



REVERSE SHOULDER REPLACEMENT

Patient information Leaflet

September 2020

WHAT IS A REVERSE SHOULDER REPLACEMENT?

It is the replacement of your worn or damaged shoulder joint with an artificial joint. The shoulder joint is a ball and socket joint. In a normal shoulder the rounded end of the upper arm (head of the humerus) glides against the small dish like socket (glenoid) in the shoulder blade (scapula). These joint surfaces are usually covered with smooth cartilage. They allow the shoulder to rotate through a greater range of movement than any other joint in the body. 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.

WHY DO I NEED A REVERSE SHOULDER REPLACEMENT SURGERY?

Over a period of time the rotator cuff muscles in the shoulder is damaged and your shoulder will have become stiff and painful which is usually a result of arthritis. A reverse shoulder replacement is usually offered after other types of treatment have been tried. These treatments may include painkillers, anti inflammatory drugs and physiotherapy

A severe fracture involving the head of the humerus is another common reason for a reverse shoulder replacement.

WHAT ARE THE BENEFITS OF REVERSE SHOULDER REPLACEMENT SURGERY?

Reverse shoulder replacement surgery is carried out to achieve pain relief and improved range of motion of the shoulder joint hence improving your function and quality of life.

WHAT ARE THE RISKS OF SHOULDER REPLACEMENT SURGERY?

Although all necessary precautions are taken, occasional complications may occur. There is a risk of respiratory problems from the anaesthetic. Bleeding or deep bruising can occur around the operation site. The joint may dislocate. You will be advised of movements and positions to avoid in order to decrease this risk. An infection may develop either immediately after the surgery or some time later that may require other procedures which could involve a return to theatre.

Skin changes such as blisters or discolouration can occur around the scar.

In the long term it is unlikely that your shoulder joint will wear out. However your artificial joint may become loose. Should this happen a further operation may be required. As with all major operative procedures, during or following surgery, death is a risk, however it must be emphasised that this is extremely rare.

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%]

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.

WHAT ARE THE ALTERNATIVES TO SURGERY?

The choice whether or not you have the operation is entirely yours, although your doctor will be pleased to advise you. If the shoulder is not replaced it will continue to wear and the pain may become worse. Stiffness and deformity will increase. This condition is not life threatening but can limit your day to day activities.

WHAT PREPARATIONS SHOULD I MAKE BEFORE COMING INTO HOSPITAL?

Before you come into hospital you should continue with any exercises the physiotherapist has shown you. This will help to keep your muscles as strong as possible. The stronger your muscles before surgery the easier your recovery will be. Think how you will cope when you return home. You may need to rearrange your kitchen and wardrobes so that items can be easily accessed.

On the day of your surgery please bring in the following items:

- All medications in their original packaging if possible.
- Day clothes- practical shoes which must have backs. Comfortable, loose clothing is recommended whilst in hospital- shorts, tracksuits or comfortable skirts are ideal.
- Nightclothes, dressing gown and slippers (practical and well fitting, mule type slippers are not safe for walking around the ward after your operation)
- Toiletries and towels (please note there are no facilities for washing patient's belongings in the hospital)
- We advise that expensive jewellery, personal belongings and large amounts of money are NOT brought into hospital. We suggest that patients keep no more than £10 with them at any one time.

WHAT WILL HAPPEN ON THE DAY OF MY OPERATION?

You will be admitted on the day of your surgery to either the Elective Unit (EU) or the Day Surgery Endoscopy Unit (DSEU). The units accommodate patients undergoing many different surgical procedures. Male and female patients are nursed in separate areas. Please be assured that it is a very rare occurrence that we have to cancel patients on the day of planned surgery.

The visiting times on the EU are 3.00 p.m. to 4.30 p.m. and 6.30 p.m. to 8.00 p.m. every day. The EU has a quiet period every day after lunch to allow patients to rest and so is closed to visitors during this time.

The DSEU is a very busy, day case/short stay unit, with a high daily turnover of patients. There are no fixed visiting times on the DSEU relatives are advised to ring

the unit once the patient is out of surgery and check if they may be allowed to visit.

The doctor will see you and explain your operation to you and advise you of the risks and benefits of the surgery. You will be asked to sign your consent form if you have not already done so. The correct shoulder will be marked with a pen by your doctor. This is for your own safety. You will have been given instructions by the nurse when you attended your pre operative assessment appointment regarding when you should starve from, this will depend upon the time of your operation throughout the day .Usually if your operation is in the morning this will be from midnight the night before. If your operation is in the afternoon you will be able to have a light breakfast at approximately 7am then nothing to eat or drink after that. You should have a bath or shower before you arrive at the hospital and you will be asked to change into a theatre gown. You will need to remove all your jewellery especially rings.

A nurse from the ward will accompany you to theatre. When you arrive at the theatre a nurse will check your details and stay with you in the anaesthetic room.

Your anaesthetic will normally be given shortly after you arrive in theatre. The anaesthetist and his/her assistant will look after you whilst you are in theatre.

