



# Anatomic Total Shoulder Replacement

## Information for patients

You have been diagnosed with shoulder osteoarthritis. This leaflet will explain what osteoarthritis is, the signs and symptoms, and how it can be diagnosed and treated within East Kent Hospitals. It will also give you information about what you need to do through the process.

If after reading this leaflet you still have questions or concerns, please speak to your surgeon or anaesthetist at your next appointment.

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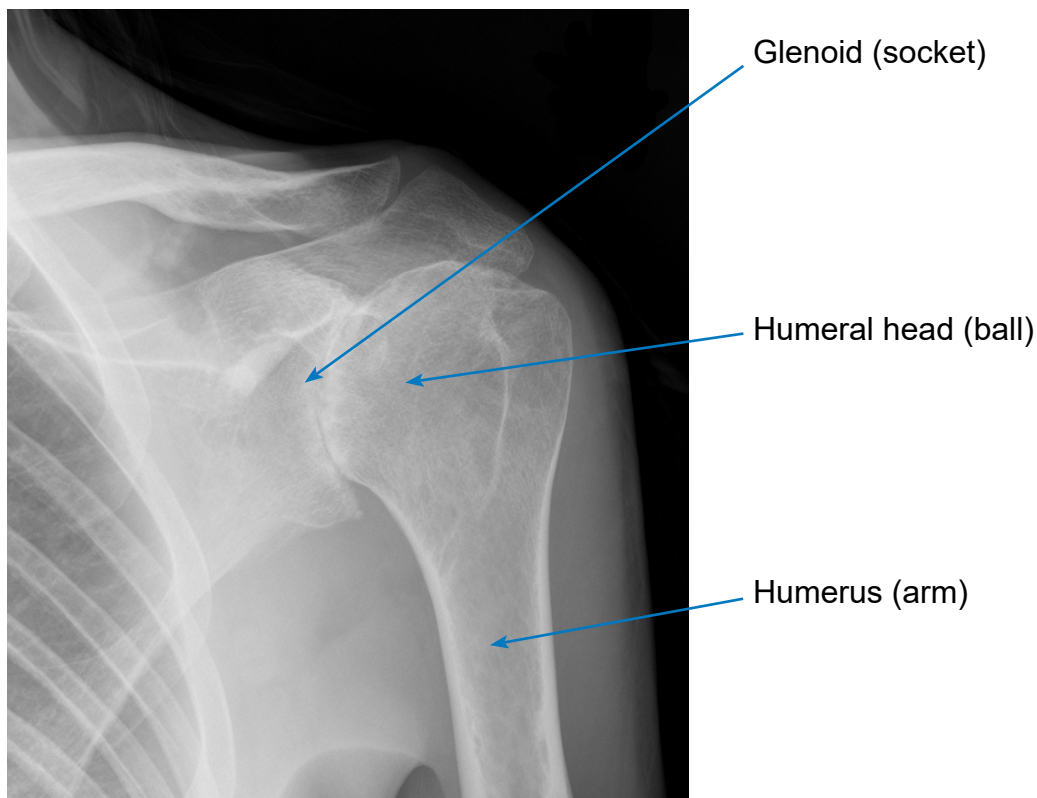
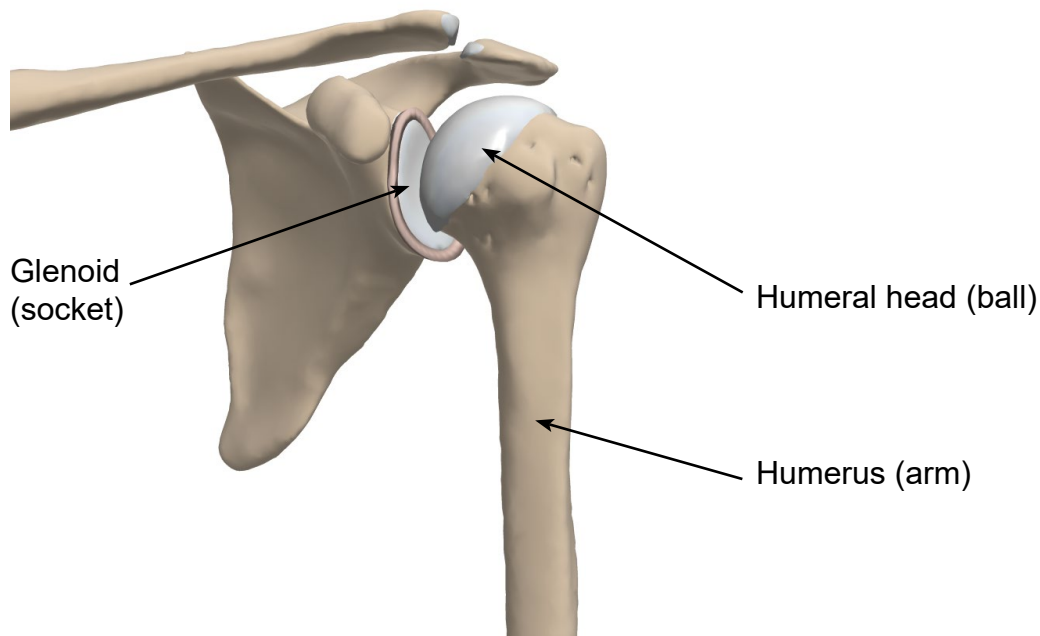
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## What is shoulder osteoarthritis?

