

Reverse Total Shoulder Replacement

What is a reverse total shoulder replacement?

In a reverse total shoulder replacement, the ball and the socket of the shoulder joint is 'reversed'. This construct creates a stable shoulder even with a torn rotator cuff.

Which conditions are treated with a reverse shoulder replacement?

- Painful arthritis in the shoulder and a full thickness rotator cuff tear.
- A large painful rotator cuff tear that is not repairable e.g.:
 - When the tear has been present for a long time
 - In people over 70years old
- Fractures of the shoulder that is not reliably reconstructable.

What can be done?

- Lifestyle adjustment
 - Avoid activities that aggravate the shoulder
 - Find different ways to do essential activities.
- Exercises and Physiotherapy
 - The aim is to maintain the range of motion that is left in the shoulder
 - And to maintain strength in the shoulder
 - Exercises need to be done carefully, because done excessively it can make the situation worse
- Medication such as paracetamol and anti inflammatories
 - Please check with your normal doctor to make sure that it is safe for you to take these tablets long term.
- Injections into the shoulder joint

- Can sometimes give long lasting relief
- Regular injections are not advised.
- Should not be done within 3 months of planned shoulder surgery.

When is surgery needed?

- Where non operative treatment is unsuccessful (or not an option e.g. Fractures) and
- The injury stops you from doing the ‘things that you have to do’ such as getting dressed, making a meal, driving a car, or getting a good night’s sleep
- and/or the ‘things that you love to do’ in life such as fishing, riding a bicycle, or holding a book to read.
- You are generally well enough to undergo surgery
- You are willing to accept the recovery time and long-term limitations of a shoulder replacement

How do I prepare for surgery?

- If you have health concerns an appointment with a physician is arranged.
- Blood tests are done to make sure you are healthy.
- A pre-admission visit to the hospital is commonly arranged.
- A CT scan is obtained to do 3-dimensional planning for the shoulder replacement.
- Your surgeon would commonly prescribe a preoperative wash in the days before surgery.
- If you take a blood thinner, it usually must be stopped before surgery. The exception is aspirin, which can be continued. It is important to check with your cardiologist to make sure that it is safe to stop your blood thinner for surgery.
- Arrange adequate time off work and other responsibilities to recover from surgery.
- It is better to arrange care and support for after the surgery beforehand.

How does surgery work?

- This kind of surgery usually requires a general anaesthetic (being ‘completely knocked out’)
- Often the anaesthetist does a nerve block (that numbs and paralyses the arm for about 12 hours) to help with pain relief – it can be very painful surgery.
- Because it is significant surgery- It is recommended to stay in hospital for a day or two
- Antibiotics is usually administered at the time of surgery but does normally have to be continued after surgery.

What do we do in surgery?

- Surgery usually takes about 2 hours
- But the whole process of going to theatre and waking up from surgery takes longer.
- There is usually around a 10cm incision on the front of the shoulder
- The worn-out joint surfaces and any bone spurs are removed and replaced with a special plastic cup and metal or ceramic ball.
- Tendons and tissue around the shoulder that had to be released to do the surgery are sutured.

After the Surgery

In Hospital:

- The wounds are dressed, and the arm is placed in a sling
- We often leave a pain catheter in the shoulder to deliver more local anaesthetic at about 10 hours after surgery (when the anaesthetist's nerve block starts to wear off)
- Do not hesitate to ask for pain killers. It is much better to 'stay on top of pain', than 'to catch' up when it is severe.
- It is usual to leave hospital the day after surgery, or on the second day after surgery
- A physiotherapist will usually visit you in hospital to demonstrate gentle exercises.

At Home:

- Continue to stay on top of your pain with oral pain killers.
- Do the gentle exercises that physiotherapist demonstrated in hospital. It is usually advised to see a physiotherapist in the community at around 4-6 weeks post surgery.
- It is OK to remove your sling to do these exercises, but in most cases, it should stay on at all other times for 6 weeks.
- While the shoulder wounds are covered with waterproof dressings it is safe to have a shower. Please have the dressings replaced if they start to come loose.
- An appointment is usually made at my rooms to review your progress at about 2 weeks after the surgery
- Please do not drive before speaking to your physiotherapist or a doctor.
- If there is any concern about infection, please contact my rooms
- Please ask you doctor to contact me before starting antibiotics.

The Recovery

- A sling is usually worn for about 4-6 weeks.

- From around 4 weeks on, a physiotherapist will show you how to start to progress your range of motion exercises.
- From 6-12 weeks sling wear can be weaned shoulder movements increased under physio supervision.
- Most moderately activities can usually be achieved by 3-4 months, but it will take 6 - 9months to become completely comfortable and to return to maximal effort.
- It often takes up to a year to regain completely maximal range of motion.

Time frames

- Self care (washing, dressing, eating) with the operated arm – usually around 4-6 weeks (a sling may still be needed)
- Driving: when you are able to control a steering wheel with your operated arm and you are not taking strong pain relief anymore (usually 6-8 weeks post surgery)
- Golf, fishing, cycling etc.: usually around 6 months.

What can go wrong?

- Infection occurs rarely (1% of the time), but can be severe. It may need further operations, weeks in hospital. It can lead to a poor outcome.
- There may be ongoing pain from other worn out joints in the area, that were not obviously a problem at the time of doing the surgery.
- It is common to have a bit of numbness next to the scar. Very rarely, severe nerve damage can occur, resulting in paralysis or numbness in the arm.
- Significant bleeding can occur during surgery. A blood transfusion can occasionally be needed and very rarely it can be life threatening.
- Although most shoulder replacements last more than 10 years, some can become loose or wear out sooner than expected.
- The bones around the replacement can break
- A general anaesthetic can have complications, such as nausea, heart and lung problems. Please discuss it with your anaesthetist before the operation.

What can you expect the final outcome to be?

- The large majority of patients experience significant improvement in their shoulder pain and function.
- Mild discomfort and stiffness persist despite successful surgery.
- Strength usually recovers, but it can take up to 2 years to reach maximal improvement.
- Movement in the shoulder usually improves a lot, but may not be normal

The best indication of how a shoulder will move is the pre-operative range (i.e. very stiff shoulders are expected to improve a lot, but usually still have less movement than shoulders that had better movement before surgery).