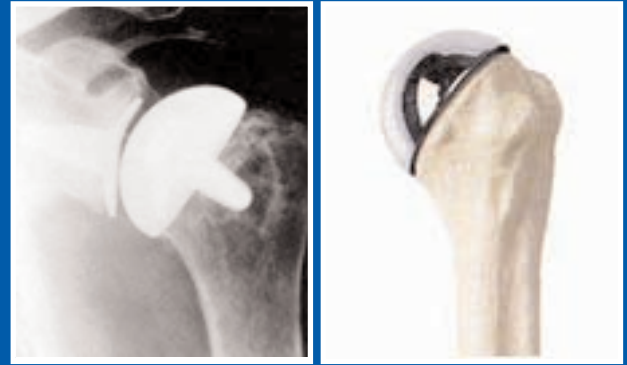


# *Shoulder Replacement Guide*



**IM-CNOH-4**

**Revision No.: 1**

**Issue Date: March 2011**

**Review Date: March 2012**



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**CAPPAGH  
NATIONAL  
ORTHOPAEDIC  
HOSPITAL**



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*This booklet has been produced by  
the Physiotherapy Department,  
Cappagh National  
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Three major categories of activities should be avoided. These include:

- Activities causing high impact stresses on the implant.
- Activities with potentially high risk of injury.
- Activities that may result in falling or getting tangled with opponents risking dislocation of the joint itself or a fracture of the bone around the implant.

#### USEFUL CONTACTS

Cappagh Hospital:- [www.cappagh.ie](http://www.cappagh.ie)

Arthritis Ireland:- [www.arthritisireland.ie](http://www.arthritisireland.ie)

Shoulder Doc:- [www.shoulderdoc.co.uk](http://www.shoulderdoc.co.uk)

European Shoulder  
& Elbow Society:- [www.secec.org](http://www.secec.org)

British Elbow  
& Shoulder Society:- [www.bess.org.uk](http://www.bess.org.uk)

American Shoulder  
& Elbow Surgeons:- [www.ases-assn.org](http://www.ases-assn.org)

Take care if you are looking for information on websites of commercial companies and private clinics. The information they give may not always be objective. Always ask your team if you have any queries or concerns.

## Shoulder Replacement Guide

### Introduction

Welcome to Cappagh!

This booklet is designed to give you and your family an understanding of the different types of shoulder replacement carried out in Cappagh Hospital

- 1) Total Shoulder Replacement
- 2) Copeland Shoulder Resurfacing
- 3) Shoulder Hemiarthroplasty
- 4) Reverse Geometry Shoulder Replacement

It's aim is to explain why the operation is necessary and also to give you some information about your new shoulder. It tells you about the many health care workers involved in your care before and after the operation. They all play an important role in helping you to achieve a good result.

This booklet will also provide you with information that you may need coming into hospital and on discharge. For this reason you should keep it in a safe place so that you can refer to it from time to time.

If there is anything that you do not understand, please ask your therapist, nurse or surgeon.

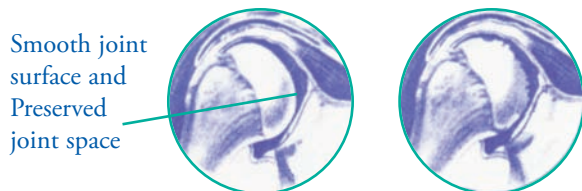
## What is a shoulder replacement?

A shoulder replacement is an operation in which specially designed components are used to replace parts of the shoulder joint damaged by arthritis or injury.

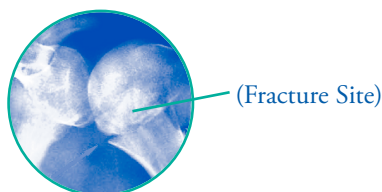
## Why do I need a new shoulder?

Shoulder replacement is normally carried out to relieve pain caused by arthritis of the joint. This is where the smooth covering of the joint surfaces has worn away (fig1). Replacement is also sometimes necessary after certain fractures of the humeral neck (fig.2).

**Normal Shoulder/Glenohumeral**      **Fig.1 Arthritic joint**



**Fig.2 Fractured Humeral Neck**



The operation should eventually relieve most, if not all, of the pain that you are experiencing. Range of motion of the shoulder also normally improves but the amount of movement obtained is variable, depending on how stiff your shoulder is before the operation and on the condition of the soft tissues, especially the muscles surrounding the joint. Improvements in strength and general use of your shoulder can continue for up to a year after the operation.

## When can I drive?

Your surgeon, who will usually see you 6 weeks following surgery, will advise you as to when you may return to driving. If your surgery was on the left side you may have to wait longer due to the necessity of gear changes and use of the hand break.

Be guided by your doctor and therapist.

## When can I lift with the operation arm?

Most patients at three-six weeks will be allowed to lift light objects below shoulder level. The same applies with pushing/pulling objects. Avoid heavy lifting for 6 months.

