NHS
University Hospitals Dorset
NHS Foundation Trust

Your total shoulder replacement (TSR) at University Hospitals Dorset (UHD)

Introduction:

This booklet is about having a total shoulder replacement (TSR) at UHD.

This guide will explain what will happen before, during, and after your surgery. Please bring it with you to the hospital.

This is a general guide. Your hospital team might change your treatment. If this happens, follow their advice instead of what is in the guide.

Educational information

What is the shoulder joint?

The shoulder is a ball and socket joint made up of two main parts. The humeral head (the top part of the upper arm bone), is the ball. The glenoid, which is part of the shoulder blade, is the socket. Smooth cartilage covers both the ball and socket. It protects the joint.

The shoulder joint is the most flexible joint in the body. It relies on strong muscles to keep it stable and help it move. The most important muscles for this are the rotator cuff muscles. These muscles start from the shoulder blade. Their tendons end up forming a cover over the ball of the shoulder joint.

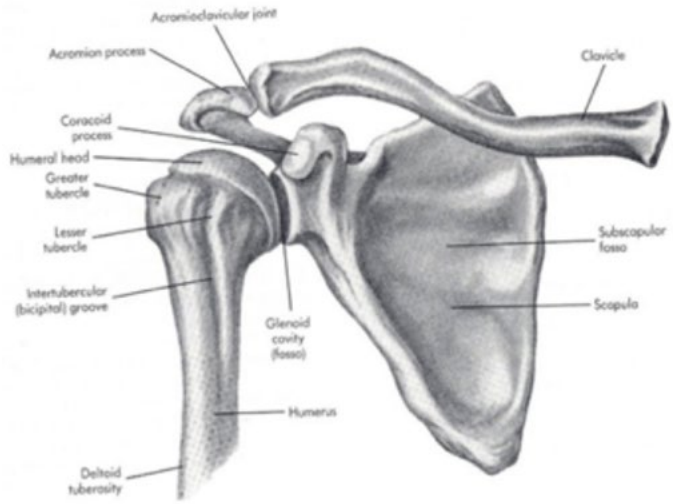
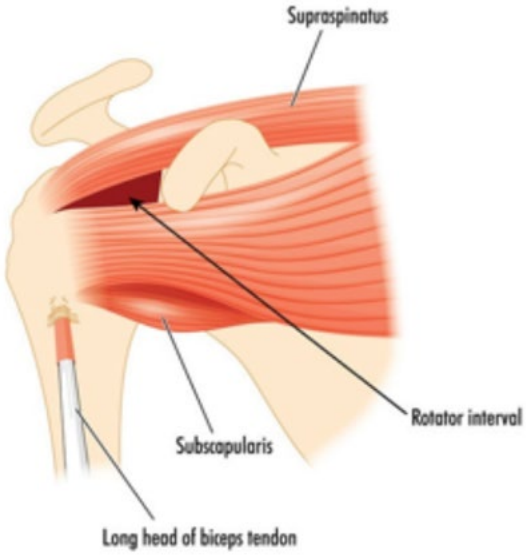


Diagram of Normal Shoulder



The Rotator Cuff

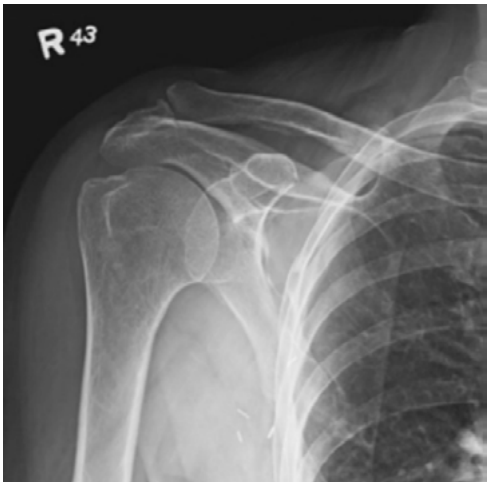
What causes shoulder pain?

One of the common causes of shoulder pain is arthritis. Arthritis is not just one disease. Arthritis is a term for joint pain or joint disease. The most common type of arthritis is osteoarthritis (OA).

