

Reverse shoulder replacement

The aim of this leaflet is to help answer some of the questions you may have about having a reverse shoulder replacement. It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

If you have any questions or concerns, please speak to a doctor or nurse caring for you.

What is a reverse shoulder replacement?

Your shoulder is a ball and socket-type joint made up of two main parts: the humerus (arm bone, which forms the ball) and glenoid (socket). It is therefore known as the gleno-humeral joint. When arthritis affects the shoulder it can cause the lining of these joint surfaces to wear, causing pain and stiffness.

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.

What are benefits – why should I have a reverse shoulder replacement?

Replacing the worn surfaces with artificial surfaces (prostheses) and reversing the shoulder geometry should reduce the amount of pain and increase the range of movement available from your shoulder joint.

What are the risks?

In general, the risks of any operation relate to the anaesthesia and the surgical procedure itself.

In most cases you will have a general anaesthetic combined with local anaesthesia, which may be injected in and around the shoulder, or around the nerves that supply the region. You will be able to discuss this with the anaesthetist before surgery and he/she will identify the best method for you. For more information about having an anaesthetic please see our leaflet, **Having an anaesthetic**. If you do not have a copy, please ask us for one.

Reverse shoulder replacement is commonly performed and is generally a safe procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages. However, to make an informed decision and give your consent, you need to be aware of the possible side effects and risks/complications.

Complications include:

- **infection** (affects one out of every 100 patients treated): this is a very serious complication and therefore significant measures are taken to avoid it, for example you will be given antibiotics to try to guard against it. If an infection develops, the entire implanted joint may need to be removed to get rid of the infection
- **bleeding**: you will lose some blood during the procedure, but it is unusual to require a transfusion
- **thrombosis/blood clot**
- **stiffness of the shoulder**: even with the new shoulder you will have some restriction of movement

- nerve injury
- dislocation
- loosening of the components
- fracture during insertion of the components.

Overall, the potential complication rate is 10–15%.

Are there any alternatives?

You may have undergone a regimen of conservative measures such as painkillers, injections, exercise and physiotherapy to help improve your pain and function. This surgery is recommended for people with severe shoulder arthritis and is the final option after all other methods have been tried and tested.

How can I prepare for shoulder resurfacing?

Please refer to the following leaflet which will provide information on how to prepare for your operation:

- **Surgical admissions lounges (SAL) and day surgery units (DSU) at Guy's and St Thomas' hospitals**

If you do not have a copy, please ask us for one or see our website at www.guysandstthomas.nhs.uk (type SAL in the search box).

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

What happens during the operation?

On your day of admission you will be seen by a doctor from the surgical team who will mark the site of the surgery and ask you to sign the consent form. The anaesthetist will also review your fitness for surgery and finalise the planned anaesthetic regime. You will then proceed to the operating theatre to undergo the operation.

The surgery involves making an incision (cut) at the front of the shoulder. The head of the humerus (arm bone) and glenoid (socket) are replaced and reversed with artificial components. Often cement and/or screws are used to hold the components in place. The operation normally takes between one and two and a half hours. However, anaesthetic and recovery time means you will be away from the ward for longer than this.

Will I feel any pain?

Your arm will feel numb because of the nerve block/local anaesthetic used during your operation but this should wear off during the first 24 hours. Post-operative pain is normal and you will receive a combination of pain-relieving methods to help minimise this pain. It may take several months for the pain to fully settle but long-term your level of pain should be significantly reduced from before your operation.

Icing the shoulder may help to reduce any pain and minimise any swelling. We would advise you to wrap a bag of frozen peas in a damp tea towel and apply directly to your shoulder. You can do this for 10 to 15 minutes, three times a day as required.

What happens after the procedure?

Following the operation you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to an orthopaedic ward. You will probably stay in hospital for about three days following your operation to start your rehabilitation and recover from the surgery.

You may be seen by an orthopaedic physiotherapist who will teach you how to put on and take off your sling, and some basic exercises. He/she will also provide advice on general functional adaptations after your surgery and organise your outpatient physiotherapy referral at your local hospital or in the community.

What do I need to do after I go home?

Your arm will be resting in a sling for four to six weeks. You will not be able to fully use your arm for all activities of daily living during this period but the therapists will advise and guide you on what you can and can not do. Wear your sling for rest and support, but remove it to complete your exercises throughout the day. Your rehabilitation will continue with physiotherapy at your local hospital or in the community three weeks after your operation.

It is essential that you continue to take painkillers as advised after your surgery. Your pharmacist and nurse will discuss

with you the management of your painkillers before you go home.

If your pain does not settle, you can either be reviewed in your scheduled outpatient appointment or you can contact your GP for advice and pain management.

Depending on the nature of your employment, you may be signed off from working for six weeks.

What should I do if I have a problem?

Please contact your GP if you experience any of the following:

- **increasing pain**
- **increasing redness, swelling or oozing around the wound site**
- **fever (temperature higher than 37.5°C)**
- **sudden inability to move your arm.**

Will I have a follow-up appointment?

Two weeks following your surgery, you will be asked to attend the outpatients department for a review, wound check and removal of stitches. Your dressings will be changed and reduced as appropriate.

Contact details

If you have any concerns about your operation, please contact the following (Mon to Fri, 9am to 5pm):

- **Mr Corbett's and Mr Richards' secretary on 020 7188 4471**
- **Mr Povlsen's secretary on 020 7188 4466**

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside of these hours.

Contact us

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's

e: pals@gstt.nhs.uk

Knowledge & Information Centre (KIC)

For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.

t: 020 7188 3416

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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