

Joint school

Information for patients
preparing for Shoulder
Replacement Surgery



This booklet is an electronic document and you can type into or tick boxes throughout.

Don't forget to save as you go so you don't lose anything important.

You can print it out if you prefer.



Contents

Chapter 1:		
Your Operation	5	
Why are you having a shoulder replacement?.....	5	
What does a shoulder replacement involve?	6	
Chapter 2:		
Preparing for your hospital stay	7	
Preoperative assessment	7	
Reasons to contact your care team in the lead up to your operation	8	
Diet	9	
Wellbeing.....	9	
Pets	9	
Preparing for your return home	10	
What to bring to hospital?.....	11	
Getting to Hospital.....	11	
Fasting before your surgery.....	12	
Chapter 3:		
The Day of surgery	13	
Anaesthetic for surgery	14	
Chapter 4:		
After the Operation	15	
How long will I stay in hospital?.....	15	
Wound Care	15	
Washing and showering	16	
Getting dressed.....	16	
Pain relief	17	
Slings	17	
Supporting your shoulder overnight.....	18	
Exercises	18	
Getting home	18	
Chapter 5:		
Returning to activities	19	
Driving	20	
Scarring	20	
Risks	20	
Contacts	24	

Introduction

Our aim is to make your experience as easy as possible, and the information provided here is part of that. There is evidence that the more you understand and prepare for your upcoming surgery, the better your outcome will be. We really encourage patients to take an active role in their recovery, so reading and using this booklet to support you in this is very important.

Should you have any questions about the information in this booklet – or how it applies to you, please don't hesitate to speak with your care team.

In north central London, the NHS hospitals are working together to deliver the best possible care for you and the teams are dedicated to making sure your operation and recovery goes as smoothly as possible.



Chapter 1:

Your operation

Why are you having a shoulder replacement?

Joints can be replaced once they have lost the ability to move smoothly without causing pain and stiffness. This is commonly because of osteoarthritis (wear and tear), rheumatoid arthritis, or trauma.

There are different ways to manage these symptoms such as physiotherapy, and pain-relieving injections. When these alternative treatments are no longer having an impact, a shoulder replacement is suggested.

The main aim of surgery is to reduce pain, but it may also have other benefits such as increasing the movement in your shoulder.

“The main aim of surgery is to reduce pain, but there are a number of other benefits too”



What does a shoulder replacement involve?

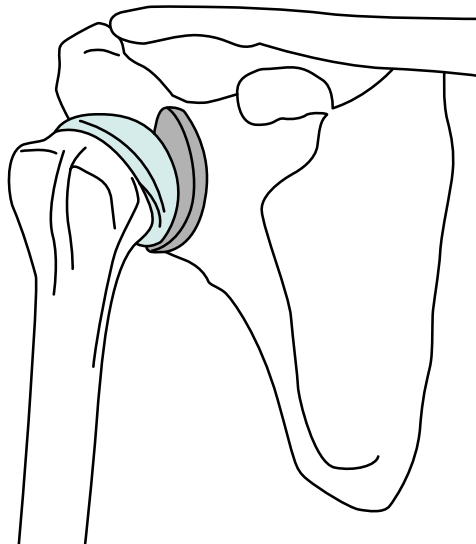
In the operation, the surgeon will make a cut over your shoulder and replace the damaged surfaces of the bones with artificial parts, called a prosthesis.

There are TWO types of shoulder replacement: anatomic and reversed (see diagrams below). Your options will be discussed at clinic with your Orthopaedic team and are dependent on the condition of your shoulder.

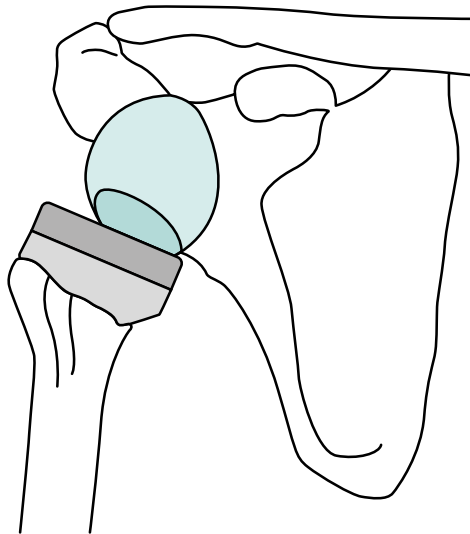
Even after a successful surgery, shoulder movements may not return to normal. This is due to the pre-existing conditions, surgical scarring, and the prolonged period of rest required in a sling. Your surgeon will discuss expectations of long-term range of movement and function of your shoulder with you before your surgery.

