

Information for patients

Shoulder Replacement Surgery



Hand and Upper Limb

Welcome to the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Whether you have decided on or are considering shoulder replacement surgery, we want to help answer some questions that you may have. Our goal is to give you information about what you can expect during and after your stay with us.

This booklet has been developed by the Consultant orthopaedic surgeons, nurses, and therapy team working in this hospital. It will provide you with vital information to enable you to make informed decisions about your operation, the care that you receive during your stay with us, and your recovery at home.

If you do not understand any part of this booklet or have any further questions or comments about your operation or recovery please feel free to write them down and bring this booklet with you to your next appointment, where we will be happy to discuss these.

This publication is a general guide. Remember to follow instructions of the surgical, nursing or therapy team even if this differs to what you have read.

My hospital appointment dates:

Outpatient appointment

Pre-operative assessment

GP appointment (if required)

Dentist appointment (if required)

Cardiac Echo (if required)

Date and time of admission

Date of surgery

Expected date of discharge

*Please note there is a £2.50 charge for parking.
Wheelchairs are available for £1 (returnable)*

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Introduction

Enhanced Recovery:

The Robert Jones and Agnes Hunt Hospital provides an Enhanced Recovery Programme for shoulder joint replacement patients, (ref 4).

This programme will help you to recover more quickly so that you can get back to your normal self again.

This booklet will help you to understand all the stages of your care, starting before you even come into hospital, until you are ready to go home. Finding out as much as you can about the operation and understanding the process will help you feel less worried and more in control. An estimated date of discharge will be given to you, this is usually within three days of your operation. In order to achieve this, the hospital seeks to involve you at every stage. You will be encouraged to achieve daily goals with the support of the surgeons, nurses, and the therapy team.

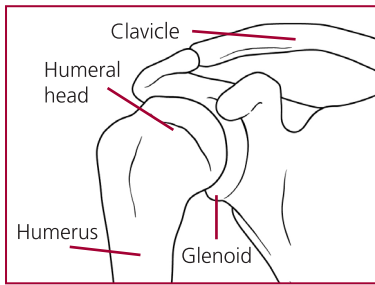
What are the benefits of Enhanced Recovery?

- It helps you get ready for your operation and get your home prepared for your return from hospital.
- It enables you to start walking, eating and drinking on the day of your operation.
- The program aims to shorten your recovery time, so you can go home within 3 days of your operation.
- This leads to a faster and more confident physical recovery as well as making complications less likely to occur.
- It ensures that family and your carer are also involved in your recovery process. (ref 4)

Please take time to read this booklet, as it may answer some questions you might have. It will also help you make an informed decision before signing the consent form for your operation. (ref 24)

Shoulder Replacement Surgery

Healthy shoulder joint:



The shoulder is a ball and socket joint made up of three bones, the humerus (upper arm bone), the scapula (shoulder blade) and the clavicle (collar bone). The ball at the top of your upper arm bone is called the humeral head and this sits on a shallow socket, which is called the glenoid. The humeral head and glenoid are covered with cartilage, which allows for smooth arm movement.

Some of the movement and stability of the shoulder comes from the rotator cuff muscles.

The rotator cuff is the name given to the four main muscles/tendons which play a very important role in keeping your shoulder joint the right position, enabling you to move your shoulder and arm up and down.

Shoulder replacement surgery replaces the ball (humeral head) and sometimes the socket (glenoid) with man-made (artificial) parts. (ref 22).



Xray of healthy shoulder joint

Why do I need a shoulder replacement? (ref 1)

There are a number of conditions that can cause the shoulder to become painful and stiff, such as arthritis. Arthritis is a group of conditions that cause gradual wear and tear to your shoulder joint. This condition eventually wears away the normal cartilage covering the surface of the joint until the bone underneath becomes damaged (see illustration below). This causes pain and stiffness in the joint, which can interfere with normal daily activities. Often this stiffness and lack of movement is caused by the joint surfaces not moving smoothly and the rotator cuff muscles can also be worn or damaged (ref 2).

If you have arthritis in the shoulder, one of the decisions to be made is whether to replace the 'whole' joint; that is the ball and the socket, or whether to replace the ball only. It is often possible to tell whether the socket needs to be replaced by doing an X-ray. You may also need a CT scan of the bones of the shoulder and your surgeon or surgical team may request an ultrasound scan or an MRI scan to check the condition of the muscles and tendons.

If the ball and the socket are replaced, this is known as a Total Shoulder Replacement or Total Shoulder Arthroplasty. If only the ball is replaced, this is called a Hemiarthroplasty. The ball of the shoulder replacement is ceramic and the socket is usually made of plastic.



Xray of arthritic shoulder joint

Types of shoulder Replacements



A short stem total shoulder replacement

This is where the ball is replaced, but there is no stem. This type of replacement is thought to be preferable for most patients and is the most common replacement used at our hospital. The Short Stem can be performed as a Total Shoulder Replacement or a Hemiarthroplasty.



