This guidebook is designed to give you information about having a shoulder joint replacement. It will cover the time from when you are first seen by your consultant’s team until your follow-up appointments after surgery.

Patients who are well informed and prepared have better results from their new joint and are more confident with their rehabilitation after surgery. Our goal is to involve you in your treatment at every step of the way.

This Patient Guide has been prepared by the whole team from the Nottingham Shoulder & Elbow Unit. We are grateful to all the team members - Patients, Surgeons, Physiotherapists, Occupational Therapists, Nurses and Pre-operative Team at the Nottingham City Hospital but particularly:-

Carolyn Peal MCSP - Project Coordinator, Professor W Angus Wallace and Mr Lars Neumann - Senior Consultants and Editors.

This guidebook should be supplied to the patient at least two months before their operation.
A Patient’s Guide to Shoulder Joint Replacement
Disclaimer

This Guidebook has been produced to help individuals understand the process involved in shoulder joint replacements.

While Nottingham City Hospital NHS Trust has endeavoured to produce a helpful and informative Guidebook with regard to the processes involved in shoulder joint replacement, the information available from use of the Guidebook is intended as a guide only and should not be relied upon in the place of medical advice. Nottingham City Hospital NHS Trust will therefore not be liable (whether in connection with any action for negligence or misrepresentation or in any other way whatsoever) for any loss of damage of whatever kind (including, without limitation, direct, indirect or consequential losses or loss of profit) suffered or incurred by the user as a result of any defect in the Guidebook or any of its content or the user’s use or possession of the Guidebook including reliance upon any of its content.

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Welcome

Name: 

Date of surgery: 

Date of admission: Time: 

Estimated date of discharge: 

Clinic appointments

Pre-operative: Date: Time: 

Post-operative: Date: Time: 

Date: Time: 

Date: Time: 

Date: Time:
# Rehabilitation Appointments

## Physiotherapy

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## Occupational Therapy (OT)

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Introduction

Over 100,000 people have joint replacements every year in the U.K. People choosing to have such surgery have often suffered from long lasting pain due to arthritis or other conditions. This affects their daily activities such as personal care, hobbies and work. A joint replacement aims to relieve pain so that you are more likely to be able to do these activities and enjoy a more active lifestyle.

Your surgical and rehabilitation team will consist of your consultant, his/her registrar, a senior house officer (ward doctor), physiotherapists, physiotherapy assistants, occupational therapists, nursing staff at the outpatient clinics, on the ward, and in theatre, and if required a social worker.

The purpose of this guidebook

This guidebook is designed to give you information about the joint replacement you are going to have. It will cover the time from when you are first seen by your consultant’s team until your follow-up appointments after surgery.

Patients who are well informed and prepared have better results from their new joint and are more confident with their rehabilitation after surgery. Our goal is to involve you in your treatment at every step of the way.

This guidebook includes:

• Answers to frequently asked questions.
• What to expect at each stage.
• What you can do to help yourself.
• Information about your particular hospital and team.
• How to look after your new joint in the future.

Remember, this is just a guide. You may find that additional information is given or details changed by your team to tailor your programme to your specific needs. Please follow the advice of your team at all times and ask questions if you are unsure.

Useful contacts

Biomet
Arthritis Research Campaign tel:0870 850 5000
Arthritis Care tel: 0207 380 6500/0808 800 4050
British Elbow & Shoulder Society
American Shoulder & Elbow Surgeons
European Shoulder & Elbow Society

www.rapidrecovery.com
www.arc.org.uk
www.arthritis-care.org.uk
www.bess.org.uk
www.ases-assn.org
www.secec.org

Take care if you are looking for information on websites of commercial companies and private clinics. The information that is given may not always be objective. Always ask your team if you have queries or concerns.
Patient Pathway

Shoulder Pain

Seen by GP

Referred for treatment

Conservative Path

Medical

Physiotherapy and/or occupational therapy

Injection or medication

Exercise and advice

Surgical Path

Assessed by surgical team

Placed on surgeon’s waiting list

Seen at pre-operative clinic

Admission into hospital

Surgery

After care as inpatient

Discharge

Follow-up therapy and clinics
General Information

You will probably have a few questions about having a shoulder joint replacement. Below are some of those most frequently asked; if you have any other questions, please ask your team.

What is the cause of my shoulder pain?

There are a number of causes of shoulder pain; Osteoarthritis and Rheumatoid Arthritis are common ones. Other causes are fractures, congenital deformities, and pain from the soft tissues around the joint. Not all shoulder pain requires joint replacement surgery. This is only indicated if the joint surfaces are worn or damaged.

The shoulder is a ball and socket joint. The top of the upper arm bone (humerus) forms the ball (head of the humerus), and the shoulder blade holds the socket of the joint (glenoid). These two bony surfaces (the head and the glenoid) are lined with cartilage, which forms the joint surface and allows the joint to move smoothly.

Osteoarthritis is the wearing away of this cartilage. If the cartilage is completely worn away, the underlying bone is exposed. Bone rubbing against bone causes inflammation, swelling, pain and stiffness, and occasionally a grating noise called crepitus.

Rheumatoid Arthritis causes additional inflammation of the soft tissue lining of the joint, which in time can also lead to erosion of the bone as well as the damage to the cartilage.

What is a shoulder replacement?

The joint surfaces of the upper arm bone and the socket of the shoulder blade (head of the humerus and glenoid) are removed to make room for the joint replacement. The joint replacement can be done in different ways depending on type of disease present and the amount of joint damage. Either a metal stem is fixed into the arm bone (humerus),
to which a metal replacement ball is attached. Or a metal cap is inserted over the ball of the shoulder joint (humeral head). The replacement ball is made in different sizes and can be adjusted into the correct position to provide an accurate match to your arm bone (humerus). Replacing the head of the humerus only is called a Hemiarthroplasty.

In addition, a replacement socket may be used. It is made of plastic, which is either fixed to a metal back plate before it is fitted into the bone in the socket (glenoid) or inserted, with or without a special bone cement, directly into the bone. Replacing both the head of the humerus and the glenoid is called a Total Shoulder Replacement. This results in a new metal on bone, or metal on plastic, joint that can move smoothly again, and so does not hurt when you move your arm.

The parts of a replacement are often called prostheses, components, or implants.

**How long and where will the scar be?**

The scar is positioned on the front of the shoulder where the straps of the underwear usually sit. This makes it relatively easy to conceal and a lot of care is taken to make the scar as cosmetically attractive as possible. The scar is normally about 8-12cm in length.

