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www.jf-ortho.co.uk
www.manchesterorthopaedicgroup.co.uk
www.advancedshoulderclinic.co.uk
www.orthobiologicsclinic.co.uk

Reverse shoulder replacement

You've been listed for an operation called reverse shoulder replacement. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection. Deep infection affecting the inside of the joint and the implant is even rarer, but this can cause major problems requiring multiple operations, weeks on antibiotics and prolonged stay in hospital. Eradicating deep infection is a difficult and lengthy process, sometimes it's necessary to remove infected implants and patients may have to live without a shoulder joint for a few months before undergoing re-implantation of another shoulder joint. In very rare instances infections prove treatment resistant causing long-term pain and disability

Nerve/artery damage: Nerve damage is a rare problem potentially resulting in pain, numbness and weakness. Usually this is a problem that gets better with time. Permanent damage is very rare. Damage to the major artery nearby is very rare but can result in major bleeding and may require vascular surgery to rectify.

Dislocation: There is a small risk of the new shoulder joint dislocating. The dislocated joint may have to be reduced under anaesthetic. Ongoing repeated dislocations a rare but may ultimately require revision surgery.

Implant failure: All implants eventually fail from wear. On average 90% of shoulder replacements are still in good working order after 10 years, some survive for 15 or 20 years. A failing shoulder replacement can be revised to a new joint, but this is a big job. Early catastrophic implant failure as a result of breakage, dislocation or loosening is rare and usually requires revision surgery.

Pain: Treating pain is the main goal of the operation and most patients are very comfortable once they are fully recovered. Some niggles may persist. Severe ongoing pain is rare and will have to be investigated to rule out problems like infection.

Lack of function and stiffness: Function following surgery varies. Some patients develop an excellent range of movement, others will only achieve the same function they had prior to the operation. That depends mainly on two factors: Strength in the deltoid muscle and degree of preoperative stiffness.

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External rotation (like for example putting the hand behind the head) can be restricted even if function is otherwise very good.

Swelling and bruising: This is normal after surgery and usually resolves quickly.

Deep vein thrombosis (DVT), pulmonary embolism (PE): There is a risk of developing blood clots in the veins (DVT) following surgery. If a clot dislodges and goes into the lungs this is called a PE. Massive PE's can be fatal, but this is very rare. You will receive Heparin injections to minimise the risk of clots, but there is still a small risk of clots forming even with treatment.

Following Surgery: Your arm will be in a sling for 2 to 3 weeks. You will be in Hospital until the pain can be controlled with normal painkillers. Most patients stay in Hospital for 2-3 nights following the operation.

Physiotherapy: The Physios on the ward will give you instructions regarding simple exercises, hygiene etc. They will look after you during your Rehab and will gradually give you more exercises.

Sutures and dressings: The sutures are absorbable. There is no need to remove them. The dressing can be removed after 2 weeks and provided everything has healed well you can then have a shower or a bath without the need to cover the wound.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice on 01625 505416

If you would prefer to discuss this again with me prior to treatment then please contact my secretary: Tel 07935 480188, email jfortho.secretary@gmail.com