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☐ Anatomic total shoulder replacement

☐ Reverse total shoulder replacement

■ Other secondary procedures:

# Physical therapy

Begin physical therapy immediately unless otherwise instructed (such as intraoperative fracture). Your therapy is the most important part of achieving a successful outcome.

### **Brace**

☐ You have been placed in a sling for protection of your surgical repair. Remain in your sling at all times, including while asleep until after your first postoperative visit when this will be addressed further.

☐ You have been placed in a sling for comfort. You may remove the sling around your home as you feel comfortable doing so. It is recommended to wear it in high risk situations such as in public for 2 weeks. When out of your sling, you should still keep your arm in front of you. Using the arm behind your back (such as to push up from a chair) is the highest risk position for dislocation.

## Post Op Care

*Ice:* Apply an ice bag to the shoulder in a waterproof bag for 20 minutes on, 20 minutes off. Do not place ice directly on the skin. Direct contact for a prolonged period may cause a burn to the skin. If you have a cryotherapy unit, use as often as possible for the first 48 hours then as needed. This is just cold water and can safely be run continuously. I recommend still avoiding direct contact with your skin and checking your skin every few hours and taking a break if very red or irritated.

*Sleeping:* Some patients prefer to sleep in a recliner or propped up in bed with several pillows which keeps the shoulder elevated. Sleep however you are comfortable.

*Driving:* No driving until you are off narcotic pain medications, comfortably raising your arm to eye level, and able to quickly twist a steering wheel without pain. You cannot meet the second two criteria until at least 1 week after sling has been discontinued.

## **Dressing changes and incision care**

Your shoulder is dressed in sterile bandages, including Prineo glue mesh, gauze, and Tegaderm. This is intended to be a watertight dressing for you to shower in.

Keep the incision clean and dry after surgery.

Do NOT use *any* ointments/creams/lotions on your incisions, unless otherwise directed.

Avoid being under water (baths, pools, etc) for the first 4 weeks.

If the incisions have healed with no scabs at that time, you can begin to apply some vitamin E or scar cream. Silicone scar sheets can also be helpful to minimize scarring. You should keep your incisions protected from direct sunlight for the first year with clothing or band-aids to prevent the scars from becoming dark and thickened.

### Medication

Pain medications: A short-acting narcotic pain medication such as Percocet is prescribed following surgery. Narcotic medicines may make you drowsy and/or dizzy, therefore driving a car or operating machinery is NOT ALLOWED UNDER ANY CIRCUMSTANCE. Narcotic medicines are addictive and should be taken in the lowest dose and shortest duration needed to control your pain. Tennessee law now severely limits the amount of pain medications that can be prescribed at surgery. Refills are rarely needed.

### Diet

Begin with clear liquids and light foods (jello, soups, etc.), and progress to your normal diet if you are not nauseated. High protein foods may improve postoperative healing.

# Follow-up care

Your follow-up information is as follows:

First Physical Therapy Appointment:

**Post Op Appointment:** 

## When to call your surgeon

Call the office for any concern, especially those below. If after hours, the office number will connect you to an on call provider. For emergent symptoms, please call 911 or go directly to the nearest ER.

- Fever > 101.5°F
- Increasing shoulder or arm pain
- New numbness or tingling that persists > 24 hrs after surgery
- Shortness of breath or chest pain
- Vomiting that lasts more than 24 hours following surgery
- Drainage from incision sites that continues for more than 5 days follow surgery.

### **SPECIAL INSTRUCTIONS**

☐ Please follow these instructions