The shoulder is a ball (humeral head) and socket (glenoid) joint with a large range of movement. The joint sometimes needs replacing due to arthritis.

Arthritis is a condition caused by wear and tear of the joint surface, leading to pain and stiffness. It happens when the protective cartilage that cushions the ends of your bones wears down over time and the joint space becomes narrower, leading to pain and stiffness.



**X-ray showing a shoulder with osteoarthritis: decreased joint space and bone growth around the edges of the joint due to wear and tear**

## What are the signs/symptoms of shoulder osteoarthritis?

- Pain, usually felt in the shoulder area.
- Difficulty sleeping on the affected side, due to pain.
- Sometimes you may have neck pain with your shoulder pain.
- It may feel like something in your shoulder is catching, popping, or clicking when you move your arm in certain directions, this may be painful.
- Weakness.
- Loss of movement and function.

## How can I help myself?

- When your shoulder hurts, you can place a bag of frozen peas wrapped in a damp tea towel over your shoulder for 10 minutes at a time; this may help to reduce the pain and inflammation (redness, heat, and swelling). Do not use these peas for eating once they have defrosted.
- Try to improve your posture (how you sit); hold your back straight and your shoulders back.
- If your symptoms get worse with daily life activities, try to make simple changes to avoid pain. If your symptoms are made worse by a sport you may benefit from advice from a coach/instructor regarding your techniques.
- Help keep the available movement in your shoulder, by moving your arm through the available comfortable range of movements.

## What are the treatment options available?

- If you would like to avoid surgery, at least for the time being, you can keep your pain under control with **painkillers** (paracetamol and/or codeine) and/or **anti-inflammatory medication** (ibuprofen).
- Also, it may help if you make simple **changes to your daily routine** and carry out **physiotherapy exercises**.
- You could also have a **steroid injection** to your shoulder to keep the pain under control temporarily.
- If treating with **surgery**, you could choose to have a resurfacing of the ball of the shoulder joint or an anatomic total shoulder replacement, which includes both the ball and the socket, depending on your circumstances.

All the options available to you will be discussed with you before your treatment plan is decided.