**Will the replacement shoulder be as good as new?**

The bony part of the shoulder joint is surrounded by soft tissue (e.g. muscles, tendons, and ligaments). The joint replacement replaces the cartilage and bone that is worn, but the soft tissues around the joint are also of crucial importance to the outcome. Unfortunately, when the cartilage and bone are worn down sufficiently to need replacing, the soft tissues are also worn to a greater or lesser extent.

The final outcome from the operation regarding movement and strength etc therefore depends mainly on the recovery of the soft tissues after the operation and this will depend in part on the state of the soft tissues before surgery. It is quite common to have a limitation in the extent you can move your shoulder after surgery. The exercises you will do will aid the recovery of the soft tissues. You are more likely to get a good result if you work hard at your exercises.

The main reason for having a shoulder replacement is to reduce pain; any improvement in function you should consider as a bonus.
When should I have this type of surgery?

You should discuss this with your consultant, as the timing will not be the same for everybody. It will depend on the level of pain that you have, and how much your symptoms affect your daily activities, sleep, hobbies, or work.

Am I too old for this type of surgery?

Age is not normally a deciding factor. It is more important that you are medically fit and well. Your surgeon will ensure this before operating and will discuss alternative options with you.

What are the complications associated with joint replacement?

All surgery has a risk of complications. In joint replacement surgery, these are generally infection, bleeding, nerve damage and instability.

Extensive precautions are taken in the operating theatre bringing the risk of infection down to around one to two cases in 100 (1-2%). This includes giving you preventive antibiotic cover at the time of the operation. If infection occurs, it can be treated, but this often requires further surgery.

Bleeding in the form of some oozing is frequently seen and is not a concern. Major bleeding from larger blood vessels is extremely rare as these vessels are avoided or tied off during surgery, but this is still a potential risk.

Nerve damage can occur. The nerve most at risk is the one supplying the deltoid muscle on the side of the upper arm (Axillary Nerve); at a lesser risk is the Radial Nerve, which supplies the muscles that help to lift the wrist up. Both these nerves are specifically protected during surgery so the risk of nerve damage for a first time (primary) operation is very low – less than one case in 100 (less than 1%).

The risk of instability or dislocation of the new joint is about one to two cases in 100 (1-2%). If this happens, it can be treated, but it often requires surgery.

Late complications consist of wear of the implants or loosening of the components from the bone. This will be checked with regular x-rays at your follow-up clinics, as these complications may not cause you to have any symptoms to warn you of a developing problem.

How long will the replacement last?

Generally a shoulder replacement will have a 2% failure rate per year. This means that 80 out of 100 shoulder replacements done will have no major problems after 10 years. However, we cannot predict exactly how long your individual replacement will last.

What is a revision?

A revision is a replacement of the original joint replacement (i.e. replaces the original implant with new components). You may require a revision if the components of the first replacement loosen from the bone or become worn. It is important to attend follow-up clinics in the years following your surgery so this can be checked for. A revision operation is always more difficult than a primary operation with an increased risk of infection (5%) and an increased risk of nerve injury (4%).
Will I need a blood transfusion?

In routine shoulder joint replacements, blood transfusions are not normally required. However, if you are anaemic (low levels of iron in your blood) when you come into hospital, you may be given a transfusion before or during the operation to help speed up your post-operative recovery.

Should I exercise before surgery?

You should use your arm as normally as possible within the limits of pain, to prevent the shoulder from getting stiff. However, as your main problem is often pain, you may find this difficult. Try using the resting positions pictured in this guidebook to reduce your discomfort.

How long will I be in hospital?

Usually about five to seven days after surgery. You can go home when you are medically fit, i.e. you have recovered from the anaesthetic, your pain is under control, and you are confident with your exercises.

Will I need to continue with my exercises when I get home?

Yes. At first they will be the same as the ones you will do in hospital. Your physiotherapist will progress them as appropriate at your follow-up appointments.

Are there any restrictions after discharge from the hospital?

Short-term, do not do any heavy pushing or pulling, or lift anything more than the weight of a cup of tea for six weeks. Keep objects close to your body to lift them, as this is easier than lifting at arms length.
Long-term, you can use your arm normally. However, you should not do a lot of repetitive activities, activities that involve vibration or wrenching movements, e.g. hammering, or activities that involve extreme ranges of movement.

When will I get back to driving?

In general you can get back to driving as soon as you are comfortable and feel safe to do so. This will probably be about four to six weeks after surgery. It is wise to contact your insurance company to inform them that you have had an operation, as some insurers have specific rules about driving after surgery. The Driving and Vehicle Licensing Agency (DVLA) in the U.K. advises that you can return to driving when you can safely control a motor vehicle. The only person who can really judge this is you.

When will I get back to work?

This will depend on the type of work you do, and you can discuss it with your therapists. You are likely to be fairly comfortable after four to six weeks, but if your job involves more manual work, you may need to rehabilitate for up to three months.
Will I notice anything different about my shoulder?

Apart from the scar on the front of the shoulder, the shoulder should look fairly normal. Some patients who have had bad arthritis appear to have a lot of muscle wasting (flattening) of the deltoid muscle before their operation, but this is actually mainly because of loss of bone and the shape of their shoulder may return to nearer normal soon after the operation.

What happens when I’ve decided that I’m going to have a shoulder joint replacement?

Your consultant will place you on his/her waiting list; he/she can give you an estimate as to how long you might have to wait. When you are near the top of the list you will be given an operation date and will be asked to come to a pre-operative clinic to check your fitness prior to the operation and to meet your surgical team.
Pre-operative Information

What happens before my surgery?

After you have been given a date for your operation, you will be asked to come for a pre-operative assessment appointment. This is to check that you are fit and healthy and can have the planned operation. You will also be given information about what will happen during your admission and follow-up. The clinic is usually held between one and four weeks before your operation date.

Pre-operative Assessment Clinic:

This normally takes about half a day depending on how many tests you need. You will see a number of different staff who will ensure that you are fit for your planned operation, and give you information about what will happen. You will also have the opportunity to get answers to any questions you might have.

Your Surgeon:

Either your consultant or his/her registrar will see you. They will look at your medical information and x-rays. They will discuss with you whether you still want to have the planned operation and decide what the best type of treatment is for you. You can ask questions, and if you decide to go ahead as planned, you will be asked to give your written consent for the procedure. (You can find an example of a standard consent form at the back of this guidebook).

