



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Shoulder Replacement

Information for patients, relatives and carers

Orthopaedic Department

- ① If you have any queries or would like more details, please contact:

York Hospital:

Before Surgery: Pre-Assessment Clinic

Telephone: 01904 726591

After Surgery: Ward 26, Telephone: 01904 726026

The York Hospital, Wigginton Road, York, YO31 8HE

Bridlington Hospital:

Kent Ward, Telephone: 01262 603110

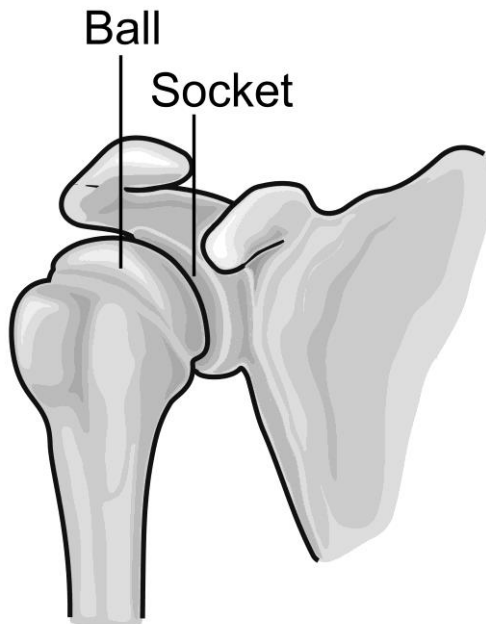
Bessingby Road, Bridlington, East Yorkshire, YO16 4QP

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Introduction

This leaflet aims to help you understand what is involved in shoulder replacement surgery.

The shoulder is a ball (humeral head) and socket (glenoid) joint (see picture below). The most common reason for shoulder replacement surgery is arthritis of the ball and socket. Arthritis occurs when the cartilage which covers the head of the ball wears away and causes pain and reduced movement.



What does the operation involve?

The operation replaces the damaged joint surfaces. This may involve replacing just the ball or both the ball and socket (see picture below).



You will have a scar about 10cms long and it is normal to have pain and bruising in the arm. The operation takes approximately one hour and afterwards you will be transferred to the recovery room. You will wake up wearing a sling, which you will need for up to six weeks.

What happens before I come into hospital?

Before you are admitted to hospital for your operation, we may ask you to come for a pre-admission assessment. During the assessment, we look at a detailed history of your general health, relevant social history, current medication (please bring a list with you) and the difficulties you are having due to your shoulder problem.

You will have several tests including:

- Blood tests to check whether you are anaemic and to match your blood in case you need a blood transfusion.
- An electrocardiogram (ECG) to check your heart beat.
- An X-ray of your shoulder, unless your shoulder has been x-rayed recently.
- A nasal swab to check for infection with MRSA.
- A blood pressure recording as well as a recording of your pulse and temperature.

We will give you information about your operation, length of stay in hospital and what to expect whilst you are an inpatient. You will have the opportunity to discuss any worries you may have about your proposed operation and your present disability. When you come in for your operation, please remove all rings.

What are the risks?

There are some risks that you need to consider before you agree to shoulder replacement surgery.

- Infection around a new joint is a serious complication. It is important that you do not have any infections before the operation, for example skin, chest or urinary tract infections. Decayed teeth or gum disease must be treated by a dentist before surgery can be safely carried out.
- Other risks include: Injury to nerve and blood vessels, fracture, stiffness, persistent pain, instability of the joint, loosening, wear or dislocation of the artificial joint, the implant coming apart (dissociation), failure to relieve pain, nausea and sickness after the operation (can be relieved by medication). There is also a small risk of developing a blood clot in your leg. This can move to your lungs, causing a serious complication called pulmonary embolus.
- Problems from the anaesthetic including numbness, tingling, weakness or pain lasting longer than expected (after 48 hours) are rare. Long lasting or permanent damage is very rare (2-4 in 10,000).

What happens when I arrive for my operation?

The nursing staff will check with the Anaesthetists to see if you can have a drink and for how long you will not be allowed to eat.

You are welcome to go off the ward; however, we do ask that you ask permission from a staff member first. Please have a mobile phone with you so that we can contact you if you need to be back on the ward.

Whilst in hospital, you will be cared for by staff from several departments, for example: physiotherapy and occupational therapy, as well as medical and nursing staff. All staff work towards our shared goal of improving your quality of life.

You will normally be admitted on the day of surgery. The admissions ward has no beds so you will have a chair until you go to theatre. This may be a mixed room.

Over the course of the next few hours, a nurse will go through the admission documentation with you.

Your legs will be measured for elastic stockings. These help to prevent blood clots after the operation. You will wear these at home for two weeks. We will use calf pumps to help your circulation and an anticoagulant medication to reduce the risk of blood clots.

