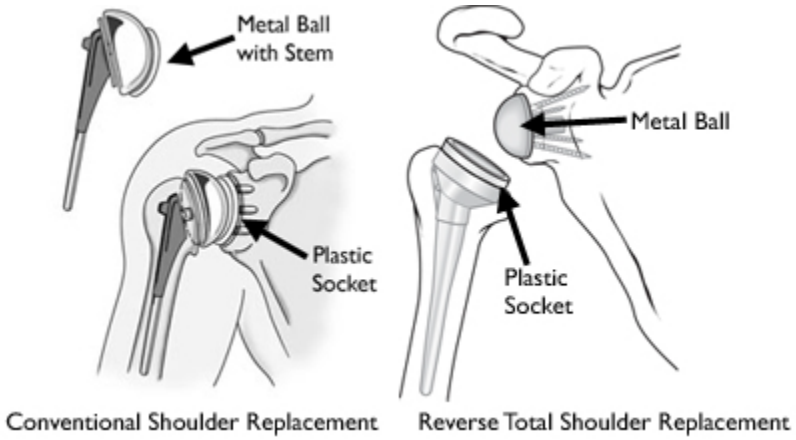
Total Shoulder Replacement Manual and Therapy/Rehab Protocol Same Day Discharge



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TWIN CITIES ORTHOPEDICS

You have made the decision to have a total shoulder replacement to decrease your shoulder pain, regain function, and increase your quality of life. This type of surgery is a big decision and

this manual is intended to help you prepare for your surgery and guide you through the rehabilitation process.

Getting Ready for Surgery – Check List

☐ **Get a Pre-operative Physical Exam**

Before surgery, a preoperative physical is necessary. This is typically done by your primary care physician and will need to be completed within 21-28 days of surgery. Bring an up-to-date list of the current medications and supplements you are taking including the doses of each to your physical. If you see any specialty doctors (cardiologist, endocrinologist, etc.), please contact them to let them know you are scheduled for total shoulder and see if there is anything needed from their perspective prior to surgery. The physical form for your primary care provider will be sent to you in the mail from our Excel Care team. Your provider may not fill it out by hand but the parameters that need to be evaluated as well as where to send your records are on the form. Please bring this form with you to your pre-op.

☐ Make a Pre-surgical Appointment with Lindsey

Two weeks prior to surgery, we will want you and your "coach" (the adult who will be helping you following your surgery) to meet face-to-face with Lindsey, Dr. Kelly's PA-C, to discuss details regarding your upcoming surgery. She will fit you for your sling as well as discuss how to use your arm for ADL's (activities of daily living) following surgery. She will also discuss post operative pain management and which over the counter and prescription medications are recommended. Prescriptions will be sent to your pharmacy to be picked up prior to surgery.

☐ **Make a Post-operative Appointment**

One to two weeks after surgery, you will have a post-operative appointment with Lindsey Anderson, PA-C, Dr. Kelly's physician assistant. This appointment is typically made at the time you schedule surgery, but if it is not, please call to schedule this appointment prior to surgery. At this appointment, your dressings will be changed and x-rays will be taken of your shoulder.

☐ **Absence from Work**

The time frame for returning to work after a total shoulder replacement varies depending on you and your job. Patients who have a desk job are able to return to work on the average within 2-4 weeks. If you have a more physically demanding job it may be 10-12 weeks before you are back at work. 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 surgery center. You can also mail or fax (952-456-7802) paperwork to the office to the attention of Kaici.

☐ **Getting your house ready for your return after surgery**

There are a few things you can do before surgery to make your transition home after surgery easier. This includes moving items that you regularly use to a place that is easy to access, having a phone that is nearby, removing any tripping hazards (throw rugs, etc), and preparing meals

for after surgery. It is also helpful to wear your sling around your house prior to surgery and learn which ADLs you struggle with and practice those until you are more comfortable. We also recommend practicing getting dressed one handed (see example below) as well as setting up a chair in the shower to help you feel steadier those first couple of days. Many patients find it most comfortable to sleep in a recliner chair and if you don't own one, you may consider borrowing one before surgery. Another helpful tip is to tie a belt or rope around the inside of your car door or other doors of your home to save you from reaching away from body and pulling to close them.

