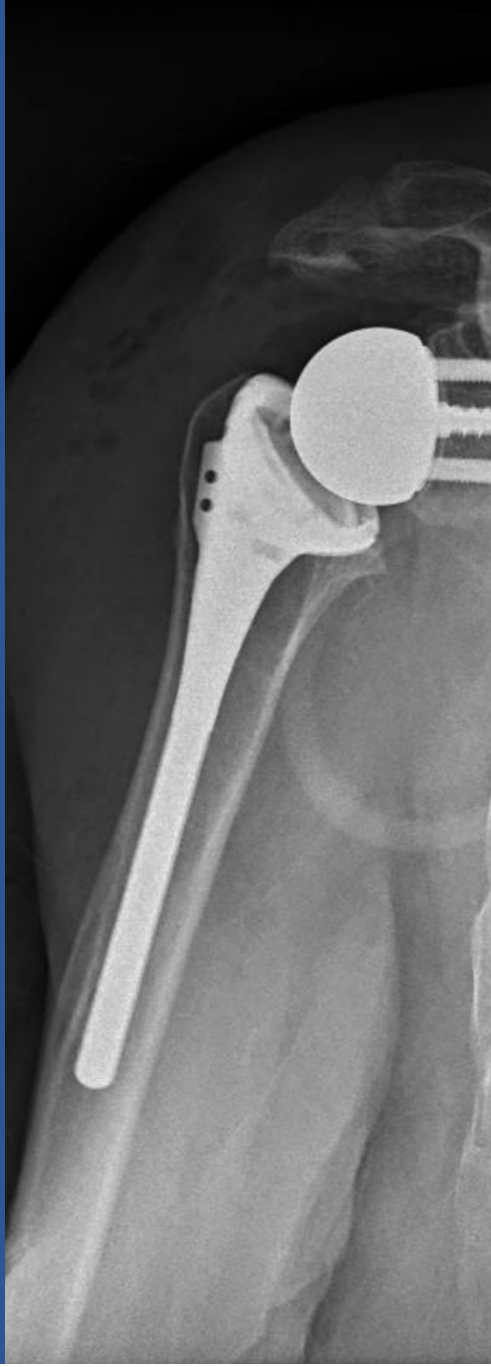
Total Shoulder Replacement



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General Information

This is a guide for your recovery journey following your Total Shoulder Replacement.

Mr Chung or other members of your care team may adapt the plan depending on you or your shoulder.

If you have severe pain, issues with your wound/dressing or any other health issues please **contact Mr Chung** or consider presenting to your nearest **Emergency Department**.

Total Shoulder Replacement

There are two types of types of total shoulder replacements: **Anatomical** and **Reverse**. Mr Chung will discuss and plan with you which is the best type of shoulder replacement for you.

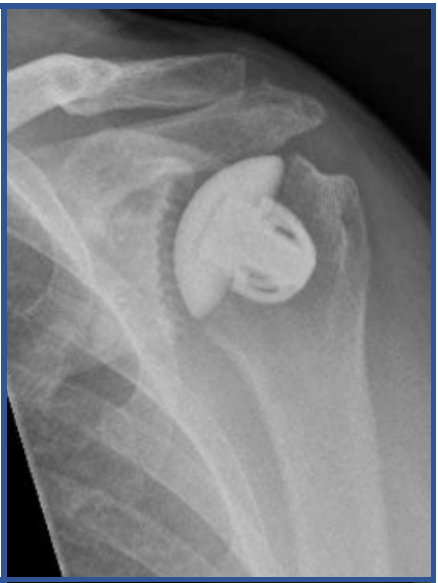
An **anatomical** shoulder replaces the worn out shoulder with metal and plastics parts but keeps your rotator cuff. If the rotator cuff is torn or dysfunctional then a **reverse** shoulder replacement is necessary where the ball and socket joint is swapped around. Interestingly the **reverse** type is the most common type making up 80% of shoulder replacement performed in Australia.

