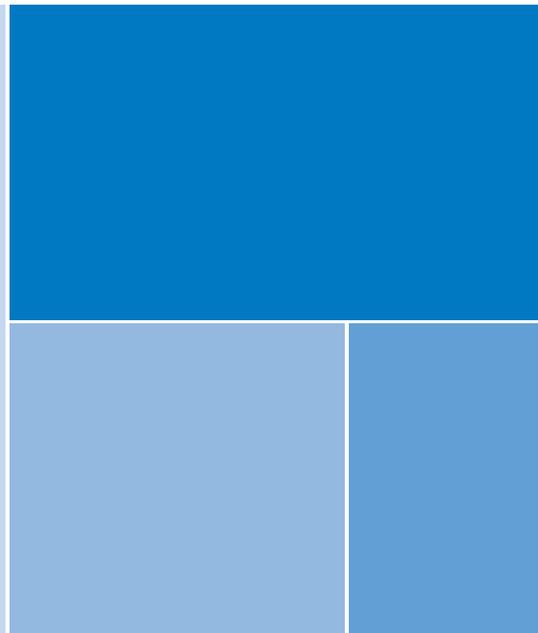
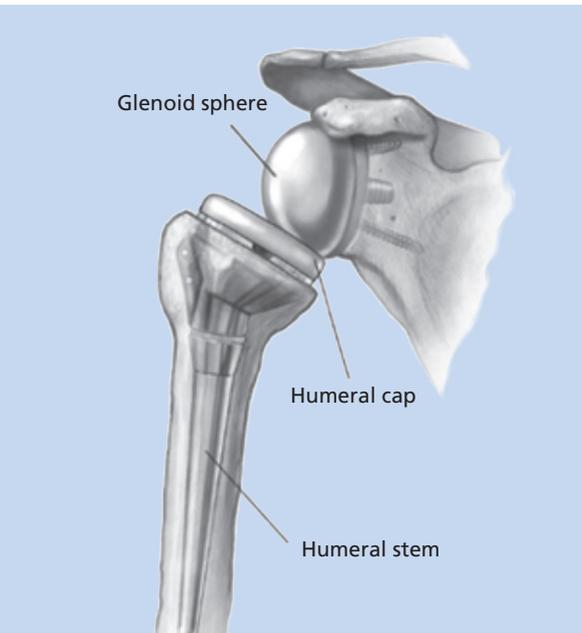


Reverse Shoulder Replacement



[Patient Information](#)

Introduction

This booklet provides information and advice about your reverse shoulder replacement surgery. This information will aid your recovery and rehabilitation immediately following your surgery at the James Paget University Hospital and once you are discharged home.

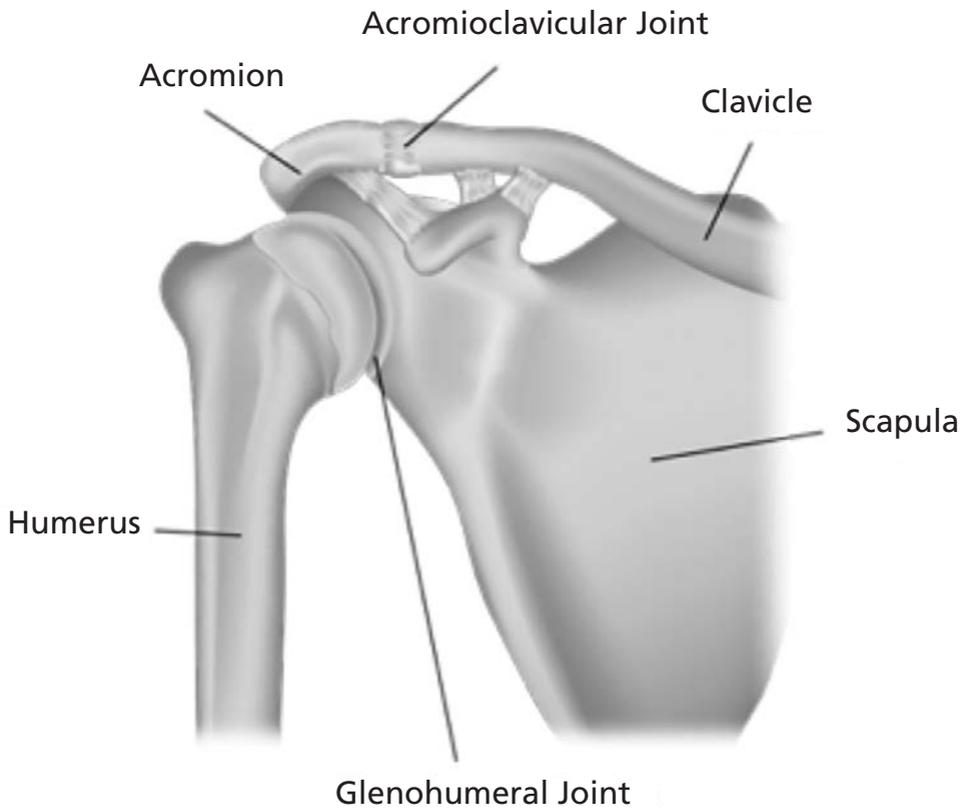
The aim of your surgery and post-operative advice is to regain as much range of movement in your shoulder as soon as pain allows.

