Your Operation Guide:

SHOULDER REPLACEMENT SURGERY

(Proximal Humeral Replacement)

Trusted Information Creator

Patient Information Forum



BONE CANCER RESEARCH TRUST

ONE GUIDE: FOR TWO AGE GROUPS

About this booklet

This booklet tells you about your operation - something called a shoulder replacement or proximal humeral replacement. This is where a bit of your arm and shoulder is replaced. The booklet will also help you get moving again after your operation.

The booklet is for children and young people who are going to have a shoulder replacement.

- If you are **5 to 9 years old**, read pages **3 to 19.**
- If you are a young person who is **10 to 17 years old**, read pages **20 to 36.**
- If you are a parent or carer of a child or young person, who is having a proximal humeral replacement, you may wish to read pages **37 to 40**.

If you are not sure what some of the words mean, you can ask the person who looks after you to read this book with you. You can also ask your doctors or nurses if you have any questions. There is a glossary on pages **42 and 43** that can help you too (a glossary is a list of tricky words and what they mean).

For young children:
5 to 9 years



Why do I need an operation?

A lump has grown at the top of your arm. Doctors may call it a tumour or bone cancer.

To make you better, you will have an operation. Doctors will remove the lump and put a super-strong bit of metal in your shoulder. This is called a **proximal humeral replacement.** We like to call it a superhero shoulder because it helps you play and grow!



The day of your operation



- On the day of your operation, you will go to the hospital. You can take your favourite teddy with you.
- You will have a **sleepy medicine** (called an anaesthetic). This will make you have a superhero nap, so you won't feel anything during the operation.
- While you are sleeping, the doctors will take out the lump. Then, they will put in a super-strong bit of metal.
- When you wake up, you will see a **bandage** and a **special arm support** on your arm. **This is called a sling**. Nurses, doctors and your family will all be there to look after you.



After the operation

- You might spend one night in a special room called the **high dependency unit.** Doctors and nurses will check on you often.



- You might have some small tubes in you. These will help you wee without getting up and drain away any extra blood. These tubes will come out after a few days.
- Feeling sleepy or sore is normal. The doctors will give you medicine to make you feel better. Always tell someone if you are in pain.

Superhero shoulder rules

For 6 weeks after your operation, you need to follow special rules to keep your new shoulder safe and strong while it heals.

Don't use this arm to push, pull or lift yourself up. Let your other arm and your grown-ups help you.

Remember: No putting your body weight through your special arm for 6 weeks.

Your sling is a special helper for your arm.

Keep it on all the time for 6 weeks.

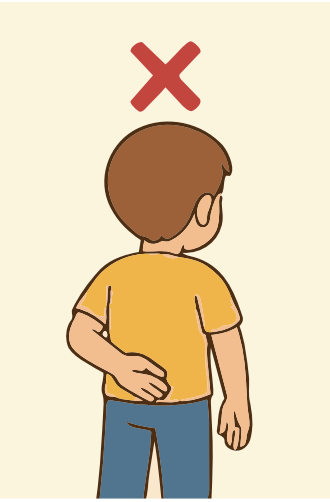


You can take it off for your exercises or when your therapist (physiotherapist or occupational therapist) says it's ok.

Let your sling support your arm. Don't let your arm hang by your side.



Don’t reach your hand behind your back.



Don’t lift your arm out to the side.



Don’t bring your arm across your tummy.



Don’t use your arm to lift or carry things.



Who you'll meet in the hospital

This is your superhero squad who will help look after you:

My doctor is: _____

My surgeon is: _____

My specialist nurse is: _____

My play specialist is: _____

My physiotherapist is: _____

My occupational therapist is: _____

My social worker is: _____

My teacher is: _____

Here is some extra space for you to write down the name of anyone else you meet on the ward, or the names of any new friends you make in hospital.

_____

_____

_____

_____

Don't be shy to talk to your squad. Ask them any questions you want – they are all important. Write your questions here.

_____

_____

_____

_____

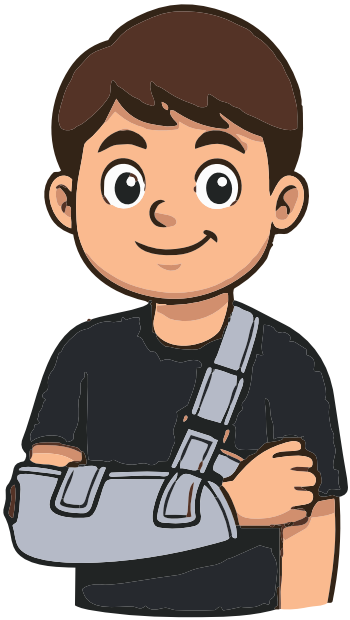
Getting moving

After your operation, you will work on getting stronger and moving again. This is part of your superhero adventure.

