

Your Shoulder Replacement at The Royal Bournemouth Hospital



This information booklet from the Orthopaedic Department has been designed to answer any questions you may have
Please bring this booklet into the hospital with you

This guide book belongs to:

.....

Your orthopaedic consultant is:

.....

Appointment Dates:

Surgery:

Follow up:

Other:

Pre-Operative Range of Movement
(Staff use only)

| | Flexion | Abduction | External Rotation | Internal Rotation |
|---------|---------|-----------|-------------------|-------------------|
| Pre Op | | | | |
| Post Op | | | | |

Oxford Shoulder Score
(Staff use only)

Pre-Operative:

Post-Operative
(6 months):

You will find it useful to bring this guide book with you each time you visit the hospital.

Patient's guide to shoulder replacement

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Introduction:

This booklet details shoulder replacement surgery at the Royal Bournemouth Hospital. It is intended to be for patients who decided to have surgery after discussing the options, benefits and possible risks with their Consultant or Surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

This booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist or therapist. These alterations should take priority.

All members of the Orthopaedics Team are committed to providing you with the highest standard in care and we look forward to welcoming you.

Educational information

The normal shoulder

The shoulder joint is a ball and socket joint made up of two main parts: the glenoid (socket) and humeral head (upper arm bone which makes up the ball). The glenoid (socket) and the humeral head (ball) are coated with a smooth layer of cartilage which protects the shoulder joint. The shoulder joint is the most mobile joint in the body and depends on strong muscles and ligaments to move and stabilise it. The most important muscles for this are the rotator cuff muscles. They originate from the shoulder blade and their tendons form a hood covering the ball of the shoulder joint.

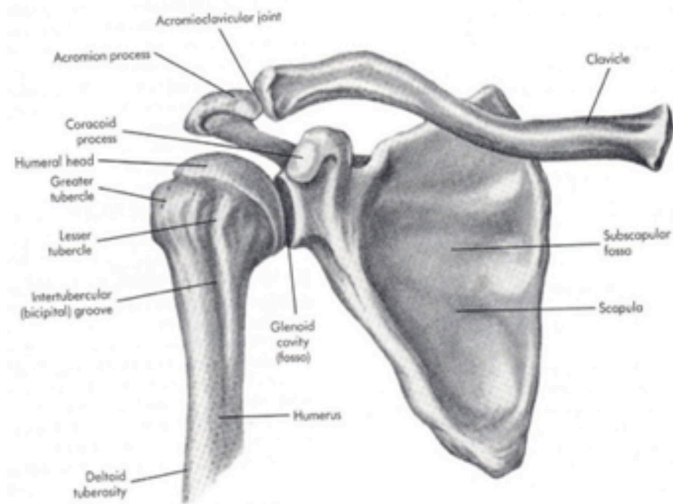
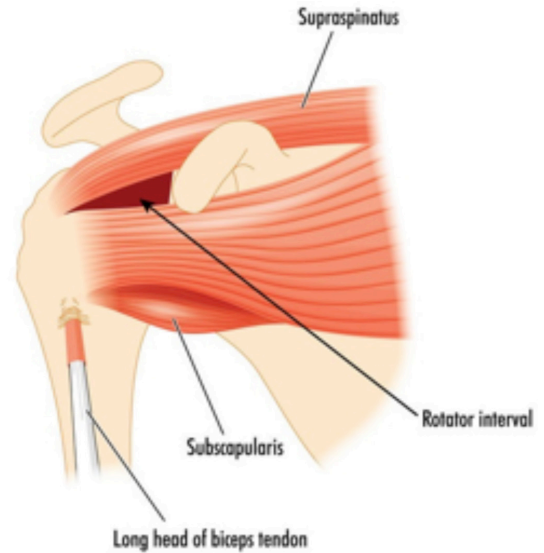


Diagram of Normal Shoulder



The Rotator Cuff

The arthritic shoulder

Arthritis of the shoulder gradually wears down the cartilage covering the bones over time. The most common form of arthritis is osteoarthritis. When exposed, the bones can rub against each other which may cause them to change shape. This can cause severe pain and stiffness.

The more the arthritis advances, the sooner the pain occurs, ultimately even at rest and night. When the arthritis becomes advanced, patients mostly suffer with constant severe pain, stiffness and swelling. The causes of osteoarthritis are unknown in most cases, but there are factors that can contribute to osteoarthritis, such as trauma, age, genetics and obesity.

Inflammatory conditions such as rheumatoid arthritis can also be a source of pain. Arthritis can affect different areas of the shoulder. If there is significant wear in most of the shoulder, a total shoulder replacement may be needed.



X-ray of Normal Shoulder



X-ray of Arthritic Shoulder

What is this operation for?

Shoulder replacement (Arthroplasty) is usually a good option for people when the joint is badly damaged and there is pain and loss of movement. Replacing the worn surfaces with a metal ball and plastic socket aims to reduce pain and increase the movement of shoulder joint.

The main indication for shoulder replacement is pain that has not been controlled by non-operative means, such as pain killers or injections.

Expectations

Your shoulder replacement has been designed to help with your pain. This should result in you being able to move your arm more comfortably and to perform daily activities more easily. Although the main aim of the operation is to relieve pain, it may be several weeks before you begin to feel the benefit.

After you operation you will be in a sling for comfort and to protect your shoulder. The surgical team and physiotherapists will advise you on how long you should wear the sling for.

The activities which are important to you should be discussed with your surgeon prior to undergoing surgery. The return to your normal activities is influenced by pain, strength and movement in the operated shoulder. The amount of movement in the new shoulder will vary from person to person. This is often influenced by how stiff your shoulder was before surgery.

The return to work may vary between 2-6 months depending on the job you perform. You will be able to do light lifting like holding a cup at 3 weeks, moderate lifting below shoulder level between 3-6 months and lifting above shoulder level after 6 months.

