Tel: 01325 380100 (DMH) and ask for your consultant's secretary

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County Durham and Darlington NHS
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Preparing for Shoulder and Elbow Surgery

A Patient's Guide

This booklet is intended to give you an idea of what is involved in undergoing shoulder or elbow surgery. It provides information to help your decision, with your surgeon, on whether surgery is the right treatment for **you**.

When your consultant offers you an operation, their decision is based upon their experience and expertise and numerous factors related to you.

You should also be aware, however, that:

- **Surgery should be considered to be the final option**
  Shoulder and elbow problems can be treated in many ways without having an operation. These include physiotherapy and exercises, medicines and injections or a change in activities. Surgery may be offered if these treatments are unlikely to help or have failed to improve your symptoms.

- **Surgery aims to improve your function**
  This occurs by reducing pain and helping you to move more efficiently. **You must have realistic expectations of surgery.**
  We perform surgery to enable patients to perform day to day activities. However, this may involve changing the way the shoulder or elbow works forever. It is **unusual** for the shoulder or elbow to be perfect when it comes out of bandaging or plaster and it may take 6-12 weeks to start to feel the benefit of the surgery. In some cases, it may be 12-18 months before the final outcome is appreciated.

Some of these complications can be fatal but this is fortunately extremely rare.

Although this is a fairly frightening list you should remember that planned, modern surgery is very safe compared with many activities we all encounter every day.

Finally, we hope this leaflet assists your decision making when it comes to your treatment and helps to separate the truth from fiction when it comes to shoulder or elbow surgery. Don't hesitate to discuss with your surgeon any questions you may still have after reading this booklet.

Internet sources of patient information you may find useful:

http://www.arthritisresearchuk.org/arthritis-information/surgery/shoulder-and-elbow-replacement.aspx

www.shoulderdoc.co.uk

Contacts

Complications related to the operation site:

- Bleeding, bruising, swelling (long term)
- Infection and wound breakdown
- Damage to blood vessels that may require surgical repair or result in poor circulation that may lead to loss of tissue at the arm or hand.
- Persistent tenderness or sensitivity near scars or ugly scars
- Damage to major nerves leading to absent, abnormal or painful sensations or local weakness or paralysis of the arm and hand.
- Complex regional pain syndrome (unpredictable pain, stiffness and circulation changes)

Your surgeon will discuss any complications that are specific to your procedure.

General complications

- Heart attack
- Stroke or mini-stroke
- Blood clots in leg veins (Deep Vein Thrombosis) or lung (Pulmonary Embolus)
- Stomach/ bowel ulceration (in response to ‘stress’ of surgery)
- Chest infection
- Allergic reaction to drugs or blood transfusion
- Temporary worsening of diabetes

- **You must take control of your treatment**
  You will need to follow all instructions given after your operation. Failure to do so can have detrimental long term consequences. Successful results require a contribution from the patient, as well as the surgeon and the hospital team.

- **The success rates of surgery are generally high**
  For some complaints, however, there may be no operation available to reliably improve your symptoms; in these cases surgery may carry unnecessary risks. Rarely, in cases of extreme suffering, you may be offered surgery even when the chance of success is poor. However, this would only happen after thorough discussion and your acceptance of this increased risk.

- **All surgery has risks**
  Your surgeon will talk you through the operation and the most relevant complications that could potentially occur. You should think about these and ask for clarification if you are uncertain about them. As surgeons, we aim to reduce complications as much as possible, but they still occur. This booklet includes a list of complications that could happen to you. They are fortunately not common, but, if you cannot accept the risk, do not have the operation.

Before Your Surgery

You will be asked about your general health and smoking status when you are put forward for surgery. A further pre-operative

clinic check-up is also required in order for you to undergo your operation. This can highlight any health problems that may put you at increased risk of complications. If these can be remedied or improved upon before surgery, then it may be appropriate to postpone your operation.

- **Smoking**
  If you are a smoker, you should seriously consider stopping completely before having a general anaesthetic and surgery. Smokers have more complications after surgery with a much higher risk of wound breakdown, wound infection, deep vein thrombosis (DVT) and failure of bony operations. The risk of complications and failure is so high after certain operations that your surgeon may be reluctant to perform it without evidence of you stopping smoking. If you wish to give up smoking, your GP can offer you help and advice on stopping smoking.

- **Oral Contraceptive Pill**
  The risk of Deep Vein Thrombosis (a blood clot in the leg) and pulmonary embolism (a blood clot in the lung) is higher in women taking oestrogen-containing oral contraceptive pills, even low dose oestrogen preparations. You should stop the pill a minimum of 4 weeks prior to elective surgery, and preferably 6 weeks before. If you do not know whether the pill you are on contains oestrogen, ask your doctor or clinic that prescribed it. You should also see them to get advice on preventing pregnancy whilst off the pill.

several days; your surgeon will determine when your wound is first re-dressed and/or inspected. This may be within the first week or at two weeks depending on the operation and the surgeon's clinic times. Plaster casts must remain dry at all times.