You'll meet people who will help you move. They are called **physios**. You might meet them on the same day as your operation or the next day. They will help you wake up your muscles and get going again.

Physios will:

- Show you gentle stretches and exercises to help your shoulder and arm heal.
- Help you practice getting out of bed or off a chair and walking.



Making things ok at home

You will also meet someone called an **occupational therapist.** They will make sure you can do things safely at home.

They will:

- Find ways to make things easier for you at home.
- Show you how to get dressed while wearing your sling.
- Show you how to wash safely. You might use a special strap to support your arm.
- Help you get ready to go back to school.
- Help you get back to your favourite activities when it's safe.



Playing and feeling brave

You might also meet someone called a **play specialist.** They will help you to feel calm. They will also talk to you about what will happen in the hospital.

You will be able to:

- Play with toys or dolls to help you find out what will happen in hospital.
- Play games and do fun things while you get better.
- Talk to them about how you are feeling if you feel worried or scared.
- Get busy while you get better.

Remember: Playing is also part of getting better!



Together, your physio, occupational therapist, and play specialist will help you get back to playing, learning, and having fun!

Let us learn more about you!

Try writing down a list of things you enjoy doing for fun.

When your play specialist comes to see you, show them your list so you can plan lots of fun things to do together.

Feelings

Superheroes have feelings too. They're just like you. You might feel: Nervous, Sad, Afraid, Brave. It's all normal. Tell someone how you feel. Draw it, act it, or say it out loud.



You could draw your own picture here:

Exercise booklet

Exercises in bed

Do these exercises every day to make your special arm strong! Sometimes your sling comes off for exercises – your physio will tell you when it's safe.

Smell the flower, blow the candle



Breathe in through your nose. Pretend you smell a flower.

Hold for 2 to 3 seconds.

Breathe out through your mouth. Pretend you're blowing out a candle.



Do this __ times every hour.

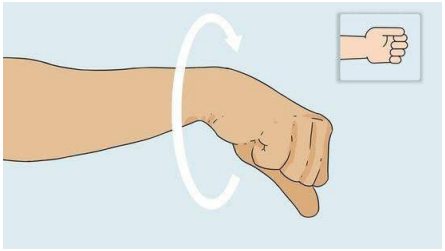


Wrist twirls

Move your wrist in circles.

Do this __ times every hour.





Hand squeezes

Squeeze a soft ball or toy with your hand.

Hold for 5 seconds.

Do this __ times every hour.

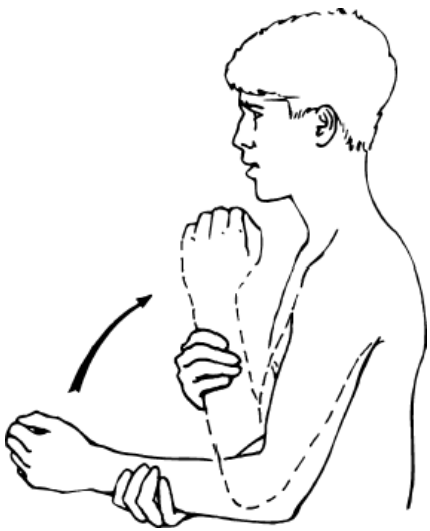


Elbow bends

Use your other hand to gently bend your elbow. Keep your shoulder still.

Do this ___ times.

Practice this ___ times a day.



Finger waves

Wiggle your fingers like you're waving to a friend.

Do this ___ times.

Practice this ___ times a day.



My exercise diary

How to use this diary:
Each day, try to do your exercises. When you finish an exercise, colour or tick the box for that day. You can also circle the face that shows how you feel.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Smell the flower, blow the candle							
Wrist twirls							
Hand squeezes							
Elbow bends							
Finger waves							

MOOD

Day 1


Day 2


Day 3


Day 4


Day 5


Day 6


Day 7


Going home

Tick each box when you're ready.

Before you can go home, we need to check a few things:

- ☐ **Can you move around safely (with someone helping you)?**
- ☐ **Can you do your special exercises (like the ones your physio showed you)?**
- ☐ **Can you use your sling and keep your shoulder safe?**
- ☐ **Can you go up and down stairs safely?**

What happens next?