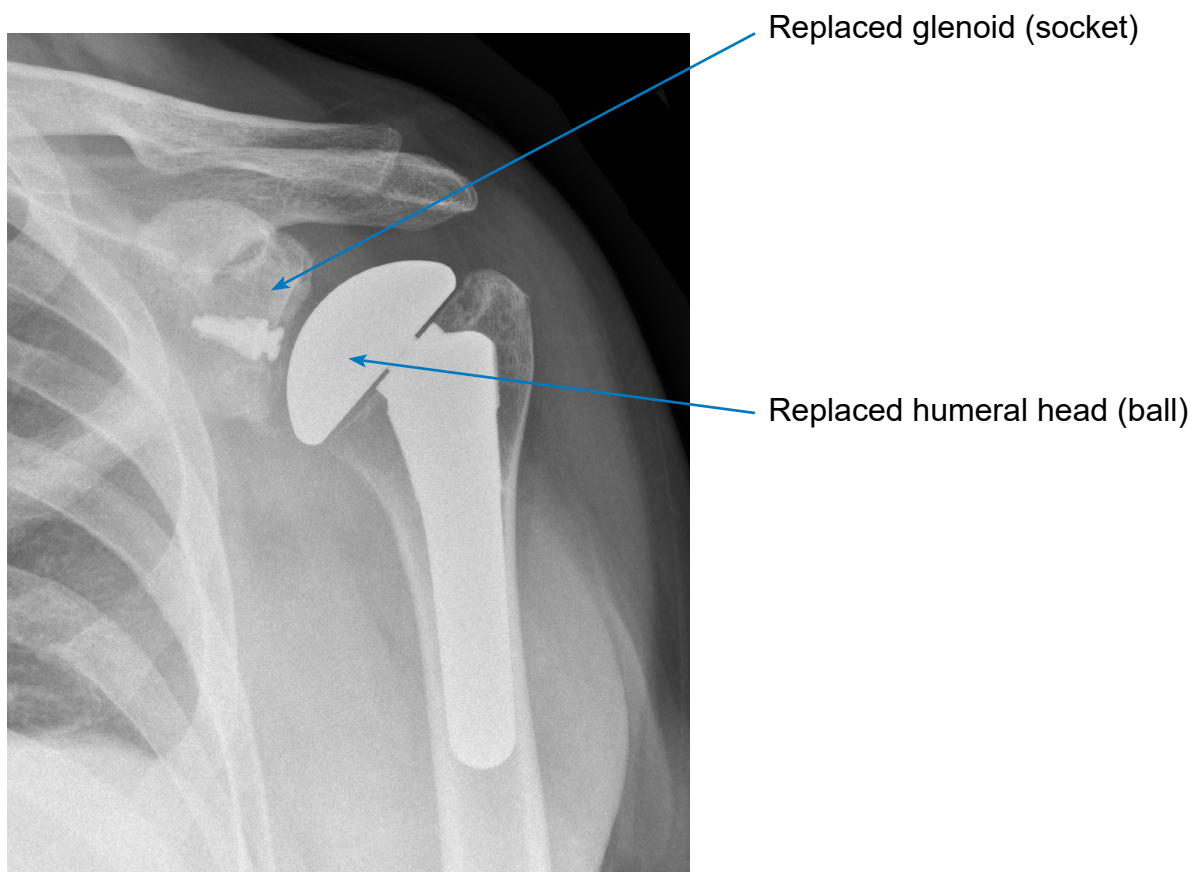
## If I have an anatomic total shoulder replacement, what will happen during the procedure?

The main reason for this operation is to reduce your pain and improve how your shoulder works.

A total shoulder replacement removes the worn out joint and replaces it with an artificial joint, which recreates the shape of a healthy shoulder. The “ball” is replaced with a metal head (long stem, short stem, or stemless) and the “socket” with a plastic or a metal and plastic piece mixture. This combination provides low friction to allow your shoulder to move more comfortably with less pain. This option will be discussed with you during the consent process.

Occasionally a different type of replacement may need to be used. In case there is a change of plans, the doctors will discuss your individual surgery with you after your operation.

To do the surgery, the surgeon will make a 10 to 12cm cut at the side of your shoulder. Your wound will probably be closed with dissolvable sutures; these sutures are absorbed by your body. However, the knots at the end of the sutures need to be removed 10 to 14 days after your surgery.



**X-ray showing a total shoulder replacement**

## How can I prepare for my surgery?

You will have a preassessment appointment before your surgery, to check if you are ready and fit for surgery. You will also be swabbed for MRSA and Covid-19, if necessary.

