

SHOULDER REPLACEMENT (Hemiarthroplasty & Resurfacing)



Patient Information



What you need to know about your operation ...

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Advice and exercises for patients following shoulder surgery

Shoulder Hemiarthroplasty and Resurfacing

Introduction

This information booklet has been produced to help answer any questions you may have about your operation, and about how you should progress following surgery.

It includes the following information:

- Anatomy of the shoulder joint
- About your condition
- Types of prosthesis used
- The operation
- What are the risks?
- What to do following your operation
- Exercises

This booklet is designed to be used in conjunction with the professional care you will receive at your hospital. Individual variations requiring specific instructions not mentioned here may be necessary. Your doctor and physiotherapist will be able to advise you appropriately.

The information in this booklet has been developed in association with Mr Nick Fernandez (Consultant Orthopaedic Surgeon) Tracey Atwell (Specialist Physiotherapist) Gemma Birt (Physiotherapist) and Dr Matthew Hough (Anaesthetist).

The shoulder joint



The shoulder joint consists of a ball and socket joint between the humerus (ball) and the glenoid (socket). It is called the gleno-humeral joint.

About your condition

Damage to the gleno-humeral joint affects the ability of the ball to rotate smoothly in the socket. This can lead to pain, clicking and restrictions in movement and function.

The damage arises from:

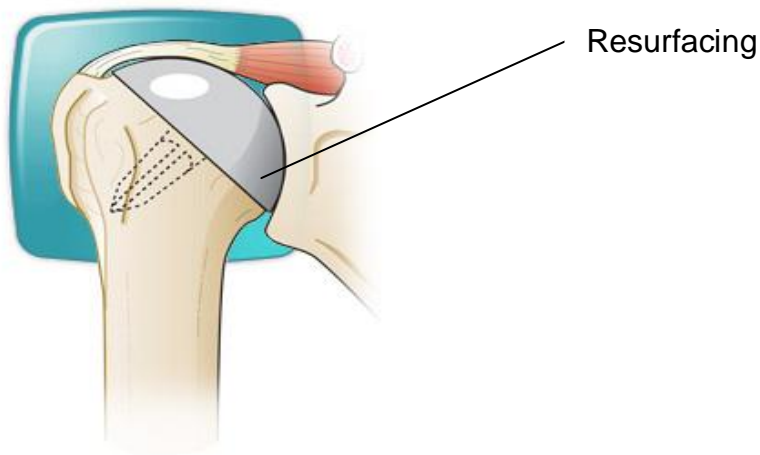
- Osteoarthritis – wear and tear arthritis
- Rheumatoid Arthritis – inflammatory arthritis
- Trauma – a fracture of the ball or socket.

What is involved in the operation?

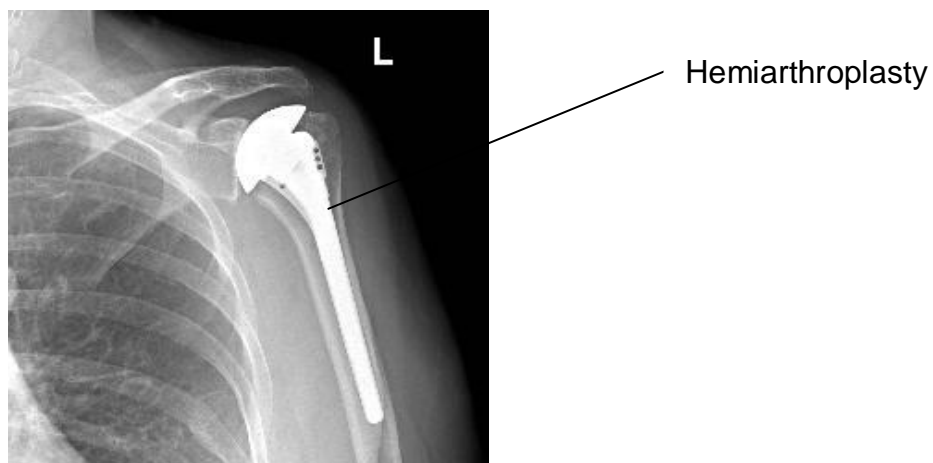
The operation involves the surgeon making an incision at the front of the shoulder, until the joint is reached. The shoulder is then dislocated to allow access to the joint.

The surgeon may choose to perform a...