- Usually, 5 to 7 days after the operation, you will go home for a short break.
- In about 2 weeks, you will usually go to another hospital. This is to have some treatment. Sometimes your doctor may ask you to go straight back to the treatment hospital instead of going home first – that's OK and is planned.
- Pack all of your booklets like your physio booklet and exercise diary. You'll need them wherever you stay!



For young people:
10 to 17 years



Why do I need this operation?

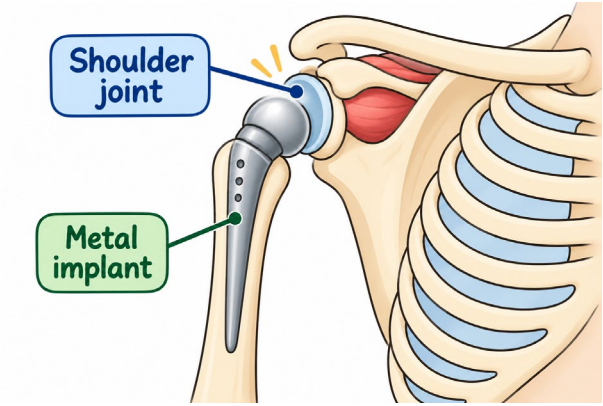
You have a tumour in the top part of your arm bone (the humerus) near your shoulder. During surgery, the surgeon removes that section of bone (which is part of the shoulder joint) and replaces it with a strong metal implant called an endoprosthesis.

- **"Endo"** means inside.
- **"Prosthesis"** means an artificial body part.

How does the endoprosthesis work?

- New ball and socket joint: The implant has a metal "ball" that fits into a new "socket", recreating your shoulder joint so it can move smoothly again.
- Secure fit inside the bone: A long metal stem sits inside the remaining part of your humerus.
    - It is either **cemented** in place, or
    - It has a special rough coating that encourages your own bone to grow onto it, making the bond even stronger over time.

Remember: The operation removes the tumour and rebuilds the joint, giving your shoulder the best possible foundation for movement, comfort and everyday activities. Everyone recovers differently, and your therapy team will help you achieve the best possible outcome for you.



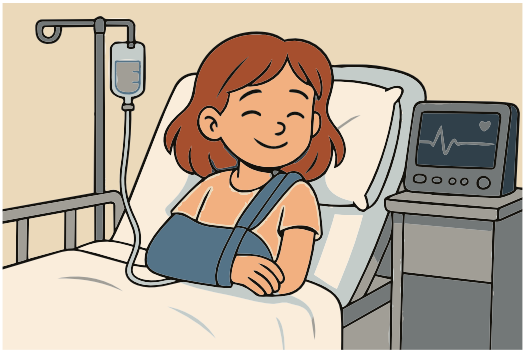
What to expect before surgery

- You'll get an anaesthetic. It's a strong medicine that puts you into a deep sleep, so you don't feel or remember anything during the operation.
- While you're asleep, the surgeons fix your shoulder. They remove the tumour, add the metal implant, and make sure everything is stable.
- Zero pain during the operation. The anaesthetic and pain-control medicines keep you comfortable the whole time.
- Waking up: You'll notice a bandage and an arm support on your arm. You may also have your favourite item (headphones, squish mallow, hoodie) nearby to help you chill.

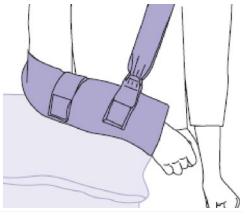
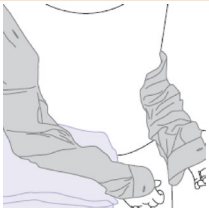
What to expect after surgery

- **Groggy + sore = normal.** Your body's just rebooting. Pain meds will keep things under control.
- **Catheter:** A tiny tube that lets you pee without getting up. As soon as you're up and moving, it's removed.
- **Wound drain:** Another small tube near your shoulder that removes extra fluid and cuts down swelling. It's removed once the flow slows down.
- **Arm sling:** Think of it as armour for your new shoulder—it keeps everything lined up while your shoulder heals.
- **High Dependency Unit (HDU) sleep-over:** You might spend a night in the High Dependency Unit so nurses can keep a close eye on pain, pulse, and oxygen. Hit the call button if anything feels off.
- **First moves:** Soon, you'll be moving your fingers and wrists on your own. You will also be sitting in a chair, then cruising the corridor — occupational therapists and physios will coach you through it. They may start with some exercises on the bed before they start to get you out of bed.

