

Postoperative Instructions: Total Shoulder Replacement

Please read these instructions thoroughly. Most of your questions will be addressed here. The first page is a summary. You can find additional details on the following pages. Following these precautions will help minimize complications and address concerns about your surgery. Additional information can be found at bradleysmithmd.com.

SUMMARY PAGE

Activity: Do not lift any objects greater than 1-2 pounds for the first 4-6 weeks

Sling: Wear your sling at all times for the first 4 weeks following surgery except as noted

Standard Medications:

Oxycodone 5 mg: 1-2 tabs by mouth every 4-6 hours as needed for severe pain.

Tramadol 50 mg: 1 tab by mouth every 6 hours for baseline pain relief.

Tylenol 325 mg: we recommend 2 tabs (650 mg) every 6 hours until your pain is low enough for you to switch to taking this as needed.

Aleve 220 mg (Naproxen): we recommend 2 tabs every 12 hours for the first 5 days after surgery.

Aspirin 81 mg: 1 tab two times per day to reduce the risk of blood clots.

Pain control:

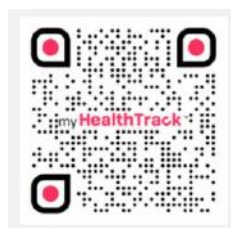
You likely received a nerve block for postoperative pain control. We recommend that you start your pain medication when you get home from the hospital. Continue the medication for the first 1-2 days until the block wears off and you have a better idea of how you will handle the pain. Use **ice** as much as possible to help with pain and swelling.

Dressing:

You may remove the outer gauze and tape dressing 2 days after surgery. There is a waterproof dressing underneath that you should leave until your followup appointment.

myHealthTrack: Total Shoulder Arthroplasty

Follow up: 10-14 days



Pain Control and Medications

You may have received a nerve block or a local anesthetic injection to help with pain control. This will likely wear off 8-12 hours after surgery. You should start taking pain medication when you get home and before you go to sleep so that you have something working before the block wears off. Otherwise the pain can be difficult to control. Typically, pain is the worst during the first 2-3 days after surgery before starting to subside.

Pain Medications:

We strongly recommend the following pain medication regimen. Using multiple medications that work differently allows you to keep your pain under control while reducing the risk of side effects from taking too much of a single medication. This has also been shown to reduce the amount of narcotic medication patients need after surgery.

Baseline pain control:

- Tramadol 50 mg: 1 tablet every 6 hours. This is a mild narcotic medication. This should be taken once every 6 hours until you are able to space out this medication and eventually switch to over-the-counter medications alone. Do not drive or operate heavy machinery while taking, as it can cause drowsiness.
- Tylenol (Acetaminophen) 325 mg: 2 tablets (650 mg) every 6 hours.
- Aleve (Naproxen) 220 mg: 2 tablets (440 mg) every 12 hours with meals. This is a strong anti-inflammatory medication. Do **NOT** take this medication if you have a history of gastric ulcers or sensitivity to other anti-inflammatory medications.

Severe Pain:

- Oxycodone 5 mg: this is a strong narcotic medication. You may take up to 1-2 tablets every 4-6 hours AS NEEDED for the first few days after surgery. After 2-4 days, you should be able to space out or discontinue this medication. Do not drive or drink alcohol while taking this medication.

If you have any side effects (i.e. nausea, rash, trouble breathing) from a medication, discontinue its use and call our office. Constipation is common after surgery and while you are taking narcotics for pain control. Drink plenty of clear liquids, and consider using an over-the-counter stool softener such as Docusate or Miralax.

Preventing Blood Clots

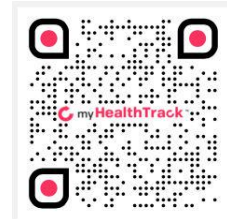
- A blood clot forming within a deep vein (Deep Vein Thrombosis) is one of the major risks facing patients who undergo surgery. It commonly occurs in the thigh or calf. Deep vein thrombosis can develop after any major surgery.
- A pulmonary embolism is a blood clot that breaks free and travels through the veins. If it reaches the lungs, it can block the flow of blood to the lungs and heart. A pulmonary embolism is a dangerous condition that can even lead to death.
- Lower extremity compression devices should be worn when in bed to reduce the risk of blood clots forming.
- You should also perform ankle pumps and get up to walk once per hour when awake.
- Medication: Aspirin 81 mg: 1 tablet two times daily for a total of 2 weeks after surgery to reduce the risk of blood clots, unless otherwise discussed with Dr. Smith.

