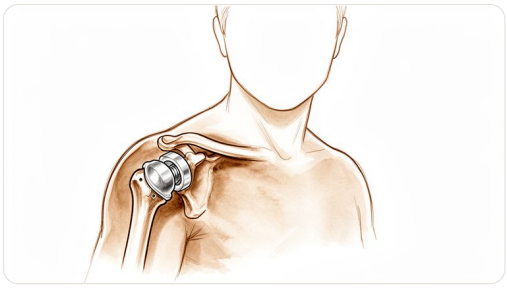
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Revision Shoulder Replacement



X-ray of a revision shoulder replacement. A long-stem implant bypasses bone weakened by the previous components and anchors the new joint in healthy bone further down the arm.

Kieran Hirpara 4.0

At-a-glance recovery. Pooled from 45 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2 weeks	**12 months**	**12 months**
Very low pain scores are typically achieved within 2 weeks for the majority of patients.	Functional recovery peaks at 12 months postoperatively following shoulder arthroplasty.	Patients achieve maximum medical improvement at 1 postoperative year following reverse total shoulder arthroplasty.

Why this operation has been suggested

This surgery, called revision reverse shoulder replacement, is a second operation to fix a shoulder joint replacement that has worn out or failed. Your surgeon likely suggested this because your first implant, which is designed to last 10 to 15 years, has loosened or stopped working. Most patients needing this surgery are about 3.9 years after their first procedure. Non-surgical treatments are usually tried first, but surgery is recommended when those options no longer provide enough relief.

The main goal of this operation is to reduce pain and improve your shoulder function. While the procedure carries a higher risk of complications than a first-time surgery, it offers significant long-term improvements for many people. About 85% of these implants remain in place and working well at ten years. This helps you regain stability and daily function when your previous joint replacement can no longer do the job.

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Before the operation

Your surgeon will review your current medications and arrange blood tests, X-rays, or an anaesthetic check to ensure you are ready. Please bring a full list of what you take. You will need to fast before the surgery and stop certain medicines as your surgeon advises. Arrange for someone to drive you home. Wear comfortable clothing. Your surgeon will perform the operation through a single open incision over your shoulder. Most patients have good short-term results with this approach, though some may need further surgery if the implant loosens.

On the day

You will arrive at the hospital and meet your surgeon and the anaesthetist. This operation is done under general anaesthetic combined with a regional nerve block. You will be fully asleep for the operation, and the block – an injection that numbs the nerves supplying the arm before you wake up – provides pain relief for the first 12 to 24 hours after surgery. The anaesthetist will meet you before the operation and talk you through both parts.

You will then go to the operating theatre where your surgeon performs the revision using a single open incision over your shoulder. After the surgery, you will wake up in the recovery area. You will be monitored closely while the pain relief from the block begins to work. Your team will help you settle in before moving you to your ward.

What the operation involves

Your surgeon will make a single cut over the front of your shoulder to reach the joint. This open approach allows them to remove the old, worn-out parts of your shoulder replacement. They will then prepare the bone to fit new metal and plastic components. If your shoulder has an infection, your surgeon may clean out the area and use antibiotic spacers before placing the new parts.

In some cases, your surgeon will add bone graft to the socket to rebuild the bone structure. They will try to put a new socket component back in place whenever possible. For patients with weak bones, your surgeon may use cement or a stem to hold the new parts firmly in position. The cut is then closed with stitches or staples, and a dressing is applied.

This procedure is more complex than a first-time replacement because it involves working around existing hardware. Your surgeon will choose the best new implant based on why your first one failed. While the operation takes time, the goal is to restore stability and relieve pain. You will need to follow specific rehabilitation steps to help your shoulder heal and move better over the next year.

After the operation

You will wake up in the recovery ward. Your surgeon will manage your pain using standard methods. You will wear a sling and have dressings over your single incision. Most patients go home the same day or after an overnight stay. You must have someone stay with you for the first 24 hours. Early movement is safe and helps

your recovery. You will likely feel very low pain after just 2 weeks. Your surgeon aims for maximum improvement by one year.

Recovery

You will likely feel soreness and swelling around your shoulder in the first few days. Most patients find pain scores are very low after just two weeks. Your surgeon may suggest early, active movement to help you recover safely and effectively. This approach can offer better results than waiting to start moving.

