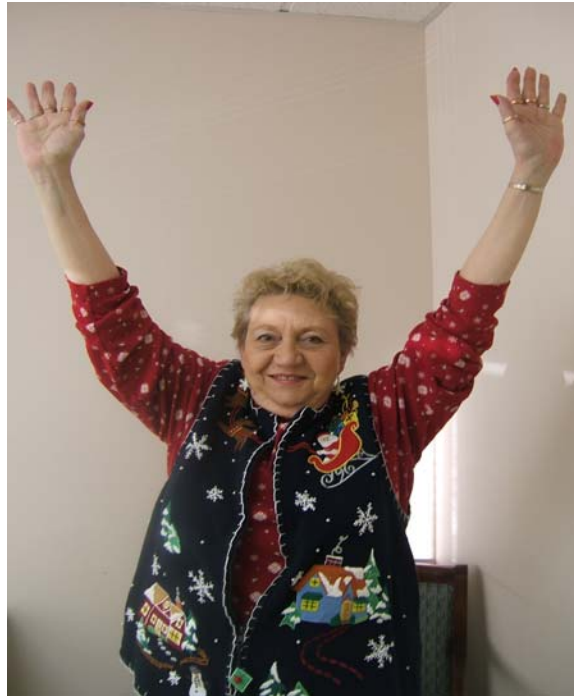


# *REVERSE*

# *SHOULDER ARTHROPLASTY*

*(REVERSE SHOULDER REPLACEMENT)*



## *ABOUT YOUR SURGERY AND RECOVERY*

*Dr. Katherine Burns, M.D.*

*Lynn Robbins, PA-C*

*12266 DePaul Drive, Suite 220*

*Bridgeton, Missouri 63044*

*(314) 291-3399*

## INTRODUCTION

This booklet has been designed to answer your questions about what to expect if surgery is necessary. I truly hope that this will make your shoulder surgery an easier and more understandable experience for you. If you have any questions or suggestions about the booklet, please share them with me. I am always interested in improving the care I provide for my patients. Your input can help me to provide even better care for those who come after you. Please note that this booklet is not intended as a substitute for professional medical care, but as an aid to provide additional information for my patients.



## ABOUT DR. BURNS

Dr. Burns is a board certified orthopedic surgeon with additional subspecialty training in sports medicine. Her interests include diseases of the shoulder, including degenerative arthritis, rotator cuff problems, and shoulder problems in the overhead athlete. Currently Dr. Burns is a member of several societies, including the American Academy of Orthopedic Surgeons, the Ruth Jackson Orthopedic Society, and the American Medical Women's Association. She is also a member of several state and local associations as well. She has been awarded a Ruth Jackson Orthopedic Society traveling fellowship in 2005 for additional study in the areas of shoulder arthroscopy and arthroplasty (replacement). For additional information about Dr. Burns, her practice, and common shoulder problems, please visit her website at [www.KBurnsMD.com](http://www.KBurnsMD.com).

## ABOUT YOUR SURGERY

Reverse shoulder arthroplasty (replacement) uses a specially designed prosthesis for patients with rotator cuff arthropathy. Rotator cuff arthropathy is a combined condition of arthritis and a large, non-repairable rotator cuff tear. When this occurs, the rotator cuff is torn and the ball (humeral head) of the shoulder migrates upward. This superior migration of the ball leads to arthritis.

Reverse shoulder arthroplasty is done through an incision on the front part of your shoulder. Dr. Burns uses the delto-pectoral approach. You are usually positioned in a reclined position on your back (the beach chair position). In a reverse shoulder arthroplasty, the metal ball and plastic socket are switched or “reversed”. That means a metal ball is attached to the shoulder socket and a plastic socket is attached to the humerus (arm bone). The reverse shoulder prosthesis provides a fixed fulcrum for the shoulder joint, allowing the arm to be raised overhead even when the rotator cuff muscles are absent. This allows the patient to use the deltoid muscle instead of the torn rotator cuff to lift the arm.



It is important to understand that this surgery does not repair the torn rotator cuff. A reverse shoulder arthroplasty will compensate for the torn rotator cuff, which will allow you to lift your arm over your head but you will not regain any strength in rotation.



