

Total Shoulder Replacement

Patient Information

What is arthritis?

Arthritis is a group of conditions where there is progressive damage to one or more joints.

Your surgeon has recommended a total shoulder replacement operation. However, it is your decision to go ahead with the operation or not. This document will give you enough information about the benefits and risks so you can make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does arthritis happen?

The most common type of arthritis is osteoarthritis, where there is progressive wear and tear of a joint. In a few cases this is a result of a previous injury but usually it happens without a known cause. Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe damage to the joint. The most common inflammatory arthritis is rheumatoid arthritis.

The end result of arthritis is that the normal cartilage covering the joint surfaces wears away and the bone underneath becomes damaged. This causes joint pain and stiffness, which interfere with normal movement.

What are the benefits of surgery?

If your shoulder replacement is successful, you should have less pain and be able to move your arm more easily.

Are there any alternatives to surgery?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis. Regular moderate exercise helps to reduce stiffness in an arthritic shoulder.

A steroid injection into the shoulder joint can sometimes reduce pain and stiffness for several months but may cause side effects if repeated too often. All of these measures become less effective as the arthritis gets worse and this is when shoulder replacement surgery becomes an option.

What will happen if I decide not to have the operation?

Arthritis of the shoulder usually, though not always, gets slowly worse. Arthritis is not life-threatening in itself but it can be disabling. Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

What does the operation involve?

A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you.

Your surgeon will make a cut on the front of your shoulder and remove the damaged ball (head of the humerus). They will examine the socket which lies on the shoulder blade. They will then replace the ball and sometimes also the socket. The new ball is made of metal and the socket is usually made of plastic (see figure 1).

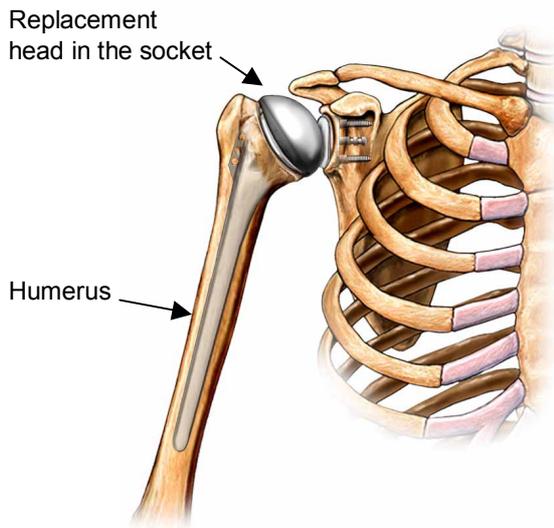


Figure 1
Shoulder replacement

There are many different types of shoulder replacement available and your surgeon will discuss with you which sort is best for you. The shoulder replacement is fixed into the bone using a special coating on the arm-side of your shoulder joint. The shoulder-blade side is usually fixed using an acrylic cement.

At the end of the operation, your surgeon will close the skin with stitches or clips.

What can I do to help make the operation a success?

• Lifestyle changes

If you smoke, try to stop smoking now. There is strong evidence that stopping smoking several weeks or more before an anaesthetic reduces your chances of getting complications.

If you are overweight, losing weight will reduce your chances of developing complications.

If you need help to stop smoking or lose weight, ask a member of the healthcare team or your GP for advice.

• Medication

You should continue your normal medication unless you are told otherwise.

Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon's advice about stopping this medication before the operation.

What complications can happen?

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

The complications fall into three categories.

- 1 Complications of anaesthesia
- 2 General complications of any operation
- 3 Specific complications of this operation

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery. It is unusual to need a blood transfusion.
- **Infection in the surgical wound**, which usually settles with antibiotics but may occasionally need another operation.
- **Unsightly scarring** of the skin. The wound is at the front of your shoulder. However, it usually heals to a neat scar.
- **Chest infection**. If this happens, you may need antibiotics and physiotherapy.
- **Heart attack or stroke**. This can rarely happen because a shoulder replacement is a major operation.

3 Specific complications of this operation

- **Damage to nerves** around the shoulder leading to weakness, numbness or pain in the shoulder or arm (risk: less than 1 in 100). This usually settles on its own but may be permanent.
- **Infection**, which can result in loosening and failure of the shoulder replacement over a period of a few months (risk: less than 1 in 100). One or more further operations will usually be needed to control the infection.
- **Loosening** without infection, which may need further surgery to do the shoulder replacement again.
- **Rotator-cuff tears**. The rotator cuff is formed from four muscles and tendons that attach your arm to your shoulder blade. You may need surgery to repair any tears.

- **Dislocation** of the shoulder replacement (risk: less than 1 in 50 in the first five years after the operation). You may need further surgery if it keeps on happening.

- **Stiff shoulder**. You should have more movement than you had before the operation. However, occasionally your movement will not improve. It will never feel quite the same as a normal shoulder.

How soon will I recover?

• In hospital

You will be transferred to the recovery area and then to the ward.

You will usually have an x-ray to check the position of your shoulder replacement. Your physiotherapist will help you to start moving your shoulder, usually one to two days after surgery, and will teach you how to look after your new shoulder.

You should be able to go home after two to three days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities

You will need to keep your arm in a sling to keep the tension away from your shoulder joint.

Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. To reduce the risk of problems, it is important to look after your new shoulder as you are told.

Do not drive until you are confident about controlling your vehicle and always check with your insurance company first.



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• The future

Most people make a good recovery, with much less pain and better movement. It is important to follow the advice your physiotherapist gives you about exercises to strengthen your shoulder muscles.

An artificial shoulder never feels quite the same as a normal shoulder and it is important to look after it in the long term.

A shoulder replacement can wear out with time. This depends on how active you are. Eventually a worn shoulder replacement will need to be replaced. About 17 in 20 shoulder replacements will last fifteen years.

Summary

Arthritis of the shoulder can cause severe pain, stiffness and disability. A shoulder replacement operation should reduce your pain and help you to move your shoulder more easily.

Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Paying for your operation

The costs of a Total Shoulder Replacement are covered by most medical insurance policies. However, we strongly advise you to check with your insurer before you are admitted to the hospital. If you are paying for your own treatment, the cost of the operation will be explained to you, and confirmed in writing, when you book the operation. Your consultant's secretary or the hospital can give you an estimate beforehand.

Further information

You can also get further information from:

- **Your local BMI Hospital**
- www.aboutmyhealth.org - for support and information you can trust
- Arthritis Research Campaign on 0870 850 500 and at www.arc.org.uk
- Mayo Clinic at www.mayoclinic.com
- American Academy of Orthopaedic Surgeons at www.aaos.org
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

Tell us how useful you found this document at www.patientfeedback.org

Acknowledgements

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