



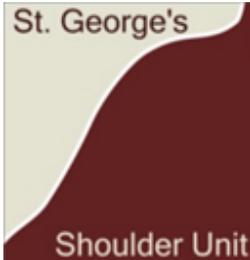
Outstanding care  
every time

**NHS**

St George's University Hospitals  
NHS Foundation Trust

# St George's Upper Limb Unit

## A guide to your surgical journey



St George's Upper Limb Unit is a world class shoulder and elbow orthopaedic unit in South West London working in conjunction with South West London Elective Orthopaedic Centre (SWLEOC)

**Patient Name:**

**Surgeon:**  
**Surgery:**

**Date listed for surgery:**  
**Date of surgery:**

**Estimated length of stay:** day surgery / in-patient stay

This booklet has been designed to assist you with the preparation for and recovery from your shoulder surgery. To enable you to get the most out of your surgery, we would encourage you to use the information discussed in this booklet along your journey.

## St George's Upper Limb Unit

St George's Upper Limb Unit is dedicated to the treatment of shoulder and elbow problems and it serves the local community as well as the region as a tertiary referral centre.

St. George's Upper Limb Unit is recognised nationally and internationally. Surgeons, Advanced Physiotherapy Practitioners (APP) and a highly specialised upper limb physiotherapist work closely as a multi-disciplinary team to provide the highest level of patient care - please visit

[www.sgsu.co.uk](http://www.sgsu.co.uk)

### Meet the team



Professor Duncan Tennent FRCS



Gemma Shearer (APP)



Mr Yemi Pearse FRCS



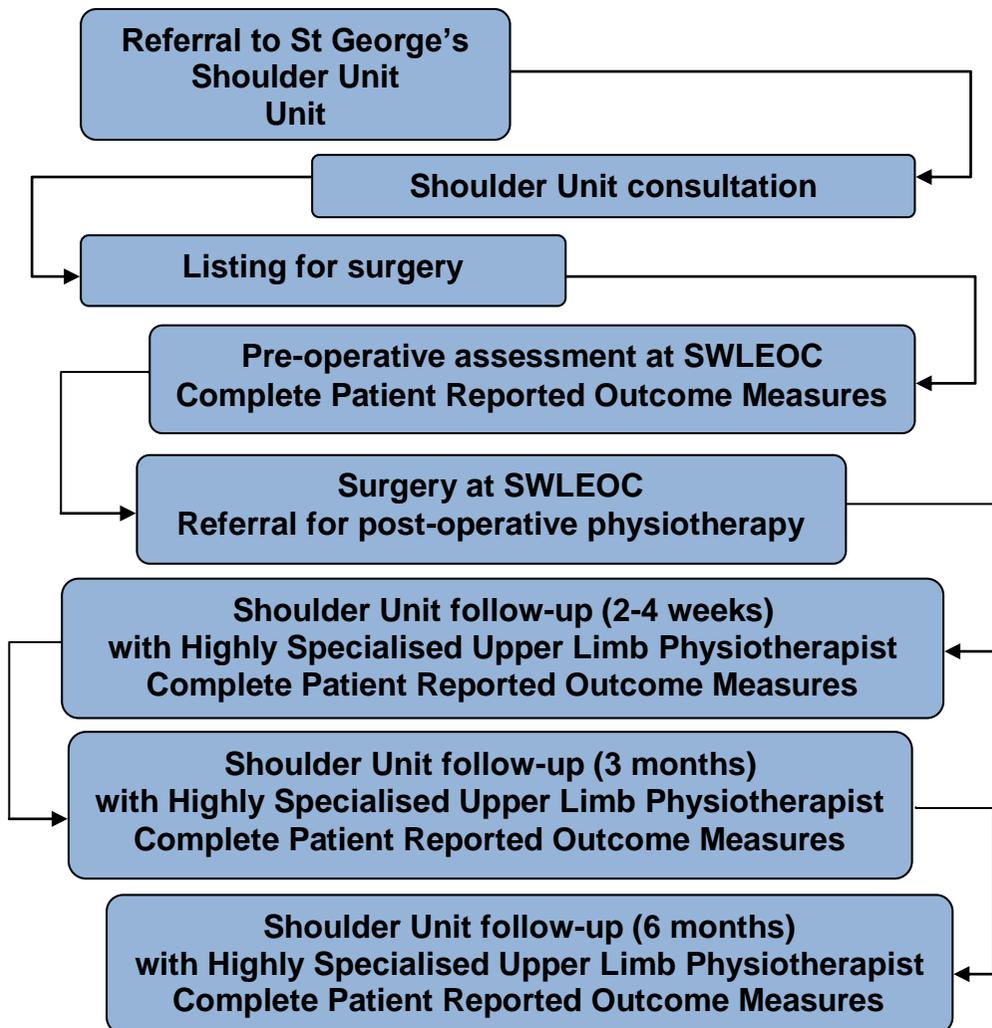
Simon Nicole (APP)