Your Physiotherapist:

You will see a physiotherapist who will ask you some questions about your affected arm and who will measure how much shoulder movement and function you have. They will explain what will happen regarding your rehabilitation after your operation, what exercises you will be doing, and what precautions you must take when you go home. They can also give you some useful advice about how to stay comfortable before and after surgery (see “Keep comfortable!” section).

Occupational Therapy:

There might be an occupational therapist at the clinic. Occupational therapists can reinforce the exercises that you will do by incorporating them into functional activities. She/he can give you a number of useful tips to prepare you for what it will be like when you go home after surgery. It is important to think about this before you come into hospital (see “Prepare your home” for a few ideas).
Nurse:

You will see a nurse who will ask you questions about your general health, and take details about your medical history, your medication and who your GP and next of kin are. Please bring this information with you, especially useful is a list of all the tablets and medication you take, including the non-prescription ones.
The nurse will also take your blood pressure. You will be asked to give a urine sample. Tell your nurse if you are worried about looking after yourself at home after surgery or if you feel you have special needs. He/she can then arrange appropriate support for you.

Clinical Support Practitioner:

A clinical support practitioner will take some blood for testing and will do an echocardiogram (ECG/heart trace) if required.

Junior Doctor/Senior House Officer:

You will also see a junior doctor who will listen to your heart and lungs and give you advice about medication.

All the above tests check that you are fit and healthy enough to have surgery. For instance, they will make sure you haven’t got an infection, or any problems with your heart or lungs. You might be sent for more tests on the day. For example, your doctor may want an up to date x-ray if you haven’t had one taken for a while.
If there are any specific concerns, the doctor can ask an anaesthetist to come to the clinic to discuss the options regarding your anaesthetic during surgery (see “Having An Anaesthetic”).

If your test results are not as expected, you might require some extra treatment in the time leading up to your operation. Your GP might be informed and asked to help. For instance, if you have an infection, you might need to have a course of antibiotics before having surgery.
It is important that you are honest about your health so we can give you the best and safest treatment to suit your needs.
If you are worried about any of this, talk to the doctor or nurse at the clinic.

You may be given a provisional discharge date at clinic so you have some idea when you will be going home after your operation. Usually, after a shoulder joint replacement, it’s about five to seven days after the operation.

Remember to bring a list of any tablets you take to the pre-operative clinic and tell someone in the clinic if you are worried about coping after returning home from hospital.
Things To Do Before Your Operation

Medication

You will normally be advised to stop taking any drugs that increase bleeding; examples of these are aspirin and anti-inflammatories. You are usually asked to stop taking these drugs one week before your planned surgery. You may also need to stop taking herbal supplements. Make sure you tell your doctor or nurse everything that you are taking, including hormone replacement therapy or any herbal supplements. They will then be able to tell you if you need to stop taking any of your medications, and from when. This is important because a number of drugs and herbal remedies can interact with your anaesthetic and potentially cause complications.

Keep comfortable!

Use the sleeping and sitting positions pictured in this guidebook to help you reduce your pain and to be more comfortable whilst resting. Try to use your arm as much as you can for non-painful activities. Muscles get stronger when you use them in a non-painful way and will be in better condition before surgery if you do this. In turn, this will help you to achieve a better outcome from your operation. When moving and using your arm, always try to keep your elbow tucked in. You can also try to apply some traction (see instructions at the end of this section).
Diet

You will recover more quickly from surgery if you are healthy beforehand. Try to eat a healthy diet in the time leading up to your operation. If you have any concerns about your diet, discuss them with your doctor; you can be referred to a dietician if necessary.

Smoking

You are more likely to have a straightforward recovery from surgery if you stop smoking beforehand. This is because smoking reduces the amount of oxygen being delivered to the tissues around the operated joint. Oxygen is vital for the healing process. Your body will feel the benefits 24 hours after stopping. However, the earlier you stop the more your body will have recovered from the effects of smoking at the time of surgery.

Eating and drinking

You will not be allowed to eat for six hours prior to surgery nor have anything to drink for two to three hours before. If you are unsure about whether you can eat or drink, ask your nurse. For instance, it is usually all right to take medications with a small amount of water on the morning of your operation.

Prepare your home

Remember, when you first go home you will not be able to reach very far or lift anything much heavier than a cup of tea. Think about the things you normally do and make some adaptations. For instance, if you keep your mugs, plates, etc. on a shelf, consider keeping them out on the side for a short while after your operation. If you have to cook for yourself, consider making or buying some ready meals that are easy to prepare when you come home. It is also wise to be up to date with household chores like cleaning and laundry. You won’t be able to do these in the first few weeks after your operation. If you are concerned about any of these things, discuss them with the physiotherapist or occupational therapist at the pre-operative clinic.

What to bring to hospital

You will need your toiletries, nightclothes and some loose day clothes - you will feel more comfortable if you get dressed in “real” clothes when you’re in hospital. Shirts or blouses that button down the front are much easier to manage than tops that you have to pull over your head. Also bring your usual medicines and a small amount of money, but leave valuables, jewellery, etc. at home. You may want to bring a few books or magazines. You will have access to a television and telephone on the ward for which charges are made.

Coming into hospital

You will be asked to come into hospital either on the day before your surgery, or early on the same day. You will normally be asked to telephone the ward on the day of admission to find out what time to come in. You will be expected to arrange your own transport into hospital, but if you are unable to get your own transport, speak to the staff at the pre-operative clinic to find out how hospital transport might be arranged.
Applying Shoulder Traction

You can use shoulder traction before and/or after your operation.

You can do this standing up or sitting down. Lean forwards and let your arm hang by your side. Keep your palm facing forwards. You may find this position helps to ease your pain on its own. Then, gently try drawing circles with your hand.

In the same position as above, try using your opposite hand to pull your arm downwards by holding it above your elbow.

By doing this, you are moving the top of the upper arm (humeral head) away from the roof of the shoulder. In this way, painful rubbing is avoided by pulling these areas slightly apart giving you some pain relief.
Sitting And Sleeping Comfortably

The positions shown below may be useful both pre and post-operatively to find comfortable resting positions:

How can I sit comfortably?