Stemmed total shoulder replacement

This is where the part that replaces the ball is made up of a metal stem with a round ball that is attached to the top. This can be used with or without a replacement for the socket. This prosthesis is used after fractures or where the humeral bone has severe osteoporosis (thinning of the bone).



Reverse/Inverse total shoulder replacement:

The Reverse Geometry Prosthesis is a total shoulder replacement and has been designed specifically for patients who have arthritis and also poor or torn rotator cuff tendons/muscles.

The alternatives to surgery

A shoulder replacement is normally seen as a last resort, having tried other ways to manage the pain such as taking regular paracetamol and anti-inflammatory pain killers like ibuprofen (ref 25). Regular moderate exercise can also help reduce the pain and stiffness and your surgeon may recommend a course of physiotherapy or hydrotherapy to see if this helps (ref 25). A steroid injection into the shoulder joint can sometimes reduce pain and stiffness for several months. However, you may experience side-effects if you have the injection too often and it is not a cure for arthritis (ref 23). You may also want to try and reduce the movements and activities that cause pain. For example, avoid heavy gardening, Hoovering and DIY activities, (ref 23 & 25)

For some people, pain killers, therapy, or injections do not ease the pain enough for you to get on with your normal daily activities, and it may then be time for you to think about having a shoulder replacement (ref 25).

How do I decide if I want to go ahead with a shoulder replacement?

The main things you need to think about are:

- You have significant persistent pain during the day.
- Your activities of daily living are severely restricted.
- Pain from your shoulder regularly disturbs your sleep.
- Your symptoms are not relieved by conservative or alternative treatments such as altering your lifestyle.
- Is my shoulder pain bad enough to outweigh the risks of surgery?

It is always a good idea to talk things over with your GP, friends and family. You can also look on the hospital website where there is a short film that explains what to expect if you are having a shoulder replacement at this hospital.

To access the presentation discussing shoulder replacement surgery, please visit the following links:

- www.rjah.nhs.uk
- Click on 'patients and visitors' on the top row.
- Click on 'information films'. Scroll down the drop down, and click on 'upper limb patients information films'

The second film titled 'shoulder replacement surgery' click on play triangle.

Or visit: www.versusarthritis.org

The benefits of surgery:

The main benefit of a shoulder replacement is to try and help reduce the pain in your shoulder and not necessarily to help with movement of the shoulder (ref 22).

Quality of Life

Remember it takes time to recover from your operation and build up your muscle strength. (ref 22).

It will take at least one year for your shoulder replacement to be at its best, but it will never feel like your own shoulder (ref 22).

What are the risks and possible complications?

Any artificial joint replacement can never feel as good as a natural joint and will eventually wear out. How long this process takes depends on a number of factors, however your shoulder should give you many years of service before further surgery may be necessary.

As with all surgery, complications can occur.

Possible complications following a shoulder replacement;

Wound infection, including MRSA – Wound infection, including MRSA infections in this hospital are very rare, however they still do happen from time to time. Most infections tend to be minor (in that they only affect the skin). Very occasionally, deep infection may occur in or around the shoulder joint which can lead to further surgery. The risk of this is low and in this hospital is one to five percent – that is up to five people out of every hundred will get a deep infection (See www.rjah.nhs.uk, infection control annual report). In most cases, deep infection means that the artificial joint will have to be removed and it may not be possible to put another artificial joint in (ref 8).

Tender, red scar – this is also rare and normally improves over the following year. There are also treatments that can be used to help if it does not get better by itself.

Loosening of the some of the parts of the artificial joint – The risk of loosening increases with time. This can result in a 'revision' surgery being needed, where the old artificial joint is removed and a new one put in (ref 9).

Fracture of the humeral bone – this is rare and will be fixed during the operation (ref 22).

Persistent pain – Sometimes the surgery will not help with your pain. The causes of persistent pain are varied and may need to be investigated further.

Nerve or blood vessel injury (including bleeding) – This can cause weakness and numbness to part of the arm and/or hand. Rarely, the nerve that supplies the muscle the shoulder (the deltoid muscle), can be damaged and this can result in pain, muscle wasting and a poor result from surgery (ref 22). The risk of nerve injury is less than 1%.

Risk from the anaesthetic and surgery – Leading to rarely occurring, but unexpected and serious complications such as stroke, heart attack and death. Your anaesthetist will talk to you about this before your operation, refer to The Royal College of Anaesthetists website: www.rcoa.ac.uk/patients-and-relatives/risks.

Dislocation of the shoulder joint – One of the tendons surrounding the arm bone (head of humerus) will be surgically cut during your operation the shoulder joint will be less stable, particularly in the first weeks after surgery. Until the tendon has healed, dislocation may lead to further surgery and cannot always be corrected.

Blood Clots – DVT/PE, (ref 17) See the hospital leaflet :Reducing the risk of blood clots in hospital.

