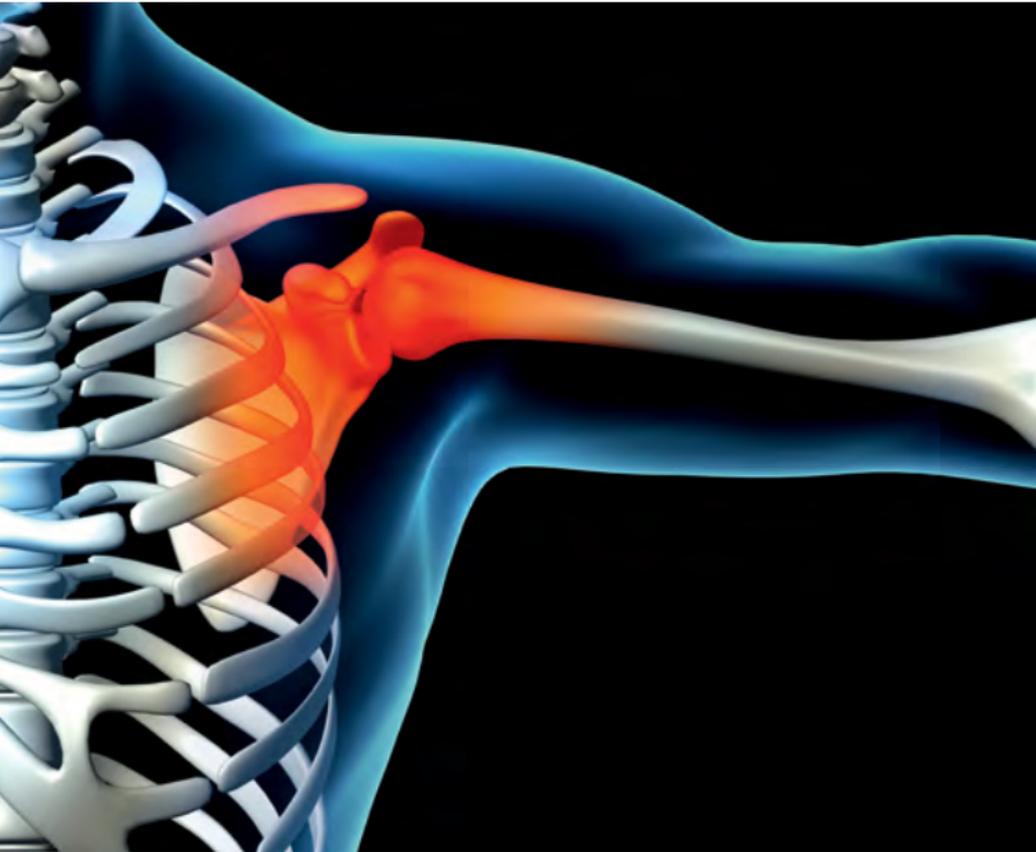




SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*



Reverse Shoulder Arthroplasty – Reverse Shoulder Replacement

Ms. Ruth Delaney
Consultant Orthopaedic Surgeon



INTRODUCTION

Arthritis of the shoulder joint leads to pain and limitation of motion. In arthritis, the cartilage surface of the joint has been worn away. There is often overgrowth of bone as the body attempts to heal, called osteophytes, which contribute to the altered mechanics, stiffness and pain. It is not possible for the cartilage to heal or regenerate, and the pain continues. Shoulder arthritis can be treated with conservative approaches such as injections and anti-inflammatory medications. When symptoms reach the point where the patient feels they are having a significant impact on daily life, and conservative measures are failing to relieve these symptoms adequately, then the patient may be a candidate for shoulder replacement surgery. When there is also a large tear of the rotator cuff tendons, or in certain other situations when there is a significant amount of bony loss associated with the arthritis, a type of shoulder replacement in which the ball and socket are reversed, may be necessary. This is an inverse or reverse shoulder replacement.

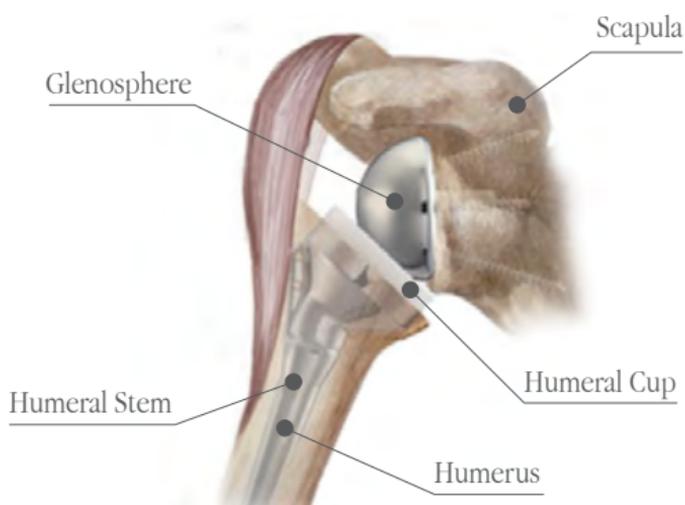


Prior to shoulder replacement surgery, Ms. Delaney may request a CT scan of your shoulder to see the extent of deformity of the joint and to allow for surgical planning.