Mr Magnus Arnander FRCS

Highly Specialised  
Upper Limb Physiotherapist

# Patient Surgical Journey Pathway



## Your journey

Please add your appointments below to guide you through your post-surgical journey.

Pre-operative Assessment:

	St George's Shoulder Unit appointments
1.	
2.	
3.	
4.	

	Physiotherapy appointments
1.	
2.	
3.	
4.	
5.	
6.	

## Pre-surgery

### Listing for surgery

Following discussion with your surgeon or Advanced Physiotherapy Practitioner (APP), you are fully aware of the treatment options available to you and you have chosen to be listed for shoulder surgery. The aims of all operations are to reduce pain and to improve the function of your shoulder.

### Risks of surgery

It is important you are aware of the risks of surgery. These will have been discussed with you before you agreed to be listed and will be discussed again when you consent to surgery.

The most significant risks are outlined below:

Failure of the procedure to relieve symptoms: 5-20%

Superficial infection (requiring antibiotics): 0.16%

Deep infection (requiring further surgery): 0.02%

PE (Pulmonary Embolus) (blood clot in the lung): 0.13%.

In this case, blood thinning medication is required for several months. PE can rarely result in death.

DVT (Deep Vein Thrombosis) (primarily affecting the leg): 0.14% - Blood thinning medication is required for several months.

Nerve Injury: 0.01% - Usually temporary. Can cause weakness around the shoulder with loss of function and is rarely permanent

Heart attack: 0.02%

Death: 0.005% (1:50,000)

To put this into context, a risk of 0.1% means that 1 in 1,000 people will suffer the complication.

## What are the side-effects of surgery?

Most people undergoing surgery experience no significant complications.

Possible side effects include:

Those related to general anaesthetic such as nausea and vomiting.

Weakness and lack of sensation in the affected arm, with or without pain – associated with nerve irritation.

It is common to experience:

Pain, swelling and stiffness around the shoulder joint extending to the upper arm, elbow, wrist and hand

Bruising and discolouration around the operation site

Abnormal scar tissue healing (raised and thickened appearance)

For further information about the surgery, risks and benefits, and the recovery process please visit

[www.sgsu.co.uk](http://www.sgsu.co.uk).

## Pre-surgery assessment

Before your surgery you will be invited to complete a pre-operative assessment. You may be invited to attend SWLEOC (Woodcote Building - Block G) or complete online (LIFEBOX) or complete via telephone to assess your medical readiness to undergo your operation.

At this time, you will be instructed which of your medications you may continue and those that you should stop.

A pre-operative Covid-19 test may also be required.

If you have not had correspondence from SWLEOC in six to eight weeks after listing please telephone 01372 735824 or email [www.esth.swleocschedulingteam@nhs.net](mailto:www.esth.swleocschedulingteam@nhs.net).

## Pre-surgery exercises

Pre-surgery exercise is recommended to optimise your lower limb strength and conditioning and your overall health and fitness. Keeping active can have positive post-surgery outcomes and help maintain your upper limb movement, strength and function. Exercises should be performed as symptoms allow.

## When to cancel surgery

The following can be reasons to cancel your planned surgery:

Covid-19 related symptoms – high temperature, new continuous cough, loss of smell or taste

A cough, cold, sore throat or rash

Cuts, scrapes, sores or open wounds

Dental problems

Additionally, please also contact us if:

You no longer require surgery

You change one or more of your medications

Have a change in your home circumstances that could affect the safety of your discharge.

### **Surgery is usually performed under general anaesthetic.**

You cannot drive home and it is recommended that you are accompanied by a family member or friend.

Please ensure you have adequate support post-surgery. You may require significant extra help with normal tasks, therefore please discuss this with your family and friends.



Please do not bring any unnecessary valuables with you.

