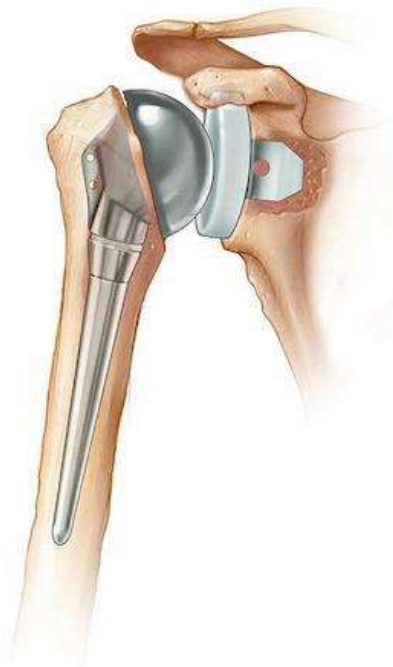


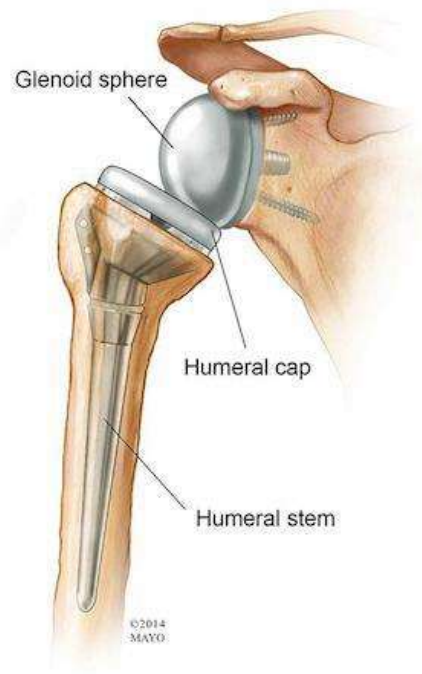
# Shoulder Replacement

## INFORMATION & EXERCISES

Total shoulder arthroplasty



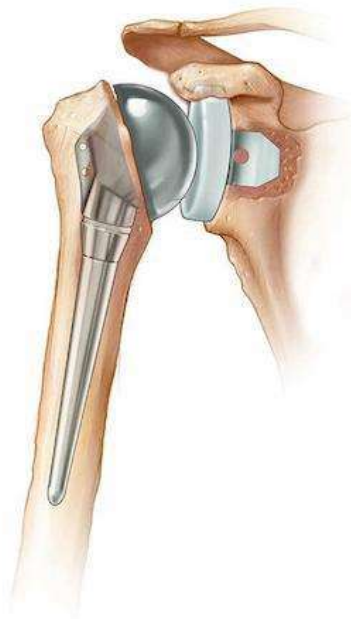
Reverse shoulder arthroplasty



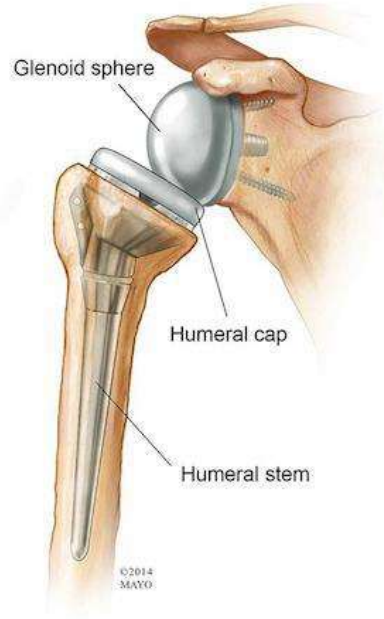
# Shoulder Replacement & Shoulder Replacement with Reverse Prosthesis

This information booklet is to help you after your operation and to gain the maximum benefit from your shoulder replacement. **It is not a substitute** for professional medical care and should be used in association with treatment at your Medical, Orthopedic or Physiotherapy Centre. **Individual variations** requiring specific instructions not mentioned here **may be required**.