It is illegal to drive with a sling. Driving should be avoided until at least 6 weeks after surgery and you should check with your insurance provider too. Your consultant will let you know when you are able to drive.

It may take up to one year for the shoulder replacement to be at its best and your body to be fully used to it. At 4 and 6 weeks post operation, you should be able to perform gentle everyday activities.

When is a shoulder replacement appropriate?

The most common cause of replacing the shoulder joint is for arthritis; either osteoarthritis (wear and tear) or rheumatoid arthritis. It may be also necessary following a fracture or bad accident. With all forms of arthritis, the joint becomes painful and difficult to move. Sometimes the deep layer of muscles (the rotator cuff), which help control movement, can also be worn or damaged.

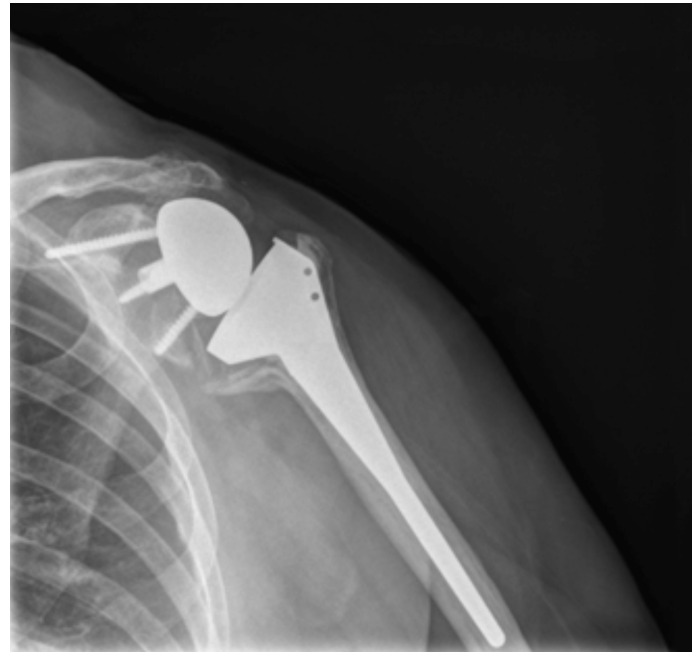
The aim of shoulder replacement is to reduce pain in the shoulder. It may also improve movement in the shoulder. This depends on how stiff the joint was before the operation and if the muscles around the shoulder are damaged and unable to work normally. There are two main types of shoulder replacement: Anatomic (A) and Reversed (B).

A A total shoulder replacement (Arthroplasty) is when the round end of the shoulder joint (Ball) is replaced with an artificial round metal head and the socket is replaced with a smooth plastic shell that is held usually in place with cement.

B A Reverse geometry shoulder replacement is used when there is severe arthritis and an un-repairable rotator cuff tear.



A. X-ray of Total Shoulder Replacement



B. X-ray of Reverse Geometry Total Shoulder Replacement

Risks of surgery

A total shoulder replacement is a major operation and, as with any operation, there are risks. Risks are specific to everybody and your surgeon will discuss your risks with you when discussing surgery. These risks are listed below:

| Term | Numerical Ratio | Equivalent |
|-------------|--------------------|--------------------------|
| Very common | 1/1 to 1/10 | A person in a family |
| Common | 1/10 to 1/100 | A person in a street |
| Uncommon | 1/100 to 1/1000 | A person in a village |
| Rare | 1/1000 to 1/10,000 | A person in a small town |
| Very rare | Less than 1/10,000 | A person in a large town |

Common risks

- **Loosening**

Over time, your shoulder replacement may become loose and require further surgery. The lifespan of a shoulder replacement is variable, but we generally expect it to last for around 10 years. The socket (glenoid) component usually wears out first.

- **Dislocation**

Sometimes the shoulder replacement can come out of joint or dislocate. This is more likely to happen soon after surgery. Your sling will protect your shoulder and you will be given advice on preventing this.

- **Scar**

Sometimes the shoulder replacement can come out of joint or dislocate. This is more likely to happen soon after surgery. Your sling will protect your shoulder and you will be given advice on preventing this.

- **Stiffness**

Stiffness after your operation is to be expected. Exercises and physiotherapy will help with this.

- **Poor wound healing**

Occasionally surgical wounds don't heal as well or as quickly as we'd like them to. Occasionally further surgery may be required to help with this.

Uncommon risks

- **Rotator Cuff Tear**

The rotator cuff is likely to undergo wear as a part of the physiological process of age. If the tear becomes symptomatic then it may require further surgery.

- **Fracture around the implant (Peri-Prosthetic Fracture)**

Rarely a fracture can occur around the shoulder during or after surgery. This may result in a change to the type of operation performed or further surgery.

- **Nerve Injury**

Nerve injury is uncommon after total shoulder arthroplasty. The risk factors associated with increased risk are the amount of stiffness one has before surgery. If the shoulder is stiff, the surgeon has to release the soft tissues for replacement and risk of nerve injury increases as the nerves are very close to the operating area. The risk is increased further if one had any previous open shoulder surgery which increases the amount of scar tissue formation around the shoulder and also alters the anatomy. The nerve injury can be temporary and it can recover. If it does not recover, you may require further investigations to confirm the diagnosis and may require referral to a specialist centre.

- **Infection**

With any surgery there is a chance of infection, despite all possible precautions being taken during your operation. To reduce risk of infection you will be given antibiotics before and after surgery. If you notice any swelling, discharge or itching around your wound when you are home you should call the ward you were discharged from or notify your doctor. It is important to treat any signs of infection quickly, as an infected joint replacement that hasn't been treated may require another operation, and potentially, the removal of the implant.

- **Complex Regional pain syndrome (CRPS)**

Complex regional pain syndrome (CRPS) is a condition of intense burning pain, stiffness, swelling and discoloration that can affect the shoulder. Most of the cases resolve with non-surgical treatment with active exercises of the affected limb. If the condition does not respond to non-surgical treatment, the surgeon will discuss regarding the surgical treatment.