☐ **Medications to have at home**

There are a few medications you might want to have available at home to use after surgery if needed. These include:

- ***Aspirin 81mg:*** This will be necessary to take after surgery to help prevent blood clots. If you do not have this at home, it can be prescribed for you. You will take two of these daily for a total of 30 days after surgery.
- ***Stool softener*** (senokot, Colace, Dulcolax): You may have constipation after surgery due to being sedentary and taking a narcotic pain medication. A stool softener can help with this as can eating a fiber-rich diet (wheat bran, fresh fruits and veggies, oats). Other things that can help include drinking plenty of water and getting up to walk around frequently.
- ***Extra-Strength Tylenol 500mg*** – this is a great adjunct to the narcotic pain medication you will be taking.

☐ **Get an Antibacterial Soap**

Developing an infection after surgery is a serious risk and there are many measures that Dr. Kelly, Lindsey, and the OR staff take to prevent it. One simple thing that you, the patient, can do to prevent infection is use an antibacterial soap called Hibiclens (generic is chlorhexadine). This can be purchased at any pharmacy, CVS/Target, ect. if not received by Lindsey at the pre surgical discussion appointment. You should shower with this antibacterial soap the night before and the morning of surgery.

☐ **Plan to have help at home after Surgery**

You will be going home from the surgery center the same day as the surgery. Please have someone at home (your coach) to help you out after surgery full time for 5-7 days after surgery. This person will help manage the dispensing of your medications, be a standby assist when up and about, help with ADLs and hygiene needs. You will not be able to drive when on narcotics so your coach will assist you with driving/shopping needs after surgery. Your coach can help you with food preparation, laundry and other household chores.

☐ **Dental Appointment**

Dr. Kelly recommends waiting 3 months after surgery to have any routine dental work done. Please plan ahead and have your dental work up-to-date prior to surgery.

One Week before Surgery

- Stop taking any vitamin supplements, herbal medications, aspirin, or any anti-inflammatory medications (i.e., ibuprofen, Motrin, Advil, naproxen sodium, naproxyn, or Aleve).
- If you take a blood thinning medication such as Coumadin, Eliquis, or Xarelto, your primary care provider will direct you when to stop taking this prior to surgery (usually 5-7 days).

Night before Surgery

- Take a shower with the Hibiclens antibacterial soap described above, taking special care to wash the arm pit thoroughly. Towel dry with a freshly laundered towel and sleep in freshly laundered sheets
- Do not eat or drink anything after midnight the night before your surgery. You can take any necessary prescribed medications with a small sip of water the morning of surgery (as directed by your medical doctor and the surgery center).

Day of Surgery

Before Surgery

Take another shower with the Hibiclens soap before you head to check in for your surgery. You will receive a call/text message a few days prior informing you of your check in time for surgery. Dr. Kelly will see you in the preoperative area before your surgery to answer any last minute questions or concerns you may have. You will also meet with one of the board certified anesthesiologists prior to surgery. He or she will discuss different types of anesthesia, risks, and possible complications of the anesthesia. You will have a general anesthetic and usually a local nerve block, depending on your discussion with the anesthesiologist.

Surgery Time

The surgery will take about 2-3 hours. This time includes getting you positioned, the operation itself, and waking you up from the anesthetic after the surgery. You will be tranferred to the post-op recovery area, called the PACU. As you wake up, you will eat a snack, drink some water, and use the restroom.

Leaving the Surgery Center

Discharge

You will be ready to leave the surgery center about 2-3 hours after the completion of your surgery. Please have your adult driver there at the surgery center for discharge instructions and any additional information from the surgery center staff. You will discharge with your sling securely in place and need to keep it in place most of the time until your nerve block wears off.

Medications prescribed for you or recommended you have at home:

1. ***Aspirin 81mg*** - You will take an 81mg aspirin twice a day for 30 days. If you would prefer to buy this over the counter or already have this medication at home, please let Lindsey know prior to surgery.
   If you were taking Coumadin or other blood thinner prior to surgery you will resume this instead of taking the aspirin
2. ***Oxycodone 5mg*** - You will have a prescription for the pain medication that you were taking in the hospital or Care Suites, this will most likely be oxycodone. Other pain medications may include Norco, Tramadol, or Dilaudid.
3. ***Vistaril 10mg or 25mg*** – This medication is a good adjunct to the narcotic pain medicine and help with muscle spasms. It often makes you drowsy.
4. ***Senna tabs*** – This is a stool softener that we recommend you take while taking narcotics, since the use of narcotics can cause constipation. If you have a different stool softener that you routinely take at home or would rather buy Senna tabs over the counter, just let us know.
5. ***Keflex 2g –*** This is an antibiotic that you will take at night before bed after surgery.
6. ***Tylenol 500mg –*** This is a safe baseline pain medication that you should have and take on a schedule, even when your nerve block is still in place.

