Guidance for Shoulder Replacement Surgery

Pain:

A nerve block may be used before the operation, which means that immediately after the operation the shoulder and arm may feel numb. This may last a few hours. After this the shoulder may well be sore and you will be given painkillers to help this whilst in hospital.

The painkillers can be continued after you go home. Painkillers will be required for a few weeks after the operation.

Going Home:

You will spend 5-7 days in hospital. Exercises will be guided by the physiotherapist, starting the day after the operation.

Wearing a Sling:

For the first 3 weeks, when you are not doing the exercises, the arm will be rested in a sling.

The Wound:

You will have an absorbable suture in your wound. The wound should be kept dry until healed. The ends of the suture will need cutting of at about 10 days.

Expected Progress:

This is variable and dependant on the amount of movement you had and the strength of your muscles prior to surgery. When you come out the sling, your shoulder will be stiff. Physiotherapy will initially concentrate on regaining the movement and strengthening the muscles not affected by the operation. Strengthening of other muscles will start at 6 weeks after the operation.

Pain will settle down over a period of 3 months after the operation. Movement will continue to improve for 6 months and depending on the state of the surrounding tendons may not be complete. Strength will improve for up to 12 months.

Driving:

Driving is possible between 4 and 6 weeks after the operation.

Returning to work:

Lifting light objects can begin at 3 weeks, but heavy lifting is not recommended for 3 months. Return to a desk type job is possible at 4 to 6 weeks, but heavy manual work is not recommended after this operation.

Leisure activities:

Return to sport will depend on the type of sport. Gentle swimming and exercises in water can begin at 4 to 6 weeks. Golf can begin at 6 weeks

Exercises:

Your physiotherapist will discuss your individual exercises with you before you leave hospital.

Complications:

Other than very rare anaesthetic complications, an infection may occur particularly you have other medical conditions such as diabetes, which make you more liable to infection. The risk of infection is less than 1 in 100. There is a small risk of nerve injury during surgery. Again, this is less than 1 in 100.

Pain relief after joint replacement is usually excellent but return of function depends on the state of the surrounding tendons as well as the pain relief. If you have a large tear in the tendons surrounding the shoulder joint, you may not regain the full movement or strength as a result.

Pain relief with total joint replacement (ball & socket) may be slightly better than with hemiarthroplasty replacement (ball only). However, a total joint replacement carries the risk of socket failure in the future and may not be possible if the socket is deficient or unwise if the surrounding tendons are torn. Your surgeon will discuss with you which operation is more appropriate for you.

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