



Midlands
Orthopaedic Centre

Trauma & Orthopaedics

Shoulder Joint Replacement Surgery

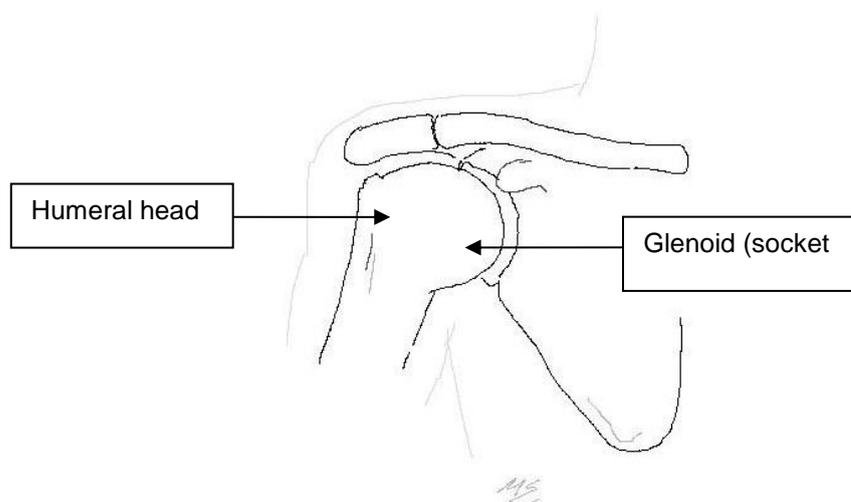
Patient Information Leaflet



The Dudley Group
NHS Foundation Trust

Introduction

Shoulder joint replacement surgery (also called **shoulder arthroplasty**) is not as common as replacement surgery for the knee or hip joints. However, when necessary, this operation can effectively ease pain from shoulder arthritis and improve shoulder function.



What conditions lead to shoulder joint replacement?

The most common reason for undergoing shoulder replacement surgery is **osteoarthritis**. Osteoarthritis is caused by the degeneration of the joint over time, through wear and tear. Osteoarthritis is not the only type of arthritis that affects the shoulder joint. Systemic diseases, such as rheumatoid arthritis, may affect any joint in the body.

Alternative Treatment

In most cases, doctors consider shoulder replacement surgery as the last option. Sometimes there is a benefit to delaying shoulder replacement surgery. Your doctor will probably want you to try nonsurgical measures to control your pain and improve your shoulder movement, including medications and physiotherapy.

Like any arthritic condition, osteoarthritis of the shoulder may respond to anti-inflammatory medications such as Ibuprofen.

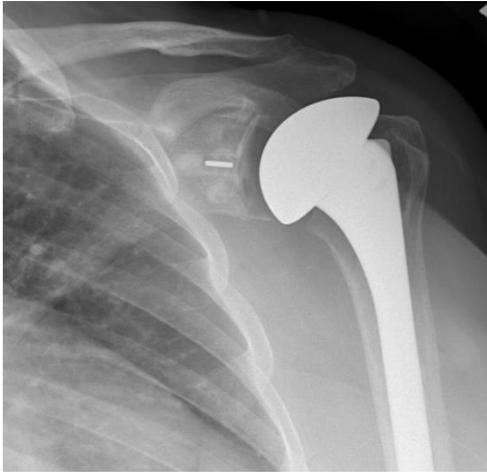
Physiotherapy may be suggested to help you regain as much of the motion and strength in your shoulder as possible before you undergo surgery. An injection of **cortisone** into the shoulder joint may give temporary relief. Cortisone is a powerful anti-inflammatory medication that can ease inflammation and reduce pain, possibly for several months.

What are the benefits?

A shoulder replacement aims to provide pain relief, improved motion and strength in your shoulder and improved quality of life.

Types of Shoulder replacement.

Total shoulder arthroplasty



Shoulder replacement surgery can be done in one of three ways. When the cartilage of both the humeral head (the ball) and the glenoid (the socket) is worn away, both parts of the joint must be replaced. This surgery is called **total arthroplasty**.

If the glenoid still has some articular cartilage, your surgeon may replace only the humeral head. This procedure is known as a **hemiarthroplasty** (**hemi** means half). This also includes **surface replacement** where the ball is just capped with artificial component

Reverse shoulder arthroplasty



Reverse shoulder arthroplasty is where the components are reversed i.e. the socket to the humeral head (ball) and the ball to the glenoid (socket). This is used in cases of arthritis with very poor tendon cover and if there is massive tendon tear in the elderly with poor function and pain. Also in cases where there is severe joint fracture in the elderly.

Your surgeon will discuss with you which type is most suitable for you.

About the operation

It is difficult to numb only the shoulder and arm in a way that makes such a major surgery possible, so you will most likely need **general anaesthesia** for shoulder replacement

surgery. General anaesthesia puts you to sleep. This is usually combined with local anaesthetic block which numbs the nerves to the shoulder and arm (to provide pain relief)

Shoulder replacement surgery is done through an incision on the front of your shoulder.

The surgeon cuts through the skin and then isolates the nerves and blood vessels and moves them to the side. The muscles are also moved to the side. The surgeon enters the shoulder joint itself by cutting into the joint capsule. This allows the surgeon to see the joint. At this point, the surgeon can prepare the bone for attaching the replacement parts.

Once the joint is anchored, the surgeon tests for proper fit. When the surgeon is satisfied with the fit, the joint capsule is closed. The muscles are then returned to their correct positions, and the skin is sutured.