Key takeaway: The first couple of days are all about rest, pain control, and getting used to the new shoulder. After that, every small step is progress.



How to dress when using a sling

Sit on the bed and place a pillow under your arm.	
Undo the Velcro fastenings at the elbow and wrist. Gently slide out the sling from underneath your forearm by pushing down into the pillows.	
Thread the sleeve onto your operated arm and take your clothing as far up to the shoulder as possible. Keep the operated shoulder as still as possible.	
You will then be able to put your other arm into the sleeve, bringing your clothing up and around your shoulders.	
Gently slide your forearm back into the sling. Fasten the Velcros. For undressing, do the same procedure but in reverse.	
If you have been provided with a Collar ‘n’ Cuff for showering, use the same procedure above for guidance on how to put it on and take it off.	

The occupational therapist will practice this with you until you feel confident to do this by yourself.

Shoulder safety: For 6-12 weeks after your surgery

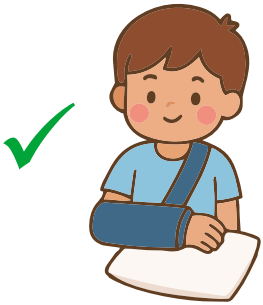
After your surgery, your shoulder needs time to heal properly. Imagine your shoulder joint is like a beach ball on a dinner plate. We want to keep the beach ball on the dinner plate by doing our exercises, so muscles get stronger and your shoulder doesn't get stiff. If you push it too far too quickly, the ball can fall off the plate!

Here are some things to keep in mind so that you won't put too much stress on the shoulder and accidentally cause pain or injury:

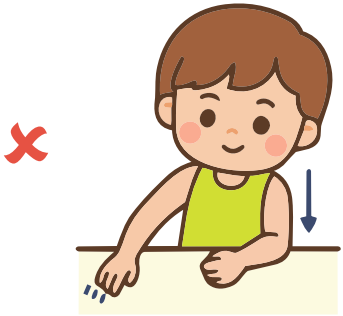
Always wear your sling for the first 6 weeks, except for elbow and hand exercises when lying down.



Support your arm on a pillow when lying or sitting to prevent it from falling behind you.



Do not push down on your operated arm.



Do not lift your shoulder to the side.



Rehabilitation plan

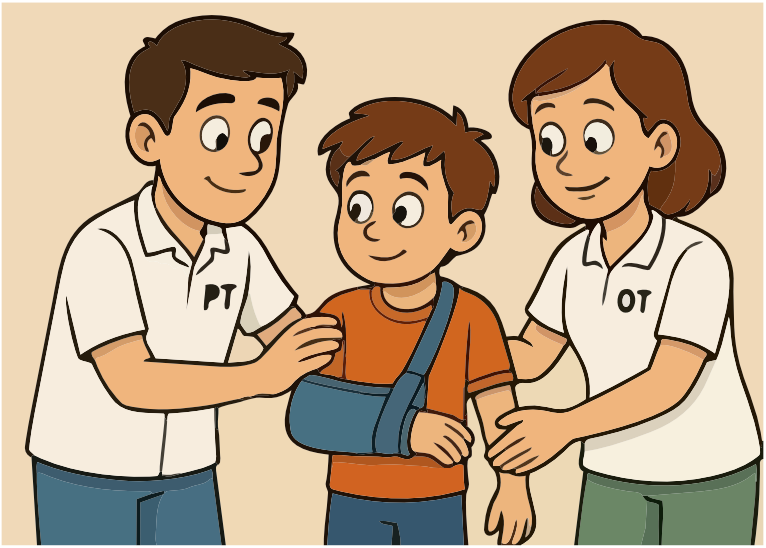
Overall

- This surgery is mainly to **remove the tumour and give you a safe, stable shoulder.**
- Most people will **always have some limits with lifting, reaching overhead and sports.** These limits can improve over time, and your team will guide you on what is safe for you.
- You should be able to do **light to medium everyday activities.** Speak to your surgeon about doing higher-level activity or contact sports.

