

Complications of shoulder surgery: in selected cases revision surgery can be helpful in lessening pain and improving function when the result of a total shoulder joint replacement, rotator cuff repair or surgery for dislocation has failed or is not successful.

Edited By: [Frederick A. Matsen III, M.D.](#), [Winston J. Warme, MD](#) Las

Even when it is performed well, shoulder surgery may fail to yield a comfortable and functional shoulder. Operations for rotator cuff tears, shoulder dislocations, fractures, and shoulder arthritis may be complicated by shoulder stiffness, weakness, instability, loosening, wear, fracture or infection. An important example is the failure of the glenoid component in a total shoulder joint replacement [link to our pdf, enclosed].

When a surgery has failed, a careful analysis is required to determine the type and cause of the failure and whether the failure is likely to benefit from a revision surgery.

After performing a clinical exam and [x-rays](#), a shoulder surgeon experienced in the complexities of revision shoulder surgery will try to identify the causes of failure and to determine if surgery is likely to be helpful. The chances of a successful revision surgery are highest if (1) the patient is well motivated and in good health and (2) if the shoulder has mechanical problems that can be addressed by removing scar tissue, balancing muscles, repairing deficient tendons, achieving stability and restoring functional joint surfaces.

Revision shoulder surgery is often a highly technical procedure and is best performed by a surgical team who performs revision surgery often. Such a team can maximize the benefit and minimize the risks.

Examples of surgical techniques used in revision surgery include

- (1) a bone block to restore the contour of the bony socket when standard procedures fail to restore shoulder stability [link: [http://www.orthop.washington.edu/uw/surgeryto deepen/tabID\\_3351/ItemID\\_139/Articles/Default.aspx](http://www.orthop.washington.edu/uw/surgeryto deepen/tabID_3351/ItemID_139/Articles/Default.aspx)]
- (2) Hemiarthroplasty with non prosthetic arthroplasty when arthritis complicates previous surgery in an active individual [link: <http://www.orthop.washington.edu/reamandrun>]
- (3) Total shoulder arthroplasty when arthritis from prior surgery has severely destroyed the surfaces of the joint [link: <http://www.orthop.washington.edu/totalsoulder>]
- (4) Reverse total shoulder when prior surgery has left the shoulder with severe weakness or instability [link: <http://www.orthop.washington.edu/reverseshoulder>]