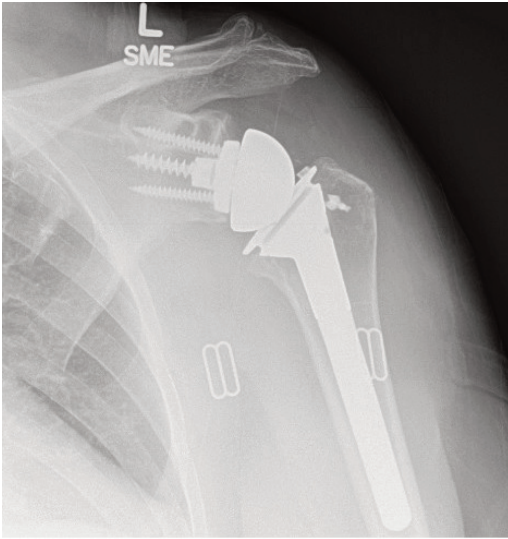


Reverse Total Shoulder Replacement



Preparing for Surgery

You should be examined by your family doctor to ensure you are healthy enough for the planned surgery. You are encouraged to stop smoking before surgery to prevent lung complications or delayed healing. Pre-admission testing (lab work, EKG, chest x-ray) will be scheduled prior to your surgery. Medications such as anti-inflammatory medications, aspirin, and blood thinning medications should be stopped one week before surgery unless otherwise specified by your family doctor.

When is it Time to Think About Surgery?

You may need shoulder replacement surgery if you experience pain, loss of shoulder motion, and difficulty with daily activities of life. These symptoms may be related to arthritis (loss of cartilage) along with a torn or worn out rotator cuff tendon in your shoulder.

About the Surgery

The reverse shoulder replacement uses a ball-and-socket joint where the ball is placed on the shoulder blade and the socket is placed on the top of the arm bone. This is reverse of our normal anatomy and is designed to make the deltoid muscle, the large shoulder muscle that caps the end of the shoulder, work better to make up for the deficiency of your worn out rotator cuff tendon.

This surgery involves the doctor making an incision approximately 4-6 inches long along the front of your shoulder. The surgery takes 1 ½- 2 hours and is performed under a general anesthesia with a nerve block to reduce pain after surgery.

What to Expect After Surgery

Most people are able to get out of bed with help the day of surgery. Hospital stay is usually 1-2 days. You may be discharged home with nursing services and a therapist to help with your home exercises.

Once home, you are encouraged to be up and walking several times per day for short periods to restore your physical strength. You may be more comfortable resting or sleeping in a recliner type chair.

Home exercises are to be done 6 times per day to prevent shoulder stiffness. Formal physical therapy will begin when instructed by your surgeon usually 1-2 weeks after surgery.

Complications and Risks of Surgery

Blood clots: Symptoms of a blood clot include pain, swelling, or redness of your arm, calf or thigh. Call the office immediately if you develop any of these symptoms or go to the emergency room. If you develop sudden shortness of breath go to the emergency room or call 911.

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Infection: Infection is rare but can occur following surgery. You are at higher risk of infection if you have diabetes, rheumatoid arthritis, chronic liver disease, or are taking steroids. Symptoms include: drainage, redness, fever, foul smell or increased pain of surgical site.

Blood loss: It is possible you may need a blood transfusion following surgery. Your doctor will evaluate you daily to determine this need.

Nerve damage: Damage to your surrounding shoulder nerves is rare but can occur. Notify your doctor if numbness or tingling around the shoulder is prolonged or worsens following surgery.

Anesthesia complications: Risk of respiratory failure, shock, cardiac arrest, and death are always possible. Patients with long-term liver, kidney, heart or lung disease are at a higher risk. Nausea and vomiting from the anesthesia are common. Coughing and deep breathing as well as drinking fluids will help flush out the anesthesia gases.

Bone fracture: Although it is rare, a fracture could occur during surgery while fixating the implant.

Pneumonia: Lung congestion is possible following surgery when you are not as active. Coughing and deep breathing is encouraged to help you expand your lungs and clear any congestion.

Constipation: Bowel movements are slowed down with less activity and use of pain medications. Stool softeners will be encouraged after discharge to promote regular bowel movements and prevent constipation.

Dislocation of shoulder: This rarely happens but occurs when soft tissues around the shoulder joint are stretched too soon after surgery.

Recovery Period

The average recovery period for shoulder replacement surgery is 4-6 months. Lower impact activities such as walking, biking and swimming are good forms of exercises after your recovery period.

Treating and Preventing Infection

Notify your family doctor if you develop any suspected infections so you can be placed on an antibiotic to prevent the spread of infection to your shoulder joint. Infections such as ear infections, ingrown toenails, bladder infections, sinus infections, and sore throats should be reported immediately. Make sure all of your doctors know you have had a joint replacement so you can be pre-medicated with an antibiotic before any dental work, bladder, bowel or vaginal surgeries or a colonoscopy.

Home Instructions

Your sling must stay on at all times (even during sleep) and worn for 2-4 weeks following surgery. The chest strap wrapped around your body must stay on for the first 2 weeks. Ice to the surgery area (20 min on and 20 min off) will help decrease your pain and swelling.

72 hours following surgery you may remove dressing and shower but do not submerge your shoulder in water. You are allowed to remove your sling for showering only but keep your surgical arm at the side of your body during the shower. Soapy water may rinse over your surgical site but do not scrub this area. Pat dry the surgical site with a clean towel and leave the incision site open to the air. Do not apply any lotions, ointments, or Neosporin over the incision area.

Post-Op Exercises

You will receive instructions regarding exercises after your surgery.