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Reverse geometry delta shoulder replacement

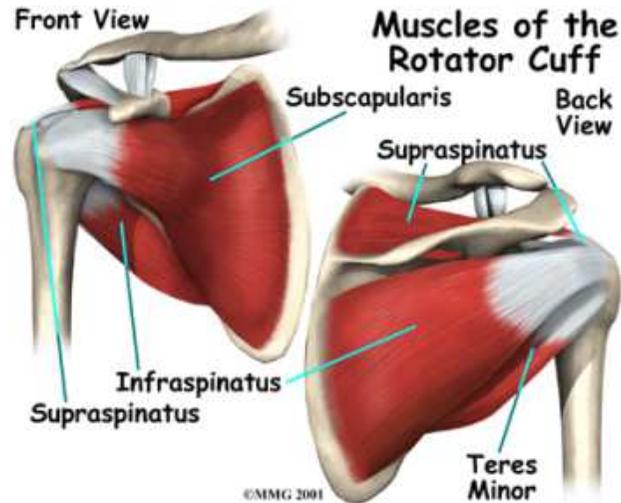
Physiotherapy Department



Image from www.johnbritton-orthopaedics.co.uk

What is the Rotator Cuff?

The Rotator Cuff is a group of four muscles that come from the shoulder blade and attach onto the ball of the ball and socket joint. It is made up of the Supraspinatus, the Infraspinatus, Subscapularis and Teres Minor. Their primary action is to maintain the position of the ball within the socket throughout movement. They also contribute to individual movements.



What can cause damage to these muscles?

Damage caused to the rotator cuff is primarily within the tendon. It is the tendon that connects the body of muscle to the bone, in this case the ball (humeral head). Damage can occur when the tendons are impinged between the ball (humeral head) and the top of the shoulder blade (acromion). This can cause inflammation within the tendons and potentially lead to full or partial tears. It can also irritate a fluid sack called the bursa. This is designed to stop friction between the tendons and the acromion but can become inflamed in an impingement. A full rotator cuff tear can occur following repeated bouts of impingement or from trauma. A full

Further Information

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When can I return to normal activities?

I You should refrain from driving and lifting (including light resistance) for 6 weeks following the surgery.

Most patients will make a good recovery but it is important to remember that a prosthetic joint will not feel the same as your original joint. You may therefore not achieve full movement but it is expected that your pain will be greatly improved. A shoulder replacement can wear out with time but this will depend on how active you are.

Recovery can take between 6 and 12 months.

tear will manifest as severe weakness and limitation of movement in the shoulder.

What are the surgical options?

A full rotator cuff tear will normally be managed with repair surgery. This can be done arthroscopically or as an open surgery which will involve a larger cut. The type of surgery performed may depend on the severity and difficulty of the surgical procedure. Unfortunately not all rotator cuff tears can be treated in this way. Some require alternative surgical approaches due to the severity and quality of the tendon tear.

The Reverse geometry (Delta) shoulder replacement aims to enhance the functional capabilities of a shoulder that is lacking rotator cuff strength. In a normal shoulder the pull of the larger deltoid muscle is counteracted by the rotator cuff muscles. Due to the location of the Deltoid muscle, if it was to act alone then the ball would be forced upwards into the socket. The downward action of the rotator cuff muscles ensure that adequate space is maintained in the joint and that the joint can move effectively. The reverse geometry shoulder replacement alters the positions of the ball and socket to be the opposite way round. By doing this the Deltoid muscle can now pull in an upward direction but is now able to contribute to the movement rather than preventing it.

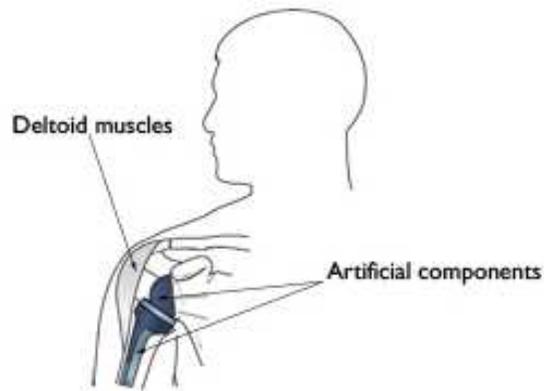


Image from <http://orthoinfo.aaos.org>

What happens after the surgery?