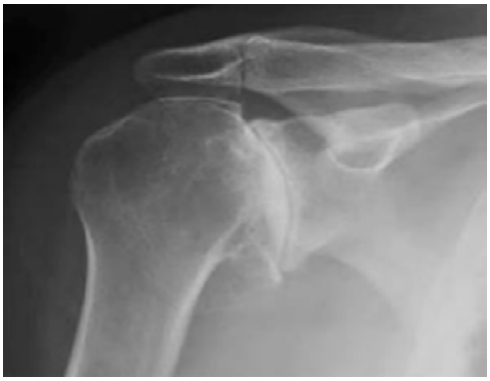
OA was thought to be a ‘wear and tear’ disease of the cartilage that happens with age. New research shows that OA affects the whole joint. OA can damage the cartilage. It can also change the shape of the bone and cause swelling. Things that can cause OA include:

- age
- past injuries
- family history
- overuse.

Inflammatory conditions such as rheumatoid arthritis are another common cause of joint problems. The damage from OA or other conditions can make the joint painful and stiff. The symptoms normally start slowly and may get worse over time. This can lead to more pain. It can make it harder to move the joint. This pain can also affect your sleep and make daily tasks harder.



X-ray of Normal Shoulder



X-ray of Arthritic Shoulder

When is a total shoulder replacement (TSR) suggested?

A total shoulder replacement (TSR) is a major surgery. It is normally only suggested if other treatments haven't worked. These treatments may include painkillers, injections, or physiotherapy.

People who may benefit from TSR have severe pain that painkillers can't control. The pain stops them from sleeping, working, or doing everyday tasks.

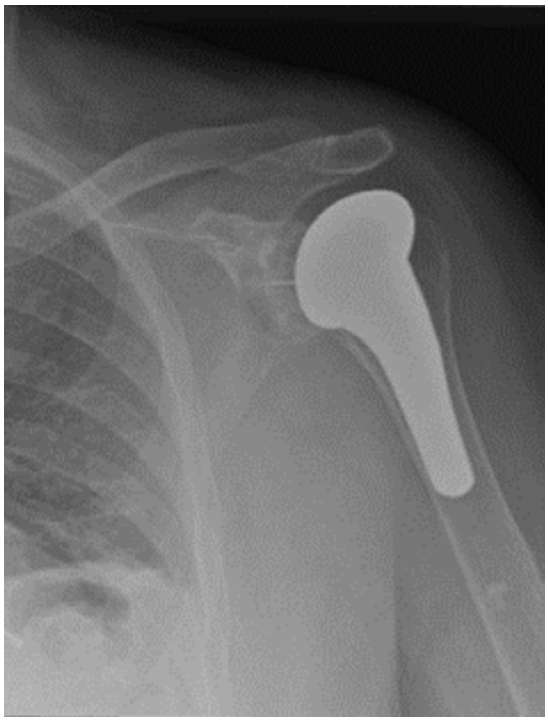
What is a total shoulder replacement (TSR)?

A TSR is surgery to replace the damaged parts of the shoulder joint. These are replaced with a man-made joint called an implant or prosthesis.

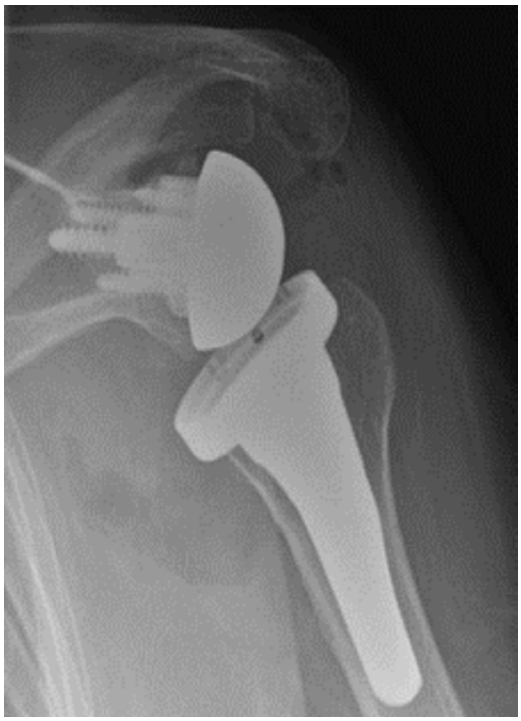
There are two main types of shoulder replacement. The type used depends on the state of the rotator cuff muscles:

a) Anatomic TSR - in this surgery, the ball of the shoulder joint is replaced with a metal head and stem. The socket is replaced with a smooth plastic shell.

b) Reverse geometry TSR - this surgery is used when the rotator cuff muscles are badly damaged or torn. The ball and socket in the shoulder joint are switched so other muscles around the shoulder can work better to move it.



