



**University Hospitals Birmingham**  
NHS Foundation Trust



# Reverse shoulder replacement

An information guide for patients

**Building healthier lives**

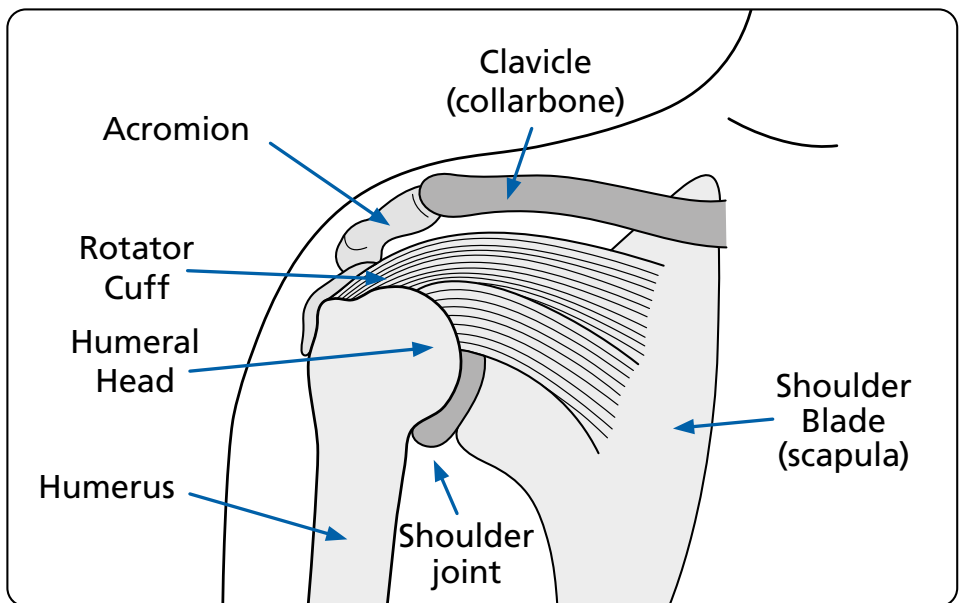
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## Shoulder anatomy

The shoulder complex is made up of three bones; the humerus, scapula and clavicle. Together these form a ball and socket joint. Your shoulder is the most mobile joint in your body and is therefore dependent on strong muscles to move and stabilise it. The most important muscles for this purpose are the rotator cuff muscles.

The rotator cuff is a group of muscles closely wrapped around the top of your arm (humerus). These muscles originate from your shoulder blade and their tendons form a cuff which covers the joint. These muscles keep the joint in the right position and control shoulder movements.



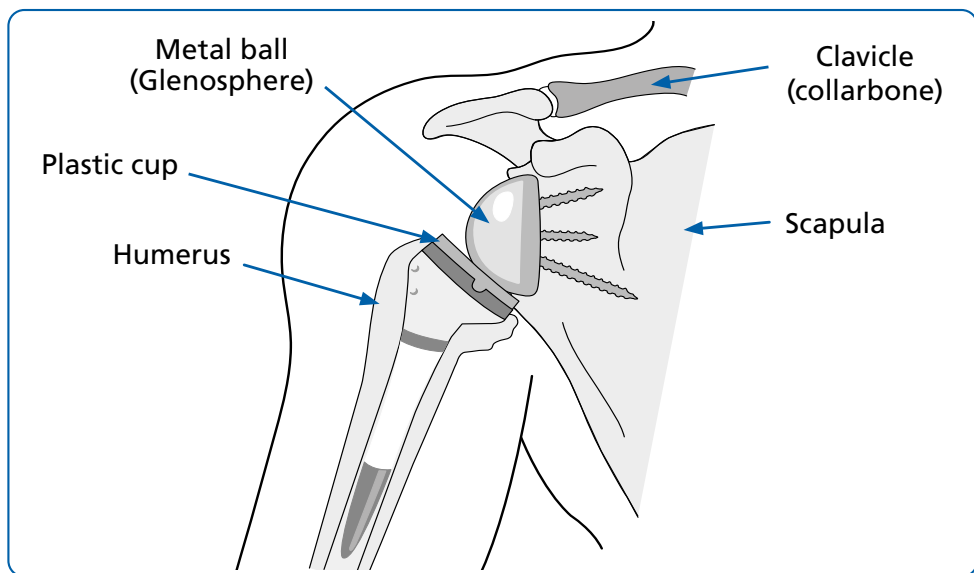
These tendons can be damaged through general wear and tear, or after an accident/fall. If these tendons are damaged then this can result in poor positioning of the humerus and ultimately damage the joint (arthritis). This can lead to pain and weakness and you may not be able to use your arm fully.



You may have had previous, unsuccessful shoulder surgery that has resulted in these symptoms.

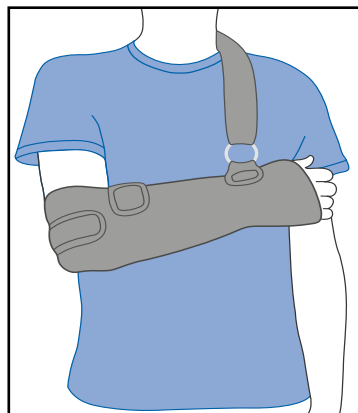
## What is a reverse shoulder replacement?

In a reverse shoulder replacement the structure of your shoulder joint is reversed and the position of the ball and socket are swapped over (see figure below). This operation is done under general anaesthetic. The aim of this surgery is to reduce your pain and improve your shoulder function.