- **Implant Failure**

Occasionally implants as all mechanical devices can fail.

Rare risks

- **Bleeding**

With all major surgery, there is a risk of bleeding. Very occasionally this can result in the need for further surgery or a blood transfusion. Medications that thin the blood increase the risk of bleeding.

- **Blood clot in the leg (Deep Vein Thrombosis - DVT)**

- **Persistent Pain**

Some patients experience ongoing pain after surgery. This may never completely go away.

- **Loss of Movement**

The amount of movement after surgery is variable and difficult to predict. It is possible that you may have less movement after surgery than you did beforehand.

- **Anchor Problems**

Sometimes the muscle repair at the front of the shoulder (subscapularis) is reinforced using a stitch anchor to secure it to the bone. These anchors can very occasionally cause problems.

- **Worsening of Symptoms**

Whilst very rare, it is possible that your symptoms and/or your function is worse following surgery than it was beforehand.

Patient Reported Outcome Measures (PROMS)

There is a national arrangement to collect scores about the function of your shoulder and your general health before surgery, 6 months and 1 year after the surgery. Please complete the patient reported outcome measure (PROMS) questionnaires accurately, but bear in mind that your shoulder will not be at its best until 6 to 12 months after your surgery.

The PROMS score that is used is the Oxford Shoulder Score. Your clinician will go through that with you at your outpatient appointment and you can record it in the front of this booklet. If you need help to fill it in, please ask one of the orthopaedic team. If you have concerns or problems about your shoulder please raise these with your Surgeon. Questionnaires are not meant to be used as way of raising concerns but instead to assess the quality of care from the patient perspective.

The National Joint Registry (NJR)

The NJR collects information about the shoulder replacement operations from hospitals in England, Wales and Northern Ireland to monitor the results of joint replacements. The registry helps find out which are the best performing implants and which are the most effective type of surgery. You will be asked if you consent to your details being put on the register and to sign a consent form for this.

Before your surgery

Pre-Assessment

The Pre-admission department from Royal Bournemouth Hospital will contact you with the appointment information. If you have any questions about your appointment please call the Pre-Admission Department.

The visit to the pre-operative assessment clinic may require you to be at the hospital for several hours. It is important to attend this appointment or your surgery may be postponed or cancelled. In the clinic, you will be officially registered for your hospital admission and a nursing assessment and preoperative tests will be done. These tests may include:

- X-rays
- Blood and urine tests
- ECG (Electrocardiogram)

You may drink and eat as usual the day of your pre-operative assessment visit.

You may be seen by other health care professionals during the visit. These may include:

- Pre-Assessment Specialist Nurse
- Anaesthetist
- Ward Doctor

Please bring the following to your pre-operative assessment appointment:

- All your current medications
- A list of allergies including the type of reaction

Medication

Some of your medication might need to be stopped prior to surgery. This will be discussed during your pre-assessment.

- **Aspirin**

If you have been prescribed Aspirin by your GP or hospital doctor, you should continue to take these medicines up to your operation. If you are taking this medicine on a non-prescribed basis, please stop seven days before the operation.

Other Aspects of Surgery

- **MRSA (Methicillin-Resistant Staph Aureus)**

MRSA is antibiotic resistant bacteria to most commonly used antibiotics. This bacterium does not cause problems in healthy people, but it can cause infections in people who have weakened immune systems or have had major surgery. You will be screened for this at the time of your pre-operative visit. If you found to be positive, the nurse will advise treatment before you come in for your operation.

- **Preventing blood clots in hospital)**

Being less mobile and in hospital can increase the possibility of blood clots or deep vein thrombosis (DVT). This can occur in the deep veins of the leg.

A DVT can cause pain, swelling and the leg to become hot and red. However, a DVT may not produce any obvious symptoms.

Occasionally, part of the blood clot can dislodge and go to the lungs. This is called pulmonary embolism, which can cause difficulty in breathing and pain in the chest.

There are several factors which increase the likelihood of you getting a DVT: injury of the veins in your legs, slowing of the blood flow through your legs (if you are immobile), pregnancy or having a condition that increases the tendency of your blood to clot.

Every patient that comes into hospital will be assessed for the risk of developing clots.

● **What measures will be taken to help prevent blood clots?**

The most important factors in helping to reduce blood clots are keeping well hydrated and mobile. It is very important that you walk or exercise your legs whenever possible, even if you are bed or in the chair.

You may need a pair of anti-embolism stockings. These work by gently compressing your legs, which increase the speed of the blood flow and prevents the veins in your legs from expanding.

- The stockings should be worn day and night whilst you are in the hospital;
- The stockings should be removed each day to allow you to wash and inspect your legs. Any concerns should be reported immediately;
- Do not allow your stockings to roll down, as this may cause constriction and impede your blood flow;
- If you are sent home with the stockings, ensure they are removed and washed regularly. Follow the washing instructions given to you;
- When mobilising, you must wear slippers or shoes to prevent you from slipping

Your doctors might prescribe a drug called 'low molecular weight heparin' if you require it. This helps prevent blood clots from forming. It is normally given as a small once-daily injection after your surgery.

All these measures are aimed at helping to reduce the chance of developing blood clots. Remember, by exercising your legs, even if it is just in bed, will help keep your veins healthy.

Actions to take before your surgery

Once you have your date for surgery, you can do several things to aid preparation for your operation and to improve your surgery.

● **Smoking**

Smoking has been shown to delay wound healing and increase complications after surgery. Patients who stop smoking benefit from long term benefits to general health, decrease the risks associated with anaesthetic and have a better outcome from surgery.

If you are interested in stopping smoking, LiveWell Dorset provide a service which will help you to find the best method to cut down or stop smoking, and support you through your quit journey.

You can contact LiveWell Dorset on either Freephone: **0800 840 1628** or local number: **01305 233105**.