Total shoulder arthroplasty



Reverse shoulder arthroplasty



### **The shoulder**

The shoulder joint is a ball and socket joint. Most shoulder movement occurs where the ball at the top of your arm bone ('humerus') fits into the socket ('glenoid') which is part of the shoulder blade ('scapula').

### **Why the joint needs replacement**

The most common reasons for replacing the shoulder joint are for arthritis, either osteo-arthritis (wear and tear) or rheumatoid arthritis. It may also be necessary following a fracture or bad accident. With arthritis the joint becomes painful and difficult to move. Sometimes the deep layer of muscles (the 'rotator cuff') which control shoulder movements **can** also be worn or damaged.

### **About the shoulder replacement**

The operation replaces the damaged joint surfaces. It consists of a metal replacement for the ball component and a plastic cup for the socket. The main reason for doing the operation is to reduce the pain in your shoulder. Ultimately you **may** also have more movement in your shoulder. This depends on how stiff the joint was before the operation and if the muscles around the shoulder are damaged and unable to work normally. If the muscles are badly damaged, then only the ball part of the joint is replaced. When you have the operation, the doctors will be able to see if there is significant damage to the muscles. From this information we can give you a realistic idea of what movements to expect.

### **About the reversed shoulder replacement**

The reversed total shoulder replacement is designed for use in shoulders that have a deficient rotator cuff, arthritis or complex fractures. It changes the orientation of the shoulder such that the normal socket (glenoid) is replaced with an artificial ball, and the normal ball (humeral head) is replaced with an implant that has a socket into which the ball rests. The design changes the mechanics of the shoulder allowing pain relief and an improvement in function and stability, particularly when using the arm in front of you.

Following your operation you will have a scar approximately 3 inches long on the front of your shoulder.

Your arm will be supported in a sling and a physiotherapist will teach you how to take it on and off to do your exercises. You will be in hospital for about 2 days after your operation.

### **What are the risks?**

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

- a) complications relating to the **anesthetic** such as sickness, nausea or rarely cardiac, respiratory or neurological. (Less than 1% each, i.e. less than one person out of one hundred)
- b) **infection** – this is usually a superficial wound problem. Occasionally deep infection may occur after the operation. (less than 1%)
- c) unwanted **stiffness** and/or **pain** in (and around) the shoulder. (Up to 20%)
- d) damage to the **nerves** and **blood vessels** around the shoulder. (less than 1%)
- e) a need to **redo the surgery**. (5–10% at 10 years)

Note: Dislocation is very rare. As with all joint replacements, the components can loosen. This is not normally a problem until several years after the operation.

Please discuss these issues with the doctors if you would like further information.

### **Questions that we are often asked**

#### **Will it be painful?**

Although the operation is to relieve pain, it may be several weeks until you begin to feel the benefit. You will be given pain-killers (either as tablets or injections) to help reduce the discomfort whilst you are in hospital. A prescription for continued pain medication will be given to you for your discharge home. Please visit your General Practitioner (GP) if you require further medication after that.

You will probably have some bruising around the shoulder/upper arm and the arm may be swollen. This will gradually disappear over a period of a few weeks.

You may find ice packs over the area helpful. Use a packet of frozen peas, placing a piece of wet paper towel between your skin and the ice pack. Until it is healed, also use a plastic bag to protect the wound from getting wet. Leave on for 10–15 minutes and you can repeat this several times a day.

### **Do I need to wear a sling?**

The sling is for comfort and to protect the shoulder after the operation. You can take it on and off when you need to wash, get dressed or when exercising.

The therapists and nurses will show you how to take the sling on and off. You will gradually wear the sling less over 6 weeks.

You may find it helpful to wear the sling at night, particularly if you tend to lie on your side.

Alternatively, you can use pillows in front of you to rest your arm on.



If you are lying on your back to sleep you may find placing a thin pillow or folded towel under your upper arm will be comfortable. Wearing the sling while sleeping is preferable.

### **Do I need to do exercises?**

Yes! You will be shown exercises by the physiotherapist. You will start exercises to move the shoulder on the first day after the operation. You will then need to continue with exercises when you go home and outpatient physiotherapy appointments will be organized for you.

