

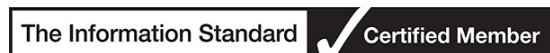
Patient Information for Consent

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OS18 Total Shoulder Replacement

Expires end of March 2021

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COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure. If your procedure is routine (rather than urgent), your doctor may recommend a delay.

Please visit the World Health Organization website: <https://www.who.int/> for up-to-date information.

What is arthritis?

Arthritis is a group of conditions that cause damage to one or more joints.

Your surgeon has recommended a total shoulder replacement operation (see figure 1). However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does arthritis happen?

The most common type of arthritis is osteoarthritis, where there is gradual wear and tear of a joint. For a few people this is a result of a previous problem or injury but usually it happens without a known cause.

Some other types of arthritis are associated with inflammation of the joints that can eventually lead to severe joint damage. The most common is rheumatoid arthritis.

Arthritis eventually wears away the normal cartilage covering the surface of the joint and the bone underneath becomes damaged. This causes pain and stiffness in the joint, which can interfere with normal activities.

What are the benefits of surgery?

You should get less pain and be able to move your arm more easily.

Are there any alternatives to surgery?

Simple painkillers such as paracetamol and anti-inflammatory painkillers such as ibuprofen can help control the pain of arthritis. Regular moderate exercise can help to reduce stiffness in your shoulder.

A steroid injection into your shoulder joint can sometimes reduce pain and stiffness for several months. You may get side effects if you have injections too often.

All these measures become less effective if your arthritis gets worse and this is when your surgeon may recommend a shoulder replacement.

What will happen if I decide not to have the operation?

Arthritis of your shoulder usually, though not always, gets worse with time. Arthritis is not life-threatening in itself but it can be disabling.

Arthritis symptoms can be worse at some times than others, particularly when the weather is cold.

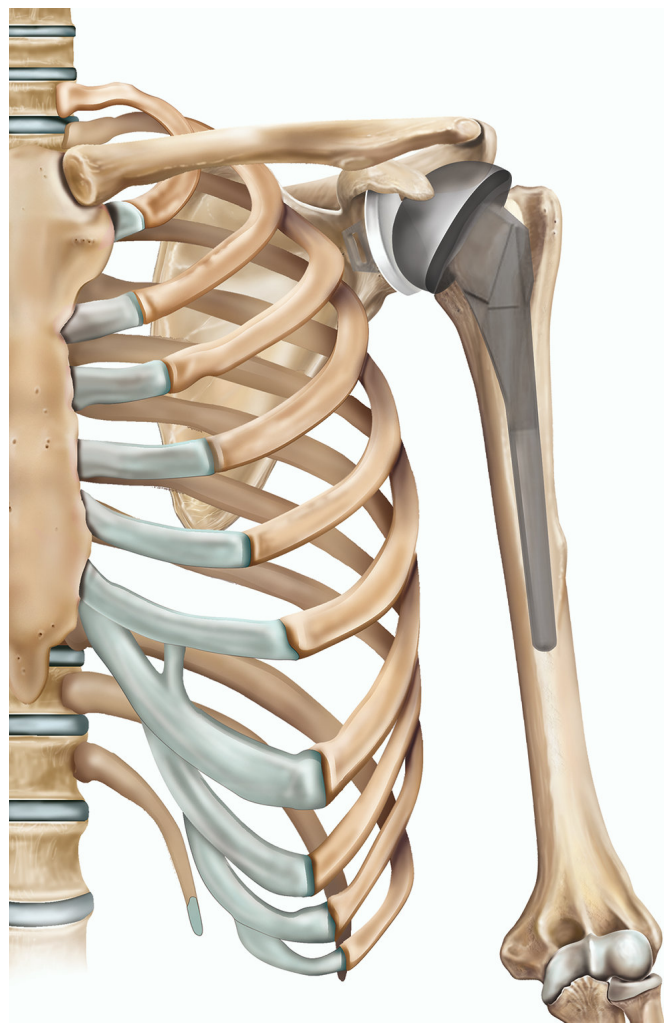


Figure 1
A total shoulder replacement

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation.

You may be given antibiotics during the operation to reduce the risk of infection. The operation usually takes 1 to 2 hours.

Your surgeon will make a cut on the front of your shoulder and remove the damaged ball (head of the humerus). They will examine the socket which lies on your shoulder blade. They will replace the ball and sometimes also the socket. The new ball is made of metal and the socket is usually made of plastic.

There are many different types of shoulder replacement available and your surgeon will discuss the options with you.

Your shoulder replacement is fixed into the bone using a special coating on your arm side of your shoulder joint. Your shoulder-blade side is usually fixed using acrylic cement.

Your surgeon will close your skin with stitches or clips.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.

- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Unsightly scarring of your skin. The cut is at the front of your shoulder. It usually heals to a neat scar.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. You may need antibiotics and physiotherapy.

- Heart attack (where part of the heart muscle dies). A heart attack can sometimes cause death.

- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain). A stroke can sometimes cause death.

Specific complications of this operation

- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 1 in 100). This usually gets better but may be permanent.

- Infection, which can result in loosening and failure of your shoulder replacement (risk: less than 1 in 100). You will usually need one or more further operations to control the infection.

- Loosening without infection. You may need another operation to do your shoulder replacement again (risk: 1 in 20 over 8 years).

- Rotator-cuff tears. The rotator cuff is formed from four muscles and tendons that attach your arm to your shoulder blade. You may need surgery to repair any tears.

- Dislocation of your shoulder replacement (risk: less than 1 in 50 in the first 5 years). You may need another operation if it keeps on happening.

- Stiff shoulder. You should get more movement than you had before the operation but sometimes movement does not improve. It will never feel quite the same as a normal shoulder.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You will usually have an x-ray to check the position of your shoulder replacement.

The physiotherapist will help you to start moving your shoulder, usually after 1 to 2 days, and will teach you how to look after your new shoulder.

Keep your wound dry for the first week, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

You should be able to go home after 2 to 3 days. However, your doctor may recommend that you stay a little longer.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

You will need to keep your arm in a sling for up to 2 weeks to keep the tension away from your shoulder joint.

The healthcare team will tell you when you can return to normal activities.

To reduce the risk of problems, it is important to look after your new shoulder as you are told.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

Most people make a good recovery, have less pain, and can move about better. It is important to follow the advice the physiotherapist gives you about exercises to strengthen your shoulder muscles.

An artificial shoulder never feels quite the same as a normal shoulder and it is important to look after it in the long term.

A shoulder replacement can wear out with time. This depends on how active you are. Eventually a worn shoulder replacement will need to be replaced. About 17 in 20 shoulder replacements will last 15 years.

Summary

Arthritis of your shoulder can cause severe pain, stiffness and disability. A shoulder replacement should reduce your pain and help you to move your shoulder more easily.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

Reviewer: Prof Lennard Funk MSc FRCS (Tr. & Orth.)

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