Anatomical TSR

Requires an **intact** rotator cuff

For:

Glenohumeral arthritis



Reverse TSR

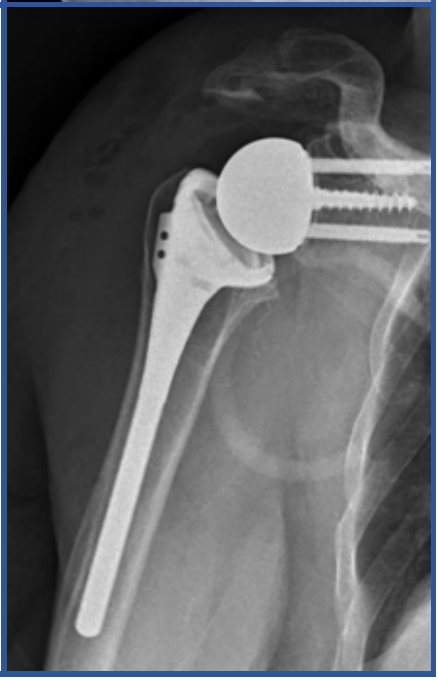
Does **not require** a rotator cuff

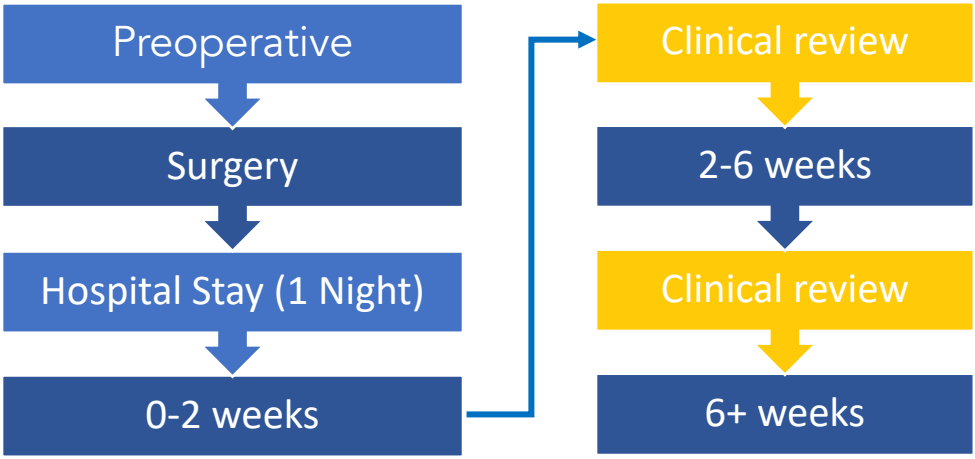
For:

Glenohumeral arthritis

Rotator cuff tears

Humerus Fractures





Preoperative

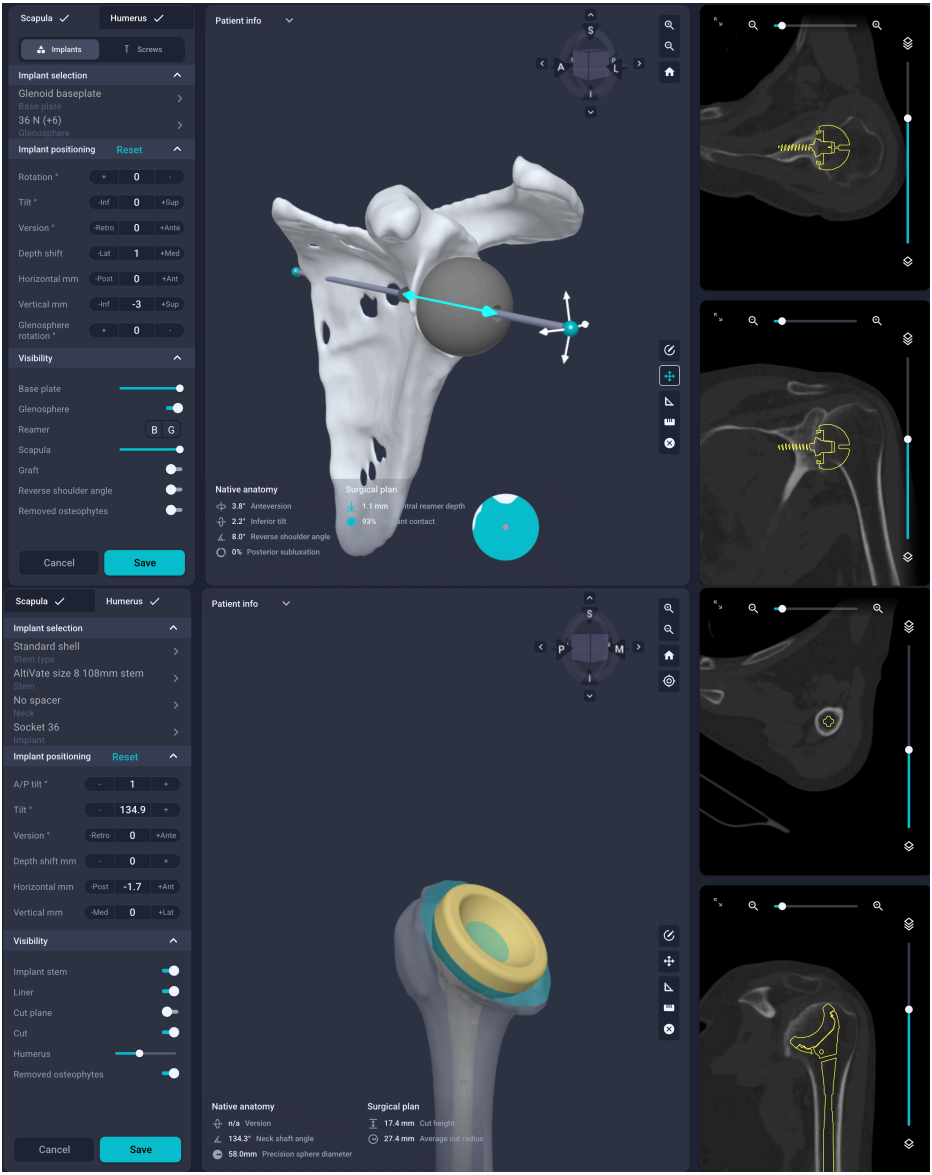
Once you have decided to undergo a Total Shoulder Replacement there are a few things you will need to do to prepare for the surgery. These include:

- A preoperative **CT scan**
- **Blood tests** (FBE, UEC, CMP, Vitamin D, Coags, G&H)
- A fitness for surgery **assessment**
- Continue doing shoulder **exercises** (as pain permits)
- **Designating** someone to drop you off and pick you up from the hospital

Before your Total Shoulder Replacement, please contact Mr Chung if you:

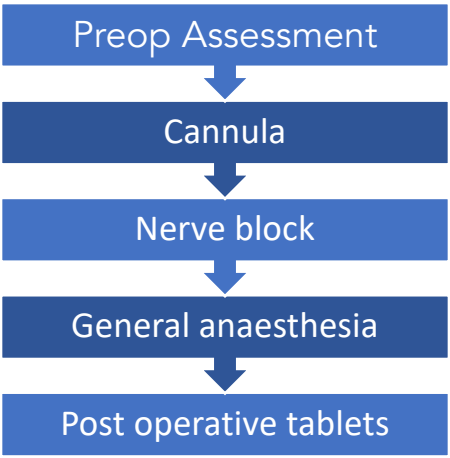
- Start a new medication
- Have developed a new health condition
- Have had a shoulder injection

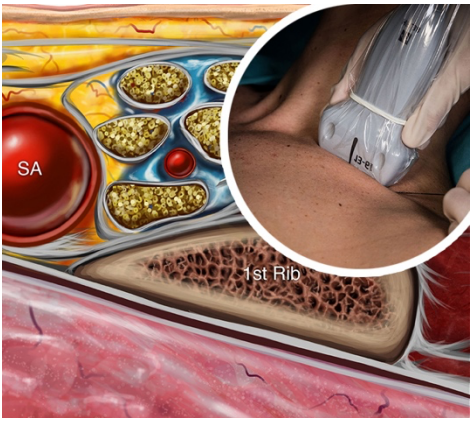
A Total Shoulder Replacement **should not be performed** within 3 months of a shoulder injection for risk of infection.


