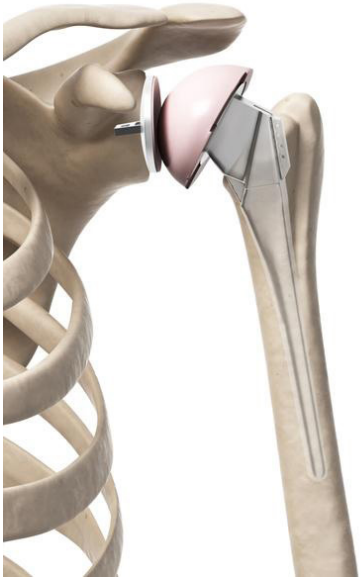
NHS
Calderdale and Huddersfield
NHS Foundation Trust

A Patient Guide to Shoulder Replacement

This leaflet provides information which will help you prepare for your admission to hospital, the surgery and your return home. Treatment is always planned on an individual basis so your experience may differ slightly from the information given.



Please bring this booklet with you on the day of your surgery.

Name:

Useful Contacts

Calderdale Royal Hospital (CRH)
Salterhebble
Halifax
HX3 0PW
Main Switchboard: 01422 357171

Huddersfield Royal Infirmary (HRI)
Acre Street
Lindley
Huddersfield, HD3 3EA
Main Switchboard: 01484 342000

Orthopaedic Ward (CRH)	01422 223801
Orthopaedic Ward (HRI)	01484 343623
Inpatient Therapy Services (CRH)	01422 223554 7 days a week, 8am – 4pm
Inpatient Therapy Services (HRI)	01484 342808
Outpatient Physiotherapy Services	01484 905380 Monday - Friday 8am – 4.30pm

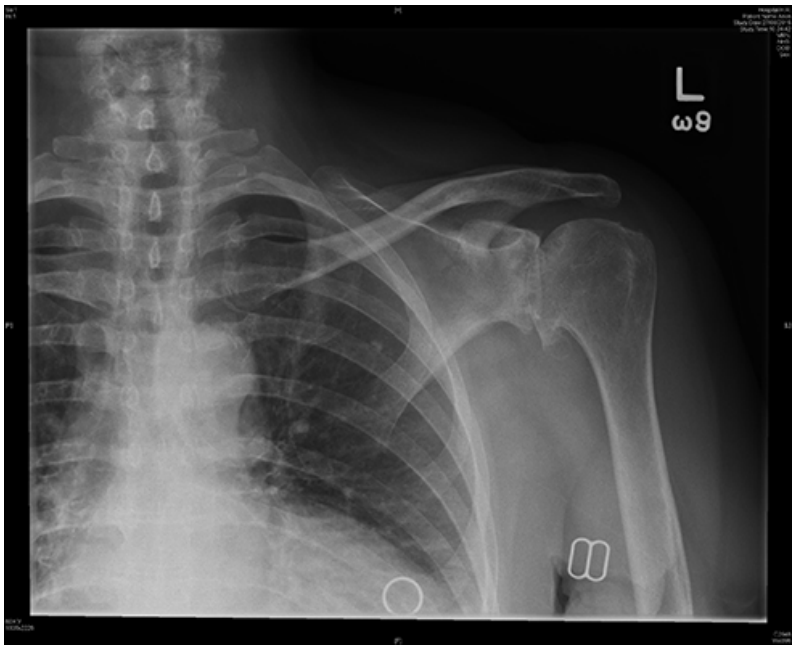
Physiotherapy Website
www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients

Consultant Secretaries

Mr Pennington	Joanna Hirst	01484 347264
Mr Fogerty	Margaret Thomas	01484 342343

compassionate care

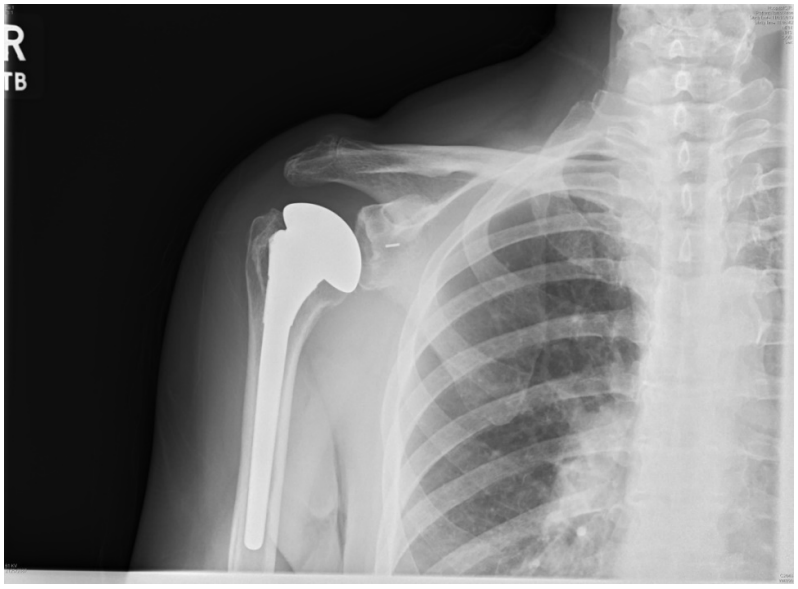
What is Shoulder Arthritis?



