

POST-OPERATIVE INSTRUCTIONS

Reverse Total Shoulder Replacement

Dr. Sostak

www.healthy-txt.com/drsoastak for more info

PAIN: After the first few days, as the pain lessens, you may decrease the frequency with which you take the medication. Remember, the medications are not necessarily meant to completely eliminate your pain, only to make it more bearable.

Narcotic pain medications can cause constipation; you may wish to use an over-the-counter stool softener to help prevent this. Narcotic pain medications can cause constipation; I recommend using Senokot-S, an over-the-counter stool softener, 1 tab twice a day to help prevent this. You can increase to 2 tabs twice a day as needed. In addition Miralax or Milk of Magnesia can be used if no results with the Senokot-S.

MILD PAIN: If you are having minimal pain and would like to switch to a milder medication, please take Tylenol/acetaminophen (extra strength or regular). Do not take Tylenol and norco together (this would be too much acetaminophen). Do not exceed more than 4000mg of Tylenol/acetaminophen in a 24 hour period.

ICE: Use ice or a cold therapy unit constantly for the first 48 hours, then as frequently as needed. After 48 hours, it is recommended to ice at least 3 times daily for 20 minutes each time. The ice will help with post-operative pain and swelling.

DRESSINGS: You will have a soft dressing applied over your incision. It is meant to absorb any leaking blood or fluid from the joint, and to protect from infection. Leakage immediately after surgery is normal and actually helps to drain some of the fluid and blood that accumulates in the joint during surgery. The dressings may become moist or blood-stained; this is normal and usually not a cause for alarm.

BATHING: You may remove your dressing 48 hours after your surgery to take a shower. For showering, you may remove your entire sling and let your arm rest at your side. Under the surgical dressing, you may have steri-strips over your incision (small white strips of tape). Please leave them in place until they fall off on their own or until they are removed at your first post-op appointment. There are no sutures to be removed- sutures are absorbable under the skin. You may let soap and water gently wash over your incision, but do not scrub. Pat the incision dry with a towel. Generally, there is no need

to re-apply a bandage over the steri-strips. You may not soak your shoulder in a bathtub or go into a pool or hot tub until incisions are well healed (wait about 1 month to be safe).

PHYSICAL THERAPY: Therapy typically starts 4 weeks after surgery. The timing for when you begin physical therapy will be individualized based on your surgery.

OFFICE VISIT: Your first post-op visit will be scheduled 7-10 days after surgery. At this visit, we'll check your incision and answer any questions you may have. A few x-rays of the shoulder will be obtained at this first post-op visit.

WHEN TO CALL: Please call our office at (630)584-1400 if you develop a fever greater than 101°F, increasing pain that is not responding to pain medication, redness around incisions or shoulder, increased swelling, persistent bleeding or drainage, or drainage other than clear fluid or blood. If it is after hours, the answering service will contact the physician assistant on call.

It is normal to develop bruising to the operative arm. Some people have bruising across the chest all the way down to the hand. It can also be normal to develop swelling to the arm and hand. Gravity tends to pull fluid down the arm- your body will be able to reabsorb this fluid but it may take a few weeks. If the swelling becomes increasingly painful and more tender to the touch, please let our office know.

DRIVING: Please do not attempt driving for at least 4 weeks after surgery. This is for your safety, as well as other drivers- please do not attempt to drive with only one hand. Reasons for no driving post operatively: A quick, reactive motion of the shoulder while driving could damage your surgical repair. Secondly, you should not drive while taking any narcotic pain medications.

SLING: The abduction sling has 2 components: Sling and waist portion. The entire sling should be worn at all times when you are up and walking around. A few times/day, while you are sitting/resting, you may remove the sling as long as your upper arm/shoulder stays near your body. You may take off the entire sling up to 3 times daily to gently bend and straighten your elbow while keeping your shoulder near your body.

MOTIONS TO AVOID: Do not lift shoulder out in front of body, out to your side, or reach behind your back until your physical therapist has progressed you to that point in therapy. Usually, it is 4-6 weeks before you'll be doing some motion of the shoulder on your own. Immediately after surgery, it is ok to bend/straighten your elbow and use your hand to do things like typing (as long as your shoulder stays near your body). For example, you should put a computer keyboard in your lap instead of reaching out on a table for your keyboard). Initially in therapy, your therapist will do "passive motions,"

which means your muscles won't be doing the work. This protects your surgical repair and allows your body to heal.

