

Questions to ask your doctor

Healthcare can be confusing, but we're here to help you on your journey. We've collected some information to connect you with what you might need in order to take on your shoulder pain.

- Which pain relief options may work well for me?
- How much relief will those options give me?
- · How do you determine which type of shoulder replacement is right for me?
- How is shoulder replacement done?
- What should I expect after the surgery?
- How much pain will I feel after surgery, and how is it managed?
- What are the risks or complications of shoulder replacement?
- Will I have mobility restrictions? For how long?
- How long will I be in the hospital?
- How long before I can return to my normal activities?
- Is shoulder replacement surgery covered by my insurance?
- Which company's joint replacement products would you use for me? Why?
- Will you be performing the surgery?
- How many shoulder replacements have you performed?

Important information

For use as a Hemi or Total Shoulder Replacement: Aseptic necrosis of the humeral head; Painful, disabling joint disease of the shoulder resulting from: degenerative arthritis, rheumatoid arthritis or post traumatic arthritis; Proximal humeral fracture and/or dislocation; Clinical management problems where arthrodesis or alternative reconstructive techniques are less likely to achieve satisfactory results; Revision of previous unsuccessful total shoulder replacement, resurfacing or other procedure.

Glenoid components are intended for cemented use only. The humeral stem components are intended for both cemented and cement less use. In the case of revision, when ReUnion TSA humeral stems are well fixed, the system is indicated for conversion to a total shoulder arthroplasty. In conjunction with ReUnion TSA humeral and glenoid components, if the natural glenoid provides sufficient bone stock, ReUnion TSA humeral stems can be converted from a hemiarthroplasty to a total shoulder arthroplasty, as well as revised from an existing total shoulder arthroplasty to a secondary total shoulder arthroplasty. It is also indicated for conversion to a hemiarthroplasty. In conjunction with ReUnion TSA humeral components, ReUnion TSA humeral stems can be converted from a total or ReUnion RSA reverse shoulder arthroplasty to a hemiarthroplasty, as well as revised from an existing hemiarthroplasty to a secondary hemiarthroplasty, in treatment of previously failed shoulder arthroplasty cases where revision to a reverse shoulder arthroplasty is inappropriate.

ReUnion Reverse Arthroplasty System (RSA): The ReUnion RSA Shoulder System is intended for primary, fracture, or revision of total Shoulder replacement. The patient's joint must be anatomically and structurally suited to receive the selected implant(s), and a functional deltoid muscle is necessary to use the device. The patient's joint must have gross rotator cuff deficiency, a functional deltoid muscle and be anatomically and structurally suited to receive the selected implant(s). Painful, disabling joint disease of the shoulder resulting from: degenerative arthritis or rheumatoid arthritis; Proximal humeral fracture; Revision of previously failed shoulder joint replacement; Glenoid Baseplate components are intended for cement less use with the addition of screw fixation; The Humeral Stem components are intended for both cemented and cement less use; In the case of revision, when ReUnion TSA humeral stems are well fixed, the system is indicated for conversion to a reverse shoulder arthroplasty. In conjunction with ReUnion RSA humeral and glenoid components, ReUnion TSA humeral stems can be converted from a semi or total shoulder arthroplasty to a reverse shoulder arthroplasty, in treatment of a grossly deficient rotator cuff with sever arthropathy or previously failed joint replacement with a grossly deficient rotator cuff. The patient must have a functional deltoid muscle, and be anatomically and structurally suited to receive the implant(s).

The ReUnion RFX System, when used with ReUnion TSA Humeral and Glenoid components, is indicated for use as a Hemi or Total Shoulder Replacement: Aseptic necrosis of the humeral head; Painful, disabling joint disease of the shoulder resulting from: degenerative arthritis, heumatoid arthritis, or post traumatic Arthritis; Proximal humeral fractures and/or dislocation; Clinical management problems where arthrodesis or alternative reconstructive techniques are less likely to achieve satisfactory results; Revision of previous unsuccessful total shoulder replacement, resurfacing or other procedure. In the case of revision, when ReUnion RFX humeral stems are well fixed, the system is indicated for conversion to a total shoulder arthroplasty. In conjunction with ReUnion TSA humeral and glenoid components, if the natural glenoid provides sufficient bone stock, ReUnion RFX humeral stems can be converted from a hemiarthroplasty to a total shoulder arthroplasty, as well as revised from an existing total shoulder arthroplasty to a secondary total shoulder arthroplasty. It is also indicated for conversion to a hemiarthroplasty. In conjunction with ReUnion TSA humeral components, ReUnion RFX humeral stems can be converted from a total or reverse shoulder arthroplasty to a hemiarthroplasty, as well as revised from an existing hemiarthroplasty to a secondary hemiarthroplasty, in treatment of previously failed shoulder arthroplasty cases where revision to a reverse shoulder arthroplasty is inappropriate. The glenoid components are intended for cemented use only. When used with ReUnion RSA Humeral and Glenoid Components.

The ReUnion RFX System, when used with ReUnion RSA humeral and glenoid components, is intended for primary, fracture, or revision total shoulder replacement. The patient's joint must have gross rotator cuff deficiency, a functional deltoid muscle, and be anatomically and structurally suited to receive the implant(s). Painful, disabling joint disease of the shoulder resulting from degenerative arthritis or rheumatoid arthritis; Proximal humeral fractures; Revisions of previously failed shoulder joint replacements.

In the case of revision, when ReUnion RFX humeral stems are well fixed, the system is indicated for conversion to a reverse shoulder arthroplasty. In conjunction with ReUnion RSA humeral and glenoid components, ReUnion RFX humeral stems can be converted from a semi or total shoulder arthroplasty to a reverse shoulder arthroplasty, as well as revised from an existing reverse shoulder arthroplasty, to a secondary reverse shoulder arthroplasty, in treatment of a grossly deficient rotator cuff with severe arthropathy or previously failed joint replacement with a grossly deficient rotator cuff. The patient must have a functional deltoid muscle, and be anatomically and structurally suited to receive the implant(s). Glenoid Baseplate components are intended for cement less use with the addition of screw fixation. Source: Stryker Instructions for Use K161863

The information presented is for educational purposes only. Stryker is not dispensing medical advice. Please speak to your doctor to decide which type of surgery is right for you. Only your doctor can make the medical judgment which products and treatments are right for your own individual condition. As with any surgery, joint replacement surgery carries certain risks. Your surgeon will explain all the possible complications of the surgery, as well as side effects. Additionally, the lifetime of a joint replacement product is not infinite and varies with each individual. Also, each patient will experience a different post-operative activity level, depending on their own individual clinical factors. Your doctor will help counsel you about how to best maintain your activities in order to potentially prolong the lifetime of the device.

Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: ReUnion, SmartLock, SOMA, Stryker, X3. All other trademarks are trademarks of their respective owners or holders.

Notes			