Arthritis of the shoulder most commonly refers to osteoarthritis, or “wear & tear” arthritis. This is often a gradual process in which the normal cartilage covering on the ball (humeral head) and socket (glenoid) of the shoulder joint becomes worn. This can lead to uncovering of the underlying bone and a stiff, painful shoulder joint. Less common forms of arthritis affecting the shoulder may be due to inflammation, i.e. rheumatoid arthritis or secondary to a long-standing rotator cuff tendon tear.

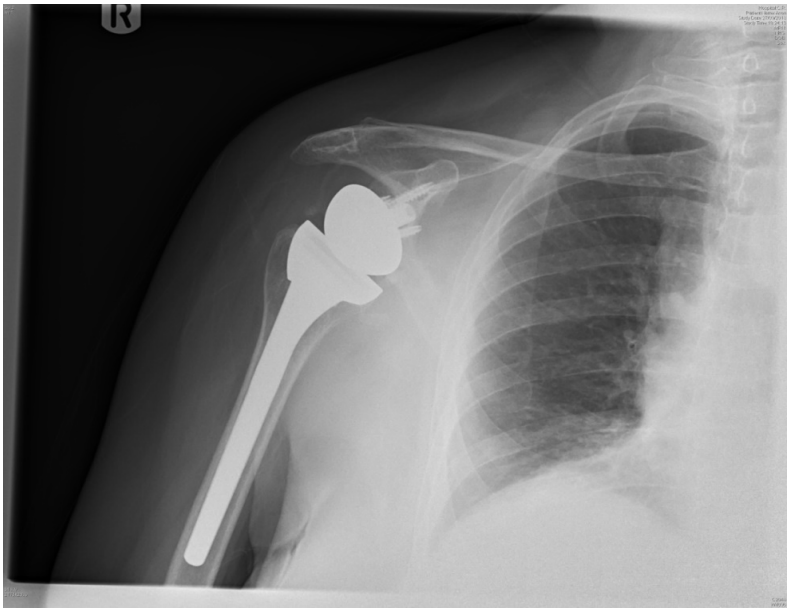
What are the different types of shoulder replacement available?

There are currently two types of shoulder replacement; “anatomic” and “reverse”. The condition of the rotator cuff tendons within the shoulder determine which of these two types of shoulder replacement will be most appropriate – an equal degree of pain relief can be expected from both. Occasionally only the ball side of the joint will be replaced, this is known as a hemi-arthroplasty.



Anatomic Shoulder Replacement

With an anatomic shoulder replacement, a plastic socket is cemented in place and a metal ball fixed to the arm bone (humerus).



Reverse Shoulder Replacement

With a reverse total shoulder replacement a metal hemisphere is implanted on the socket side of the shoulder joint and a plastic “socket” within a metal stem onto the humerus side. This design is able to compensate for the lack of rotator cuff function by recruiting the large deltoid muscle to take on their work.

What complications can happen?

Any surgical procedure carries potential risks and we will help you to weigh these against the proposed benefits pre-operatively allowing you to make a fully informed decision about your care. The surgical procedure carries with it a risk of bleeding (a blood transfusion may be required), infection, damage to nerves / tendons / blood vessels, stiffness, fracture, dislocation and long term wear and loosening of the components. These latter complications would usually only occur 10-15 years following surgery and potentially require revision surgery.

Expectations following a shoulder replacement

Most patients find the relief of the arthritis pain to be immediate but it commonly takes three to six months for patients to return to daily activities without restriction. Expect to be unable to drive for a minimum of eight weeks.

