Kaliper Orthopaedics

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PATIENT INFORMATION

Reverse total shoulder replacement

A shoulder replacement for arthritis and torn rotator cuffs. What to expect, and how to look after your new shoulder.

IN HOSPITAL	SLING	DRIVING	DESK WORK	FULL RECOVERY
Usually 2 nights	2 weeks	About 3 weeks	About 6 weeks	6–12 months

About your operation

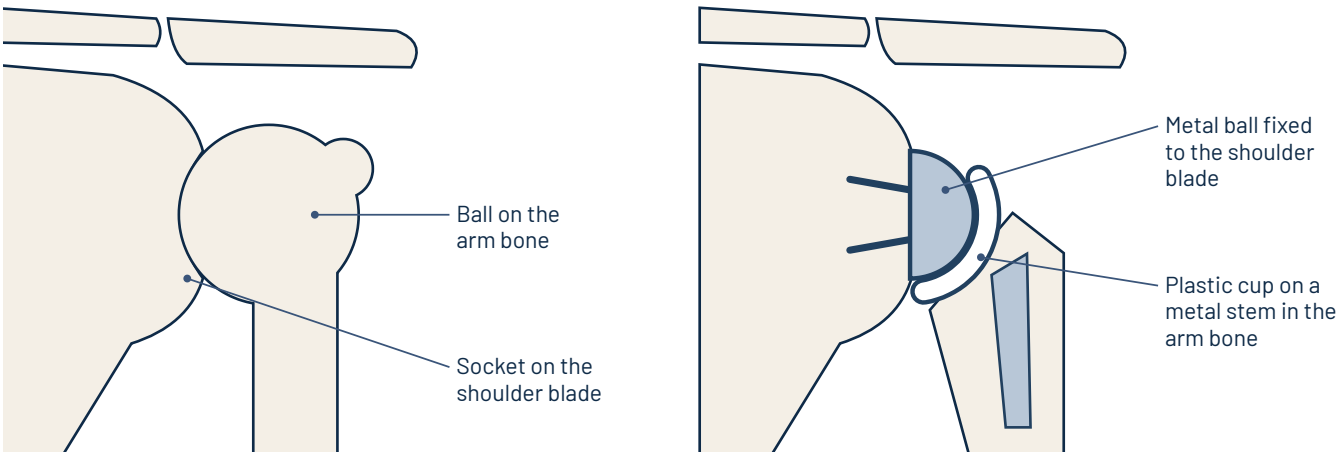
In a normal shoulder, the **ball** is on the top of the arm bone and the **socket** is on the shoulder blade. The rotator cuff tendons hold the ball in the socket so the big shoulder muscle (the deltoid) can lift the arm.

When the rotator cuff is badly torn or worn out, the ball rides up and the joint wears into arthritis. The shoulder becomes painful and it can be hard to lift the arm at all. A standard shoulder replacement doesn't work well here, because it needs a working rotator cuff.

A **reverse shoulder replacement** swaps the ball and socket around. A metal ball is fixed to the shoulder blade, and a plastic cup on a metal stem goes into the arm bone. This changes the way the deltoid pulls, so it can lift the arm **without** the rotator cuff.

Your shoulder
Ball on the arm, socket on the shoulder blade

Reverse replacement
The ball and socket swap sides



Left: your own shoulder. Right: after a reverse replacement, the ball and socket have swapped sides.

It is used for:

- arthritis with a large, long-standing rotator cuff tear (cuff tear arthropathy)

- a large tear that can't be repaired, where you can't lift your arm
- some badly broken shoulders, especially in older bones
- some failed earlier shoulder replacements
- rheumatoid arthritis that has damaged the joint and the cuff

The operation is done through a cut at the front of the shoulder and takes around 1½–2 hours.

Before your operation

- You may need a pre-admission check, blood tests or a heart check. The hospital will let you know.
- The hospital will tell you when to stop eating and drinking.
- Tell us if you take blood thinners, weight-loss or diabetes medicines. Some medicines need to be stopped before surgery. Discuss this with your anaesthetist.
- See your dentist and GP about any infections (teeth, skin, bladder) before surgery. An infection anywhere in the body can spread to a new joint.
- Bring loose, front-opening tops. Button-up shirts are much easier with a sling.
- Plan for help at home for the first couple of weeks with shopping, cooking and getting dressed.

In hospital

The operation is done under a general anaesthetic. The anaesthetist usually adds a **nerve block** to numb the arm. Your arm may feel heavy and numb for 12–24 hours afterwards. This is normal. Keep it in the sling until the feeling comes back.

Most people stay **two nights**, with the option of a longer stay in rehab if you need more help before going home. A physiotherapist will see you in hospital and start gentle shoulder movement within the first day or two. You'll have an x-ray of the new joint before you go home.

Going home: you need someone to take you home from hospital and stay with you for the first night.

Pain relief

Your shoulder will be sore for the first couple of weeks. The aim is to keep the pain low enough that you can sleep and do your exercises.