● **Cancellation**

If you are unable to attend your appointment, please contact us as soon as possible.

Planning ahead

It is important to plan and make arrangements for how you will manage home after your surgery. Most people stay for 1 or 2 nights after the operation. Patients are discharged when their wounds are dry, they have seen a physiotherapist, the shoulder is comfortable and the home support systems that you may need are in place.

Depending on the type of surgery replacement, you may have restricted movement in your shoulder. You will also have a sling for the operated shoulder. Before you come into the hospital, think about and practice how you will manage everyday tasks when you return home after your operation.

● **Pre habilitation**

If possible, in the run up to the operation you should start the exercises that you will be doing after your operation. This gets you used to doing them and starts to strengthen your muscles and may enhance recovery.

● **Mobility**

If you are currently on a walking aid which requires you to use your operated shoulder, you need to consider whether you could use your walking aid in the other hand or whether an alternative walking aid may be required. You may need to discuss this with the physiotherapist on your admission.

- **Personal Care**

Getting washed and dressed needs to be done carefully. Sitting down is usually best as you can support your arm on a pillow while it is out of the sling. Loose clothing with front fastenings is usually easiest to put on. When getting dressed, dress operated arm first. When getting undressed, this arm comes out last.

- **Food preparation and cooking**

Freezing some meals or stocking up on ready meals is a good idea, as food preparation and cooking will be difficult following your operation. Using a travel kettle and a small milk jug for making hot drinks may be easier.

If you have any concerns about managing tasks at home, the Occupational Therapist will be able to see you on the ward after your operation.

- **Exercise**

Try to keep active prior to surgery as this will help to speed up your recovery following your shoulder replacement. If you would to know more about the recovery process, you can discuss with the physiotherapist and arrange a visit to the Physiotherapy department.

Arriving for your surgery

Day of surgery

- **Skin Preparation**

The night before or on the day of surgery, please take a bath or a shower and wash your entire body. Please try and avoid wearing make-up or unnecessary jewellery.

- **Eating and drinking**

This will be discussed with you prior to surgery but as a general rule the times below should be followed.

- If your admission time is approximately 07:00 – you must not eat anything after 02:00. You may drink only water until 06:00.
- If your admission time is approximately 10:00 – you must not eat anything after 05:00. You may drink only water until 08:00.

If you normally take prescribed medicines in the morning, please continue to take these on the day of surgery, apart from tablets you have been specifically told not to take by the pre-assessment team. Take them with a sip of water.

Please do not drink alcohol for 24 hours before surgery.

- **Arrival**

You will come into hospital on the same day as your operation. As you will be having your surgery on our main orthopaedic ward (ward 7), you will need to present yourself to the Sandbourne Admissions Suite to be admitted for surgery.

You will be checked in and the nurse will go through the admission paperwork with you in detail. You will also be visited by the surgeon and anaesthetist before your operation. You will have the chance to ask any questions you may have. You will be asked to put on a hospital gown. All patients who are able will walk to theatre for their operation accompanied by a member of our nursing staff. You will be asked to remove any loose items such as glasses, false nails and dentures prior to your surgery.

It is necessary for you to come a few hours before the time of your operation so that you can be admitted and prepared for surgery.

During your stay, you may be moved between wards. This could be due to a medical reason or for bed management. In this event you will be notified in advance.

Your surgery

Anaesthetic

Your surgeon will come to see you before your operation to discuss your surgery, go through the consent process and mark the correct limb which will be operated on.

Your anaesthetist will then come to see you before your operation to discuss the type of anaesthetic that you will have. They will ensure that the anaesthetic used is appropriate for you and answer any questions you might have.

All of our anaesthetists have the same goal, which is to provide you with the best anaesthetic possible. In shoulder surgery, this is a general anaesthetic with a combined nerve block anaesthetic. The nerve block is an injection given in the lower part of the neck that makes your operated limb numb from the shoulder to the hand which can last for up to 24 hours. You may wake up with the limb numb and not able to move the whole operated limb due to effect of the block anaesthetic given to you. The freezing effect and limited sensation can also last up to 24 hours. You may not have sensation to hot or cold. You must take care to protect your arm from injury during this period.

Surgical Procedure

The surgery is performed through an incision on the front of the shoulder. A total shoulder replacement involves replacing the upper of the humerus bone with a metal ball and the glenoid socket with a plastic.

The artificial shoulder (Prosthesis) replaces the damaged cartilage and bone. The prosthesis consists of a metal alloy and high density plastic.

Your shoulder replacement will consist of metal and plastic components that are designed to be durable.

Closure and dressing

After your operation your wound will be closed with stitches and covered with a dressing. This may need to be changed before you go home and you will be given spare dressings if required. The wound will need to be checked around 12 days after your operation and the sutures removed or trimmed. This will normally be with your practice nurse or district nurse.

Recovery

Following the operation, you will be taken to the recovery room which is near the operating theatre. You will have your own nurse and you will not be left alone. If you have pain, the nurse will treat it promptly. You may have to breathe oxygen through a light plastic mask and you will have a drip in your arm. The recovery staff will monitor you closely.

When the recovery room staff are satisfied that you have recovered safely from your anaesthetic, you will be taken back to the orthopaedic ward.

Back on the ward

When you have returned to the ward after your operation, the nursing staff will monitor you closely for the next 24 hours.

Pain Relief

The nurses will offer you regular painkillers and it is sensible to take them to avoid pain becoming too much of a problem. If you had a nerve block, you may not have any pain. It is sensible to start taking oral painkillers so that when the nerve block wears off you will have some painkillers working. If you are having trouble with pain, you should discuss this with your nurse so that we can increase your pain relief medication. It is important to act early because if pain is allowed to become severe it may delay your recovery.

Length of stay in the hospital

Your stay in hospital will be as long as needed to ensure:

- It is safe for you to be discharged.
- Your pain is under control.
- The Physiotherapy have seen you and started therapy.