The risk of getting a blood clot after surgery varies between each person. Blood clots can be either a deep vein thrombosis (DVT) which is a blood clot in the leg or can be a pulmonary embolus (PE). This is a blood clot that causes a blockage of the main artery of the lung or one of its branches.

The National Institute for Health and Clinical Excellence (NICE) warns that there is an increased risk of developing a DVT or PE after joint replacement surgery if no preventative measures are used.

Within the hospital we follow NICE guidance and use either injections or tablets and also foot pumps to prevent blood clots, as well as walking soon after your surgery.

If a clot develops in your leg, your leg may become:

- Swollen
- Painful / tender
- Red, especially at the back of the leg below the knee

In some cases there may be no signs or symptoms of DVT.

Signs of blood clot in your lung (ref 17).

- Breathlessness
- Chest pain
- Collapse

If any of these symptoms occur occurs after your discharge from hospital please attend your local accident and emergency department, but If you become suddenly breathless, or have sharp pains in your chest when breathing, dial 999.

Reducing the Risks of Surgery

We are constantly striving to minimise the risks of replacement surgery while you are in hospital by taking the following precautions:

- Assessing your health at preoperative assessment clinic to make sure that you are as medically fit, for both an anaesthetic and your operation.
- Investigation and treatment of problems identified at preoperative assessment before your admission.
- Careful insertion of the artificial shoulder.
- Giving antibiotics to minimise the risk of infection at the time of surgery.
- The use of foot pumps and blood thinning medication as recommended by National Institute for Clinical Excellence.
- Getting you up and walking early, as well as eating and drinking at the earliest opportunity.
- A graduated return to living activities after your operation, under guidance of the surgical and therapy team.

What to expect

Getting ready for surgery

You may want to know how to prepare your home for your return from hospital. The check list in this section is there to help guide you through the process.

For general information you may find our website helpful:

www.rjah.nhs.uk/patients-visitors

www.rjah.nhs.uk/patients-visitors/information-films

Lifestyle changes (ref 26 &27)

Smoker? – “Think stop before the op!”

We are a non-smoking hospital site (including e-cigarettes). It has been found that stopping smoking two months prior to surgery provides the most benefit, (ref 12,13,14,15) and that you are more likely to be up and about and get better quicker after your operation, (ref 9)

For smokers who are unable to stop, the Royal College of Anaesthetists advises that you should at least stop smoking on the day of surgery to help avoid breathing problems during the procedure (ref 27 & 28).

Why is quitting so important at this time?

If you are a smoker:

- You may need more specialist care and planning before and after your operation (ref 16).
- You have a higher risk of getting a chest infection, which could lead to further problems (ref 16).
- You have a higher risk of getting a wound infection and slower healing of your wound which may mean having to stay in hospital longer (ref 9&12).

If you are using patches or other types of nicotine replacement therapy to help you stop smoking, please stop these the night before your surgery and bring them into hospital with you. Tell a nurse that you have them with you.

You don't have to quit on your own. More people manage to quit smoking for longer if they have help.

General healthy living goals

It is really beneficial for you to try and give your body a healthy start before you head for the surgery. There is evidence of faster and safer recovery associated with eating a healthy diet in the time leading up to your operation. If you are overweight, it is important to lose weight in preparation for your surgery. This will reduce any risks associated with an anaesthetic. Moderate exercise prior to your operation can help in keeping your bones strong and joints supple. Vigorous physical exercise is not required, but a regular session of everyday activity is useful. This should start as early before surgery as possible, as the benefits may take a number of weeks to appear.

If you would like any further information about healthy lifestyle, see the hospital internet site or:

- www.bda.uk.com/resource/osteoarthritis-diet.html
- Healthy Shropshire on 0345 6789025, or visit www.shropshire.gov.uk/public-health/healthy-shropshire/

Or see contacts below:

For English residents:

- Advice on healthy eating
- British Dietetic Association
- Weight Wise
- Cutting down on alcohol
- Change 4 Life
- Smoke Free

For Welsh residents:

- Change 4 life Wales
- Stop smoking
- Cutting back on Alcohol

Outpatient appointments

You will be seen in an outpatient clinic by your surgeon or a member of the team. You will have the operation explained to you including the benefits, risks and alternatives to surgery. You will then have an appointment to go to the pre-operative assessment clinic approximately 4-6 weeks before your surgery.

IT IS IMPORTANT THAT YOU ATTEND THIS APPOINTMENT IN THE PRE -OP DEPARTMENT

Please allow up to 5 hours for this.

This appointment is to make sure you are fit for anaesthetic and surgery. You will undergo simple checks on your heart and lungs and may have blood and urine tests taken. You may need an x-ray and you will be asked about your medical history. Swabs will be taken to test for MRSA.

For more information on MRSA please refer to the hospital internet site.

Please note: If your test results show that you are carrying MRSA, you will be contacted and the treatment will be explained to you.

