



Total Shoulder Replacement

Copeland Surface Replacement Arthroplasty

The shoulder is a ball and socket joint with a large range of movement. The joint sometimes needs replacing. This is usually when severe arthritis affects the joint surfaces and the shoulder becomes painful and difficult to move.

The Operation

The main reason for this operation is to reduce the pain in your shoulder. The operation replaces the damaged surface of the ball of the joint (see pictures). This shoulder replacement called "the Copeland Shoulder" was developed at the Reading Shoulder Unit. Occasionally a different type of replacement may be used this may be a stemmed prosthesis. The doctors will discuss your individual surgery after the operation.

General Advice



You will usually be in hospital for about 2 – 3 days after your operation. Following your surgery you will be in a sling. This is for comfort only and you may take it off as you wish. A physiotherapist will see you in hospital to give you advice about using your arm and exercises. Outpatient physiotherapy will be arranged when you are discharged. Your arm will be painful at first and in the first three to four weeks you will be quite one handed which will significantly affect your daily activities. As your pain improves so will the amount you can use your arm. Driving and most light activities are usually possible four to six weeks after the surgery. However the strength in your arm will take longer to improve, and will be dependent on the amount of pain and stiffness you had prior to the surgery. A doctor or physiotherapist will discuss this with you.

Risks and Complications

As with all surgery there is a risk of some complications. These are rare, but you should be aware of them before your operation.

They include:

- Complications relating to the anaesthetics
- Infection
- Dislocation

- Bleeding
- Failure to achieve successful result
- Fracture of the arm bone or the acromion
- Unwanted prolonged pain and/or stiffness
- Damage to the nerves or blood vessels around the shoulder.
- Loosening and Wear
- Implant failure
- A need to redo the surgery / Need for revision

If you require further information please discuss with the doctors either in clinic or on admission.

What to expect

Following your operation, you will have a scar approximately 3 inches long on the front of your shoulder.

Your arm will be supported in a sling and a physiotherapist will teach you how to take it on and off to do your exercises. You will be in hospital for about 2-3 days.

General guidelines

Pain:

A nerve block is usually used during the operation which means that immediately after the operation the shoulder and arm may feel numb. This may last a few hours. After this your shoulder will be painful and this may last a few weeks. You will be given painkillers to help this whilst in hospital. These should be continued after you are discharged home.

Wearing a Sling:

You will return from theatre wearing a sling. This is used for the first 3 weeks following your operation. It is important that you remove the sling to exercise. You can stop wearing the sling as soon as you feel comfortable.

The Wound:

Keep the wound dry until it is healed. This normally takes 10 to 14 days. Your stitch is dissolvable and needs only to be trimmed at your clinic visit.

Driving:

This is usually possible after about three weeks, but will be dependant on your recovery.

Returning to work:

This is dependent upon your occupation. Light activities which involve using your arm in front of your body may be resumed after about three weeks, but if your job involves heavy lifting you will be off work for up to three months.

Leisure activities:

Gentle swimming and exercises in water can begin at 4 to 6 weeks, Golf at 6 weeks.

Follow up appointments:

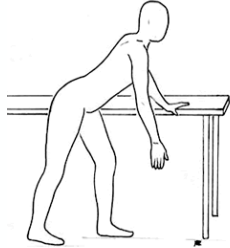
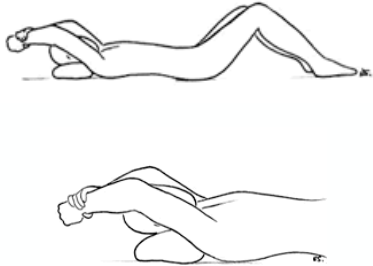
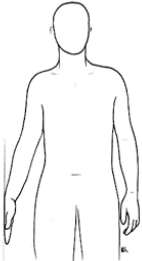
You will have an appointment to see the doctor/specialist physiotherapist three weeks after your operation.

Progress:

This is variable and dependent on the amount of movement and the strength of your muscles prior to surgery. Following discharge your pain will slowly decrease and you will become more confident. You will be able to use your arm in front of you for light activities. After six weeks your strength will start to improve.

Exercises:

You will start exercises on the first day after your operation. A physiotherapist will see you to teach you these and progress them. Outpatient physiotherapy will be arranged for when you are discharged.

	Stand. Lean forwards. Let your arm hang down. Swing your arm forwards and backwards. Repeat 10 times. (Shown for the right shoulder).
	Lying on your back. Support your operated arm with the other arm and lift it up overhead. Repeat 10 times. (Shown for right shoulder).
	Stand sideways with operated arm against a wall. Keep the arm close to your side, and push the hand against the wall, hold for 5 seconds. Repeat 10 times.
	Standing, with elbow flexed to 90 degrees, and held close to body, grasp the wrist of the affected arm with the good hand. Attempt to move the hand of the affected arm outward resisting the motion with the good hand. Keep the affected arm still. Hold 5 seconds. Repeat 10 times.



Standing with your back against a wall. Keep the arm close to side, elbow bent. Push the elbow back into the wall. Hold for 5 seconds. Repeat 10 times.



Appointments:

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For patient testimonials see website:

<http://www.readingshoulderunit.com/patient-information/feedback>

Industry Relationships

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Professor Levy has a professional relationship with the company that makes the Verso prosthesis. He helped design it and acts as their Chief Medical Advisor and Company Secretary. However, he does not receive any money, royalties, or financial rewards when this device is used. He holds shares in the manufacturing company in lieu of granting the patent. He is telling you this so you have full transparency. He and his team believe that the treatment offered is the best for your specific medical needs, but you are completely free to ask for an alternative or a second opinion

