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Bolton
NHS Foundation Trust

Preparing for your Shoulder Replacement Surgery

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What will be covered?

- How you can prepare
- What will happen during your hospital stay
- What to expect when you leave hospital
- Long term expectations from shoulder replacement surgery

What you can do now

- Stop/ reduce smoking
- Stop/reduce alcohol intake
- Keep active

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Types of shoulder replacement

Normal shoulder



Osteoarthritis
“wear and tear of joint”



Total Shoulder Replacement (TSR)



Reverse Total Shoulder Replacement (r-TSR)



Which arm is being operated on?

- Dominant vs. non dominant



Things to think about at home....

Personal care

- You may need to have strip wash at sink initially to keep wound dry (wound dressing)
- You will need to support your limb whilst trying to wash under your armpit.
- Be aware that you will not be able to use any walking aids on that side
- Always put your affected arm in first when dressing

Things to think about at home....

Meals

- Pre plan cupboards (anything used regularly easily accessible)
- Ready meals/ easy to prepare
- Shopping- “Stock up” freezer, online shopping or have somebody to help
- You will be unable to carry any food/drink using your operated limb initially

Things to think about at home....

- Clear doorways and walkways (de-clutter/ loose rugs or wires)
- Cleaning/Laundry- pre plan
- Family/friends to help

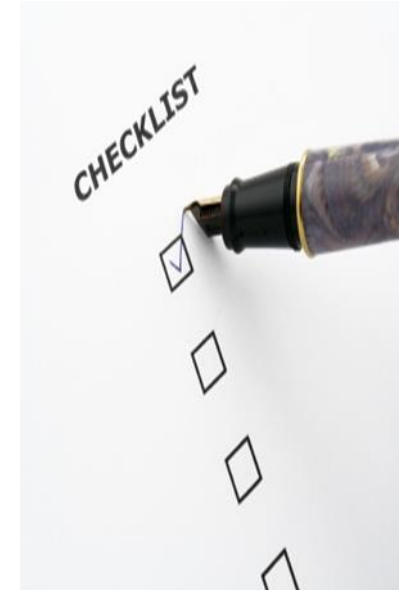


Admission to Hospital

- You will need to make your own way to the hospital on the day of your operation. This may be with family, friend or taxi
- Morning list (6.30am-7.00am). Phone call day before.
- Afternoon list (10.00am). Phone call day before.

What YOU need to bring

- Medication- bring them to the ward in original packets
- Footwear- full shoe
- Clothes- loose fitting and comfortable. Beware of tops that need pulling overhead
- Toiletries
- Hospital has free Wi-Fi



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Elective Care Centre

- Mixed sex ward (separate bathrooms)
- Reducing Risk of Infection:
- Elective orthopaedic patients only- all MRSA screened
- Alcohol hand gel on ward
- Visitors- not to sit on bed or chair at bedside
- Uncluttered lockers/bed area/no flowers

Day of Operation

- Greeted by ward staff (nursing station, shown to bed)
- Prepared for theatre- nursing admission
- Anaesthetic visit
- Could be waiting to go to theatre for some time, bring something to occupy yourself

Day of Operation

- Porters take you through to theatre
- Anaesthetic room (IV antibiotic)
- Theatre
- Recovery
- Return to ward



Possible Attachments

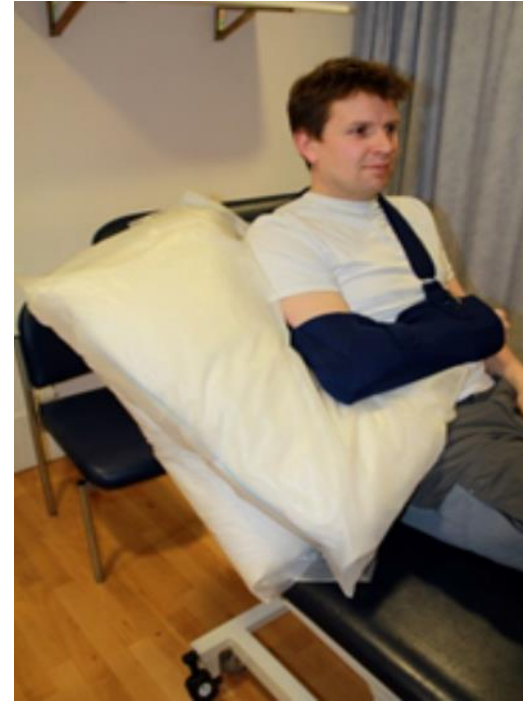
- Sling
 - Oxygen
 - Pain Relief
 - Drips
 - Nurse call button
 - Catheter
-
- Following your surgery the nerve block used can last up to 72 hours so you may experience some numbness and pins and needles in your arm/hand during this time

Sling

- You will be required to wear the sling during the day and at night time until the physiotherapist informs you otherwise.