Any health problems that we find from the tests carried out at this assessment can usually be sorted out prior to your admission with help from your GP.

To help with your preoperative assessment, please ensure that any of the following are treated and cleared by your GP and / or Dentist before you attend.

- Tooth / gum decay or other infections
- High blood pressure
- Leg ulcers
- Skin problems
- Chest complaints
- Urinary incontinence / burning
- Other infections

Your operation may be cancelled if these problems remain untreated.

During your pre-operative clinic appointment you will be seen by a nurse practitioner who will check your general health and a member of the pharmacy team (when available) who will review your current medication. If appropriate, you will be advised to stop taking certain medications and when to stop taking them. This is important as some medications may interact with your anaesthetic which can lead to complications.

You may need a separate appointment to see a Consultant Anaesthetist to make sure you are fit to have your operation.

We will use all the information we gather to make sure you are in peak physical health prior to your operation and to calculate your estimated date of discharge, aiming for home within 3 days after your operation.

Please see a member of the pre-operative team if you can foresee any problems returning to your home, such as transport, equipment needs, or problems with access to your home such

as multiple flights of stairs. This will help to ensure you have a plan in place, to prevent your discharge from being delayed and to ensure you are supported after you go home.

If Pre-op appointment was over 6 weeks before your operation date, the pre-surgical contact team will contact you by phone five to seven days before your surgery. This telephone call is to check that you remain fit and well and that your health has remained unchanged since the pre-operative assessment (ref 29).

However if there is any change in your medical condition or you become ill after this assessment, even with a simple cold, or if you get skin cuts, skin breaks or rashes on your hand or arm that is being operated on, please contact us right away on 01691 404000 and ask for the pre surgical contact team.

If you wish to alter the date or cancel your operation, contact the hospital on 01691 404000 and ask for the admissions department.

Your To Do list:

Book appointment to see GP or dentist to treat:

- Tooth / gum decay or other infections
- High blood pressure
- Leg ulcers
- Skin problems
- Chest complaints
- Urinary incontinence / burning
- Other infections

Attend pre-operative assessment and bring:

- All the medicines that you are taking in their original boxes, or a complete list of all prescribed medicines (available from your GP practice) together with any alternative and non-prescription treatments that you are using e.g. 'over the counter' medicine, herbal remedies.
- Details of any other specialists that you have seen in the past or are currently seeing for any other health reasons, and details of any investigations or treatments or operations you are having or had in the past.

Things to do before your operation:

Prepare your home:

After your operation you will temporarily have one arm to help with everyday tasks. Your operated arm will be in a sling for 4 to 8 weeks and you will not be able to drive for up to 8 weeks. You will have some restrictions and precautions affecting what you are able to do. You may need to plan how you are going to manage daily activities to make life easier once you have had your surgery. It is important to avoid activities or chores that involve reaching up and outwards with your new shoulder replacement, but it is ok to continue light activities that take the hand to the face such as eating, drinking, and personal hygiene.

We suggest you practice, before your surgery:

- Getting out of a chair with one hand.
- Getting on and off the toilet with one hand.
- Getting in and out of the shower using one arm (check with ward staff first).
- Completing activities such as grooming and using the bathroom with your non-operative arm.

You will be restricted in relation to shopping, cooking, cleaning etc, so you need to think about how you will cope day-to-day, and whether you are going to need any additional help.

Think about your everyday household routine and what changes you may need to make tasks easier. Suggestions include:

- Place frequently used kitchen items (such as your own cup, your teabags etc.) on a counter top or the other easy-to-reach place. Avoid lifting your arm to reach items stored in difficult-to-reach places such as high cupboards or deep, low drawers.
- Make or buy some meals that can be frozen and reheated easily or consider meals that are easy to prepare.
- Freeze milk and bread for the first few days when home.
- Be up to date with household cleaning, laundry, and gardening. Consider making arrangements for someone else to do these jobs for a while.
- Ask family, friends for help with daily activities e.g. Cooking, cleaning, and shopping.
- If you are returning home alone, we recommend that you establish a rota system that involves more than one person who can help with everyday needs.
- Before surgery, go through your daily routine using only one arm so you can get used to the potential challenges ahead and make changes.
- Remove loose rugs and carpets that may cause you to trip or fall.
- If you are concerned about how you will cope, investigate the possibility of self-referral to social services or liaise with your GP regarding ongoing convalescence closer to home or access services provided by the Red Cross.
- You may need to think about any carer responsibilities you have, and make plans for these.
- If you are a carer for someone, or look after children, or even have pets that need care, you may want to make arrangements such as asking a friend about walking a pet, or arranging additional child care.

Get organised in advance!

Your To Do list:

- Prepare your home.
- Make arrangements for someone to take over caring responsibilities.
- Practice activities with one hand.

