REVERSE TOTAL SHOULDER REPLACEMENT

The aim of this information sheet is to help answer some of the questions you may have about having a Reverse Total Shoulder Replacement (RTSA). It explains the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital.

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 (i.e. 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 motion.

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

By replacing the worn surfaces with artificial surfaces (prostheses) and reversing the shoulder geometry this should reduce the amount of pain and increase the 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 your individual case.

Reverse shoulder replacement is commonly performed and is generally a safe surgical procedure. Before suggesting the operation, your doctor will have considered that the benefits of the procedure outweigh any disadvantages.

However in order to make an informed decision and give your consent, you need to know to be aware of the possible side effects and risks / complications.

Complications include:

- Infection (1%): this is very serious complication and therefore significant measures are taken to avoid this complication. You will be given antibiotics to try to guard against it. If an infection develops, it may need further operation in order to get rid of the infection.
- Bleeding: you will lose some blood during the procedure, however it is unusual to require a transfusion
- Thrombosis / blood clot

- Stiffness of the shoulder: even with the new shoulder you may 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 other alternatives?

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

The pre-operative preparation information:

Giving my consent (permission)

The staff caring for you will ask your permission to perform the operation. You will be asked to sign a consent form that says you have agreed to the operation and that you understand the benefits, risks and alternatives. If there is anything you don't understand or you need more time to think about it, please tell the staff caríng for you.

What happens during the operation?

The surgical team 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 theatre to undergo the operation.

The surgery involves making an incision 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. You can do this for 10-15 minutes, three times a day as required.

What happens after the procedure?

After surgery you will be transferred to an Orthopaedic Ward. You will probably stay in hospital for approximately three days following your operation to commence 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, teach you some basic exercises and provide advice on general functional adaptations after your surgery. They will also 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't do. Wear your sling for rest and support, but remove it to complete your exercises throughout the day.

Three weeks after your operation.

It is essential that you maintain an adequate level of pain relief after your surgery so make sure that you regularly take your prescribed painkillers. However the tablets are not compulsory and if you have little pain you may not need to take them.

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

What should I do if I have a problem?

If you experience any of the following see your surgeon soon:

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.