When your operation is complete you will be returned to your bed and cared for in the recovery room. (Many patients do not remember this part of the proceedings). You may be asked to breathe oxygen through a small mask. You may require oxygen for a short time once you are back in the ward. Your blood pressure and pulse will be taken regularly at this time. Any pain you have after this can be effectively controlled. Please do not suffer it bravely. Let us know - we can help. The physiotherapist will show you gentle exercises to do the day after your surgery. You will need to wear a sling for several weeks. Most patients are able to perform simple activities such as eating and dressing.

WHAT ACTUALLY HAPPENS DURING THE OPERATION?

During the operation an incision is made across the shoulder. For a total shoulder replacement, the damaged end of the humerus (upper arm) is cut away. The glenoid cavity (shoulder socket) is smoothed and shaped and replaced with an artificial metal ball. The humerus is hollowed out and a metal stem is secured inside the humerus. A plastic dish is attached to the top of the metal stem and both ends are placed back together to form a new shoulder joint. Alternatively a partial shoulder replacement may be undertaken where the head of the humerus only is replaced. This is achieved by attaching a metal head on to a metal stem inserted into the humerus or by a stemless design also called resurfacing procedure. The wound is closed with staples or stitches and your arm placed in a sling. You will have a drip in your arm to replace fluid lost during the operation. You may also require a blood transfusion.

After Surgery

You may have a tube coming from your wound which drains any oozing blood into a bottle. This is usually removed after 24 - 48 hours. You will receive intravenous antibiotics. You will be wearing a sling which you have to keep all the time for 4 -6 weeks after surgery. You will see a physiotherapist after surgery and he/she will provide you advice on shoulder exercises.

Diet and Fluids

You can eat and drink as normal and to your tolerance, we may monitor your food

intake to ensure you are eating and drinking enough to help you in your recovery.

Sickness

Sometimes people experience feeling or being sick after an operation. If you do develop such symptoms please inform staff and they can give you some medication (sometimes in injection form) to help relieve this.

Pain

You will be provided with regular medication to control the pain, which will be prescribed according to your requirements. It is important that you inform staff if you are experiencing pain and is not relieved by the medication provided, as adjustments can be made. Severe pain on very rare occasions could indicate a problem with the surgery and therefore should be reported to staff.

Wounds

It is not unusual for your wound to be slightly red and uncomfortable for the first 1 to 2 weeks. However, please let us know if your wound becomes:

- Inflamed (red), swollen or painful
- Begins to discharge fluid
- Or separates in any place

WHAT HAPPENS AFTER I AM DISCHARGED FROM HOSPITAL?

It is our aim for you to be in your own home recovering as soon as possible. It is important that adequate support from your family and friends is organised prior to your surgery, as adequate rest is also an important part of your recovery. The physiotherapist will show you a program of exercises you will need to continue after your discharge home and will organise an outpatient physio appointment in about 2 weeks time. You will probably be discharged 1-2 days after your operation. An outpatient appointment is usually made for two weeks after surgery when your stitches will be removed and you will see the doctor. You will not be able to drive for at least 6-8 weeks.

You must arrange for a family member or friend to collect you from the EU/DSEU on your day of discharge.

You will need to bring into hospital appropriate outdoor clothes to go home in. When you first return home you are likely to feel tired for a while. We recommend that you build your strength up before coming into hospital with gentle exercise and a good dietary intake.

Before you leave the unit, you will be given a phone number for the clinic and you will receive an appointment in the post for approximately 2 weeks following surgery. Only contact the clinic if you have not received an appointment through the post after 3 weeks.

Travel

Please check with your consultant/GP before flying especially long flights. Long car journeys are also best avoided for at least 12 weeks following your operation. If this is unavoidable, we recommend you take regular stops.

Work

If you work we advise that you discuss with your boss the need for time off work after

your operation and support on your return to work before coming into hospital. If available, talk with your Occupational Health Department. The length of time off will depend on what job you do. Discuss returning to work with your out-patient Physiotherapist.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM FOLLOWING MY OPERATION?

Complications are a very rare occurrence however it is important to know what to do if one occurs.

Below are several useful contact numbers where you can seek advice:

Useful Contact Numbers:

Elective Unit: 0161922 6235/6208 (24hrs)

Day Surgery Endoscopy Unit 0161 922 6219 (24 hrs)

Go to Doc (GP service) 0161 785 0805 (out of hours)

NHS Direct 0845 46 47 (24hr helpline)

Emergency Services 999

You can also contact your GP or the District nurses for advice .

Useful Websites/information

Department of Health (www.dh.gov.uk)

NHS Choices (www.nhs.uk/conditions)

NHS institute for innovation

and improvement (www.institute.nhs.uk)

NHS Improvement (www.improvement.nhs.uk)

In compiling this information leaflet a number of recognised professional bodies including the Department of Health, NHS Improvement, NHS Choices, have been used.

If you have any questions you want to ask, you can use this space to remind you: Should you have a visual impairment, this leaflet is available in bigger print or on audiotape.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹرنیشنل اینڈپینڈنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

Author: Narayana Prasad
Division/Department: Elective Division Orthopedics
Date Created: September 2012
Date reviewed: September 2020