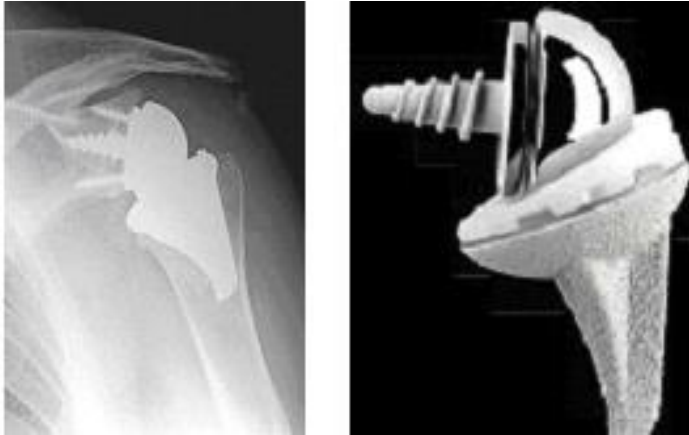
Resurfacing Hemiarthroplasty (CAP) – the outer surface of the ball is removed and replaced with a short stemmed cap. It is made of stainless steel. This procedure is performed for arthritis. It is not usually necessary to replace the socket.



Hemiarthroplasty with a Stem – The whole ball is removed and replaced with a ball on a long stem. It is made of stainless steel. This procedure is performed for severe fractures.



Reverse Geometry (verso) total shoulder replacement – The ball and the socket are both replaced with stainless steel parts. This procedure is performed when there is arthritis and the stabilising rotator cuff muscles are disrupted. This procedure has its own patient information booklet as the rehabilitation process is different.



For all operations the shoulder is then relocated and checked for range of movement before closing the wound.

What are the risks?

Hemiarthroplasty with a stem and Resurfacing Hemiarthroplasty are common surgical procedures for the shoulder and most people have a positive outcome.

As with any operation there are risks involved. Your doctor will have discussed these risks with you prior to the operation. These include infection, stiffness, fracture during the operation, loosening of the implant, wear of the socket and dislocation.

There may also be risks associated with the anaesthetic. These will be explained by the anaesthetist, who should see you before the operation. This is usually on the day of surgery.

The most common anaesthetic is a general anaesthetic (further information is available via a separate information booklet "your anaesthetic info"). Occasionally you may be offered an alternative anaesthetic, which will again be explained to you by the anaesthetist.

What to do following the operation?

Pain

This procedure can be painful due to the surgery performed inside your shoulder. You will be given painkillers (either as tablets, injections or nerve blocks) to help the pain whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. Please contact your General Practitioner (GP) if you require further medication after that.

You may also find ice packs over the area helpful. Ice is a natural anaesthetic and helps to relieve pain. To ice the shoulder use a bag of frozen peas or a plastic bag filled with ice cubes. Wrap the ice bag in a small towel to protect your skin. Place this over your shoulder for 10-15 minutes; you can repeat this several times a day.

Wearing the sling

The sling is to be worn for 2-4 weeks. Your surgeon will make this decision during the operation and the physiotherapist on the ward will let you know how long you need to wear the sling.

The sling is to be taken off for washing, dressing and exercises, which the physiotherapist will go through with you on the ward.

Wound care

Dissolvable stitches are usually used under the skin. If you have stitches that need to be removed, this will be done when your wound is checked at 1-2 weeks post operation. This is usually performed at your GP surgery and will be arranged prior to discharge.

Avoid using spray deodorant, talcum powder or perfumes near or on the scar until it has healed.

Will I have a follow up appointment?

This is usually at about 6 weeks after your operation to check on your progress with your consultant or a member of their team. Please discuss any queries or worries you may have when you are at the clinic. Further clinic appointments are made after this if necessary.

What activities should I avoid?

To start with you will only use your arm when washing, dressing and doing the exercises shown by the inpatient physiotherapist. For washing and dressing lead with the other hand/arm and use pain as your guide.

Once you begin to wean off the sling you can start to do light activities. Use pain as your guide to stop. Do not expect to be able to lift your arm overhead straight away. Avoid carrying, pushing, pulling and lifting for at least 4 weeks. Your physiotherapist will guide you further as you progress.

How will I progress?

Once you are able to start weaning off the sling at 2-4 weeks, your physiotherapist will encourage you to regain first passive then active range of movement. At 6 weeks once you have obtained good range you will start to work on strengthening and functional rehabilitation.

This whole process will often take 12 weeks or longer. The eventual result will be influenced by how hard you work at your exercises.

Returning to work

Once you are able to use your arm for everyday activities, you can think about going back to work. This is usually between 6 and 12 weeks, depending on your type of work. Please discuss further with your doctor and physiotherapist if you feel unsure or if your job requires a lot of physical activity with the shoulder.

Returning to driving

You can drive after approximately 6 weeks, as soon as you are in full control of the car. Your physiotherapist will advise you further with this. Also remember to inform your insurance company of your operation to protect yourself and your policy.

Returning to leisure activities and sport

Your ability to start these activities will depend on the pain, range of movement and strength you have in your shoulder. It can take approximately 12 weeks or longer to regain full active movement. Be sensible and start gently with short sessions. Any doubts discuss with your physiotherapist.

Exercises

When in hospital you will be shown exercises to do with your shoulder, elbow, wrist, hand and neck (these are shown below). You will also be shown how to wash and dress appropriately with out causing any harm to your shoulder.