This is typically a 1 or 2 night stay.

If you do not have anyone at home, this should be highlighted in pre-assessment such that an assessment of your ability to manage after your operation can be undertaken. Sometimes plans for extra help at home after the operation may be wise and your GP might be able to help with arranging this.

After your surgery

Day 1

Physiotherapy

After your operation, it is very important that you do not try to do the exercises by yourself for the first time. A few necessary checks need to be made including your blood pressure. We will ensure the feeling has returned in your operated upper limb and check with your surgeon if you have any queries regarding your operation.

On the first day after the operation, the Physiotherapists will assist you with your exercises and adjust the sling if required. You should continue with your exercises 4 times a day as suggested by the physiotherapist.

Day 2

Occupational Therapy

The occupational therapist will visit you and ask how you are managing with transfers, getting on and off the bed, the chair and the toilet. If you are struggling, they will teach you a different way to do it. In some cases, they will provide equipment so that you know that these everyday things will be manageable when you go home.

The same things apply to washing and dressing. If you are struggling, the occupational therapists can provide you with tips and tricks to assist you and if necessary, some equipment to help you.

X-ray

You will have an x-ray whilst in hospital to check your shoulder replacement is positioned well.

This is routine for all patients.

Physiotherapy

Initially you will be given as much help you need and as you improve you can start the exercises on your own. When you are ready, the physiotherapists will progress with your exercises. It is important you practice the exercises especially managing the day to day activities so that the physiotherapists will know you will be able to manage safely when you get home. The physiotherapists will show you the correct way to do this. You should complete all the exercises four times each day until you attend for your outpatient physiotherapy appointment. It is a good idea to take some pain killers before doing your exercises.

Physiotherapy is important to get the most of your shoulder after the operation. The first stage is to get your shoulder moving again. It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises. However, if you experience intense and lasting pain (e.g. more than 30 minutes), it is an indication to change the exercise by doing less forcefully or less often. Please be guided by your level of discomfort; we do not expect you to get full range of movement on the first day. Do short frequent exercises for 5-10 minutes, 4 times a day rather than one long session.

You will be shown these exercises by the physiotherapist when you are in hospital and they will tell you when you should start them.

Sling

You will return from the theatre wearing a sling; this is to protect the shoulder while it heals. When you are wearing the sling, ensure your forearm is well supported and do not allow your hand to be lower than your elbow. The surgeon or physiotherapist will advise you on how long you are to continue wearing the sling; however this is usually for 3-6 weeks. You can generally take your sling off to wash and dress but you should use your good arm to do most of the work. Except to wash and dress, the sling must be worn at all times, including in bed. You will be shown how to remove the sling safely.

Sleeping

Sleeping can be a little uncomfortable if you try to lie on your operated shoulder. We would recommend that you lie on your back or on the opposite side as you prefer. Ordinary pillows can be used to give you comfort and support. The sling should be worn all the times, even during the night when you are sleeping.



Lying on back with sling



Lying on non-operated side with sling

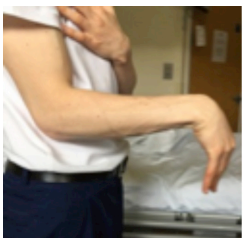
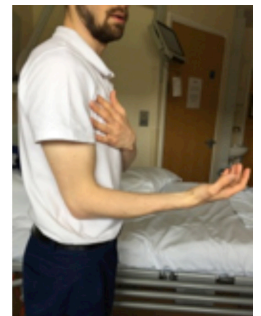
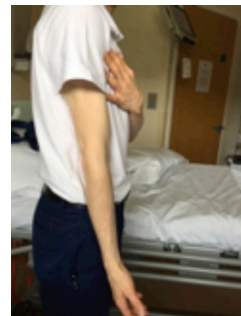
Early Exercises

You need to start these exercises immediately after your operation and continue regularly until your physiotherapist progresses you onto the advanced exercises.

The first seven exercises are designed to maintain and increase motion. It is important to note that in each exercise, the operated arm is assisted by the good arm, by gravity or by a pulley. This assistance is necessary for maximum early return of the motion while avoiding excessive strain on the repaired muscles. Follow the sequence of exercises from one to six. All exercises should be done four times daily in five to ten minute sessions until you attend for your outpatient physiotherapy appointment.

Exercise 1: Elbow flexion/extension

Lie on your back with your legs straight. Pull your toes towards you and push your knees down firmly. You should take your arm out of the sling every two hours to bend and straighten your elbow fully 10 times. This will stop it from becoming stiff whilst you wear the sling.

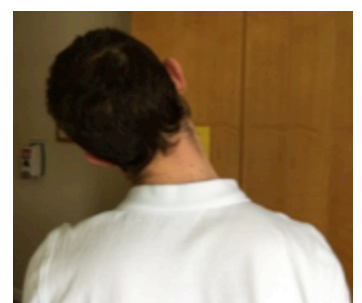


Exercise 2: Wrist and Hand

Make a fist with your fingers and then open your hand. Repeat 10 times every hour. Keep your wrist moving also by pronation and supination of forearm.

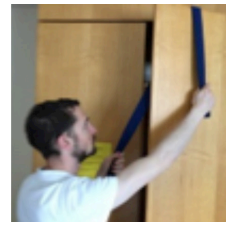
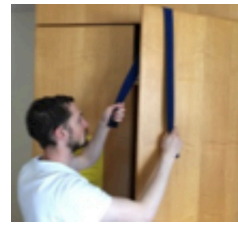
Exercise 3: Neck side flexion

Facing forwards, gently take your right ear down towards your right shoulder. Hold for five seconds and slowly return your head to the starting position. Next, take your left ear towards your left shoulder and hold for five seconds before slowly returning to the starting position. Repeat these three times to each side.