The general anaesthetic

General anaesthetic gives a state of controlled unconsciousness, it is essential for some operations. You are unconscious and will feel nothing. You will be invited to a pre-operative assessment clinic sometime before your surgery where the staff will assess your general health. You will have investigations such as blood tests and swabs of the skin and nose taken. Based on your health problems, you may be invited to meet with an anaesthetist. If so, this is a useful opportunity to ask any questions you may have about the anaesthetic. Even if you do not see an anaesthetist during your pre-operative assessment visit, you will still receive information leaflets about your anaesthetic options and will then meet your anaesthetist looking after you on your day of surgery.

Please bring a list, or the medications themselves in their boxes, to the appointment.

In modern anaesthesia, serious problems are uncommon but risk cannot be removed completely. Ask the pre-assessment team or your anaesthetist about the risks associated with having a general anaesthetic. More information can be found here: **www.rcoa.ac.uk/patientinfo**

The brachial plexus block

The brachial plexus is the group of nerves that lies between your neck and your armpit, it contains all the nerves that supply movement and feeling to your arm. A brachial plexus block is an injection of local anaesthetic around the brachial plexus to block information travelling along these nerves making your arm numb and immobile. The block can provide excellent pain relief for between 3 and 24 hours, depending on what kind of local anaesthetic is used. A brachial plexus block is usually combined with a general anaesthetic.

During the time the block is working you will not be able to use your arm and will be given a sling. You should start taking pain relief medicines while your arm is still numb and before the block wears off. This is so that they start working ready for when the block wears off.

What can I do to make the operation a success?

- If you smoke please try to stop or reduce.
- Try to maintain a healthy weight, the risk of complications is higher if you are overweight.
- If you have a long term conditions like diabetes, asthma, bronchitis, thyroid problems, heart problems or high blood pressure, you should ask your GP if you need a review.
- Continue with any useful exercises you have previously been given.
- Follow the instructions given to you by the hospital staff about your surgery.

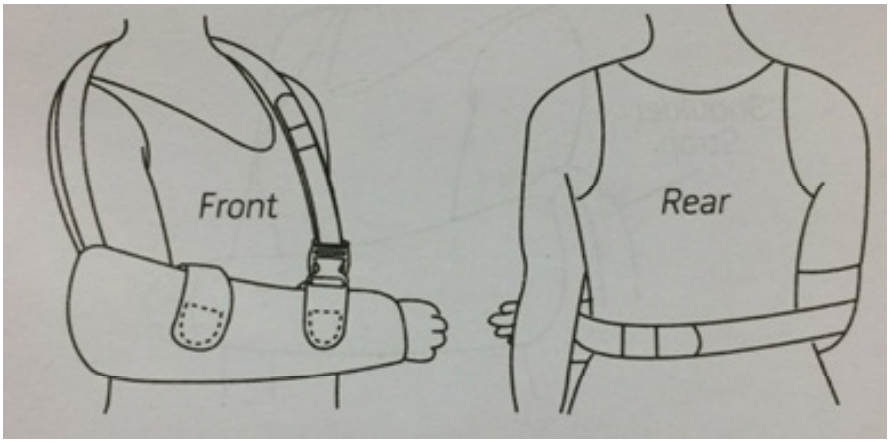
What happens after the operation?

You will be transferred to the recovery room to be monitored as the general anaesthetic wears off, and then to the ward. Your arm will be supported in a sling and there will be a dressing over the wound. If you have had a nerve block, your arm and hand will feel numb for up to 24 hours. Whilst the block is working you will not be able to use your arm. As the block wears off you may experience pins and needles in your fingers, this is normal.

Good pain relief after the operation is important; it is much easier to relieve pain if it is dealt with before it gets bad. Please tell the nursing staff if you have pain.

Most people will stay in hospital overnight on a ward, some are seen as a ‘daycase’ and do not need to stay overnight. Your consultant will have discussed this with you prior to your surgery. You will have your observations monitored and be given something to eat and drink. The therapy team will see you within a couple of hours post-operatively.

Using the sling



The sling should be worn day and night for _____ weeks.

It can be removed for hygiene and for physiotherapy exercises.

