

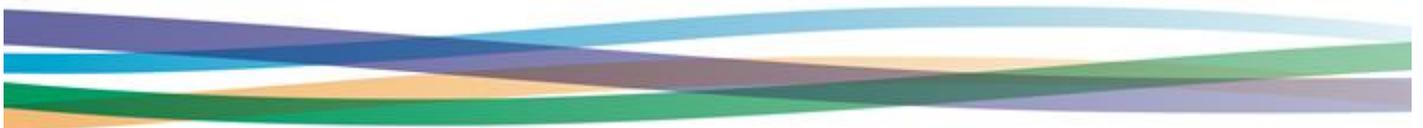
Dedicated to *Outstanding* care



Sherwood Forest Hospitals
NHS Foundation Trust

INFORMATION FOR PATIENTS

Shoulder replacement operation



This booklet contains information about the shoulder surgery that you have been advised to have and aims to answer some of the questions you may have about the operation and your stay in hospital.

About shoulder surgery at Sherwood Forest Hospitals

The inpatient orthopaedic ward at our King's Mill site is ward 11. On the ward a 'named nurse' will be allocated to you to co-ordinate your nursing care. You will also have named physiotherapists to supervise your rehabilitation.

You will usually be admitted to the hospital on the day of your operation, and you will usually go home one to two days afterwards. If you think you will need transport to get home or help when you get home, please tell your named nurse when you first come in.

What to bring

You need to bring in with you any medicines that you are taking, toiletries, a towel, nightwear and some loose and comfortable clothing. Please leave valuables at home.

Operation day

Your anaesthetist will see you on the morning of your operation to discuss your anaesthetic with you.

You will be able to eat and drink as usual the day before your operation. You may be able to have an early morning drink even on the day of your operation but you need to discuss this with the ward team before you have any drink.

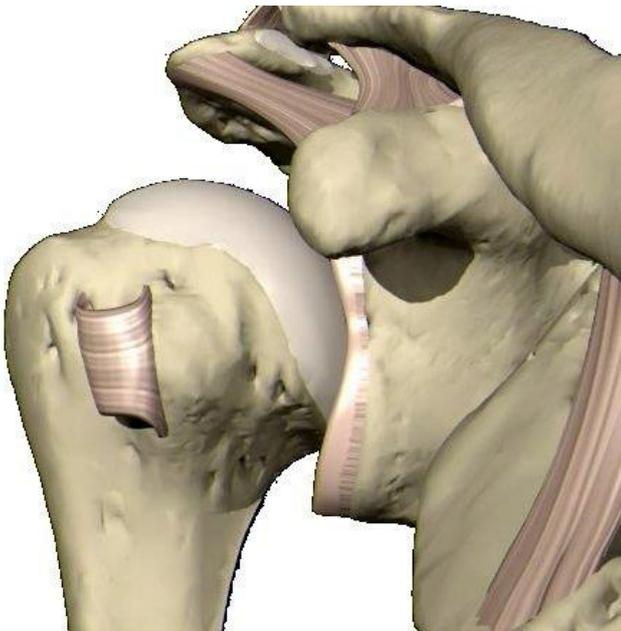
You must not smoke after midnight the day before the operation.

Shoulder replacement – what is it?

Shoulder replacement is an operation in which specially designed components are used to replace parts of your shoulder joint damaged by arthritis or injury.

The various parts of an artificial shoulder joint are made from a combination of metal and plastic and are designed to mimic the normal movement of your shoulder as much as possible.