## BEFORE SURGERY

There are risks associated with everything we do in life. Surgery is no exception. The risks of surgery include, but are not limited to, the following:

1. Bleeding. Bleeding is common with shoulder replacement. However, very rarely do you need a blood transfusion.
2. Infection. This is uncommon. You will receive antibiotics through your IV on the day of surgery and after the surgery to minimize this risk.
3. Nerve, blood vessel, or tendon injury. Anything important that goes by the shoulder can be injured at the time of surgery. The most common thing is skin numbness, but even that is not all that common.
4. Medical problems. This includes blood clot, stroke, heart attack, pneumonia, and even death related to the procedure or a complication of the procedure. This is exceedingly rare. Your surgeon will work in conjunction with your regular medical doctor to minimize this risk and ensure that you are healthy enough to undergo a surgery.
5. No or incomplete relief of pain, or other failure of the surgery. There are no guarantees in life, and that includes surgery. Most people do experience relief of pain and improvement of their symptoms. However, the results are often not 100 percent. Rarely the prosthesis will loosen and require additional surgery.

## PREPARING FOR SURGERY

In the 7 to 10 days before surgery, you should stop taking aspirin and ibuprofen or other anti-inflammatory medications, as this can increase your tendency for bleeding. Tylenol is safe to take as an alternative pain medicine prior to surgery. Your surgeon may order preoperative blood work, EKG, or chest x-ray if necessary, depending on your age and medical history. Your primary care doctor may also be required to evaluate you and determine if you can safely undergo surgery.

At your pre-operative visit in the office, you will be given this book which includes your post surgery exercise program. You should be prepared to stay overnight in the hospital for 2 – 3 days. You will perform these exercises at the hospital, at home, and with your physical therapist.

#### DAY BEFORE SURGERY

Do not eat or drink anything after midnight on the night before surgery. If you have a fever or a cough before surgery, please call Gina at the office (314) 291-3399. If you have any other questions or concerns, please don't hesitate to call the office.

#### DAY OF SURGERY

You will be asked to check in at the hospital 1 and 1/2 to 2 hours prior to your scheduled surgery time. You will have an IV placed, as well as a shoulder block. A shoulder block is placed by using a needle to inject numbing medicine around your shoulder. This will make your shoulder and arm numb and weak. This is the same type of medication that is used at the dentist. Most people cannot lift or move their arm while the block is working. The shoulder block usually lasts around eight hours. This will decrease your anesthesia requirements, which reduces postoperative nausea and vomiting. The block will also provide good post-operative pain relief.

You will spend approximately 2-3 hours in the operating room. After the surgery, expect to have your shoulder bandaged and elevated. The incision will be stitched and taped with steri-strips. Pain medication will be given orally or through your IV. You will be given a shoulder Cryo-Cuff, which will help to minimize post-operative pain.

After your surgery is over, you will spend about 1-2 hours in the recovery room, where your blood pressure, pulse, respirations, and temperature will be closely monitored. When you are stable and comfortable, you will be taken to the joint replacement floor of the hospital. You will remain on the joint replacement floor for about 2-3 days. While in the hospital, you will start your post surgery

exercises. A physical therapist will help you with your exercises. Your dressing may be removed 24 hours after surgery. You may also shower 24 hours after surgery.

## AT HOME

Your arm will be placed in a sling and/or Cryo-Cuff after surgery. For details on how to use the Cryo-Cuff, please see instructions below. You will also be given pain medication to take at home. The goal of pain management is to prevent the pain from occurring rather than to control the pain once it occurs. We use several types of medication to prevent and control pain.

Vicodin (hydrocodone) is a strong narcotic pain medication. Common side effects include nausea and upset stomach, as well as itching. You can take 1-2 tablets every 4-6 hours as needed for pain.

Ibuprofen is an anti-inflammatory medicine, which is used in addition to the narcotic. This medicine can help control swelling and inflammation, as well as pain. You should take this on a regular schedule to maintain a constant blood level of the drug in your body. An upset stomach can occur when you take this drug, so take it with food. If your stomach continues to be upset, stop taking this medication. You should take Ibuprofen 800mg, 1 tablet 3 times a day.

A list of recommended exercises is attached. By leaning over and allowing the arm to hang, you can use this motion to wash under your arm and to pull on a shirtsleeve. Generally, patients have a home health nurse and therapist for the first three weeks after surgery.