Before surgery it helps if you try to get as fit as possible to avoid anaesthetic risk and/or failure of the surgery. It is important that you lose weight if you are above your ideal weight.

- **Smoking advice**

It is important to stop smoking at least 30 days before your surgery. Studies have shown that wound healing is significantly delayed by smoking/nicotine, and the infection rate is much higher. Smoking also harms how your tendon heals following a repair, so smoking after your operation is also not advised.

If you need support to stop smoking you can ask your GP for advice, or contact the Trust's Stop Smoking Service either through the website [www.ekhufft.nhs.uk/patients-and-visitors/services/stop-smoking-service](http://www.ekhufft.nhs.uk/patients-and-visitors/services/stop-smoking-service), or call 0300 12 31 22 0, or text QUIT to 87 023.

- **How does eating a healthy diet help my recovery?**

Recovering from surgery can take a long time and it is normal to get frustrated and anxious. But remember that while you are recovering, there are some things you can do to help your wound to heal. We suggest limiting the amount of alcohol you drink, stopping smoking, eating a healthy diet, drinking plenty of fluids (especially water), and staying active. If you need any extra support, do not hesitate to get in touch with us on the contact numbers listed at the end of this leaflet.

Some painkillers (especially those containing Codeine) can cause constipation. To avoid this, please follow a healthy well-balanced diet rich in fruit, vegetables (including green leafy vegetables), nuts, seeds, wholegrains, and legumes, which contain the necessary fibre, and drink plenty of water. For more information on the importance of eating your 5-A-Day please go to the following web site [www.nhs.uk/live-well/eat-well/5-a-day-what-counts/?tabname=food-and-diet](http://www.nhs.uk/live-well/eat-well/5-a-day-what-counts/?tabname=food-and-diet)

## What happens on the day of my surgery?

- Please arrange for someone to pick you up from the hospital after your surgery, as you will not be able to **drive** yourself. Please make sure to arrange this before your surgery.
- To avoid complications with your anaesthetic, you should not **eat** anything for six hours before your surgery, or **drink** anything for two hours. You will be given further instructions during your preassessment.
- On the day of your surgery, you can take your **usual medication** as advised during your preassessment. If possible, do not take non-steroidal anti-inflammatory medication, such as ibuprofen and naproxen, for at least 10 days before your surgery, as they can affect how your wound heals. Please bring any medications that you are taking into the hospital with you.
- If possible, please **wear loose-fitting clothes**, as after surgery you will be wearing a sling.
- Bring your appointment letter with you, so you know which department to come to when you arrive at the hospital.
- At arrival, you will be asked to put a hospital gown on, and maybe a pair of compression stockings.

- You will see the anaesthetic and surgical team before your surgery to go through the consent form and discuss any questions you may still have. Remember you can withdraw your consent for treatment at any time.
- You may be tested for Covid-19. All appropriate precautions will be taken during your admission to minimise the risk of contracting the illness as per Healthcare England Guidelines.

For more information, please ask a member of staff for a copy of the Trust booklet **Information for patients having an operation/ procedure as an inpatient**, or scan this QR code.



### What kind of anaesthetic will I need?

This procedure is usually performed under general anaesthetic (you will be asleep for the procedure). However, you may be offered the option of “awake anaesthesia” during your surgery to avoid putting a tube into your windpipe. This may be discussed and decided with you and the anaesthetist on the day of your surgery. Should you be suitable for this type of anaesthesia, it is important to understand and be assured that you will be kept comfortable, and you will not feel any pain during your procedure. Patients describe their experience after this type of “awake anaesthetic” as if waking up from a usual night’s sleep, as it is often supplemented with some light sedation. If you need any more information, please speak to your anaesthetist before your procedure.

In addition, a local anaesthetic or nerve block is used during your operation. As a result, your shoulder and arm may feel numb for a few hours after your operation. **It is important to take your pain medications during this time, to allow a gentle and easier control of pain when the nerve block wears off and your shoulder is likely to be sore and uncomfortable.**

### What are the complications and risks?

As with all surgery, there are a few risks and complications. These are rare and will be discussed with you before your surgery.

