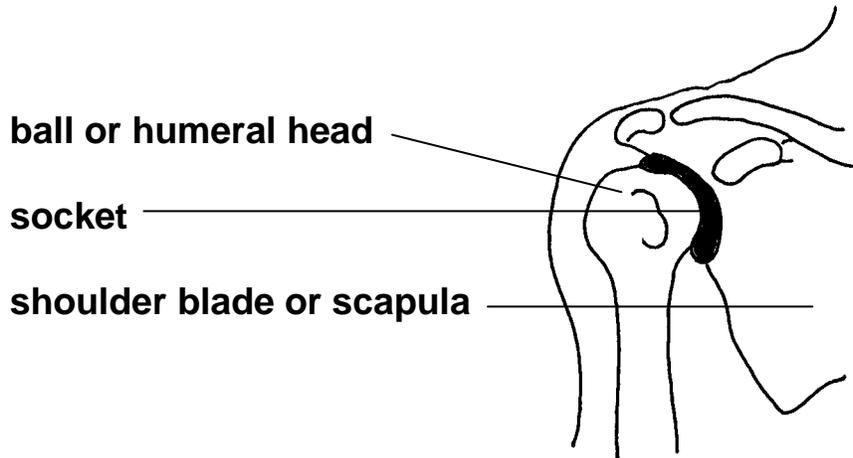


How does the shoulder joint work?

The shoulder is called a ball and socket joint. The top of the arm bone is shaped like a ball and called the humeral head. The humeral head fits into the socket called the glenoid. The glenoid is part of the shoulder blade or scapula. This joint allows you to move your arm in all directions.

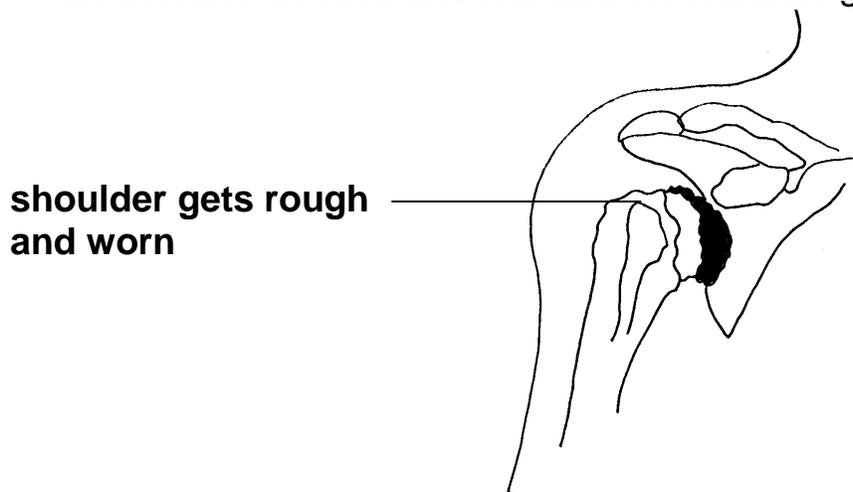


3 things help the shoulder joint work easily and without pain:

- the smooth coating over the ends of the bones called cartilage
- the slippery fluid inside the joint is called the synovial fluid
- the muscles and ligaments which support and move the shoulder

2 things make the joint hard to move:

- the smooth coating over the bones get rough and worn away
- the muscles weaken and tear and the shoulder gets stiff

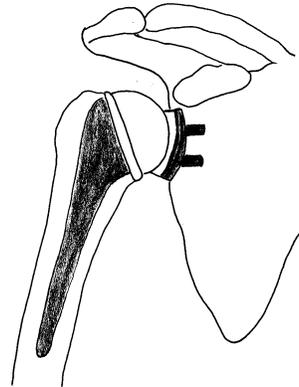


What is a total shoulder replacement?

Your doctor removes the old joint and puts in a new joint. This is called a total shoulder replacement or arthroplasty. Your new shoulder is made of metal and plastic. These new parts make the shoulder joint smooth again.

A new lining is placed in the worn socket. The lining is made of plastic. The damaged humeral head is removed and a new metal ball and stem is put in.

Some people only need the ball part of the shoulder joint replaced. This is called a hemiarthroplasty.



There are different types of shoulder replacements:

- a cemented stem type uses a special cement or glue to hold the new parts in place
- a non-cemented stem type has a special surface and does not need cement
- the socket is always cemented in

Your doctor will tell you what type of shoulder replacement you are having.

Why do I need a shoulder replacement?

You may have a shoulder replacement to:

- lessen your pain
- improve the function of your shoulder

What happens before surgery?

Follow the instructions given to you in the Pre-Admission Assessment Unit to get ready for surgery.

You will come to the Day Surgery Unit the day of your surgery. You will be prepared for surgery on this unit. The nurses will take your blood pressure and heart rate. You will have a thin tube called an intravenous or IV put in a vein in your arm. This is used to give you fluids and medication.

After you are ready for surgery, your friend or family member can wait with you until it is time for your surgery.

You will then be taken into the operating room. Before the surgery starts, the anesthesiologist may give you a nerve block in your neck to help decrease your pain after surgery when you wake up.

How long does the surgery take?

You will have a general anesthetic which means you will sleep during the surgery. The surgery takes 2 to 3 hours.

What happens after surgery?

After surgery you go to the recovery area where your blood pressure, pulse, and circulation are checked often. You will also be given pain control medication. Some people have nausea after general anesthetic. You may need medication to help nausea as well.

