

Patient Information leaflet
REVERSE SHOULDER REPLACEMENT

PROCEDURE

In reverse shoulder replacement surgery, the parts of the bones that rub together or have been broken are replaced with metal and plastic parts. The part that replaces the ball consists of a partial sphere made of metal. During a reverse shoulder replacement, both the head of the humerus and the socket are replaced with artificial surfaces (metal and durable plastic), but the relationship between the ball and socket are reversed (the ball becomes the socket and the socket becomes the ball). This enables the stronger muscles around your shoulder to move the arm with less force and improve the range of movement.

RISKS

A reverse shoulder replacement is a major operation and there are some risks associated with it. We do not wish to over-emphasise the risks, but feel that you should be aware of them.

COMMON [2-5%]

Pain: The shoulder will be sore after the operation. If you are in pain, it is important to tell staff so that we can give you medicines to control the pain. Pain will improve with time.

Persistent Pain: Rarely pain will be long term. The shoulder may remain stiff.

Swelling/hemarthrosis: Sometimes there can be collection of blood in the joint or in surrounding tissues leading to bruising. In most cases body will absorb this. However if large and persistent, aspiration with a needle or further surgery may be needed

Less than perfect movement: This is to be expected! The operation cannot make the movement perfect. The level of movement gained after the operation depends mostly on the strength and quality of your existing muscles and can only be partially improved physiotherapy. The aim of the operation is to relieve pain and make your movement better but not perfect.

Change in shoulder shape: This is not really a complication but you should be aware that, especially if you are slim, there would be a noticeable change in shape of your shoulder with marked prominence of the bony bits!

Fracture of the shoulder blade (acromion): This can happen after several months, usually without an injury. It can cause pain and may be difficult to fix.

Loosening/Revision surgery: Because your shoulder replacement is an artificial joint wear occurs. This set up a reaction in the body, which can in time; cause the prosthesis to become loose. Most people's new joint last for up to 10-15 years this may require further surgery in the future.

LESS COMMON [1-2%]

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Superficial infection: This means just the surface around the scar. A superficial infection will need treatment with antibiotics, maybe intravenously, but rarely causes serious problems unless it spreads to become a deep infection.

Deep infection: Deep infection can be serious. Signs of infection include fevers, chills and red/painful/hot wounds with discharge. Many precautions are taken to prevent this complication but it still occurs. Depending when it becomes infected it may require further operations to clear the infection and in worse case may require removal of the implanted artificial joint.

Fractures: Can occur at the time of insertion of components and in this scenario may increase the immobilisation required or additional procedures to fix the fracture. In some patients fractures may occur in long term due to injury and may need to be managed with immobilisation or further surgery.

Dislocation: This is where the ball of the joint is dislodged from the socket. It is very important to follow movement and sling instructions after the surgery. Physiotherapists will show you exercises to help prevent this from occurring.

RARE [$< 1\%$]

Nerve and vascular injury: There are a number of large and important nerves that run near the shoulder. Due to the fact that the operation is performed so close to these important structures it is possible to injure either the nerves or the blood vessels during surgery.

Blood clot/DVT: A blood clot may develop in the veins of the arm or legs. Very rarely the clot may break off in the bloodstream and travel to the lungs or brain. Potentially this could lead to breathing problems, stroke or even death.

Anaesthetic Complications [extremely rare]: Breathing problems, heart attack or stroke may occur under anaesthetic. This may lead to permanent disability or death.

Some times, more surgery is needed to put right these types of complications. Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. A skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day will provide you the care. If problems arise, we will be able to assess them and deal with them appropriately.

RETURN TO ACTIVITY GUIDELINES [SCHOOL/WORK/SPORTS]

SLING:	6 weeks
SEDENTARY/SITTING/DESKWORK:	6 weeks
LIGHT WORK [below shoulder level]:	6- 12 weeks

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SWIMMING- Breaststroke: 6 weeks
Freestyle: 3 months

HEAVY WORK: 6 months

DRIVING: You may drive once you are no longer wearing the sling or taking narcotic pain medications and can move your arm well enough to safely steer in an emergency setting. This time period may be different for each individual and cannot be determined by the doctor. Often it may be up to 6-12 weeks after surgery.