Suggested sleeping positions



Post op

- X-ray
- Bloods
- Observations checked 4 –hourly
- Pain control
- May have some bruising to shoulder
- Bulky dressing over wound
- May need assistance with washing and dressing
- Physiotherapy

Post Operative Physio

- Physiotherapists will see you after your operation and will give you:
 - Exercises
 - Sling advice
 - Washing and dressing advice
 - Joint protection advice

Shoulder Precautions

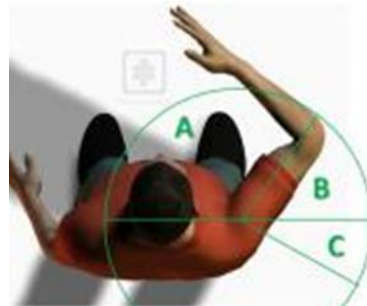
Reverse shoulder replacement

- Avoid shoulder extension and putting your hand behind your back for 4 weeks
- Lateral rotation to neutral for 6 weeks (unless dictated on operation sheet)
- Avoid weight bearing through the limb - including sitting to standing
- No lifting

Shoulder Precautions

Total shoulder replacement

- Sling for 3 weeks
- Movements initially in 'safe zones' as advised by consultants
- Minimal external rotation for the first 3 weeks



On Day of Discharge (day after surgery)

- You can go home by car
- You will take with you:
 - GP information
 - Medications
 - Treatment room referral- Wound/injections/clip removal
 - Any follow up appointments
 - Physio
 - Consultant



Complications

- Any problems with your shoulder /arm let somebody know
- In the first week of discharge can contact the ward
- After this contact your physio/District Nurse/GP or Consultant

- Things to look for
- Unexplained increase in pain
- Oozing wound, red, inflamed, hot to touch
- Swollen arm and hand
- Sudden acute loss of movement in limb
- DVT- swollen, hard, painful limb

When at Home

- Take painkillers regularly, monitor for constipation
- Continue with exercises regularly as instructed
- Remain as active as possible

Expected outcomes

No two shoulders
are the same

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Long term expectations

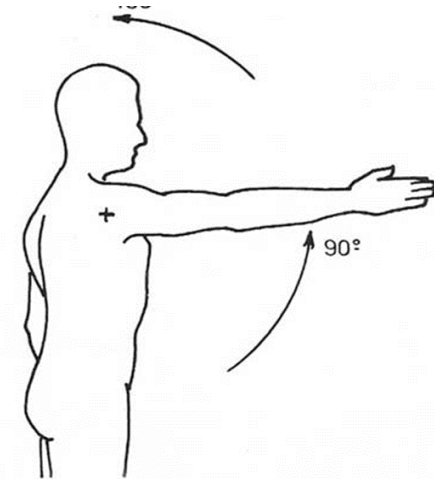
- Recovery from shoulder surgery can continue for up to 18 months
- Driving- 6 weeks (inform insurance after operation for legal reasons)
- Flying- 3 months after operation
- Return to work / sports / hobbies- when therapist feels it is appropriate and you feel safe to do so. Discuss with consultant if you have a manual job.

Expected outcomes – Pain reduction

- Surgery does not guarantee full resolution in pain and full movement, however, you should expect:
- Reduced pain from your shoulder when performing daily activities
- A reduction from pain in your shoulder at night time

Expected outcomes – movement

- To be able to elevate your arm forward to shoulder height
- To be able to reach your hand behind your back to your hip/buttock region (Some still may struggle to reach behind their back 18 months following the surgery)
- External rotation to 15 degrees



However...

- The main goal of reverse shoulder replacement surgery is regaining **FUNCTION!**



Reminders

- Contact orthopaedic consultants secretary if within the weeks leading up to your operation you:
 - are feeling unwell- cold/flu/chest infection
 - have any open sores/insect bites
- Any equipment provided through social services can be collected when no longer needed. Please call the number on the yellow sticker on the equipment.

Complications

- Any problems with your shoulder please let somebody know
- Please contact the ward staff for advice – 01204 487681 if any wound concerns – needs review. The post op dressing should not be removed and no antibiotics should be prescribed without being discussed with your surgeon/team.
- Do not attend A&E / your GP, speak the ward/your surgeon's secretary
- Things to look for
 - Feeling generally unwell - temperature
 - Unexplained increase in pain (whilst still taking regular pain relief)
 - Oozing wound – requires review
 - Red, inflamed, hot to touch
 - DVT- swollen, hard, hot, painful area



Any Questions...



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