

Reversed Shoulder Replacement



Patient Information



What you need to know about your operation ...

Contents	Page no.
Introduction	3
About your condition	5
About your operation	7
What are the risks?	8
Following the operation	9
<ul style="list-style-type: none">• Pain control• Wearing the sling• Exercise and physiotherapy• Orthopaedic outpatients• Wound and stitches• Return to work• Hobbies• Driving	
Exercises	14
Contact points for further information	19

Advice and exercises for patients following shoulder surgery

Reversed shoulder replacement

Introduction

This information booklet has been produced to help answer any questions you may have about your operation, and about how you should progress following surgery.

It includes the following information:

- The shoulder girdle
- The operation
- What are the risks?
- What to do following your operation
- Exercises

This booklet is designed to be used in conjunction with the professional care you will receive at your hospital.

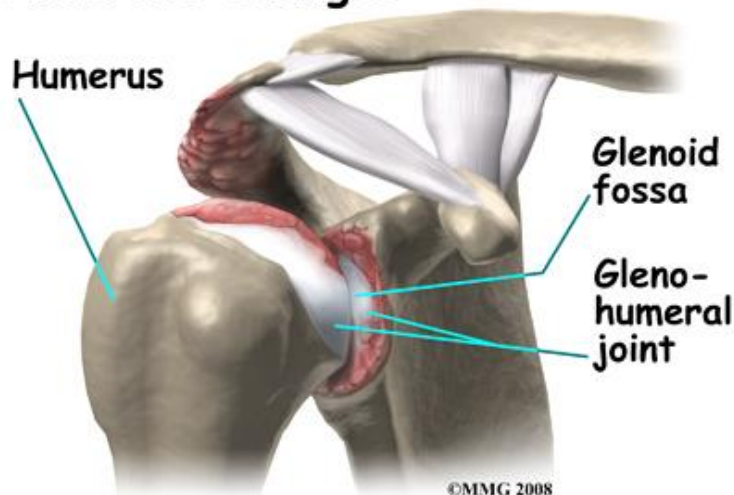
Individual variations requiring specific instructions not mentioned here may be necessary. Your doctor and physiotherapist will be able to advise you appropriately.

The information in this booklet has been developed in association with Mr Nick Fernandez (Consultant Orthopaedic Surgeon), Tracey Atwell (Specialist Physiotherapist), Steven Patrick (Physiotherapist) and Dr Matthew Hough (Anaesthetist).

The shoulder girdle

The shoulder joint is called the gleno-humeral joint. It is a ball and socket joint with a large range of movement. It

Arthritic Changes

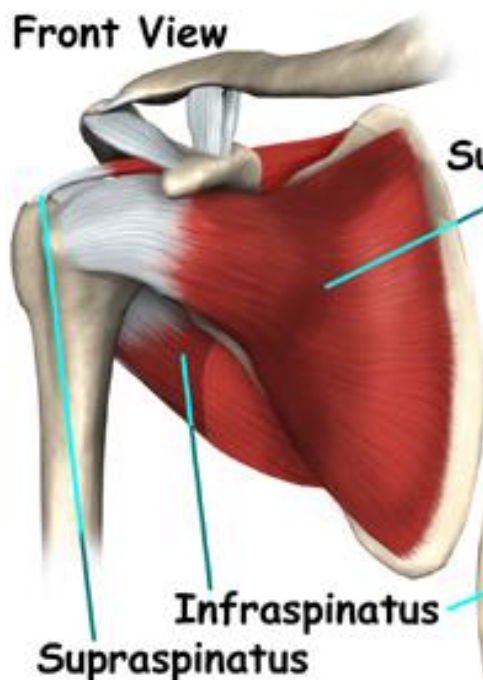


can sometimes wear, which can make it painful and difficult to move.

Movement of the gleno-humeral joint is controlled by a group of muscles and tendons called the rotator cuff.

Sometimes these tendons become worn and torn so they are no longer able to control arm movement adequately.