## **Post-surgery**

### **Information and advice on discharge**

Immediately after your surgery, you will be taken to the recovery room and monitored to ensure that you are recovering from your anaesthetic. You may be seen by a member of the surgical team at this stage. Once you are medically stable, out of bed and have passed urine you will be fit to be discharged from hospital.

You will be seen by a physiotherapist, instructed and practise how to put on and take off your sling and complete your home exercises.

### **Wound care**

After your surgery, you will have a surgical nappy covering one or more dressings over your surgical wound(s). Your wound(s) will be closed with dissolvable sutures and / or Steri-Strips.

When you are discharged from hospital, it is important to keep the dressings dry. These dressings will need to be changed in case of:

Heavy blood stains

Starting to peel off

Water getting underneath.

Your dressings can be changed by your nurse practitioner at your GP or on return to the St George's Upper Limb Unit for your first post-surgery review.

Surgical dressings are usually removed altogether 10-14 days post-surgery.

Your wound will be checked to assess for signs of infection.

## **You should look out for:**

Redness, increased temperature, delayed wound healing or discharge from the wound

Signs of systemic infection – generally feeling unwell, feverish or suffering malaise.

## **You will be provided with advice and information on the following:**

Sling care (poly-sling and Donjoy Ultra-Sling)

Wound care

Personal hygiene

[www.stgeorges.nhs.uk/service/musculoskeletal-outpatient-physiotherapy/resources-for-patients-start-your-recovery-today/post-operative-information/](http://www.stgeorges.nhs.uk/service/musculoskeletal-outpatient-physiotherapy/resources-for-patients-start-your-recovery-today/post-operative-information/)

Pain relief medication

Advice on performing activities of daily living (ADL's), i.e. movements and functional activities to be avoided.

If required, assessment of personal activities of daily living can be assessed before discharge, e.g. washing and dressing. Appropriate care will be arranged if needed.

## **Going home**

Following shoulder surgery most patients go home on the day of their surgery, whilst some require a short in-patient stay. When you leave hospital you will be given a short supply of pain relief medication and a written discharge summary. This will include any post-surgery instructions and planned follow-up appointments. A copy will also be sent to your GP.

Once home, bruising and swelling may appear around your shoulder and possibly travel as far as the hand and fingers. This is quite normal and may remain for the first two or more weeks.

Washing and dressing can be more difficult initially. The safest method to wash or dress is how you were shown during your hospital stay and help may be required in the first few weeks post-surgery.

## Rehabilitation

Pain post-operation is normal - poorly managed pain makes participation in rehabilitation more difficult. Effective pain management through regular use of prescribed pain medication is essential.

You should discuss severe or unrelenting pain with your GP.

## Rehabilitation exercises

All patients are advised to commence neck, elbow, wrist and hand exercises as soon as the sensation and power returns to their arm. To be repeated 10 repetitions, 3 times daily.

Please refer to the exercise booklet for the different phases of your post-surgery rehabilitation.

When performing the exercises, you should consider the **traffic light system** (shown below) to monitor pain levels and exercise progression.

Pain or discomfort during exercise is normal, particularly in early rehabilitation, however it should settle within 30 minutes after you have finished exercising. Avoid pushing into the 'red light' zone where pain persists for longer periods of time.



## Useful information

If you have any concerns regarding your surgical wound or rehabilitation please email - [sgsu@stgeorges.nhs.uk](mailto:sgsu@stgeorges.nhs.uk)

In an emergency, attend A&E, your GP or call 111 for further guidance.

St George's Shoulder Unit - [www.sgsu.co.uk](http://www.sgsu.co.uk)

Post-operative information - [www.stgeorges.nhs.uk/service/musculoskeletal-outpatient-physiotherapy/resources-for-patients-start-your-recovery-today/post-operative-information/](http://www.stgeorges.nhs.uk/service/musculoskeletal-outpatient-physiotherapy/resources-for-patients-start-your-recovery-today/post-operative-information/)

**St George's Shoulder  
Unit  
Clinic 2  
Ground Floor  
St James Wing  
St. George's Hospital  
Blackshaw Road  
London  
SW17 0QT**

**South West London  
Elective Orthopaedic  
Centre (SWLEOC)  
Epsom General Hospital  
Denbies Wing - Block E  
Dorking Road  
Epsom  
KT18 7EG  
Tel: 01372 735800/735801**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

