Professor Bijay Singh

Upper Limb, Trauma & Sports Medicine

FRCS (T&O), FRCS, MS, DNB, PG Dip
Visiting Professor, Canterbury Christchurch University
Visiting Professor, AIIMS Raipur

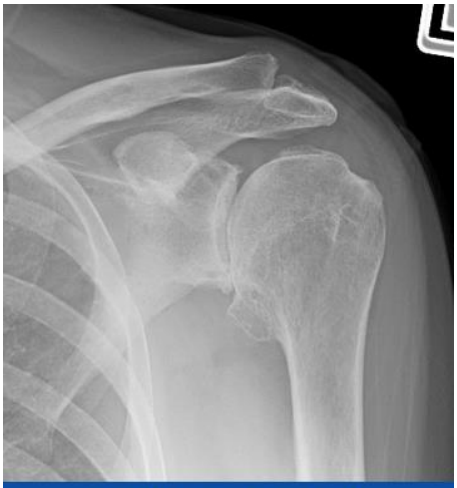
Personal • Precise • Proven • Shoulder to Finger

SHOULDER REPLACEMENT

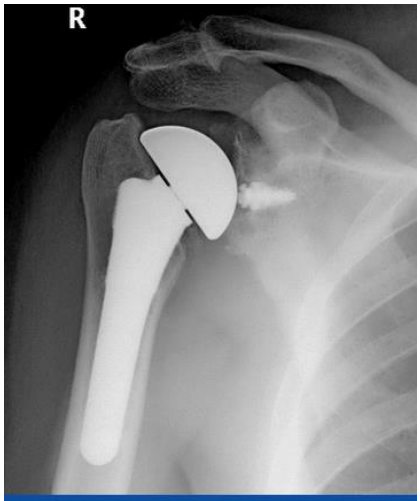
This leaflet provides general information to help you understand shoulder replacement surgery for pain and stiffness from a worn joint.

Replacing the worn joint surfaces to relieve pain and restore comfortable movement.

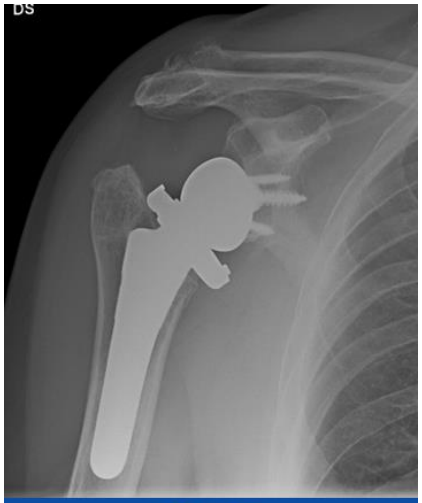
At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



HEMIARTHROPLASTY



TOTAL (TSR)



REVERSE

Videos of the surgery: https://www.youtube.com/c/ProfBijayendraSingh

This leaflet provides general information and does not replace individual medical advice.

Private Consulting Rooms

- **LIPS Healthcare London**
- **Spire Alexandra Chatham**
- **Practice Plus Gillingham**

Practice Manager

Kim White

07361 895875

secretary@kentorthopaedicpractice.co.uk

www.kentorthopaedicpractice.co.uk

Scan to visit our website

The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

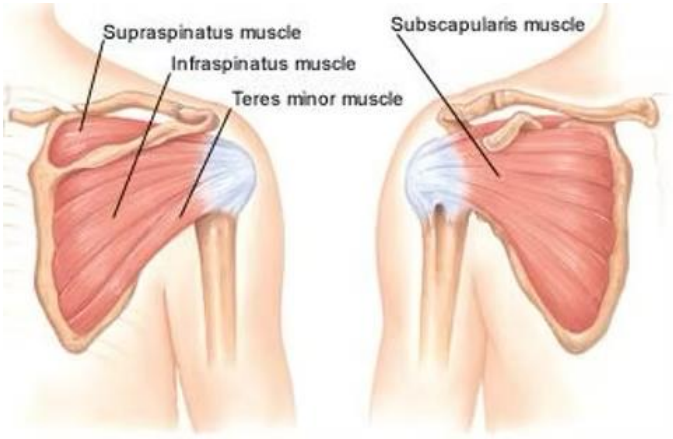
How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage



The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a "bumper" or suction cup that keeps the joint stable and prevents dislocation.

The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

About the Operation

Shoulder replacement is recommended when pain, stiffness or loss of function from a worn joint no longer respond to non-surgical care. The worn surfaces are replaced with a metal-and-plastic implant through an incision of about 14–15 cm at the front of the shoulder. The type is chosen to fit your joint and rotator cuff.