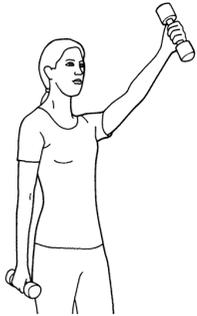
Your surgery will require you to remain in over-night and your length of stay will depend on the effects of the anaesthetic, post-operative pain and any possible post-operative complications. You will be given a sling and exercises to do as it is important to get the shoulder moving to prevent stiffness occurring. The sling is to be worn day and night for four weeks except for exercise time. It is important to remember that following surgery your shoulder will be inflamed as a result of the surgery and therefore painful. You should see a physiotherapist prior to discharge and they can instruct you on appropriate exercises. Unfortunately this cannot always be guaranteed and therefore suitable exercises are provided below:

- a. Your anaesthetist will be able to advise further
2. Pain
 - a. You will experience pain post-operatively which is normal and is related to the healing process. This should not be confused with ongoing damage.
3. Infection
 - a. This is very rare due to the arthroscopic procedure but can occur at the operation site or in the shoulder.
 - b. If you suspect this to be the case contact your local GP as you may require a course of antibiotics
4. Bleeding
 - a. Potentially excessive bleeding may occur which requires a post-operative blood transfusion but this is extremely rare.
5. Damage to nerves
 - a. There are several nerves that surround the shoulder and as a result there is a risk to these. Damage to the nerves may present with prolonged weakness and altered sensation in the arm. This may be permanent but usually resolves depending on the severity of the damage.
 - b. It is important to note that post-operative pain, weakness and altered sensation are perfectly normal and are often the effects of the anaesthetic and therefore should resolve in a few days following surgery.

6 weeks+

The aim is to begin to recover strength ensuring a normalised muscle pattern, particularly of the muscles that connect to your shoulder blade.

9.



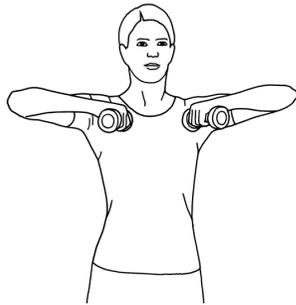
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Stand with your hips and knees slightly bent holding 1-2 kg weights in both hands.

Tighten your stomach and lower back muscles to stabilise your lower spine and lift alternately arms up and bring back down.

Repeat times.

10.



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Stand with feet slightly apart. Hold a kg weight in both hands.

Bend your elbows and bring them up to shoulder level. Your elbows should point slightly forwards.

Repeat times.

Possible post-operative complications

Following any operative procedure there are potential risks. We aim to reduce these as much as possible through pre-operative screening and assessment and great care taken operatively.

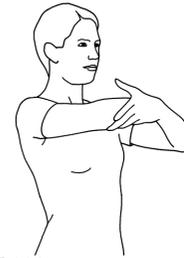
Possible complications include:

1. Complications of anaesthesia

Day 0 to 2 weeks

Exercises:

1.



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Stand or sit.

Lift your arm forward assisting the movement with your other hand. Do not lift past 90°

Repeat times.

2.



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Stand or sit.

Lift your arm to the side, assisting the movement with your other hand.

Repeat times.

3.



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Stand.

Bend your elbow and then straighten your elbow.

Repeat times.

4.

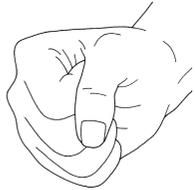


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Bend and extend your wrist

Repeat times.

5.



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Wrist and fingers straight.

Make a fist.

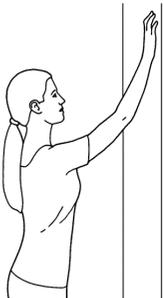
Repeat times.

2 weeks+

The following exercises are for guidance and you should liaise with your physiotherapist prior to commencing these exercises.

The main aim is to recover range of motion without scapular compensation

6.



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Stand facing a wall.

'Walk' your fingers up the wall as high as possible. Reverse down in the same way.

Repeat times.

7.



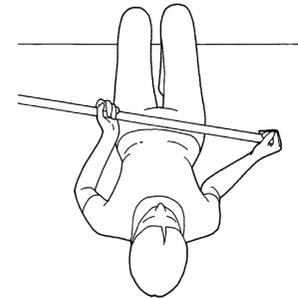
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Stand and grip one end of a stick with the arm to be exercised.

Lift your arm to the side, assist by pushing with the other hand.

Repeat times.

8.



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Lying on your back with your elbows by your side and held at right angles.

Holding on to a stick gently move your hands away only.

Repeat times.