CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Total Shoulder Arthroplasty

A total shoulder replacement: a metal ball is fixed to the upper arm bone and a plastic socket is anchored to the shoulder blade — recreating the natural ball-and-socket shape.

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	**6-12 months**	**12-24 months**
Return to desk work and light activities typically occurs within 2 to 6 weeks postoperatively.	Return to sports and manual work is generally possible between 6 and 12 months, with strength continuing to improve up to 12 months.	Maximum functional recovery and plateau of strength typically occur at 1 year, with continued subtle improvements up to 2 years.

Why this operation has been suggested

Total shoulder arthroplasty, also known as joint replacement, is a surgery to fix a damaged shoulder joint. Your surgeon likely suggested this because you have wear-and-tear arthritis or instability that has not improved with non-surgical treatments like physical therapy. Most patients with these issues see continued improvement in function and pain relief after the procedure.

This operation is typically offered to patients who need better stability and range of motion. While outcomes are similar for men and women, your surgeon may consider your age and specific shoulder factors when recommending the type of replacement. The main goal is to relieve pain and restore your ability to move your arm freely.

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Before the operation

You will need to fast before your surgery and stop taking certain medications as your surgeon instructs. Please arrange for a trusted person to drive you home and wear comfortable clothing on the day. Your surgeon may order X-rays, MRI scans, blood tests, or an anaesthetic review beforehand. These checks help your team understand your bone quality and overall health to plan your care safely. You should bring a complete list of all current medicines to your appointment. This preparation ensures you are ready for your single incision surgery and supports a smooth recovery.

On the day

You will arrive at the hospital and meet your anaesthetist 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.

Your surgeon will perform the procedure through a single open incision over your shoulder. You will then move to the recovery area to wake up safely. Most patients find the initial hours manageable with the help of the nerve block. You will stay in recovery until your team confirms you are stable and comfortable.

What the operation involves

Your surgeon will make a single cut over the front of your shoulder to access the joint. This open approach allows direct work on the shoulder structures. Inside, the surgeon removes the worn-out joint surfaces and replaces them with metal and plastic parts to restore smooth movement. If you have a torn rotator cuff, the surgeon may repair it by reattaching the frayed tendon back onto the bone using small anchors.

The surgeon secures the new joint components to your bone to ensure they stay in place. Once the replacement is set, the cut is closed with stitches. Your surgeon will then apply a dressing to protect the area. While robotic-assisted options exist, this procedure is performed using standard surgical techniques. The specific type of implant and approach chosen depends on your shoulder's condition and your surgeon's assessment.

This operation is designed to relieve pain and improve how you move your arm. For some patients, the surgeon may use a reverse total shoulder replacement, which changes how the joint works compared to a standard replacement. The choice between these types depends on whether your rotator cuff is intact or torn. Your surgeon will select the method that best fits your needs.

After the operation

You will wake up in a recovery ward where your pain is managed with general medications. Your shoulder will be wrapped in a dressing and supported by a sling or brace. You will not be alone; someone must stay with you for the first 24 hours. Most patients stay one night in hospital after this operation, though some are able to go home the same day. Your surgeon uses a single open incision over the shoulder site. Early movement is safe and helps your recovery. You will begin gentle exercises to improve your motion and strength.

Recovery

In the first few days, you will feel soreness and swelling around your shoulder. This is normal as your body heals from the open incision made over the joint. Your surgeon will guide you on using ice and medication to ease this discomfort. You will wear a sling to protect the shoulder while it settles.

Your daily routine will focus on gentle movement and specific exercises prescribed by your physiotherapist. You will start with simple motions to restore range of motion while avoiding heavy lifting or sudden pulls. As the swelling goes down, you will gradually increase your activity. You can expect to return to sports and recreational activities once your shoulder feels stable and strong.

Recovery is a personal journey. Your timeline may differ from others, and your surgeon and physiotherapist will guide you through every step to ensure the best outcome for your shoulder.

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.

