

# Shoulder replacement surgery

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## Information for patients

This information sheet answers some of the questions you may have about having **shoulder replacement surgery**. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. If you have any questions or concerns, please speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**  
Ensuring your safety is our primary concern.

## **What is shoulder replacement surgery?**

Your shoulder is a ball and socket joint surrounded by a group of muscles and tendons called the rotator cuff. These keep your shoulder joint stable and enable you to rotate it.

The bony surfaces of this joint (glenohumeral) are covered with a smooth layer of cartilage. This allows the surfaces to glide over each other so you do not have any pain when you move your joint. Arthritis (arth meaning joint and itis meaning inflammation) is when this cartilage layer wears away, exposes the bone beneath and causes bone to rub against bone. This is often very painful because the exposed bone has lots of nerves supplying it that sense the swelling and the rough bony surfaces.

A shoulder replacement is an operation to remove your damaged shoulder joint and replace it with one made of metal or plastic.

## **Why do I need surgery?**

The main – and most important – reason for having a shoulder replacement is to ease the pain of arthritis. It removes the damaged surfaces and replaces them with a new joint.

An arthritic shoulder cannot heal by itself because it cannot grow new cartilage to cover exposed bone or repair any damage to tendons or the joint caused by the arthritis. If you do not have any treatment, your arthritic shoulder is likely to keep getting worse. The symptoms can also get worse.

## **What are the benefits of surgery?**

The aim of this surgery is to significantly ease your shoulder pain. Your shoulder may not return to being perfectly normal, but you should have a lot less pain. Although there is no accurate way of predicting how good your recovery will be, most people recover well and have good results.

## **What are the risks?**

There are risks with all surgery, but for this procedure they are relatively small and usually manageable. They include:

- bleeding (less than 1% risk)
- infection (less than 1% risk)
- nerve injury (less than 1% risk)
- stiffness/frozen shoulder (less than 10% risk). If you develop a frozen shoulder it is usually temporary and only lasts for a few weeks. We do not know what causes this but it could be your body's way of trying to 'protect' the repair.
- surgery does not relieve your symptoms (about a 15% risk, depending on how bad your arthritis is, how much damage it has caused and the type of surgery you have)
- dislocation of your new shoulder joint (less than 5% risk)
- your new joint fails or loosens (without infection) and you need more surgery to have a replacement joint put in (5% risk over eight years).

Your anaesthetist will discuss with you the most appropriate type of anaesthetic for this operation and any risks.

## **Are there any alternatives?**

You do not have to have surgery to manage this problem. You can try 'conservative' (non-surgical) treatments to manage the pain caused by arthritic inflammation. But these do not treat the underlying 'mechanical' problem of a worn-out joint, loss of cartilage and damage to tendons and bones.

Conservative treatments include painkillers, cortisone injections and physiotherapy and these can help to ease the pain caused by inflammation.

Unfortunately, many people find that conservative treatments do not significantly ease their pain. They are unlikely to enable them to make a complete recovery and use their shoulder

without pain. You should consider having a total shoulder replacement if conservative treatments do not greatly improve your symptoms.

## **Consent**

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure of any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff again.

## **Who can I contact with queries and concerns?**

Please contact a member of your consultant's team for more information.

## **What are the different types of shoulder replacement?**

The type of shoulder replacement you have depends on many things. Most are either single side replacements (replacing one side of your joint), or full replacements (replacing both sides).

### **1. Single side replacements**

These are made of metal and replace either part or all of the ball (humeral head) side of the joint. This is often less extensive surgery compared to a full shoulder replacement as we do not need to operate on your socket (glenoid) side. We can still provide a smooth surface that eases your pain and improves how well your shoulder works.