After Discharge

Pain after surgery

We work closely with the surgery center staff to control your pain post-operatively. Even with pain medications, you can expect to feel some pain. Please note that the first night you will likely have less pain because the nerve block that was placed by the anesthesiologist prior to surgery will usually still be in place. You will be prescribed several medications for home use. This usually consists of a narcotic pain medicine such as oxycodone or Dilaudid, and an antihistamine medication called Vistaril, which often relaxes the muscles and is a good adjunct to your narcotic pain medications. You will also take Tylenol and usually an anti-inflamatory, based on your other health conditions. Narcotic pain medications can make you sleepy, dizzy, and constipated. This is why we ask you to limit use of narcotics to only as needed and have

someone at home with you to assist you at night and when up and moving (as a stand by assist) for your safety.

The Incision

Your wound will be closed with sutures under the skin that will dissolve on their own, typically after 6-8 weeks. An adhesive bandage called an Aquacel or Mepilex dressing is placed in the operating room with the intention that it will stay on until your first post-operative visit 1-2 weeks after surgery to limit the exposure of bacteria to your incision. There may be some early drainage on the dressing which you can mark with a pen to see if it increases. With this dressing, you may shower over it but do not soak or scrub. The Aquacel will be removed at your first post-op visit in the clinic and clean steri-strip bandages will be applied.

Blood Clots

Although the risk of a DVT or blood clot after shoulder surgery is lower than with knee or hip surgery, it is still a risk that we address after surgery. You will be prescribed 81mg of aspirin to take twice per day for 30 days after the surgery. This is for patients who were not taking a blood thinner prior to surgery. If you were already on a blood thinner before surgery (Plavix, Eliquis, etc) you will likely be able to resume this medication 2 days after surgery.

Postoperative Information

Pain after surgery

You will be taking narcotic pain medication after surgery to help relieve your pain. Opioid derivative medications can make you sleepy, dizzy, confused, and constipated. They are also addictive if used for long periods of time. Please take narcotic pain medications sparingly but stay ahead of your pain. Your nerve block will usually last 2-3 days after surgery, but we recommend taking a low dose of the narcotic pain medicine starting the day after surgery to stay ahead of the pain. As you get farther from surgery you will be able to take less and less pain medication. Patients typically use pain medication the most to help them sleep at night. Everyone handles pain differently but most patients are on pain medication for less than 2 weeks. Make sure to take the pain medicine the first 24 or so hours after surgery, even if your pain is low. Chances are, your anesthetic block may still be working, but when the block wears off, you want to have pain medicine on board and working to cover that.

Medication Refills

If you need a refill of your pain medication prior to your first post-operative appointment, please contact us at the office before you get too low. Please allow 24 hours for refills to be processed. Any refills needed before the weekend will need to be submitted on Thursday. As

your pain improves we try to help you wean off the narcotics and transition to NSAIDs with Tylenol.

Swelling/Bruising

It is very common to have swelling and/or bruising the first few weeks after surgery. You may notice swelling/bruising over the front, top, or back of the shoulder, down the arm, and even into the hand or side of chest. This can vary based on your body and how it bruises. Applying ice to the affected area and coming out of the sling to bend the elbow and wrist (but keeping the shoulder safely at your side) will help the body reabsorb that fluid. Keep the ice on your shoulder for 20-30 minutes at a time.

Incision

Your dressing will be removed at your first post visit following surgery. You should leave the dressing alone until your first post-op visit. The PACU nurses will check your dressing before you leave the surgery center and unless there is significant drainage, we will leave it intact. Keep in mind that this dressing was placed in the operating room under sterile conditions and we would like to keep your incision as clean and protected as possible! Once you leave the surgery center, if your dressing starts to come off or you notice a new blood or fluid collection, please call us and let us know. Once that dressing has been removed at your post-op visit, you should not apply any topical creams lor lotions on the incision. DO NOT submerge your shoulder in water (bath/pool/hot tub) until the incision is fully healed to avoid infection. This can take 4-6 weeks. However, you may let clean soapy water run over the incision while showering starting 2-3 days after surgery.