**You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.**

The exercises aim to stop your shoulder getting stiff and strengthen muscles. They will be changed as you progress and made specific to your shoulder and your lifestyle.

Some early exercises are shown at the back of this booklet.

### **What do I do about the wound?**

Keep the wound dry until it is healed. This is normally for 10–14 days. You can shower or wash and use ice packs but protect the wound with cling film or a plastic bag. Avoid using deodorant, talcum powder or perfumes near or on the scar.

Normally your stitches or clips will be removed by the nurse after 14 days at the surgeons rooms. You will need to make an appointment at the Rooms to have this done.

### **When do I return to my Orthopedic Surgeon?**

This is usually arranged for approximately two and six weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have when you are at the clinic.

Appointments are made after this as necessary.

### **Are there things that I should avoid?**

#### ***For the first 6 weeks***

1. Avoid taking your arm out to the side and twisting it backwards. For example; when putting on a shirt or coat, put your operated arm in its sleeve first. Try not to reach up and behind you (e.g. seat belt in car). It is normally too painful/difficult to do!

Do not force these movements for 3 months.

2. Avoid leaning with **all your body weight** on your arm with your **hand behind you**. For example leaning heavily on your arm to get out of a chair.

The physiotherapist will show you ways of avoiding these movements and can give you aids and appliances if necessary. See 'guide to daily activities' of this booklet.

Generally do not be frightened to start moving the arm as much as you can. After 6 weeks the movements will gradually become less painful.

**How I am likely to progress?**

This can be divided into four phases:

***Phase 1. Immediately after the operation until you are discharged***

You will start to move the shoulder with the help of the physiotherapist, but to begin with you will be quite one-handed. If your dominant hand (right hand if you are right-handed) is the side with the operation, your daily activities will be affected and you will need some help.

Activities that are affected include dressing, bathing, hair care, shopping and preparing meals. The physiotherapist will discuss ways and show you how to be as independent as possible during this time. Some common difficulties which are encountered with examples of practical solutions to help are listed in a section later in this booklet (see page 14).

Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. Please discuss any worries with them. We may be able to organize or suggest ways of getting help for when you are home.

***Phase 2. Six weeks after the operation***

The pain in your shoulder will gradually begin to reduce and you will become more confident. Wean yourself out of the sling slowly over this time, using it only when you feel necessary. Do not be frightened to try and use your arm at waist level for light tasks. You will be seeing a physiotherapist and doing regular exercises at home to get the joint moving and to start regaining muscle control. If you feel unsure about what you can or cannot do, please discuss this with the physiotherapist. Lifting your arm in front of you **may** still be difficult at this stage.

***Phase 3. Between 9 and 12 weeks***

The pain should be lessening. The exercises are now designed to improve the movement available and get the muscles to work, taking your arm up in the air or away from your body when you are sitting or standing. Overall, you will have an increasing ability to use your arm for daily tasks (see driving, work and leisure sections later).

***Phase 4. After 12 weeks***

You can progress to more vigorous stretches if this is necessary for the activities that you want to do. If the muscles are weak because before the operation the shoulder pain stopped you being able to use them, you should find that you will regain the strength in them with regular exercise. Strength can continue to improve for many months, even up to a year or more. **However, unfortunately sometimes the muscles are badly damaged and then you may find it is difficult to regain movement even though you are trying very hard.** Even if the muscles will not work properly, the pain in the shoulder joint should still be much less than before your operation and often you can find small 'trick' movements that enable you to do what you want to do.

Most improvement will be felt in the first 6 months, but strength and movement can continue to improve for 18 months to 2 years.

**When can I return to work?**

You will probably be off work approximately 6–8 weeks, depending on the type of job you have. If you are involved in lifting, overhead activities or manual work you are advised not to do these for 3 to 6 months. Please discuss any queries with the therapists or hospital doctor.

**When can I drive?**

It is normally about 6–8 weeks before you can do this safely. You may find it is more difficult if your left arm has been operated on because of using the gear stick/ handbrake. Check you can manage all the controls and it is advisable to start with short journeys. The seat belt may be uncomfortable initially but your shoulder will not be harmed by it.

In addition, check your insurance policy. You may need to inform the insurance company of your operation.