Early Phase (Week 0–6) (Initial healing & safety)

- Meet your physio (PT) and occupational therapist (OT) early – usually Day 1. They'll show you how to move in bed, get up safely and start simple exercises.
- Keep the joints above and below your shoulder moving:
  - Neck movements, shoulder blade shrugs/rolls.
  - Wiggle fingers, gentle wrist and elbow movements (only in the safe range your team shows you).
- Walk little and often to keep your body strong.
- Learn and use one-handed strategies for washing, dressing and basic daily tasks.
- **Sling rules:**
  - Wear your sling all the time for the first 6 weeks.
  - It can come off only for exercises and washing/dressing (using the collar and cuff the team gives you).

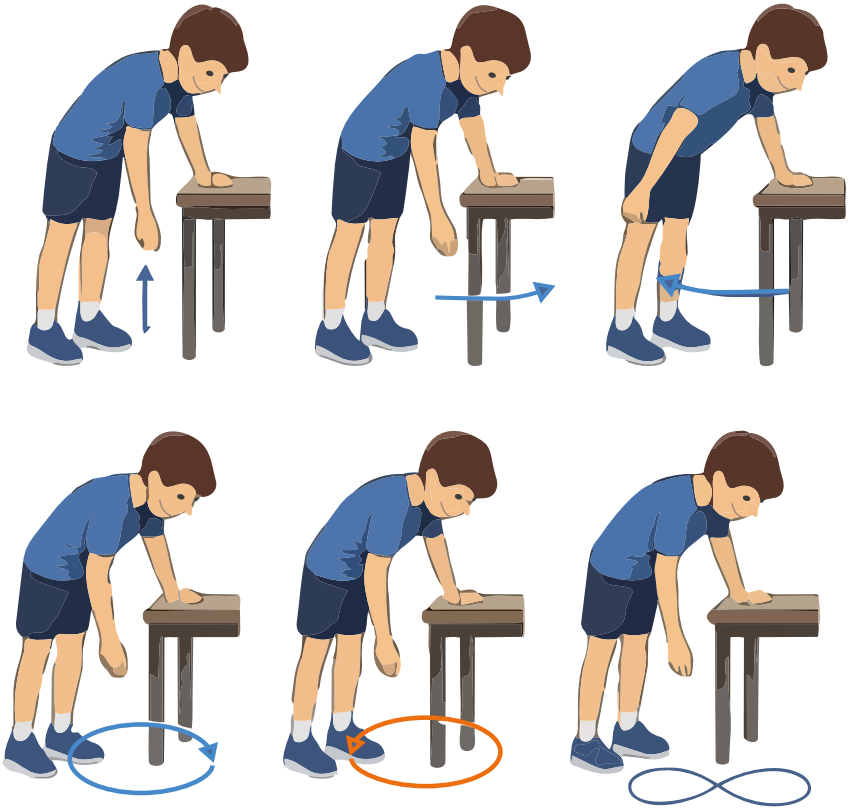
- **Be careful with your shoulder:**
  - **No shoulder movement for 6 weeks.**
  - **No pushing yourself up from a chair or bed with that arm.**
  - **No arm across your body or behind your back.**
  - **No turning your arm outward past neutral.**
  - **No pulling heavy things.**
  - **No carrying bags, school backpacks, or heavy toys with that arm.**
- **Key aims:**
  - Protect the shoulder so it heals; control pain.
  - Keep your hand/elbow/neck moving.
  - Manage basics like getting out of bed, into a chair and walking short distances on the ward.



Middle Phase (Week 6–12)
(Gently start shoulder movement)

- You'll start **shoulder movement slowly and carefully,** guided by your physio:
    - **Passive movement** – your physio (or family) moves the arm for you.
    - **Active-assisted movement** – you use your other arm to help lift the arm which was operated on.
    - Simple things **like pendulum exercises** and ball/ hand-on-table movements if comfortable.

Pendulum exercises



Middle Phase (Week 6–12) continued (Gently start shoulder movement)

- The focus is on **finding a normal movement pattern**, not forcing big range.
- You can **start weaning off the sling,** usually at home first (for example, 1 hour on / 1 hour off) and build up as it feels ok.
- You can begin **very light use at waist or chest height only** – e.g. steadying a plate, brushing your teeth, washing your face, light keyboard use – but only for short periods and with rests.
- **It is very important, you:**
    - **Do not do any exercise that makes your pain worse.**
    - **Do not turn the arm outward past neutral.**
    - **Do not lift the arm up on its own without support.**
    - **Do not put your hand behind your back or across your body.**
- **Key aims:**
    - Start gentle shoulder movement without flaring pain.
    - Begin to use the arm for **simple, light tasks at waist/chest level,** while still protecting the joint.

