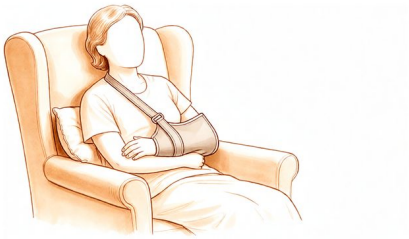
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Shoulder Arthroplasty for Acute Proximal Humerus Fracture



Treatment of a complex shoulder fracture with a replacement.

At-a-glance recovery. Pooled from 80 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3-6 months**	**12-24 months**
Return to light activities and desk work typically occurs within 2 to 6 weeks, with early range of motion often initiated immediately post-op.	Return to manual work and full strength typically occurs within 3 to 6 months as tuberosity healing and muscle strength improve.	Pain relief and functional plateau are typically achieved by 12 to 24 months, with long-term outcomes stabilizing after this period.

Why this operation has been suggested

Shoulder replacement surgery for a broken upper arm bone is typically offered to older adults with complex fractures that cannot be fixed with plates or pins alone. Your surgeon may have recommended this because initial non-surgical care did not provide enough improvement, or because your specific fracture pattern makes joint preservation unlikely to succeed. This approach is often considered when the bone fragments are too damaged to heal reliably with standard fixation methods.

The main goal is to relieve pain and restore function. Evidence shows that this procedure can provide satisfactory long-term pain relief, though shoulder motion results are less predictable. For elderly patients, healing the attached muscle tendons (tuberosities) to the implant significantly improves both strength and daily function. While non-operative treatment is common, surgery may offer better functional outcomes and lower complication rates for those with severe, displaced fractures who need to regain independence quickly.

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Before the operation

You must fast before your surgery. Arrange a ride home and bring a list of your current medications. Wear comfortable clothing. Your surgeon may order X-rays, blood tests, or an MRI. These checks help plan your care and ensure you are safe for anesthesia. Anesthetic review is also common. Most patients with this fracture do not need surgery, but if you do, preparation is key. Your team will guide you on stopping specific medicines. This ensures a smooth start to your recovery.

On the day

You will arrive at the hospital early in the morning. Your surgeon will confirm your identity and mark the correct shoulder. You will meet your anaesthetist in a quiet room before the operation. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block, an injection that numbs the nerves supplying the arm before you wake up, provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

You will then be taken into the operating theatre. Your surgeon makes a single conventional incision over the shoulder to access the fracture. This open approach allows direct repair of the broken bone fragments. Once the procedure is complete, you will be moved to the recovery area. Nurses will monitor your vital signs and pain levels as you wake up. The nerve block will keep your arm comfortable during this initial period. You will rest here until you are stable enough to return to a hospital room or go home, depending on your recovery plan.

What the operation involves

Your surgeon makes a single cut about 8 to 10 cm long over the front of your shoulder. This open approach gives clear access to the broken bones. You will not see any small keyhole cuts or scopes. The surgeon works directly through this one opening to fix the injury.

Inside, your surgeon addresses the complex fracture of your upper arm bone. If you are having a reverse shoulder replacement, the surgeon removes the damaged ball of the shoulder joint. They replace it with a metal ball and a plastic socket. This new design helps your shoulder muscles lift your arm even if the bone fragments are unstable.

A critical part of this surgery is fixing the soft tissue attachments. Your surgeon carefully reattaches the tuberosities, which are small bone bumps where your shoulder tendons connect. They use screws or wires to hold these pieces in their correct spots. Getting this alignment right is vital for your future movement.

If you are having a hemiarthroplasty, or partial joint replacement, the surgeon replaces only the damaged ball. They leave your natural socket intact. In some cases, they may use a special nail and plate system inside the bone shaft to provide extra support for the broken fragments.

Once the bones and tendons are secured, your surgeon closes the cut. They use stitches or staples to bring the skin edges together. A sterile dressing is applied to protect the area. The entire procedure is performed in one session under general anesthesia, allowing your surgeon to complete all necessary repairs before you wake up.

After the operation

You will wake up in the recovery ward. Your surgeon will manage your pain using standard methods. You will have a sling, dressings, and possibly a brace on your shoulder. Keep the area dry and clean as instructed. You must have someone stay with you for the first 24 hours to help you. Most patients stay one night in hospital after this operation, though some are able to go home the same day. This is an open surgery with a single incision over the shoulder. You must not drive for at least SIX WEEKS after any shoulder operation, regardless of which arm was operated on. Patients in a sling must NOT drive. Once your surgeon clears you, typically at the six-week review, you may resume driving. See Driving after upper-limb surgery for more details.

