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Total Shoulder Arthroplasty Post-op Instructions

Wound Care: Please keep the wound uncovered once the initial dressing has been removed, it will heal faster. Occasionally, your body will attempt to “spit” an absorbable stitch from beneath the skin. This will appear as a small opening and may have light drainage. If this occurs, just cover this spot with a bandaid. You can clip the stitch if visible but do not pick at the wound. It is better NOT to place antibiotic ointment over the area.

Scar massage will soften the scar and can begin 3 to 4 weeks after surgery. It is recommended to use lotion or cocoa butter with vitamin E. This should be performed daily with light pressure for 5 to 6 minutes. Try to move the scar/skin in circular motion over the deeper tissue.

Things to watch out for and warrant a phone call to the office:

- 1) Increasing swelling under the incision (see arm swelling below)
- 2) Increased redness moving away from the incision.
- 3) Drainage from the incision that is more than just spotty
- 4) Fever greater than 101.5 degrees F

Ice Therapy: After 1 week, use of the polar care/ice unit should be performed 3 times per day for 45-60 minutes. This may be most beneficial after exercising and before bed.

Sling Use: It is recommended that the sling be discontinued around the home after 3 to 5 days. Light use of the arm is recommended and encouraged. Please remember the 2 to 3 pound lifting restriction, which applies for 6 weeks after surgery.

The sling should be used when outside the home. This will be a reminder to you not to use the arm excessively and remind others that you have had surgery. It is advisable to wear the sling when sleeping for 3 weeks.

Arm Swelling: Swelling of the operative arm is common and normal after surgery. Additionally, bruising of the arm, breast/chest and trunk is common. This blood is tracking down from your shoulder due to the effect of gravity.

Swelling is best treated by icing the arm and elevating the extremity. To elevate effectively you should lay flat and position the elbow above the heart and the hand above the elbow (fluid runs downhill towards the heart). Finger and fist movements will help “pump” fluid out of the extremity.

Severe swelling, especially new swelling should be treated as above. Contact the office if swelling persists.

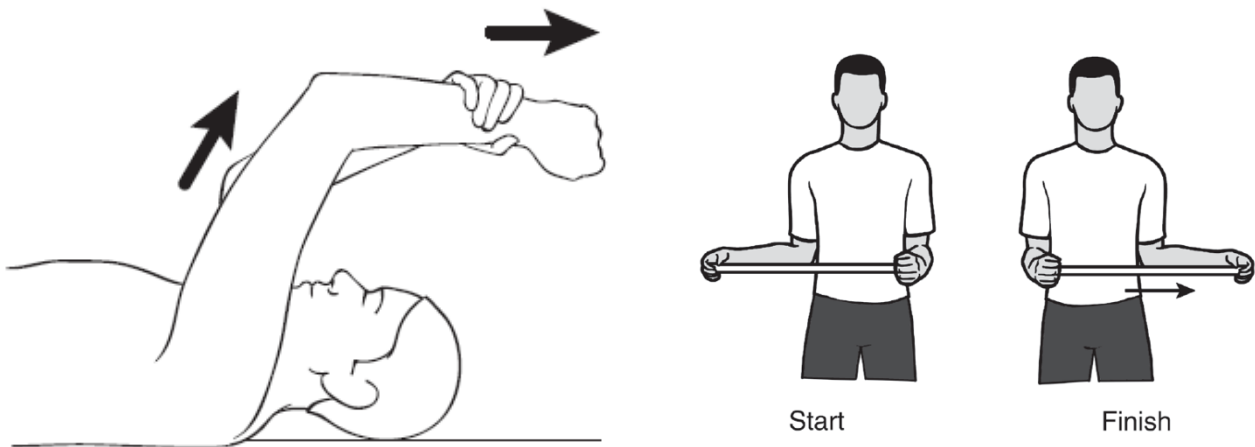
Restrictions (arm specific): To protect the healing of the front rotator cuff tendon that was surgically cut and repaired, you should avoid the following activities for **6 weeks**: If the tendon repair is damaged, it will likely affect your function and may require further surgery.

- 1) Reaching up the back further than the waistline
- 2) Lifting more than 2-3 pounds with the operative hand – this includes pushing and pulling activities (even if it feels OK)
- 3) **DO NOT** lean on your elbow or bear weight through your hand- this is easy to forget when moving within or rising from a bed or chair.