Xray of an Anatomic TSR



Xray of a Reverse geometry TSR

What can be expected after a TSR?

The main goal of the surgery is to reduce pain in your shoulder. It may take a few weeks before the pain starts to get better. How much you can move your shoulder will be different for each person. It depends on how stiff your shoulder was before surgery. The health of the muscles around the shoulder will also affect movement after surgery. The surgery may not completely remove your pain. There is also a risk it could make things worse if there are complications.

After surgery you will wear a sling for a few weeks. This is for comfort and to protect your shoulder. The hospital team will tell you how long to wear it.

Full recovery after a TSR takes time. It may take up to a year to feel full benefit. You should be able to start doing gentle daily tasks from 4-6 weeks after surgery. Talk to your surgeon about the activities that matter most to you before surgery.

What are the risks related to a TSR?

A total shoulder replacement (TSR) is a major surgery. Like any surgery there are risks. Below are the general risks of this surgery. Your surgeon will discuss any extra risks specific to you..

Common risks: 2-5%

- pain
- bleeding
- scar
- prosthesis wear/ loosening (less common for reverse geometry TSR)
- dislocation (less common for anatomic TSR)

Less common: 1-2%

- reduced function
- infection
- rotator cuff tear
- revision surgery (commonly for anatomic shoulder replacement)

Rare: <1%

- nerve and vessel injury
- poor/ delayed wound healing
- excessive (keloid/ hypertrophic) scarring
- fracture during surgery

Very rare: <0.1%

- lasting pain
- complex regional pain syndrome (CRPS)
- blood clot in the leg (deep vein Thrombosis - DVT)
- stroke
- heart attack (myocardial infarction)
- death

Patient Reported Outcome Measures (PROMS)

We will collect details about your shoulder and general health. This is in the form of a paper-based survey. We do this before your surgery and for six months after. This helps us see how well the surgery worked. This helps improve care for future patients. You will fill out the first survey before surgery.

If you need help with the survey, ask a member of the orthopaedic team. If you have any problems with your shoulder after surgery, talk to your surgeon's team. The surveys are not for raising concerns with your surgeon.

The National Joint Registry (NJR)

The NJR collects details about all shoulder replacements in England and Wales. It helps check how well different surgeries work and find the best implants. Before your surgery you will be asked if you agree to share your details with the register. While unlikely, if there is ever a problem with your implant in the future, the NJR can contact you and let you know.

Pre-op CT planning and BluePrint consent

Before your surgery we will take a CT scan of your shoulder. A CT scan is a special type of x-ray. It gives detailed images of inside the body. This is to help plan the surgery. The images will go into a safe computer program (Blueprint, Stryker). This program helps us pick the best parts to use for the replacement. It also helps reduce the chance of problems during surgery. We will need your permission to do this.

Before your surgery

Pre-Assessment

Once the team lists you for surgery you will need a pre-assessment. You cannot get a surgery date until you attend this. We will send you the appointment details.

Your appointment in pre-assessment may take a few hours. A team member will check if you're fit for surgery.

Bring these to your appointment:

- A list of all medicines you take and their doses (including herbal or non-prescription)
- Details of any allergies
- A list of past surgeries

We may need more tests or treatments before we can say you're fit for surgery. If we need these, we'll explain why. You may need extra appointments for them.

Once we are happy you're fit for surgery, we will tell the admissions team. They will contact you with your surgery date once there is availability.

Actions to take before you come to the hospital

Planning ahead

It's important to think about how you'll manage at home after surgery. Tasks like washing, dressing, and doing housework may be harder at first. This is because you will be wearing a sling. It can be helpful if friends or family can help you with these. They may be able to stay with you or visit often.

You can also get ready before surgery by doing some harder jobs. For example, change your bed sheets before you come into the hospital. It's also a good idea to freeze some meals, especially if you live alone. Cooking from scratch might be hard at first. Try to organise the kitchen and bathroom so things you use often are easy to reach. If you're worried about managing after surgery, please get in touch.

Ring the occupational therapy team on **0300 019 4856** (Monday to Friday, 8am to 4pm).