### **When can I participate in my leisure activities?**

Your ability to start these activities will be dependent on pain, range of movement and the strength that you have in your shoulder following the operation. Please discuss activities in which you may be interested with the therapists or hospital doctor. Start with short sessions, involving little effort and gradually increase.

General examples:

- **Swimming – after 6 weeks**
- **Gardening (light tasks e.g. weeding) – after 6–8 weeks**  
NB! Heavier tasks e.g. digging – do not do!
- **Bowls - after 3–6 months**
- **Golf, tennis, badminton or squash - after 6 - 12 months, but this must be discussed with your Orthopedic Surgeon.**

### **Guide to daily activities in the first 4–6 weeks**

Some difficulties are quite common, particularly in the early stages. The physiotherapist will help you to be as independent as possible during your rehabilitation. Everyone is different so your individual needs will be assessed. We appreciate that you may have been having many of these problems before your operation. Please discuss your difficulties with the physiotherapist.

1. **Getting on and off seats.** Raising the height can help. e.g. extra cushion, raised toilet seat, chair or bed blocks.
2. **Getting in and out of the bath.** Using bath boards may help. (Initially you may prefer to strip wash or shower)
3. **Hair care and washing yourself.** Long handled combs, brushes and sponges can help to stop you twisting your arm out to the side.
4. **Dressing.** Wearing loose clothing, either with front fastening or which you can slip over your head. For ease also remember to dress your operated arm first and undress your operated arm last. In addition dressing sticks, long handled shoe horns, elastic shoe laces, sock aids and a 'helping hand' can help.
5. **Eating.** Use your operated arm as soon as you feel able for cutting up food and holding a cup. Non slip mats and other simple aids can help.

### **Exercises – General points**

Use pain-killers and/or ice packs to reduce the pain before you exercise.

**It is normal for you to feel aching, discomfort or stretching sensations when doing these exercises.** However, if you experience intense and lasting pain (e.g. more than 30 minutes), it is an indication to change the exercise by doing it less forcefully, or less often. If this does not help, discuss the problem with the physiotherapist.

Certain exercises may be changed or added for your particular shoulder.

**Do short, frequent sessions** (eg. 5–10 minutes, 4 times a day) rather than one long session.

**Gradually increase the number of repetitions** that you do.

Aim for the repetitions your therapist advises, the numbers stated here are rough guide-lines.

After 3–4 weeks you can increase the length of time exercising.

Get into a habit of doing them! Good luck.

NB. Exercises shown for right shoulder, unless specified.

Phase 1 exercises

From operation day to 6 weeks after (shown for left arm)

1. Lean forwards

Let your arm hang freely.

Start with small

movements. Swing your

arm:

(i) forwards and backwards

(ii) side to side

(iii) in circles

Repeat each movement 5 times.



2. Sit or stand

Shrug shoulders  
up and forwards.

Then roll them  
down and back.

Repeat 10 times.



**Phase 2 exercises**

From 6 weeks after your operation

3. Lying on your back

Support your operated arm with the other arm and lift up overhead.

Start with your elbows bent, then progress to having arms straight. Repeat 10 times



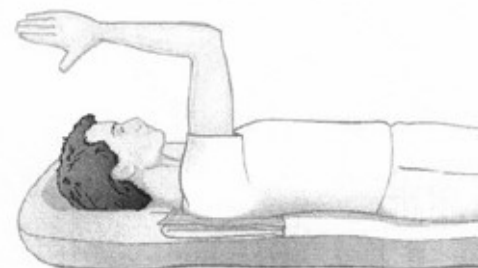
4. Lying on your back, elbow bent

Hold your operated arm up as before (in exercise 4), but once it is vertical try and keep it there without the support of the other arm.

Gradually lower and raise your arm in an arc, until you can lift it from the bed.

