



Where we all  
make a difference



The Royal Liverpool  
and Broadgreen  
University Hospitals  
NHS Trust

## Patient information

# Reverse Total Shoulder Replacement

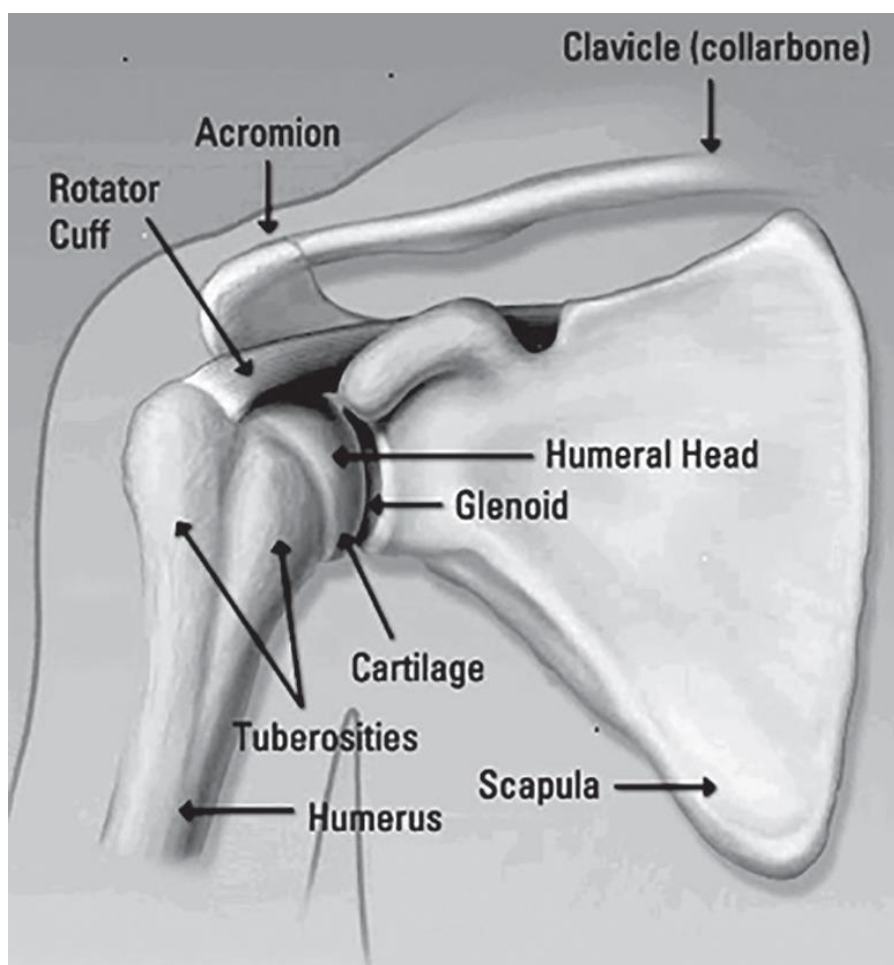
Trauma and Orthopaedic and Therapies Specialities

You have been given this leaflet because your surgeon thinks that you will benefit from this operation. The aim of this operation is to reduce your pain and so improve your function.

### What is a Reverse Total Shoulder Replacement?

The shoulder joint is a ball and socket joint, the ball is at the top of the arm bone (humerus) and the socket is on the shoulder blade (scapula).