Front View



Muscles of the Rotator Cuff

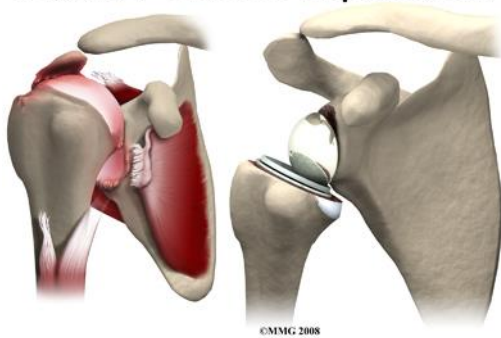
Back View



What is a reverse shoulder replacement?

The reverse shoulder replacement is a ball-and-socket, like the gleno-humeral joint, but the ball is placed on the shoulder blade, and the socket is placed on top of the arm bone. This is the reverse of our normal anatomy, and thus the name "reverse shoulder replacement."

Shoulder Reverse Replacement



Its design enables muscles other than the rotator cuff to control movement of the gleno-humeral joint. A reversed shoulder replacement is therefore used for people who have an

arthritic gleno-humeral joint and a worn rotator cuff.

What are the risks?

As with any operation, however, there are risks involved. Your doctor will have discussed these risks with you prior to the operation. The most important being:

- Complications relating to the anaesthetic
- Infection
- Dislocation
- Unwanted prolonged pain and/or stiffness
- Damage to the nerves or blood vessels around the shoulder
- Loosening and Wear
- A need to redo the surgery

If you require further information please discuss with the doctors either in clinic or on admission.

What to do following the operation

Pain control

The procedure can be painful due to the surgery carried out inside your shoulder.

You will be given pain relief medication to help reduce these symptoms while you are in hospital, and will be given a prescription for continued medication once you have been discharged home. It is important to take the medication regularly, following the instructions given, rather than letting the pain build up until it becomes too uncomfortable. Very occasionally you may require stronger pain relief, in which case you should contact your GP or the orthopaedic team.

Some people may find the use of ice packs over the area helpful. Ice should not be placed directly onto the skin as it may damage it. Use a bag of crushed ice or frozen peas and wrap it in a cloth. Leave the ice pack on for up to 15 minutes and repeat up to a maximum of once every two hours throughout the day.

Remember, that everyone experiences pain in a different way – make sure you take adequate pain relief to make yourself as comfortable as possible.

Wearing the sling

A sling will usually be fitted when you leave the operating theatre. You will return from theatre wearing a sling. This is used for the first 3 to 6 weeks following your operation. It is important that you remove the sling to exercise and wash.

When to start the exercises

The physiotherapist will demonstrate the exercises shown at the back of this booklet. It is important to do these exercises to help prevent your shoulder becoming too stiff. You should start these as soon as possible.

You will see a physiotherapist as an outpatient after you are discharged they will help you progress your exercises. This usually happens two weeks after you are discharged home, and will take place at the hospital nearest to your home.

Orthopaedic outpatient clinic

This is usually arranged for six to eight weeks after your operation to check on your progress. This is a good time to discuss any queries or concerns you may have with the team. Further appointments will be made as necessary.

The wound and stitches

Keep the wound dry until it is healed. This normally takes 10 to 14 days. Your stitch is dissolvable and needs only to be trimmed at your clinic visit.

What you should avoid following your operation

At first you will wear a sling to protect your shoulder. During this early stage you should take particular care to avoid leaning with your body weight on your arm, e.g. to get out of a chair.

How you are likely to progress following your operation

This is variable and dependant on the amount of movement and the strength of your muscles prior to surgery. Following discharge your pain will slowly decrease and you will become more confident. You will be able to use your hand for light activities whilst still wearing the sling at three weeks. After six weeks your strength will start to improve and you will find it easier to do light household tasks.

Returning to activity

You should start slowly with short sessions that do not require too much effort and progress gradually from there. Gentle swimming and exercises in water can begin at 6 weeks, Golf at 3 months. You should be guided by your physiotherapist.

Returning to driving

This is normally at three months, however, you should consult with your surgeon at your follow up appointment. Remember to let your car insurance company know that you have had a shoulder operation.

Any further questions?

If you have further questions that are not answered, please do not hesitate to ask a member of the team.

Exercises

Below are the exercises you should start doing as soon as possible when you go home. The exercises are designed to stop your shoulder and muscles from becoming stiff, to strengthen the muscles that support your shoulder, and to improve your posture.

