

Post-Operative Instructions

Total Shoulder Arthroplasty / Reverse Total Shoulder Arthroplasty

Wesley K. Cox M.D.

Surgical Dressing:

1. A sterile operative dressing has been applied to your shoulder. If possible, we prefer that it not be altered or changed for the first 48 hours following surgery. If it comes loose or is soiled, then it may be changed.
2. You may begin showering on the second post-operative day. Get in the shower with the dressing in place and shower normally taking care to limit the movement of your arm as instructed. After the shower, remove the dressing entirely. Depending on a variety of circumstances, you may have sutures buried under the skin, or visible skin staples. Pat the shoulder dry and place a clean dry dressing over the incision. Shower with the dressing on daily, then replace it.
3. Do not soak the shoulder in bathtub, hot tub, or pool until told it is ok in clinic. Do not expose the wounds to any creek, lake, river, etc. for at least 6 month.
4. It is normal to have bloody drainage on the dressing. Do not be alarmed. Additionally, if a drain was placed and removed prior to your discharge from the hospital, the drain hole may ooze for several days. If your shoulder continues to drain for more than 5 days, please contact the clinic.
5. Expect to have bruising all down the arm and forearm as the blood from the shoulder usually tracts down the muscles of the arm. This bruising is often worse than the bruising on the shoulder itself.

Diet:

As tolerated you may resume a normal diet at your own pace. Our recommendation is that you begin with a liquid diet the day of surgery, and advance as tolerated. It is not uncommon to have nausea after the surgery because of the pain medicine and anesthetics used during your surgery, so be careful with what you eat and go slowly.

Sling/Immobilizer:

In order to replace the shoulder joint, a muscle (subscapularis) has do be taken off the bone and then repaired at the conclusion of the case. Most of the limitations placed are designed to protect this repair. Healing this tendon is essential to the success of your surgery. Sudden or forceful movements of the arm place this repair at risk and should be avoided at all costs. We will give you instructions on your limitations and restrictions as you move along. While the shoulder motions will be limited at first, it is important that you move your elbow, hand and wrist to reduce swelling and prevent stiffness. You may remove the sling to perform pendulums, elbow, hand, and wrist motions five times a day. Otherwise, the sling should be worn full time until you return to clinic. Absolutely no pushing,

pulling, or lifting with your operative arm. Nothing heavier than a coffee cup should be held in your operative arm.

You may remove the immobilizer to shower and do your exercises, but it should be worn full time otherwise. Keep your arm at your side as if you're holding a newspaper between your arm and side. It is ok to straighten your elbow as this does not move your shoulder.

To clean your armpit, lean forward bending at the waist. As you do this, your arm will fall away from your side enough to allow you to wash. Doing it this way allows you to wash you armpit without using any of the muscles I repaired during your surgery. Have someone help you get dressed then re-apply the immobilizer over your clothes.

Medications:

Patients' medication requirements vary after surgery. You have given medications for pain, nausea, and constipation prevention. Take the pain medicine if you need it, if you take it, take the stool softener as instructed. Take the nausea medicine if you need it.

Numbing medicine has been placed in your shoulder either at the conclusion of your surgery. Additionally, a nerve block may have been performed by the anesthesiologist. It is normal to have some level of discomfort after any surgery. If you have no pain or minimal pain, then it likely means the numbing medicines are working. It is important that you take pain medicine as the numbing medicine starts to wear off, this will prevent you from having extreme pain once it's worn off completely. If you are awake and alert, take one pain pill every 4 hours until the numbing medicines have worn completely off. Do not take the medicines if you are excessively drowsy. This helps prevent the pain from "piling up" and will significantly limit the amount of pain medicine you require in the following days.

If you have any allergies, or develop any adverse reactions to any of the medicines prescribed for you DO NOT TAKE THEM. Call and adjustments can be made.

I recommend against taking Advil, Motrin, or similar anti-inflammatories. While these can help with pain, they may also slow healing during the first several weeks after surgery. The medicine you have been prescribed for pain likely has Tylenol in it--DO NOT TAKE ADDITIONAL TYLENOL. I advise you to talk with your pharmacist regarding potential drug interactions with other medications you are taking.

Ice:

Controlling swelling is one of the best ways to control pain. If an ice machine has been given to you use it as instructed. Remember to always keep a towel, t-shirt, or sheet between the ice pad and your skin. If this is not done, your skin can become frostbitten.

If you do not have an ice machine you may use ice packs, gel-packs, or similar cold therapy. In general, I recommend 2 hours on, on one hour off. Remember to keep something between the ice and your skin.

Concerns:

It is common to have a low-grade fever for the first 24-48 hours after any surgery. If you have a fever that does not respond to Tylenol or that is >100.5 you should call. If you have any other signs of symptoms of infection you should call. While the risk of blood clots is very low following shoulder surgery, we still recommend that you ambulate as normally as possible immediately. Also, we encourage you to do ankle pump exercises while in bed for the first few days following surgery. Of course, if you have any questions or concerns, I would rather you call than worry.

Dental Treatment:

You should not have any elective dental procedures, including routine cleaning, for at least 9 months after your surgery. I recommend antibiotic prophylaxis prior to any dental treatment, colonoscopy, cystoscopy, or other medical procedures. If you have any questions, please call.

Follow-Up:

In general, you should be seen in clinic within the first 7-10 days following surgery. Your appointment may be scheduled prior to your surgery. If you have questions regarding your follow-up appointment, or to schedule one, please call the clinic.