If you have had shoulder instability before, you might notice that your shoulder feels better over time, but it could still feel a bit loose. If you need a second surgery to fix a previous one, you may feel a clicking or grinding sensation if the joint becomes unstable again. This is a common challenge after revision surgery.

You might notice sudden swelling, redness, or warmth spreading from your wound. These signs can mean an infection is starting. If you see these changes, call your clinic right away. Do not wait for your next appointment.

If you feel a deep, throbbing pain that does not ease with simple painkillers, or if your shoulder suddenly looks deformed, you may have a fracture. This is more likely if you are over 90 years old or live in an area with high social deprivation. Go to the emergency department immediately if this happens.

Some patients feel a sudden pop or a feeling that the joint has slipped out of place. This is called dislocation. If you experience this, you need urgent medical attention to put the shoulder back in place.

If you are taking testosterone, you might notice signs of infection or need another surgery sooner than expected. If you have weak bones, your surgeon may prescribe medicine to help prevent the implant from loosening. Without this treatment, the implant could become loose over time.

If you are very active and play sports that put high demands on your shoulder, you might find it hard to return to those activities. Your shoulder may feel tired or painful after trying to lift heavy things.

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

When to call us

Call your surgeon if you develop a fever, increasing redness or discharge from your wound, or sudden severe pain. Go to the emergency room immediately for calf swelling, shortness of breath, loss of sensation, or if you cannot move your arm. These signs need urgent assessment to protect your recovery.

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COMPLICATIONS & CONSENT

Total Shoulder Arthroplasty

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
Stress shielding	**36.4%**	Radiographic finding associated with stem length and alignment; clinical impact varies.
Rotator cuff tear	**5.6-29%**	Progressive rotator cuff insufficiency or tear can develop after TSA, potentially leading to pain, weakness, or instability; severe cuff failure may require conversion to reverse shoulder arthroplasty.
Revision rate	**3.2-41.2%**	Approximately 5-10% may require revision surgery within 10 years for various reasons.
Nerve compression syndromes	**3-5%**	Approximately 3-5% develop carpal or cubital tunnel syndrome postoperatively; the majority improve once the arm is out of the sling.
Loss of motion or stiffness	**1.5%**	Some patients develop adhesive capsulitis or significant stiffness (approximately 2-5%) requiring manipulation under anesthesia or capsular release.
Dislocation or instability	**0.91-30%**	Risk factors include subscapularis insufficiency, rotator cuff deficiency, component malposition, or inadequate soft tissue tensioning.
Infection	**0.71-1.9%**	Deep infection requiring multiple washouts, prolonged antibiotics, and potentially component removal with staged revision; risk is higher in diabetes and immunocompromised states.
Neurological complications	**0.7-2.4%**	The axillary nerve and musculocutaneous nerve are most at risk; most are temporary neurapraxias recovering within 3-6 months.
Periprosthetic fracture	**0.46-1.40%**	Intraoperative fractures occur during humeral preparation or component impaction particularly in osteoporotic bone; late fractures can occur after falls.

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COMPLICATION	REPORTED RATE	NOTES
Glenoid component loosening	**0.45-24%**	The most common long-term complication occurring within 10 years; may cause pain, clicking, or functional decline requiring revision surgery.
Hematoma	**0.3-15%**	Incidence varies; higher rates reported in revision cases.
Medical complications	**0.18-1.4%**	Systemic complications including pulmonary embolism, myocardial infarction, stroke, or pneumothorax are rare.
Humeral component loosening or subsidence	—	Stemless designs preserve bone stock but loosening or subsidence can occur particularly with poor bone quality or early overloading.
Conversion to reverse shoulder arthroplasty	—	Approximately 3-8% of patients may require conversion within 10 years due to rotator cuff failure, glenoid loosening, instability, or progressive arthropathy.
Component failure	—	Polyethylene wear, humeral component disassembly, baseplate failure, screw breakage, or glenoid component fracture may occur over time.
Persistent pain or dissatisfaction	—	Some patients experience residual symptoms such as pain radiating into the neck, difficulty lying on the operated shoulder, or clicking sensations.

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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