

## Patient Information leaflet **SHOULDER REPLACEMENT**

### **PROCEDURE**

In shoulder replacement surgery, the parts of the bones that rub together or have been broken are replaced with metal and plastic parts. The part that replaces the ball consists of a partial sphere made of metal. This partial sphere sits on top of a metal stem that fits down into the shaft of the upper arm bone. The part that replaces the socket consists of an oblong plastic disk with a cupped surface, which line the socket and replaces the damaged cartilage. The partial sphere fits into this cupped surface to re-create the joint. Different versions of shoulder replacement surgery are available, depending on your situation. For instance, sometimes it may be necessary to replace only the ball portion of the joint.

### **RISKS**

A total shoulder replacement is a major operation and there are some risks associated with it. We do not wish to over-emphasise the risks, but feel that you should be aware of them.

#### **COMMON [2-5%]**

**Pain:** The shoulder will be sore after the operation. If you are in pain, it is important to tell staff so that we can give you medicines to control the pain. Pain will improve with time.

**Persistent Pain:** Rarely pain will be long term. The shoulder may remain stiff.

**Swelling/hemarthrosis:** Sometimes there can be collection of blood in the joint or in surrounding tissues leading to bruising. In most cases body will absorb this. However if large and persistent, aspiration with a needle or further surgery may be needed

**Less than perfect movement:** This is to be expected! The operation cannot make the movement perfect. The level of movement gained after the operation depends mostly on the strength and quality of your existing muscles and can only be partially improved physiotherapy. The aim of the operation is to relieve pain and make your movement better but not perfect.

**Loosening/Revision surgery:** Because your shoulder replacement is an artificial joint wear occurs. This set up a reaction in the body, which can in time; cause the prosthesis to become loose. Most people's new joint last for up to 10-15 years this may require further surgery in the future.

#### **LESS COMMON [1-2%]**

**Superficial infection:** This means just the surface around the scar. A superficial infection will need treatment with antibiotics, maybe intravenously, but rarely causes serious problems unless it spreads to become a deep infection.

**Deep infection:** Deep infection can be serious. Signs of infection include fevers, chills and red/painful/hot wounds with discharge. Many precautions are taken to prevent this complication but it still occurs. Depending when it becomes infected it may require further operations to clear the infection and in worse case may require removal of the implanted artificial joint.

**Fractures:** can occur at the time of insertion of components and in this scenario may increase the immobilisation required or additional procedures to fix the fracture. In some patients fractures may occur in long term due to injury and may need to be managed with immobilisation or further surgery.