It is likely that your normal daily routines may be affected for a number of months.

Anatomic



Reverse



Chapter 2:

Preparing for your hospital stay

Pre-operative assessment

A pre-operative assessment is a routine check-up to make sure you are safe to have your operation, and the associated anaesthetic.

For your appointment, you should have available the details of prescriptions or any medicines that you are taking.

After your pre-operative assessment, you will be contacted if there is anything identified that needs further follow-up before your surgery can take place. You could be asked to attend a further appointment, or you may be referred to your GP if necessary.

During your appointment you could be given some instructions about when to stop taking some of your regular medications before your surgery date. Please make sure that you follow this advice. Not doing this could result in your operation being delayed or cancelled.

Use this space to note any questions you might want to ask at your pre-operative assessment appointment

Reasons to contact your clinical team in the lead up to your surgery

If you are unwell in the days leading up to your surgery, you must get in touch with your care team as soon as possible. Below we have listed some of the issues you should let us know about if they arise before your surgery:

- A cough or cold
- A sore throat
- Dental problems
- A rash
- Any sores, wounds, cuts or skin scrapes anywhere on your body
- Insect bites

We ask you to let us know about these for your own safety, as they could affect your anaesthetic or the results of your surgery.

“If you are unwell in the days leading up to your surgery you must get in touch with your clinical team”

Additionally, you should contact us if you have:

- An improvement in your symptoms and you feel you no longer require the operation
- Any change in your regular medications before surgery
- A change in your home circumstances that could affect your discharge from hospital after surgery
- Been referred by your GP to see another specialist hospital team (e.g. heart, chest, or kidney doctor)



Diet

It is important to eat a balanced diet before, and after your shoulder replacement surgery. Good nutrition helps you heal quickly, protect your joints and get your strength back post-surgery. Consuming foods which are rich in protein, antioxidants and vitamins such as C and D will help with your recovery. In the 3-4 days leading up to the date of your surgery we suggest keeping well hydrating – drinking lots of water and eating well but lightly, avoiding foods that are particularly stodgy to help with constipation that you may experience post-operatively.

Wellbeing

Discuss any uncertainties or concerns you may have before your operation with your Orthopaedic Team. They will be able to provide you with individualised support to help reduce any anxiety and improve your overall experience. You may also want to talk to your GP about other support that may be available.

“It is important to eat a balanced diet before, and after your joint replacement surgery”

Pets

Should you have any pets at home it is important to ensure they will be cared for after your operation. Tips include ensuring any pet food is within easy reach for you to be able prepare and provide for your pets. If you feel you would be unable to adequately care for your pets whilst you are recovering from shoulder replacement surgery it is a good idea to speak with family or friends and ask for their support or to see if your pets can be cared for in kennels for a short period of time.



Use the below space to write down some of the food that you will try and eat in the weeks before and after your surgery:

Blank space for writing down food items to be consumed before and after surgery.

Preparing for your return home

Before your operation, it is important to spend some time preparing for your return home. After the surgery you will be wearing a sling which will limit the use of your arm for everyday tasks. This can also impact your balance and make you more unsteady on your feet than usual. There are some easy things you can do to make your home life easier after your surgery.

Preparing your home

Position frequently used items at waist level so easy to reach

Remove any trip hazards

Do a food shop and stock up your freezer so you have access to nutritious food and meals with easy to open packaging. You may find internet shopping useful

Make sure you have a supply of any regular medicines that you take; enough to last you a few weeks after your surgery

Clean your home and change bed sheets in advance

Speak with your friends or family about what support they might be able to offer with housework, meal preparation and shopping. Some voluntary sector groups such as Age UK and the Red Cross can also provide help

Preparing yourself

Practice standing from a chair and getting out of bed without using your affected arm – if you are unable to manage this, you should inform your care team

Practice completing tasks such as making a hot drink, personal care and dressing without the use of your affected arm.

Your therapist will review these with you post operatively on the ward.

You may want to use this space to make a note of anything you need to do to prepare your home before surgery:

What to bring to hospital

Patients often ask what they should bring to hospital on the day of surgery.