You will stay in the recovery room 1 to 2 hours. You will then go by stretcher or bed to the Nursing Unit.

Pain, discomfort and swelling

Before the operation starts, the anesthesiologist may put a thin tube called a catheter in your neck to block the nerves in your shoulder. This helps decrease pain during and after surgery.

After surgery, you may also use a **Patient Controlled Anesthesia Pump** or **PCA** for pain control. This pump gives you pain control medication when you push a button. It is a safe way for you to give yourself pain control medication when you need it.

When you no longer need the PCA pump or the nerve block tube, the nurse will give you oral pain control medication. Ask your nurse for pain control medication before you really need it. You should ask for pain control medication so you can do your exercises and therapy each day. The pain will lessen over time as you heal. Take your pain control medication before the pain gets too bad.

Use ice or cold packs to control pain and swelling. At home you can use cold packs or a bag of frozen peas. Throw the peas away after about 5 uses.

Put the ice or cold packs on for no more than 20 minutes at a time.

✘ Do not put the ice or cold packs directly on your dressing. Wrap them in a towel or cloth to prevent skin problems. Let your skin rest between cold treatments. In the first 24 to 48 hours after surgery, use ice or cold packs. If you have swelling after 48 hours keep on using ice or cold packs.

Positioning

When you are lying down, use 2 to 3 pillows to protect your joint. One to 2 pillows should be placed under the elbow and one across your chest. This decreases stress on the joint so it can heal.

Looking after your incision and washing

The nurse will check your incision while you are in the hospital and change the dressing when needed. If you have a drainage tube, the nurse will check and empty it. The drainage tube will be removed before you go home.

The incision is closed with staples or stitches and covered with a light dressing. For the first 10 days, you can take a bath if you are able to get in and out of the tub and bathe **without getting your dressing and incision wet**. Most people bathe at the sink.

The incision is closed with staples or stitches. These are taken out 10 to 14 days after surgery. The staples or stitches will be removed at your follow-up appointment in the Orthopedic and Arthritic Clinic at St. Joseph's Hospital. The dressing will also be changed at your follow-up appointment in the Orthopedic and Arthritic Clinic.

You can shower after 10 days even with the staples or stitches in place. The incision should be healed. Pat the area dry with a soft towel.

Getting dressed

Dress your operated arm first and undress it last. The occupational therapist may be asked to see if you if you have problems getting dressed.

Sling or other support

Use the sling for comfort. When your arm is in the sling, your hand should be higher than your elbow. If you remove the sling, support your arm with pillows for comfort. The physiotherapist or doctor will tell you when to stop using the sling.

It is important to take the sling off to exercise and move your arm as the physiotherapist showed you in the hospital.

Activity

You will begin to move your arm the day after surgery. You will use your non-operated hand to help your operated arm move. You will be encouraged to do your personal care such as washing, eating, brushing your teeth and brushing your hair to start using your arm.

Exercises

A physiotherapist will begin exercises the day after surgery. You will learn the exercises to do and how often to do them. You will begin with exercises that help you move the right way.

Avoid any lifting with your operated arm.

Be sure you talk to the physiotherapist before you leave the hospital.

The physiotherapist will make sure you know which exercises to do at home. You will need to continue physiotherapy after you leave the hospital.

How long will I be in the hospital?

You will be in the hospital 1 to 3 days.

Follow-up with surgeon

Before you leave the hospital, you will be given an appointment to see your surgeon in about 2 weeks in the Orthopedic and Arthritic Clinic at St. Joseph's Hospital.

Your surgeon will tell you how to increase your activity. Bring your questions to this visit.

Care at Home

Outpatient physiotherapy

You will start outpatient physiotherapy when you go home. You may come back to St. Joseph's Hospital for your physiotherapy or go to a local physiotherapy clinic. You will be contacted by telephone for an appointment as soon as possible.

You can decide to go to another place for physiotherapy. In this case, you must get a referral from your surgeon and arrange your own appointments.

Driving

Your surgeon will tell you when you can start driving again.

Community Care Access Centre or CCAC

Most people do not need any home care. If you need help at home, the CCAC Manager will visit you in the hospital to assess what services you may need. The CCAC Manager will arrange these. The patient may have to pay for some services.

Diet

You can follow your normal diet at home.

Exercise and activity

If you are feeling tired, plan to do activities that conserve your energy. Using paper plates and plastic utensils to avoid washing dishes is an example. Keep items you use often between shoulder and knee height within easy reach.

Keep from injuring your shoulder by:

- doing your exercises
- changing your position often
- stop doing any activity if you have pain
- support your arm if it is sore or tired

Return to work

This will depend on the type of job you do. Talk to your doctor about when you can return to work.

Sexual activity

You can return to sexual activity when you feel comfortable. Avoid any position that puts stress or pressure on your operated arm. ✘ Do not lean on your shoulder or elbow for the first 2 months after surgery.

Dental work or other surgery

Tell your dentist and other doctors that you have had a shoulder replacement. Your doctors will decide if you need antibiotic medication before treatment.

Contact your doctor if you have:

- increased redness around incision
- swelling or a change in shape of your shoulder
- yellow or green drainage from incision
- increased redness around the incision
- increased pain
- fever
- shortness of breath
- pain in the lower leg or calf

Your doctor may give you written instructions to follow.

Be sure to follow these and if you have any questions, contact your doctor.

