Total shoulder replacement
The aim of this leaflet is to help answer some of the questions you may have about having a total shoulder replacement. It explains the benefits, risks and alternatives to the procedure, as well as what you can expect when you come to hospital. If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

What is a total shoulder replacement?
Your shoulder is a ball and socket-type joint made up of two main parts: the glenoid (socket) and the humerus (upper arm bone, which makes up the ball). It is therefore known as the gleno-humeral joint. When arthritis affects the shoulder it causes the lining of these joint surfaces to wear, causing pain and stiffness. During a total shoulder replacement, both the head of the humerus and the socket are replaced with artificial surfaces (metal and plastic).

What are the benefits of having a total shoulder replacement?
Replacing the worn surfaces with replacement surfaces (prostheses) will reduce your pain and increase the range of movement available from your shoulder joint. This should result in you being able to manoeuvre your arm more comfortably and you should be able to perform daily activities more easily.

What are the risks?
In general, the risks of any operation relate to the anaesthetic and the surgical procedure itself. In most cases you will have a general anaesthetic combined
with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you.

For more information about having an anaesthetic please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

Total shoulder replacement is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of having the operation outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

**Complications include:**

- **Infection** (affects 1 out of every 100 patients treated). This is a very serious complication and therefore significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it. If an infection does develop, the entire implanted joint may need to be removed to get rid of the infection.

- **Bleeding** - you will lose some blood during the procedure, but it is unusual to require a transfusion.

- **Stiffness of the shoulder** - even with the new shoulder you will have some restriction of movement.

- **Nerve injury.**

- **Dislocation.**

- **Loosening of the replacement components.**
- The replacement may fail with the passage of time.
- Fracture of a bone during insertion of the components.
- Thrombosis/blood clots.

**Are there any alternatives to surgery?**
You may have tried various non-surgical courses of treatment such as painkillers, injections, exercise and physiotherapy to help improve your pain and function. However, if these have failed, total shoulder replacement surgery is generally recommended.

**How can I prepare for the operation?**
Please refer to our leaflet, Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy’s and St Thomas’ hospitals, which will provide information on how to prepare for your operation.

If you do not have a copy, please ask us for one or see our website at [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk) (type SAL in the search box).

**Consent – asking for your consent**
We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.
What happens during the operation?
On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

The surgery involves making an incision (cut) at the front of the shoulder. The head of the humerus (arm bone) and the glenoid (socket) are replaced with artificial components to replace the worn cartilage. Often cement and/or screws are used to hold the components in place.

The operation itself normally takes between one and two and a half hours. However, anaesthetic and recovery times mean that the procedure as a whole takes longer than this.

Will I feel any pain?
Your arm will feel numb because of the nerve block (local anaesthetic) used during your operation, but this should wear off within 24 hours. Post-operative pain is normal and you will receive a combination of painkillers to help minimise this pain. It may take several months for the pain to fully settle, but long-term your level of pain should be significantly reduced compared to how it was before your operation.
Icing the shoulder may help to reduce pain and minimise any swelling. We would advise you to wrap a bag of frozen peas in a damp tea towel and apply this directly to your shoulder. You can do this for 10 to 15 minutes, three times a day, as required.

**What happens after the operation?**
Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to an orthopaedic ward. You will stay in hospital for about three days after your operation to start your rehabilitation and recover from the surgery.

You may be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, along with some basic exercises. He/she will also provide advice on how to manage your day-to-day tasks after your surgery, as well as organise your outpatient physiotherapy referral at your local hospital or in the community.

**What do I need to do after I go home?**
Your arm will be resting in a sling for three weeks. You will not be able to fully use your arm for all activities of daily living during this period, but the therapists will advise and guide you on what you can and cannot do. Wear your sling for rest and support, but remove it to complete your physiotherapy exercises throughout the day. Your rehabilitation will continue with physiotherapy at your local hospital or in the community.
You can remove the outer cream-coloured layer of your dressing two days after your operation. The plaster that is underneath this dressing should be left in place. If this is loose please cover it with an extra plaster that will be provided to you upon discharge.

Keep your wound dressing dry. Your wound will be checked and the stitches removed at your follow-up appointment about two weeks after your surgery. It is essential that you continue to take your painkillers as advised after your surgery. Your pharmacist and nurse will discuss the management of your painkillers with you before you go home.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your GP for advice and pain management. Depending on the nature of your employment, you may be signed off work for six weeks.

**What should I do if I have a problem?**
Please contact your GP if you experience any of the following:
- Increasing pain
- Increasing redness, swelling or oozing around the site of the wound
- Fever (temperature higher than 37.5°C)
- Sudden inability to move your arm.
Will I have a follow-up appointment?
Two weeks after your surgery, you will be asked to attend the outpatients department for a review, wound check and the removal of your stitches. Your dressings will be changed and reduced as appropriate.

Contact details
If you have any concerns about your operation, please contact the following (Mon to Fri, 9am to 5pm):

- Mr Corbett’s and Mr Richards’ secretary, t: 020 7188 4471
- The clinical nurse specialist – call the hospital switchboard, t: 020 7188 7188 and ask for the bleep desk. Ask for bleep 2567 and wait for a response. This will connect you to the clinical nurse directly.

Please contact your GP or attend your local Emergency Department (A&E) if you have any urgent medical concerns outside of these hours.

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 020 7188 8748 9am to 5pm, Monday to Friday