We suggest:

- Details of your next of kin, close friends or relatives in case we need to contact them
- Comfortable clothes to wear during the day and also nightwear
- Some personal toiletries and a razor if needed
- Glasses, hearing aid and contact lenses
- Any medications you are currently taking in their original packaging
- Your mobile phone and charger
- Some small change for newspapers etc.
- Coat and house keys
- Things to keep you occupied like books and magazines

Please do not bring:

- Anything valuable – keep these safely at home
- Any towels or bed linen as these are provided
- Smoking and alcohol consumption are not allowed in the hospital

Please do not wear:

- False nails and nail varnish
- Jewellery
- Elaborate hair extensions

Getting to hospital

We ask patients to make their own way to hospital. You shouldn't drive yourself, so people generally ask a friend or relative to bring them. Patients who are eligible for hospital transport can use this, and the travel costs scheme is also available for anyone who may need financial support. Information about these is available on our website and the website of the hospital you are attending.



Fasting (not eating or drinking) before your surgery

Before you have any operation, you will need to follow some instructions about what and when you can eat and drink before your surgery. These are important to follow to avoid complications with your anaesthetic. Not following the instructions, could lead to your operation being cancelled or delayed. Some general guidance has been included below, but the time when you should stop eating and drinking will vary based on when you have been asked to come to the hospital. You will be given more information about this at your pre-operative assessment appointment, it is important that you understand the instructions you are given so please ask any questions if you are unsure.

Eating:

Do not eat anything for six hours before your admission time.

This includes chewing gum.

Please avoid:

- Milk in drinks
- Sweets
- Alcohol
- Sports drinks

Drinking:

You can continue to drink the following up to until two hours before your admission time:

- Water
- Black coffee
- Black tea
- Diluted squash

Two hours before your admission you should have no further food or drink – sometimes referred to as 'nil by mouth'.

Please use this space to make a note of any fasting instructions you have received, or anything else you need to remember to do immediately before coming to hospital.

Chapter 3:

The day of surgery

Arrival

On the day of surgery, you should come to the reception area in the surgery unit at the hospital. Your appointment letter will explain where you should go. You may also receive this information in an email or text message. You will be greeted by a member of the team who will help you get ready for your surgery.

Hospital address

Report to

Time to arrive

Last meal (at least six hours before admission time):

Anaesthetic for surgery

Anaesthetic ensures that you will not feel any pain when your surgery takes place. As every patient will have a different set of medical needs, your anaesthetist will discuss risks and options of anaesthesia with you.

Regional anaesthesia (Nerve Block)

Having a regional anaesthetic involves an injection of anaesthetic into the side of your neck. It is a very safe and effective way of numbing the shoulder and arm. It will mean that you will not be able to feel or move your arm for up to 18 hours after it is given. You will also be given some sedation before the injection so that you are sleepy and relaxed during the procedure. There are few side effects with this technique and patients often have a quick recovery from it. Usually, this technique is combined with a general anaesthetic.

General anaesthetic

During your general anaesthetic, you will be given drugs either through an injection or gas from a mask. A general anaesthetic will mean you are unconscious, feeling no sensation. You will be put on a breathing machine which will give you oxygen and a drug that relaxes your muscles may be used. When surgery is finished, the drugs you are given will be reversed and you will wake up and be able to breathe normally again.

Risks of anaesthesia

Although in most cases patients will experience no lasting problems after having an anaesthetic, it does come with side effects and, on rare occasions, unexpected complications. Patients are encouraged to discuss any potential side effects or complications of anaesthesia with your anaesthetist on the day of your operation.

Use this space to write/type any questions you have about your anaesthetic

Chapter 4:

After the operation

How long will I stay in hospital?

Some patients can go home on the same day as their operation. You will be told of this in advance if it is appropriate. Most people stay one or two nights depending on progress. Recovery tends to be faster in patients who go home earlier. However, it is important that you are safe and well before leaving.

Wound care

After your operation, you will have a dressing over your wound. Do not change or remove the dressing while you are at home. You will be seen in a clinic (Or your GP surgery) 2 weeks after your operation to check how your wound is healing and remove your stitches.

Dressings are splash proof but not waterproof so please try to keep it as dry as possible.

If the dressing starts to peel off, you should put an extra dressing over it. Try to avoid removing the dressing completely. If the dressing does come off completely, do not attempt to wash or clean the wound, wash your hands and cover it with a new dressing.

The nursing team on the ward will explain how you should care for your wound before you go home. If you have any concerns about your dressing or wound, it is important that get in touch with your clinical team.



Washing and showering

- It may be safest to sit in front of the wash basin to wash yourself initially
- You should avoid taking a bath while you are unable to take weight through your operated arm
- Try to avoid getting the dressing wet
- Do not use soap, gel, lotion, or powder around the dressing area
- Be gentle with the wound when drying your skin, pat dry using a clean towel

To enable you to wash under your arm or apply deodorant, ensure your arm is supported on a surface, such as your wash basin, take a small step directly backwards to create a space between your arm and body. An Occupational Therapist or Physiotherapist will show you how to do this during your hospital stay.