This leaflet provides general guidelines, but each patient's shoulder condition is unique and Ms. Delaney will discuss with you the specific details relevant to your case.

Reverse Shoulder Replacement Surgery

The surgery is performed under general anaesthesia. The incision is in the front of the shoulder. The arthritic joint surfaces are removed, and replaced with the implant components. In addition, the top portion of the biceps tendon, which is usually degenerative, inflamed and painful in association with the shoulder arthritis, is removed and the biceps is reattached further down the arm.



Reverse Shoulder Replacement Surgery

Risks of reverse shoulder replacement surgery include damage to nerves or blood vessels and infection. You will be given antibiotics by the anaesthetist at the beginning of surgery and for the following 24 hours to minimise the risk of infection. Longer term risks include failure of the prosthesis, instability or dislocation of the replacement, or further trauma causing fracture or loosening. The overall rate of complications is lower for patients who have not had a prior shoulder replacement (10%), when compared to patients undergoing a reverse shoulder replacement as a revision surgery (22%). Patient satisfaction rates with reverse shoulder replacement surgery are generally above 90%.

Post-operative Care

Pain Control

It is to be expected that there will be some pain and discomfort after surgery. You will be given pain medication in hospital and you will be sent home with a prescription for pain medication. The post-operative pain should be controlled by the pain medicine and ice. Apply ice, in the form of ice packs or crushed ice/frozen peas wrapped in a damp cloth, to the shoulder frequently (approximately 20 mins at a time, at least 2-3 times a day).

Sling

You will be placed in a sling at the end of your surgery. The physiotherapist will show you how to manage the sling while protecting the shoulder. The sling is to be worn at all times, including sleep, for 4 weeks. At 4 weeks, you will transition out of the sling and begin active motion of the shoulder, under supervision of your physiotherapist and Ms. Delaney.

Wound

The wound will be covered by a waterproof dressing. Leave this dressing in place for 10 days to allow wound healing. You may shower 72 hours (3 days) after surgery, but do not soak the shoulder in the bath or go into a pool until after cleared to do so at your follow up appointment with Ms. Delaney. Skin stitches are usually absorbable and do not need to be removed.

Follow up Appointments

An appointment will be made for you to see Ms. Delaney approximately 2 weeks after surgery.

Ring the office at 01-526 2335 to confirm this appointment.

Rehabilitation

At your follow up visit with Ms. Delaney, you will be given a prescription for physiotherapy and a detailed physiotherapy protocol for you and your physiotherapist to follow. Typically, you will spend 4 weeks in a sling, during which time you may be allowed to do some supervised, passive motion exercises, followed by active motion exercises after the 4-week point, with any strengthening usually deferred until 12 weeks. Your physiotherapist will demonstrate to you the precautions in terms of position and movements to avoid dislocation of the prosthesis.

Driving



You must not drive while in the sling or while taking narcotic pain medication. Ms. Delaney will advise when you may begin driving.

Return to Work

Return to work depends on the nature of your occupation. You need to discuss this with Ms. Delaney. If you work in a job that involves heavy impact loading of the shoulder, this puts the joint replacement at risk for loosening and failure, and this needs to be discussed prior to your surgery.

Return to Leisure Activities

You will be advised on return to sports and leisure activities by Ms. Delaney and your physiotherapist. In the long term, it is recommended to not use the operative arm for high demand activities such as heavy lifting, carpentry, chopping wood, or contact and collision sports. Ms. Delaney generally recommends that patients should not perform strenuous activities with their arm, to prevent early failure of the reverse prosthesis due to overuse. Obeying activity restrictions ensures increased longevity of the reverse prosthesis. Activities such as golf, however, seem to be well tolerated.

Antibiotic Prophylaxis

After joint replacement, it is important that you take a preventative antibiotic prior to any dental work, as even a simple dental cleaning can cause bacteria to enter your bloodstream and infect your shoulder replacement. Ms. Delaney can provide you with a prescription for this antibiotic whenever you need it – please call the office.



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