Watch the fitting instructional video here:
https://www.youtube.com/watch?v=h3A_AhqkucY

How to remove the sling

- Undo Velcro strap by wrist
- Undo Velcro strap by elbow
- Push sling round towards back (like a rucksack)
- Pull strap over head

How to put sling on

- Slide sling onto arm
- Put strap over head
- Fasten Velcro straps next to wrist and elbow

Therapy in the Hospital

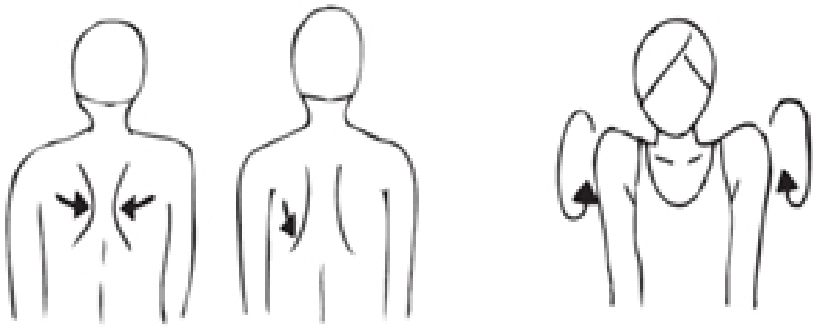
After your operation you will be seen by a member of the therapy team. They will teach you how to take your sling on and off and show you the post-operative exercises to do. You will need to do these exercises regularly after the operation. The therapy team will ensure that you are safe to return home and will be able to look after yourself.

Try to complete 10 repetitions of each exercise, 3 times per day. If the exercises cause discomfort or a mild ache this is normal. If you are in an unmanageable amount of pain doing your exercises please contact the inpatient therapy team.

Exercises

Neck movements in all directions

Shoulder Shrugs and Rolls



Wrist and Hand Movements

Elbow Movements - regularly bend and straighten your elbow **.**

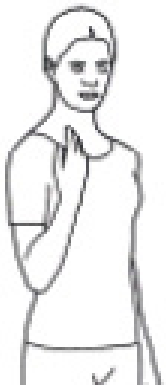
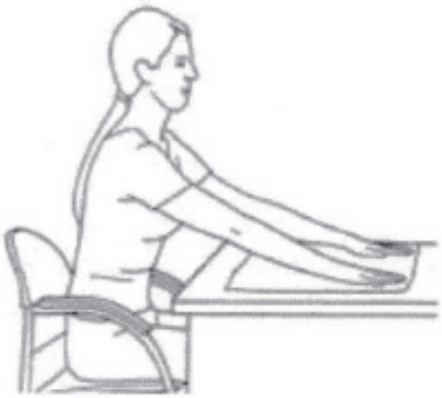


Table Slides

Sit at a table with a towel under your hands.
Gently slide the hands forward and return to the start position, do not force or stretch the shoulder.



Caring For The Wound

You will have stitches running along the wound on the front of your shoulder. The wound will be covered by a dressing which will need to be kept clean and dry. The large bulky dressing is removed on the ward prior to discharge. The smaller dressing is left in place for 2 weeks.

During this 2 weeks you should not touch it, get it wet or attempt to replace it. If you have any problems with the dressing or the wound after being discharged from the hospital please contact either the ward or the hospital outpatient treatment room on:

Huddersfield 01484 342559

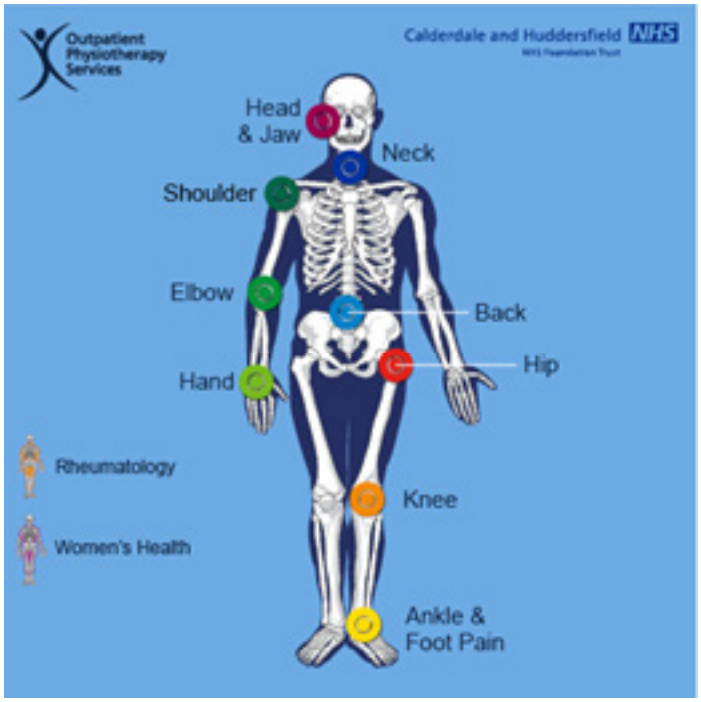
The dressing will be removed and the stitches trimmed at your outpatient follow-up appointment approximately 2 weeks after your surgery, to allow them to dissolve.