You will be seen in Outpatient Physiotherapy at 2 weeks post operation where you will progress your exercises.

These exercises should not increase your pain. It is normal to feel some aching, stretching or slight discomfort when doing the exercises. However, if you feel an exercise is causing you intense and lasting pain (e.g. for more than 30 minutes) change the exercise by doing it less forcefully or less often. The key is to do the exercises “little and often” – e.g. for 5-10 minutes, 4 times a day. You can use painkillers and/or an ice pack to reduce the pain before you exercise if necessary.

Below are the exercises you should start doing as soon as possible after you go home.

1. Posture

Poor posture can lead to problems with the shoulder joint, so ensuring your posture is correct is one of the most important things to achieve following shoulder surgery.



In standing or sitting. Keep your arms relaxed; make sure that your chin is not poking forward.

Roll your shoulder blades (scapulae) back and downwards. Hold this position for a few seconds. Do not arch your back.



2. Neck stretching

Some people feel pain and tension between their neck and shoulder. This can be helped by correcting your posture (as described above) and gently stretching your neck.

In the correct posture (as above).

Side flex your head away from the operated shoulder and hold for 10 – 20 seconds (or for as long as you feel comfortable).



3. Shoulder rolls

The aim of this exercise is to keep the muscles around the shoulder girdle working gently and to help you with your posture.



Sitting up tall, in a slow controlled movement gently elevate your shoulders then roll them back and down then forwards and up. Repeat 10 times.

4. Pendular

The aim of these exercises is to provide a stretch to your shoulder to stop it from becoming stiff. They are good to do in the very early stages when your arm is still sore.

Lean forwards using your good arm to support you. Let your operated arm hang freely as shown in the picture (right).



Starting with small movements let your arm swing like a pendulum:

a) forwards and backwards



b) side to side

c) around in a circle

Repeat each movement 10 times.



The aim of the next two exercises is to slowly increase your shoulder range of movement

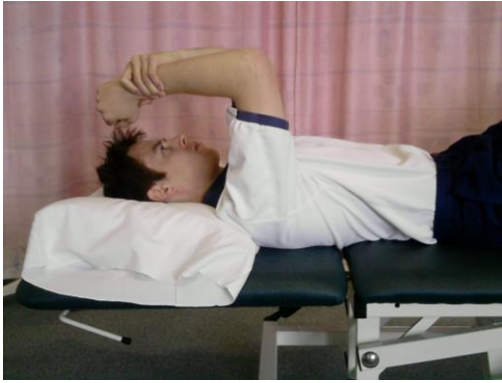
5. External rotation in sitting



With your arm out of the sling take your forearm away from your tummy to 90 degrees hold for a few seconds, then back to your tummy.

Repeat 10 times.

6. Flexion in lying (active assisted)



Lying on the bed using your non operated arm for support, lift your arm up and over your head then slowly lower back to the bed.

Repeat 10 times.

7. Isometric rotator cuff strengthening

The aim of these exercises is to start strengthening the rotator cuff muscles that help support your shoulder.



Sitting or standing, with the elbow of your operated arm flexed to 90 degrees, and held close to your body.

Grasp the wrist of the operated arm with your good hand. Attempt to move the hand of the operated arm outwards, resisting the motion with your good hand. Keep the operated arm still. Hold this position for 5 seconds and repeat 5 times.



Sitting or standing, with the elbow of your operated arm flexed to 90 degrees, and held close to your body (as above).

Grasp the wrist of the operated arm with your good hand. Attempt to move the hand of the operated arm inwards, resisting the motion with your good hand. Keep the operated arm still. Hold this position for 5 seconds and repeat 5 times.

8. Elbow, wrist and hand exercises

In addition to the shoulder exercises detailed above, you should keep your elbow, wrist and fingers moving to ensure they do not become stiff and painful. You can do this by bending and straightening your elbow, opening and closing your fist and circling your wrist.

Further information and advice

If you experience pain not relieved by painkillers or heavy bleeding after your operation please contact your GP or go to the Emergency Department.

For further information and advice after surgery please contact the Day Surgery Unit on 01305 254501.

You can also contact NHS Direct 24 hours a day on 0845 46 47 or www.nhsdirect.nhs.uk

You can contact our Patient Advice and Liaison Service (PALS) on free phone 0800 7838058 or pals@dchft.nhs.uk

**Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY
Switchboard: 01305 251150
Fax: 01305 254155
Minicom: 01305 254444**

**E-mail: headquarters@dchft.nhs.uk
Website: www.dchft.nhs.uk**

**Information sheet authors: Gemma Birt, Physiotherapist;
Tracey Atwell, Specialist Physiotherapist; Paul Evans,
Physiotherapist; Mr N. Fernandez, Consultant Orthopaedic
Surgeon; Dr M. Hough, Consultant Anaesthetist.**

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