

# Patient Information for Consent

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## EM\_OS46 Emergency Reverse Shoulder Replacement

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Your surgeon has suggested urgent surgery for your shoulder fracture. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. Ask your surgeon if there is anything you do not understand.

## What is a shoulder fracture?

This is where your bone is broken at the ball (head) of the shoulder joint.

## What does the operation involve?

Various anaesthetic techniques are possible.

Your surgeon will make a cut on the front of your shoulder and remove the damaged ball. They will also remove the socket. Your surgeon will insert an artificial joint, but will swap the positions of the ball and socket so the ball will sit on your shoulder blade and the socket will be fixed to your arm bone.

Your surgeon will close your skin with stitches or clips.

## What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

## General complications of any operation

- Bleeding during or after the operation. It is unusual to need a blood transfusion.
- Infection of the surgical site (wound), which usually settles with antibiotics. You may need special dressings and your wound may take

some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Blood clot in your legs (deep-vein thrombosis – DVT) (risk: less than 1 in 100) or in your lungs (pulmonary embolus). The healthcare team will take measures to reduce this risk.
- Chest infection. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.
- Heart attack or stroke. This can sometimes cause death.

## Specific complications of this operation

- Damage to nerves around your shoulder, leading to weakness, numbness or pain in your shoulder or arm (risk: less than 3 in 100).
- Infection, which can result in your reverse shoulder replacement becoming loose and failing (risk: up to 3 in 100).
- Loosening without infection. You may need another operation to do your reverse shoulder replacement again (risk: 3 in 100 over 2 years).
- Rotator-cuff tears. You may need surgery to repair any tears.
- Dislocation of your shoulder replacement (risk: 1 in 100).
- Stiff shoulder. You should get more movement than you had before the operation but sometimes movement does not improve. It will never feel quite the same as a normal shoulder.
- Break in a bone around the shoulder during or after the procedure (risk: 1 in 100).
- Severe pain, stiffness and loss of use of your arm and hand (complex regional pain syndrome – CRPS) (risk: up to 2 in 100). Your

arm and hand can take months or years to improve.

## Consequences of this procedure

- Pain. The healthcare team will try to reduce your pain.
- Unsightly scarring of your skin.

## How soon will I recover?

You should be able to go home after 2 to 3 days. However, your doctor may recommend that you stay a little longer. If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

The physiotherapist will help you to start moving your shoulder, usually after 1 to 2 weeks. They will teach you how to look after your new shoulder.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## Acknowledgements

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