Exercises: The most important and only necessary shoulder exercises are:

- 1) Shoulder elevation – this is performed assisted with pulleys. The motion should be advanced into the pain threshold and advanced over time.
- 2) External rotation – This can be performed sitting or supine (on your back). The elbow is locked to your side and bent 90 degrees. Use a cane, golf club, etc. in the opposite hand to rotate your operative hand away from the midline while keeping your elbow at the side. Do not twist your shoulders/trunk when stretching. Again, a little bit of pain is normal and encouraged.

These exercises should be performed 3 times/day.



The other exercises learned in the hospital can be discontinued after your first postoperative visit so long as you continue the above exercises.

General Activity: Being active within limits is important for your recovery. You are encouraged to take 6 to 8 small walks each day – this can include just walking a few minutes around the house. Light activity promotes deeper breathing and lower extremity circulation. Walking is helpful to prevent blood clots, atelectasis (the most common cause of postop fever) and pneumonia.

Walking for exercise (longer periods) is safe. You should wear your sling. It is not safe to walk on treadmills, a slight stumble with bracing by your operative arm is dangerous. Stationary bicycles and elliptical machines can be used as long as the arms are not exercised and your balance is good. Please, no impact activities such as jogging or aerobic classes.

Medications: Pain medications (oxycodone, hydromorphone, hydrocodone/APAP) are needed following surgery for most patients. You are encouraged to wean from these as soon as possible after surgery. These medications have many side effects (fatigue, nausea, confusion, vivid dreams, rashes and constipation). Addiction to pain medications is not a concern when used following surgery so you as you wean off these medicines within 6 weeks. Pain meds are commonly needed for several weeks before bedtime.

Acetaminophen (Tylenol) can be used safely in conjunction or as a substitute for narcotics. The total daily dose should not exceed 4 grams (4000 milligrams). This is equivalent to 8 extra strength Tylenol pills (500 mg each). Do not take hydrocodone/ APAP and Tylenol together as you may exceed the maximum safe dose of acetaminophen. Oxycodone and acetaminophen together is safe.

NSAIDS (non-steroidal anti-inflammatory meds): These include Ibuprofen (Advil, Motrin), naproxen (Aleve), Celebrex, Meloxicam, Lodine, Feldene, etc. These medicines can be started, if needed, 2 weeks after surgery. These medicines can be used in conjunction with pain meds and Tylenol.

Aspirin: Most patients are placed on 2 weeks of double strength aspirin (325 mg twice daily) to help prevent blood clots. Please continue these meds for the full two-week period unless you are having stomach upset or other side effects. Do not take aspirin and a NSAID medication during the same time period.

Sleeping: Most patients do not feel comfortable lying flat for a couple of weeks after shoulder surgery. You can sleep in a recliner or in bed inclined on pillows. It helps to place a pillow behind and under the operative elbow to keep the shoulder from drifting backwards, which can cause pain. You may return to a flat position whenever tolerable. If you roll onto the operative arm while sleeping you will likely wake up because of pain, this will NOT damage your shoulder replacement.

Constipation: Constipation is common following surgery due to the use of narcotics, anesthetics and sometimes, dehydration. Please take the prescribed stool softener (Colace/docusate). You should drink plenty of fluids and eat foods high in fiber. You can also take Senna/Senokot available over the counter. If you remain constipated, we would recommend taking Miralax followed by Magnesium Citrate – both available over the counter.

Driving: Patients can return to driving when they feel they are safe to do so. You should not drive if you are still taking narcotic pain medication during the day. It is advisable to remove your sling while driving. You should start light and begin by driving short and familiar routes until you are more comfortable.

Travel: You are safe to travel by car immediately after surgery. You are safe to travel by plane after 48 hours. Do not attempt to carry or stow baggage with your operative arm, even if lightweight.

Dental Procedures: Elective dental procedures (including teeth cleaning) and other procedure that are not clean (colonoscopy, sinus surgery, urologic procedures) should be avoided for 3 months after surgery. There is a risk of infection seeding the shoulder replacement if performed during this time. After the 3-month period, these procedures are allowed: however, you should be protected with a dose of antibiotic prior to the procedure. This is recommended for 2 years

after joint replacement. Our office will prescribe antibiotics prior to dental procedures, please call the office.