Sleep

Sleep during the first 6 weeks can be difficult, both because of the pain and difficulty finding a comfortable position to sleep in. As mentioned, you may sleep best in a recliner chair, as least right away. You should use ice and pain medication to get as much rest as possible. The Vistaril is good for this, as it is an antihistamine and typically makes patients sleepy. These medications will also tend to make you sleepy throughout the day. Try to get up and move during the day and avoid “cat napping”. This will help with sleeping at night. If you are still having trouble sleeping at night, consider adding Tylenol PM in place of regular Tylenol and/or Melatonin and Magnesium. Take these medication as directed on the bottle. If you continue to have difficulty sleeping at night discuss this with Dr. Kelly or Lindsey. Your endurance may also be decreased after surgery. The easiest tasks will take longer and you will tend to fatigue very easily. This will get better as healing progresses and your strength returns.

Physical Therapy

In your pre-op meeting with Lindsey and your written information, you will learn some basic exercises that are safe to do for your shoulder, elbow and wrist in the immediate post operative period. These include bending the elbow up and down, moving the hand and wrist, and leaning forward to let the whole arm hang. While the arm is hanging down, you can also move your torso front to back and side to side to get some movement in the shoulder. What we don’t want you to do is lift the arm away from the body, either forward or to the side. Wearing the

sling at all times for 6 weeks following surgery except for showering, dressing, or doing the above exercises will prevent you from doing so. These safe exercises will help reduce stiffness and swelling in the arm. After your second post-op visit, around 5-6 weeks after surgery, you will start formal physical therapy to work on stretching and active assisted range of motion. This means that you will start to move the shoulder in a protected way, either by the assistance of the therapist or other devices like a pulley or yardstick. At about the 3 month point after surgery, you will begin strengthening the shoulder and rotator cuff and your physical therapist will guide you through this. This gradual progression through therapy is used to protect your shoulder replacement and the operation that Dr. Kelly performed.

Driving

You will not be able to drive right after surgery. You will need to arrange for a ride home from the surgery center and any appointments or errands in the first couple of weeks after surgery. You can return to driving when you feel you can safely operate the vehicle and you are no longer taking narcotic pain medication during the day.

Life after Total Shoulder Surgery

Activity

The goal of having your shoulder replaced is to get you back doing all the activities that you want to do. This includes golfing, tennis, swimming, gardening, etc. One activity that Dr. Kelly would like you to avoid is heavy overhead lifting, such as shoulder press or bench press weight lifting. Since there is a plastic component to all total shoulder replacements (standard or reverse), frequent or repetitive shoulder level or overhead lifting increases the risk of wearing down that plastic and wearing out your shoulder replacement. Patients typically will have a 15-20 pound overhead lifting restriction for life.

Dental Antibiotic

After total joint surgery it is best to wait 3 months before having any dental work or cleaning done. Once you do go back to the dentist after surgery you will need to take an antibiotic. You should take this prior to any dental cleaning for 2 years minimum after surgery, or in some cases, for the rest of your life. The length of time required to take antibiotics before dental procedures varies based on your overall health and other medical conditions. The antibiotic is to prevent the bacteria from your mouth getting into your blood stream and causing an infection in your joint. You can call our office before your dental appointment, and we will be happy to fill that.

Traveling

You can travel as soon as you feel comfortable after your joint replacement surgery. We typically recommend waiting one month after surgery before flying due to an increase risk of blood clots. If you are traveling within the first three months after surgery you should take one 325mg aspirin daily starting the day before you travel and continue this one day after you travel. This includes both long road trips or if you are flying. It is also recommended that you wear compression socks for both long road trips or while flying.

Please note your joint replacement may make the security alarms go off at the airport. You simply need to inform the checkpoint worker that you have a replacement and they will screen you accordingly. You should allow for extra time to get through security at the airport. We do not provide documentation for airport security as it is not recognized by airport staff.

Questions?

If you have any further questions, before or after surgery, please contact us at:

Kaici – Dr. Kelly's care coordinator: 612-455-2023 or kaicigulbrandson@tcomn.com
Lindsey – Dr. Kelly's physician assistant: lindseyanderson@tcomn.com

Also, Dr. Kelly's website has more information on it that can help to answer any questions or concerns you may have: www.edwardkellymd.com