A structured rehabilitation programme is vital for achieving the best possible outcome in the long term. This booklet contains exercises that will help strengthen the muscles around the shoulder so that you regain full range of movement and function.

Due to the nature of your surgery, you will require assistance with washing and dressing when you return home. This should be arranged prior to your admission to hospital, if you are an elective procedure. If you have any issues or questions surrounding this, please speak with the ward physiotherapist or occupational therapist.

Anatomy and function

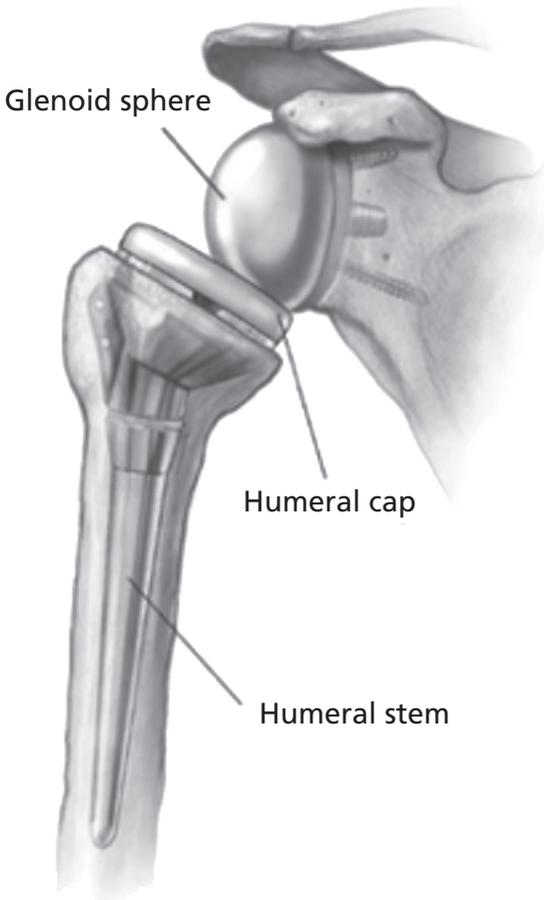
The shoulder is known as a ball and socket joint (Glenohumeral Joint), where the ball is made from the top of the arm bone (humerus) and fits with the socket which is part of your shoulder.



Reasons for your operation

The main reason for having a shoulder joint replacement is due to arthritis. It may also be required following a fracture or injury to the shoulder joint.

A joint replacement is when the damaged surfaces are replaced with an artificial ball and socket joint.



A reverse shoulder replacement is where the structure of your shoulder is reversed, so the ball becomes the socket and the socket becomes the ball. This allows the stronger muscles around the shoulder to move your arm with less force to improve the range of movement.

Your hospital stay

A reverse shoulder replacement usually requires an overnight stay in hospital. This is to ensure that the surgery has been successful and for the integrated therapy team to complete their assessments.

You will be seen by a physiotherapist prior to your discharge to go through the exercises and to answer any questions that you might have.

Post-Operative Advice

Precautions

Shoulder movement must be restricted to:

- 90 degrees of flexion, which means your elbow must not move above your shoulder.
- 70 degrees of abduction, which is taking your arm out to the side.

Until informed otherwise by your community physiotherapist or consultant.

You must avoid the following positions for **6 weeks**:



Avoid scratching your back or doing your bra up behind you.



Avoid brushing the back of your head.



Avoid reaching back behind you.



Avoid taking your arm out to your side, in a "high five" position.

Peripheral nerve block

Some patients will have a peripheral nerve block during the operation. This may result in reduced feeling and movement in your operated arm and shoulder. This anaesthetic technique is very safe and effective. Serious complications are very rare.

Normal side effects of regional anaesthesia include numbness and heaviness in your limb. These symptoms might still be present when you are discharged home. They should resolve within 48 hours, and strength and feeling in your limbs should return to normal.

Remember to protect your limb from potential hazards while there is still numbness and weakness for example hot surfaces.