Your incision will be covered with a dressing, and your arm will be placed in a sling. You will then be woken up and taken to the recovery room.

The whole process can take up to 3 hours including anaesthetic, surgery and time in recovery area.

You will be in hospital for 1-2 nights. X-rays will be taken of your new joint during your stay in the hospital.

Risks to having Surgery

Common (2-5%)

Pain and stiffness: The procedure does involve moving soft tissue and will hurt afterwards. It is important to discuss this with the staff and ask for pain killers if needed. The shoulder may remain stiff for several weeks and sometimes months afterwards.

Bleeding: There will inevitably be some bleeding. If the bleeding is excessive, you may need a blood transfusion.

Less common (1-2%)

Dislocation: This is a painful situation where the shoulder moves out of its position in the joint. It can usually be repositioned, but if it happens regularly, a further operation may be necessary.

Decreased function: The success of the operation is very variable. You may end up with as much or even worse movement in the shoulder. The main purpose of the operation is to reduce your pain.

Infection: This may present as redness, discharge or temperature around the incision site. A course of antibiotics may be necessary once the source has been isolated. The shoulder replacement may also have to be removed and replaced. This may require further operations.

Nerve damage: There are a number of large and important nerves that run through and

around the shoulder. These may be damaged during the operation. This may result in a temporary or more permanent loss of power or feeling.

Fracture: The bone can fracture during or after the operation

(All of the above are more likely in Reverse shoulder replacement)

Hypertrophic/ keloid scar: These are scars which grow excessively. They occur in some people and cannot be predicted although if you have a previous keloid scar you are at greater risk.

Delayed wound healing: This may occur if the wound is under tension, infected or short of blood supply.

Pre-operative assessment

You must inform us if you are taking any tablets as some of these may need to be stopped for a short period of time prior to the procedure. If you require specific advice or are unsure please contact the pre-assessment unit.

You will be asked to undergo some investigations

- Blood tests
- An ECG (heart trace test)
- X-ray
- Swabs taken for Methicillin Resistant Staphylococcus Aureus (MRSA). The pre-assessment staff will give you more information about this.

Your visit will give you an opportunity to discuss any problems you may have and to ask any questions regarding your surgery and give you a better understanding of your treatment.

What to do if I become ill before my procedure?

It is important that you inform the pre-assessment unit or your consultants' secretary if you are not well enough to attend for the procedure. For example any type of infection such as a cough, cold or chest infection, and any skin problems such as rashes, abrasions, cuts or infection. You also need to contact us if you experience any diarrhoea or vomiting 48hrs prior to the procedure.

Admission to the ward

You will be admitted to hospital on the day of surgery. When you arrive you will be shown to your bed and locker, where your personal belongings can be stored.

A member of the nursing staff will then prepare you for your operation by completing your theatre checklist and any relevant documentation. These questions ensure that you understand your planned surgery and that you are prepared. You will see your consultant or senior doctor prior to surgery and if you require a sick note please ask for it at this stage.

During this check you will also be informed of the approximate time of your operation.

Near to the time of your operation you will be asked to undress and put on a theatre gown, paper pants and cap. You will then be escorted to theatre.

Please bring night attire, toiletries' and flat comfortable shoes or slippers. You will also require loose comfortable daywear, to help observe your wound and commence physiotherapy.

Please bring in a supply of your routine medication and remember to order your repeat prescription before you are admitted to hospital.

Do not wear any make-up or nail varnish to fingers or toes.

We advise you leave all valuables including large sums of money and jewellery at home. Wedding rings can be worn.

For fasting advice please refer to your admission letter your surgery. Upon your admission an anaesthetist will assess you and decide if you are fit for surgery.

The type of anaesthetic you will have will be dependent on your general health.

After the surgery

Your blood pressure, pulse and temperature will be monitored and your hands will be observed to check colour, warmth and sensation. When you return from theatre your arm will be in a sling which must be worn at all times. The sling is usually worn for 4 to 6 weeks.

Pain will be monitored and treated as required and your wound dressing will be checked for oozing. Intravenous antibiotics will also be administered.

After care following surgery

You are likely to stay in hospital for a further day or two, depending on your initial recovery. Blood tests and x-rays will be done before you leave hospital.

A physiotherapist will see you the day after surgery to begin your rehabilitation program. They will teach you how to apply the arm sling and start exercises for your shoulder.

After discharge you will attend the outpatient's therapy department. They will monitor your progress and get you to do more difficult exercises as your pain settles. It is important to take your analgesia (pain relief) on a regular basis as prescribed to help you with your exercises.

The physiotherapy staff will be able to advise you on returning to your daily activities.

You will not be able to drive until you are out of your sling and your arm is strong enough. Again, your surgeon or physiotherapist will advise you with this.

A follow up appointment will be made for you in about 10-14 days for inspection of the wound and removal of sutures. You will then receive a follow up appointment for 6-8 weeks to see your consultant for review.

An x-ray will be required during this visit.

Useful website details

- Royal college of surgeons – patient information:
 - <http://www.rcseng.ac.uk/patients/information-about-surgery/getting-further-help>
- For information regarding best treatments available and clinical evidence visit the British Medical Journal website
 - <http://www.bmj.com/>



 <http://www.midlandsorthopaediccentre.co.uk/>

 Please visit our [YouTube channel](#) to access some of our fracture patient information videos

 Are you following the [MOC LinkedIn Page?](#)

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