- **Driving**
  You will be informed by your surgeon when, from a medical view, you can return to driving. You must be satisfied that you are safe and can perform an emergency stop. Inform your insurance company about your operation after returning to driving.

- **Sport**
  Discuss this with your surgeon before returning to activity.

The risks of shoulder or elbow surgery

Your surgeon will explain the risks that are involved with your surgery. Occasionally, even operations with predictably excellent results can result in a poor outcome when a complication occurs. We cannot always predict which patients will get a complication, but we can look for the conditions that may increase the chances of a complication occurring, such as diabetes or smoking. It is for you, the patient, to decide what level of risk you are prepared to accept. Your surgeon will use their knowledge of your risk factors, the surgical procedure and their experience to help you make an informed choice as to whether to proceed with surgery.

When you get home

- Wear your sling as instructed and perform any exercises given to you by the physiotherapist at the frequency instructed.

- Only perform day to day activities that fall within the constraints given to you by the physiotherapist and your surgeon.

- Bruising is normal, as is some oozing of the wound(s). However, blue or white fingers, worsening pins and needles, or massive swelling needs urgent attention by medical staff. You should ring the ward where you had your operation, contact your GP or attend your nearest A&E department for an urgent assessment.

Other aspects of your care include:

- **Pain relief**
  Take these regularly (as prescribed); you may need them for several weeks after surgery (very variable). Discuss with your GP if you encounter any side effects

- **Dressings and wound care**
  Keep your bandages clean and dry. Do not tamper with the dressings. The initial dressings are usually left on

- **Hormone Replacement Therapy (HRT)**
  HRT contains lower levels of oestrogen than the oral contraceptive but may still increase the risk of DVT. It is recommended that you stop HRT for four weeks prior to your operation date if there are increased risk factors for DVT(eg previous DVT or family history). If, however, the effects of stopping are too unpleasant, you may restart it, but we will then prescribe medication to help reduce the risk of DVT. These will start on the day of surgery and continue until you are mobile.

- **Other Medicines and Allergies**
  Some medicines cause problems with anaesthesia and surgery. Some hospital drugs may be used routinely to which you may be allergic. You must bring a list of all medications and non-prescription medication to the Pre-operative assessment clinic. Please inform us of any allergies you may have.

- **Extra help you will need after surgery**
  Plan to rest; you may be far less mobile than normal for some time. Ensure you have friends or family to help as necessary. If you live alone, you will need to consider help with certain tasks like shopping and preparing meals. Will you be able to negotiate your house/ stairs with a sling ? Inform the clinic as soon as possible about your needs and the necessary help can be arranged.

Before Admission

At the **Pre-operative assessment clinic** you will be asked many questions about your health. Tests will also be arranged as appropriate but typically include blood tests, heart tracings and X-rays. Occasionally the clinic highlights health problems that require further specialist tests and/or treatment to be carried out, necessitating a postponement of surgery. Although this causes frustration for everybody it cannot be avoided and is clearly in your long term interest.

On the Day of Admission

Usually you will be admitted on the day of surgery to the Surgical Admission Unit (SAU) or equivalent, depending on whether you are attending Darlington Memorial Hospital, or Bishop Auckland Hospital. If you have difficulty arriving early in the morning, on the day of surgery, then we need to know in good time to prevent a delay to the start of the operating list.

Some patients with certain health problems may need to be admitted the day before surgery. If this is necessary, you will be informed at your Pre-operative assessment clinic.

The Operation

Your surgeon and anaesthetist will see you before the operation. The surgeon will answer any further questions you may have, take verbal and written consent for the procedure, if not already obtained, and mark your arm. The anaesthetist will discuss their role and the options specific to your surgery; this includes general and/or local anaesthetic (numbing injections) as well as post-operative pain control. Local anaesthetic nerve blocks around the

shoulder and elbow have greatly improved the experience of patients in recent years and may last for up to 24 hours. You are advised, however, to start regular pain killers well before it wears off.

At the time of surgery you will leave the ward and be taken to a ‘holding bay’ in the theatre suite for safety checks. Staff will then take you to the anaesthetic room, next to the operating theatre.

After the operation, your shoulder or elbow will either be bandaged or in a plaster cast. You will wake up in the ‘recovery room’ before being returned to the ward once you are awake and comfortable.

After the Operation

When in bed, you may be instructed to keep your arm elevated in a sling beside the bed. The nurses and physiotherapy staff will assist you. They will also provide further advice for when you are at home, especially if you still have a numb arm from the anaesthetic. You will not be discharged until it is safe to do so.

Increasingly, shoulder and elbow surgical patients are discharged home on the same day of surgery. This depends upon the patient, the type of surgery or anaesthetic undertaken and the surgeon’s preferences. You should be informed at your Pre-operative assessment clinic so that you know what to bring with you on the day of surgery. Please organise transport home as you will not be allowed to drive.