Checklist for the day/night before surgery:

- ✓ Please follow the fasting guidelines that were sent in the admission pack. **DO NOT** fast for longer than is stated in the letter.
- ✓ Please **DO NOT** shave underarms seven days prior to surgery, due to the risk of ingrowing hair and infection.
- ✓ Telephone the Baschurch Unit the day before your operation, for instruction on when to stop eating and drinking and when to arrive at the hospital. It is not good for your health to fast for longer than the time stated on your letter.
- ✓ Have a shower or bath before coming to hospital but **DO NOT** to apply any creams/powders or make up after your bath or shower. Please remove nail varnish and false nails.

Your Inpatient Stay:

What shall I pack for the hospital?

- Flat, supportive non-slip shoes or slippers.
- Day clothes for day time and nightwear for bed. Loose fitting tops that are larger size than usual that can slip over your head to easily fit over the bandages and sling.
- Toiletries and towel.
- Dentures and a storage container, if needed.
- Eye glasses instead of contacts. Glasses are easier to take care of and less likely to be lost.
- Hearing aids, if needed.
- Telephone numbers of people you may want to call.
- Book, magazine, e-reader, laptop or ipad. There is free wifi and you will need to bring your charger. Devices which only require one hand to operate are useful, but make sure any hobbies or crafts you want to bring with you are the type you can do with only one hand.

Please do not bring too many possessions into hospital, as storage room is limited.

Arriving at the Hospital

The day you are admitted will be the day you have your surgery. This usually means arriving for admission through the Baschurch Unit.

When you arrive, one of the nursing team will go through important checks. An identification bracelet carrying your details will be attached to your wrist and another one to your ankle. A member of the orthopaedic team will check your consent form, and the skin of the shoulder that is to be operated on will be marked with a pen. A consultant anaesthetist will ask you about your health and discuss the anaesthetic and pain relief techniques suitable for you.

Things to note:

- Bring something to read; once the admission process is complete, you may have a long wait, depending where you are on the waiting list.
- Express any concerns about your discharge from hospital (such as transport), to the nursing staff as soon as possible, as this will help us ensure you have an appropriate plan in place to prevent your discharge from being delayed.
- Your family member or friend will be able to remain with you until you are transferred to theatre. However they are not able to remain on the Baschurch unit when you are having your operation due to limited seating. There are a number of areas where your friend or family member can wait, including Denbigh's restaurant, or the League of Friend's coffee shop.

Going to theatre

You will be asked to change into a theatre gown, and a net cap. Please bring a clean dressing gown for your transfer from the ward/unit or ask for a warm blanket on entering the theatre area. Research shows that keeping warm before your operation helps with the healing process (ref 21).

In the anaesthetic room

Once you are in the anaesthetic room, the final pre-surgical checks will take place. The anaesthetic will be given as discussed with your anaesthetist.

Most patients will be recommended to have an anaesthetic block around the nerves that supply the shoulder in combination with a general anaesthetic (ref 20).

The anaesthetic block involves a small injection of local anaesthetic around the nerves of the shoulder. This causes temporary numbness and heaviness of the shoulder and arm and allows surgery to proceed without feeling any pain. The nerve block can last up to twelve to twenty-four hours and provide pain relief following your operation (ref 20).

See www.rcoa.ac.uk/patients for more details or discuss with the anaesthetist.

The operation

Your surgeon will make a cut in front of your shoulder (usually where a vest strap goes) which runs down by your armpit and continues four or five centimetres further down the inner side of your arm, however, the exact site of the incision can vary. The total length of the incision also varies from person to person, but is normally about 15 – 20 cms long. This allows your surgeon to see the shoulder joint, remove the damaged bone and prepare it ready for your new shoulder joint.

Once your surgeon is satisfied with the size and fit, it is fixed in place either with a type of cement or by pressing the implants firmly into the bone that is left.

During the operation the surgeon may inject a special mix of drugs into the tissues around the shoulder joint. This complements the anaesthetic block and helps with pain relief after the operation. This technique normally provides excellent pain relief. However you will be still asked about your comfort levels and will be offered additional pain relief.

Your surgical team will close the skin with stitches or clips and apply a dressing over the wound.

Recovery

From the operating theatre you will be transferred to the recovery area. When you wake up, your arm will be in a sling.

If you have had a nerve block, your arm may be completely numb and feel heavy. This is normal, and it is important to keep it supported in the sling until the sensation in the arm comes back.

In recovery the staff will:

- Sit you up and offer you a drink.
- Monitor your blood pressure, pulse and oxygen levels.
- Check your wound.
- Assess your comfort levels.
- Apply foot pumps. These wrap around your feet and a pad inflates and deflates on the sole of your foot. This is to help keep your blood circulating and to prevent blood clots. You will be encouraged to get out of bed for meals on the same day as your operation. Again, this helps to reduce the chance of blood clots and you will be given medication or an injection to help prevent blood clots from occurring (ref 17).



You may have a fluid drip attached to you. This puts back essential fluid and salts back into your body. This will be removed as soon as you are eating and drinking.