### **2. Full replacements**

These replace both sides of your joint and there are two main types:

- **Total shoulder replacement** where we replace the ball (humeral head) side with a metal ball. We fix it into your arm bone (humerus) on a stem and a new plastic socket (glenoid). To have this surgery, your other rotator cuff and joint tendons need to be relatively intact.
- **Reverse shoulder replacement**, which we do when the other rotator cuff and joint tendons are not intact. It is 'reverse' because we switch the ball and socket sides of your joint around so the humeral head side has the new artificial socket and the glenoid socket side has the ball side fixed to it. This replacement works as a hinge but depends on your deltoid muscle (the large muscle that covers your shoulder) working. Like all artificial joints, it has a limited lifespan. You should consider this surgery only if you do not need to use your shoulder a lot and do not have a very energetic lifestyle.

## **Do I need to prepare for surgery?**

Before your operation you will have a pre-assessment appointment with one of our nurses. They will carry out some screening tests which may include blood tests, MRSA swabs and an electrocardiogram (ECG). You will be asked questions about your health, medical history and your home circumstances. Please bring with you details of any medication you are currently taking.

You will be given information such as:

- when to stop eating and drinking in the hours before your operation
- whether you should stop taking your usual medications before going into hospital
- what to bring with you into hospital.

## **What happens before surgery?**

After your pre-assessment checks, we will give you a date for your operation at King's College Hospital, Princess Royal University Hospital (PRUH) or Orpington Hospital. You will have your procedure as an inpatient, where you can stay in hospital for a while after your operation. On the day of your surgery, a nurse will admit you and do some checks. You then change into a gown for the operation and are prepared for theatre by our nursing team on the ward.

## **What happens during surgery?**

During your operation you will lie face up. We will put a drip in your arm or hand and the anaesthetist will give you the anaesthetic to send you to sleep.

Sometimes the anaesthetist will also give you a 'nerve block' to your arm and shoulder. This numbs your nerves for a short time to ease your pain after surgery, so you may wake up with a floppy and numb arm. It will fully recover as the anaesthetic wears off.

The surgeon will then do one of the types of shoulder replacement as described earlier. This involves making a 10 cm cut over the front of your shoulder. The type of stitches you have (dissolvable or non-dissolvable) depends on your surgeon. Most surgeons use dissolvable stitches.

### **How long does the surgery take?**

It usually takes one – two hours.

### **What happens after surgery?**

Most patients go home the same day. You will need a chaperone to take you home and stay with you for the first 24 hours after your surgery.

We will give you a sling which you will need to wear for about four weeks to protect your new shoulder joint. During this time you must not do any active shoulder movements. Your physiotherapist will show you some exercises that you can do safely, such as lifting your operated arm with your other arm and how to keep it mobile without using the newly repaired muscle.

The sling is there to remind you not to move your shoulder too much. You can take your arm out of the sling to do activities at waist level, such as typing and writing.

### **Follow-up appointment**

We will ask you to come to the outpatient clinic for a follow-up appointment about two weeks after your operation, so we can check your wounds and stitches.

### **How long will I need to take off work?**

It depends on what type of job you do and the type of surgery you have had. Any jobs where you do not need to use your shoulder a lot are safe. You may be able to do typing and computer-based work fairly soon after your operation. If your job involves heavy lifting, you may need to take longer off work. Your surgeon will discuss with you when it is safe for you to go back to work.

Avoid doing any strenuous activities, such as heavy lifting and contact sports. You can do most gentle activities, such as light gardening or household tasks.

You may find it hard to sleep on your side immediately after your operation. Try lying on your back or on your other side. You can use pillows to support you and make yourself comfortable

### **Valuables**

Where possible, please do not bring anything of value into hospital with you as we do not have the facilities to lock your valuables away. Our staff will treat your possessions with care, but the Trust cannot accept liability for the loss of personal items.

### **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

### **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: 020 3299 3601

Email: [kch-tr.pals@nhs.net](mailto:kch-tr.pals@nhs.net)

You can also contact us by using our online form at [www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND:

Tel: 01689 863252

Email: [kch-tr.palskent@nhs.net](mailto:kch-tr.palskent@nhs.net)

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.

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