

Patient Information Sheet

Reverse Total Shoulder Replacement

What's the Problem?

Your shoulder is a ball and socket joint. In some people, a combination of genetics, age, previous trauma and rotator cuff tears can lead to the shoulder “wearing out”. This means that the cartilage which normally allows the shoulder to move and glide freely wears away, leaving a bone on bone ball and socket joint – or arthritis.

How can you treat it?

The first line of treatment is non-surgical. It includes:

- Taking pain relief
- Physio to strengthen the other muscles around the shoulder and help with your range of motion
- Steroid injections to reduce inflammation in the shoulder

Ultimately, surgery is only reserved for patients whose shoulder pain and poor function affects their life so much that they would rather have surgery than persist without.

The Operation:

A reverse total shoulder replacement involves removing the worn out ball (humerus) and socket (glenoid) from your shoulder, and replacing them with metallic and plastic components. To help recruit other muscles around the shoulder and give better range of motion and function, we switch the orientation of the ball and socket, so now the ball is on the glenoid side, and the socket is on the humeral side. It's done through a ~10cm incision down the front of the shoulder and takes approximately 60-120 minutes to perform.

The Anaesthetic:

You will be asleep for the duration of the operation (ie a general anaesthetic). The anaesthetist will talk to you about a nerve block before the operation, which helps with pain relief and generally lasts 24-48 hours. This is normally done while you are sedated/half asleep just prior to the operation.



What are the Risks of this Operation?

- **Infection:**
Usually only a superficial wound infection to the top-most layer of the skin. In rarer cases a deep infection can develop and this is a serious complication that may require further surgery and exchange of the implants. Rare but serious, <1%.
- **Stiffness and ongoing pain:**
1-20 in every 100 people will have some mild ongoing pain or stiffness in the shoulder after the operation
- **Damage to the nerves and blood vessels around the shoulder.**
Rare but serious, <1%
- **Clots – Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE).**
These are very rare in upper limb surgery, and much lower when compared to lower limb cases like hip and knee replacements. Rare and affects <1%
- **Shoulder Dislocation**
This is very uncommon and could suggest another complication like infection. Occurs between 1-5 cases per 100
- **Loosening of the Implants:**
This is not likely to happen for many years after the surgery. The implants used by Mr Lau have an excellent track record in the AOA National Joint Registry



Benefits:

Most patients will achieve a painfree shoulder with a functional range of motion. You should be able to freely reach key areas like the top of your head and toileting behind your back.

What can I expect?

You will wake up with your arm in a sling after your surgery. If you have had a nerve block, you shouldn't feel any pain till the next day. The nurses will provide you pain relief and the next morning a physio will see you to go through some exercises you can do to help strengthen the muscles around the shoulder and stop the shoulder from becoming too stiff. These exercises will change over the next few months but you should try to do them regularly to maximise your rehabilitation.

Most patients spend 1-2 days in hospital after surgery, before going home. A number of allied health staff (physios, occupational therapists) will make sure you have adequate support at home before discharge. An appointment will be made for you for a wound check at 2 weeks, and another appointment with Mr Lau at 6 weeks with repeat XRs

These notes have been prepared by Mr Simon Lau. They are general overviews and information aimed for use by his patients. They reflect Mr Lau's views, opinions and recommendations. They do not constitute medical advice. The contents are provided for information and education purposes only. Please seek Mr Lau's specific advice with any questions regarding medical conditions and treatment.

What should I avoid doing?

- In the first 6 weeks:
Avoid putting your arm behind your back – like tucking in a shirt or toileting. Avoid pushing up from a chair. When getting changed, put your operated arm in the sleeve first. No heavy lifting.
- In the first 12 weeks:
avoid pushing down on your operated arm (eg pushing up out of a chair)

Return to...?

- **Work**
Depends what you do. Desk based work can be done from 2 weeks post operatively, if you can do these tasks single handedly. Otherwise generally 6-8 weeks before you can use both hands freely whilst seated.
For manual work, it depends on what kind of lifting/pushing you do, but generally not before 3 months
- **Drive**
In Australia, you can't drive unless you are in full control of both your arms. Therefore, whilst you're in a sling, you cannot drive. Generally 6 weeks post operatively.
- **Sports/Hobbies:**
 - Gentle swimming (breaststroke not freestyle): after 12 weeks
 - Gardening (light tasks only): 8-12 weeks
 - Bowls: after 3-6 months
 - Golf, tennis, badminton, squash: after 4-6 months

Concerns or Questions?

If you have any concerns post operatively, or you would like further information, please contact Mr Lau through the VBJS on 03 5752 5020 or via email at admin@vbjs.com.au