## When can I return to leisure and sport activities?

The Doctor/Therapist will be able to guide you on specific sports. It is unlikely that you will be able to use the arm above shoulder height for sports until three months from the date of surgery.

There are different risks associated with certain types of leisure and sport activities. Some activities may lead to damage of your artificial joint over time due to wear and tear of the joint. In general, the more vigorous the activity, the higher the risk of damaging the implant, increasing the wear and tear on the implant or increasing the risk of loosening.

## Common questions and answers

### What are the risks?

All operations involve an element of risk. We do not wish to over-emphasise the risks, but feel that you should be aware of them. They include:

- Complications relating to the anaesthetic;
- Infection, usually superficial wound problems, occasionally deep infection ;
- Unwanted stiffness and/or pain around the shoulder;
- Damage to the nerves and blood vessels around the shoulder;
- Loosening of the joint components ;
- Occasionally, a need to revise the surgery.

### Will I have a scar?

Yes. The scar normally runs across the front of the shoulder. Every effort is made to make it as acceptable as possible. However, scar formation tends to be variable from person to person.

### When can I return to work?

Determining the date you return to work will depend both on your surgeon and the type of work you do. Light work can be undertaken at 6 to 8 weeks. Some individuals may require modifications of their job, while others may easily return to their previous activities. Lifting and pulling job-related activities might be delayed or discouraged. Your consultant will give you a more accurate assessment after the operation.

## What is replaced?

Specially designed components made from a combination of metal and plastic are used to replace damaged parts of the shoulder.



**Total shoulder replacement.** This operation is usually carried out when arthritis has damaged both the ball and socket of the joint. Both surfaces are replaced.



**Hemiarthroplasty.** This operation replaces the top part of the humerus (the upper arm bone). The natural socket in the shoulder blade is retained.



**Copeland shoulder replacement.** This operation replaces the ball component of the shoulder joint. The component has a short stem.



**Reverse geometry shoulder replacement.** This is a specialised type of replacement and may be used where the surrounding shoulder muscles are very weak or damaged.

The type of replacement suitable for you depends on the type and amount of bone damage and the quality of the surrounding muscles and soft tissues. The soft tissues surrounding the joint are not replaced. You need to discuss with your consultant which type of replacement is most suitable for you.

## The Procedure

The surgery is done under general anaesthesia. The site of the incision is shown in the diagram below. Post operatively you will have a large dressing around the joint and a small tube to drain any excess fluid from the joint. Your affected arm will be held bent across the front of your body in a sling. You will also have a drip to give you fluid for about 12 hours after surgery.

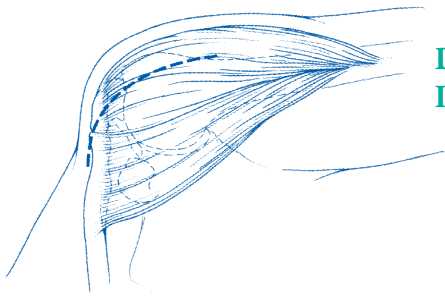


Diagram of  
Incision Site



Xray of Hemi-  
Arthroplasty  
prosthesis in place

## Post Operative Resting Positions

### Sitting Comfortably

Before and after surgery sit in a supportive chair. Place a pillow behind or under your elbow so that it is supporting the whole forearm. The pillow should be thick enough to allow your arm to relax without causing the shoulder to be raised.



### Sleeping Comfortably

Use a pillow underneath the operated arm to ensure it is in a good position. Avoid lying on your operated arm initially. Lying on your back may be the most comfortable position



## *Discharge*

The length of stay in hospital following shoulder replacement varies. You will be ready to go home once you are medically well, independently mobile, and independent with your home exercise programme. You are advised to continue with your daily home programme and will be referred to an out patient physiotherapy department close to your home for follow up treatment.

Patients are usually reviewed at an outpatient clinic by their consultant around 6-8 weeks following surgery. Levels of activity are gradually increased and improvements normally occur for up to 1 year.

If you have any questions or are worried about your shoulder at any stage, please contact the hospital and ask for any member of the team who treated you. They will be happy to help.



The dressings are reduced 24 to 48 hours after your operation. A small dressing remains over the scar until the stitches are removed about 2 weeks after surgery. A sling or collar and cuff are worn for a period. Your doctor and therapist will decide when the sling can be discarded. This is variable from patient to patient.

The shoulder can be quite painful for a few days. Painkillers are given to reduce the pain. It is also normal for the shoulder to appear bruised and swollen. Bruising is sometimes visible down the affected arm and along the side of the chest. This gradually disappears. You will be out of bed the day after surgery and mobile to the bathroom as quickly as possible. You will be discharged once you are medically well, your pain is under control and you are independent with your home exercise programme.

## *Suitable clothing and footwear*

All patients following joint replacement in Cappagh are encouraged to dress in their everyday clothing as soon as is practically possible. We have found this promotes a feeling of wellbeing and independence among our patients.

