaflet

## Replacement of the Shoulder Joint

Produced by: Orthopaedic Department

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**If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.**

You are coming into hospital to undergo a Replacement of the Shoulder joint. This information booklet has been designed with YOU in mind. We hope it will help alleviate any worries you may have about your forthcoming operation.

It is natural to be apprehensive about any operation – we understand this. If you have any particular worries, let the staff know so that we can help.

### **What is a Shoulder Replacement**

Replacement of the shoulder is not a new operation. It has actually been available for approximately 45 years, but only recently has it become 'popular'. Recent advances in the design of the joint replacement have improved results considerably.

The shoulder is most commonly replaced for Osteoarthritis, but the operation may also be performed for Rheumatoid Arthritis, Arthritis following injury or less common types of Arthritis. It is also done for fractures but the results are less predictable.

When carrying out replacement of the joint the surgeon may replace either the 'ball and socket' (Total Shoulder Replacement) or just the 'ball' (Hemi-arthroplasty).

The operation chosen depends on many factors, including the quality of the bone in the Shoulder, the state of the very important tendons (known as the 'Rotator Cuff'), and the ability of the surgeon to get good access to the socket. Your surgeon will discuss with you which option is the most appropriate, but sometimes it will not become evident until the operation is in progress. The condition of the shoulder tendons is very important as the socket of the Shoulder is very shallow and the soft tissues are vital both to hold the 'ball' in place and to operate it. Rheumatoid Arthritis patients are more likely to have diseased tendons than Osteoarthritis patients.

### **The operation**

The operation is performed through an incision on the front of the shoulder measuring approximately 10-12 cm in length. It takes 1½ to 2½ hours to complete the operation and you will wake in a special sling designed to protect the stitches placed into the tendons. One or two drainage tubes may be placed into the joint to prevent excessive swelling and these will be removed on the ward 24 hours after the operation. The incision will be closed with either stitches or metal staples, which will require removal usually ten days after the operation.

### **After the operation**

An x-ray of the shoulder will be taken on the day after the operation. You will be fitted with a "double collar 'n' cuff" sling which you will need to wear for three weeks, though the physiotherapists will show you how to gently exercise your hand and elbow. Physiotherapy to the shoulder commences at three weeks.

Your length of hospital stay depends on your home circumstances. Many patients can leave the next day though a few may even need a period of convalescence.

Physiotherapy has to continue for many months after Shoulder replacement as movements are regained quite slowly. Although relief of pain after replacement is fairly reliable, one of the remaining uncertainties of Shoulder Replacement is the amount of movement that is eventually regained. Sometimes full range of movement can be achieved but there is usually some restriction of at least one direction of movement by the time full recovery is reached. It is possible that elevation and rotation of the arm after replacement may remain quite restricted but the movement should be mostly pain free.

Full recovery will not be achieved for at least six months after the operation.

### **After the operation**

An X-ray of the Shoulder will be taken a few days after the operation and physiotherapy will normally begin on the second day. Your length of hospital stay depends on your home circumstances. It may be possible to leave after three to five days, but if you live alone and would have difficulty coping with one arm in a sling, it may even be necessary to have a period of convalescence.

Physiotherapy will continue on an out-patient basis, with the arm remaining in a sling most of the time for up to three weeks, following which full exercises will begin.

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As yet, we do not really know how long the modern designs of Shoulder Replacements are likely to last. But they can usually be expected to suffer less wear and loosening than hips and knees

### **Driving**

Only you can make the decision about when you are safe to drive but we do not recommend it under 6 weeks and it is usually between 6 and 8 weeks before it is safe. It may take longer.

### **Follow up**

We will see you in the clinic at 6 weeks to take a check x-ray and talk to you about the next steps. You are likely to remain under our follow-up care until at least 1 year post-op.

### **Risks**

1. Infection: Infection around the shoulder is not common but is always possible. Your operation will take place in a special clean-air operating theatre and you will be given antibiotics during and after the procedure to lessen the risk. The overall risk of a serious infection is lower than 2%.
2. Thrombosis: Fortunately, deep vein thrombosis in the upper limb after surgery is exceedingly rare.
3. Dislocation: Because the shoulder is a 'ball and socket' joint, it is possible to dislocate the ball out of the socket. It is, however, very uncommon if you follow physiotherapy instructions closely.
4. Nerve injury: The Axillary nerve, which supplies the Deltoid muscle, runs very close to where we operate and could be damaged. If it were damaged the Deltoid muscle would be weak but the rest of the arm would not be affected. This complication is very rare. We have had no cases in the last 18 years.
5. Wearing out or loosening of the replacement: No joint replacement will last forever but the rate of loosening of shoulder implants is low and the vast majority will survive for more than 10 years. For more details please ask your surgeon.
6. Tendon failure: On rare occasions the shoulder tendons, which have to be cut and repaired after the procedure, may heal poorly (often because they are involved in the original disease process). This may lead to poor function of the replacement and need further surgery.

The overall complication rate is no higher than 5%.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport

Isle of Wight  
PO30 5TG

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: **O/SR/4**