Please call us for advice if you have any concerns regarding your anaesthetic management once you are at home or experience any of the following symptoms within your first week at home:

- A **suspicion of infection** around the injection site of the nerve block. Signs include a temperature, localised redness, tenderness, swelling or oozing from the wound site.
- Any **pain or weakness** in your arm which did not exist before your surgery and you do not think was caused by your surgery.
- **Persistent numbness** or altered sensation in your arm.
- Any **new numbness or weakness** in your arm which develops after your discharge home.

If you have had a peripheral nerve block and have any queries during the week between 0700 and 1900, please contact the Hospital switchboard on **01493 452452** and ask to speak to the 'Anaesthetist Trouble Shooter'. Outside of these hours or at weekends please ask to speak to the anaesthetist-on-call.

Wound care

Your operation is likely to have been performed via an open procedure. This is where an incision is made into the skin to enable the surgeon to insert the new shoulder joint. Keep the wounds dry until they are healed, which is normally within 8 to 10 days.

The wound can be closed with stitches or clips that need removing or dissolvable stitches or glue. If the stitches/clips need removing, this is usually done at 10 to 14 days after your operation at your GP practice.

We recommend that you strip wash for the first 10 days with your sterile dressing on. After this, you can shower but you must still keep your dressing on, and do not submerge under water e.g. bath. After this, you may shower without the dressing, only allowing the water to run over the area, do not rub with soap or rub dry.

You must keep your arm close to your body and not use it to help with washing yourself. Avoid using spray deodorant, talcum powder or perfumes near or on the wounds until they are healed to reduce the risk of infection.

Wound infection

If the wound edge becomes red, oozy and/or painful please contact the ward that you were admitted to for your surgery. You will be asked to come into the hospital for a physical review to assess if you need antibiotics and which you might need. Please do not attend your local GP Practice for a review of your wound if you believe it to be infected.

Pain relief

As with any surgery, you should expect some degree of pain. Painkillers will be prescribed and it is advised that you take them regularly so that you can perform your exercises and you are able to use the arm.

Ice and swelling

You may experience swelling of your shoulder for up to 6 weeks post operatively. Ice can be used to help control the pain and reduce this swelling.

In sitting, rest your arm on a pillow(s) or on the arm of a chair to relax the shoulder. Place a protective layer between your skin and the ice, e.g. a damp tea towel. Remove the ice after a maximum of 15 minutes. If you do not have ice, a large bag of frozen peas makes an excellent ice pack. You can repeat this up to four times a day.

The sling

You will be provided with a sling, which is for your comfort. We advise you to wear this sling for up to 4 weeks. The physiotherapist on the ward will tell you the exact time frame.

You may find it comfortable to wear a waistband at night times, to ensure the arm feels secure.

You may remove the sling for washing and dressing purposes and to complete your exercises. You should aim to keep your hand higher than the elbow in the sling.

Correct position

When wearing a sling make sure your hand is elevated above your elbow and that your shoulder feels comfortable. Your shoulder should not be raised or feel tense. To reduce the chance of this, make sure your elbow is relaxed into the corner of the sling and that the strap is coming around your non-operated shoulder.



Incorrect position

The picture below is how not to wear the sling. You should not allow the wrist to hang out of the sling, as this can damage the nerves at your wrist. The shoulder strap should not pull on your neck as this will cause muscle and nerve damage. Your operated shoulder should not be rounded or pulled forward.



Sleeping

You will need to keep the sling on whilst sleeping for the first six weeks.

It is best to avoid sleeping on the side of your operation as this will be very uncomfortable. When laying on your non-operated side, you can fold or hug a pillow in front of you to support the arm. You can also tuck a pillow along your back to help prevent rolling onto the operated shoulder during the night.



You may find initially, lying on your back in a more upright position to be more comfortable. To help keep the arm in a comfortable position, place a pillow behind it.



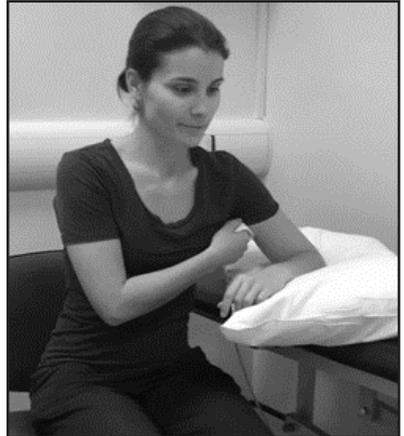
Washing and dressing

Due to the shoulder precautions you need to adhere to, you will need assistance with washing and dressing. You will also need someone to assist with washing and/or brushing your hair as it is not advisable to reach the back of your head.

It is advised you wash and dress whilst sitting with your arm rested on your lap or on a table with a pillow underneath your operated arm. Do not use your operated arm to wash your non-operated side.

It is easier to dress the operated arm first, and then the non-operated arm and then reverse the procedure when undressing.

