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## **POST-OPERATIVE TOTAL SHOULDER REPLACEMENT INSTRUCTIONS**

Getting the right treatment for your injury is important, **BUT FOLLOWING THE PROPER POST-OPERATIVE PROTOCOL IS ALSO VITAL IN ORDER TO ATTAIN THE BEST RECOVERY.**

***PLEASE NOTE THAT I AM MAKING A DRAMATIC CHANGE IN MY POST TOTAL SHOULDER REPLACEMENT PROTOCOL. This decision is based on the scientific literature that has been published in the top journals that deal with total shoulders.***

The information below is meant for patients in the post-operative phase. These guidelines may be modified depending on your individual case.

**PAIN:** Prescriptions for pain medication will be sent to your pharmacy 1 week before surgery. Please be sure to pick these up prior to surgery in order to avoid problems with pharmacy. These may be taken every 4 hours for pain if needed. You should ice your operative site regularly for the first couple of weeks after surgery to help reduce swelling and pain. Be careful in applying ice until you have regained full feeling in your shoulder. You can freeze your skin and cause severe blistering and even skin loss. You will also have the opportunity to rent a Ice/Compression device called a NICE. This device will make icing your shoulder a lot easier and patients typically are very happy with them. If you opt to utilize a cold and compression therapy device, it will greatly help with pain and swelling. I generally recommend icing for 15-20 minutes every hour, but the Ice/Compression units can be used constantly. Do not start the compression mode until your regional block has worn off, and be careful with freezing your skin.

**WOUNDS:** The incision(s) may be sore and develop bruising over the next several days. The bruising may even extend into your arm, forearm and chest wall. This will go away and no special care is needed. You must keep your incision clean and dry until your post operative visit. Keep the surgical dressing in place until you are seen for your post operative appointment, unless it becomes compromised and allows your incision to get wet. If this happens, simply remove and replace bandage with gauze and an Op Site (water proof bandage). Do not remove the mesh covering your incision.

**BATHING:** The most important aspect for caring for your surgical incision is to keep it clean and dry. Contamination from shower or bath water can lead to deep infection



which can be catastrophic. Once I remove your bandage, it is fine to shower without covering it, but leave the mesh over your incision in place.

**BRACE/SLING:** Your sling is necessary to protect the subscapularis repair (rotator cuff) and implants. Healing of the subscapularis and bony integration of your implants is vital for the success of your surgery. Failure of subscapularis repair or bony integration of your implants after total shoulder results in higher level of pain, instability, and lack of maximal active internal rotation (IR), therefore, protection of the healing subscapularis must be a primary objective during the post-operative healing stage of recovery. You may remove your sling and have your arm in your lap if you are simply sitting around your house, **but you must put your sling back on if you get up to move around**, You must sleep in your sling as well. You may remove the abduction pillow at night, if it is difficult to keep this in place. But, you must place a pillow behind your elbow to prevent extension of your shoulder.

**ACTIVITY:** Although I do want you to wear your brace/sling, I also want you to get up and move around with the specific limitations as noted below.

**DEEP VENOUS THROMBOSIS (DVT):** DVT is when a clot develops in the deep veins of your extremity following a period of immobilization or trauma. Extremity surgery can increase your risk of developing a blood clot in your deep veins. This is a serious condition, and these clots can travel to your lungs in the form of a Pulmonary Embolism (PE). PE's are life threatening and the best treatment is prevention. For this reason, I would like you to take an **Ecotrin-Coated Aspirin 325mg once daily for 4 weeks to help diminish this risk.**

**THERAPY:** Physical Therapy will be a vital part of your recovery, but we will not start actual supervised therapy until Week 7 (Phase 2). Recent evidence has led American Shoulder and Elbow Society to recommend against early PT. This evidence shows that early PT increases your risk of the subscapularis repair (rotator cuff) failure and potentially prevents your implants from properly healing, which drastically effects your final outcome. Further, early physical therapy has not been shown to improve final range of motion or outcome. Your PT protocol for the first 6 weeks is outlined below:

- **Weeks 1-6 Post Operative**
  - **Precautions and Guidelines**
    - Sling for 24/7 with the following exceptions (remove for grooming, home exercise program 3-5 times/day, or if sitting around. Must wear if you are up and moving around. And wear during sleep.
    - Avoid reaching behind the back, external rotation of shoulder when abducted (elbow away from body)
    - No shoulder active range of motion
    - No weight bearing on shoulder

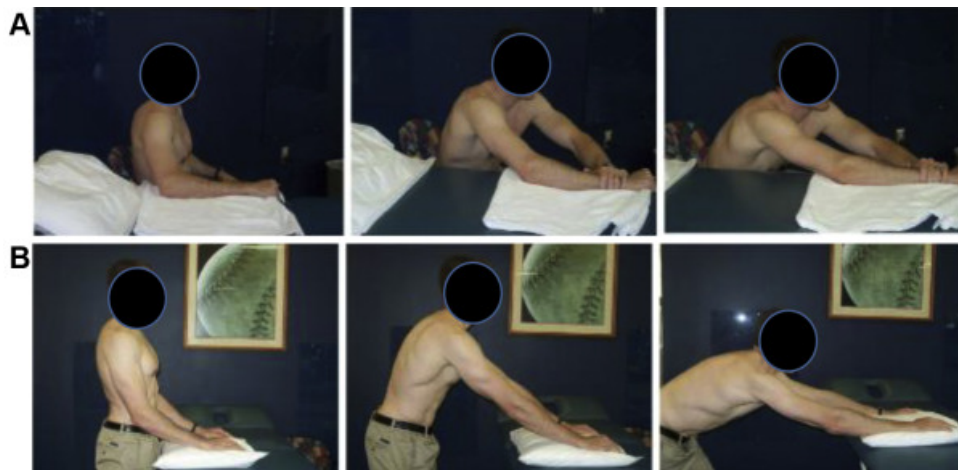


- **Goals**

- PROTECT HEALING OF SUBSCAPULARIS REPAIR
- Prevent infection
- Promote distal circulation and swelling ( squeeze ball)
- Passive Range of Motion elevation 120 degrees, external rotation 30 degrees

- **Exercises**

- Active hand, wrist and elbow motion as well as scapular clocks
- Passive forward elevation to 90 degrees utilizing a table slides (A) or standing with arm on table and moving your body away (B)



- Passive external rotation to 30 degrees unless otherwise directed by Dr. Jones
  - This may be done by sitting with pillow on your lap as demonstrated in A
  - Or laying your arm on a table and rotating your body around the arm (B)





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- Aerobic exercise such as walking and recumbent bike allowed after 2 weeks

**OTHER PRECAUTIONS:** If you have a temperature, severe pain, or redness at your operative site, please contact the office immediately.

**FOLLOW-UP:** We would like to see you in my office to check your for a post operative check 7-10 days after your surgery. If you do not already have an appointment scheduled, please call my office and arrange a follow-up appointment. You will see either myself or my Physician Assistant at this appointment.

**Please call the office at 719-632-7669 and ask for Tiffany, or email me at the address below if you have any questions or concerns.**

To a great recovery,

Chris Jones, MD  
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