**Anaesthetic risks** will be discussed with your anaesthetist on the day of your surgery.

- **Wound infection:** we do everything we can to avoid this but an infection might still happen. If your wound becomes increasingly red or swollen after your surgery, please contact your GP or speak to your surgical team.
- **Bleeding:** if this happens during your surgery, we will do our best to stop it as soon as possible. However, some oozing could still happen after your surgery. For more information on what to do if your wound continues to bleed at home, see the advice on page 10.
- **Deep vein thrombosis (DVT) and/or pulmonary embolism (PE).** These are blood clots which form in the blood stream and can be serious conditions. Compression stockings and other measures might be taken by the hospital to avoid them. For more information, please ask a member of staff for a copy of the Trust’s DVT or PE leaflets available through the Trust web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)



- **Soft tissue (nerve/tendon/blood vessel) injury** could happen during surgery. If this happens, your surgeon will try to deal with it during your operation and it will be discussed with you after your surgery.
- **Continued pain and Chronic Regional Pain Syndrome (CRPS)**. CRPS is a condition where a person has persistent, severe, and debilitating pain. Although most cases of CRPS are triggered by an injury, the resulting pain is much more severe and long-lasting than normal.
- **Stiffness/loss of movement** that may cause frozen shoulder (your shoulder is painful and stiff for up to several months beyond the usual period expected for the stiffness to recover from a simple procedure). This could be avoided or improved if you take adequate pain relief and do the exercises listed at the end of this leaflet as your pain permits.
- **Numbness/tingling in your arm**. It is normal to have some numbness around the surgery area for few months, but it should improve as you recover.
- **Fracture to the bones (humerus and shoulder blade) surrounding your shoulder joint**.
- **Dislocation** is when the artificial ball comes out of the socket after a replacement surgery. If this happens, you should go to the Emergency Department.
- **Loosening and/or wear of the replacement components** can happen after your surgery; this is usually a long-term complication.
- **The surgery may not be successful**. If your surgeon is unable to complete your surgery successfully or the implants fail, other options or further treatment can be discussed after your surgery. This could lead to further surgery.

If you have any questions or concerns about these complications, please speak to your doctor either during your clinic appointment or before your surgery.

### How long will I stay in hospital?

You will usually be in hospital for one day after your operation, depending on how you recover.

You will be taken to the ward until it's safe for you to be discharged home. You will be seen by your surgeon, your nurse practitioner (surgical care practitioner), and/or your physiotherapist before you go home. They will show you what exercises to do and give you further advice to guide you through your recovery.

As you have to stay overnight, make sure you bring with you items you may need, such as hygiene items (toothpaste and toothbrush), a dressing gown, slippers, and your usual medication. Also, we suggest you bring a book or magazine, in case there is a delay.

## Will I be in pain after my surgery?

This type of surgery will cause quite a bit of pain and discomfort, you will need appropriate pain relief afterwards. If your anaesthetist has given you a nerve block, your shoulder and arm may feel numb and weak. You may not feel any pain immediately after your surgery, as the block may take 12 to 24 hours to wear off completely.

You will be given painkillers when you leave the hospital, to take at home; these should last for at least two weeks. It is very important that you take your pain relief as advised and as early as you can before the nerve block wears off; this will help you to keep on top of your discomfort. It is advisable to take your painkillers regularly for the first few days. If possible, avoid non-steroidal anti-inflammatory medication, such as ibuprofen and naproxen, for at least 10 days before your surgery and six weeks following surgery. This is because anti-inflammatory medication could slow down the healing process.