Benefits & Logic

The operation aims to:

- Reduce or eliminate pain from the worn joint
- Allow smoother, more comfortable movement
- Improve sleep, function and quality of life

The Procedure, Step by Step

The operation, step by step:

- about 15 cm incision at front of shoulder
- Damaged joint removed and bone shaped
- Implants inserted
- Wound closed in layers using dissolvable and nondissolvable sutures

Types of Shoulder Replacement

Hemiarthroplasty: *only ball is replacement (done infrequently)*

Total Shoulder Replacement: *ball and socket replaced, requires rotator cuff tendons intact and functioning well*

Reverse Shoulder Replacement: *ball and socket reversed when rotator cuff tendons damaged or absent*

Before, During & After Surgery

Before Surgery

- Fasting: no food for 6 hours, no drinks for 2 hours before
- Smoking: avoid for at least 12 hours before, to aid healing
- Medications: continue as advised by the pre-op team
- **Please read 'Preparing for Surgery'**

On the Day

- Admission: check in at main reception, then to your room
- Consultation: meet your surgeon and anaesthetist
- Preparation: timing and instructions are reviewed

Anaesthesia

- General anaesthetic with a nerve block that numbs the arm
- Nerve block alone (awake) if general anaesthetic is unsuitable

Recovery & Results

Recovery is a partnership. The timeline below is a guide — your physiotherapist and I will adapt it to you — **this shared decision-making process ensures you are fully informed and involved in your care.**

Recovery Milestones

- Sling: usually worn for a few weeks
- Gentle exercises: begin soon after surgery
- Recovery: steady improvement over 3–6 months
- Implants: designed to last many years

Results

Shoulder replacement is very effective for pain relief, and modern implants are durable. A hospital stay of a night or two is usual.

After Surgery

In the first weeks

Hospital: often as a day case, but may need overnight stay in hospital

Sling: worn for a few weeks to protect the shoulder, 2 – 4 weeks

Pain Relief: regular painkillers, tailed off as comfort allows

Physiotherapy: a structured programme guides your recovery

Follow Up: 2 – 6 weeks post op to monitor progress

Risks & Complications

Uncommon, but possible

Anaesthetic: complications are uncommon

Infection: 1 to 2 in 100uncommon; may need further treatment if it occurs

Stiffness: some stiffness is normal, improves with physiotherapy

Nerve / Vessel: injury is rare, less than 1%

Wear / Loosening: implants can loosen over many years and may need revision

Blood clots: In arms / legs or lungs is rare – high risk patients given prophylaxis

Persistent Pain: About 5 – 10% patients have this without a specific cause

Fracture around implant: Can happen at the time of surgery, 1 in 100

Residual weakness and instability: due to lack of muscle power or damage to tendon

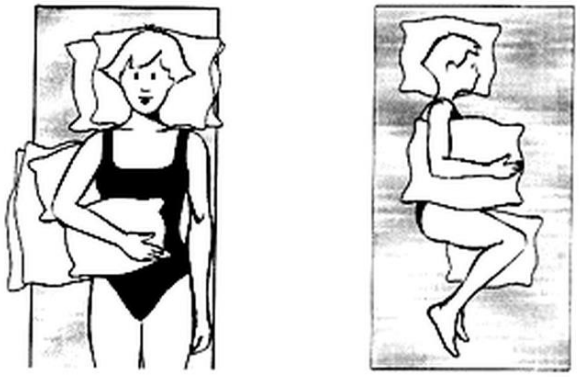
Return to activities: (Guidance)

This can be extremely variable and discuss with the surgeon. These are just guidelines.
Desk work 2 – 4 weeks; **Driving:** once safe and out of the sling, usually 6 - 8 weeks, **Manual Work**: 10 - 12 weeks, **Golf:** 12 – 16 weeks. **Sport is staged** — your physiotherapist will guide the timeline. A member of the team will discuss your specific plan.

Recovery Timeline & Sleeping

Recovery Timeline

Sleeping Positions



Prop up at first; when back in bed, use pillows to support the arm and avoid lying on the operated shoulder

Red Flags — When to Seek Urgent Help

Fever, spreading redness or discharge from the wound, calf pain or swelling, chest pain or breathlessness — seek urgent assessment. If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Key Points to Remember

- **Very effective for pain from a worn joint**
- **The implant type is matched to your shoulder**
- **A short hospital stay is usual**
- **Physiotherapy guides recovery over months**

Questions You May Wish to Ask

- **When can I take the sling off?**
- **When can I drive and return to work?**
- **How much improvement can I expect?**
- **What happens if I don't have surgery?**

Book or Enquire Directly at Each Site

LIPS Healthcare London	*02038709996*	*singh.admin@lips.org.uk*
Spire Alexandra Chatham	*01634 662866*	*alexandraselfpaypsc@spirehealthcare.com*
Practice Plus Gillingham	*01634 969045*	*Private.gillingham@practiceplusgroup.com*