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Patient Information

JOINT REPLACEMENT - SHOULDER

This information booklet has been designed to give you a basic understanding of shoulder replacement surgery. Please keep in mind that this is a guideline only and that each individual has different needs so you may progress at a different rate to that which is outlined.

Shoulder joint replacements are usually performed to relieve pain and when all non-operative treatment to relieve pain has failed.

Total shoulder replacement is indicated for two main diagnostic groups:

1. Rheumatoid arthritis
2. Osteoarthritis (primary and secondary).

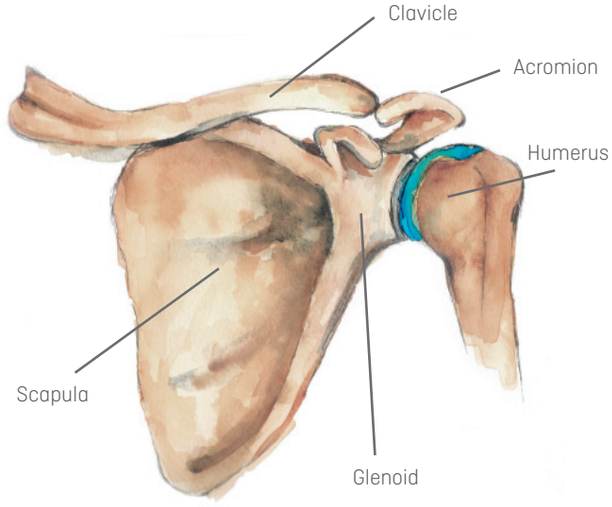
The shoulder is a complex joint that allows us a great range of movement and flexibility. It is susceptible to injury due to the delicate construction and balance of bones, ligaments, tendons and muscles that make up the joint.

The shoulder consists of three bones; the collarbone (clavicle), the arm bone (humerus) and the shoulder blade (scapula). Muscles and tendons help keep these bones in place and provide strength and stability to the joint.

A total shoulder arthroplasty, replaces both the humeral head (ball) and the socket joint or glenoid with artificial metallic and plastic components.

A metal component is used to replace the head of the humerus. This metal alloy ball is on a stem that fits down into the arm bone (humerus). The glenoid component replaces the socket part of the joint and is most commonly made of plastic. Some components are cemented in place using special bone cement while others have a rough, porous surface into which the bone grows to lock the implant in place.

Your surgeon will discuss with you the type of components that will be best for your surgery. A physiotherapy/ exercise program designed to restore joint function, strength and mobility always accompanies shoulder replacement surgery.



Expectations of Surgery and Recovery Time

Patients are happiest after their surgery when they have a clear understanding of their surgical recovery, and realistic expectations of their rehabilitation. The expectations for shoulder replacement are higher than for lower limb joint replacements. The shoulder is the most mobile joint in the body, and hence a much greater range of mobility is expected.

PAIN: Some degree of discomfort is normal after surgery, but you should not have to 'put up' with pain. You will be given pain-killers and anti-inflammatories for your pain. Strong pain medications can be tapered over a few weeks. Significant pain normally resolves within 2-4 weeks. Some pain can last up to 6-8 weeks and continues to improve each day.

RETURN TO WORK: Confirm with your doctor and your employer how long you plan to take off work. After a procedure, a minimum of 2 weeks off work can be expected to recover from the anaesthetic and to protect the wounds.

Longer periods may be expected if your work site has potential hazards, or if your employer requires "a full work clearance" before returning to full duties. To avoid disappointment, find out whether your employer is happy for you to return to work at modified duties or whether they require a "full work clearance". NB. It is important that you discuss this with your employer prior to surgery to avoid disappointment.

Before Surgery

AUTOLOGOUS BLOOD

This is now rarely recommended. We try not to do blood transfusions, whether it is from the patient themselves or from the Red Cross.

TESTS

Routine blood and sometimes urine tests will usually be required to be performed.

DENTIST

Avoid dental treatment for two weeks before surgery and 6 weeks after. If treatment is urgent, your surgery may be delayed.

SMOKING

If you are a smoker it is advisable to stop smoking, or at least reduce the number of cigarettes that you smoke, in order to reduce the risk of chest and circulation problems after surgery. The hospital is a SMOKE FREE ZONE.

MEDICATION

Anti-inflammatory medication including VOLTAREN, FELDENE, NARPOSYN, and CELEBREX should NOT be taken for seven days, prior to your surgery. If you are taking regular cardiac medications, please do not stop taking them, even if you are fasting. Take all medications with a sip of water.

If you are taking any anti-platelet medication including ASPIRIN, CARTIA, CLOPIDOGREL (eg. PLAVIX, ISCOVER), and TICLOPIDINE (e.g. TICLID, TILODENE), check with your surgeon when to stop them. Usually it is 7 days prior to surgery however, sometimes you can have surgery whilst still taking ASPIRIN. FISH OIL should be stopped 10 days prior to surgery.

Discuss all blood thinning medications with your surgeon.

If you are unsure about your current medications and possible complications, please speak with your doctor prior to surgery.

Post Surgery

FOLLOW-UP: Your first follow-up appointment is normally scheduled for 2 weeks. A second follow-up is normally scheduled for 4 weeks later.

DRIVING

Depending on the type of surgery you've had, will depend on when you will be able to drive again. Generally, we don't recommend driving for at least 6 weeks or until you are out of your sling. Once out of your sling, you may drive if you feel safe operating a vehicle. Please limit your driving when taking your pain medication. We have a whole page about the Australian regulations about driving after surgery.

EXERCISES

Depending on the type of surgery you have had will depend on when physiotherapy is commenced. If a physiotherapist has not seen you immediately after surgery, it will be discussed at your first postoperative appointment.

In the first three weeks, you will be moving the shoulder joint in a specific range below shoulder level, as shown by your surgeon or your physiotherapist.

Orthopaedic liaison nurse

The Orthopaedics SA nurse will phone you to discuss your admission to hospital. During this consultation the nurse will discuss details of your hospital stay, the recovery process and answer any questions that you or your family may have. To streamline the admission process a nursing history and health assessment will be carried out. The aim of this consultation is to provide information that will better prepare you for surgery and to commence planning for your recovery. This service offers ongoing support and assistance as required after discharge from hospital.

The Orthopaedic Liaison Nurse can be contacted Mon-Fri 9-5 if you or your family have any concerns, queries or problems. – phone (08) 8267 8267.

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This material has been produced as a reference guide only and should not be used in place of a consultation with a qualified medical practitioner. This information sheet is not intended for medicolegal purposes.