Take pain relief regularly to try and keep your level of discomfort at a bearable level at all times. This allows the inflammation (redness, swelling, and heat) and pain to settle. **Do not wait until your shoulder is very painful to take the pain relief, as it is then more difficult to control.**

## What painkillers will I be sent home with?

- Surgical patients might be given some of the following painkillers, depending on their age, body weight, and individual circumstances, unless told otherwise by their doctor.
- Take each painkiller as advised on your prescription.
  - Tablet paracetamol, 1g every four to six hours (no more than 4g per day).
  - Codeine Phosphate, 30 to 60mg every six to eight hours.
  - Tablet Tramadol, 50 to 100mg every eight hours.
  - Oramorph, 10 to 20mg every hour, as needed.
  - Anti-inflammatories may be prescribed; but you should try and take as few as possible immediately after your surgery.

**Please note that Codeine, Oramorph, and Tramadol should not be taken together; you should only take one of the three at any one given time.**

Ice packs or bags of frozen peas may also help reduce your pain. Wrap the pack/bag with a cloth and place it on your shoulder for up to 15 minutes. Do not eat these peas once they have defrosted.

If your pain continues and is not controlled with the medication you have been advised to take, then please contact your GP. You may also contact the East Kent Upper Limb Team if you need further help.



## How do I care for my wound(s) at home?

As you had a keyhole surgery, there will be few (around three) keyhole incisions (cuts) around your shoulder, including one or two at the back.

It is important to keep your wound and dressing dry and in place until your wound is well healed, and have your stitches removed at your two week follow-up appointment with your GP practice nurse or at the hospital, with your surgeon or your nurse practitioner (surgical care practitioner). You will be told where your follow-up appointment is going to be before you leave the hospital.

If the dressing gets wet or bloodstained, you can change them yourself by carefully placing a dressing from a pharmacy. If you are unable or have difficulties doing this yourself, you can ask a relative or a friend to change it for you, or you can make an appointment with your GP practice nurse to do it for you.

**If you are being seen by your GP practice nurse for a wound check 10 to 14 days after your surgery, please make sure the nurse reads the following. These instructions are for healthy looking surgical wounds only.**

- **\*Colourful stitches are non-absorbable and need to be completely removed to avoid them getting buried under the patient's skin.**
- **\*White/clear stitches are absorbable. If any suture knots have been made outside the patient's skin, please remove these to avoid suture abscesses. Thank you.**

**\*The appearance and material of the sutures can be different from Trust to Trust, but these are the most common.**

**If a wound does not seem to be healing appropriately, please leave the stitches/knots in place and make another appointment to remove them in few days.**

### **How long will my wound(s) take to heal?**

Wounds usually take between 10 to 14 days to heal.

The area around your wounds may have some numbness, which is usually temporary. You may feel occasional sharp pains or 'twinges', as well as itching near the scar as it settles.

### **What if my wound bleeds at home?**

Occasionally there can be minor bleeding or clear fluid ooze in the first day or two after your surgery. If your dressings get wet or bloodstained, you can change them yourself by carefully placing a dressing from a pharmacy over your wound. If you are unable to do this yourself, you can ask a relative or a friend to help or you can get an appointment with your GP practice nurse to do it for you. This bleeding or oozing should be controlled by pressing firmly but gently on your wound for 15 minutes.

If you are worried about the bleeding, you can contact the hospital on the number given to you (during normal working hours) or go to a walk-in centre or Emergency Department (after hours).

### **Can I have a bath or shower?**

You should have a 'dry wash' or a shallow bath instead of a shower. This keeps your arm in the correct position and prevents your dressing and sling from becoming wet.

While your wound is still healing:

- do not use soaps, lotions, creams, or powders on your wounds, to avoid any infection getting in to your wound(s); and
- keep your wound(s) dry at all times.

It is very important to remember to keep your armpit on your operated side clean and dry. Lean forward so you can reach your armpit, as separating it from the body sideways may be difficult or painful and is not allowed for the first three weeks.

You can wash and clean the area as normal once your wound is completely healed.

### **Why am I wearing a sling after my surgery?**

You will return from surgery wearing a sling. This is used for the first three weeks following your operation.

A physiotherapist will teach you how to take it on and off to do your exercises. It is important that you remove the sling to exercise. You can stop wearing the sling as soon as you feel comfortable.