- **Start your pain tablets before the nerve block wears off**, usually the evening of surgery.
- **Paracetamol** (for example Panadol): 2 tablets (1 g) up to 4 times a day. No more than 8 tablets in 24 hours. Keep taking it until you no longer need any of the stronger tablets.
- **Anti-inflammatory tablets**: only if your anaesthetist says they are safe for you.
- **Stronger pain tablets**: the anaesthetist may give you a script for the first few days. Take them only as directed and stop as soon as you can. Don't drive or drink alcohol while you take them.
- Strong pain tablets can cause constipation. Drink plenty of water and use a gentle laxative if needed.

Ice packs help for the first 3 days. Use them for 20 minutes at a time, wrapped in a cloth.

Sleeping is often easier in a recliner, or propped up in bed with pillows behind you and a pillow under your elbow.

Your wound

- Keep the dressing clean and dry until your first visit.
- The dressing is waterproof, so you can shower. Afterwards, gently pat the dressing and the skin around it dry.
- Bruising down the arm, sometimes as far as the elbow and hand, is common and fades over 2–3 weeks.
- Don't soak in a bath, spa or pool until the wound has fully healed.

Your sling

WEAR YOUR SLING FOR 2 WEEKS

- Wear it day and night for the first 2 weeks, except for exercises and showering.
- In the shower, let your arm hang loosely by your side.
- After 2 weeks, use the arm for light everyday tasks at waist height, such as eating and writing.

Driving. By law, you must not drive with your arm in a sling, or while you should be wearing one. You can drive once the sling is off and your shoulder moves well enough to put both hands on the steering wheel and turn it quickly in an emergency. This is usually around a week or so after the sling comes off. Don't drive while you are taking strong pain tablets.

Protecting your new shoulder

For the first 2 weeks the new joint is most at risk of dislocating, before the muscles around it have recovered.

- **Don't push up** out of a chair or bed with the operated arm.
- **Don't reach behind your back**, for example to tuck in a shirt or reach a back pocket.
- **Don't lift** anything heavier than a cup of tea with the operated arm.
- When lying down, keep a pillow under your elbow so the arm doesn't drop behind you.

Exercises and physiotherapy

- **In hospital:** a physiotherapist starts gentle shoulder movement and shows you your home exercises.
- **Weeks 1–2:** outpatient physiotherapy starts. Exercises are gentle and guided.
- **Weeks 2–6:** more movement, using the arm for light everyday tasks.
- **From 6 weeks:** gradual strengthening of the deltoid and the muscles around the shoulder blade.

Exercises should not cause severe pain. If they do, stop and talk to your physiotherapist.

Your recovery

WHEN	WHAT YOU CAN DO
0–2 weeks	Arm in the sling. No driving.
2 weeks	Sling off. Light tasks at waist height.
About 3 weeks	You can usually drive again.
6 weeks	Most of your daily activities. Start strengthening.
3 months	Gardening, golf and swimming, as advised by Dr Piper.
6–12 months	Movement and strength keep improving.

Returning to work

TYPE OF WORK	WHEN
Desk or office work	About 6 weeks
Light manual work	About 8 weeks
Full duties	About 6 months

Light manual work means lifting no more than 5 kg, no work above shoulder height, and no repetitive shoulder movements such as digging or sweeping.

These times are a guide only. They depend on your job, and on what Dr Piper finds and repairs at your operation. Check with him before you go back.

Your appointments with Dr Piper

- **About 2 weeks after surgery:** Dr Piper explains the operation, checks your wound and looks at how your shoulder is moving.
- **About 6 weeks after surgery:** an x-ray of the new joint, and a check of your movement.
- **About 4½ months after surgery** (3 months after your 6-week visit): another x-ray, and a check of your movement and strength.

Possible risks

A reverse shoulder replacement is a major operation. Most people have much less pain and better use of the arm afterwards. Like any operation, it has risks. Dr Piper will talk about the ones that matter for you.

- **Infection.** Uncommon but serious. It may need more surgery and a long course of antibiotics.
- **Dislocation.** The new joint can come out, most often in the first few weeks.

- **Fracture.** A stress crack can form in the acromion (the bony roof of the shoulder). Most heal in a sling. A break around the implant after a fall usually needs surgery.
- **Nerve injury.** Uncommon. It can cause numbness or weakness, which usually recovers.
- **Loosening or wear of the implant** over many years. This is the most common reason for further surgery in the long term.
- **Complex regional pain syndrome (CRPS).** A rare condition causing pain, swelling and stiffness in the hand.
- **Blood clots (DVT).** Uncommon after arm surgery.
- **Anaesthetic risks.** Your anaesthetist will discuss these with you.

CALL US STRAIGHT AWAY IF YOU HAVE

- a temperature over 38°C, or you feel hot and shivery
- a wound that is red, hot, swollen or leaking
- pain that keeps getting worse and isn't helped by your tablets
- a sudden clunk, then pain and an arm you can't move (possible dislocation)
- a hand that is cold, pale or blue, or numbness that hasn't gone 24 hours after surgery
- pain or swelling in your calf

Call the rooms on **(02) 9113 0606**. After hours, go to your nearest emergency department. **If you have chest pain or trouble breathing, call 000.**

Questions? Call the rooms on (02) 9113 0606 or email reception@kaliper.com.au.