You will require loose clothing that preferably buttons down the front. Avoid clothing with small buttons, hooks and zips. Ladies may find a bra uncomfortable and may prefer to wear a strapless or front fastening bra. Additionally, consider slip-on, easy fitting shoes.

## Things to do before surgery

Prepare your home:

- You will be unable to reach very far at first or carry anything heavy. It is advisable to move objects you use daily (cups, plates) to the kitchen counter
- If you cook for yourself, consider making/buying ready-made meals that are easy to prepare when you get home
- Be up to date with household cleaning and laundry, as you will not be able to do these for a number of weeks

## Nursing

Specialist orthopaedic nursing is provided on a 24-hour basis from admission through to discharge.

Your nursing requirements will be assessed and specific nursing care will be implemented which will meet your needs before, during and after surgery.

Before, during and after surgery we will closely monitor your pain level and provide prescribed pain relief that will make your post-operative recovery as comfortable and pain free as possible. This will aid your physiotherapy and mobility process. It is important that you inform your nurse or therapist/doctor of any pain you are experiencing.

We will monitor your recovery and your progress and communicate with the various other professionals (both in the hospital and community) interested in your care. This will ensure that your discharge home will be as unproblematic as possible.

The following exercises are normally added to your treatment programme.



### Forward Elevation:

Lying on your back, lift arm up over head. Gradually lower arm in a controlled manner. Progress to doing this exercise in a sitting position.



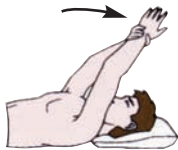
### Shoulder Extension:

With elbow at 90 degrees, pull operated arm backwards against the resistance of an elastic band. Hold for 5 seconds.



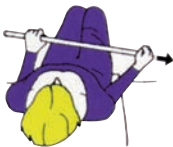
### Shoulder External Rotation:

With elbow bent to 90 degrees holding an elastic band, stretch the band by turning forearm outwards. Hold for 5 seconds.



### **Assisted Forward Elevation:**

Lying on back, grasp the wrist of the operated arm with the good hand and lift the arm over head.



### **Assisted External Rotation:**

Lying on back, elbows bent to 90 degrees and held close to body, push the operated hand outwards using the good arm to supply power through the stick.



### **Assisted Extension:**

Standing, pull the operated arm back using the good arm to supply power through the stick.



### **Pulleys:**

The good arm pulls down, lifting the operated arm up as near to the pulley as possible.

## **Occupational Therapy**

The occupational therapist specialises in functional independence for all patients following surgery. The occupational therapist will:

- Assess you pre-operatively discussing your personal and social circumstances and assessing your functional ability;
- Advise you on techniques to allow you to be as independent as possible following your surgery and during the rehabilitation period;
- Prescribe assistive devices to assist you in carrying out your activities of daily living in a safe and productive manner following your surgery;
- Address any concerns you have about returning home following surgery;

You may contact the occupational therapy department on 01-8140429 for assistance and advice.

## **Social Worker**

The Social Worker in the hospital provides the following confidential services.

- Advice and support for anyone whose social/emotional problems may be of concern to them or their families in relation to their admission for orthopaedic surgery.
- Assessment and advice for patients and their families in relation to hospitalisation and discharge. This includes local community services, arrangement of further rehabilitation and convalescence as necessary and general support for patients.

- Information on Social Welfare and Health benefits and entitlements.

These services are available to all patients. In some cases, your consultant or other hospital staff will refer you to the social worker. You are also welcome to call the social worker's office or you may ask reception or the ward staff to contact the social worker for you.

### *Physiotherapy*

You will be seen by a physiotherapist for assessment prior to surgery. They will measure your available shoulder movements and explain the exercise programme that normally follows a shoulder replacement. The programme will differ depending on the type of replacement you receive. Your therapist will advise you on the programme most suitable for you.

The day after surgery you will commence physiotherapy treatment. They will ensure that you are up and mobile. You will be fitted with a shoulder sling at that time and will commence a prescribed exercise programme, most appropriate for your shoulder type.

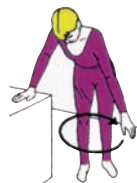


**Shoulder Sling**

All patients are instructed in a customised home exercise programme. It is vital that your home exercises are done on a daily basis in order to maintain all the movement and strength that you have attained since surgery. You will also require follow-up out patient physiotherapy treatment to strengthen your muscles and regain functional use of the arm. This will be arranged prior to discharge.

All patients are advised to continue their home exercise programme for up to 1 year following surgery in order to get the best functional result from the shoulder and arm.

The following exercises are encouraged to improve the shoulder range of motion. They can be practised before surgery if comfortable. They may differ following surgery. Please be advised by your physiotherapist.



### **Pendulum Exercises:**

Standing, bending forward at the waist, circle the entire arm clockwise and then anticlockwise.