Wound Care and Showering

- Leave the surgical bandages on and do not shower for 48 HOURS.
- It is normal for the joint to bleed and swell following surgery – if blood soaks onto the gauze dressing, simply reinforce with additional gauze dressing for the remainder of day and check again.
- After 48 hours, remove the outer bandages and gauze. It is normal to see bloody fluid on the gauze sponges.
- Underneath the gauze you will find a mesh tape with dermabond glue over the incision. Leave this in place until your follow up appointment.
- After removing the dressing, you may shower. You can get the incisions, sutures, and the mesh tape/glue wet in the shower and let water run over the incision. Gently pat the incision dry when done, and cover the incisions with a clean dressing or band-aids.
- Do NOT use Bacitracin, lotions, or other ointments to the incisions.
- Do NOT soak incisions in any pool/bathwater until 3 weeks postoperatively or until your incisions are completely closed.
- Do not allow pets to sit on your lap or sleep in your bed for at least 4 weeks following surgery. Pets may harbor flies, mites, or other organisms that may cause an infection.

Physical Therapy

- You should plan to start physical therapy 2-3 weeks after your surgery. A physical therapy referral will be provided at your first follow up visit.
- There are home exercises at the end of this packet for you to perform before you start formal physical therapy.
- An optional but beneficial supplement to physical therapy is the myHealthTrack app. This app can be downloaded using the QR code or by going to mht.link/utahortho. Then choose **Dr. Smith** → **Operative** → **Shoulder** → **Total Shoulder Arthroplasty**.



Activity

- Try and rest the first few days following surgery.
- Ice should be used as much as possible for the first 3-5 days to help decrease swelling.
- After the first 3-5 days, ice your shoulder 4-5 times per day as needed.
- Never place ice directly on skin. Use a thin towel or clothing between the ice and your skin.
- Do not lift any objects greater than 1-2 pounds for the first 4-6 weeks.
- Driving is not recommended for the 1st 3-4 weeks following surgery and you should never drive when taking narcotic pain medication.
- You may return to (sedentary) work or school the day after surgery if pain is tolerable, but this usually takes up to 2 weeks. Return to heavy labor will be determined by Dr. Smith.
- Most patients will have some discomfort and weather ache for the first 6 months after surgery. Maximal improvement in motion, strength, and endurance of your shoulder takes approximately 8-12 months.

Follow-Up

- If you have not received an appointment please contact the office to schedule an appointment 10-14 days after your surgery.
- You will be seen by Dr. Smith for your first postoperative visit to review your intraoperative findings and to go over any questions you may have.



When to call for help

Call 911 anytime you think you may need emergency care. For example, call if:

- You pass out (lose consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe nausea or vomiting.

Call the office if:

- You have pain that does not go away after you take pain pills.
- You have a fever over 100.4°F.
- You have loose stitches, or your incision comes open.
- Your incision keeps bleeding 3 days after your surgery.
- You have signs of infection, such as redness around the incision or pus draining from your incision.

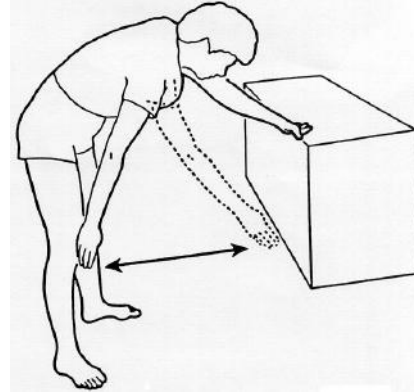
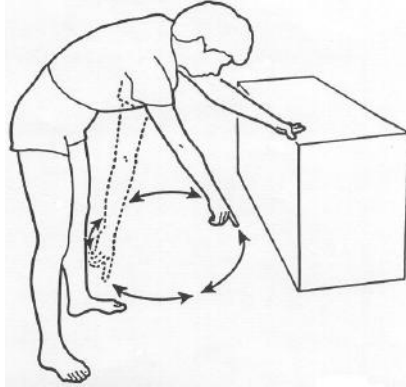


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Home Exercises



Pendulums

Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it in a circular motion both clockwise and counterclockwise. Keep your circles within the width of your feet.

Codman's

Stand supporting yourself on a table with your good arm. Let your other arm hang down completely relaxed and slowly move it forward & back as well as side to side motion.

Elbow Curls:

Come out of your sling. Without any extra weight, use your good hand to help bring your other hand towards your shoulder by bending your elbow. Then slowly lower your arm back to a straight position. Then repeat.

Wrist Curls:

While in and out of your sling, make a light fist and move your operative wrist in an up and down movement slowly like you are knocking on a door.

Ball Squeezes:

While in and out of your sling, squeeze the foam ball to exercise the hand, fingers, and wrist muscles. This exercise can be very effective to help promote good circulation and prevent excessive swelling.

*** All exercises to be done for 5-10 minutes, 4-5 times a day.**