Final Phase (over Week 12)
(Build strength for everyday life)

- Shoulder precautions are **eased**, but there are still important limits.
- You and your physio will work on:
  - **Improving movement** – gradually increasing how far you can lift your arm, usually up towards shoulder height or a bit higher **if comfortable** (not everyone reaches the same level).
  - **Strength and endurance** – light resistance band work, progressing the **deltoid** (The main muscle used to lift your arm after a shoulder replacement operation) and arm muscles with small weights if safe.
  - **More advanced functional exercises** – reaching to shelves at chest/shoulder height, wall/table push-up-type exercises, and practising everyday tasks.
- **Important advice:**
  - You can slowly try activities **at chest height**, but only if they feel ok and without "cheating" or twisting your body.
  - Begin **gradual weight-bearing through the arm** (e.g. leaning on a table or wall) as your team advises.
  - **Avoid heavy lifting for at least 6 months.**
  - **No contact or impact sports** (e.g. rugby, football, trampolining, martial arts) unless your surgeon clears each of them.
- **Key aims:**
  - Increase strength and stamina in a **safe range.**
  - Become as independent as possible with **everyday activities**, using the arm in a way that doesn't overload the shoulder.
  - Work with your team on **"what matters to you"** – adapting school activities, hobbies and work so they're realistic for your shoulder.



Your supportive multidisciplinary healthcare team

Surgeons: here to plan and carry out your operation safely, explain what's going to happen, and make sure you get the right care before, during, and after the op.

Nurses: here to take care of you each day, help manage your pain, check on your wound, give medications, and support you through every stage of your recovery.

Occupational therapists: here to help you with everyday activities like dressing, washing, or schoolwork, and find ways to make things easier as you recover.

Physios: here to help you build strength, get moving again and help you return to some activities and your hobbies! They will teach you exercises.

Play specialists: here to help you feel relaxed and confident through play, games, and creative activities — making hospital feel a bit more like home while you get better.



Exercise booklet

Bed exercises

Do these every day to make your special arm strong! Sometimes your sling comes off for exercises – your physio will tell you when it's safe

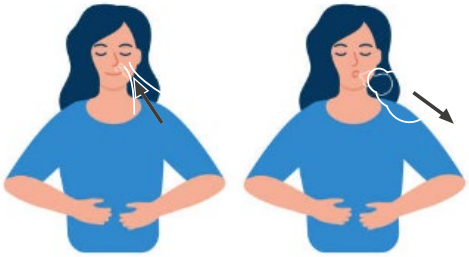
Deep breathing

Breathe in through your nose.

Hold for 2-3 seconds.

Breathe out through your mouth.

Do this __ times every hour.

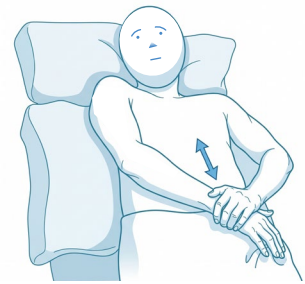


Straighten and bend elbow

Use your other hand to gently straighten and bend your elbow of the arm which was operated on. Keep your arm relaxed and close to your body.

Do this __ times.

Practice this __ times a day.



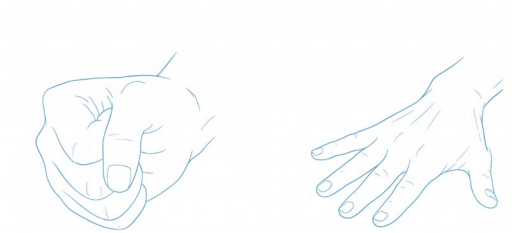
Hand & finger movements

Make a fist.

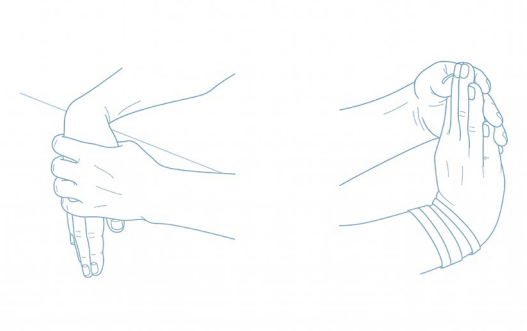
Straighten fingers.

Do this __ times.

Practice this __ times a day.



Bed exercises

Wrist exercises Support the forearm on the table. Let your hand drop over the table and gently stretch with the other hand. Repeat exercise in the opposite direction – hold fingers as shown. Do this __ times. Practice this __ times a day.	
Wrist supination and pronation (Palm Up, Palm Down) Use your good arm to turn the palm of your hand face down and back to face up. Do this __ times. Practice this __ times a day.	