### **What is the best position to sleep in?**

To begin with sleeping will be difficult. Take regular painkillers and try to support your shoulder by placing pillows behind it. If you lie on your back, a pillow under your arm and elbow may make you feel more comfortable. You may find it easier to lay on your non-operated side.

It will take at least three months before you can lay on your operated shoulder.

### When can I drive again?

You will not be able to drive for at about eight weeks following your surgery. Your surgeon will tell you when you can drive again.

The advice from the DVLA is that you should not drive until you are physically capable of controlling a motor vehicle and can perform an emergency manoeuvre safely and confidently.

Please arrange for someone to collect you from hospital and take you home after your surgery.

### When can I return to work?

This will depend on your job and how extensive your surgery was.

You can start light activities which involve using your arm in front of your body about three weeks after your surgery. If your job involves heavy lifting you will need to be off work for up to three months.

Your surgeon will advise you on how long you will need to be off work; you can ask for a sick note before you leave the hospital.

**Please keep in mind that this is a successful procedure, but it is not a quick fix and needs lengthy rehabilitation.**

### When can I start my normal activities?

A physiotherapist will see you in hospital to give you advice about using your arm and doing exercises. Outpatient physiotherapy will be arranged when you are discharged from hospital.

Your arm will be painful at first. For the first three to four weeks you will be quite one handed, which will affect how you carry out your daily activities. As your pain improves so will how you can use your arm.

Most light activities are usually possible four to six weeks after surgery. However the strength in your arm will take longer to improve, and will be depend on the amount of pain and stiffness you had before your surgery.

You can start gentle swimming and exercises in water four to six weeks after your surgery. You can start practising golf six weeks after your surgery.

### When should I start noticing improvement?

This varies and depends on how much movement and strength your muscles had before surgery. After you are discharged from hospital, your pain will slowly get better and you will become more confident. You will be able to use your arm in front of you for light activities. After six weeks your strength will start to improve.

### **Will I have a follow-up appointment?**

Before you leave hospital, an appointment will be made for you to have a follow-up appointment at the Upper Limb Unit. At this appointment you will be seen by a physiotherapist, surgical care practitioner, or surgeon who will check your progress, make sure you are moving your arm, and give you further exercises as appropriate.

This appointment will usually be three weeks after your surgery. You will be monitored by a physiotherapist throughout your rehabilitation.

### **What if I have any questions or concerns?**

If you have any questions or concerns, please contact your surgical care practitioner, surgeon, or physiotherapist. Their contact details are listed at the end of this leaflet.

**If you notice your wound area is becoming more painful, red, hot, and/or discharging pus (thick yellow discharge) you may be developing an infection. Contact your GP or your surgical team for advice as soon as possible.**

### **Exercises you can do after surgery, before your first physiotherapy appointment**

Before starting the following exercises, please take painkillers and use ice, if needed. It is normal to experience some pain and discomfort when you perform any exercises. If you experience prolonged pain or discomfort when moving, then do the exercises less forcefully or less often. If this does not help, speak to your physiotherapist.

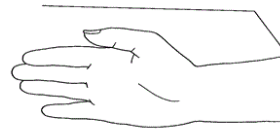
It is best if you do a few short sessions (two to four times a day, for five to 10 minutes each time) rather than one long session. Gradually increase the number of repetitions you do.

### **Physiotherapy guidelines while you are still in the hospital**

- An outpatient physiotherapy referral will be arranged by a member of the inpatient physiotherapy team.
- You will be shown how to put on and care for your sling, and how to keep your armpit clean.
- You will be shown the following exercises on the ward:
  - elbow, wrist, and hand exercises
  - shoulder girdle and posture exercises
  - pendular shoulder exercises (in the sling for Mr Murthy's patients)
  - assisted shoulder flexion
  - gentle static (isometric) contractions, except internal rotation.

## Hand exercises

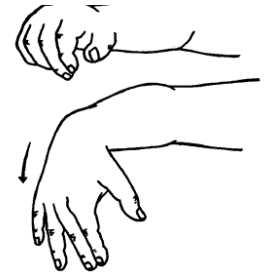
- Open and close your fist 20 times.



