

Total Shoulder Replacement FAQ

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DO I NEED A SHOULDER REPLACEMENT?

- Based on your history, exam, and xrays, you may be indicated for a shoulder replacement by Dr. Schmiesing
- Even once this happens, it is recommended patients try an assortment of non-operative treatment options including: OTC medication, modifying activity, PT, injections
 - As long as these treatments are effective at maintaining your quality of life, patients should continue without surgery
- Ultimately, the decision to proceed with shoulder replacement is up to the patient
 - Typically, patients decide to move forward with surgery when “they can’t take it anymore”
 - Quality of life is significantly impacted
 - Non-operative treatment is not providing adequate relief of pain

WHAT ARE THE DIFFERENT TYPES OF SHOULDER REPLACEMENT?

- Anatomic shoulder replacement
 - This is a standard shoulder replacement
 - It requires well-functioning rotator cuff muscles
- Reverse shoulder replacement
 - Used commonly for patients without functioning rotator cuff or patients who are older and have lower demands.

WHAT ARE THE RISKS OF SURGERY?

- Infection
 - Infection after joint replacement can be a devastating complication.
 - Infection often requires multiple revision surgeries and a long course of IV antibiotics (6 weeks), possibly additional oral antibiotics after this.
 - Risk of this complication is around 1-2% but varies depending on a patients risk factors.
 - Working to optimize medical conditions and delaying joint replacement surgery may be necessary to minimize your risk of infection.
 - See the risk factors for infection section.
- Wound healing issues
- Dislocation
 - Dislocation is when the ball comes out of the socket.
- Rotator cuff tear
 - A rotator cuff tear after surgery maybe require further surgery

- Blood clot
 - To try and prevent this, patients will be taking Aspirin for 6 weeks after surgery.
 - If you have had previous DVT/PE or other risk factors, a stronger blood thinner may be used. Please let Dr. Schmiesing or his team know.
- Anesthesia risks:
 - Heart attack, stroke, death
 - These are extremely rare
 - For patients with significant medical problems, working with your primary care doctor to optimize your medical conditions (ex. Blood pressure, anemia, heart failure) will minimize your risk and should be done before any surgery

WHAT ARE RISK FACTORS FOR HAVING AN INFECTION AFTER SURGERY?

- Weight
 - BMI > 40 is a known risk factor for infection
 - The presence of other medical conditions such as diabetes, high blood pressure, elevated cholesterol increase the risk even further
 - Many orthopedic systems do not offer joint replacement surgery in these cases because of the elevated risk
 - Work with your primary care doctor, a nutritionist, and/or possibly a bariatric surgeon to lose weight in a healthy way that avoids malnutrition to optimize your chances of doing well with a joint replacement
- Tobacco use
 - Anybody using tobacco should quit 6 weeks before any joint replacement surgery
 - Tobacco use increases the risk of infection and having problems with incision healing
- Uncontrolled diabetes
 - This dramatically increases the risk of infection after joint replacement
 - Elevated Hemoglobin A1c is a hard stop for any arthroplasty surgery
 - HGB A1c < 7.5 is needed prior to surgery
- Recent injection or surgery
 - Surgery will not be scheduled within 3 months of a cortisone injection because of an increased risk of infection
 - It is unlikely joint replacement surgery will be scheduled within 1 year of a previous arthroscopic surgery
- Anemia
 - Low blood counts increase the risk for blood transfusion and infection
 - HGB > 13 for men and 12 for women is ideal
- Poor Nutrition
 - Maintaining a healthy diet high in protein helps with wound healing
 - Protein supplements around the time of surgery can be helpful
 - Albumin blood level under 3.5 is a risk factor for poor wound healing

WHERE WILL MY SURGERY TAKE PLACE?

- One of a few locations:
 - Surgery center: High Pointe
 - Hospital: Woodwinds, Osceola Medical Center, or Lakeview

WILL I STAY OVERNIGHT AFTER SURGERY?

- Yes, majority of patients stay one night after surgery
 - Surgery center: You will be transported by TCO to a hotel care suite where you will work with PT, and have nursing care. You spend one night
 - Hospital: You will stay in the hospital, likely only 1 night.

HOW WILL MY PAIN BE MANAGED AFTER SURGERY?

- It will be recommended that you take Tylenol (1000 mg 3x/day) and ibuprofen (600 mg 3x/day) around the clock
- Oxycodone, or another narcotic pain medication, will be prescribed to take as needed.
- Please see the pain management FAQ

WILL I HAVE ANY RESTRICTIONS AFTER SURGERY?

- You will be placed into a sling after surgery
 - This will commonly be recommended for 6 weeks after surgery and to be worn at all times.
- You will be limited to passive range of motion early on (not moving the shoulder under it's own power)
- There may be some external rotation limitations depending on the type of shoulder replacement.

WILL I NEED PHYSICAL THERAPY?

- Physical therapy should start 2 weeks after surgery
- This will focus on passive range of motion until 6 weeks

HOW WILL WE TRY TO PREVENT BLOOD CLOTS (DVT/PE)?

- You will take Aspirin daily for 6 weeks to help prevent blood clots.
- Walking and other exercises are also helpful.

HOW WILL I MANAGE MY INCISION?

- The surgical dressing can be left in place until your follow up visit
- You can shower right over this dressing.
- Do not soak your incision until 4 weeks from surgery.

WHAT TYPES OF THINGS ARE NORMAL AFTER SURGERY?

- Pain is normal
- Bruising around the incision
- Warmth and swelling
- Swelling of the arm, wrist or hand can happen after surgery
 - This can persist for a couple of months
 - Compression and elevation can help.

WHAT TYPES OF THINGS SHOULD I CONTACT THE SURGICAL TEAM ABOUT?

- Fever over 101
- Any drainage from your incision after the first few days
- Increasing redness around your incision.
- Sudden increases in pain

WHEN CAN I DRIVE?

- Must be off narcotics and comfortable behind the wheel before returning to driving
- Practice driving in an empty parking lot to determine if you are ready.

WHEN WILL FOLLOW UP BE?

- 10-14 days after surgery for a wound check
- 6 weeks after surgery to evaluate progress with PT and take xrays

WHERE TO GO WITH QUESTIONS?

- If you have questions for the surgical team, please call Dr. Schmiesing's Care Coordinator at 651-351-2621.
- To schedule an appointment, call 651-439-8807