

## What are the risks involved with this operation?

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 before your operation. They include:

- a) complications relating to the **anaesthetic**
- b) **infection**. These are usually superficial wound problems. Occasionally deep infection may occur after the operation
- c) unwanted **stiffness** and/or **pain** in (and around) the shoulder
- d) Sometimes it is **impossible to repair the muscles** because they are too badly torn
- e) damage to the **nerves** and **blood vessels** around the shoulder
- f) a need to **redo the surgery**

Please discuss with the doctors if you would like further information. You will have these opportunities:

- if you have further out patient clinic appointments
- at the 'Pre-admission clinic' which you attend before the operation
- when you are admitted to hospital for the operation

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

For general enquiries about appointments, please phone:

**Mr Smibert's secretary on 01935 384597**  
**Mr Chamblor's secretary on 01935 384779**

For enquiries regarding admission dates, please phone the Admissions Office on 01935 384619

Please note that neither surgery nor any other treatment will be done without your agreement (consent). It is your right to refuse treatment at any time, or until you have enough information to feel comfortable about giving your consent.

If you do not see a physiotherapist before you go home, please make sure you have an out patient appointment with your local physiotherapy department or contact 01935 384358 (Rehabilitation Department reception at Yeovil District Hospital) to arrange one.

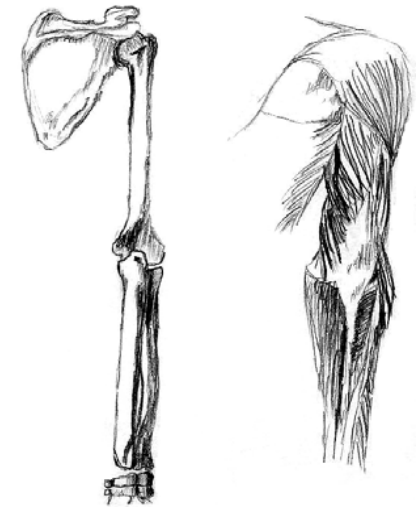
We would like to thank the Nuffield Orthopaedic Centre (Upper Limb Unit) for allowing us to reprint the information in this leaflet.

If you require this leaflet in any other format, eg, large print, please telephone 01935 384590

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## Information about your operation

# Shoulder Replacement



*Orthopaedics*

The doctors have suggested that you may benefit from having this operation. This leaflet is designed to give you some brief written information about a shoulder replacement operation and to explain some of the risks involved. Before your operation you will be given another booklet. This will give you more detailed information and include some exercises to guide you through your recovery.

## 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 replacing

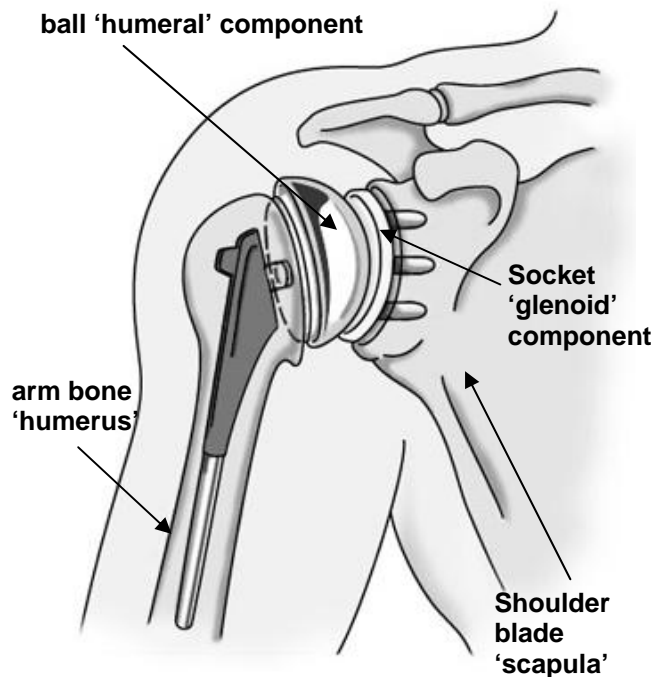
The most common reasons for replacing the shoulder joint are for arthritis, either osteo-arthritis (wear and tear) or rheumatoid arthritis. It may also be necessary following a fracture or bad accident. With arthritis, the joint becomes painful and difficult to move. Sometimes the deep layer or muscles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

## About the shoulder replacement

The operation replaces damaged joint surfaces. It consists of a metal replacement for the ball component and a plastic cup for the socket. The main reason for the operation is to reduce the pain in your shoulder.

Ultimately, you may also have more movement in the joint, but this is dependent on other factors, eg muscle damage and joint stiffness. If the muscles are badly damaged, then only the ball part of the joint is replaced. The surgeons and therapists will be able to discuss your individual surgery after the operation.

## Right Shoulder - viewed from the front



## General advice

You will be asked to attend a pre-admission clinic just before your operation. At this time you will be given a more detailed booklet and you will have the opportunity to discuss issues and concerns with the staff.

The operation is performed under a general anaesthetic. Usually the anaesthetist will administer a 'block' of the shoulder and arm beforehand by injecting local anaesthetic into the neck. This reduces pain after surgery and makes the whole operation smoother. The benefits of this method outweigh the small risk of complications associated with this technique.

You will usually be in hospital for about 5 days after your operation. You will be given a sling which you can take on and off as you wish. However, for the first 4-6 weeks you will be quite one-handed, which will affect daily tasks quite considerably. We will advise you on how to manage before you leave hospital.

Once you are discharged, out patient physiotherapy will normally be arranged. Gradually the pain will reduce and you will be able to use your arm more. Driving and other light activities are usually possible 6-8 weeks after surgery. More active and vigorous activities can be started after 3-6 months. However, your ability to do such activities will be dependent on your muscles, although the pain from your shoulder should improve considerably.