Exercise 4: Pulleys

Using a pulley system (you can improvise by asking someone to place a dressing gown belt through a coat hanger over the top of a door), using your strong arm to help raise your operated arm. Only move your arm as far as you feel comfortable. Repeat this for up to five minutes.



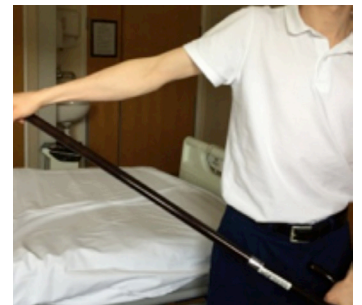
Exercise 5: Assisted flexion

Lying on your back, support your operated arm with your other arm and lift it up as far as tolerated. Try not to arch your back. Repeat this 10 times as far as is comfortable.

Exercise 6: Assisted abduction

Standing up, hold onto the ends of a long stick (a walking stick, a broom handle, a golf club or a long umbrella could be used). Use your good arm to push the stick and your operated arm out and up away from your side. Repeat these 10 times as far as is comfortable.

Note - avoid external rotation greater than 25 degrees until 6 weeks.



Discharge home

How long will I stay in the hospital?

We aim for you to be discharged home on the first or second day after your operation. Your doctor will let you know when we feel you are able to go home..

What do I take home with me?

Before leaving the ward, you will be given:

- Pain killers;
- A telephone number of the ward which you can use to contact if you have any questions or problems once you are home;
- A letter to take to your GP about your hospital stay;
- A letter to your GP/District nurse who will check your wound and remove any clips (12-14 days post operation) once you are home. Some surgeons will use stitches that dissolve by themselves in which case dressing will be changed.

Keep the wound dry until it is well healed. The dressings are showerproof but you should avoid soaking the area. Please discuss any queries you may have with the nurses in the ward before you go home.

When do I return to the clinic?

You will be seen in the orthopaedic clinic between 6 and weeks after your operation to check on your progress. The physiotherapy team will also see you regularly after you are discharged home.

Advice for activities for daily living

● Washing

Your dressing over the wound will be water proof. Do not have a bath until wound is fully healed; you should contact your local nurse if you have any doubts.

● Getting on and off seats

Raising the height can help, e.g. extra cushion, raised toilet seat, chair or bed blocks.

● Getting in and out of the bath

Using bath boards may help (initially you may prefer to strip wash). Please remember that your dressing is only showerproof and should not be soaked or submerged unnecessarily.

● Hair care and washing yourself

Long handle combs, brushes and sponges can help to stop twisting your arm out to the side.

● Dressing

Wear loose clothing, either with the front fastening or which you can slip over your head. For ease, also remember to dress your operated arm first and undress your operated arm last. In addition dressing sticks, long handled shoe horns, elastic shoe laces, sock aids and a 'helping hand' can help.

● Eating

Use your operated arm as soon as you feel able to cut up food and hold a cup. Non-slip mats and other simple aids can help.

● Household tasks /cooking

Do light tasks as soon as you feel able e.g. lift kettle with small amount of water, light dusting, ironing, rolling pastry. Various gadgets can help you with other tasks.

● Return to work

Return to work depends very much on your specific job and whether or not you need to drive. It is illegal to drive while in a sling. If you can get to work, desk workers can return as soon as you feel able, sometimes after about 6 weeks although you will have to be able to work one-handed. Most people need about 10-12 weeks off work, although heavy manual labour will require about 6 months off work. Prolonged, heavy overhead activity may never be possible. You will usually be signed off work for 6 weeks and this can be reviewed at your first clinic appointment. Your employers need to know this.

● Driving

It is illegal to drive while wearing a sling. You may start to drive once the sling has been discarded; this period is very variable but is normally around 6 weeks after the operation. You should be able to safely control the car. You may find it is more difficult if your left arm has been operated on because of using the gear stick and handbrake. Check that you can manage all the controls and it is advisable to start with short journeys. The seat belt may be uncomfortable initially but your shoulder will not be harmed by it. Ultimately it is your responsibility to ensure you are safe to drive and it is sensible to check with your insurance provider.

● Return to leisure activities

Your ability to start these activities will depend on pain, range of movement and the strength that you have in your shoulder after the operation. Please discuss with the therapists and doctor regarding the activities you are interested in. Start with short sessions and gradually increase.

- Swimming: Breaststroke after 12 weeks, freestyle 16 weeks. You may have difficulty with vertical steps into the pool.
- Gardening: Light tasks e.g. weeding after 10-12 weeks. Avoid heavier tasks, for example digging
- Bowls: After 3-6 months.
- Golf: After 3 months.
- Tennis, badminton or squash: After 4-6 months.

These are approximate and will differ depending upon each person individual achievements. However, they should be seen as the earliest that these activities may commence.

Do's and Don'ts

- During the first 6 weeks, avoid taking your arm out to the side and twisting it backwards. For example, when putting on a shirt or coat put your operated arm in its sleeve first. Try not to reach up and behind you (e.g. seat belt in car). Avoid forceful movements of the arm across the body as well. It is normally too painful /difficult to do.
- During the first 3 months, avoid leaning with all your body weight on your arm with your hand behind you. For example, leaning heavily on your arm to get out of a chair.

Frequently asked questions

Are there any alternatives to shoulder replacement?

You may have undergone a regime of conservative measures such as painkillers, injections, exercise and physiotherapy to help improve your pain and function. However, if these have failed, shoulder replacement surgery can be recommended.

Will I be completely pain free and get full range of movement in my operated shoulder?

Shoulder replacement is an operation to relieve your pain and should take away most, if not all, of the pain that you have in your shoulder. It may take several weeks before you feel the full benefit of your new shoulder, so please do not be disappointed if it is still painful after the operation.

It is unlikely that you will have as much movement as a normal shoulder after having a shoulder replacement, but the physiotherapists will help you to try and get as much movement as possible from your new joint. Some people do find that they actually get more movement from their new joint, but this depends upon how stiff your shoulder was before the operation.