You may find it easier to wear loose fitting clothes such as a loose t-shirt initially. If you wear a bra you may find it easier to do the clasp up at the front of you and move it into place with your non-operated arm.



Movement and function

It can take several months before you achieve complete pain relief and maximum function. This will be helped by completing your physiotherapy exercises and attending appointments. To maximise the potential recovery can take 18 months to 2 years following surgery.

Progression to activities of daily living and leisure activities will depend on when you are able to move your operated arm. Generally, you are able to resume light lifting e.g. a mug of tea, at three weeks following surgery, where as lifting of heavier items cannot resume till at least six months following surgery.

If you use a walking stick on the side that was operated on, you must switch the stick to the other side until your shoulder has fully healed. If this does not feel comfortable, try turning the handle of the stick the other way.

Leisure activities

Returning to physical activities should be discussed with your consultant and/or physiotherapist. Generally, patients can return to activities such as swimming (breaststroke and freestyle) at 6 and 12 weeks respectively) and golf (three months). For guidance on DIY and racquet sports you should speak with your physiotherapist.

Return to work

Returning to work is very individual and varies between patients. Generally you should be able to return to work within 2 to 3 months of the operation. It may be sooner if you have a sedentary job. Please discuss this further with your consultant and physiotherapist if you feel unsure. If you require a Fit Note, please ask the ward staff after your operation.

Driving

You can drive when you no longer require the sling and have good movement in your shoulder. This is likely to be at least 6 weeks post operatively. You must feel comfortable and be able to safely operate the vehicle before returning to driving. Talk with your GP or consultant to discuss this further if you have any concerns. More information can be obtained from the Driver and Vehicle Licensing Agency (DVLA). It is advisable to contact your insurance company to inform them of your procedure.

Flying

Discuss with your consultant and with the airline's medical department if you wish to fly within 6 weeks of your operation due to the risk of clot formation. You should also discuss with your GP if there are any other measures to be taken as you may be on new medication due to your operation.

Your recovery

Below is the estimated progress you should be making following your surgery:

- Three Weeks: At least 50% of your pre-operative active (independent) range of movement has recovered.
- Six Weeks: Passive movement, where someone moves your arm for you, is the same as your pre-operative active movement.
- 12 Weeks: You should be able to move your shoulder independently more than you could pre-operatively.

Physiotherapy exercises

These should begin straight away following your procedure. It is important to have a balance between rest and exercising your shoulder. We recommend you do five to 10 of each exercise three to four times daily.

Having adequate pain relief will allow you to complete your exercises effectively. Once home, if pain is preventing you from completing your exercises, please inform your community physiotherapist and GP. Remember to also ice your shoulder at regular intervals to help with pain and swelling.

Please note that any significant increase in pain or decrease in shoulder range of movement requires an urgent review. Please contact your community physiotherapist for an urgent review.

The exercises must be completed with your sling removed.

Important note

Your rehabilitation programme has been split into three sections, please follow the guidance carefully:

- **Section 1** – these exercises are to begin immediately following your surgery
- **Section 2** – these exercises are to begin from the 7th day following your operation
- **Section 3** - these exercises are to begin from the 14th day following your operation.

Section 1

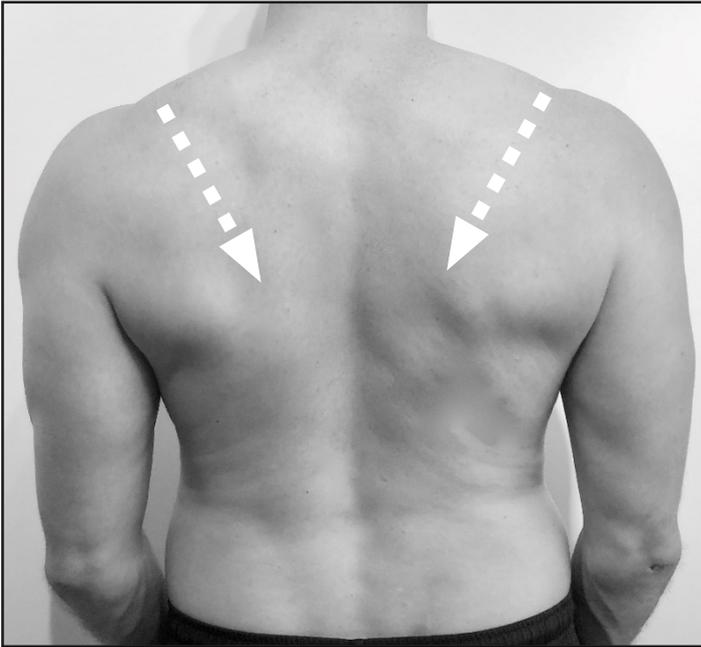
These exercises are to begin immediately following your surgery.