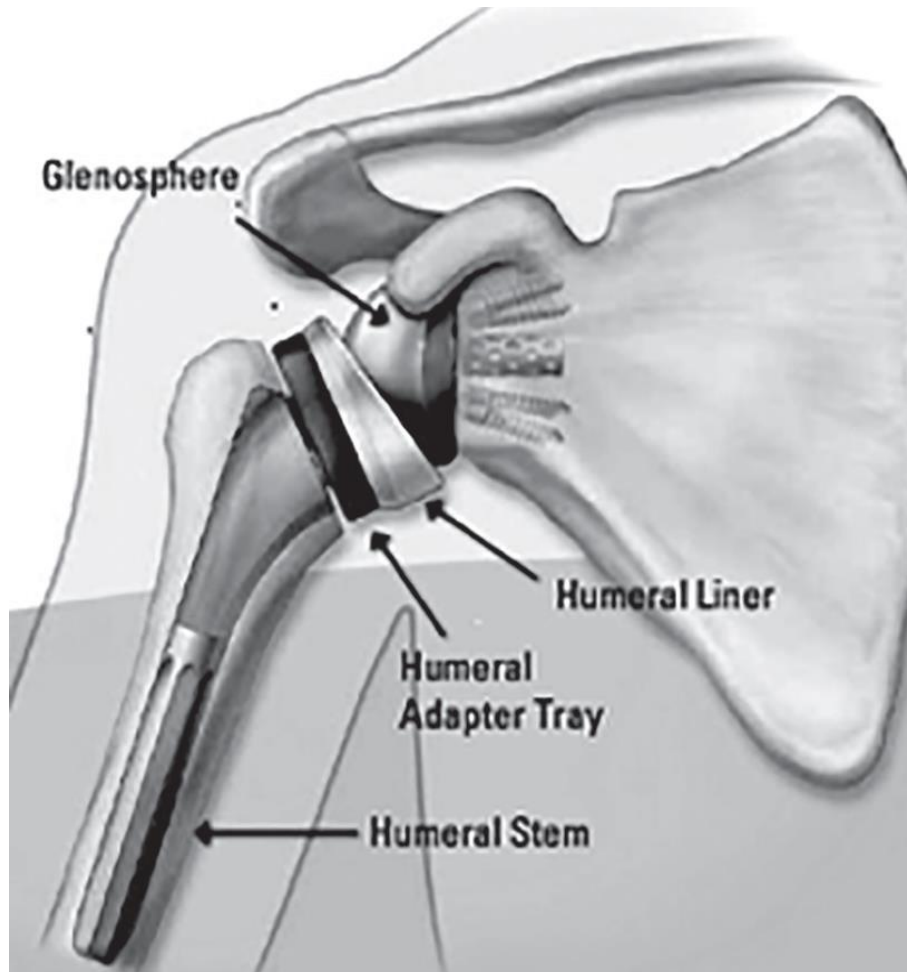
### Healthy shoulder



Reproduced with permission of Exactech UK Ltd.

A Reverse Shoulder Replacement is a total joint replacement. Both joint surfaces (the ball and the socket) are replaced and their positions swapped, so that the ball component is attached to the shoulder blade and the socket component is attached to the humerus (arm bone).

**A reverse total shoulder replacement in situ.**



Reproduced with permission of Exactech UK Ltd.

Surgeons tend to choose this particular type of implant for people who have “wear and tear” of their shoulder joint (osteoarthritis), and a tear of the rotator cuff (muscles that snug the ball into the socket). The design of this joint replacement allows the deltoid muscle (on the outside of the shoulder) to compensate for the rotator cuff and improve function.

**What are the benefits of surgery?**

The main aim of a Reverse Total Shoulder Replacement is to reduce pain and therefore to improve function (your daily activities that you may have difficulty with e.g. getting dressed).

**What are the risks of having a Reverse Total Shoulder Arthroplasty?**

All operations involve an element of risk, these are very small but you need to be aware of them and can discuss them with your doctor at any time.

**The risks are:**

- Complications relating to the anaesthetic.
- Infection.
- Stiffness and or pain around the shoulder.
- Damage to nerves or blood vessels around the shoulder.
- Tear of the rotator cuff muscles.
- Failure of the prosthesis

If you suffer a sudden increase in pain, onset of pins and needles and /or numbness or start to feel unwell and hot you must be reviewed by your doctor at the earliest opportunity.

**Alternatives**

You are having this surgery because other treatment options have been unsuccessful.

**What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist, who is a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet “You and Your Anaesthetic” (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

**Getting ready for your operation**

You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, a chest X-ray, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.

The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have. You will be given instructions on eating and drinking.

You will be able to discuss the operation with a doctor. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

### **The day of your operation**

- You will come into hospital on the day of your operation. Please make sure you contact the ward before you leave home to check bed availability.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain bands can be worn but they will be taped.
- Please leave body piercings at home. Acrylic nails and nail polish will also need to be removed.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to take a shower and put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porters will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the waiting area, a theatre nurse will check your details with you. You will then be asked to put on a disposable hat. The ward nurse will then leave you and you will then be taken to the anaesthetic room.

### **What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

## Going Home

You will usually be kept in hospital overnight or for a couple of days.

## What should I expect after the operation?

Remember that you have just had an operation. It is normal to feel more tired than usual for a few days after having an operation. Your shoulder is likely to be uncomfortable in the first few days' post- surgery. This is normal. You may not feel there is a significant improvement in your pre-operative pain until a few weeks after surgery.

## Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

## Your wound

Your wounds must remain covered with dressings until your outpatient appointment, where your sutures (stitches) will be removed.

Your shoulder is likely to be uncomfortable in the first few days post-surgery. This is normal but can be helped by: -

- Using ice on your shoulder for 15 minutes, twice a day or after exercise and therapy. Gel packs, frozen peas or a plastic pack of ice can be used. These must be wrapped in a damp towel as direct contact with the skin can cause burns (cover your dressings with cling film or a plastic bag to prevent them getting wet).



Sleeping can be uncomfortable if you try and lie on your operated arm. We would recommend that initially you lie on your back or on the opposite

- If you lie on your back support the operated arm with a folded pillow under your lower arm. Make sure that your elbow is above your shoulder. If you are on your side then a folded pillow supports your operated arm from your elbow to your wrist.

- In the first few days after surgery you will find it helps to support your arm on pillows with your elbow in front of your shoulder and slightly out to the side when you are sitting down (see picture).



- Posture can make an important difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in a raised position. Also try to avoid slumping or standing/sitting with round shoulders.

### **Good posture**



### **Poor Posture**





The best pain relief is usually achieved within six months after surgery (in up to 90% of patients according to the research) however there can be continued improvement for up to one year.

### **How long do I need to wear the sling?**

Your sling is for comfort. You can remove the sling for showering (make sure you cover the wound for the first five to seven days after your operation to avoid getting it wet) and to do the exercises shown to you by the physiotherapist.

You can start to take the sling off during the day after one to two weeks but you should be guided by pain and your physiotherapist. Gradually increase the period that you leave the sling off. You should wear the sling at night for six weeks.

### **How long will it take me to recover?**

Patients having this procedure will usually regain functional range of movement by twelve to sixteen weeks.

### **What is the long term prognosis?**

You will continue to improve up to two years following the operation, but from six months these improvements are usually much slower. Everybody is individual and makes progress at slightly different rates, but overall more than 85% of patients get a satisfactory result in the first six months.

### **Returning to work**

Return to work is dependent on the nature of your work and how quickly your pain settles. The following are guidelines only;

- Sedentary work e.g. after six weeks.
- Light manual work – after twelve weeks.
- Heavy manual work – should be avoided altogether.

This must be discussed with your surgeon or physiotherapist as it will depend on your range of movement and muscle control.

In the long term you must continue to avoid heavy lifting and weight bearing through your arm.

### **When can I return to driving, hobbies etc?**

You can usually begin driving six weeks after your operation if you feel comfortable. We suggest that you check that you can safely do a three point turn and an emergency stop before you return to driving. However it is essential that you discuss this with your surgeon or physiotherapist and inform your insurance company that you have had shoulder surgery.

## **When will I go back to see the doctor?**

You will be reviewed in the consultant's clinic approximately two weeks following your surgery. After this initial appointment the frequency of your follow up appointments will vary.

In the long term you will be reviewed on a yearly basis by a specialist physiotherapist on behalf of your consultant. You will be asked to complete some questionnaires at each follow up appointment. This will help us track your progress.

## **Physiotherapy appointments- How often will I have to attend?**

It is essential to your recovery to attend physiotherapy as directed by your physiotherapist. You have an important part to play in your own recovery and therefore will be expected to follow your home exercise programme as instructed.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Notes Specific to You**



## **Further Information:**

**Physiotherapy Department  
Royal Liverpool University Hospital  
Prescot Street  
Liverpool L7 8XP  
Tel: 0151 706 2760  
Text phone number; 18001 0151 706 2760**

**Therapies Department  
Alexander Wing  
Broadgreen Hospital  
Thomas Drive  
L14 3LB  
Tel: 0151 282 6276  
Text phone number: 18001 0151 282 6276**

**Author: Trauma and Orthopaedic and Therapies Specialities  
Review Date: June 2022**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل ائتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 ( Moon ) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوندیدار به نه‌خوشانه‌ی له‌لایمن تراسته‌وه په‌سمند کراون، نه‌گمر داوا بکریټ له فورماته‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خویندنه‌وه)، چاپی گموره، شریټی دهنگ، هیلی موون و نه‌لیکترونیکی هیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字  
体、音频、盲文、穆恩体 ( Moon ) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la  
codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn,  
dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.