You will be asked to sign a consent form (ref FYCON37-1 Shoulder Replacement) if you have not done so already, to say you agree to the procedure and understand the risks and benefits. You will be given a copy and a copy will be kept in your patient notes.

A nurse will go through a checklist to ensure that you are safely prepared for your operation. From here, a theatre nurse will take you into the anaesthetic room where you will be given an anaesthetic appropriate to your needs.

What sort of anaesthetic and pain relief will be involved?

Your anaesthetist will check you are fit enough to have an anaesthetic before surgery.

Shoulder surgery usually involves a general anaesthetic. This means that you will be asleep for the operation itself. Usually you will have an injection through a needle (cannula) put into the back of your hand and you will drift quickly off to sleep. Occasionally, you can have a sore throat after the operation. This is due to the way that we help you breathe easily whilst you are asleep. We will give you medication to reduce your chances of feeling sick after the operation. If you are in any pain after the operation, we will give you extra painkillers in the recovery room to make you comfortable.

As shoulder replacement can be quite painful after surgery, it is common for us to recommend a regional anaesthetic nerve block. A regional anaesthetic block is the most effective way to give excellent pain relief, and has fewer side effects than the alternatives.






This involves having an injection of local anaesthetic into the side of your neck or shoulder. We use an ultrasound machine to make sure the anaesthetic goes into the right place.

It is often done before you have a general anaesthetic, as many anaesthetists think it is best to be able to talk to the patient whilst the block is being done. It is not painful. Very occasionally, patients feel an 'electric shock feeling' that goes to their shoulder or hand, and you should tell the anaesthetist if you experience this.

Side effects of this block include block failure, not enough pain relief, and occasionally an odd collection of symptoms including a slightly droopy eyelid, bloodshot eye, and small pupil. This is not common and stops when the block wears off usually after about 24-48 hours. Although numb patches on the arm following surgery are quite common, nerve damage following regional anaesthetic procedures is rare.

You may experience a numbness or (rarely) tingling, weakness or pain that lasts longer than the block should have done, longer than 48 hours. However, the vast majority of these problems go away quickly with time; only 10 in 500 remain at three months, less than five in 500 at six months, and less than one in 500 at a year. Long lasting or permanent nerve damage is very rare; recent reports suggest in the range of two to four per 10,000 patients.

People vary in how they interpret words and numbers.
The scale below is provided to help.

				
Very Common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000
Someone in your family	Someone in a street	Someone in a village	Someone in a small town	Someone in a large town

Graphic taken from The Royal College of Anaesthetists' (RCoA) leaflet 'Nerve blocks for surgery on the shoulder, arm or hand, 2015' but the RCoA has not reviewed this leaflet as a whole". [Last checked 2024].

There is a risk of nerve damage after any operation regards of whether you have had a block. This may be due to the surgery itself or the position that you are in during the surgery.

It is important to let us know if there are any problems following your surgery. We may be able to help with weakness or numbness that does not go away, or with painful or troublesome tingling.

More leaflets on anaesthesia are available from staff.

If, at 48 hours following the surgery, you have shooting pains going down the arm or weakness that does not get better or that worsens again later, please get in contact with the Acute Pain Team on 01904 725512 during working hours. If it is out of hours, please contact your GP or your nearest Emergency Department if urgent.

Numb patches on the hand or arm usually go away with time. If they are still present at six weeks after the operation, you should mention this either at follow-up with the surgeon, or by calling the Acute Pain Team on 01904 725512. If there is no answer, please leave us a message with your contact details and we will call you back.

What happens to me immediately after my operation?

Your arm will be placed in a sling and you may have a drain coming out of your shoulder wound. This is a small tube connected to a suction bottle. This is to make sure that no excess blood collects around your new shoulder joint. Drains are usually taken out 24 hours after the operation.

You may or may not need a blood transfusion. However, you will have a drip in your arm giving you intravenous (IV) fluids. Attached to your drip there may be a pain control pump called a PCAS (patient controlled analgesia system). This contains Morphine (a painkiller) which delivers a measured dose into your drip if you have any pain. You control this yourself using a trigger you hold in your hand. You may have small tubes attached to your nostrils so we can give you Oxygen to help your breathing.

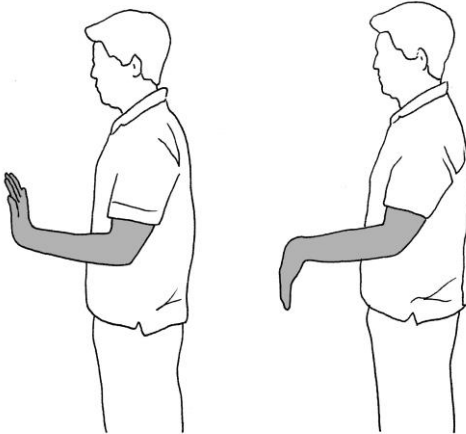
You will be given antibiotics as a preventive measure against infection.