My exercise diary

How to use this diary:
Each day, try to do your exercises. When you finish an exercise, colour or tick the box for that day.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Deep breathing							
Straighten and bend elbow							
Hand & finger movements							
Wrist exercises							
Wrist supination and pronation							

MOOD

Day 1


Day 2


Day 3


Day 4


Day 5


Day 6


Day 7


Commonly asked questions for young people (aged 10 to 17 years)

Will I feel pain after surgery?

Yes, **some pain is normal** while your body heals, but you'll get medicine to help manage it. Always let your team know if it's too much; they can help!

Can I do sports again?

No contact or high impact sports like football, rugby, etc – but you may do **non-impact sports** such as swimming, cycling, yoga and gym (light) with approval after 12 weeks.

When can I go back to school?

Most people are ready around **6–8 weeks** after surgery. It depends on your energy, how your wound is healing, and how you're getting around. Some go back earlier either fully or on a phased return (shorter days, extra breaks). We'll plan what feels right for you with your team and school.

When can I drive again?

You should not attempt to drive until you are out of your sling, your pain has subsided, and you feel confident in your own ability. Please discuss returning to driving with your surgeon, who will recommend that you contact the **DVLA** after. You may also need to inform your insurance company of your operation. We'll plan it together, so it feels safe for you.

Will I have a scar?

Yes—but it **fades**. Early on it can look red or bumpy. Usually over the next **6–12** months, it softens and lightens. Once your wound is **fully healed,** gentle **scar massage** with plain moisturiser can help it feel softer and flatter. Your physio can show you how and when to start.

Who can I talk to if I'm feeling overwhelmed or emotional after surgery?

Big feelings after operations are normal, and you won't be a bother. Start with the people around you: nurses, your Clinical Nurse Specialist (CNS), doctors, physio, OT, psychologist, social worker, youth/play specialist. Outside the hospital, you can speak to other parents/carers, friends, your GP, school/college tutor or pastoral team.

The Bone Cancer Research Trust (BCRT) also offers information, support, and opportunities to connect with other young people and families affected by bone sarcoma.

Want to meet others who "get it"? Your CNS can link you to peer support groups. Most chats are confidential—we only share if we're worried about your safety.

Advice for parents and carers

Early-stage tips (0–6 weeks)

- Provide structure: assist with medication, therapy (Physio and Occupational therapy), food, and rest.
- Encourage participation but avoid pressure and be mindful of shoulder precautions
- Use rewards and visual charts if helpful.

Communication

- Be honest but positive: “It might feel sore at first, but it gets better”.
- Let them ask questions. Keep explanations age-appropriate.
- Acknowledge their emotions – don’t dismiss them.

Ongoing support

- Support consistent physio and scar massage.
- Reinforce pacing and energy management.
- Help them maintain a connection with school and friends.
- Prepare for the transition back to school and social life gradually.

Commonly asked questions

What should we expect immediately after surgery?

Patients may wake up with tubes (drains, catheters), and pain will be managed with medications. Some may spend time in intensive care depending on the complexity of the surgery.

How long is the hospital stay?

It varies, but patients typically stay between 3-5 days. Recovery continues at home with support from physiotherapists and occupational therapists.

Who should we contact if there’s a problem after going home?

If you notice any signs of complications, such as increased pain, swelling, redness, fever, or wound issues, it’s important to act quickly. A list of possible complications, what to do about them and who to contact can be found on pages **38 to 40**.

Advice for parents, carers and healthcare professionals

Possible issue	What to do (action)
Tumour recurrence or progression of disease	• Contact the RNOH Clinical Nursing Specialists (CNS) team • Carry out/arrange screening for new fatigue, fever, night-sweats, new swelling or lump, or weight-loss
Pain	• Decrease activity • Ensure adequate pain relief • Use pacing strategies • Modify exercise programme if required • **If pain persists, refer back to the surgical team or GP**
Swelling	• Apply cryotherapy if skin sensation is normal and there are no contraindications • Do circulatory exercises • If swelling goes down overnight: monitor • **If swelling does not go down overnight: refer back to the surgical team or GP**

Advice for parents, carers and healthcare professionals

Possible issue	What to do (action)
Wound issues (inflammation, bleeding, infection)	• **Refer to the surgical team or GP** • Look for red-flag symptoms: pain, fever, redness, wound oozing, rash, itching, general feeling of malaise
Numbness / altered sensation	• Review immediate post-op status if possible • Ensure swelling is controlled • If sensation loss is new or worsening, **refer back to the surgical team or GP** • If sensation is unchanged but concerning, **inform the surgical team** and refer back if it deteriorates
Dislocation	• Contact the surgical team **immediately**

Who should I contact if I have a problem after going home?