Scapula
Humerus
Implants
Screws
Implant selection
Glenoid baseplate
Base plate
36 N (+6)
Glenosphere
Implant positioning
Reset
Rotation °
Tilt °
Version °
Depth shift
Horizontal mm
Vertical mm
Glenosphere rotation °
Visibility
Base plate
Glenosphere
Reamer
Scapula
Graft
Reverse shoulder angle
Removed osteophytes
Cancel
Save
Patient info
Native anatomy
3.8° Anteversion
2.2° Inferior tilt
8.0° Reverse shoulder angle
0% Posterior subluxation
Surgical plan
1.1 mm
93%
Scapula
Humerus
Implant selection
Standard shell
Stem type
AltiVate size 8 108mm stem
Stem
No spacer
Neck
Socket 36
Implant
Implant positioning
Reset
A/P tilt °
Tilt °
134.9
Version °
Depth shift mm
Horizontal mm
-1.7
Vertical mm
Visibility
Implant stem
Liner
Cut plane
Cut
Humerus
Removed osteophytes
Cancel
Save
Patient info
Native anatomy
n/a Version
134.3° Neck shaft angle
58.0mm Precision sphere diameter
Surgical plan
17.4 mm Cut height
27.4 mm Average cut radius

Anaesthesia

Your anaesthetist is a specialised doctor who is vital to your total shoulder replacement. They ensure that you are completely asleep during your operation, medically safe and that your postoperative pain is well managed.





Nerve block

The best method of pain relief for during and after the operation is a nerve block (also known as regional anaesthesia). This allows us to use less general anaesthesia and post operative tablets.

A nerve block involves numbing the nerves that supply the shoulder and the arm. Your anaesthetist performs this procedure safely under ultrasound guidance.

When you wake up your arm will be numb and may not move, this is normal! This will last between 12 and 24 hours. As soon as you feel any tingling in your arm and hand ask your nurse for stronger pain relief before the nerve block completely wears off.

Surgery

Food

On the day of surgery you will need to fast from food and drink. Mr Chung or the hospital will provide you with fasting times prior to the day of your operation.

Fasting includes avoiding:

- Food
- Tea and coffee
- Chewing gum

Medications

Unless instructed otherwise, you should have your regular morning medications on the day of surgery with a sip of water.

If unsure please speak to Mr Chung about your medications prior to surgery.

Medications that we **may** withhold 2 days prior to surgery include:

- Rivaroxaban/Xarelto
- Apixaban/Eliquis
- Dabigatran/Pradaxa
- Warfarin/Coumadin
- SGLT2 Diabetic medication (Medications ending in -flozin)

Medications that **may** require altered dosing prior to surgery include:

- Blood thinning medication (Clopidogrel/Ticagrelor)
- Diabetic medication (oral and insulin)
- Immunosuppressants
- Mounjaro and Ozempic

Hospital Stay

Following surgery, you will wake up in the recovery suite to allow recovery from the anaesthesia. You will notice your shoulder has a dressing and your arm will be in a sling. You will then be transferred to the surgical ward. You can go home the next day when your pain is under control and you are eating and drinking.

Your first day in hospital may include:

- A review by a **Physiotherapist**
- An **X-ray** that Mr Chung will review
- An **injection** to prevent clots in your legs (DVT/PE)

Things that you are **allowed** to do straight away with your new shoulder include:

- Eating and drinking
- Using a mobile phone
- Using a computer

Things that you should **avoid** doing with your new shoulder for the first 6 weeks include:

- Lifting greater than 500g (no more than a cup of tea or coffee)
- Driving a car
- Using your arm to go to the toilet

Dressings

You should have a dressing on your shoulder at all times till the wound heals. This takes approximately 2 weeks and the dressing will be removed at your first clinical review. Dressing changes should be kept to a minimum to avoid the risk of infection.

If the dressing becomes wet or soaked with blood it will need to be changed. You are able to take a shower but you will need to change the dressing if it becomes soaked.

Sleep

Sleep can be difficult following a total shoulder replacement. When asleep our neck, scapula or arm can move and this can cause pain and a disrupted sleep.