The surgical team will order an x-ray of your new shoulder.

After a short time you will be returned to the ward to continue your recovery.

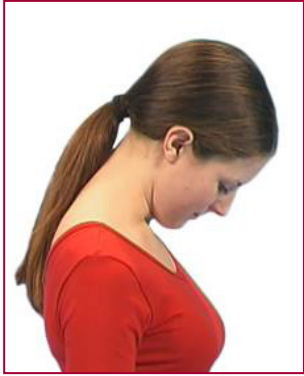
On the ward

You will be met by the nursing staff who will continue to monitor your blood pressure, pulse and oxygen levels.

Even if your shoulder feels comfortable, it is important to take pain killers that are offered before the nerve block starts to wear off. You will have regular pain relief prescribed and you will be frequently asked about comfort levels. If you feel you require pain relief at any time, you must let the staff know. Sometimes it helps to alleviate the surgical discomfort by moving, this may mean re-positioning in bed or standing up, and may help relieve some stiffness around the shoulder, neck and back. It may be a good idea to support the arm on a pillow whilst sitting down; this may also reduce pulling around the neck from the sling.

Physiotherapy

The therapy team will help you start moving your shoulder, and show you the exercises you need to do during the first 4-6 weeks after your operation. They will also explain what you can and can't do with your arm and shoulder. Your exercise plan may be different to other patients who have had similar operations. For your initial physiotherapy plan, you will be given some or all of the following exercises:

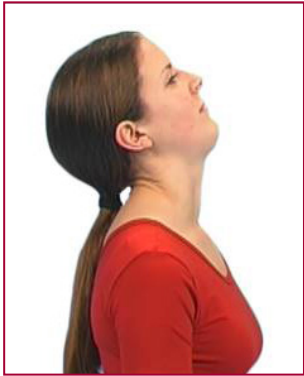


Sitting

Bend your head forward until you feel a stretch behind your neck.

Hold approx.5 secs.

Repeat 10 times.



Sit straight-backed

Pull your chin in as far as you can. When you reach the limit bend your head back as far as possible.

Repeat 10 times.



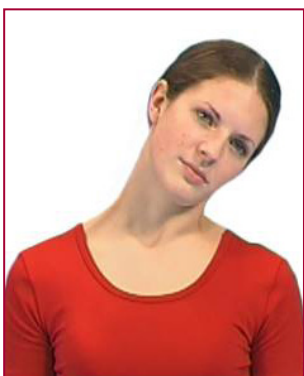
Sitting

Turn your head to one side until you feel a stretch.

Hold approx.5 secs.

Repeat to other side.

Repeat 10 times.



Sitting

Tilt your head toward one shoulder until you feel the stretch on the opposite side.

Hold approx. 5 secs.

Repeat to other side.

Repeat 10 times.



Standing

Grasp the wrist of the arm you want to exercise.

Bend your elbow and assist the movement with your other hand.
Straighten your elbow.

Repeat 10 times.



Standing

Stand with your elbow bent and palm turned down.

Turn your palm up and down rotating your forearm.

Repeat 10 times.



Standing

Wrist and fingers straight.

Make a fist.

Repeat 10 times.

These exercises will start under the guidance of the therapy team and you need to carry on with them for up to six weeks. Your physiotherapist will guide you through progressing the exercises when it is appropriate for you. Initially, rehabilitation is aimed at protecting the shoulder, allowing healing but avoiding stiffening. Gradually, over the course of several weeks you will move on to strengthening the exercises. It is important to perform regular exercises and research shows that adequate pain relief assists with this.

It is very important that you carry on doing your exercises at home as this will help to stop your shoulder becoming stiff. It is normal for you to feel mild aching, discomfort or stretching feelings when you are doing your exercises. However to reduce discomfort or stiffness you can apply ice after your exercises for 20 minutes to the shoulder. Do not apply directly to the skin- place a clean towel between your skin and ice to prevent burns.

You will also be given an appointment to see a physiotherapist at your local hospital when you are ready to go home who will continue to guide your rehabilitation.

www.rjah.nhs.uk/patients-visitors/information-films/upper-limb-films

Visitors in hospital

There are flexible visiting times on the wards (restricted during meal times), but it is important to bear in mind that successful rehabilitation following surgery is our priority and that visitors should not impact on this.

As part of your rehabilitation you will be encouraged to start eating and drinking normally again after surgery, then you will be able to take pain killers in the form of tablets. Tablets are less likely to cause side effects which will speed up your recovery. It is also good for your circulation and general wellbeing to move and stand up as soon as you feel able after your surgery, to prevent blood clots and help with breathing after your anaesthetic.

You will be getting up to:

- Wash
- Dress
- Go to the toilet

We would like you to get dressed soon after your surgery and would anticipate that you will be up and walking and dressed in normal day clothes the same day.