Sit in a supportive chair; you may wish to place a cushion or rolled up towel in the small of your back for extra support. Place a cushion or pillow under your elbow so that it is supporting your whole forearm. The pillow(s) should be thick enough to allow your arm to relax into it without causing your shoulder to be raised up. It is important to let the shoulder relax backwards, so do not put too many cushions behind it.

How can I sleep comfortably?

You will find sleeping uncomfortable if you try to lie on your symptomatic shoulder. We recommend that you lie on your back or your opposite side. Use pillows, towels, or cushions to give support as shown:

Lying on your back:

Use pillow(s) to support your head and neck, but do not put them under your shoulder. Instead allow your shoulder to relax backwards by placing a cushion, towel, or pillow under your elbow. If you don’t want to lie completely flat, you can prop yourself up and then do the same as above.

Lying on your unoperated side:

Again, use pillows to support your head and neck. A pillow tucked along your back helps to prevent you rolling backwards onto your symptomatic shoulder during the night. Use another pillow to support the forearm of your painful shoulder (you may not need this whilst you are still using your sling).
Hospital Stay

Arriving on the ward

You will come into hospital either on the morning of your surgery, or during the afternoon of the day before. A nurse will show you around the facilities on the ward and give you some time to settle in. Your nurse will also ask you a few questions and make sure there have been no changes regarding your health and personal details since your pre-operative assessment. It may be necessary to re-do a couple of the tests that were done at the pre-operative clinic. There will be some information about the ward at the end of your bed. If you have any questions, ask your nurse.

Before your operation

You will not be allowed anything to eat for six hours prior to surgery, or to have anything to drink for two to three hours before. Your nurse will tell you how long you can have food and drink for, and what you can have, as this will depend on what time you are going to theatre. You should have a shower in the morning before you go to theatre. Do not use moisturiser or talcum powder, as the skin needs to be clean. You must take off all your jewellery on the arm to be operated on, including your wedding ring, before going to theatre. You can ask your nurse to keep these in a safe place. Nail varnish should also be removed.

Removing ALL jewellery on the arm that is to be operated on is important, as your arm might swell up during and after surgery. This may cause jewellery to become stuck, which in turn could impair your circulation. Wearing jewellery also makes it difficult to clean the skin thoroughly, which is important for preventing infection. In addition, the skin disinfectant used in theatres may cause skin burns if allowed to be in prolonged contact with the skin under rings etc.

Your arm will be marked with an arrow to show the theatre staff which shoulder is being operated on. You will meet your anaesthetist, who will talk to you about the types of anaesthetic that you can have (see “Having An Anaesthetic”).

Going to surgery

You will be taken to theatre where you will get onto a trolley and be asked a few routine questions. You may have to wait a short time in the reception area while the staff get ready for you. You will then have your anaesthetic in the anaesthetic room - depending on what you have discussed with the anaesthetist - before being taken through to the operating theatre. The surgery itself usually takes one and a half to two hours.

When you wake up (if you’ve had a general anaesthetic), you will be on the recovery ward. You will feel very drowsy. Your throat may feel sore and you may feel a bit sick. This is all normal. It is caused by the medication that you are given during your anaesthetic. Your
shoulder might be painful. The nurses in recovery can give you extra pain relief. If you feel you need it, just ask for it. They will also check your temperature, blood pressure, and breathing. Your arm will be in a sling, which will hold it still, and there may be a small tube in your shoulder, which drains fluid from the joint (drain). The front of your shoulder will be covered with a dressing. You may also have an oxygen mask on your face to help you recover fully from the anaesthetic. You may notice that you have a red or yellow dye on your skin. This is from the fluid used in theatre to disinfect the skin before surgery.

When you are comfortable, you will be taken back to the ward. You may be on the recovery ward for as little as half an hour or as long as a few hours. You may not remember much until you are back on the ward. This poor memory (amnesia) is caused by the medication that you have been given. Your nurse will check your vital signs (temperature, blood pressure, and breathing) regularly. Tell your nurse if your shoulder is painful so she/he can give you some extra pain medication.

First days after surgery

Your shoulder will be moderately painful after surgery. It is important to keep this under control with medication, gentle exercising, and resting in a comfortable position with or without your sling. Your nurse or therapist will show you how to find a comfortable position using pillows. You may remember it yourself if you were taught how to do this at the pre-operative clinic. You can also find the positions in this guidebook. You may be given a button, which allows you to top up your own medication yourself; this is called PCA (Patient Controlled Analgesia). If you have one, your nurse will show you how to use it. If you have had a nerve block (see “Having An Anaesthetic”) you might have a continuous infusion of pain relief going into the base of the neck. Make sure you tell your nurse if your pain medication is not sufficient.

You will keep the sling on until:

- An x-ray has been taken of your shoulder and your surgeon has checked it to make sure the prosthesis (new joint) is in the correct position.
- The drain (if used) has been taken out.

While you are waiting for this you must:

- Move your hand and wrist regularly to maintain the circulation while your arm is in the sling.
- Take regular deep breaths and cough to ensure that air gets into the bottom of your lungs whilst you are not very mobile. You may find that you cough up phlegm; this is normal after an anaesthetic.
Once your x-ray has been checked, your physiotherapist will come to see you to help you start moving your shoulder. Remember, your shoulder will feel uncomfortable, so you will only be able to move a small amount at first. Your physiotherapist will help you to do the right amount of exercise.

It is helpful to use an ice pack after you have done your exercises. Ice helps reduce the swelling and pain in the shoulder. Ask your nurse or physiotherapist about this.

Your consultant will come and see you on the ward with the rest of the team. This is called a ward round; your nurse can tell you when this will be. They will tell you how the surgery has gone, and you can ask any questions you may have. A ward doctor (senior house officer) is always on call should there be any problems. He/she can contact your consultant if necessary.

**First week after surgery**

**Exercises:**

While you are in hospital, you will do your exercises twice a day with your physiotherapist. You can also do them by yourself. Ask your physiotherapist if you are unsure about how much to do. You will notice that the exercises get easier to do, and feel less sore with time.

**Wound care:**

Your nurse will dress your wound until there is no leaking from it. This might take a few days. Once the wound is dry, it should be exposed to the air. The wound can be covered with a waterproof dressing, so you can have a shower once any drains have been removed (usually 24 hours after your operation). If the wound is still dressed, take the dressing off after your shower and ask your nurse to redo it. Do not dry the wound with the towel you use for the rest of your body. Use a tissue or hospital towel to gently pat the wound dry. This reduces the risk of infection.

