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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

Meet the team



Professor Duncan Tennent FRCS



Gemma Shearer (APP)



Mr Yemi Pearse FRCS



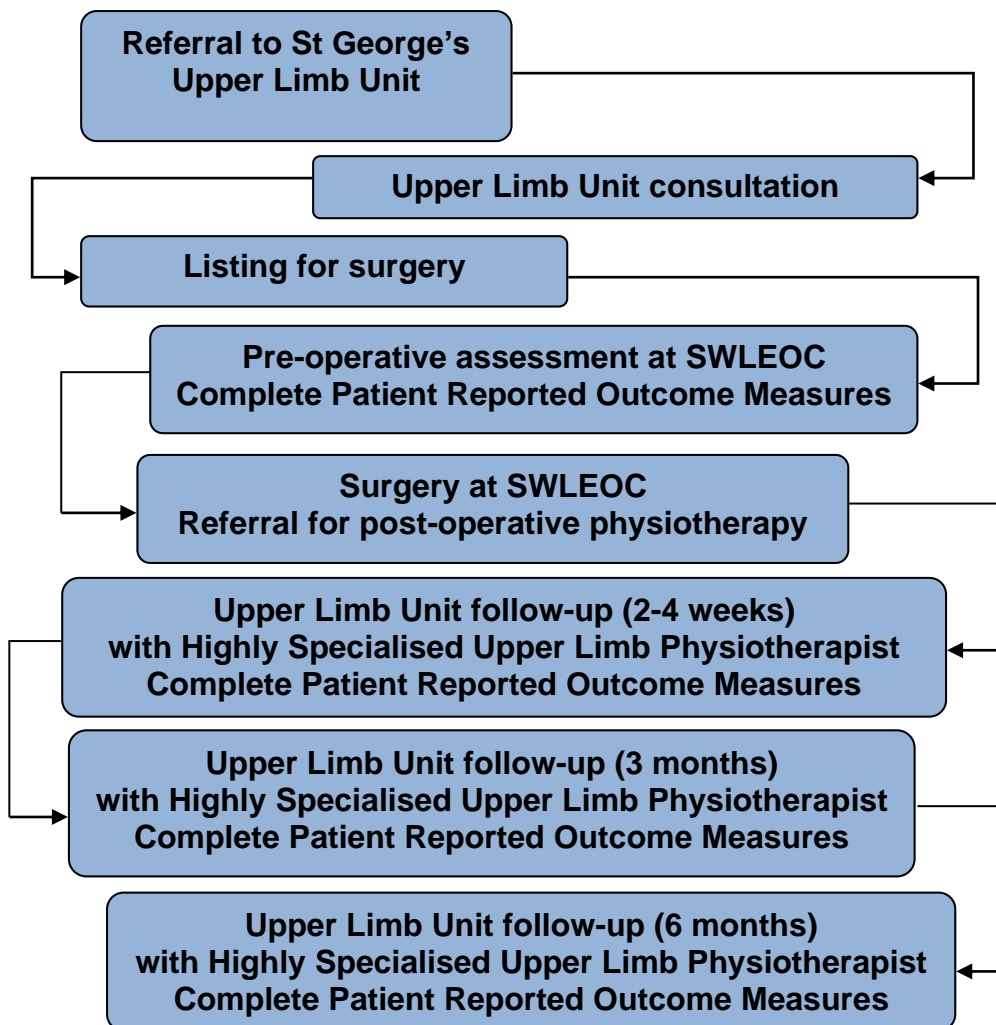
Simon Nicole (APP)



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 Upper Limb Unit appointments
1.	
2.	
3.	
4.	

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

Pre-surgery

Listing for surgery

Following a 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 upper limb surgery. The aims of all operations are to reduce pain and to improve the function of your upper limb.

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. This 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 of the upper limb 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 upper limb, with or without pain – associated with nerve irritation.

It is common to experience:

Pain, swelling and stiffness of the upper limb 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.

Pre-surgery assessment

Before your surgery you will be invited to complete a pre-operative assessment. You may be invited to attend SWLEOC (in the Woodcote Building - Block G) or complete this online (using LIFEBOX) or 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.

If you have not had correspondence from SWLEOC in six to eight weeks after listing please telephone 01372735824 or email 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:

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.

Most upper limb surgery is day surgery. Some surgery requires you to stay as an in-patient. You will be advised of this on listing.

The day of surgery

On the day of your surgery, please report to South West London Elective Orthopaedic Centre main reception.