Recovery

You will have a single incision over your shoulder. In the first few days, pain and swelling are normal. Your arm will feel heavy and stiff. Ice packs and prescribed medication help ease this discomfort. Keep your arm in the sling as directed by your surgeon. This protects the healing tissues while you rest.

As the swelling settles, you will begin gentle physiotherapy exercises. These movements restore basic shoulder function without straining the repair. You will learn how to dress and perform daily tasks with one arm. Sleep may be difficult at first; propping yourself up with pillows often helps. Your surgeon and physiotherapist will guide your pace. Your timeline may differ from others.

You must not drive while in a sling. Your surgeon's policy requires no driving for at least six weeks after any shoulder operation, regardless of which arm was operated on. You can drive once your surgeon clears you, typically at the six-week review. See Driving after upper-limb surgery for more details.

Long-term recovery focuses on regaining strength and range of motion. Most patients experience satisfactory pain relief over time. However, full shoulder motion can be less predictable. Consistent exercise is key to your success. Trust the process and follow your care team's advice closely.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Pain and Healing Issues You might notice that shoulder movement remains stiff or limited over time. This is common because motion results are less predictable after this surgery. If you have an elderly patient profile, healing of the bone fragments (tuberosities) is key to getting your strength back. Poor healing here can lead to

ongoing weakness or pain. You should report any persistent stiffness or lack of progress during your follow-up visits.

General Health Risks Because this injury often affects older adults, your overall health plays a big role in recovery. You may be at higher risk for serious medical issues after the injury, including a higher risk of death within one year. This risk is higher than in the general population and exists regardless of other specific health factors. You might also face a greater-than-average risk of mortality for your age if you were frail before the injury. Be honest with your team about your general health history so they can support you best.

Hospital Readmissions You might need to return to the hospital unexpectedly after going home. Most of these unplanned readmissions are linked to medical problems rather than the shoulder itself. If you feel generally unwell, have fever, or experience new medical symptoms, contact your doctor immediately. Do not assume it is just shoulder pain.

Surgical Complications There is a risk of complications happening while you are still in the hospital. These are more likely if you have a reverse shoulder replacement compared to other methods. Complications can include infection, bleeding, or issues with the bone healing. You may feel increased pain, redness, or swelling at the incision site. If you notice these signs, tell your nurse or doctor right away. While surgery for complex fractures leads to good long-term results for many, it also carries a higher chance of needing another procedure. Keep your recovery appointments so your surgeon can check for these signs early.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing wound redness, or discharge. Go to emergency if you feel sudden severe pain, calf swelling, or shortness of breath. Seek urgent care for loss of sensation or inability to move your limb. These signs need immediate assessment.

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COMPLICATIONS & CONSENT

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Complication rates from published literature

Pooled from 80 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
tuberosity nonunion	**9.6-36.8%**	High variability reported; rates range from 9.6% in meta-analyses to 36.8% in specific systematic reviews of RSA.
acromial fracture	**4-9.4%**	Stress fractures of the acromion or scapular spine reported in 4% to 9.4% of RSA cases.
revision surgery	**3.4-15%**	Revision rates vary from 3.4% to 15%, often driven by instability, infection, or loosening.
pulmonary embolism	**1.7%**	Rare but serious complication; reported at 1.7% in one systematic review.
infection (deep)	**1.6-6.8%**	Deep infection rates vary by study, with some reporting as low as 1.6% and others up to 6.8% in RSA cohorts.
periprosthetic fracture	**1.6-11.9%**	Includes intraoperative and postoperative fractures; rates vary by study and fixation method.
hematoma	**1.6-13.5%**	Postoperative hematoma rates range from 1.6% to 13.5%, sometimes requiring drainage.
instability/dislocation	**1.5-10.2%**	Instability rates range from 1.5% to 10.2%, often requiring revision surgery.
nerve injury	**0.64-1.3%**	Overall nerve injury rate is approximately 1.3%, with axillary nerve injury being the most common specific type.
scapular notching	**0-40%**	Wide range reported (0-40%) depending on implant design and follow-up duration; common in RSA.
glenoid loosening	**0-19%**	Loosening rates vary widely; up to 19% reported in older aTSA studies, lower in RSA.

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I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME	SIGNATURE	DATE

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