

## Post-Operative Instructions: Reverse Total Shoulder Replacement

### WOUND CARE

- Remove surgical dressings 7 days after surgery. Do not remove steri-strips over surgical sites, leave them intact. If any are removed accidentally, please apply a sterile bandaid to the affected area.
- You may shower as normal letting soapy water run over the surgical sites.
- Do NOT fully submerge your body in water (i.e. in a bath tub or pool).
- A small amount of drainage from the surgical sites is common. If this occurs, you may apply a sterile bandage to the affected area.
- Swelling in the affected extremity from your shoulder to your hand is considered common.

### ACTIVITY

- Once her block wears off you may come out of the sling for active range of motion and passive range of motion of your operative shoulder. No lifting more than 5 lb until discussed at 1st postoperative visit. Exercises include pendulum movements, and gently bending and straightening your elbow. I recommend you sleep with the sling on. Otherwise you may have her sling off to increase active and passive range of motion throughout the day while you are at home.
- Absolutely NO lifting or sudden overhead movements. Do NOT reach behind you, for instance, for a seat belt or a wallet.
- Formal physical therapy will begin 2 weeks after surgery. A physical therapy referral will be given to you at your post-operative appointment.
- Sleeping upright in a reclining chair or upright in bed with supportive pillows underneath the affected extremity may be the most comfortable position for 1-2 weeks following surgery.

### PHYSICAL THERAPY

- Physical therapy will begin 2 weeks after surgery. An outpatient referral will be provided to you at your first post-operative appointment
- Weeks 4-6 will consist of exercises to increase your range of motion. This can be tedious frustrating but is very important to listen to your therapist and orthopedic provider.
- Weeks 6-12 will consist of strengthening exercises once your expected range of motion is obtained.
- Remember, based on the mechanics and physics behind each replacement, you will have limitations in your range of motion. Please discuss these specifics with your orthopedic provider for more information.

### PAIN MANAGEMENT

- If you have used a particular pain medicine (Percocet or Vicodin) that has worked well for you in the past, please inform the physician or PA prior to the procedure.

- Take the pain medication as prescribed.
- Call the office if you continue to have uncontrollable pain.
- To help with swelling and pain, elevate the affected extremity and ice. Ice 20 minutes on and 20 minutes off.

#### PRECAUTIONARY MEASURES AFTER SURGERY

1. To prevent infection, you have been administered IV antibiotics prior and during surgery.
2. If you are taking narcotic pain medication (Percocet or Vicodin), you may need a stool softener to prevent constipation. Over-the-counter medication such as Docusate or Milk of Magnesia is recommended.

#### EMERGENCIES

Call the office at (248-329-0711) if you experience the following:

- Incision opens
- Increased redness at incision site
- Pain uncontrolled by pain medicine
- Uncontrollable bleeding
- Fever > 101 ° F or shaking chills
- Difficulty breathing or chest pain
- Severe pain or redness in calf
- Painful swelling

#### FOLLOWUP CARE/QUESTIONS

- You should have a post-operative appointment scheduled approximately 2 weeks after your surgery. If not, please contact the office to schedule an appointment (248-329-0711).
- Please arrive 30 minutes prior to your appointment to allow ample time for x-rays.

If you have any further questions or concerns, please contact our office during business hours, Monday-Friday 8:00AM-4:00PM. We will return all calls within a 24 hour business day period. Our office can be reached at 248-329-0711 . If this is a medical emergency, please call 911 or report to your local emergency department.