The exercises should not increase your pain. It is normal to feel some aching, stretching or slight discomfort when doing the exercises. However, if you feel an exercise is causing you intense and lasting pain (e.g. for more than 30 minutes) change the exercise by doing it less forcefully or less often. The key is to do the exercises “little and often” – e.g. for 5-10 minutes, 4 times a day. You can use painkillers and/or an ice pack to reduce the pain before you exercise if necessary.

1. Posture

Poor posture can lead to problems with the shoulder joint, so ensuring your posture is correct is one of the most important things to achieve following shoulder surgery.



Correct posture

In standing or sitting. Keep your arms relaxed; make sure that your chin is not poking forward.

Roll your shoulder blades (scapulae) back and downwards. Hold this position for a few seconds. Do not arch your back.



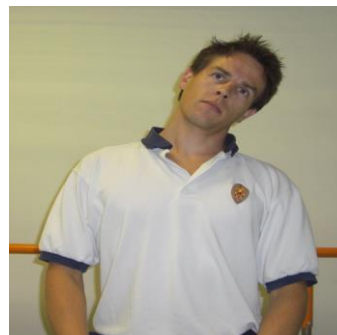
Poor posture

2. Neck stretching

Some people feel pain and tension between their neck and shoulder. This can be helped by correcting your posture (as described above) and gently stretching your neck.

In the correct posture (as above).

Side flex your head away from the operated shoulder and hold for 10 – 20 seconds (or for as long as you feel comfortable).



3. Pendular

The aim of these exercises is to provide a stretch to your shoulder to stop it from becoming stiff. They are good to do in the very early stages when your arm is still sore.

Lean forwards using your good arm to support you. Let your operated arm hang freely as shown in the picture (right).



Starting with small movements let your arm swing like a pendulum:

a) Forwards and backwards



b) Side to side

c) around in a circle



Repeat each movement as many times as is comfortable.

4. Elbow, wrist and hand exercises

In addition to the shoulder exercises detailed above, you should keep your elbow, wrist and fingers moving to ensure they do not become stiff and painful.

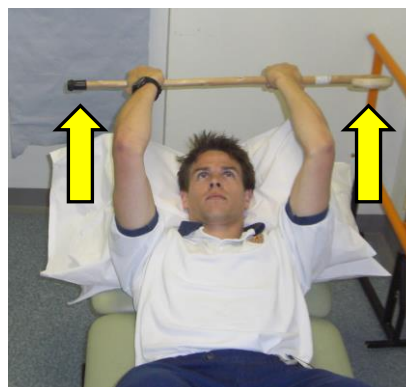
The aim of the next two exercises is to gradually increase the range of movement at the shoulder joint, using your good arm or a stick to assist. Try to gradually increase the range of movement and repetitions as you perform the exercises.

5. Flexion in lying (passive-assisted)



Lying on your back on the bed or floor. Using a stick or your good arm to support your operated arm, bend at the elbow lift the arm up and over your head as pain allows. *Make sure you keep your arm bent.*

Repeat as many times as is comfortable.



6. External rotation in lying (passive-assisted)



Lying on your back on the bed or floor.
Keep the elbow of the operated arm tucked in to your side.

Use a stick to help move the forearm of the operated arm out to the side. Do not twist or rotate your body.
Repeat as many times as is comfortable.



7. Shoulder rolls

The aim of this exercise is to keep the muscles around the shoulder girdle working gently and to help you with your posture.



Sitting up tall in a slow controlled movement gently elevate your shoulders then roll them back and down then forwards and up. Repeat 10 times.

Further information and advice

You can contact our Patient Advice and Liaison Service (PALS) on free phone 0800 7838058 or email pals@dchft.nhs.uk

Dorset County Hospital
Williams Avenue
Dorchester
Dorset DT1 2JY
Switchboard: 01305 251150
Fax: 01305 254155
Minicom: 01305 254444

Email: headquarters@dchft.nhs.uk
Website: www.dchft.nhs.uk

Information sheet authors: Steven Patrick, Physiotherapist; Tracey Atwell, Specialist Physiotherapist; Mr N. Fernandez, Consultant Orthopaedic Surgeon; Dr M. Hough, Consultant Anaesthetist.

Last updated: October 2010.
Review date: December, 2012.