



## Patient information

### Having a total shoulder replacement

This leaflet provides some information about having your shoulder joint replaced. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your surgeon's advice.

Please raise any concerns or questions with your surgeon or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

#### What's involved?

Each shoulder is made up of three joints. These joints work together to help the shoulder move. The largest of these joints is a ball and socket joint. The "ball" is formed by the top of the upper arm bone, which glides around on a "socket", which is part of the shoulder blade.

During a total shoulder replacement, a metal ball on a stem is inserted into the upper arm bone and a plastic surface is fitted onto the socket.

The operation is usually done under general anaesthesia, which means that you will be asleep during the procedure. However, for some patients, regional anaesthesia is preferable. This blocks the feeling in your shoulder and arm but you stay awake. Your surgeon and anaesthetist will discuss with you which type of anaesthesia is most suitable in your case. For more details, please see the separate Spire Healthcare patient information leaflets, *Having a general anaesthetic* and *Having a local anaesthetic or sedation*.

You will need to stay in hospital for two to five days.

An artificial joint will usually last for at least ten years, after which it may need to be replaced.

#### What are the risks?

Having a shoulder replacement is generally a safe procedure. However, all surgery carries an element of risk. This can be divided into the risk of side-effects and the risk of complications.

##### Side-effects

These are the unwanted but mostly temporary effects of a successful treatment. After surgery, your shoulder area is likely to be sore for several weeks. You may feel temporary pain and swelling in the upper arm.

##### Complications

This is when there are problems during or after the operation. Most people are not affected. The main possible complications of any surgery include an unexpected reaction to the anaesthetic or excessive bleeding during or soon after the operation. A blood transfusion may be required to replace lost blood.

Some of the complications specific to shoulder replacement are listed here.

- Infection of the wound or joint. Antibiotics are given during surgery to help prevent this.
- For up to six weeks after the operation, it is possible to develop a blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. In most cases this is treatable, but it can be a life-threatening condition. Compression stockings and blood-thinning injections are used to help prevent DVT.
- Occasionally, small cracks in the bone result in a fracture of one of the shoulder bones during the operation. This can be treated but may slow down your recovery.
- Damage to the nerves or blood vessels controlling the arm and hand. This is usually mild and temporary.
- The new joint may dislocate. This is most likely to happen immediately after the operation and you may need further surgery to treat this.

The chance of complications depends on the exact type of operation you are having and other factors such as your general health. Ask your surgeon to explain how these risks apply to you.

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Your surgeon will explain the benefits and risks of having a shoulder joint replacement, and will also discuss the alternatives to the procedure.

### **Preparing for your operation**

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment.

You will be asked to fill in this questionnaire and return it within three days. About two or three weeks before your operation you will be asked to attend a pre-admission clinic for routine blood, urine and blood pressure tests. A physiotherapist may talk to you about your home requirements so that any necessary arrangements can be planned before you go into hospital.

If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your surgeon or anaesthetist specifically tells you not to. If you are unsure about taking your medication, please contact the hospital. Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any jewellery.
- Follow the fasting instructions in your admission letter. Typically, you must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until two hours beforehand.

When you arrive at the hospital, a nurse will explain how you will be cared for during your stay. The nurse will help to prepare you for theatre. You will usually be asked to put on compression stockings to help prevent blood clots from forming in the veins in your legs (deep vein thrombosis, DVT). Your surgeon and anaesthetist will usually visit you before the operation, and the shoulder to be treated will be clearly marked. This is a good time to ask any unanswered questions.

### **Consent**

If you are happy to proceed with the operation, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead. You need to know about the possible sideeffects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

You will also be asked to consent to your name being placed on the National Joint Register, which is used to follow up the safety, durability and effectiveness of joint replacements.

### **About the operation**

A single cut, usually around 10 to 20cm

long, is made along the upper arm and shoulder. When the joint has been replaced, your surgeon closes the cut with stitches or clips. The operation usually takes up to two hours.

### **After your operation**

You will be taken from the operating theatre to the recovery room, where you will come round from the anaesthesia under close supervision. After this, you will be taken back to your room, where a nurse will monitor your blood pressure and heart rate at regular intervals.

### **Back on the ward**

You will need to rest until the effects of the anaesthesia have passed. You may have fine tubes running out from the wound. These drain fluid (which is part of the healing process) into a bag and are usually removed after a day or two. When you feel ready, you can begin to drink and eat, starting with clear fluids.

You may be asked to continue wearing compression stockings on your legs if these were fitted for your operation. These help to maintain circulation. A physiotherapist will visit you every day to guide you through exercises to help you recover. You will be encouraged to move your new shoulder from the first day. You may be asked to use a continuous passive motion machine which gently moves your new shoulder. It helps to prevent stiffness and promotes healing.

Suffering from pain can interfere with your recovery, particularly if it prevents you from doing your exercises, so please discuss any discomfort you have with your nurse or surgeon.

### **Going home**

You will go home with your arm in a sling that keeps your elbow bent at 90° and supports your hand and wrist. You will need to make arrangements to get home. Before you go home, a nurse will advise you about caring for the healing wound and will arrange a follow-up appointment for you.

For more information about caring for the healing wound, please see the separate Spire Healthcare patient information leaflet, *Caring for surgical wounds*.

### **After you return home**

If you need them, continue taking painkillers as advised by the hospital. Your surgeon will advise you how long you should continue to wear the sling. It is crucial that you continue with the exercises recommended by your physiotherapist, as these will aid healing and help you recover more quickly.

It will take some months to get the strength and movement back in your arm. A full recovery can take up to six months. You must not drive or lift objects until your surgeon tells you that it is safe to do so.