**Only complete as pain allows,
do not force the movement.**

Exercise 1.1 – Scapular setting

Achieving the correct posture is one of the most important things to do following your surgery. This will allow the shoulder to move in the way that it is supposed to without placing stress or strain on the joint or muscles.

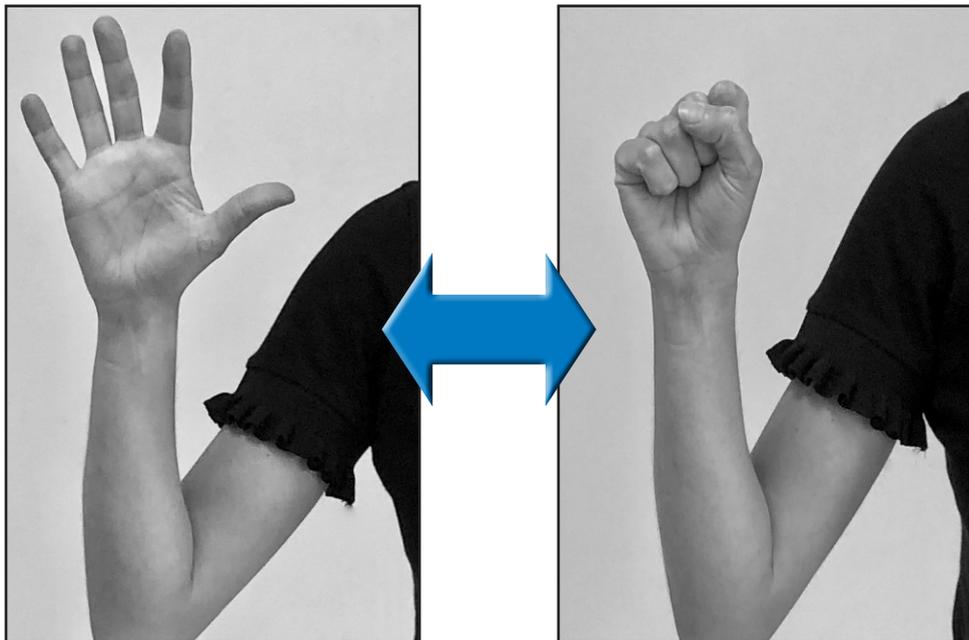
The shoulder blades (scapula) need to be moved back and down (scapular neutral position) to complete this exercise. Hold for 5 seconds and relax without slouching.



When completing the other exercises try to ensure you are achieving the **scapular neutral position** before starting the movement.

Exercise 1.2 – Hand exercise

Open and close your hand as shown. You can complete this exercises with your elbow bent or straight.



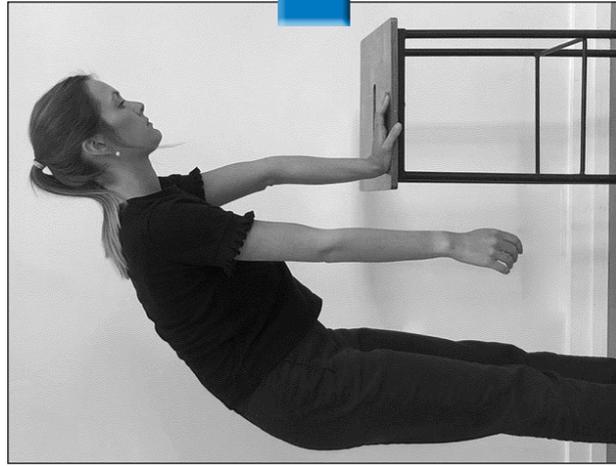
Exercise 1.3 – Pendulum circular motion

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swing your arm gently around in a circular motion clockwise and then anti-clockwise.



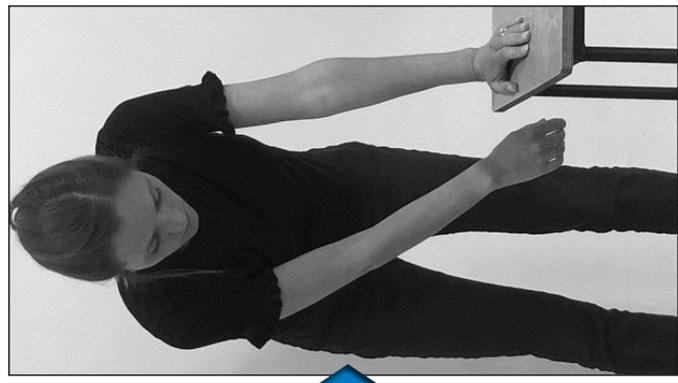
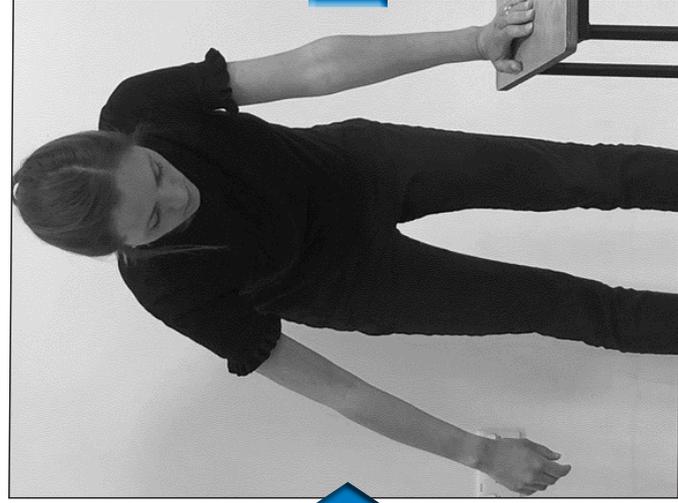
Exercise 1.4 – Pendulum forward and backwards

