Northwest Orthopaedic Surgery
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Shoulder Replacement

Advances in Shoulder Replacement Surgery

- We combine the latest technological advancements and surgical techniques along with the timeless principles of anatomy and minimization of soft tissue trauma in order to achieve the best results possible. We do not routinely use drains, Foley (bladder) catheters, or skin staples.

Shoulder Replacement Surgery: Options

- Modern shoulder replacement surgery has been revolutionized over the past several years with the development of new techniques such as Reverse Shoulder Replacement.
- Traditional shoulder replacement techniques have also seen significant advancement with the introduction of preoperative MRI and CT-guided preoperative planning and the development of customized instrumentation and implants.
- Surgical techniques and postoperative management has been further advanced with improvements in wound closure, multimodal postoperative pain control regimens, and advancements in postoperative physical therapy/home exercises as additional experience and data has been obtained and analyzed.
- Options now include the following:
  - Reverse Total Shoulder Replacement
  - Anatomic (Traditional) Total Shoulder Replacement
  - Shoulder Resurfacing Replacement
  - Shoulder Hemiarthroplasty

Postoperative Exercises/Activity

- Begin gentle shoulder pendulum exercises and gentle passive shoulder range of motion exercises on the first day after surgery using the contralateral arm and/or the assistance of friends and family members as shown preoperatively. While frequent movement and range of motion exercises are important, don't overdo it. Listen to your body and use common sense. Keep your arm below shoulder level prior to the first postoperative visit.
- Move your elbow, wrist, hand, and fingers several times per day in order to decrease swelling and maintain mobility.
- You can use your arm to assist with eating and personal hygiene. Do not bear weight or lift anything heavier than a glass of water or a cell phone with the operative arm. This helps to protect your shoulder repair during healing.
- Physical therapy will usually begin following the 1st postoperative visit (approximately 10-14 days following surgery) and will be tailored to fit your specific situation.

Physical Therapy (PT)/Home Exercise Program (HEP)

- Preoperative: Physical therapy is often helpful to optimize shoulder range of motion and strength prior to surgery to ensure that home exercises are done properly and tailored to your specific situation and injury.
- Postoperative: Physical therapy following surgery is important to restore proper range of motion and strength at the proper time via a customized rehabilitation program that is tailored to your

specific needs. Formal physical therapy usually begins about 2-4 weeks postoperatively depending upon the exact procedure performed and individual factors.
- Physical Therapy (PT) with an experienced physical therapist who is familiar with rehabilitation following shoulder replacement is critical to protect your shoulder while at the same time restoring range of motion and optimizing strength after surgery at the proper time points. PT also will help to develop and guide a customized HEP which is an important part of achieving a successful outcome.

Sleeping

- Sleeping in a semi-recumbent position (45° inclination) may be more comfortable for a few weeks following surgery.

Sling/Immobilizer

- Wear the sling or shoulder immobilizer while in bed and when traveling out of the house for comfort and protection. These devices are optional during the day as long as the arm is in a protected position.

Bandage Care

- Some bleeding through the bandage is normal. Reinforce with more dressing if this occurs during the first 1-2 days following surgery.
- Keep the bandage placed in the operating room clean and dry, and leave in place for 3 days.
- You can remove the bandages and shower 3 days after surgery. Keep the incisions out of the direct water stream and gently pat dry. Cover the incisions with band aids or other suitable dressing.

Ice

- Ice helps to control pain and decrease swelling. It is particularly effective during the first 1-2 weeks following surgery.
- Ice can be applied for 15-20 minute intervals up to 3-4 times per day as needed.
- Use a barrier between the skin and the ice pack to protect your skin.

Medications/Pain Control

- Preoperative Interscalene Block: Most patients receive a nerve block performed by the anesthesia team before surgery to help with pain control. While this block lasts approximately 12-24 hours on average, each person is different.
- Oral Narcotics: Take prescription pain medicines as needed for significant pain. It is common to take narcotic pain medication for a few days after surgery as this is typically when the pain is most severe. Some degree of pain after surgery is expected and has a protective function as it serves as a general guide to activity advancement. Take the pain medications as needed if you are experiencing moderate to severe pain. If your pain is manageable, stop taking the narcotics.
- NonSteroidal Anti-Inflammatory Drugs (NSAIDS): It is OK to take NSAIDS (e.g. ibuprofen, naproxen) for additional pain control unless specifically directed otherwise.
- Take the pain medication with food and water. Do not drink alcohol or drive while taking prescribed pain medication.

Diet

- Beginning the after day of surgery, drink plenty of clear liquids and eat nutritious foods. Adequate hydration and optimal nutrition are essential parts of your healing and recovery.

Common Complaints after Surgery

- Nausea/Vomiting is usually related to the anesthetic drugs used during surgery and resolves during the first 24 hours. Begin with clear liquids and light foods following surgery and advance as tolerated.
- Drowsiness is associated with anesthetic drugs and IV pain medications used during your surgery. This usually resolves within 24 hours.
- Constipation is a common side effect of narcotics and strong pain medications. Adequate hydration, a diet high in fiber, and over-the-counter stool softeners (Senokot-S, Colace) can help to minimize constipation.
- Low grade fever (< 100.5° F) can occur during the first 24-48 hours following surgery. Taking deep breaths and periodically sitting upright helps the fever to resolve and improves air flow through your lungs.

When to Call

Call us at 858.703.6964 if any of the following develop:

- Temperature > 101.5° F
- An increase in redness or cloudy drainage from the incisions
- Severe pain not adequately controlled with medications
- Excessive nausea or vomiting
- Chest pain or shortness of breath