Getting dressed

For the first 6 weeks after your operation, you should avoid taking your arm out to the side or back behind you. For this reason, you may need to adapt how you would normally get dressed.

To help you get dressed in the first few weeks after your operation we recommend:

- Always put on your clothing before your sling
- Wear loose fitting clothing without fiddly buttons or fastenings
- Dress your operated arm first, and undress your operated arm last
- Consider slip on easy fitting shoes

You may wish to consider having a family member, or friend, around to help you initially.

If you are worried about how you will dress yourself after your surgery, make sure you speak to one of the team – they will be able to demonstrate some techniques that will help before you leave hospital.



Pain relief

Taking painkillers as prescribed to keep pain well controlled will aid your long-term recovery. Pain is more difficult to get under control if you let it build up so take your pain relief regularly. This is especially important during the time your nerve block is wearing off.

Sling

After the operation you wear a sling for 3-6 weeks to support your arm and protect the healing tissues. The type of sling and timeframe you wear it for varies from patient to patient. You will need to wear the sling at all times during this period including overnight. The sling should only be removed to complete your exercises and to allow you to wash and dress. During your hospital stay, you will be shown how to take the sling on and off safely.

Use this box to write down the instructions you are given for your pain relief when you are at home:

A large, empty rectangular box with a light blue background and a black border, intended for writing down instructions for pain relief at home.

Supporting your shoulder overnight

When you are in bed, it is helpful to position pillows behind your shoulder to prevent your upper arm from resting behind the level of your trunk.



Exercises

Your physiotherapist will instruct you on appropriate exercises before you leave the hospital. It is important to start exercises as soon the sensation in your arm returns to normal. The exercises are to help manage pain, prevent stiffness in the joints in your arm and to assist normal circulation. You should perform your exercises little and often up to 4 times per day. You should continue these exercises until your outpatient physiotherapy review when the exercises given will be tailored to your individual needs.

Your shoulder may continue to improve for up to two years following surgery so it is likely that you will need to continue to perform the exercises for several months after the operation.

Your outpatient physiotherapist will meet with you at key intervals to assess progress and will give you information specific to your needs in line with the post operative guidelines. Your physiotherapist will work with you on your short and long term goals to regain function.

Getting home

You will need to arrange for a friend or family member to collect you. Please make sure you organise this before your operation to avoid any delays on the day.



Chapter 5:

Returning to Activities

Week 0-6

- Continue wearing your sling
(You may be able to start to wean out of your sling at 3-6 weeks if instructed to do so by your doctor or physiotherapist)
- Pain should gradually reduce
- Complete your exercises as advised
- Avoid taking your arm out to the side or back behind you
- Avoid taking your arm above your chest
- Avoid lifting your arm by itself
- Do not take weight through your arm (including pushing, pulling, lifting and carrying)

Week 6-12

- You are likely to be advised to begin weaning out of your sling
(You may just be using it when outdoors or using public transport)
- You are likely to start to use the arm for light activities in front of you, initially with the arm supported. This might include brushing your teeth, feeding yourself, or light computer keyboard use/ writing
- Build up these new activities and movements slowly within comfort levels as instructed by your physiotherapist
- Avoid taking your arm behind your back and reaching behind your head
- Do not stretch or force movements
- Do not move into pain with movement or exercise
- Do not take weight through your arm
- You should not lift any loads at this stage and manual work or jobs that involve reaching overhead should still be avoided.

Week 12 onwards

- You are likely to be able to discard the sling completely at this stage
- You may be able to begin to reach behind you
- Gentle weight-bearing through the arm can begin as instructed by your physiotherapist
- It is important that the quality of movement is good
- Do not force movements
- Heavier loading and some sporting activities are not advisable for everyone following this surgery
(You should discuss your individual circumstances and long-term expectations with your doctor or physiotherapist before surgery)

Driving

It is your responsibility as a driver to check with your insurance provider that you have cover after your shoulder replacement.

Before resuming driving you must be fully able to control the steering wheel and perform an emergency manoeuvre.

You must first have:

- ✓ Stopped taking pain medications that have an impact on your concentration
- ✓ Stopped using your sling
- ✓ Be able to comfortably move your hand to shoulder level.

Timeframes will differ on an individual basis. Please discuss with your care team if you need further guidance.

Scarring

In most cases, surgical scars will fade to a thin line within one year. If you are concerned about the appearance of your scar, discuss with your surgeon or therapist. There are many treatments that can improve scar healing.