In standing, lean onto a kitchen work top or high stool. Let your arm hang down. Swing your arm gently forwards and backwards, as pain allows.



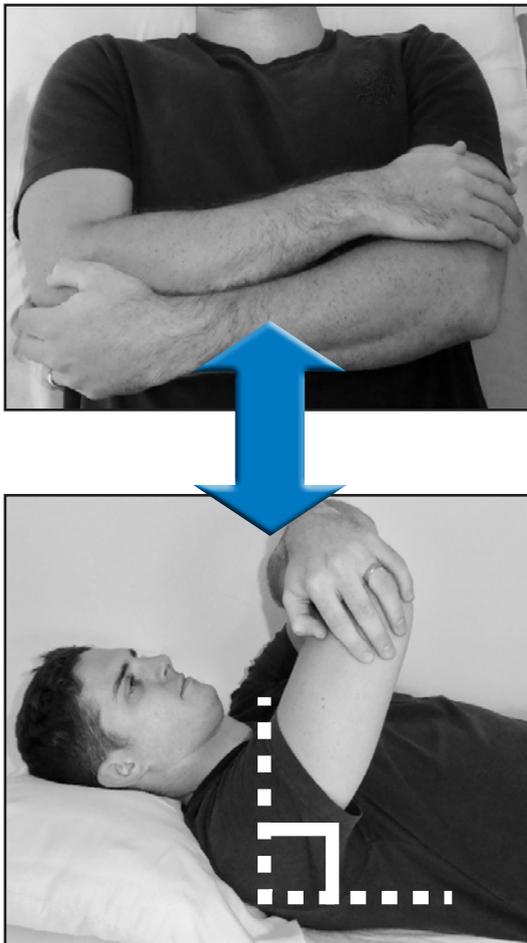
Exercise 1.5 – Pendulum side to side

In standing, lean onto a kitchen work top or high stool. Let you arm hang down. Swing your arm gently from side to side, as pain allows.



Exercise 1.6 – Active assisted shoulder flexion laying down

Lying on your back achieve the scapular neutral position. Cradle your operated arm in the non-operated arm (demonstrated here as the right side). Allow your non-operated limb to lift your arms up so that your elbow is in line with your shoulder joint (90 degrees). Return to the starting position. You may find this difficult to begin with, so only move in the range that you are comfortable. Do not push past 90 degrees.



Exercise 1.7 – Shoulder external rotation laying down, movement limited to 30 degrees

Lying on your back, achieve the scapular neutral position. The operated side must remain relaxed and must not assist in the movement. Keep your elbow close to your side (demonstrated here as the right side). Using a short stick between your hands, gently push with your non-operated side, so that your operated arm moves out to the side to 30 degrees. The operated side must not fall out to the side. Return to the starting position.



Section 2

These exercises are to begin on the 7th day following your surgery.