Stopping smoking

Smoking can slow down healing and cause problems after surgery. If you stop smoking, you'll improve your health and reduce the risks with anaesthesia. It can also lead to better results from surgery. If you want help to stop smoking, talk to your pre-assessment nurse or GP.

Weight management

BMI (Body Mass Index) is a way to check if your weight is healthy for your height. You might feel fine at your current weight. However, people with a higher BMI are more likely to have serious problems during or after surgery. If you want to lose weight before surgery, speak to your pre-assessment nurse or GP.

Extra information

We have more information to help you get ready for your surgery online. You can visit the UHD orthopaedic webpage at **www.uhd.nhs.uk/services/orthopaedics** for extra resources and videos.

Reasons to contact us before surgery

Please call us if you have any of these a week before your surgery:

- a cough
- a cold
- a sore throat
- a rash
- cuts or scrapes
- open wounds or sores
- insect bites
- a change in your medicine since your pre-assessment
- a new health problem that needs a specialist (like a heart or chest doctor)
- if you no longer feel you need the surgery

These may require your surgery to be delayed for your safety. It's important to contact the admissions team as soon as possible. You can reach them at **0300 019 4919** or **0300 019 4930**.

Avoiding last-minute cancellations helps improve waiting times for everyone.

What to bring into the hospital:

- This booklet
- Any other paperwork about your hospital visit
- All your current medicines (make sure they are in their original boxes)
- Any walking aids you normally use (like a walking stick). Remember to label them with your name
- A shoehorn (labelled with your name) if you have one
- Toiletries (toothbrush, soap, etc.)
- Footwear - slippers or slip-on shoes with backs (no laces). These are best because they are easy to put on and give some support
- Night clothes (including a dressing gown) and day clothes. Wear loose t-shirts, shirts, or blouses for your upper body. Avoid clothes with straps over your shoulders. Elasticated trousers, jogging bottoms, or skirts are easier to put on and take off
- Your mobile phone and charger
- Contact details for your family or friends if you want to reach them
- Glasses and a case (if you need them)
- Hearing aids and a case (if you need them)
- Dentures and a case (if you need them)

Please do not bring:

- Unnecessary jewellery
- Large amounts of money
- Laptop computers which need plugging into the mains
- Any other valuable items
- Food that needs to be kept in the fridge

Day of surgery

Eating and drinking

Follow the instructions about when to stop eating and drinking before your surgery. You need an empty stomach for surgery. Food or drink in your stomach during surgery can cause you to vomit. This could lead to damage to your lungs.

If you don't follow the instructions, we may cancel your surgery.

Only stop medicines the pre-assessment team told you to. Take any other morning medicines as usual. Take them with a small sip of water.

Don't drink alcohol for 24 hours before surgery.

Arrival at the hospital

You will come to the hospital on the same day as your surgery. Your letter will tell you where to go and what time to arrive.

When you arrive, a nurse will check you in. They will do some tests, like your blood pressure. They might also take a blood test. The surgeon will talk to you before your surgery. You can ask any questions you may have.

Before the surgery, you will put on a hospital gown. You'll need to take off any piercings, jewellery, glasses, false nails, or dentures.

The anaesthetic

Your anaesthetist will see you before surgery to explain the anaesthetic. They will make sure it's right for you and answer any questions.

For shoulder surgery you will have a general anaesthetic and a nerve block. The nerve block is an injection near your collarbone. It will numb your arm from your shoulder to your hand. This can last for up to 24 hours. You also may not be able to move it. Be careful with your arm to avoid injury during this time.

The surgery

The surgeon makes a cut over the front of your shoulder. They will replace the ball and socket of your shoulder with man-made parts. These parts are made of hard-wearing metal and plastic. They replace the damaged bone and cartilage in your shoulder joint.

After replacing the joint, the surgeon closes the cut with stitches or glue. They then cover it with a dressing.

The surgery normally takes about two hours.

Straight after the surgery

You will be taken to the recovery area. A nurse will stay with you the whole time. They will check things like your blood pressure, heart rate, and oxygen levels. If you feel sick or have pain, tell the nurse. They can give you medicines to help this. Once your nurse is happy you've recovered safely, you will be moved to the ward.

Your recovery while in hospital

Eating and drinking

It's important to start eating and drinking normally after your surgery. This helps you recover and can stop you from feeling sick. After surgery you might be low on fluids and minerals (called electrolytes).