Risks

As with any surgery, there are some risks associated with having a shoulder replacement. Your surgical team will do everything possible to reduce these risks and will discuss these with you in detail before your surgery.

Pain:

Pain is to be expected after surgery but is usually manageable with regular pain medications. A small number of patients may experience severe or continued pain around the shoulder. If your pain levels become unmanageable, you should contact your clinical team.

Constipation:

Some pain-relieving medications will cause constipation. Drinking fluids and eating high fibre foods will help with this. Laxatives are given to you to take home, or they can be bought over the counter. Constipation can become very serious. If you have abdominal pain or are in lots of discomfort, then please speak with your GP or call 111.

Stiffness:

Some people may experience ongoing stiffness at their shoulder after surgery. To prevent this from happening, you must follow the advice given by your physiotherapist and complete regular exercises as instructed.

Bleeding:

Steps are taken to minimise blood loss during the surgery. There is a low risk that you may bleed more than expected; the surgeon would manage this at the time. It is common to have some oozing from the wound after surgery. It is unlikely, but possible, that you may require a blood transfusion.

Nerve and vascular injuries:

In some rare circumstances, an injury to a nerve or blood vessel could occur. Your surgeon will discuss your individual risks of this with you.

Infection:

This can occur deep in the joint or in the wound. If your wound shows any signs of infection such as redness, bad smelling ooze or poor healing then you should get in contact with your clinical team who will give you instructions about what to do. If you need to do this urgently, when your team is not available, you can contact your GP out-of-hours service, or in an emergency, call 111 for further advice. If this is necessary, please also ensure you inform your clinical team.

Blood Clots:

Blood clots are very rare following shoulder surgery. However, if you develop a lot of swelling or pain in your arms or legs, or develop shortness of breath, this could be due to a blood clot. This is a serious complication, and you should go to A&E for assessment or call 999 if you are unable to get there.

You can reduce the risk of developing blood clots by taking short walks frequently. This will help to increase circulation in your legs.

You will be given blood thinning medication for a time after your surgery. This can be in the form of a tablet or an injection. You will be given all of the instructions on how to manage this at home before you leave hospital. Please make sure you follow the instructions you are given, as this will reduce your chance of getting a clot in your blood which can sometimes be a serious complication.

Dislocation:

There is a small risk of dislocation of the shoulder joint; this is often as a result of a fall or other trauma. This can present as pain, deformity or clicking in the joint. This would need careful assessment by your surgical team.

Fracture:

A fracture (break) of the bones during or after surgery is rare. This may result in the need for further surgery.

Need for further surgery:

Certain other complications, such as wearing or loosening of your prosthesis, may result in the need for further surgery. Your surgeon will discuss this with you.



Giving feedback

Compliments and complaints

We hope you will be happy with your experience of care and we welcome feedback. You will find feedback forms on the website of the hospital where you had your care. You can also give feedback directly to a member of staff or a department manager.

If you have any concerns about your care, most issues can be resolved quickly by speaking directly to the staff at the hospital where you are having your treatment.

If you don't feel able to do this, the Patient Advice and Liaison Service (PALS) in the hospital where you are having your treatment will be able to help you. PALS can be particularly helpful if your issue is urgent, such as a problem with the treatment or care you receive while in hospital.

If you are still unhappy or are thinking about making a complaint, someone from the independent NHS Complaints Advocacy Service can help you. An advocate will also be able to attend meetings with you and review any information you're given during the complaints process. You can seek advice from an NHS complaints advocate at any stage of the process. If you decide you need some support, it's never too late to ask for help.

For more information go to:

www.nhs.uk/using-the-nhs/about-the-nhs/how-to-complain-to-the-nhs/

North Central London Elective Orthopaedic Network offers excellence in orthopaedic care, research and education.

The network has been created to improve the care offered to patients. It is based on partnership working between hospital trusts.

Working together in this way means patients can receive timely and high-quality care. Clinicians from across hospitals will work together as a single team, have joint training and education, and hospitals can share their facilities, opening up access to more dedicated beds and operating theatres.

It is provided by North Middlesex University Hospital NHS Trust, Royal Free London NHS Foundation Trust, Royal National Orthopaedic Hospital, University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust.

Services are delivered through two partnerships, working alongside a specialist hospital.



Contacts

Your clinical team will provide you with contact information for the key contacts. You can note them below:

My consultant:

My physiotherapist:

My occupational therapist:

Urgent contact details:

“In north central London, NHS hospitals are working together to deliver the best possible care. Our teams are dedicated to making your operation and recovery go as smoothly as possible.”