Site: Epsom Hospital

Department / Ward	Location	Department / Ward	Location
Emergency Department	Ground	Maternity (Oliver Stewart Ward)	Second
Urgent Treatment Centre	Ground	Medical Illustration	Ground
Archaeology Care Unit (ACU)	Ground	Medical Investigation & Photography	Ground
UP out of hours	Ground	MIB Department	Ground
Acute Medical Unit (AMU)	Fourth	Neurology Unit	First
Alexandra Ward	Third	Nursery Ward	First
Amersham Clinic	Ground	Orkney South (Francis Clinic)	Ground
Arthrod Suite	Ground	Oaks Ward (SWLEDC)	First
Audiology	Ground	Occupational Therapy	Ground
Assessment Office	Ground	Orthotics	Ground
Bleed Unit	Ground	Outpatients	Ground
Bolton Ward	First	Pathology	Ground
Buckley Ward	Fourth	Patient Advice and Liaison Service(PALS)	Ground
Cancer Rehabilitation	Ground	Pharmacy	Ground
Cardiology Day Unit	Ground	Physiotherapy	Ground
Cardiology Investigation Unit (CCI)	Ground	Postgraduate Medical Centre	Second
Casey Ward	First	Preoperative Assessment /	Ground
Catheter Focused Room	Ground	Nursery Outpatients	Ground
Chapel and Multi-faith Room	Ground	Security	Ground
Chapel Office	Ground	SIRI	Ground
Children's Occupational Therapy	First	Special Care Baby Unit	First
Children's Outpatients	First	Speech Therapy	Ground
Children's Physiotherapy	First	Surgical Care Suite	First
Chloral Salt Ward	Fourth	Surgery Social Services	Ground
Community Assessment and	First	SUCLIC Musculoskeletal / Outpatients	First
Diagnoses Unit (CAD)	Third	Theatre and Theatre Annex	First
Coronary Care Unit (CCU)	First	Theatre	Ground
Cork Ward	First	Ultrasound	Ground
Day Surgery Unit	Ground	Undergraduate Student Medical Centre	Second
Delivery Suite	First	Urology Unit	First
Derby Ward (SWLEDC)	Ground	Wander Diagnostics	Ground
Diabetic Unit (John Kilbert)	Second	Wray Department	Ground
Disinfectants	Ground		
Discharge Lounge	Ground		
Eye, Nose and Throat (ENT)	Ground		
Essexham Ward	First		
Eye Unit	Ground		
Fracture Clinic	Ground		
Glovesham Ward	Ground		
Haematology and Medical Day Unit	Ground		
High Dependency Unit (HDI)	Third		
Intensive Care Unit (ICU)	Third		
Library (Self Service)	Second		
Maccabees Nurseries Centre	First		

Key to coloured zones

A Headley Wing	F Wells Wing
B Bradbury Wing	G Woodcote Wing
C Maternity Wing	L Langley Wing
D Day Surgery Unit	M Block
E Denbies Wing	Emergency Department & Urgent Treatment Centre

Your surgery may require you to be medically asleep with a general anaesthetic. Before general anaesthetic do not eat or drink for six hours.

Alternatively, a nerve block may be offered following which your arm will be temporarily numb.

Your anaesthetist will discuss the type of anaesthetic options suitable for you and how your pain will be managed after your surgery.

Ensure to bring the following items to hospital with you:

Any walking aids (normally used or acquired for surgery), day and night clothes, toiletries, medication, glasses / hearing aids / contact lenses and a mobile charger.

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

[Post-Operative Information - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](http://stgeorges.nhs.uk)

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 upper limb 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 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 upper limb. 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

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

St George's Shoulder Unit - www.sgsu.co.uk

Post-operative information -

[Post-Operative Information - St George's University Hospitals NHS Foundation Trust \(stgeorges.nhs.uk\)](#)

St George's Upper Limb

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

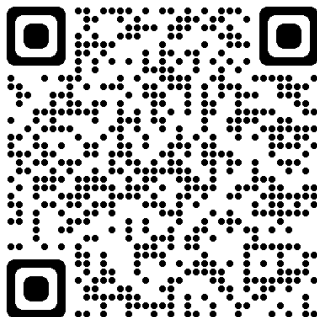
KT18 7EG

Tel: 01372 735800/735801

When to seek further help

If you have access to the internet and/or a smartphone we recommend using the getUBetter app ([getUBetter - Request Access](#)). It provides further guidance and advice on your peri-operative care and tailored support. Please use the QR code below to access. Alternatively, it can be accessed via your GP practice if you live in Southwest London.

If you don't have access to the internet or a smartphone, please contact your GP practice for advice.



Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** 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

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 our services by searching 'St George's Hospital' on the AccessAble website (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.



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