It's important to replace these but be careful not to drink too much water. You should drink when you feel thirsty. We suggest drinking drinks with electrolytes. Things like sports drinks or cordial contain these.

Pain management

A TSR is a major surgery. It can be very painful if not treated properly. At first you may not feel much pain because of the nerve block. As it wears off the pain may get worse. The nurses will give you painkillers at regular times. They will start giving them to you before the nerve block wears off. This is to keep you comfortable as the feeling returns.

If the pain is getting worse let the nurses know. It's important to ask for help early. Severe pain can slow down your recovery.

Will I have a sling?

You will return from theatre in a sling. Wear your sling as long as your surgeon and physiotherapist tell you. This is normally for 3 to 6 weeks. When you are in the sling, keep your forearm supported. Don't let your hand hang lower than your elbow. You can take it off to wash, dress, and do your exercises. You should wear the sling the rest of the time. This includes in bed. The sling helps support your arm and stops your shoulder from moving too much. When your arm is out of the sling, keep it by your side. This is so your shoulder can heal.

Walking and daily task practice

The therapy team will make sure you can walk safely while wearing your sling. They will check if you can get in and out of bed. They will also make sure you are able to get on and off the toilet. You will need to do these without putting weight on your operated arm. If needed, they can supply equipment to help you with these tasks.

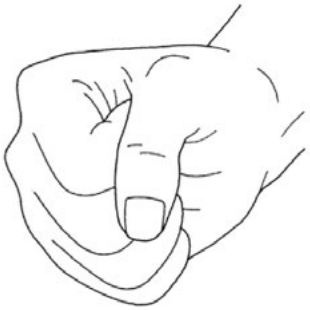
The therapy team will also help you plan how to manage other important tasks. These include washing, dressing, and preparing meals. These tasks can be harder after surgery. This is because you won't be able to use your operated arm at first.

Exercises

A physio will see you after surgery. They will review your shoulder and discuss your rehab. Do not try to start to exercise before you see the physio.

You should aim to do each exercise 4 to 5 times a day unless otherwise stated. It is normal for the shoulder to feel sore when doing exercise. If you experience severe pain or pain that lasts for several hours after exercising you could try less repetitions or do smaller movements.

Exercise 1 - hand



Make as tight a fist as you can with your hand.
Then open your fingers out as straight as you can.
Repeat this ten times every hour while awake.

Exercise 2 - wrist

Bend the wrist forwards and backwards. Repeat this ten times.
Circle the wrist in a clockwise and then in an anti-clockwise direction.
Repeat five times each direction.

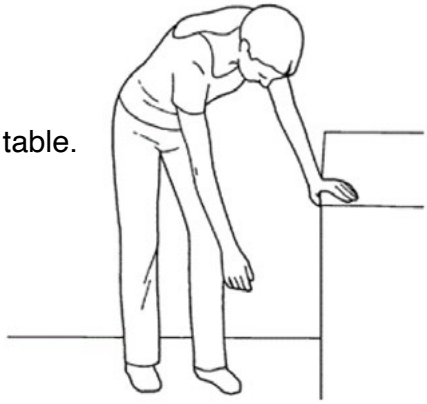
Exercise 3 - palm up/palm down

With your elbow bent.
Turn your palm to face upwards.
Then turn your palm to face downwards.
Repeat ten times.

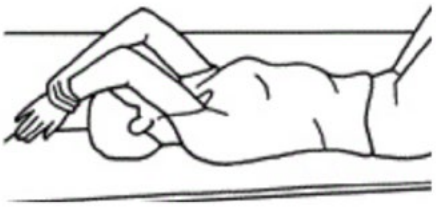
Exercise 4 - elbow bending and straightening

Take the arm out of the sling.
Bend your elbow as much as you can.
Then straighten it as much as you can. Repeat 10 times.

Exercise 5 - pendulums

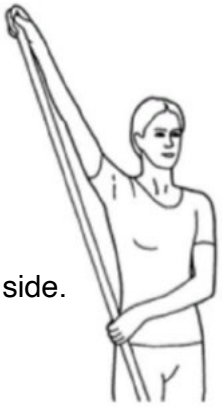


Lean forwards with your good arm supporting you on a table.
Let your operated arm hang down and relax.
Swing your arm forwards and backwards 10 times.
Then side to side 10 times. Then in a circle 10 times.
This can be repeated more if comfortable.
Slowly build up the size of the swing/circle.