What are the visiting hours for the ward?

Visiting times are 2-8 pm. There may be occasions when we need to interrupt visiting to provide various aspects of your care. Where possible, we try not to interrupt you whilst you have visitors but there are occasions where it is necessary. Please be understanding about this. If it helps us with your care then you can get home sooner.

Can my visitors come in the day of the operation?

Yes. Please advise visitors to ask the nursing staff if it is appropriate to visit on the day of your surgery as it is important that you get your rest and you may be groggy from the anaesthetic.

Can my friend /relative phone the ward to check how I am?

Yes, of course. We understand that your friends and family are keen to check your progress. However, we would be grateful if one member of your family or one friend could take responsibility for keeping other relatives informed of your progress. This allows the nursing staff to use their time to focus on caring for you.

Are there any other orthopaedic wards in the hospital?

You will be based on one of our two orthopaedic wards. There could be a possibility that during your stay, you may be moved to another orthopaedic ward to continue your recovery. This will occur if necessary. Both wards have experienced nurses, doctors and therapists and you will continue your recovery in the same way.

Is it safe to bring valuables into hospital with me?

There is a lockable drawer in your bedside locker but we do not recommend you bring too many valuables with you. Anything that you bring into hospital is done at your own risk. Royal Bournemouth and Christchurch Hospitals NHS foundation Trust cannot take responsibility for your belongings.

Are there televisions and newspapers in the ward?

All rooms have a combined television, telephone and radio system at the bedside. There is a charge to use the telephone and television. Payment can be made using a debit or credit card or by purchasing a payment card at the main entrance of the hospital. In some wards we have a daily Newspaper trolley but if you wish, ask your visitors to bring in any newspapers or magazines for you.

Can I use a mobile phone in hospital?

Yes, it is possible to bring a mobile phone with you so that you can speak to friends and relatives during your stay. We ask you to keep them to minimum as not to disturb other patients.

Some hospitals do not allow flowers on the ward. Is this true for Bournemouth?

Yes, we regret that we cannot allow flowers or plants on the ward. This is because they can be a source of infection which could in turn get into your or other patients wounds. Please inform your visitors about this.

How soon can I travel after my operation?

Flying is not recommended for at least 3 months after your operation due to risk of blood clot. Some consultants vary with this advice. Please contact your consultant via their secretary if you need to fly before the timescales advised.

What should I bring with me to hospital?

Some people experience some increase in pain after being home a short time. This is often due to increasing your activity. If you are concerned then please don't hesitate to contact the ward or your GP.

What to take

- This booklet
- All current medications in their original boxes
- Elbow crutches or walking sticks if you use them
- Flat trainers or shoes
- Mobile phones/books
- Telephones numbers of friends/relatives
- Glasses and case

Please do not bring

- Unnecessary jewellery
- Large sums of money
- Laptop computers
- Any other valuables

Please remove nail varnish and piercings.

Useful Contacts

Royal Bournemouth Switchboard: **01202 303626**

Sandbourne Suite: **01202 726104**

Ward 7: **01202 726276**

Derwent Ward: **01202 706223**

Pre-Assessment: **01202 704102**

Outline of the events surrounding your shoulder replacement

| | |
|-------------------------------------|---|
| A few weeks before operation | Attend pre-assessment clinic Attend pre-op education class |
| One week before | You may need to stop certain medications (as advised) |
| Day before | Remember to stop eating and drinking at the correct time |
| Day of surgery | Arrive at correct ward and time according to admission letter Visit from surgeon and anaesthetist Repeat blood test |
| Day one | Start exercises as advised by the physiotherapist |
| Day two and three | Progress with the shoulder exercises X-ray Aim for discharge |

Continue with recovery until you are ready to go home

| | |
|---|--|
| Seven to 14 days after operation | Start exercises as advised by the physiotherapist |
| 10-14 days after operation | Stitches or clips will be taken out if necessary Dissolvable sutures will be checked Physiotherapy input |
| Six weeks after operation | Follow up appointment with orthopaedic team |
| Six months after operation | Follow up with orthopaedic team X-ray of the operated shoulder Oxford Shoulder Score |
| One year after operation | Follow up with consultant team |

If you are not aware of the date or time of your follow-up appointment, please contact either:

Sandbourne Suite: **01202 726104**

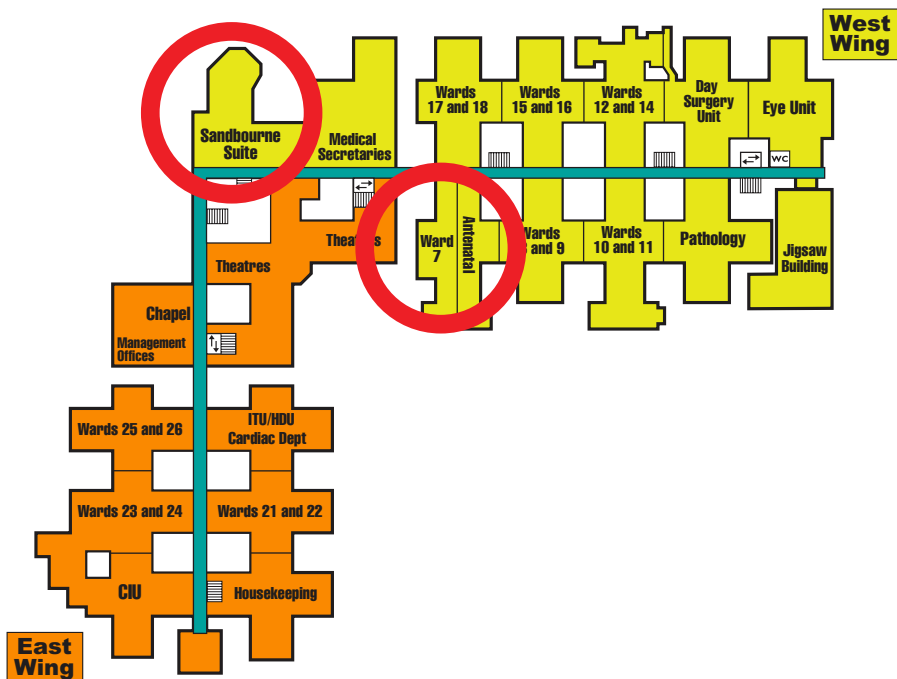
Orthopaedic reception: **01202 704920**

Hospital Maps

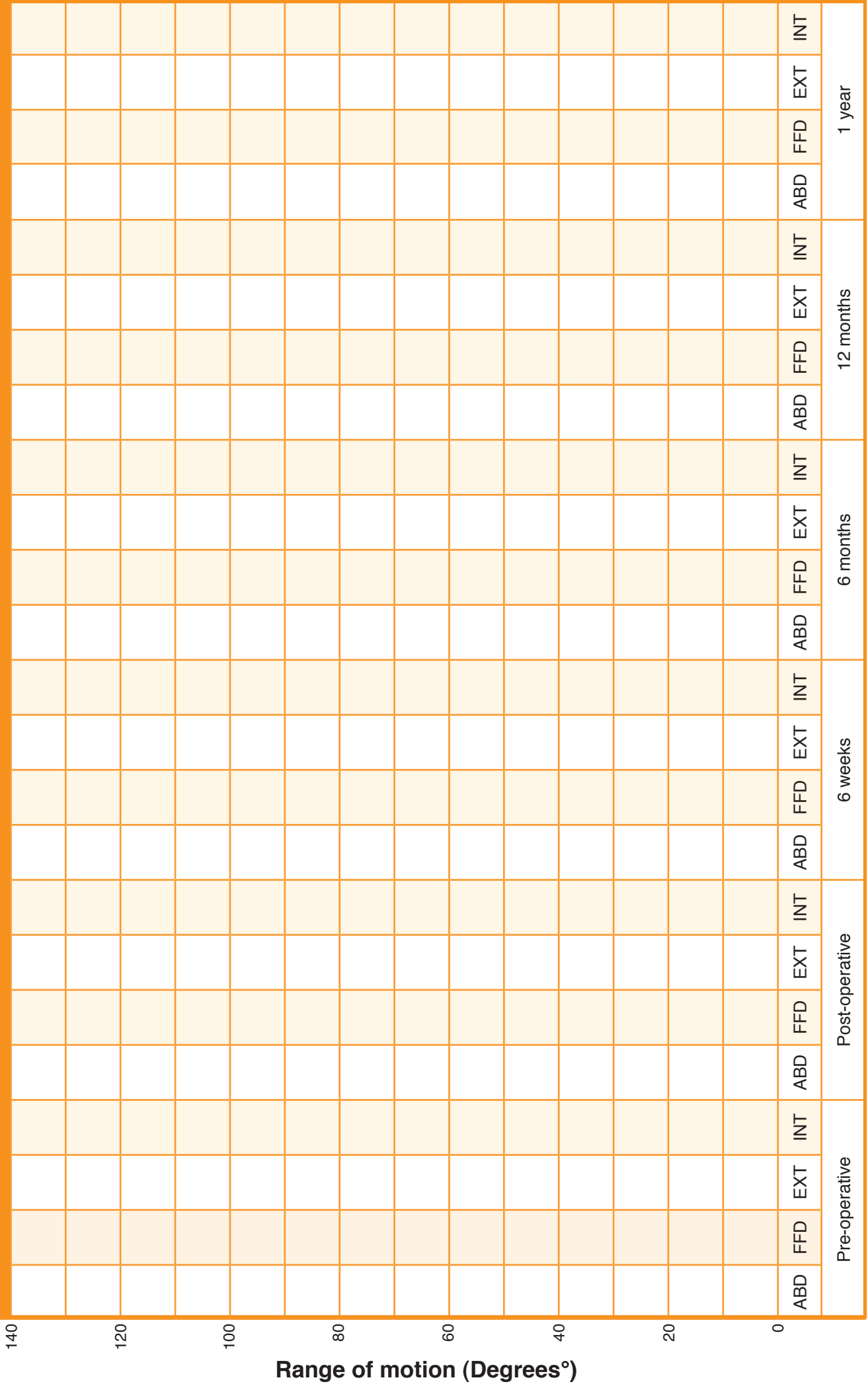
Ground Floor Royal Bournemouth Hospital



First Floor Royal Bournemouth Hospital



Your total shoulder replacement progress chart



Time since shoulder surgery

Additional Notes

Our mission

Providing the excellent care we would expect for our own families.

The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW

The Bournemouth Hospital Charity raises funds for the Bournemouth and Christchurch Hospitals to enhance patient care and purchase items which directly benefit patients and staff above and beyond that which can be funded by the NHS alone. If you would like to contribute to the Bournemouth Hospital Charity please contact them on **01202 704060**, email **charity@rbch.nhs.uk** or visit **www.bournemouthhospitalcharity.org**.

If you have any queries or concerns about your care at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, the Patient Advice and Liaison Service (PALS) would be happy to help you and can be contacted on **01202 704886/704301** or **pals@rbch.nhs.uk**.

If you would like this leaflet printed in a larger font, please contact the Communications Team on **01202 704905** during the office hours of 8.30am-5pm Monday - Friday.



Author: **Mr Venkat Gade and Hannah Thompson**

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Website: www.rbch.nhs.uk ■ Tel: 01202 303626

Consent sheet

Addressograph

Total Shoulder Replacement Acknowledgement of Understanding

I have read and understood this booklet with information regarding Total Shoulder Replacement Surgery. This includes:

- Risks to this surgery
- What to expect before my surgery
- What to expect from my surgery
- What to expect after my surgery
- Exercises and after care

Signed:

Date:

This sheet will be stored in your medical records before your surgery