Important Information Regarding the Ream and Run Procedure

We want to be sure that patients are aware of two potential issues regarding shoulder joint replacement.

First, stiffness is the most common cause of an unsatisfactory result of any type of shoulder arthroplasty, including the total shoulder and the ream and run. The key to avoiding stiffness is your dedication to a simple, but critical exercise program. While seeing a physical therapist can be helpful, nothing takes the place of a well-done home program. The key to stretching exercises is to hold the stretch for a full two minutes while you focus on relaxing the shoulder muscles. Performing these exercises faithfully at least five times per day is essential for success.

The most effective exercises are shown in the youtubes listed below. Live links to these exercises can be found on the “shoulder exercises” tab of the Shoulder Blog https://shoulderarthritis.blogspot.com

Forward elevation – the forward lean:
https://www.youtube.com/embed/Svyu2ek-690
Internal rotation lying on the side – the sleeper stretch: 
https://www.youtube.com/embed/u6-oubnTUii4

Abduction stretching – the sideways lean: 
https://www.youtube.com/watch?v=q83rJ4Cbkrw

Building these exercises into your daily routine, with multiple sessions through the day will go a long way to assuring that you maintain the motion achieved at your surgery.
A good way to keep track of your range of motion is to take and date photographs like this.

If you have questions about these exercises or problems getting the range of motion, please let us know. If the shoulder is stiff a month after surgery, consideration can be given to a manipulation under anesthesia which can be scheduled in advance with your six week checkup.

The second important issue is the risk of infection after shoulder replacement surgery. Infections after shoulder replacement are uncommon and differ from those seen after knee and hip replacement surgery. Shoulder infections arise from *Cutibacterium* bacteria that live in the sebaceous glands around the hair follicles of the skin overlying the shoulder. These bacteria are particularly numerous in young male patients.
When the incision is made through the skin to perform the shoulder joint replacement, *Cutibacterium* can be released into the wound potentially causing an infection. Infections from this bacterium may not cause fever, chills or redness, but only stiffness and pain. These symptoms may come on months or even years after the shoulder joint replacement. We have conducted a lot of research into the prevention of these infections and, as a result, have dramatically reduced the risk of infection, but the risk is still not zero. In cases where we suspect infection, we consider a major surgical procedure to exchange the shoulder joint replacement components and use intravenous antibiotics. We call this a single stage exchange. It is usually successful in treating the infection.

We’re happy to answer any questions about this information or any other aspects of shoulder joint replacement surgery.

This booklet provides important information for patients, families and referring physicians considering the ream and run procedure. Please read it carefully. If questions arise, please email Dr. Frederick Matsen at matsen@uw.edu.