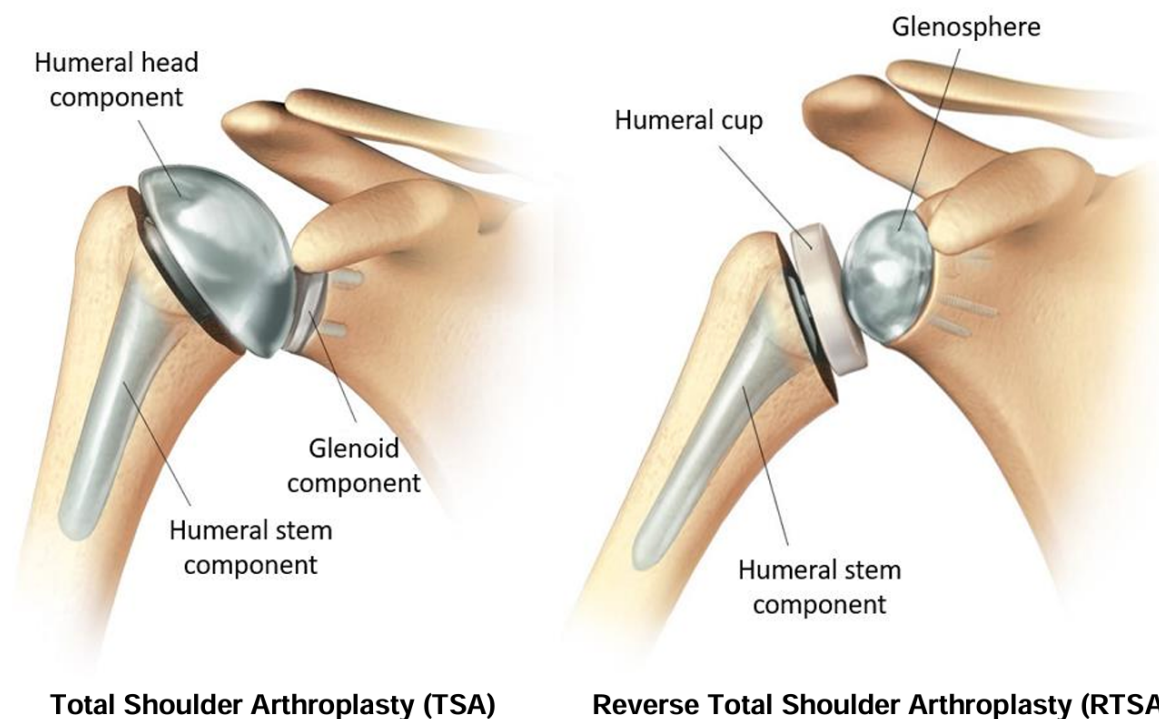


## Patient Education Guide

# Reverse Total Shoulder Replacement

### WHAT IS A REVERSE TOTAL SHOULDER REPLACEMENT?

There are two types of shoulder replacements – the anatomic replacement and the reverse replacement. The shoulder is a ball and socket joint, and the anatomic replacement replaces the ball with a metal ball and the socket with a plastic socket. The reverse replacement switches it around – a metal ball is placed where the socket was, and a metal socket is placed where the ball was.



### WHY IS IT REVERSED?

There are a few different reasons why Dr. Mathur may recommend a reverse replacement for you. 1) Severe arthritis that has caused a deformity in your shoulder joint. 2) Your rotator cuff is torn or is not working correctly. 3) You have a fracture in your shoulder that cannot be fixed. The reverse orientation allows your arm to move with the help of your deltoid muscle instead of relying on your rotator cuff muscles.

If you are in any of these categories, the reversed replacement gives you the best chance of improving your motion and function and decreasing your risk of complications.

## **WHAT SHOULD I EXPECT?**

### **BEFORE SURGERY**

- Our office will contact you to book your surgical date, preop appointment, preop CT scan, and first post op appointment.
- At your preop appointment, Dr. Mathur will give you instructions on when to schedule your first postoperative physical therapy appointment.
- You will receive a call from preadmission testing. They will set up your preop labs and go through which medications to take and bring.
- The hospital will call between 1-5pm the day before your surgery to give you an arrival time and tell you if your surgery will be in the main building or in the ambulatory surgery pavilion (ASP).
- You may need medical clearance from your primary care doctor or cardiologist.
- Do not eat or drink anything after midnight the night before your surgery. You may take some sips of water with medicine.

### **MORNING OF SURGERY**

- Arrive at the hospital at your instructed time.
- A family member or friend is allowed to come with you to help with the check in process and there is an area for them to wait while you are in surgery. You will require someone to take you home if you are leaving the same day of surgery.
- Dr. Mathur will meet you in the preoperative area to answer any questions and go through the plan.
- You will meet the surgical assistants and nurses that will be in the operating room.
- You will meet the anesthesia team, and they will go over their plan which often includes a nerve block to help with pain after surgery.

### **AFTER SURGERY**

- Most patients will go home the same day of surgery.
- For the first few hours after surgery, you will be in the recovery unit where a nurse and the anesthesia team will monitor you and manage your postoperative pain.
- Once you are awake and comfortable you will be allowed to go home with a family member or friend.
- Keep your bandages clean and dry. This may require using plastic wrap or taking sponge baths.
- It is ok to change the bandages if they get dirty. We will change them at the first postoperative appointment.

- Stay on a constant pain medicine regimen. The effects of the nerve block wear off 12-24 hours after surgery, and it is important to stay ahead of the pain.
- Keep your sling on most of the time. Remove it daily to work on elbow, wrist and finger range of motion. Also begin working on shoulder pendulums.
- Wear your sling while you are sleeping.
- Take your sling off to shower and for hygiene.

**FOLLOW UP AND PHYSICAL THERAPY**

- Your first follow up appointment is usually 3-7 days after surgery.
- At this visit we will check your incision and determine when to start physical therapy.
- You will schedule your first physical therapy appointment prior to surgery and it should be sometime within the first 7 days after surgery.
- We will book your next postoperative appointment which is usually 4-6 weeks later.