Your stitches or clips will be taken out at between 10 and 14 days after your operation.
Your sling:

You can gradually dispose of your sling as soon as you start doing your exercises. You can use the sling after exercising to rest in for the first few days, but try to wean off it yourself as your pain allows.

Going home

You can go home when you have recovered from the effects of your anaesthetic, your pain is under control, and you are confident doing your exercises on your own. This normally takes about five to seven days.

Your nurse will check your wound and give you advice about how to care for it until it is healed. It may or may not have a dressing on it. Your stitches or clips may still be in when you go home.

If you feel unable to look after yourself at home or if you do not have relatives to help you, it is sometimes necessary for you to have some home help arranged or you may even have to move into a residential home for a short period of time. Your nurse can arrange for a social worker to come to see you on the ward and discuss the options available to you. It may be that some equipment could help you, or you may need some advice in order to make daily activities easier. In this case, an occupational therapist will help you.

You should arrange for a relation or a friend to drive you home. If this isn’t possible, tell your nurse as soon as you can and she/he will explore using hospital transport.

What do I need to take home with me?

You should have:

• Appointments for physiotherapy and the date of your first outpatient follow-up clinic with your surgeon.

• A letter to give to your GP.

• Your medication.

• An appointment to see your GP practice nurse for removal of stitches or clips (if required).
Having An Anaesthetic

What types of anaesthetic are there?

A general anaesthetic - provides total loss of consciousness. In other words you will be completely asleep.

A regional anaesthetic - provides loss of sensation to a part of the body so that you cannot feel anything in the area affected. The whole arm can be made numb by placing a small tube (catheter) above the collarbone (clavicle) or in the armpit (axilla), and injecting regional anaesthetic into it. This tube can be left in for a few days after surgery to give continuing pain relief by injecting medication through it. This type of anaesthetic is called a nerve block. You can be awake during surgery with this type of anaesthetic, however you may choose to have some medication to make you sleepy.

Who decides which anaesthetic I will have?

You will be able to discuss the different types of anaesthetic with an anaesthetist before your operation. The anaesthetist will have looked at your medical background and the results of any tests you may have had to establish the best type of anaesthetic for you. He/she will also be able to answer any questions you may have about having an anaesthetic.

Are there any side effects or risks?

Your anaesthetist will discuss the pros and cons of each anaesthetic option, as these will depend on you as an individual. Nausea or vomiting is a common side effect from having a general anaesthetic; medication can be given to ease this. You may also feel very drowsy for a few days. Having a regional anaesthetic usually abolishes these side effects leaving you feeling much better after your operation. There are some very minor side effects from having a nerve block (regional anaesthetic). These are an occasional hoarse voice, slight drooping of the eye-lid, or numbness of the face which will disappear as the anaesthetic wears off. Very rarely breathlessness or a collapsed lung may occur. Again, you can discuss any concerns or queries with your anaesthetist before surgery.

What happens during surgery?

Your anaesthetist will be with you in the operating theatre. He/she will regularly check your heart rate, blood pressure, breathing, body temperature, etc and ensure that you stay comfortable throughout surgery.

What happens after surgery?

Your anaesthetist will stop the medication making you sleepy, and you will wake up. The pain relieving medication will continue, either by continued regional anaesthetic or more conventional forms (e.g. tablets). Sometimes Patient Controlled Analgesia (PCA) is used. PCA allows you to give yourself your pain medication at the press of a button. If you have PCA, your nurse will show you how to use it. Your anaesthetist will be on hand to make sure you are getting the most effective type of pain relief after surgery.
Exercises While In Hospital

Do 5-10 repetitions of each exercise twice a day, and in the order you see them here. You can do the exercises more often if you want to. It is better to increase the number of times you do them in a day, rather than increasing the number of repetitions. If you have any queries or concerns, check with your physiotherapist.

**Pendulum**

Sitting or standing, lean forwards. Allow your arms to circle from the shoulder in gentle, pendulum type movements. Keep your palms facing forwards, and go in both a clockwise and anticlockwise direction.

Then, turn your palms to face behind and to the front again. Repeat.

**Shrugging**

Standing or sitting, shrug your shoulders upwards and backwards in a smooth circular motion.
**Extension**

Standing, hold a stick with both hands behind your back - palms facing outwards. Tuck your shoulders back. By moving your good arm backwards, allow the stick to help take your operated arm backwards.

**Internal rotation**

In the same position as before, use the stick to move your operated arm behind your back. If you can reach the wrist or hand of your operated arm with your good arm, you may not need to use the stick for this exercise.

**External rotation**

Lie on your back on a firm surface with your elbows on folded towels to bring them slightly forwards. Bend your elbows to about 90° (right angle) and use a stick to turn your operated arm out to the side, keeping your elbows in.
**Elevation**

In the same position as before, hold your operated arm around the wrist with your opposite hand. Keeping your palm facing you. Use your unoperated arm to lift your operated arm towards your head. Try to get the hand of your operated arm to the top of your head.

**Elevation with rotation**

Again, in the same position on your back, rest your hands on top of your head. Try to let your elbows relax out to the side, and then bring them back in.

**Pulleys**

Your physiotherapist will show you how to set up your pulleys. Use the unoperated arm to pull down so the operated arm is pulled upwards. Again, always remember to keep your palm facing you.

Aim to keep your elbow tucked in on the operated side as your arm is lifted upwards. This will become easier as your range of movement improves (see fig 4).
Function

At first, you may find normal everyday tasks a bit of a struggle as the restrictions in your movement may not allow you to reach into awkward positions. This will get easier as your range of movement and strength improve. You may find your own ways to make things easier. If you are struggling, please talk to your occupational therapist or physiotherapist and they will help you.

Below are some common examples with some simple solutions:

Putting on a shirt, jacket, etc.

1. Put your operated arm into the sleeve first.
2. Pull the shirt onto your operated shoulder and then across to the other side.
3. Then, put your good arm into the sleeve.

If you find this a struggle, talk to your occupational therapist or physiotherapist. There are aids that can help. Here you can see a patient using a long handled aid to help her to reach.
Combing your hair

In a similar way to when putting on a coat or jacket, you can fix a long handle to your comb to help you reach.

Reaching to a cupboard

Get as close as possible so you don’t have to reach out as far. Keep your elbow in, and use your other arm to support the operated arm if you need to.
Post-operative Care

You will need to look after your shoulder at home and continue with your exercises as a home exercise programme. You may notice some differences in the way you feel at first. Here is some information that will help.