Exercise 6 - assisted lifting to the front

Lying on your back.
Support your operated arm with your other arm and lift it over your head.
Try not to arch your back.
Repeat this 10 times as far as is comfortable.



Exercise 7 - assisted lifting to the side

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 this 10 times as far as is comfortable.

Discharge

How long will I stay in hospital?

Thanks to improvements in anaesthetics and surgery, we can do shoulder replacements safely as day or short-stay procedures. This means many people can go home the same day. Research shows that having surgery as a day case is safe. It can also be a better experience for patients. Some people may need a longer recovery time and will stay overnight. We will then plan for home from the next day. The doctors, nurses, and the therapy team make sure you are safe before you go home.

What needs to happen before I go home?

Before you leave, we need to check the following:

- You are medically well enough.
- Your pain is under control.
- You can walk safely (using a walking aid if needed).
- You can get on and off the bed, toilet, and chair by yourself.
- You can do steps or stairs safely (depending on what's at home).
- You have a plan for doing daily tasks at home while in a sling.

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.

What will I take home with me?

Before you leave, you will get:

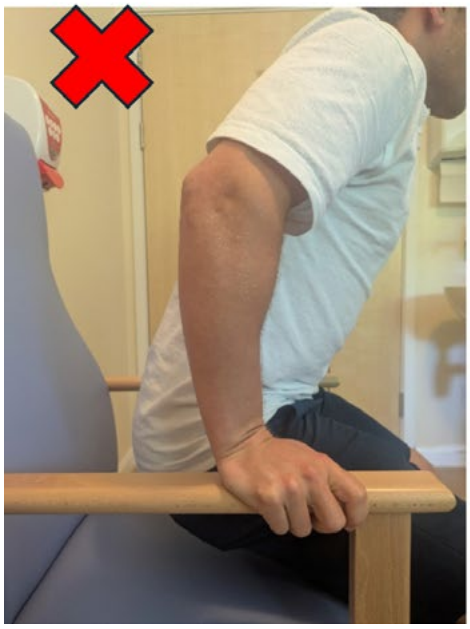
- An advice sheet about your surgery with contact details for any concerns.
- Any necessary equipment, like walking aids.
- A discharge letter with details about your stay. This also has advice on signs of blood clots and contact numbers.
- Details about your wound care to give to your practice nurse if needed.
- A week's supply of pain medicine
- Emergency contact numbers

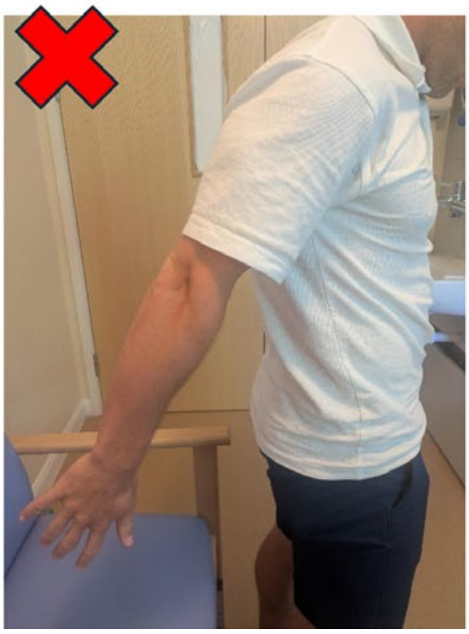
Recovering at home

Precautions

After your surgery it is important to give your shoulder time to heal. For the first 6 weeks there are some things you should avoid:

- Do not weight bear through the operated arm. This includes pushing up from a chair
- Do not move your arm backwards past your ribcage
- Do not rotate your arm to the side more than 30 degrees.
- Do not lift anything heavy. A full cup or glass at most.





Pain relief

Like any surgery, a joint replacement will hurt. Mostly in the first few weeks. When you leave the hospital, it's important to keep taking your pain medicine. The nurses will explain how to take it before you go home. Even though the medicine is strong, you may still feel some pain. The goal is to keep the pain manageable. This will help you do your exercises. Doing exercises regularly is important for your recovery.

Using ice can help with pain. You can use an ice pack or a bag of frozen vegetables. Put the ice on your shoulder for 15 to 20 minutes every two hours. You must put a tea towel or cloth between the ice and your skin. This is to avoid ice burns.