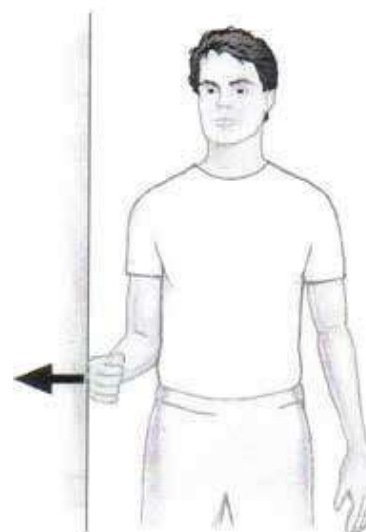
Once this is easy progress to exercise number (13) standing.

Repeat 10 times.



5. Standing with your operated arm against a wall. Bend your elbow. Push your hand into the wall. Hold for 10 seconds.

Repeat 5 times.



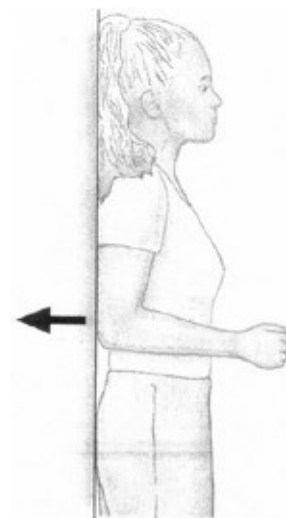
## SHOULDER REPLACEMENT

6. Stand with back against wall

Keep arm close to side, elbow bent.

Push the elbow back into the wall. Hold for 10 seconds.

Repeat 5 times.



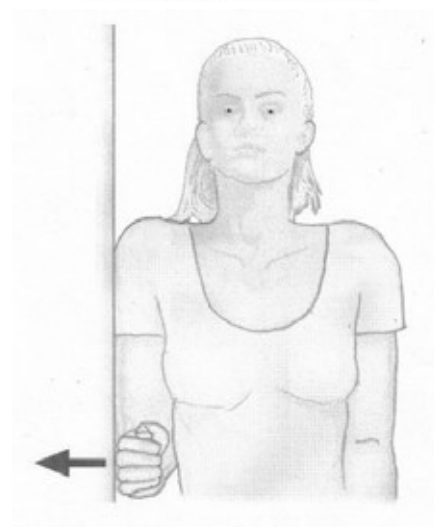
7. Stand sideways with operated arm against wall

Keep arm close to side, elbow bent.

Push elbow into wall.

Hold for 10 seconds.

Repeat 5 times.



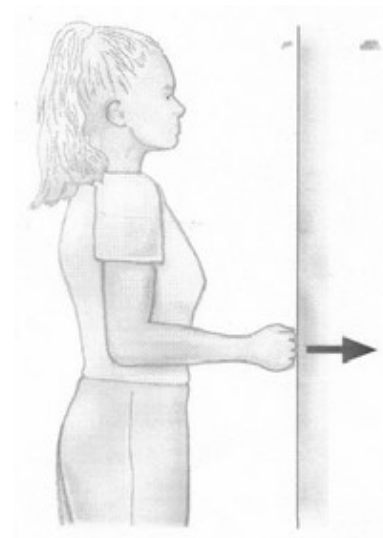
8. Standing facing a wall

Keep arm close to side and elbow bent to a right angle.

Push your fist into the wall (use a towel if this is uncomfortable for your hand).

Hold for 10 seconds.

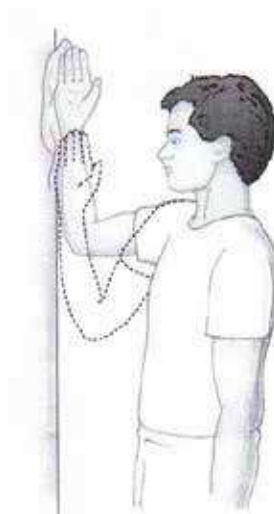
Repeat 5 times.



9. Standing facing a wall

Elbow bent and hand resting against wall. Use a p towel between the hand and wall (to make it easier Slide your hand up the wall. At first you can give support to your elbow with your other hand.

Gradually stretch higher up the wall then come do slowly trying to make the movements smooth. Repeat 5 times and progress by moving away from the wall.