If you are worried about your recovery, have new symptoms, or think something is wrong, please contact your healthcare team.

Clinical Nurse Specialist (CNS): .....

Surgical Team: .....

Therapy Team: .....

For urgent concerns, such as severe pain, breathing difficulties, signs of infection, or sudden changes in your condition, follow the advice provided by your healthcare team or visit your nearest Emergency Department.



Tell us what you think about this booklet

At the Royal National Orthopaedic Hospital, Stanmore, we would love to hear your feedback. Your comments help us improve this resource for future children, young people, and families.

Feedback Email: rnoh.cyptherapies@nhs.net
Feedback Telephone Number: 020 8909 5821 / 5830

Further information and support

The Bone Cancer Research Trust (BCRT) also offers information, support, and opportunities to connect with other young people and families affected by bone sarcoma.

Contact BCRT's Support and Information Service:
Call: 0800 111 4855 (Monday to Friday, 9am to 5pm)
Email: support@bcrt.org.uk
Visit: bcrt.org.uk/support

Glossary

Some words in this booklet might be new. Here is what they mean!

If you hear a word you do not understand, you can always ask your doctor, nurse, physio, or another member of your healthcare team.

Anaesthetic: A special medicine that makes you fall into a deep sleep during your operation. This means you will not feel anything.

Bandage: A soft covering placed over your wound to protect it and help it heal.

Catheter: A small tube that helps drain wee from your bladder while you rest after surgery.

Cryotherapy: A treatment that uses cold, such as ice packs, to help reduce pain and swelling after surgery.

Deltoid: The main muscle used to lift your arm after a shoulder replacement operation. Keeping it strong is an important part of your rehabilitation.

Endoprosthesis: A strong metal implant placed inside your body to replace a piece of bone that was removed during surgery.

High Dependency Unit (HDU): A special hospital ward where nurses and doctors watch you closely after surgery to make sure you are recovering well.

Humerus: Your arm bone. It helps to form the shoulder joint.

Implant: A strong medical part placed inside your body to replace bone or support healing.

Limb: An arm or leg.

Limb-sparing surgery: An operation where doctors remove the tumour but keep your arm or leg.

Multidisciplinary Team (MDT): A group of healthcare professionals who work together to plan the best care for you.

Occupational therapist (OT): A therapist who helps you do everyday activities like getting dressed, using the bathroom, or getting around safely.

Oncologist: A doctor who specialises in treating people with cancer.

Operation: A medical procedure where doctors fix a problem inside

Glossary continued

your body while you are asleep.

Pacing: A way of managing your energy by balancing your exercises with adequate rest – so you do not get too tired.

Pendulum exercises: A gentle exercise where your arm hangs down and swings like a clock pendulum. It helps stop your shoulder becoming stiff while it heals.

Physiotherapist (Physio or PT): A person at the hospital (healthcare professional) who helps you get stronger and move better using exercises and practice.

Play Specialist: A person at the hospital (healthcare professional) who plays using toys, games, and activities with you to help you understand what is happening and feel less worried.

Pronation: Turning your forearm so that your palm faces down towards the floor, like when you place your hand flat on a table.

Proximal Humeral Replacement (PHR): An operation where a bit of your arm and shoulder is replaced with a strong metal implant.

Rehabilitation: The process of helping your body get stronger and move again after surgery.

Sarcoma: A type of cancer that starts in the bones or soft tissues of the body.

Screening: A check or test used to look for signs of illness or problems early.

Sling: A soft support that holds your arm in a safe position while it heals.

Supination: Turning your forearm so that your palm faces up towards the ceiling, like when you are holding a bowl of soup.

Surgery: Another word for an operation.

Tumour: A lump of abnormal cells that grows in the body.

Weight-bearing: How much weight you are allowed to put through your arm.

Wound drain: A small tube that removes extra blood or fluid from your wound while it heals.

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This guide was co-produced by the RNOH Ortho-Oncology Therapy Team and the Bone Cancer Research Trust. If you have any feedback about this guide, please send it to RNOH whose details are listed on page 41.

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