Aftercare

The discharge paperwork will be sent to your GP practice. A follow-up outpatient appointment will be arranged for you with the orthopaedic team for approximately 2 weeks after the operation. Here your wound will be checked and we will ensure that you are making progress as expected.

If you have not received an appointment in the orthopaedic clinic within 1 week of discharge then please contact your consultant's secretary using the numbers at the front of this booklet.

Outpatient Physiotherapy



You will be referred for outpatient physiotherapy to commence approximately 2 weeks following your surgery. The outpatient physiotherapy team will progress your exercises and help get you back to your normal activities. You can usually choose where the outpatient physiotherapy will take place.

If you have not received a letter inviting you to contact the physiotherapy team within a week of your hospital discharge, please call them on 01484 905380.

Our standard post-operative physiotherapy protocols are available at the end of this booklet; they are to guide your physiotherapy rehabilitation. Most people will follow these protocols however they are guidelines only and can vary person to person. **If there are any specific precautions or changes to the protocol this will be documented in the post-operative notes**. Please show these protocols to your physiotherapist if you have arranged your rehabilitation outside of Calderdale and Huddersfield NHS Trust.

DO NOT progress your exercises without the guidance of a physiotherapist

If you are having rehabilitation within the trust then your physiotherapist should already be aware of these protocols.

Returning to Normal

Driving – you should not attempt to drive until you are allowed to disregard your sling, your pain has subsided and you feel confident in your ability to control your vehicle in the event of an emergency situation. If your ability to drive has been affected by the surgery then you are required to contact the DVLA and your insurance company to inform them about your operation.

Leisure activities – prior to restarting leisure activities it is advisable to discuss them at your post-operative review or with your physiotherapist. The ability to return to normal leisure activities will depend on your range of movement, strength and the type of shoulder replacement you have had.

National Joint Registry (NJR)

The NJR records and analyses joint replacement data for patient safety and to help provide better care. The hospital will input certain details about your operation to the NJR including the type of implant you received, which surgical technique was used and the side of your body the implant went into as well as your name, date of birth, gender, postcode and NHS number. The NJR asks all patients to give their consent for this data to be recorded confidentially.

Post Op Physiotherapy Protocol: Anatomical Total Shoulder Replacement

Protocol to be followed with any CHFT patient unless otherwise documented in the medical notes.

Indications	Expectations	Surgery
Painful degenerative changes at the glenohumeral joint, with intact and functioning rotator cuff.	A stable, comfortable shoulder. Comfortable upper limb activities at shoulder height. Post op range of movement usual related to pre-op. Ongoing improvements expected for up to 2 years.	Replacement of the humeral head and glenoid with prostheses. Deltopectoral approach, with subscapularis release followed by repair.

	Goals	Precautions	Physiotherapy
Initial Rehabilitation 0-2 weeks Outpatient physiotherapy appointment at 2 weeks post-op	Adequate pain control. Optimise tissue healing, protect subscapularis. Ensure adequate scapula function. Maintain range of movement of peripheral joints.	Sling, with waist strap, to be worn day and night, apart from when exercising for 6 weeks. No active movement of the operated shoulder.	Postural awareness and scapula setting exercises. Hand, wrist and elbow range of movement exercises. Gentle table slides. Pendular hang for hygiene .
2 - 6 weeks	Increase range of movement of operated shoulder. Ensure adequate scapula function. Optimise normal movement patterns for shoulder complex.	Do not force or stretch the movement and reduce exercises if it becomes too painful. No resisted internal rotation or forced passive external rotation (to protect repaired subscapularis).	Gentle passive range of movement exercises to tolerance. - External rotation to neutral only. - Abduction, maintain shoulder in internal rotation. Active assisted flexion e.g. table / wall slides, or in supine progressing to sitting with good scapula mechanics. Active assisted external rotation to neutral only. Scapula stability, proprioception, balance and core.

