

You may require a Reverse Shoulder Arthroplasty because your diagnosis is **shoulder rotator cuff tear/deficiency with or without glenohumeral arthritis.**

The rotator cuff of the shoulder can develop an extensive tear or degeneration that cannot be repaired. Glenohumeral arthritis of the shoulder joint is often associated with this level of rotator cuff deficiency.



**Xray of an arthritic shoulder joint with evidence of a rotator cuff tear (the humeral head has moved up in the joint)**



**Xray of a reverse shoulder replacement**

## How does reverse shoulder replacement surgery help?

The shoulder is a “ball-and-socket” joint. The ball is the head of the humerus and the socket is the glenoid (on the scapula or ‘shoulder blade’). When a person has a massive rotator cuff tear the ball of the joint tends to move up almost touching the bone above it (as in the xray shown on page 1). This can make moving the arm painful and difficult. If the tear is too large to be repaired a reverse shoulder replacement is a good option. Some people have severe arthritis in addition to a massive rotator cuff tear, and a reverse shoulder replacement is a good option for this situation as well.

A reverse shoulder replacement “reverses” the shoulder anatomy, putting the round “head” on the “socket” side and the socket on the head side. By changing the anatomy of the shoulder the deltoid muscle of the shoulder is able to function like the rotator cuff, which allows a person to lift their arm through a full range of motion. In addition, if someone has arthritis as well as a severe rotator cuff tear, removing the arthritis surfaces and replacing with the implant removes the source of arthritic pain.

## Short stem reverse shoulder replacement



**Patient Reported Outcomes 1 Year after Reverse Shoulder Replacement:**

**90%**  
of people state they are  
satisfied or very satisfied  
1 year after reverse shoulder  
replacement



Reaching to head height or higher is  
no longer difficult



The majority of individuals who wish to return to work or a recreational activity are  
able to do so.

## **Frequently Asked Questions**

### **How long is the hospital stay after a shoulder replacement?**

Many people stay in the hospital for 1 or 2 evenings following shoulder replacement although some people are able to go home the same day as an outpatient. It is important that pain is well managed prior to leaving the hospital. Having help at home after a shoulder replacement surgery is highly recommended because of the need to have assistance with driving and range of motion activities.

### **What type of anesthesia is used for a shoulder replacement surgery?**

An interscalene brachial plexus nerve block along with general anesthesia are typically the types of anesthesia utilized for a shoulder replacement surgery. You can discuss options for anesthesia with your anesthesiologist prior to surgery.

A nerve block numbs the shoulder and arm during and for a number of hours after surgery. When the block wears off a person's shoulder pain will start to increase so speak with your nurse about managing the surgical pain as the block wears off. Nurses will help you determine the timing of pain medication in order to make this transition as comfortable as possible.

### **How is the surgical pain managed?**

Pain after a surgical procedure is unavoidable but by appropriately use of pain medications as well as using a cold therapy unit with recirculating ice will help to make the pain much more manageable. The nurses will help you determine how to manage the pain associated with surgery including figuring out what pain medication works best for you.

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

The sling is meant to protect, not strictly "immobilize" the arm. The sling should be used intermittently for approximately 6 weeks after surgery; it is especially important to sleep in the sling and use it when out in a public place the first 6 weeks after surgery. Unless instructed otherwise, the sling should be removed at least 3 times a day to in order to bend and straighten the elbow to work out any stiffness. Performing gentle hand exercises such as lightly squeezing a ball helps minimize swelling that can occur in the hand and fingers.

### **What are common problems experienced immediately after surgery?**

Most people have some difficulty sleeping after shoulder surgery. Sleeping in a recliner or propped up on pillows can help. Sleeping on the side opposite the shoulder surgery just after a shoulder replacement won't do any damage but most people find it is too uncomfortable. Overtime, most people are able to sleep on the side that was operated on.

### **Is physical or occupational therapy necessary after shoulder replacement?**

The day of surgery a hospital physical or occupational therapist usually provides instruction on passive motion exercises. Ideally, they provide this instruction to the patient as well as a family member or friend because passive motion requires someone to move the patient's arm through a limited range of motion. Prescriptions for outpatient physical therapy are provided at the post-operative visits to the surgeon's clinic. The prescriptions describe the appropriate activities at the specific post-operative time. Seeing a PT and/or OT is important so the progression of activity is done in a safe manner, leading to the best possible result.

### **When is driving allowed?**

Safe driving is a two-handed activity therefore we recommend no driving for the first 6 weeks after surgery or if the sling is still being worn. In addition, if a patient is still taking narcotic pain medication, he/she should not drive.

### ***When can I go back to my regular physical activity?***

The answer to this question varies for every individual depending on the activity. Cardiovascular exercise is important and encouraged after surgery; walking or riding a stationary bike without putting pressure on the operated arm are good activities to begin after surgery. Light jogging is allowed at 2 – 3 months after surgery.

### ***When can I go back to work?***

If work is more sedentary such as computer-based work, returning in days to weeks may be reasonable. For more physically demanding jobs it is important to discuss job requirements with the shoulder team to fully understand how the surgery may impact returning to work.