On the following day we will take a blood sample to check for anaemia. We will take an x-ray of your new joint to check it is in the right position.

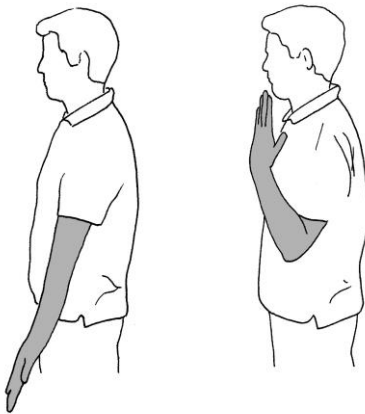
Exercise

Please remove the sling to do the exercises. The aim is to stop your neck, elbow, and hand getting stiff. We recommend 10 of each 4 times a day.

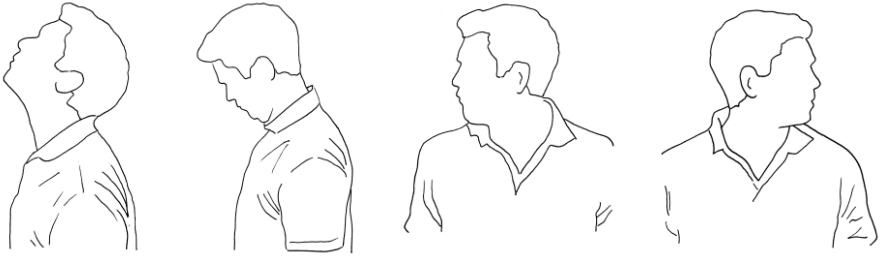
1. Hand circle exercise



2. Elbow exercise

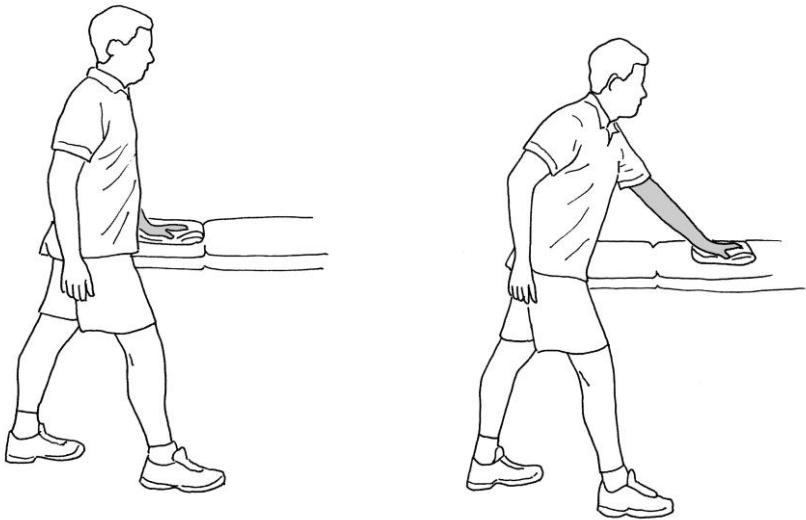


3. Neck exercise



4. Table slides

The physiotherapist will show you the exercise below (table slides) as it may need to be modified.



How will you help me prepare for discharge?

Plans for your discharge will be going on throughout your stay. You will be seen and assessed by all members of the ward team. These will include your doctors, nurses, physiotherapists and occupational therapists. We will also consult with you, your family, and carers to decide upon a date for your discharge home. The ward physiotherapist will help you to progress with your exercise programme in order to get you independent for going home. The occupational therapist will assess you for any equipment and or help you may need when you go home.

When can I go home?

This depends upon your progress and your home circumstances but usually 24-48 hours after the operation. What we aim for:

- A clean dry wound. You can go home with stitches in, so long as the wound is satisfactory. Usually we use stitches that dissolve.
- Discharge plans are complete and any equipment you may require at home is available.

What happens after I am discharged home?

When you go home, your progress will depend upon you continuing with your exercise programme. You will get an appointment with the outpatient physiotherapy department to support you with your exercises.

It may be several months before you get maximum benefit from your new joint.

When can I return to work/driving?

You will probably be off work about six weeks, depending on the type of job you have. Please discuss any queries with the physiotherapists and surgeon.

It is normally six to eight weeks before you can drive safely. Once the sling is removed and you have adequate range of movement you can discuss driving with your physiotherapist and surgeon. Return to activities such as swimming and sport should be discussed with the physiotherapists and surgeon.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Mr S. Boyle Consultant Orthopaedic Surgeon or
Mr H R Williams, Consultant Orthopaedic Surgeon,
York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 725886.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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