6 weeks	Wean sling Increase shoulder range of movement. Optimise normal movement patterns of the shoulder complex.	Do not force the movement and reduce exercises if it becomes too painful.	Progress to active exercises in all directions with good scapula control. Encourage gentle self-stretching at end range. Gentle isometric exercises in neutral, as pain allows. Proprioceptive exercises, open and closed chain. Consider and assess core stability and kinetic chain.
8 weeks + Ongoing improvements are likely to continue for up to 2 years, patients should continue exercising until their maximum potential has been reached.	Increase range of movement, strength and endurance to the functional level. Return to normal activities		Progress to strengthening through range, pain free. Progress proprioceptive exercises, open and closed chain. Passive stretching to achieve full range.

Post Op Physiotherapy Protocol: Reverse Total Shoulder Replacement

Protocol to be followed with any CHFT patient unless otherwise documented in the medical notes.

Indications	Expectations	Surgery
Painful degenerative changes at the glenohumeral joint, in a cuff deficient shoulder Fracture proximal humerus	A stable, comfortable shoulder. Comfortable upper limb activities at shoulder height. Some individuals may regain function above shoulder height. Ongoing improvements expected for up to 2 years	Anatomical reversal of the ball and socket joint; the ball of shoulder joint is where the socket should be and vice versa. Deltopectoral approach. Deltoid Split used rarely - This will be made clear on the post-op instructions (protocol delayed by 2 weeks, sling for 4 weeks, active anterior deltoid work delayed until 6 weeks).

	Goals	Precautions	Physiotherapy
Initial Rehabilitation 0-2 weeks Outpatient physiotherapy appointment at 2 weeks post-op	Adequate pain control. Optimise tissue healing, protect deltoid. Ensure adequate scapula function. Maintain range of movement of peripheral joints.	Sling to be worn day and night, apart from when exercising for 2 weeks. No active movement of the operated shoulder.	Postural awareness, shoulder shrugs and cervical range of movement exercises. Hand, wrist and elbow range of movement exercises. Gentle table slides. Pendular hang for hygiene.
2 - 4 weeks	Wean sling at 2 weeks. Often advised to wear the sling outdoors until 4 weeksIncrease passive range of movement of operated shoulder. Ensure adequate scapula function.	Do not force or stretch any movements, particularly hand behind back due to risk of dislocation. Reduce exercises if it becomes too painful. Avoid weight bearing through the arm eg. getting up out of bed/a chair.	Postural awareness and scapula setting exercises. Gentle passive range of movement exercises to tolerance. Active assisted range of movement exercises in all directions, up to shoulder height, with good scapula mechanics.

4-6 weeks	Optimise normal movement patterns for shoulder complex	Deltoid compensation is required to power the shoulder. Patients should be discouraged from initiating movement by shoulder hitching, but may not be able to eliminate it completely. Do not force any movements, particularly hand behind back due to risk of dislocation. Avoid weight bearing through the arm.	Active range of movement exercises in all directions, up to shoulder height, with good scapula mechanics. Gentle self-stretching. Begin eccentric deltoid strengthening programme in supine, and progress as able. Scapula stability, proprioception, balance and core.
6 weeks + Ongoing improvements are likely to continue for up to 2 years, patients should continue exercising until their maximum potential has	Optimise normal movement patterns of the shoulder complex. Return to functional activities within comfortable limits. Increase range of movement, strength and endurance to the functional level required.	Avoid painful activities /exercises Do not force any movements, particularly hand behind back due to risk of dislocation.	Active movement exercises, through range, with good scapula mechanics. Gentle self-stretching. Continue eccentric deltoid strengthening programme. Scapula stability, proprioception, balance and core.

If you have any comments about this leaflet or the service you have received you can contact :

MSK Office,
Physiotherapy Department,
Calderdale Royal Hospital, HX3 OPW

Elective Orthopaedics Physiotherapy Department,
Calderdale Royal Hospital, HX3 OPW

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਬਿਸ਼ੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਸਿਕਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"

Patient Name:	Type of Surgery Planned:
NHS Number:	

This section to be completed by the consultant team at the time of placing the patient on the waiting list for a shoulder replacement

Pre-operative Therapy Input Criteria

Lives alone: Yes ☐ No ☐

Uses a walking aid: Yes ☐ No ☐

Concerns regarding managing with day to day activities on discharge: Yes ☐ No ☐

Currently has help at home with daily activities (from family or other services): Yes ☐ No ☐

Currently provides care for someone at home: Yes ☐ No ☐

If one or more of the boxes have been ticked it would be beneficial for the patient to see a member of the therapy team prior to their hospital admission.

Patients can either attend the physiotherapy department at Calderdale Royal Hospital on the second floor on the day of their outpatient appointment or telephone the department to arrange a therapy appointment.

Telephone Number 01422 223554.