Pain

You may not feel all the benefits from having a new shoulder for several weeks after your operation, as the soft tissues around your joint need a chance to heal and the pain related to your scar takes some time to settle.

Control your pain by using a combination of pain medication, rest and exercise.

- Use the painkillers you were given at the time of discharge, then wean yourself onto non-prescription pain relief and/or reduce the number of doses you are taking as your pain allows. For example, you may find that you can manage during the day, but you need to take a dose before going to bed to help you sleep.

- It is important to find a balance between exercise and rest. Pushing too hard with your exercises can be as detrimental as not doing enough. It is normal for the exercises to cause your shoulder to ache, but it should not be excessively painful. Talk to your physiotherapist if you are not sure how much to do. See “Sitting And Sleeping Comfortably” in the Pre-operative Information section of this guidebook for comfortable resting positions.

- Use ice after exercising in the first few weeks to help reduce swelling. You may find heat helps better later on if your shoulder feels tired and achy.

How do I use ice and heat?

Do not use ice or heat if you have poor circulation or reduced skin sensation. Both ice and heat can burn your skin if you cannot feel them properly. Follow the instructions below, and ask your physiotherapist or doctor to check your skin sensation if you are unsure.

Ice

- Always wrap ice in a plastic bag, and then a damp towel or cloth before applying to the skin to avoid direct skin contact.
- Always make sure that you can feel the cold on your skin. Take the ice off if you cannot feel it very well or if you think it is too cold.
- Leave the ice on for 10 to 15 minutes, as long as it is comfortable.
- Make sure you are in a comfortable position before you start. Using ice will have most effect if you use it in combination with other pain relieving techniques.
- You may use a bag of frozen peas wrapped in a towel as an alternative to ice cubes.
- Check your skin when you’ve finished. It may look a bit pale, but this should fade within a few minutes.
Heat

- Always wrap hot water bottles or heat packs in a towel or cloth before applying them to the skin to avoid direct skin contact.
- Make sure that you can feel the heat on your skin. Take the heat off if you can’t feel much or if it feels too hot.
- Leave the heat on for 15 to 20 minutes, as long as it is comfortable.
- Make sure you are in a comfortable position before you start.
- Check your skin when you’ve finished. Any redness should fade within a few minutes, if it doesn’t you have used too much heat.

Common General Complaints After Surgery

Tiredness

Feeling tired is normal for a couple of weeks after having had a general anaesthetic. A short nap in the afternoon may help, but try not to sleep for too long during the day as you may find you then can’t sleep at night.

Poor appetite

Having a reduced appetite is common and will settle with time. Try to have small frequent meals rather than three larger ones. Drink plenty of fluids.

Alteration in mood

Poor concentration and feeling low in mood are common after a major operation, but this will settle once you start feeling the benefits of having a new joint.

Talk to your GP if the above symptoms do not settle within a few weeks after having surgery.
Caring For Your Wound

Dressings:

If you go home with a dressing still on, you will be given advice about when to remove it. If the wound needs re-dressing, you may be taught to do this yourself or a nurse will be arranged to come and do it for you.

Once the wound has stopped leaking, you no longer need a dressing. It is better to leave the wound exposed to the air to promote drying and healing.

Cleaning:

Bathe or shower the wound in clean water. Pat the area dry with a clean tissue. By keeping the wound and its surroundings as clean as possible you will reduce the risk of infection.

Removal of stitches/clips:

You may go home with your stitches/clips still in. They usually come out at 10 to 14 days. This can be done by a practice nurse at your GP surgery, or a district nurse can come to your home if it’s difficult for you to get to your GP. This will be arranged prior to your discharge from hospital.

Avoiding infection:

- Do not poke your wound or allow other people to touch it.
- Do not remove scabs as they are protecting the wound underneath.
- If you notice any of the following contact the ward or practice nurse:
  - The wound is leaking fluid (blood, pus, etc).
  - The wound is excessively painful.
  - There is redness or swelling around the wound.
Rehabilitation After Discharge From Hospital

You should continue to do your exercises at home. The usual advice is twice a day. In general, it is better to do them little and often rather than making yourself sore in one long session. You will have regular physiotherapy appointments. These are usually arranged at your local hospital. In particular circumstances, a community physiotherapist can come to your house. You will follow the rehabilitation programme laid out by your surgical team wherever you go for your outpatient physiotherapy. You can discuss how often you need to attend with your outpatient physiotherapist. This will depend on how well you are progressing with your exercises.

From Discharge To Six Weeks

Goals:

- Minimise pain.
- Improve range of movement.
- Use your arm for light everyday tasks.
- Start increasing muscle strength.
- Learn to move your new joint the way a healthy shoulder would move.

To achieve these:

The most important goal at this stage is to reduce your pain. Do this as much as possible by using your painkillers and the comfortable resting positions shown in this guidebook. Try to have your pain medication about half an hour before doing your exercises so it will work while you are active.

Keep going with your exercises. The amount of range of movement you get will depend on the stiffness and contractures of the soft tissues (muscles, etc) around your shoulder. Moving the shoulder and doing the exercises helps to reduce this stiffness. It is normal for scar tissue to form over the first six to eight weeks. After this time, the scar tissue that has formed cannot be easily stretched, so it is important to gain as much range of movement as possible at the early stage.

Once your pain has settled, you can start strengthening the muscles around your shoulder. Your physiotherapist will show you how to do this. You will find some of the exercises they will use in this guidebook.

Excercises - Hydrotherapy

You may go to hydrotherapy as part of your rehabilitation. Exercising in water helps relieve pain and eases movement. It can also be used to make exercises harder! If you do not like water, you will not have to do this.
Other Exercises

It is important to move your arm in a correct, and therefore more efficient and comfortable, way. This involves both shoulder blade as well as shoulder joint (ball and socket) movement. While your ball and socket joint was worn and painful, you may have protected it by keeping it still and overusing your shoulder blade movement instead, i.e. “hitching” your shoulder towards your ear. Now you have a new joint, so it is now important to break the old habit and make use of the new shoulder joint itself. Your physiotherapist will show you how to do this.

The occupational therapist may also see you at this stage. Occupational therapists reinforce the exercises that you do by incorporating them into practical tasks. In this way they will help you return to normal daily tasks, your hobbies, and work (if applicable).