Right shoulder from the front



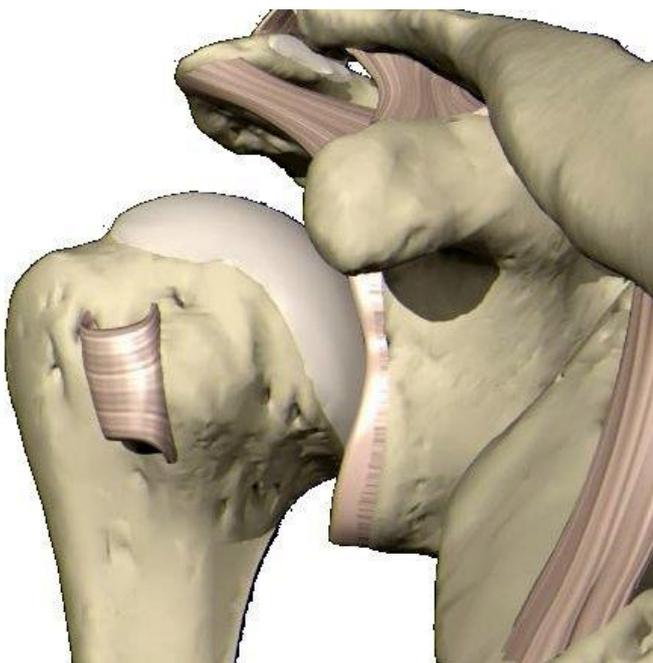
Right hemiarthroplasty shoulder replacement



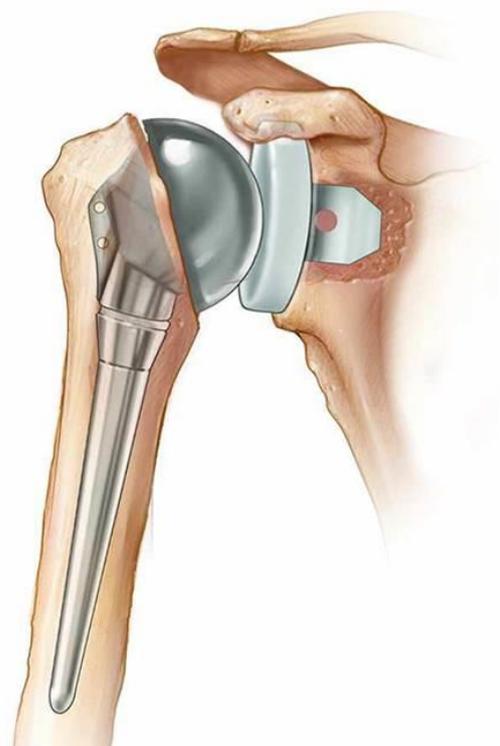
There are two main types of operation to replace the shoulder joint. The first is called a **hemiarthroplasty**. This is where only the 'ball' of your shoulder joint is replaced. Your surgeon will remove the top of your arm bone (the humerus) and replace it with a new metal ball as shown. This is attached to a metal rod, which is fixed inside your humerus.

A hemiarthroplasty is often needed when there has been a serious injury or fracture to your shoulder. It can also be done if your surgeon finds that the muscles around your shoulder are in very poor condition.

Right shoulder from the front



Right total shoulder replacement



The second operation is a **total shoulder replacement**. Here the 'ball' of the shoulder is replaced as in a hemiarthroplasty, but your surgeon also replaces the 'socket' of your shoulder as shown. The socket is a part of your shoulder blade known as your glenoid. The bone is smoothed and replaced with a plastic plate to allow your new joint to move more freely.

A total shoulder replacement is usually done when arthritis has damaged both parts of your joint.

Shoulder replacement – what will it do?

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.

How is it done?

Shoulder replacement is done as an 'open' operation, which will leave a scar about 7-10cms in length along the front of your shoulder, along the bra/vest strap line. During your operation we will examine your shoulder joint.



Operation scar

After my shoulder replacement operation

Your shoulder wounds will have dressings on them.

What will happen on the ward after my operation?

You will have x-rays taken after your surgery.

When we can take your sling off, you will be shown how to do the exercises in this booklet by one of the physiotherapy team.

When will the stitches come out?

You will be removed on the ward or at your GP surgery, usually 10 days after your operation

Will I have to wear a splint or sling?

You will have your arm supported in a sling straight after your operation. This is for pain relief. It also protects your shoulder until we have done x-rays to check how your operation has gone.



How do I fit my sling?

Your sling supports your arm whilst you recover from your shoulder operation.

You will be shown how to manage your sling by the physiotherapists or nurses before you go home.



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.



2. Now using the non-operated arm feed the strap around your back and over the non-operated shoulder, as shown.



3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

You will be taught how to manage your sling by the physiotherapists or nurses. You will also be taught exercises to keep your shoulder, elbow and hand moving.

How can I sleep comfortably?