Some solutions include:

- Sleeping on a recliner chair
- Avoid sleeping on the affected shoulder
- If sleeping on your back, place a pillow behind the shoulder and elbow
- If sleeping on the opposite shoulder hugging a pillow with your affected shoulder
- Taking medications before going to sleep
- Loosening or taking off your sling

Shoulder Sleeper Pillow

Mr Chung has **no financial or personal relationship** with this company or product. Nevertheless a lot of patients find that this pillow aids with their sleep by supporting the whole arm. This can be purchased before or after the procedure. TAC and Workcover may cover the cost of this pillow.

Exercises (0 – 2 weeks post surgery)

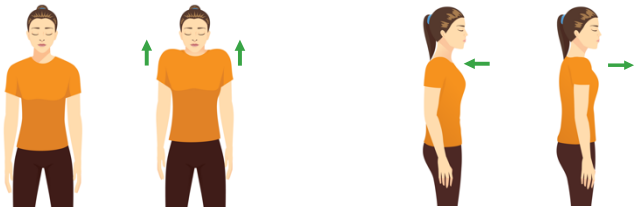
Your **sling** should be worn **most of the time** when resting, sleeping and when you are outside in public areas. You are allowed to **remove your sling** to take a shower, eat and drink and use a computer.

Exercises should be done for around **15 minutes** on **at least three** separate occasions throughout the day (after breakfast, lunch and dinner).

Scapula/Shoulder blade

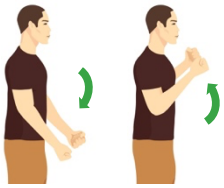
Elevate your shoulders towards your ear and hold for 10 seconds, relax and repeat 10 times

Retract your shoulders by pinching your shoulder blades together and holding for 10 seconds, relax and repeat 10 times



Elbow

Take your arm out of the sling straightening out the elbow completely then bring your hand towards your face, repeat 10 times



Wrist and Hand

Grip a stress ball and hold for 10 seconds, relax and repeat 10 times.

Writing and typing is encouraged to maintain wrist and hand dexterity.

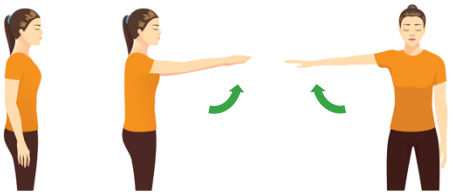
Exercises (2 – 6 weeks post surgery)

Building on from the previous exercises begin some movement exercises on your new shoulder. Avoid turning your arm out past your side (external rotation beyond 0 degrees).

Until you regain the strength in your new shoulder, use your other arm to assist your new shoulder with these exercises. Your goal is to lift your upper arm parallel to the floor by the 6 week post surgery period.

Shoulder Movement exercises (Isotonic)
Lift your arm forward and hold it there for 5 seconds, slowly lower it down, repeat 10 times.

Lift your arm out to the side and hold it there for 5 seconds, slowly lower it down, repeat 10 times.



Shoulder Static exercises (Isometric)
Standing facing the wall, place your hand on the wall and push against it, holding it for 10 seconds, relax and repeat 10 times.

Standing side on to the wall, place your forearm and elbow against the wall and push against it holding it for 10 seconds, relax and repeat 10 times.

Exercises (6+ weeks post surgery)

Exercises during this period will be tailored to your specific needs/goals. Mr Chung and your physiotherapist will work with you to figure out the right exercise program.

In general exercises during this period are about achieving more shoulder range of motion, building strength and achieving functional goals.

You are now able to lift up to 3kg between the 6 and 12 week postoperative period. In addition you may find exercises lying on your back to be helpful.

For your physiotherapist

Please contact Mr Chung with any questions

0-2 weeks – 500g lifting limit, sling, scapulothoracic, elbow, wrist and hand AROM

2-6 weeks – 500g lifting limit, sling
Shoulder – AROM Flex to 90, Abd to 90, ER to 0, IR to hip + Isometric strengthening
No resisted IR or ER strengthening
Elbow, Wrist and Hand – AROM

6-12 weeks – 3kg weight limit, unrestricted ROM, begin supine ROM exercises

12+ weeks – No further restrictions

FAORTHA
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Fellow of the Royal Australasian College of Surgeons

Monash Health Orthopaedic Surgery

MELBOURNE SHOULDER & ELBOW CENTRE