## After the operation

Your arm is supported in a sling straight after your operation to protect it. It is essential that you wear the sling day and night for the first few weeks (your Physiotherapist will advise you). You can remove the sling to carry out your exercises and for washing and dressing.





## Pain

It is normal to feel some pain following your operation. You will be given some painkillers and/or anti-inflammatory medication to take in the days following the operation.

Using ice on your shoulder can be helpful in reducing pain. Wrap a bag of crushed ice, or frozen peas in a damp towel.

Protect your dressings from getting wet with a layer of cling film, or a plastic bag, before applying the ice pack for 10-15 minutes at a time.

Posture can make a big difference to your pain after surgery. Avoid 'hitching' your shoulder or holding it in an elevated position. Also try to avoid slumping or standing/sitting with round shoulders as this puts more stress onto your shoulder.

## Getting back to normal

It is normal to feel more tired than usual for a few days after having an operation. Sleeping can be uncomfortable and it is important to try not to lie on your operated shoulder. You should wear your sling in bed for the first few weeks to protect your shoulder (as advised by your Physiotherapist). Using pillows to support your operated arm and maintain your posture when sleeping will help with the discomfort.

You can gradually begin to use your arm for eating and drinking as your pain allows.

## Washing and dressing

It is important to keep the wound clean and dry. Dressings and bandages that are applied in theatre also need to stay dry.

Remove your sling when bathing or showering, but keep your arm close to your body. Ensure that the area is dry before dressing to prevent irritation in the armpit. It is easier to wear looser fitting clothes and dress by putting your operated arm into position in the top first.



## **Wound care**

Your wound needs to stay clean and dry. If you have removable stitches they will be removed after 10–14 days. If dissolvable stitches are used, they will not need to be removed. Your stitches will be removed at an outpatient clinic appointment.

## **Rehabilitation**

Rehabilitation is important if you are to get the most out of your shoulder after the operation. You should be given information about your first physiotherapy appointment before you leave hospital. The amount of physiotherapy you will need will depend on your individual progress and the level of activity you wish to return to.

## **Returning to work**

The amount of time you have off work depends on your job. If you have a manual job, or one that involves lifting, you may not be able to do this for 12 weeks. Please discuss this with your Consultant or Physiotherapist.

## **Driving**

When you are comfortable and in control of your shoulder and arm you may return to driving. You must be able to comfortably control your vehicle and perform emergency manoeuvres. This should not be attempted until approximately 6 weeks. You should discuss this further with your Consultant or Physiotherapist.

## **Sports and activities**

The timescale for which you can go back to any previous sport or activity will depend on your movement and strength and the particular activity you have in mind. Please discuss returning to any activity or sport with your Consultant or Physiotherapist.



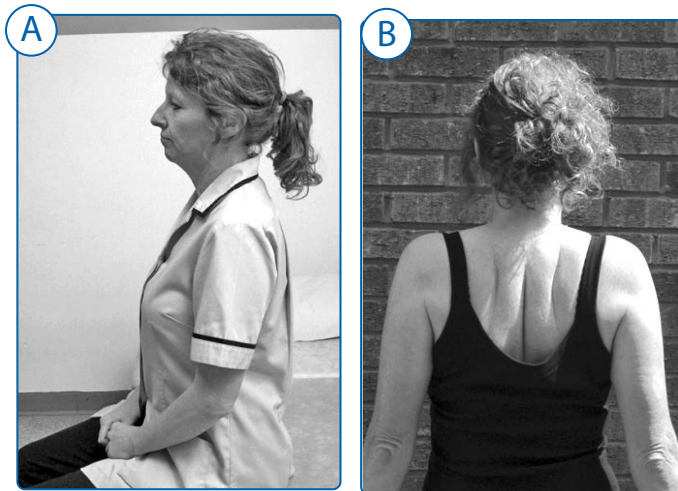
## Post-operative exercises

With all of your exercises you should aim to repeat 10 repetitions, 3 times a day unless otherwise advised by your Physiotherapist.

From 2 days after surgery:

### 1. Postural awareness and scapular setting

- Sit and stand with good posture; adopting a good posture puts your shoulders in a good position, with the least stress on the area where you have had surgery
- Slowly draw shoulder blades back and down towards your waist band. Hold and maintain for 10 seconds





## 2. Pendular exercises

- Lean forwards and rest on your non-operated arm
- Allow your operated arm to swing forwards and backwards like a pendulum on a clock
- The further you lean forwards, the easier your arm will swing



## 3. Shoulder flexion with a stick

- Lie on your back holding a stick in both hands. Your hands should be touching and palm down with the stick resting on your body.
- Keeping your arms straight raise the stick up allowing the non-operative arm to provide most of the effort needed. The operative arm should be relaxed throughout the exercise. Take the arm up as far as you can but **DO NOT FORCE or produce a STRETCH** and then return to the starting position.



## 4. External Rotation with a stick

- Lying on your back with a folded towel under the operated arm with the elbow bent to 90 degrees with a stick held in your hands (as per photo).
- Keeping the affected elbow on the towel close to your body, rotate the arm away from your body using the stick to start and help the movement. **DO NOT FORCE or produce a STRETCH** and then return to the starting position.





**Gradually wean off your sling.**

**Do not force any movements.**

**Avoid taking your arm out to the side if it is painful.**

**You can start to use your arm for tasks that are below shoulder height, for example eating, writing and typing.**

## Contact details

If you have any questions regarding your operation or treatment, please do not hesitate to call us.

## Consultant secretaries

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