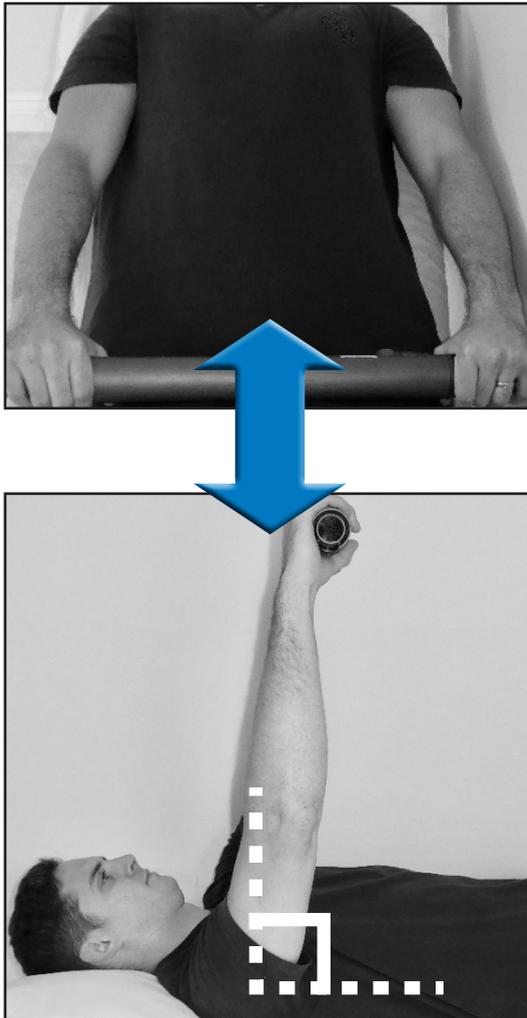
Continue with Exercises from Section 1

Exercise 1.6 has been replaced with Exercise 2.1

Only complete as pain allows, do not force the movement.

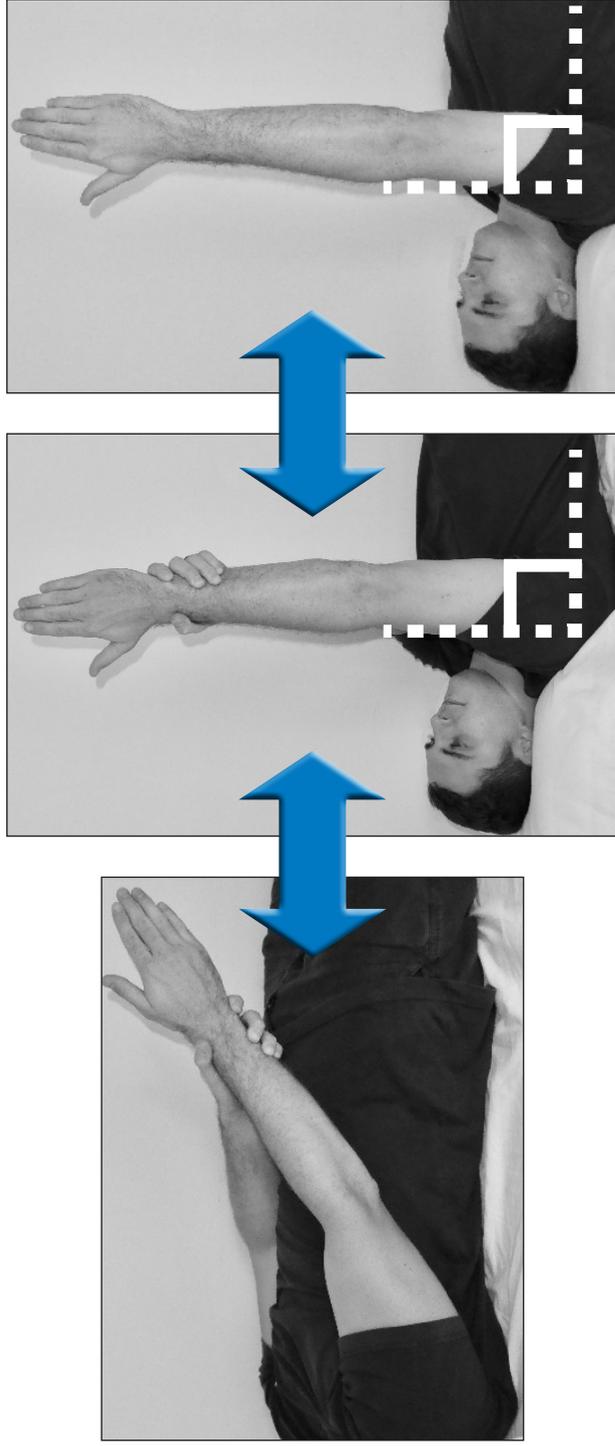
Exercise 2.1 – active assisted shoulder flexion with a stick, laying down

Lying on your back achieve the scapular neutral position. Holding a stick with both hands, start to lift the stick with straight arms as far as you can up to 90 degrees at the shoulder. Return to the start position. You may find this difficult to begin with, so only move in the range that you are comfortable. Do not push past 90 degrees.



Exercise 2.2 – Strengthening of shoulder flexion with a static hold, laying down

Lying on your back, achieve the scapular neutral position. Using your non-operated limb to assist, take your operated limb so that it is in line with your shoulder (90 degrees). Release your grip and hold the arm in this position for as long as you can. Once you tire, assist your arm back down to the starting position.



