



## Reverse Total Shoulder Replacement Manual

Dr. Edward Szalapski

### PREPARING FOR SURGERY

- **Make a pre-operative physical exam with your Primary Care Physician**
  - The pre-operative physical exam is necessary to make sure you are healthy enough to undergo surgery. Please refrain from making this appointment until you have scheduled surgery with Jessica, our care coordinator as this needs to be performed during a particular time frame. In some instances, you may need further testing further specialized testing prior to surgery (for example with a cardiologist)
- **Make a post-operative appointment**
  - We request that you follow up to clinic 2-3 weeks following your surgery. At that time, you will see Dr. Szalapski's Physician Assistant, Tracy. Typically at this appointment, we will remove sutures, assess wound healing, check your range of motion, and give you therapy exercises to perform at home.
- **Taking time off work**
  - This varies between patients and the type of job you have. Typically, patients need a minimum of 3-4 months off work if they have a physical job. If a patient has a desk job, they may be able to return to work earlier. If you need paperwork filled out for your employer, please bring this to the office prior to your surgery and avoid bringing any paperwork to the hospital or surgery center.
- **Preparing your house for your return after surgery**
  - There are some things we recommend doing prior to surgery to make your transition back to home easier. These include removing tripping hazards (such as throw rugs), preparing for meals for after surgery and moving items you use regularly to a place that is easy to access. In addition, it is often helpful to wear loose clothing or tops that zip or button closed in the front. Many patients find wear these types of clothes make getting dressed easier as shoulder range of motion is very limited following surgery. You will need to have a ride to and from the surgery center and should have someone staying with you at least 24 hours following surgery.
- **Medications to have at home**
  - Extra-strength Tylenol and oral anti-inflammatories (Advil, Ibuprofen, Aleve etc.)- are great to help supplement your pain control regimen. Please note that you **SHOULD NOT** use Advil, Ibuprofen, or Aleve if you have a history of stomach ulcer or kidney disease.

- **Stool Softeners** - Many patients develop constipation following surgery from a combination of narcotic pain medications and being sedentary. Constipation can be alleviated by getting up to walk frequently, drinking plenty of water and having a diet rich in fiber (wheat bran, oats, fresh fruits and vegetables). Miralax (which can be purchased over the counter) is also helpful. Follow the directions on the package. If you have developed constipation from previous narcotic use or continue to have difficulty with these over-the-counter options, let us know.

## DAY OF SURGERY

- You will receive notification from the hospital or surgery center prior to surgery when to arrive on the day of surgery. On the day of surgery, you will meet with Dr. Szalapski in the pre-operative area for any last minute questions prior to surgery. An anesthesiologist will also meet with you to review your history and discuss anesthesia, including post-operative nerve block if appropriate. If you are a good candidate for a block, we recommend it as it will reduce the narcotic pain medications you will require. This will make your arm feel asleep for approximately 12 hours, but can last as long as 24 hours.
- Surgery will typically take 1-2 hours. This time includes getting you positioned, time for anesthesia, and the actual procedure.
- In order to protect your shoulder, you should not raise your arm away from your side until directed by Dr. Szalapski.
- You will be placed into a sling following your procedure. This should be worn **at all times**. You may remove only for hygiene purposes or to work on elbow and wrist range of motion exercises as given to you in the discharge paperwork.
  - You may also remove when sitting but prop the operative extremity up with pillows.
- Try to keep your incision(s) clean and dry following surgery. No baths.
- Ice frequently. We recommend the ice be on at least 20 minutes on and 60 minutes off (to protect skin from being frozen), a minimum of 3 times a day. This can be repeated as often as you need.
- Perform elbow, wrist and finger range of motion exercises to prevent stiffness. Limit all motion at the shoulder.
  - Remove the sling to the operative extremity. Let gravity pull down the upper arm to straighten at the elbow. Then, keeping the elbow at your side, try to touch your hand to your shoulder. Repeat. You may use your non-operative extremity to assist motion.
  - Keeping the elbow at your side with the arm bent to 90 degrees at the elbow, rotate the hand to face the ceiling and the floor. Repeat. Again, you may use your non-operative extremity to assist motion and apply a gentle stretch.
  - Bend all directions of the wrist, trace gentle circles. Extend your fingers straight and bend them to make a fist. Repeat.

- Try to wean off narcotic pain medication as soon as tolerated. You may supplement with Tylenol or Ibuprofen as needed. You should expect swelling in the operative extremity, which often develops in the hand. Continue to ice often.
- Follow up to clinic two weeks following surgery for staple/suture removal, evaluate your recovery and any questions you may have.