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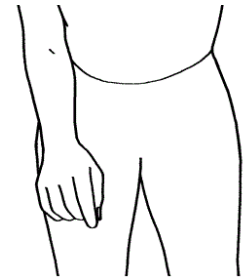
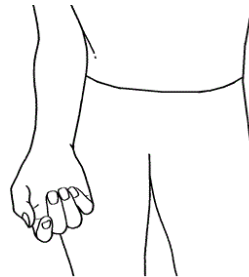
## Wrist exercises

- Move your wrist up and down 20 times.



## Forearm exercises

- Turn your palm up and down 20 times.



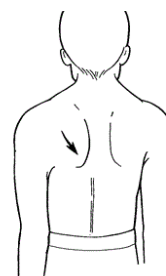
## Elbow exercises

- Bend and straighten your elbow 20 times.  
This can be completed with help from your other arm.



## Shoulder girdle and posture

- Try not to slouch after your surgery.
- Try pulling your shoulder blades back and down 20 times.



## Pendular exercises

- Lean forwards, supporting yourself with your other arm.
- Swing your operated arm forwards and backwards gently, like a pendulum.
- Do this 20 times.



## Shoulder exercises

- Lay down and lift your operated arm up, with help from your other arm.
- Do this 10 times.
- When you are able, do this exercise sitting up.



## Isometric static contractions (1)

- Gently rotate the operated side out to the side, resisting with your other hand.
- Hold for 10 seconds.
- Do this three times.



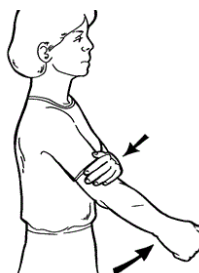
## Isometric static contractions (2)

- Gently push your operated arm out to the side, resisting with your other hand.
- Hold for 10 seconds.
- Do this three times.



## Isometric static contractions (3)

- Gently push your operated arm forwards, resisting with your other hand.
- Hold for 10 seconds.
- Do this three times.



## Physiotherapy guidelines once you leave the hospital

You will be shown further exercises at your outpatient physiotherapy appointment or clinic appointment. If you have any questions, please contact the physiotherapists listed on page 16.



**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)

## Contact details

### • Consultants and their secretaries

Hospital site	Consultant	Secretary name	Contact number
Kent and Canterbury Hospital, Canterbury	The teams listed below work at Kent and Canterbury Hospital as well		
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	Mr Sathya Murthy	Tracy Blackman	01843 23 50 68
	Mr Georgios Arealis	Donna Cannon	01843 23 50 83
William Harvey Hospital, Ashford	Mr Paolo Consigliere	Heather Littlejohn	01233 61 62 80
	Mr Jai Relwani	Dione Allen	01233 61 67 37
	Surgical Care Practitioner	Patricia Velazquez-Ruta	07929 37 53 81

### • Physiotherapists

Hospital site	Physiotherapist	Contact number
Buckland Hospital, Dover	Abi Lipinski	01304 22 26 59
Kent and Canterbury Hospital, Canterbury	Sarah Gillett (inpatient)	01227 86 63 65
	Darren Base	01227 78 30 65
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	Caroline Phillpott (inpatient)	01843 23 45 75
	Martin Creasey	01843 23 50 96
Royal Victoria Hospital, Folkestone	Ailsa Sutherland	01303 85 44 10
William Harvey Hospital, Ashford	Cindy Gabett (inpatient)	01233 63 33 31
	Chris Watts	01233 61 60 85

### • Surgical Preassessment Units

Hospital site	Contact number
Kent and Canterbury Hospital, Canterbury	01227 78 31 14
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	01843 23 51 15
William Harvey Hospital, Ashford	01233 61 67 43

### • Fracture Clinics

Hospital site	Contact number
Kent and Canterbury Hospital, Canterbury	01227 78 30 75
Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	01843 23 50 56
William Harvey Hospital, Ashford	01233 61 68 49