Exercises for blood circulation whilst sitting or lying

It is essential that you commence the following as soon as you can after your operation and when resting to help with your circulation, (ref 20). These exercises can be performed in the bed and do not require a physiotherapist to be present with you. Doing these will help maintain the circulation in your calf muscle and reduce the risk of a blood clot.

Ankle exercises

This should be done every hour for 5 minutes or longer if possible.

Circle ankles in one direction then circle the ankles in the opposite direction.

Point your toes away from you and then bend at the ankle, to point toes to the ceiling.

Buttock squeeze

Squeeze your buttocks firmly together, hold for 3 seconds and then relax. Repeat 10 times, at least 3 times a day.

Tightening the thigh muscles.

Sit or lie with your leg straight out in front of you. Point your toes away from you and tighten the muscle on the front of the thigh by pushing your knee down on to the bed.

Hold the muscle tense for 5 seconds and then relax. Repeat 10 times at least 3 times a day.

Deep breathing exercises

This helps to keep your chest as clear as possible. Take 3 or 4 deep breaths. Try and breathe as deeply as possible, hold for 2 seconds and breathe out.

Your Diary

As the patient undergoing surgery it will help you to take part in your own recovery and feel less anxious if you have a good understanding of the role you can play and the things you can do to help yourself. You will have a better recovery and will be able to get home more quickly.

Your hospital daily goals of the shoulder replacement recovery programme are:

Day of surgery. (Day 0) – Day of surgery and return to the ward.

You will be encouraged to get moving on your feet soon after your surgery.

You will be encouraged to:

- ✓ Practise sitting in a chair
- ✓ Wear day clothes, and practise getting shirts/tops on and off with assistance and then independently
- ✓ Have lunch (a hot meal is provided or if you return after lunch time, please ask for a sandwich)
- ✓ Drink to satisfy your thirst
- ✓ Walk short distance for circulation

Post – operative day 1-3

You will be encouraged to be as independent as possible.

You will be encouraged to:

- ✓ Get up, get washed and dress in day clothes
- ✓ Continue programme as set by the therapy team, who will undertake an assessment of transfers, (getting in/out of bed, sitting correctly, and getting up and sitting down on a chair/toilet)
- ✓ Sit in a chair
- ✓ Have an X ray of your new joint
- ✓ Start planning for discharge

Things to note:

- Get up, wash and dress. Being dressed and out of bed every day encourages a positive frame of mind and supports your recovery
- You must continue to carry out exercises as set by the therapy team
- Walk around the ward area

Restrictions and Precautions



Before your discharge from hospital the therapy and nursing team will advise you on the way to move the new shoulder joint and how to manage sitting, getting in and out of bed/chairs and general activities of daily living. There could be some precautions to follow for a period of time following your operation as the ligaments and tissues surrounding your new joint need time to heal. This takes approximately six to eight weeks, during which time you must take care to protect your shoulder and minimise the risk of damaging the healing site. Restrictions for certain movements may be in place for up to 8 weeks, but your surgical team will advise you on the length of time.

It is ok to perform tasks at waist height to nose height such as food preparation, eating, drinking, shaving, washing and dressing.

Do not put any weight on the operated arm e.g. Don't lean on your arm when pushing up from sitting.



Do not lift weight greater than a coffee cup for e.g. don't carry groceries or kettle in that hand.

Use your sling at all times, except whilst exercising and for personal hygiene. You may remove the sling when sitting down as long as the arm is supported by a pillow or cushion.

Do not move your arm backwards past your ribcage (until directed otherwise).



Do not lift your arm under your own power until instructed.

When your forearm/hand is facing straight out in front of your body with your elbow bent, do not allow your forearm/hand to move away from your body.

No overhead reaching for 6 weeks or until directed.

These precautions will be explained in greater detail when you start your rehabilitation with the therapy and nursing team.

Discharge Criteria

Our aim is for you to be able to go home within 3 days of your surgery. You will have plenty of opportunity to make plans for your discharge day with your family, nursing staff and therapy staff.

However long your hospital stay, you will need to meet several goals before you can go home:

- ✓ Get in/out of bed and on/off chair/toilet by yourself.
- ✓ Have an x-ray of your new joint.
- ✓ Ensure your wound is dry enough.
- ✓ Have the correct medication, including pain killers, and that you understand how to take these at home.

You will also be given:

- ✓ Dressings and a letter for your practice or district nurse/GP
- ✓ Letter advising you of when your clips or stitches need to be removed.
- ✓ Pain killers and medication to take home.

A follow up outpatient appointment to see the consultant surgeon, or a member of their team (usually 2 weeks after your operation). You will receive a letter notifying you of the date and time of your appointment.