Sleeping

Lying on your back or on your opposite side will be more comfortable. Use a pillow or pillows for extra support. You should wear your sling at night when sleeping.

Mobility

The therapy team will check your walking on the ward. You won't be able to use a walking aid on the operated side initially. They may try getting you to use a walking aid in the other hand. If this doesn't work, they may try a different walking aid.

You cannot push through your operated arm. You may need to think about avoiding sitting on low furniture. You can place some cushions on chairs. This is to make them higher and easier to stand up from.

Washing and dressing

You need to be careful getting washed and dressed to protect your wound. The dressing over your wound is splash proof. However, you should not rub soap into it or submerge it in water. Gently pat it dry after washing. It is best to get washed sitting down. You can support your arm on a pillow while it is out of the sling. Make sure you wash thoroughly around your elbow crease and under your armpit.

Loose fitting clothing is normally best after surgery. When getting dressed put your operated arm into the clothing first. When getting undressed take the operated arm out last. Shorts, skirts, or trousers with stretchy waistbands are normally easiest for your lower half.

Making food

Cooking from scratch can be more difficult after surgery. Some things that can make food preparation easier are:

- Preparing meals before your surgery and freezing them
- Cooking simple meals - using ready meals or pre-chopped vegetables
- Arranging your kitchen so regularly used items are easy to reach
- Asking a family member or friend to help with meals

Other household tasks

After surgery you will need to avoid heavier household tasks. Things like changing bedsheets are likely to involve heavy lifting. You should do these before you come in to hospital to make your recovery after easier.

Doing your shopping while in a sling can be more difficult. You should see if a family member or friend can do this for you. You may also want to consider getting an online shop delivered. You may still need some help putting this away to avoid any heavy lifting.

Follow up appointments

Wound check

You will need a wound check 12 to 14 days after your surgery. This can be done at your GP surgery or in the orthopaedic clinic. The hospital team will let you know where to go.

Surgical follow-up

When you leave hospital, you will get a follow up appointment. This will be for six weeks after your surgery. At this appointment a member of your consultant's team will check how you're doing. You will have further follow-up appointments. These will be around six months and one year after surgery.

Physio follow up

We will refer you for outpatient physio when you leave hospital. This will be at the closest suitable hospital to you. They will carry on your rehab with you. Your first appointment will normally be two to three weeks after surgery.

Follow up call for day cases:

If you go home on the day of surgery, we will call you the next day. This call will be to check how you are managing at home. You can also ask any extra questions you may have.

Return to activities

Driving

You cannot drive while you are in a sling. Once out of the sling, returning to driving depends on your strength and movement. You must be in full control of the vehicle. This includes being able to control the car in the event of an emergency. If your surgery was on your left arm, it may take longer. This is due to needing to use the gear stick and/or handbrake.

You should also check your insurance policy. They may have set timeframes before you can return to driving. You may also need to tell them about the surgery you have had.

You do not need to inform the DVLA of your operation unless you have been told to do so by a doctor or have been unable to drive for three months or more. Higher standards are required for those with a class 2 licence (for lorry or bus). For safety you may be advised to wait longer before you return to driving. You may also need to speak to your employer.

Work

Return to work after a shoulder replacement can vary. This depends on the nature of your work and your surgery. Return to desk-based work may be possible six to eight weeks after surgery. If you have a manual job, it is likely to be between three and six months.

Work involving repetitive lots of heavy lifting may not be possible after a shoulder replacement. You may need to think about changing your job.

Hobbies

Returning to leisure activities will depend on your pain, movement, and strength. You should discuss this with your surgeon and physio.

Below you will find some guidance on common activities.

- **Swimming** - normally possible from 3 months after your surgery. The stroke used will be dependent on movement and strength.
- **Gardening** - light gardening e.g weeding from three months after surgery. Heavy tasks such as digging should be avoided.
- **Golf** - after three months if you have enough movement and strength in the shoulder.

Useful contacts/information

Orthopaedic ward:	**0300 019 6223**
Pre-assessment:	**0300 019 4102**
Admissions:	**0300 019 4919**

To read this leaflet in a different language,
please visit our website: **www.uhd.nhs.uk/visit/patient-information-leaflets**
and use the language and accessibility function available along the top of the site.

To ask for this leaflet in larger print, please contact the patient experience team on **0300 019 8499**
or email **uhd.patientexperienceteam@nhs.net**.

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