Exercise 2.3 – Strengthening of shoulder flexion with a static hold, laying down, with elbow movement

Lying on your back, achieve the scapular neutral position. Repeat exercise 2.2. Once you have released your grip, try to take your thumb to your forehead by bending the elbow. Try to keep the upper arm still as you do this. Repeat this action up to 5 times and then return to the start position like you would have done in exercise 2.2.

Important Note: please only complete this exercise if you are able to complete exercise 2.2 for more than 15 seconds.



Section 3

These exercises are to begin on the 14th day following your surgery

Continue with all exercises from Section 2

Discontinue the exercises from Section 1

Only complete as pain allows, do not force the movement.

Exercise – 3.1 Active shoulder flexion, laying down

Lying down on your back, achieve the scapular neutral position. Lift both arms up as high as you can aiming so that your arm is in line with your shoulder (90 degrees). You may find to begin with you cannot move your operated arm to this point. Only move as far as you feel comfortable.



Exercise 3.2 – Active shoulder external rotation in side lying

Lay onto your non-operated side and achieve the scapular neutral position. You will need a pillow to support your head and neck. Keep your operated arm close to your body. Bend your elbow to 90 degrees. Turn the arm out to the side as far as you are able, without rolling your shoulder back.

Important note: If this is too painful, or you are unable to complete the exercises, please continue with exercise 1.7.



Exercise 3.3 – Active assisted shoulder flexion in sitting

In sitting, achieve the scapular neutral position. Cradle your operated arm in the non-operated arm (demonstrated here as the right side). Allow your non-operated limb to lift your arms up so that your elbow is in line with your shoulder joint (90 degrees). Return to the starting position. You may find this difficult to begin with, so only move in the range that you are comfortable. Do not push past 90 degrees.



Daily exercise completion

It is really important once you are home to continue with your exercises.

Those that complete regular exercises will have the best functional outcomes. It will also give you an advantage when you attend your outpatient physiotherapy appointment to get the best out of your time with them.

You could use the table opposite to keep record of when you are doing them.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							

When are you ready for discharge?

To go home you need to:

- Be able to adjust your sling correctly
- Be able to wash and dress with or without assistance
- Have an awareness of the correct sleep and resting position
- Be familiar with your exercise regime and have this demonstrated to you by a member of the Integrated Therapy Team
- Have an awareness of ice therapy to help with pain and swelling
- Have support in place for activities of daily living from a friend or family
- Know your joint protection precautions

What happens when I am discharged?

You are expected to complete your exercise regime on discharge.

A follow up appointment with your consultant will be arranged shortly after discharge. The date of this appointment will be sent to you in the post.

If you need any follow up for your wound care this will be organised for you by the nurses on the ward before you are discharged.

Community physiotherapy

On discharge, your ward physiotherapist will refer you to East Coast Community Healthcare (ECCH) for community physiotherapy.

ECCH will be in contact to arrange your appointment. If you have not heard from them by the end of your first week following your discharge, please contact ECCH directly on 01493 809977.

The location of your appointment will be where it is most convenient for yourself. Please refer to the table below for possible locations.

The location of outpatient physiotherapist services will depend upon your GP address.

GP Area	Outpatient Clinic
Beccles	Beccles Hospital, St Mary's Road, Beccles NR34 9NQ
Great Yarmouth	Northgate Hospital, Herbert Matthes Block, Northgate Street, Great Yarmouth NR30 1BU
Gorleston	Shrublands Health Centre, Magdalen Way, Gorleston NR31 7BP
Lowestoft	Kirkley Mill Health Centre, Cliff Road, Lowestoft NR33 0DR
Halesworth	Patrick Stead Hospital, Patrick Stead Outpatients Department, Bungay Road Halesworth IP19 8HP
Martham	Martham Medical Centre, Hemsby Road, Martham NR29 4QG
Reydon	Sole Bay Health Centre, Teal Close, Reydon IP18 6GY

Useful Contact Numbers

Hospital Switchboard	01493 452452
Orthopaedic Trauma Unit, Ward 6	01493 452006
Elective Unit, Ward 22	01493 452331
Orthopaedic Therapy Office	01493 453849
British Red Cross	01493 452080
ECCH, Community Physiotherapy	01493 809977
Website	www.physio.ecch.org

If you encounter any problems after discharge related to your wound or medications, please contact the ward you were admitted to or the orthopaedic clinic or your consultants' secretary for advice as soon as possible.

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

TRUST VALUES: We CARE for...
our patients... each other... ourselves

BEHAVIOURS:

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**#Proud
of the
Paget**



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

**For a large print version
of this leaflet, contact
PALS 01493 453240**

Authors: Trudie Lewis, Senior Physiotherapist
Mr Sunil Garg, Consultant Orthopaedic
Surgeon

© January 2015
Revised January 2021
James Paget University Hospitals NHS
Foundation Trust
Review Date: January 2024
PH 23 version 2