SLEEPING: Please try to wear the sling while you are sleeping for 4-6 weeks after surgery- this provides good support to the shoulder. You may remove the waist portion of the sling to sleep if you are too uncomfortable, but try to keep your shoulder near your body (placing pillows around and behind the shoulder may help). Some people find it more comfortable to sleep upright (in a recliner chair) for a few days to weeks after surgery- this is optional.

RETURN TO WORK: This depends on the nature of your job. If you have a desk job or can work from home, you may be able to do computer/phone work within 1 week of surgery. However, you may not drive yourself to work for at least 4 weeks.

If you have a labor-intense job, or job that requires heavy lifting/repetitive use of your shoulder, you may need to be off full duty work for months. You will have restrictions for up to 6 months after your shoulder replacement. Some employers allow light-duty, and we can give you work restriction notes at each post-operative visit if necessary.

MOST COMMON QUESTIONS

Reverse Total Shoulder Replacement

HOW LONG DO I NEED TO WEAR MY SLING?

The sling should be worn at all times when you are up and walking around. A few times/day, while you are sitting and resting, you may remove the sling as long as your upper arm/shoulder stays near your body. You may take off the entire sling up to 3 times daily to bend and straighten your elbow while keeping your shoulder near your body. Most patients will require the sling for 4-6 weeks total.

WHAT MOTIONS SHOULD I AVOID?

Do not lift shoulder out in front of body, out to your side, or reach behind your back until your physical therapist has progressed you to that point in therapy. Usually, it is 4-6 weeks before you'll be moving the shoulder on your own. It is ok to bend/straighten your elbow and use your hand to do things like typing (as long as your shoulder stays near your body). For example, you should put a computer keyboard in your lap instead of reaching out on a table for your keyboard). Initially in therapy, your therapist will do

“passive motions,” which means your muscles won’t be doing the work. This protects your surgical repair and allows your body to heal.

Do NOT attempt to reach behind your back for about 3 months after surgery. This could put your shoulder at risk for dislocation. Wait until your physical therapist has progressed you to this motion.

WHEN CAN I DRIVE?

Please do not attempt driving for at least 4 weeks after surgery. This is for your safety, as well as other drivers- please do not attempt to drive with only one hand. Reasons for no driving post operatively: A quick, reactive motion of the shoulder while driving could damage your surgical repair. Secondly, you should not drive while taking any narcotic pain medications.

HOW CAN I LEARN MORE ABOUT SHOULDER REPLACEMENTS?

Please visit AAOS site: <http://orthoinfo.aaos.org/topic.cfm?topic=A00504>

Antibiotics after joint replacements

Current guidelines suggest that for your lifetime, you should take antibiotics prior to **routine dental cleanings/hygiene, fillings, and more invasive dental procedures.**

We recommend the use of antibiotics prior to these procedures because during each of these procedures, a small amount of bleeding can occur which may allow bacteria to “seed” or spread through the bloodstream and can potentially travel to the replaced shoulder joint (or any area of the body where there is hardware from a surgery). This can be dangerous if an infection were to start in the replaced joint. To prevent this from happening, we recommend you take antibiotics ½ hour prior to dental procedures.

If possible, for safety reasons, we recommend waiting at least 3 months after a joint replacement to have any routine dental work completed.

If you have upcoming dental work, please call our office at least 3 days in advance, so we can send the appropriate antibiotic to your pharmacy.

SPORTS SPECIFICS

REVERSE SHOULDER REPLACEMENT

We know you are eager to return to your sports and hobbies. We want to guide you safely through that process. Please use the following as a guide

GOLF

6 weeks post-op: Putting

3 months post-op: Chipping, pitching, and half-swings with your short irons

4-5 months post-op: Full but gentle swings with irons

6 months post-op: Full play with no restrictions

SWIMMING

3 weeks post-op: You may get in a pool at as long as your incision is well healed. You may do lower-body exercise/water walking. You should wait to swim until you have full and comfortable shoulder motion.

4-6 months: For most patients, you will be able to do full strokes

WEIGHT LIFTING

2-3 weeks post op: You may do lower body exercise (bike, walking, elliptical) with your sling on.

Please follow the instructions of your physical therapist for your shoulder. Once you are nearing the end of physical therapy (typically 3 months post-op), your therapist can create a safe “return-to-lifting” program. Physical Therapists and Athletic Trainers can outline a specific plan for you.