

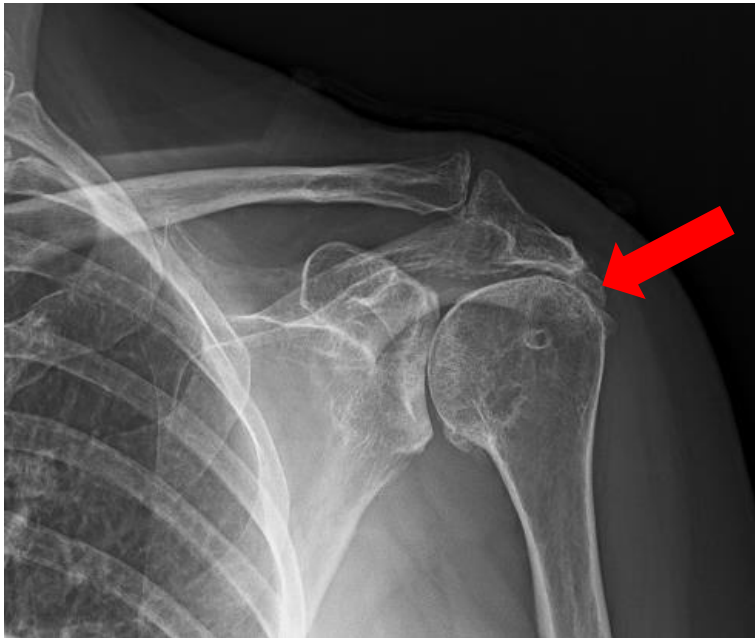
STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

Reverse Total Shoulder Arthroplasty (RTSA)

Indications for Surgery

Glenohumeral (shoulder) arthritis occurs when the protective cartilage on the surface of the glenoid (socket of the shoulder joint) and the humeral head (ball of the shoulder joint of the upper arm) wears out. This cartilage surface breaks down from genetic susceptibility, excessive joint loading over time, or following injury. As a result, shoulder pain and limitations occur as the worn ends of the bones in the joint grind together, deform, and cause inflammation and symptoms.



X-ray showing loss of the acromiohumeral distance due to rotator cuff arthropathy.

The most common indication for a reverse total shoulder arthroplasty is painful rotator cuff arthropathy (shoulder arthritis with a large rotator cuff tear). Significant or massive rotator cuff tears that are left untreated can result in the humeral head migrating upward and moving closer to the acromion (roof of the shoulder joint). This abnormal position causes the cartilage covering the bony surfaces to deteriorate (arthritis), often resulting in significant pain and physical limitations. Reverse total shoulder arthroplasty is also indicated for patients with pain associated with large irreparable rotator cuff tears or severe fractures of the proximal humerus in older patients.



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Contraindications to Surgery

- Infection
- Inability or unwillingness to complete the postoperative program including immobilizing the shoulder in a sling for six weeks and performing physical therapy two to three times per week for four months
- Patients with poor general health which is not sufficient to proceed with surgery
- Patients with no functioning deltoid

Potential Surgical Risks and Complications

- Infection
- Bleeding
- Injury to nerves (numbness, weakness, paralysis) of the shoulder and arm (rare)
- Persistent stiffness or loss of motion of the shoulder
- Loosening of the prosthesis, particularly the glenoid implant
- Moving or breaking of surgical hardware
- Need for revision surgery
- Instability on dislocation

Hospitalization and Anesthesia

- Either outpatient surgery (you go home after surgery) or 23-hour overnight stay
- General anesthesia with an interscalene nerve block

General Surgical Technique

Dr. Chudik makes a limited incision over the front of the shoulder and works through intervals in the shoulder and chest muscles so he can resurface the humerus (ball) and the glenoid (socket). These worn surfaces are replaced with metal and special plastic components that are fit to your shoulder. In a reverse total shoulder replacement, the ball and socket are anatomically reversed. The ball is placed over the glenoid and the socket is placed on the humerus (arm bone). This technique has been found to produce better outcomes than the traditional TSA in patients who do not have a properly functioning rotator cuff.



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X-ray following Reverse Total Shoulder Arthroplasty (replacement)

Post-Operative Course

- You will use a sling at all times except for bathing, dressing, and exercises for six weeks following surgery, especially while you sleep. This prohibits driving.
- You will **not** be allowed to actively move your replaced shoulder (moving it with its own shoulder muscles) for four to six weeks following surgery in order to allow soft-tissues to heal.
- You may feel more comfortable sleeping sitting upright (on a couch or recliner chair) after surgery.
- Keep the wound clean and dry for ten to 14 days following open shoulder surgery. Showering lightly after 14 days is fine, but wounds cannot be submerged under water for three weeks.
- Driving after six to eight weeks.
- Return to school/sedentary work in less than one to two weeks as long as you are in your sling and do not use the extremity. No typing, writing, or purposeful movement of that arm for six weeks.
- Physical therapy should begin two to three days after surgery and continue for four months. The success of reverse TSA is highly dependent on the post-operative rehabilitation. It is crucial to follow through on and maintain a proper therapy schedule



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Return to Activity

- You may return to activities when your rehabilitation is complete and functional use has been restored.
- Usually, four to six months is necessary after total shoulder arthroplasty before returning to activities
- Full shoulder motion and strength are necessary before returning to activities
- Dr. Chudik has special protocols for returning to golf.

Preoperative Instructions

- Discontinue birth control pills
- Stop blood thinners such as aspirin, Coumadin[®], Lovenox[®], Xarelto[®] according to the prescribing doctor's direction
- Stop anti-inflammatory medicines such as ibuprofen, Advil[®], Naprosyn[®], Alleve[®], etc.)
- Stop nutritional supplements and drinks like Vitamin C, ginseng, ginkgo biloba, etc.
- Stop smoking for surgery and during the first six weeks postoperatively to allow proper tissue healing
- **Do not eat or drink anything from midnight, the evening before surgery**

Scheduling Surgery

Call Dr. Chudik's surgery scheduler at 630-324-0402 or email contactus@chudikmd.com to:

- Schedule the date and location of surgery. The hospital will call you the day before with the time
- Schedule an appointment with Dr. Chudik's assistant to complete pre-operative surgical education and other requirements
- Schedule a post-operative appointment with Dr. Chudik's assistant to remove sutures and review post-op instructions.

Notify My Office If Symptoms Worsen