## DISCHARGE FROM THE HOSPITAL

You should plan on being in the hospital for 1 night. Your discharge will be planned with Dr. Szalapski and his PA Tracy, physical therapists, and if needed, a social worker. You will be discharging to home.

### Medications

- **Oxycodone:** We will discharge you home with the pain medication you were receiving in the hospital. In the first couple days, it is important to stay ahead of the pain and keep your doses on a schedule. We do not recommend waking yourself up at night to take narcotics. In addition, we recommend that you supplement with Tylenol as needed for pain. Continue to wean off narcotics as you can tolerate. Everyone heals differently but most patients are completely off narcotics in 4-6 weeks. In general, it is useful to take narcotics prior to therapy appointments. In addition, it is always helpful to ice the surgical area often.
- **Senokot:** This is a stool softener we recommend using while taking narcotics, as narcotics can cause constipation. Other ways to alleviate constipation include, increasing your activity, supplementing with Miralax or prune juice, drinking plenty of fluids, and eating a high fiber diet (fruits, vegetables, and bran for example).
- **Medication Refills:** Please call us for any refills of medications, allowing at least 24 hours for refills to be processed. Any refills requested before the weekend should be submitted on the Thursday before. Narcotic pain medications (Oxycodone/Dilaudid) cannot be prescribed over the phone. You will have to arrange a family member or friend must drive to the clinic to pick up the physical prescription. If you live farther away and are unable to get to clinic during business hours, we can mail you a prescription but please allow 3-4 business days from the time you call in the request. THE ON CALL PHYSICIAN IS UNABLE TO PRESCRIBE NARCOTICS FOR YOU.
- **Swelling/Bruising:** You should expect to have some swelling and bruising following surgery. This will commonly affect the chest wall, elbow, wrist and hand of the involved extremity. Ice often and try to keep the hand elevated above the level of your heart (keeping the elbow at your side) to help your body resorb this fluid.
- **Incision:** Following your stay in the hospital, you should apply a light dressing (gauze and tape) over your incision. You should perform daily dressing changes or as needed if soiled or wet. It is common for the incision to drain in the first week. Avoid applying any topical ointments or creams to the incision. Keep the incision clean and dry. You may only shower if you are able to keep the incision dry. Taking a bath or swimming is not recommended as this can cause infection. You may leave the incision open to air if it is no longer draining.

- **Physical Therapy:** We will help you get set up with outpatient physical therapy at a location that is most convenient for you. This typically occurs at 4 weeks post operatively. You should plan on attending physical therapy 2-3 times per week and continue exercises given to you which you will perform at home several times a day. Physical Therapy focuses on restoring range of motion and strengthening as you can tolerate. The primary goal is to prevent permanent stiffness.
- **Driving:** You will not be able to drive following surgery. You will need to arrange rides to your therapy appointments, clinic appointments and other errands. You may return to driving once you are no longer taking narcotics and when you can safely navigate a car.

## POST OPERATIVE RESTRICTIONS

- You will not be able to lift more than 2 # with your operative extremity until at least 3 months from surgery.
- You will not be able to lift overhead more than 15# for lifetime.

## LIFE AFTER REVERSE TOTAL SHOULDER REPLACEMENT

- **Dental antibiotics:** Following your surgery, we recommend that you wait 2-3 months before scheduling a dental appointment. Once you go back to the dentist, we recommend taking antibiotics prior to any dental appointment for lifetime. This helps to prevent bacteria from your mouth getting into your bloodstream and causing an infection in your shoulder replacement. We are happy to provide antibiotic prescriptions for you; these can be called in to your pharmacy.
- **Traveling:** You will be able to travel following your reverse total shoulder replacement but we recommend avoiding travel for a minimum of two months. Sometimes, complications occur after surgery and can delay your healing process so it is best to avoid planning trips. Please discuss your travel plans with us so that we may help you plan it accordingly, keeping in mind that you may need a short course of blood thinners to prevent blood clots. Your joint replacement will set off security alarms. Simply inform the security check point that you have a joint replacement and they will screen you accordingly. We recommend that you allow extra time at the airport for this process. The TSA does not accept joint replacement cards.

**Should any question arise before or after surgery, please call us!**

Jessica - Care Coordinator for Dr. Szalapski: 952-456-7199

Tracy - Physician Assistant for Dr. Szalapski: 952-456-7194