You will wear a sling or brace to protect your shoulder while it heals. Your physiotherapist will guide you through specific exercises to restore strength and motion. You can begin gentle daily activities as soon as your surgeon clears you to do so. Sleep may be easier once the initial swelling settles and you find a comfortable position.

Your shoulder will continue to improve as you regain movement and grip strength. Most people reach their maximum medical improvement by one year after surgery. Functional recovery peaks around this time and remains stable for many years. Your personal timeline may differ, so your surgeon and physiotherapist will guide your specific path forward.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

If you have a deep, throbbing pain that does not ease with simple painkillers, or notice redness spreading from your wound, you might have an infection. This is called a periprosthetic joint infection. You should call your clinic immediately if you see these signs.

Sometimes the bone loosens around the new joint parts. You might feel a sudden change in how your shoulder moves or hear a new clicking or grinding feeling. If this happens, contact your surgeon to discuss your next steps.

If you have a wound that looks red, swollen, or drains fluid, tell your team right away. This could be a wound complication. It is important to report this early so it can be treated.

If you feel sudden swelling and tenderness in your calf, or have trouble breathing, you might have a blood clot. This is called a venous thromboembolism. Go to the emergency department immediately if you experience these symptoms.

You might also notice that your shoulder feels unstable or that the joint feels like it is slipping out of place. This can happen if the bone or implant loosens. Call your surgeon if you feel this way.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Call us if you have a fever, increasing redness, or discharge from your wound. Contact us for sudden severe pain, new numbness, or if you cannot move your arm. Go to emergency immediately for calf swelling or shortness of breath. These signs may mean infection, blood clots, or other urgent problems. Your surgeon needs to see you right away to keep your shoulder safe.

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COMPLICATIONS & CONSENT

Revision Shoulder Replacement

Complication rates from published literature

Pooled from 45 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
Heterotopic ossification	**28.0%**	High rates of HO are reported, though only 2.0% require revision surgery.
Hematoma	**15.0%**	Hematoma is reported as a significant complication in revision rTSA cohorts.
Reoperation rate	**11.0-41.2%**	Common indications include instability, infection, loosening, fracture, and persistent pain; each subsequent revision has progressively worse outcomes.
Stiffness or reduced range of motion	**10-20%**	Common due to extensive soft tissue releases and scarring; functional gains are limited compared to primary surgery.
Scapular notching or stress fracture	**5-36%**	Scapular notching rates vary widely (5-77%) depending on implant design; scapular spine stress fractures occur in ~5%.
Iatrogenic humeral fracture	**3.5-40%**	Accounts for 40% of intraoperative complications, occurring during implant removal or insertion; requires cerclage wiring, plates, or long stems.
Periprosthetic fracture	**2.0-18.0%**	Includes humerus, glenoid, scapular spine, or acromion fractures; treatment ranges from conservative to surgical fixation.
Nerve injury	**2.0-9.0%**	Axillary nerve most common (deltoid weakness, lateral shoulder numbness), caused by traction, direct trauma, or cement extravasation; most recover over 3-6 months but permanent deficit is possible.
Baseplate failure	**1.7-9.2%**	Baseplate failure rates are significantly higher in revision arthroplasty compared to primary.
Persistent pain	**1-3%**	Persistent pain despite successful revision reported in 1-3%; may relate to nerve injury, scarring, or altered biomechanics.
Wound complications	**1-8%**	Wound complications including dehiscence and delayed healing; elevated in patients on therapeutic anticoagulation.

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COMPLICATION	REPORTED RATE	NOTES
Instability or dislocation	**0.9-22.0%**	Most common complication (26% of all complications), caused by inadequate soft tissue tension, component malposition, or abductor insufficiency.
Infection	**0.5-3.9%**	Significantly higher than primary surgery (0.5-3%); Propionibacterium acnes is common but difficult to diagnose; treatment includes debridement, staged revision, or permanent implant removal.
Glenoid component loosening	**0.3-6.0%**	Presents with pain and component migration, requiring revision with bone grafting or larger baseplates.
Vascular injury	**0.1%**	Rare but serious, more common during scar dissection or infection revision, requiring immediate vascular surgery.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE

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