Start the following exercise 6 weeks after operation

10. Sitting or standing with your elbow bent

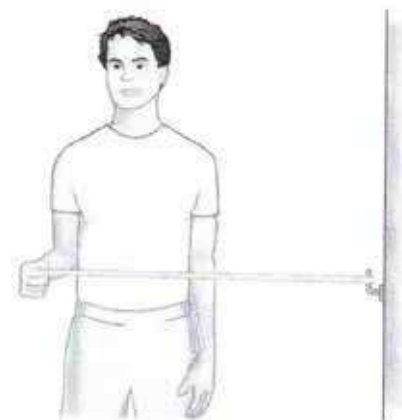
(Picture shows this exercise being done with a piece of elastic. Do not use this elastic until the physiotherapist recommends it.)

Keep your elbow into your side.

Start with your hand in front of your stomach and pull your hand outwards until it is in front of you.

Control the movement on return and do NOT try to pull out too far.

Repeat 5 times.



Start the following exercises 6 weeks after your operation

11. Sitting or standing with your elbow bent

Stand with your arm close to your side and with your elbow bent.

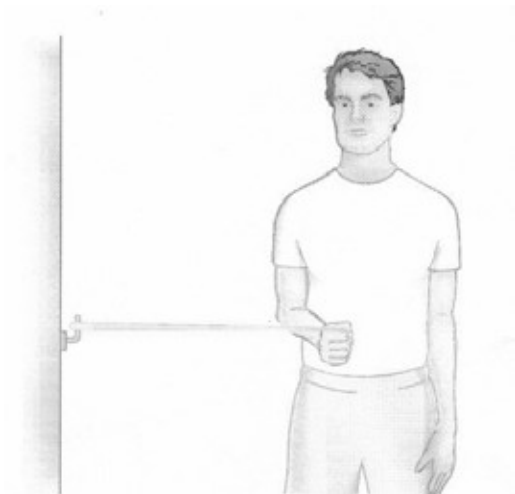
Push the palm of your hand into other hand (or against a door frame).

Hold 10 seconds.

Repeat 5 times.



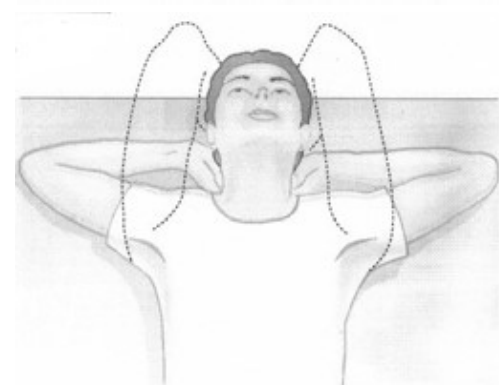
12. Stand with arm close to body and elbow bent Hold the rubber exercise band. Pull your hand towards your stomach. Keep the elbow in. Control the movement on return. Repeat 5 times.



13. Stand with hands clasped in front of you Lift your arms up in air. Separate your arms sideways, bend your elbows and lower them down. Progress this by
- reversing the movement (start by taking elbows out to the side).
  - keeping the arms straight. Repeat 5 times.



14. Lying on back Try and take both hands behind your neck with your elbows pointing up to the ceiling. Then progress to allow elbows to gently move apart. Repeat 3-4 times.



### Phase 3 continued and Phase 4

There is great variation in what people can achieve during rehabilitation, therefore it is not possible to give all potential exercises. The physiotherapist will design an ongoing exercise programme for you that is specific to your shoulder and your needs.

Keep the exercises going until you feel there is no more improvement. This may continue for a year to 18 months... so think positive, keep at it and enjoy them.

**Who to contact if you are worried or require further information**

If you are **unsure** of who to contact or you have an **appointment** query, contact Dr. S. A. Peach (012) 335 9514 between 8.30am and 5.00pm weekdays. The Receptionist can then contact the appropriate person depending on the nature of your enquiry.

**If your wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact your Orthopaedic Surgeon or General Practitioner (GP).**

If you have a query about **exercises or movements**, contact the Physiotherapy department where you are having treatment or Linda Peach, **Physiotherapy department**, (012) 335 7979

Keep exercises going until you feel there is no more improvement. This may continue for a year to 18 months... so think positive, keep at it and enjoy them!