



The Leeds
Teaching Hospitals
NHS Trust

Shoulder Replacement

Information for patients



You have been placed on the waiting list for a shoulder replacement. This leaflet tells you what to expect when you are admitted for surgery and what will happen afterwards.

Shoulder replacements are carried out because of poor shoulder function as a result of pain. Common reasons for this include Osteoarthritis, Rheumatoid Arthritis and problems after complex shoulder fractures, but shoulder replacements are also carried out for other reasons. You should view the aim of the operation as the restoration of some of the function lost by relieving this pain. It is not likely to dramatically improve the range of movement in your shoulder but any improvement is a bonus.



Surgery

Normally you would be admitted to hospital on the day of the operation. You will have been pre-assessed and various tests such as X-Rays, heart tracings and blood tests may already have been carried out. You will be seen by nurses, doctors and occasionally by physiotherapists and occupational therapists according to your needs.

The operation is usually carried out under General Anaesthetic. You may also have a nerve block which means that your arm will be numb and floppy for some hours after the surgery. The operation lasts about one to two hours. You will be in the theatre unit longer than this, however, as you will spend some time in the recovery area.

When you wake up you may have a drip and possibly an oxygen mask. If you have pain, you should make staff aware so that painkillers can be given. Your arm will usually be in a *poly sling* attached by Velcro fastenings.

After Surgery

X-Rays of the shoulder are taken. Do not worry if X-Ray staff move your arm for the X-Rays - they have dealt with many patients after similar operations and are experienced in obtaining the special views of the shoulder needed after surgery.

Your *poly sling* will usually be exchanged for a collar and cuff sling in the day, though you may be advised to wear the poly sling at night.

The collar and cuff sling is used when we want you to start using your hand early after surgery to eat, wash etc. Exercises will start the day after surgery and the physiotherapists will supplement any exercises you do yourself. Early movement is essential after most shoulder replacements and to be told to rest the arm is the exception rather than the rule. Restrictions of movement in certain directions may be imposed, but you will be told of this individually if necessary. Some patients will be suitable to have this operation as day surgery and will be admitted to hospital for surgery and discharged home on the same day.

Your surgeon will discuss with you whether having day surgery is the appropriate option or whether you will require an overnight stay in hospital. You will be discharged home when you are comfortable, the wounds are healthy and you will be able to manage.

At Home

You will be expected to exercise the shoulder to regain your movements. This is a long and laborious process but very worthwhile. Early gains in movement are usually maintained, but a shoulder that is left to stiffen may never move again afterwards. In general home exercises should be carried out as often as you can. Three times a day is not too often and both the therapists and your surgeon will be happy to advise on the exercises you should be doing. The range of movement increases for as long as exercises are carried out up to two years after surgery.

A good deal of the movement you originally had should return in about six weeks. Up to six weeks you should work on improving the movements but avoid any lifting and pushing. After six weeks build up the work you do with the shoulder gradually so that it does not hurt.

Possible Complication

These are the more common complications with a very approximate percentage risk. The risk of any adverse event happening within the first 3 months of surgery that requires a further procedure is up to 5% and the risk is highest in those over 80 years of age and in male patients.

Total shoulder replacement or hemiarthroplasty

Complication	Frequency
Infection	1%
Fracture during surgery	2%
Wound healing problems	2%
Nerve or blood vessel injury during surgery	0.5%
Instability / dislocation after surgery	4%
Loosening of socket at 10 years	7%
Loosening of ball at 10 years	1%
Failure of rotator cuff tendons (can lead to shoulder dysfunction and possible requirement for revision surgery)	4%
Reflex sympathetic dystrophy (painful hypersensitive arm)	1 in 500 patients
Venous thromboembolism (blood clots)	0.5%
Overall survivorship 10 years	90%

It is important to realise that the risk of certain complications will be higher in certain patients with particular medical or orthopaedic problems. If you are a higher risk patient it will have been discussed with you by the surgeon.

It is also important to realise that the risks are different for different types of shoulder replacement. Your surgeon will discuss the pros and cons of the different types.

You may have the type of arthritis where a “reverse” shoulder replacement is thought to be the best option. This has a slightly higher rate of complications than conventional “anatomic” shoulder replacement or hemiarthroplasty (replacement of the ball only):

Reverse shoulder replacement

Complication	Frequency
Infection	1%
Fracture during surgery	2%
Wound healing problems	2%
Nerve or blood vessel injury during surgery	0.5%
Instability / dislocation after surgery	3-5%
Loosening of prosthesis 8 years	2-5%
'Notching' of the humerus (arm bone) on the scapula (shoulder blade)	10-20%
Reflex sympathetic dystrophy (painful hypersensitive arm 1:500)	1 in 500 patients
Venous thromboembolism (blood clots)	0.5%
Overall survivorship 10 years	90%

Results

Overall, published studies suggest that 85% of people have good or excellent pain relief one year after surgery. Most still have some discomfort with activity and in cold weather at this stage, improving to two years.

The range of movement after surgery is a little unpredictable but it would be rare for you to have less movement after than before surgery.

Follow up

We will of course be happy to see you if you are at all concerned after surgery.

This may be a problem that you can settle by telephoning nurses on the ward or may mean us arranging to see you in clinic. Normally you would be seen about six weeks after surgery in the outpatient department. The frequency of clinic visits will fall off with time.

Long Term

Like all artificial joint replacements, shoulder replacements will become loose with time. The rate at which they become loose depends on a number of things including the use to which it is put.

We would expect 90% of shoulder replacements to be functioning well ten years after surgery. If loosening occurs revision surgery may allow a new shoulder replacement to be inserted, though in some cases the loss of bone means that this cannot be carried out.

Useful contact numbers

Pre-Assessment	0113 3924689
Theatre scheduler	0113 3924689
Post Operative unit	0113 39 24503
Ward C3	0113 39 24203

If you have any concerns after discharge home, with anything, particularly your wound, pain or swelling please feel free to contact ward C3 for advice, and assessment if indicated.



What did you think of your care?

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