---

**Do** keep doing your exercises.
**Do** try to use your arm for daily activities such as washing and dressing.
**Do** use your pain medications as required (wean off them as your pain allows), and the comfortable positions shown in this guidebook.
**Do not** lift anything heavier than a cup of tea at first. You will be able to lift heavier items as the weeks pass. Keep them close to your body and use your pain as a guide to how much you can do.
**Do not** do any heavy pushing or pulling. Again, use your pain as a guide.
Weeks Six To Twelve

Goals:

• Continue with previous goals.
• Further improve muscle strength and stamina.
• Achieve personal goals regarding daily activities, hobbies, and work. You should discuss these with your therapist to ensure that they are realistic. We are all different, so your rehabilitation programme will be tailored to your individual abilities and needs.

To achieve these:

Your physiotherapist will progress you onto more advanced strengthening exercises as appropriate for you.
You can now lift heavier items below shoulder height, progressing from close to the body to further away as pain allows. This may enable you to return to certain hobbies or work. Breaking down tasks into stages and simulating the actions needed to complete them is a good way to achieve your goals. Your occupational therapist or physiotherapist will help you.

Do progress to more demanding exercises as guided by your physiotherapist.
Do try to use your arm for more demanding daily activities and hobbies.
Do continue to use your pain medications as required, and the comfortable positions shown in this guidebook. Talk to your rehabilitation team if your pain is not settling.

Early Strengthening Exercises

Your physiotherapist will tell you when you are ready to progress onto these exercises. She/he will usually add a few at a time. Ask them to mark which of the ones in this guidebook they want you to do.
There are generally two types of strengthening exercise. Static exercises involve keeping the shoulder or arm still whilst working (contracting) your muscle(s). Dynamic exercises involve strengthening whilst moving your arm.

Do each exercise 5-10 times, or as instructed by your physiotherapist.

Static internal rotation holds

Lie on your back with your elbows supported on towels or pillows, hold a stick at both its ends. Push the stick inwards as if trying to squash it. Hold this for 10 seconds, and then relax.
Static external rotation holds

In the same position as before, hold the stick and pull, as if trying to tear it in half. Hold for 10 seconds, and then relax.

Elevation with a stick

While lying, sitting, or standing, hold a stick at its ends. Move your arms forwards and upwards as if trying to raise the stick above your head.

OR

Corner elevation

While standing, use the corner of a room. Push the backs of your hands against the walls as you move your hands up the wall.
Pulleys with holds

As you have already been doing, use the unoperated arm to pull your operated arm upwards, with your palm facing you. When your operated arm is as high as you are able to get it comfortably, release the support provided by your other arm, so that the operated arm is working on its own. Hold for 5 to 10 seconds, and then reapply the support and use your unoperated arm to lower your operated arm back down.

Late Strengthening Exercises

Dynamic external rotation

Lie on your back with your elbows supported on towels or pillows, hold your Theraband (supplied by your physiotherapist). Keeping your elbows at your sides, pull the Theraband outwards to form a v-shape with your forearms. Hold for 10 seconds, and then relax.

Dynamic external rotation with elevation

Start as above by pulling the Theraband outwards. Now lift your arms upwards to form a triangle. Hold for 10 seconds, then bring your arms back to your sides, keeping the Theraband stretched. Then, relax.
Three To Six Months

Goals:

• Continue with previous goals.
• Start lifting above shoulder height, particularly if you want to go back to this kind of work or activity.

You will continue to see your physiotherapist and/or occupational therapist until you have achieved your personal goals. Your appointments will become less frequent with time.

Do work with your rehabilitation team to return to the jobs or hobbies that you enjoy.
Recognising Complications

Infection

Watch out for the following signs. If you notice any, contact the ward, your consultant, or your GP.

- A high temperature or fever.
- Generally feeling unwell.
- Increased swelling of the shoulder.
- Redness of the shoulder.
- Unexplained shoulder pain.
- Any problems with the wound (see ‘Caring For Your Wound’).

Instability

- Clicking or grinding of the joint.
- Feeling the joint slipping as you move it.
- Unexplained pain.
- Deterioration of your range of movement.

Wear or loosening (late stage)

- Unexplained pain.
- Deterioration of your range of movement.

Outpatient Clinics

You will have clinic appointments with your consultant to check on your progress. You will have an x-ray taken when you arrive, so that your consultant can check that your joint is still in a satisfactory condition.

You will normally have a lifetime follow-up arranged by your surgeons. The frequency of the clinics will depend on your consultants’ protocol and will normally decrease with time. If either you or your physiotherapist have any concerns about your shoulder in between clinic times, your consultants’ secretary can arrange for you to be seen at an earlier date.
Caring For Your New Shoulder In The Future

• It is sometimes necessary to have antibiotics before some kinds of dental treatment and internal medical investigations. This is to reduce the risk of getting an infection around your new joint. You should inform your dentist or doctor that you’ve had a joint replacement, particularly if you need treatment that may cause bleeding. This is most important in the first two years after surgery, or if you have a condition that makes you more prone to infection, for example, Rheumatoid Arthritis or Insulin Dependent Diabetes.

• You may find that your new joint will set off the metal detectors in airports. If this happens, you will be hand scanned and allowed through. You can carry a letter from your GP or consultant informing the security staff of the implant, but you will have to be hand scanned despite this.

• It is important to attend the follow-up clinics with your consultant. It is advisable to attend even if you are not experiencing any problems with your shoulder, as the components of your new joint can loosen or wear without causing you any noticeable symptoms. If problems are detected early, there is a better chance of getting a good result with treatment. An x-ray will usually be carried out so that your consultant can check that the joint is still in a good position.

• You should avoid vibratory or wrenching type movements, e.g. hammering, as these may loosen the joint with time.

• Always listen to your symptoms. If a particular movement or activity causes pain, there is usually a reason for it. Is there a better way to do that task? Do you think you might need to consult your GP or Surgeon?

This Patient Guide has been prepared by the whole team from the Nottingham Shoulder & Elbow Unit. We are grateful to all the team members - Patients, Surgeons, Physiotherapists, Occupational Therapists, Nurses and Pre-operative Team at the Nottingham City Hospital but particularly:-

Carolyn Peal MCSP - Project Coordinator, Professor W Angus Wallace and Mr Lars Neumann - Senior Consultants and Editors.
Nottingham Shoulder & Elbow Unit

Welcome to the Nottingham Shoulder & Elbow Unit at Nottingham City Hospital. In this section, we will introduce you to our team and give you some information specifically about our unit.

