



Reverse Shoulder Replacement

Why am I having this surgery?

The shoulder joint is made up of the head of the humerus (the ball) and the glenoid labrum of the scapula (socket). It is the most mobile joint in the body, and these movements are controlled by the number of muscles and tendons that sit around the joint. The 4 main muscles that stabilise this joint are called the rotator cuff. There is also a joint capsule that sits all around the shoulder joint, and this provides the fluid needed for smooth movement. The ball and socket in a healthy shoulder are covered in a smooth layer called articular cartilage. When this cartilage becomes damaged, such as in arthritis, the bones rub directly together which can be painful and restrict function.

What happens during my surgery?

During your operation your Surgeon will replace the ball and socket in your shoulder with an artificial joint, called a prosthesis. In a reverse shoulder replacement, the humerus becomes the socket and the scapula becomes the ball – the opposite way round to normal. This is usually done in cases where the rotator cuff muscles are badly damaged and therefore unable to be repaired. Reversing the ball and socket has two benefits in these cases; it provides more stability and also makes it easier for the other muscles in your shoulder to work in order to compensate for the damaged muscles.

What should I expect after my surgery?

It is important to remember that this operation is usually done to improve your pain and will not necessarily increase your movement. However, you may find that once your pain has improved that you are able to use your shoulder more than before.

Sling

You will return from theatre wearing a sling to support your arm. This must be worn for ___ weeks as advised by your physiotherapist. This must be worn continuously day and night. The sling can be removed only to do your exercises and to wash and dress. Information regarding application of your sling is available from nursing staff. After this time you can gradually wean yourself off the sling. Your physiotherapist can advise you regarding this.

Pain relief

A nerve block is sometimes used during surgery which means your limb may feel numb immediately after your operation. It is normal to feel some pain as the block wears off and you will be provided with some painkillers to help with this. It is important to take these as prescribed to keep pain to a minimum.

Ice

Ice can be helpful to reduce pain/swelling. Protect your dressings from getting wet with a plastic bag. Wrap a bag of ice/frozen peas in a damp towel and apply for 10-15 minutes. This can be repeated every 3-4 hours.

Wound care

Your wounds will need to be kept clean and dry. The nursing staff will provide you with more information about wound care on discharge.



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Driving and work

You must not drive whilst wearing your sling. Please discuss this with your consultant or physiotherapist. When you can return to work depends on what job you do. Your physiotherapist or consultant will be able to advise you on this.

Leisure and sport

Return to previous sport will depend on the particular activity, your strength and movement. Please discuss this with your consultant or physiotherapist before returning to the activity.

Rehabilitation

Outpatient physiotherapy will normally start 6 weeks after your operation. This should be organised before you are discharged. Rehabilitation is essential if you are going to get the most out of your shoulder operation.

How quickly will I get back to normal?

Whilst your shoulder is in the sling you will be more or less one handed for all of your daily activities. Once out of your sling, you will be able to use your arm more as advised by your physiotherapist. Remember your shoulder will take approximately 4 to 6 months to significantly improve, with improvement continuing for 12 months.

If you have any questions or need any advice about your exercises then please contact the Physiotherapy Department between 8am - 4pm Monday to Friday on 0121 685 4120.

Instructions for after your surgery:

Reverse Shoulder Replacement

Personal Exercise Program

Reverse Shoulder Replacement



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Lying on your back with elbows straight.

Use one arm to lift the other arm up keeping it as close to the ear as possible. Do not lift any higher than 90 degrees (as shown in picture).

Repeat 10 times, three times a day.

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Sit stand or lie.

Support your operated arm next to your tummy with your good arm. Keeping your elbow at a right angle, gently move your operated arm outwards so level with your body.

Repeat 10 times, three times a day.

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Sit or stand.

Roll your shoulder around in circles forwards and backwards.

Repeat 10 times, three times a day.

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Stand.

Bend your elbow and then straighten your elbow.

Repeat 10 times, three times a day.

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Stand with your elbow bent and palm turned down.

Turn your palm up and down rotating your forearm.

Repeat 10 times, three times a day.



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Forearm supported on a table.

Bend and straighten your wrist keeping your fingers straight throughout the exercise.

Repeat 10 times, three times a day.



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Sit. Place your hand on the front of the opposite shoulder. Feel your shoulder with your fingers making sure that the shoulder does not come forward.

Move your shoulder gently back into the shoulder socket (small movement).

Hold 5 seconds.

Repeat 10 times.