Discharge home

After your discharge home please contact your surgeon's secretary, upper limb nurse or physio, if you are worried in any way about your health or if you:

- Develop a fever (If you have a thermometer, take your temperature daily for 2 weeks and call the ward you were on if your temperature is over 37.5 degrees)
- Notice any redness, either around your shoulder or if it is going down your arm
- Have swelling which does not settle with elevation and rest
- Have a discharge from your wound

Your continuing recovery: FAQ

Personal hygiene

It is practical to strip wash at a basin. For under arm hygiene, place your operated arm on the side of the sink, and gradually step your feet away from the basin. This makes a space to wash your under arms.

For dressing, it is easier if you have tops or shirts that are bigger than normal. Bend at the waist and allow the operated arm to hang by your side. Slip the operated arm into the top first and pull shirt towards your operated shoulder. Using the un-operated arm manoeuvre the shirt into place taking care not to raise the operated arm above shoulder height.

Pain, stiffness and swelling

It is quite normal to have some temporary discomfort and stiffness while your body recovers from surgery. The level of pain and stiffness varies between patients. It is important to keep as pain free as possible using pain killers. We encourage a balance between activity and rest. Performing the exercises as given by the therapy team will help to reduce stiffness and improve long term outcomes. Swelling is common after shoulder replacements surgery and you may notice some bruising too. This is normal and should gradually disappear over a period of a few weeks. To minimise swelling, keep your arm supported when sitting or lying with a pillow or cushion.

You can also place ice/ bag of frozen peas (wrapped in a towel) on the shoulder for 20 minutes, three times daily, avoiding direct contact between the ice and skin.

Wound

keep your wound covered and dry until instructed. Avoid using deodorant, talc or perfumes near or on the scar. You will have instructions on where to go to have the stitches or clips removed. This is normally 10–14 days after surgery.

Return to work

Office workers and non-manual workers can usually return to work six to ten weeks after the operation.

If you are involved in lifting, overhead activities or manual work, you are advised not to do these for 3–6 months.

It is not advisable to return to a heavy manual job following shoulder replacement surgery. This is because it can lead to early wearing and loosening of the replacement which can then need a second 'revision' procedure. This is a bigger, more complex operation which carries increased risks.

Driving

You will normally be able to start driving 6-8 weeks after your operation, but this depends on the amount of movement you have in your shoulder and your ability to make an emergency stop safely. Check you can manage all the controls and start with short journeys. The seat belt may be uncomfortable initially, but your shoulder will not be harmed by it.

Long haul flights

For long haul flights, we follow recommendations set out by the Department of Health, advising to wait until 12 weeks after surgery. For a period of four weeks either before or after your operation, you are at greater risk of developing a blood clot if you have poor mobility, become dehydrated or sit still for more than three hours at a time. This includes lying in bed, sitting in a chair, car, bus, train, coach or plane.

Laundry, Cleaning and Shopping

You should avoid heavy chores for the first three months, for example:

- Shopping
- Vacuuming
- Changing beds

You will need help with these chores, but you can carry on doing light tasks e.g. dusting and lifting a kettle with a small amount of water.

Sex

Resume your sex life with care and as soon as you feel able without causing pain in your shoulder area. Care is needed to avoid excessive bending, twisting or resting your body weight of your shoulder whilst it is healing.

Use of the sling

The sling is there for comfort and to protect the shoulder after the operation. You can take it off for exercise and personal hygiene. It is recommended that you wear it during those first weeks if you are going out in public or so that others remember to use care around your shoulder. You will begin to 'wean' out of the sling in 4–6 weeks, under the guidance of the physiotherapist. You may find it helpful to wear the sling at night, particularly if you tend to lie on your side, using pillows in front of you to rest your arm on. If you lie on your back to sleep, you may find placing a thin pillow or folded towel under your upper arm may be comfortable.



Leisure activities

Starting activities depends on the type of shoulder replacement carried out as well as pain, range of movement and strength that you have in your shoulder following your operation. Start with short sessions involving little effort and gradually increase.

You can usually start swimming 3 months after your operation, but check with your surgeon or a member of the therapy team first.

You can begin to play golf three months after your operation as long as your shoulder is comfortable and your range of movement allows for it. You should begin slowly and build yourself up over a period of weeks and months.

You can start gentle gardening when you feel comfortable enough, which is normally three months after your operation. However, any heavy work such as digging or heavy lifting should be avoided altogether.

Contacts for Further Information

If you have any concerns or queries, please contact your consultants secretary. Alternatively you can contact your GP.

Mr Kelly and Mr Hay (Secretary) – 01691 404221

Mr Potter and Mr Dodenhoff (secretary) – 01691 404099

Mr van Liefland (secretary) – 01691 404226

Further useful information can be found on the hospital website, where you will find both the film explaining shoulder replacement surgery and also a film demonstrating the exercises that you will need to do after your surgery: www.rjah.nhs.uk/patients-visitors/information-films/upper-limb-films

Disclaimer

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If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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Author: Claire Birch

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The Robert Jones and Agnes Hunt
Orthopaedic Hospital NHS Foundation Trust,
Oswestry, Shropshire SY10 7AG
01691 404000
www.rjah.nhs.uk