The Medical Team

The consultants at Nottingham City Hospital with a special interest in shoulder surgery are:

Your consultant is responsible for your care and his team will perform your surgery. While you are in hospital, he will come and see you with the rest of the team on the ward round. You will also see him at your post-operative follow-up clinics (see “Post-Operative Care”), which are held in Rheumatology outpatients. Sometimes a registrar or fellow, who are trainee consultants, performs your surgery under the supervision of your consultant. You may also see the registrar or fellow, rather than your consultant, in the clinics.

Each consultant has his own timetable:

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Operating day</th>
<th>Ward round</th>
<th>Clinic days</th>
<th>Follow-up clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Wallace</td>
<td>Wednesday</td>
<td>Thursday morning</td>
<td>Thursday afternoon</td>
<td>6 weeks, 3 months, 6 months, 1 year, then every 2 years</td>
</tr>
<tr>
<td>Mr Neumann</td>
<td>Tuesday</td>
<td>Thursday morning</td>
<td>Wednesday afternoon and Thursday morning</td>
<td>8 weeks, 6 months, 1 year, then every 2 years</td>
</tr>
<tr>
<td>Mr Manning</td>
<td>Monday (Not all - ask your nurse)</td>
<td>Tuesday morning</td>
<td>Wednesday afternoon</td>
<td>6 weeks, 3 months, 6 months, 1 year, then every 2 years</td>
</tr>
</tbody>
</table>

There is also a ward doctor (senior house officer - SHO) who looks after your general health when you are in hospital.
You will see the physiotherapists at the pre-operative clinic and on the ward for your exercises. When you go home after surgery, they will refer you to your local hospital for your outpatient physiotherapy appointments. You will follow our rehabilitation programme wherever you go. In special circumstances, you can come to us for your physiotherapy. Ask your physiotherapist if you would like to do this.

Our physiotherapy assistants will carry out a Constant score at the pre-operative clinic and at your follow-up clinic appointments. This score is used to provide an objective measure of your shoulder condition. It includes measurement of your range of movement and strength, and details about your pain and how much your shoulder symptoms affect your everyday life. The score will show us, and you, how much you improve after surgery and how you progress over time by comparing past scores with the most recent ones.
The Occupational Therapists (OTs)

Your occupational therapist will see you while you are still in hospital to help you start moving your arm. They might use an “Overhead balance help arm”, which can support the weight of your arm while you practise moving it. They will also practise functional tasks of everyday life.

If you need any equipment to help you at home, an occupational therapist will provide this while you are still in hospital.

Your occupational therapist may arrange for you to come for outpatient treatment to help your return to work and any other activities you may wish to do. Our physiotherapists work closely with our occupational therapists so that their treatments compliment one another.
The Wards And Nursing Staff

Harvey 1 and Lister 1 are the orthopaedic wards at Nottingham City Hospital. Harvey is the female ward and Lister the male ward. On each ward, a named nurse will be allocated to co-ordinate your care. You will be asked to call the ward on the day of your admission to hospital to find out what time to come in.

The sisters in charge of the wards are:

June Vango (Harvey 1)

Dawn Plant and Sandra Costin (Lister 1)

If you, or your named nurse, have any concerns about whether you can cope at home after discharge, a social worker can come and discuss the kind of support you can be given.

The Pre-operative Team

Our pre-operative clinic is held in Elizabeth suite. You will be given a date to attend one to four weeks before surgery. You will normally be at clinic for about half a day. It can be quite tiring, as you will need to see a number of different members of staff (see “Pre-operative Information”). The clinic is run by Angeline DeiBuono (Nurse Practitioner).

Useful Numbers

Nottingham City Hospital 0115 969 1169

Extensions

Professor Wallace’s secretary Sandra Merrin 46885
Mr Neumann’s secretary Elizabeth Sykes 47106
Mr Manning’s secretary Genevieve Stewart-Smith 45047
Physiotherapy 46679
Occupational therapy 45330
Harvey 1 ward 45879
Lister 1 ward 45901
Pre-operative clinic (Elizabeth suite) 34618
Hospital Maps
Patient Consent Form

Consent Form 1

Patient Agreement to investigation or treatment

Patient details (or pre-printed label)

Patient's surname/ Family name: ...........................................................
Patient's first names: ..............................................................
Date of Birth: .................................................................

Responsible health professional:

Prof W A Wallace/Mr L Neumann
Job title: Consultant Orthopaedic Surgeon
NHS number (or other identifier) ..............................................
Male [ ] Female [ ]
Special requirements (e.g. other language/other communication method) .................................................................

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear):

Shoulder Replacement (Total or Hemiarthroplasty)

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits: –

1. Relief of Pain
2. Improvement of shoulder function

Serious or frequently occurring risks: – Instability (1-2%); Infection (around 1-2%); Failure of the prosthesis (Approximately 2% per year); Failure of pain relief (around 5%); Nerve injury (axillary and/or radial <1%); Anaesthetic complications (respiratory & cardiovascular)

Any extra procedures which may become necessary during the procedure:

a) Blood transfusion: ............... Yes blood transfusion of up to 2 units may be required
b) Other procedure (please specify): ...

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet has been provided: – A Complete Patient’s Guide to Total Shoulder Replacement – Guidebook & DVD/Video

This procedure will involve:

[ ] general and/or regional anaesthesia [ ] local anaesthesia [ ] sedation

Signed: ................................................................................. Date: ..........................................................

Name (PRINT) Prof W A Wallace/Mr L Neumann Job Title: Consultant Orthopaedic Surgeon

Contact details (if patient wishes to discuss options later) Appointment required through secretary

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed: ................................................................................. Date: ..........................................................

Name (PRINT) ...........................................................................

Copy accepted by patient: yes / no (please ring)
Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 1 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may necessary during my treatment. I have listed below any procedures which I DO NOT WISH TO BE CARRIED OUT without further discussion.

X.................................................................................................................................

Patient's signature

X.................................................................................................................................Date.................................

Name (print)........................................................................................................

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signature........................................................................................................

Date........................................................................................................

Name (print)........................................................................................................

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Signed .............................................................................................................Date..................................................

Name (Print) ............................................................................................ Job Title..................................................

Important Notes (tick if applicable)

☐ See also advance directive/living will (e.g. Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/dated here).................................
Notes