You **must not** lie on your operated shoulder. We recommend that you lie on your back or the opposite side, as you prefer. Ordinary pillows can be used to give you comfort and support (feather pillows are easier to use than foam ones).



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your shoulder in the night.

A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

Rehabilitation

Rehabilitation is important to get the most out of your shoulder after the operation. The first stage is to get your shoulder moving again, with the following exercises. Please be guided by your level of discomfort, we do not expect you to get full range of movement on the first day - you can do too much.

Exercises

Try to do five to ten repetitions of each exercise.

You should do your exercises in this order at least twice a day at home, until your follow-up physiotherapy appointment. They can then be altered or increased under the guidance of your physiotherapist.



Leaning forwards from your hips, circle your arms from your shoulder in gentle, pendulum type movements.

Keep your palms facing forwards as you go clockwise and anticlockwise.



Shrug your shoulders up and backwards in a smooth, circular motion.



Stand tall grasping a stick with both hands behind your back. Roll your shoulders back and down.

Now use the stick to help take your operated arm up and out behind you.

Do not lean forwards.



In the position shown, pull your operated arm up behind your back. You may use a stick or a towel if you can't reach it with your hand.

Remember to stand tall.

Aim to run your thumb up your spine.



Lie on your back with your elbows on folded towels so that they are level with your shoulders.

Bend your elbows to at least 90 degrees, and use a stick to turn your operated arm out to the side.

Keep your elbows tucked in.



From lying on your back with your elbows supported as before, use your unoperated arm to lift the other up towards your head.

Try to get your hands on top of your head if you can.



Sitting down, slowly raise your operated arm using the pulley as comfort allows. Remember to keep your shoulder down, elbow tucked in and your palm towards you.

Relaxing the shoulder as you use the pulley helps ease any discomfort but can be difficult to get the hang of, so be patient and don't push through pain.

When can I go home?

- When you have recovered from your anaesthetic
- When your pain is controlled
- When you have learnt your exercises
- When you are safe to return home.

Is that the end of my treatment?

You will usually have an appointment at a local physiotherapy department within two weeks of leaving the ward.

You will also go to the follow-up clinic at the King's Mill or Newark Hospital. This is run by the advanced practice physiotherapist and/or nurse specialist. They will see you six weeks after your operation and can arrange a quick appointment with your surgeon if necessary.

Around six months, you will have another clinic check-up. This will also be with the advanced practice physiotherapist and/or nurse specialist, who will also organise a quick appointment with your surgeon if needed.

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are at the end of this booklet.

What will I do as an outpatient?

You will continue with your exercises with the help of a physiotherapist. You will be given more exercises if you need them. You will gradually work on developing the strength in your shoulder, progressing to full functional movement. We will encourage you to learn how to use your shoulder comfortably.

If you have a heavy or demanding job, you may also be helped by our occupational therapists.

When can I do my normal activities?

This depends upon your symptoms, and how long you have to wear the sling for. Most people are comfortable by between six to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company.

The following table gives you the timescales for the amount of rest required to your arm before resuming a particular type of activity.

Light work (no lifting)	6 weeks
Medium (light lifting below shoulder level)	6 weeks onwards
Heavy (above shoulder level)	3-6 months

If you feel that your work or leisure activities come into the 'heavy' category, please discuss this with the physiotherapists and occupational therapists, so that we can plan the best rehabilitation for you.

Useful contact numbers

Kings Mill Hospital
Telephone: 01623 622515

Newark Hospital
Telephone: 01636 681681

Extension number

Mr Kurian's secretary	4117 (Monday to Friday, 8am-5pm)
Mr Bidwai's secretary	6148 (Monday to Friday, 8am-5pm)
Nurse surgical care practitioner	4104 (Monday to Friday, 8am-5pm)
Advance practice physiotherapist	6148 (Monday to Friday, 8am-5pm)
King's Mill day case unit	3048 (Monday to Friday, 24 hours)
King's Mill orthopaedic ward	3640 (Monday to Sunday, 24 hours)
Newark hospital day case unit (minster ward)	5850 (Monday to Friday, 8am-5pm)

King's Mill physiotherapy department 3221 (Monday to Friday, 8am-5pm)

Newark hospital physiotherapy department 5885 (Monday to Friday, 8am-5pm)

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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