

Reversed geometry shoulder replacement

Introduction

The reversed geometry total shoulder replacement is designed for use in shoulders that have a deficient rotator cuff, arthritis or complex fractures. It changes the orientation of the shoulder such that the normal socket (glenoid) is replaced with an artificial ball, and the normal ball (humeral head) is replaced with an implant that has a socket into which the ball rests. The design changes the mechanics of the shoulder allowing pain relief and an improvement in function and stability, particularly when using the arm in front of you.

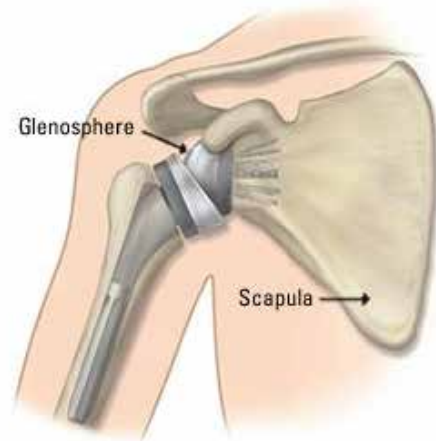


Figure B

Following your operation you will have a scar approximately 3 inches long on the front of your shoulder.

Your arm will be supported in a sling and a physiotherapist will teach you how to take it on and off to do your exercises. You will be in hospital for about 2 days after your operation.

General guidelines

Pain

A nerve block may be used during the operation which means the shoulder and arm will remain numb for a few hours. The shoulder will be sore when this wears off and this may last a few weeks. It is important to continue to take the painkillers. Ice packs may also help reduce the pain. Wrap frozen peas/crushed ice in a damp cold towel and place on the shoulder for up to 10 minutes. Allow at least 20 minutes between each ice pack.

Wearing a sling

You will return from theatre wearing a sling. This is used for 2-3 weeks following your operation. It is important that you remove the sling to exercise. You can stop wearing the sling when advised to do so by your physiotherapist.

The wound

Keep the wound dry until it is healed. This normally takes 10 to 14 days. Your stitch is dissolvable and needs only to be trimmed by your practice nurse approximately 10 days post-op.

Driving

This is usually possible after about 6-8 weeks, but will depend on your recovery.

Leisure activities

Light activities which involve using your arm in front of your body may be resumed after about 6-8 weeks, but activities which involve heavy lifting etc. will need to be discussed with your surgeon before returning to these activities.

Gentle exercises in water may begin at 3 - 4 weeks, but not swimming, be guided by your physiotherapist; be aware that at this point you may not be able to enter a pool which only has ladder access. Try and find a pool which has walk-in access.

Follow up appointments

Outpatient physiotherapy will be arranged on discharge and will be done at your local physiotherapy department.

You will have an appointment to be reviewed at the shoulder clinic approximately three months after your procedure. You will be reviewed by your surgeon/ specialist physiotherapist who will check your progress.

Progression

This is variable and dependent on the amount of movement and the strength of your muscles prior to surgery. Following discharge your pain will slowly decrease and you will become more confident. You will be able to use your arm in front of you for light activities. After six weeks your strength will start to improve.

NB. Avoid pushing down through the arm for 6 weeks e.g. pushing yourself out of a chair, out of bed or leaning on a walking stick

It is important to continue your exercises, as improvement in strength and range of movement will continue up to 18 months post surgery.

Posture

Before starting any activity/exercise it is important to position your shoulders correctly. This allows normal shoulder function. Gently move your shoulder blades down and in towards the spine but not in a braced back position.

Exercises

Day 1

1. Keep your arm in the sling and move your hand up and down at the wrist.



2. With your arm in the sling and the elbow bent at your side, turn the hand to face the ceiling and then the ground.



3. With your arm in the sling regularly shrug shoulders up and down and circle forwards and backwards.
4. With your arm out of the sling bend and straighten the elbow.



Repeat each exercise 10 times, every 2 - 3 hours. Continue these exercises until otherwise advised by your physiotherapist.

Day 1-2

Exercise 5

Stand and lean well forward.

Let your arm hang down. Swing your arm gently forwards and backwards (shown for the left shoulder).

Repeat 10 times in each direction.



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Exercise 6

Stand and lean well forward.

Let your arm hang down. Gently swing your arm clockwise and anticlockwise in small circles.

Repeat 10 times.



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2-3 weeks or as able:

You may now feel comfortable enough to remove your sling during the day, but you may wish to continue wearing it at night or whilst out in public.

You may also be able to use the arm close to the body for light activities at waist level e.g. eating or writing.

Do not force hand behind your back.

Exercise 7

Lying on your back, hold the operated side with your good hand or clasp your fingers together. Gently take your arm above your head using the good arm for support. Go as far as you are comfortable and then relax the arm back down by your side.

Repeat up to 10 times.



Only start the following exercises when advised to do so by your physiotherapist or your arm can reach the vertical position

Exercise 8

Lie down flat on your back, with a pillow supporting your head.

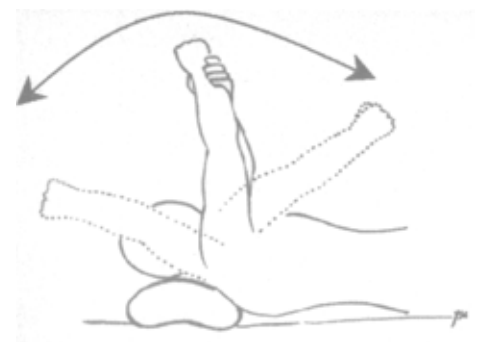
Raise your operated arm to 90 degrees vertical, using the stronger arm to assist if necessary. The elbow should be straight and in line with your ear. Hold your arm in this upright position with its own strength for as long as possible. Try and repeat 10 times.



Exercise 9

Slowly with your fingers, wrist and elbow straight move the arms forwards and backwards in line with the outside of the leg, as per picture. Keep the movement smooth and continuous for 5 minutes or until you tire.

As you get more confidence in controlling your shoulder movement, gradually increase the amplitude of movement until your arm will move from the side of your thigh to above your head, touching the bed, and return.

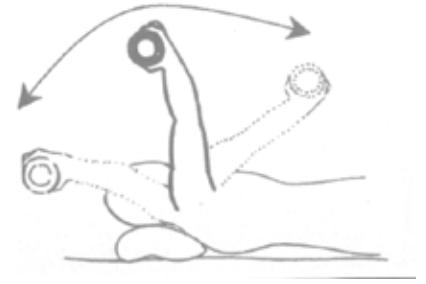


Exercise 10

As you get more confident in controlling your shoulder movement, a light weight e.g. a tin of beans or small paperweight, should be held in the operated hand.

Move your arm from the side of your thigh to above your head, touching the bed and return.

Keep the movement smooth and continuous for 5 minutes or until fatigue.



Once you have mastered these exercises your physiotherapist will show you how to progress these exercises further.

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If you have any queries about your outpatient physiotherapy please contact the Outpatient Physiotherapy Department on: 0118 322 7811.

This document can be made available in other languages and formats upon request.

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