Call your surgeon's office if you have excessive bleeding, pain uncontrolled by the medication prescribed, fever (>101 degrees), severe nausea or vomiting, or shortness of breath. The office number is (314) 291-3399 and the exchange (for after hours calls) is (314) 388-6120.

## FREQUENTLY ASKED QUESTIONS

1. How long does the surgery take? The surgery usually takes about 2 – 3 hours.
2. How long will I be in the hospital? Patients usually stay about 2-3 days in the hospital.
3. How long do I have to wear a sling? Most patients use a sling on a fairly regular basis for the first 3 weeks. After 3 weeks, you can just use the sling as needed for comfort.
4. Do I need to sleep in my sling? Most patients will find it more comfortable to sleep in a sling for the first few weeks. However, we do not require that you sleep in a sling. Some patients also find it more comfortable to sleep in a recliner the first few weeks.
5. When can I drive? Most patients are ready to drive about 3 weeks after surgery.
6. When can I take a shower? Most patients take a shower 2 days after their surgery.
7. Will I need therapy after surgery? Yes, a physical therapist will see you in the hospital and get you started on your exercises. When you go home, a different physical therapist will come to your house and help you with the exercises for the first 3 weeks. After 3 weeks, most patients go to a physical therapy clinic.
8. When will I return to the office after surgery? You should make a post op appointment for 3 weeks after surgery to see Dr. Burns.

## CRYOCUFF INSTRUCTIONS

Your arm will be placed in a sling and/or Cryo-cuff. This sling is for your comfort. You may remove this sling or Cryo-cuff to move your elbow, wrist and hand. You should use your Cryo-Cuff as much as possible (including during sleep) for the first week. Change the water in the cuff every 30-45 minutes and refill the canister with fresh ice every 4-6 hours. Patients generally use a sling for 3 weeks.

The Cryo-Cuff is designed to reduce the swelling and discomfort in your shoulder. This device seems to provide superior pain relief and significantly reduce swelling. Most patients find they are more comfortable with the Cryo-Cuff. You should use the Cryo-Cuff for the first 2-3 days as much as possible. After the first 2-3 days, you can use the Cryo-Cuff whenever you notice pain, swelling or discomfort, just as you might use an ice pack. The Cryo-Cuff is composed of three pieces: the canister, the hose, and the cuff.

## TO USE THE CRYO-CUFF

1. Fill the canister with ice and water to the levels indicated inside the canister. Add water first, then ice.
2. Open the air vent at the top of the canister.
3. Hold the tip of the hose below the level of the canister and depress the spring-loaded tip until a little squirt of water comes out.
4. Place the cuff on the shoulder so that the opening is in front. You will need someone to help you adjust the position. Always put the cuff on when it is empty. Do not attempt to adjust the straps with water in the cuff. This greatly reduces the effectiveness of the cuff.
5. Place the empty cuff on top of your shoulder. Tighten the Velcro on the top and side of the cuff so that it curves to the shape of your shoulder.
6. Then place the strap around your waist so that it is snug but not uncomfortably tight. Lastly, slip your wrist in the wrist band and Velcro that to the waist band in a comfortable location, usually in the middle of your chest.

7. Connect the hose to the valve on the top of the cuff.
8. Lift the canister above the shoulder, allowing the cold water to fill the cuff.
9. Disconnect the hose from the valve when the cuff is pressurized to a comfortable, snug level..

#### TO DRAIN THE CRYO-CUFF

1. Connect the hose to the top of the cuff.
2. Lower the canister below the level of the shoulder.
3. Swish the water around in the canister for a few minutes.
4. Lift the canister above the shoulder to refill the cuff to a comfortable, snug level.
5. Disconnect the hose from the valve.

#### NOTE:

The ice in the canister will generally last from 4-6 hours. The cuff should be drained and refilled every 30-45 minutes during the day. Do not try to move your shoulder very much while the cuff is on.

#### EXERCISES

After your shoulder surgery, you should rest for the day of surgery. On the first day after surgery, you will start gentle shoulder exercises. A physical therapist from the hospital will help you get started on your exercises. These exercises are designed to allow you to start your rehab the very next day. At any time, you can take your arm out of the sling or Cryo-Cuff to move your elbow, wrist, and hand so they don't get stiff. Remember to use the Cryo-Cuff or ice after the exercises as a cool down. All exercises should be performed within the limits of MILD discomfort; any soreness after exercise should not last more than 3 hours after exercise.

