

SHOULDER REPLACEMENT

Post-Operative Instructions

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Ussef or his team supersede the instructions below and should be followed.**

WOUND CARE

- After surgery, the wound is covered with a waterproof bandage. This should be left in place for 7-10 days.
- It is normal to see some mild bloody drainage on the dressings. If bright red blood soaks through the dressings, please call Dr. Ussef's office.
- If blood soaks through the bandage, do not become alarmed, reinforce with additional dressing
- After 7 days, the dressing can be removed and wounds covered with dry gauze or waterproof Band-Aids.
- Do not remove the paper tapes/strips or cut any of the visible sutures.

SHOWERING

- You can shower directly over the waterproof dressing beginning on the **7th post-operative day** as long as the incisions stay dry until your first post-operative appointment in clinic. You can lightly lather the area with soap and water for a couple minutes.
- NO immersion in a bath until given approval by our office.

ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of skin. In either case, check the skin frequently for excessive redness, blistering or other signs of frostbite.
- Remember to keep the extremity elevated while icing when able.

MEDICATIONS

- Local anesthetics are injected into the wound and joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- It is recommended to begin the prescription pain medication provided to you upon arriving home, and continue every 4 hours for the first 1-2 days after surgery.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter stool softener such as Dulcolax or Colace or a laxative.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication.
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle.
- For **3 weeks following surgery take a blood thinner as prescribed** to lower the risk of developing a blood clot after surgery. Please contact the office should severe distal arm pain occur or significant swelling of the distal arm and/or hand occur.

ACTIVITY

- Please do not move the shoulder for the first 4-6 weeks (6 weeks for a large tear and 4 weeks for a medium tear). We will start passive range of motion at 4 weeks after surgery under the guidance of physical therapy.
- You may not bear-weight or lift anything heavier than a cell phone or cup of coffee with your operative arm.
- **Be sure to use and move your hand, wrist, and elbow in order to decrease swelling in your arm and to prevent elbow stiffness from forming while in the sling.**
- While exercise is important, don't over-do it. Common sense is the rule.
- NO driving until off narcotic pain medication.
- Okay to return to work when ready and able. Please notify office if written clearance is needed.
- If you are planning air travel within 10 days of your surgery, please consult with Dr. Ussef's office to discuss whether anticoagulation (medication to prevent blood clot) is necessary.

SLING/IMMOBILIZER

- Unless otherwise instructed, you should wear your postoperative sling/immobilizer at all times, including while sleeping. **Please use the sling for the first 4-6 weeks unless otherwise instructed. (use for 6 weeks if you had an anatomic/standard replacement, use for 4 weeks if you had a reverse replacement)**
- The sling can be taken off for showering; however, care must be taken to protect the shoulder at all times.

SLEEP

- Sleeping can be uncomfortable for the first 4 weeks after shoulder surgery.
- It can be helpful to sleep in a recliner-chair or in a semi-upright position.

EXERCISE

- Begin exercises 3x daily starting the day after surgery (wrist flexion/extension, elbow flexion/extension) unless otherwise instructed. Three sets of 10-15 repetitions each is advised. If the exercises cause pain, stop and try again later in the day.
- Shoulder stiffness and discomfort is normal for a few days following surgery.
- Avoid movement of the arm against gravity or away from the body.
- Formal physical therapy (PT) will begin after your first post-operative visit if necessary

EMERGENCIES**

- Contact our office (Stockdale 664-2200 ; Q street 326-2000) immediately if any of the following are present:
 - Painful swelling or numbness (note that some swelling and numbness is normal)
 - Unrelenting pain
 - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in distal arm and/or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected) ·
 - Difficulty breathing
 - Excessive nausea/vomiting
 - Calf pain
- If you have an emergency **after office hours** that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Typically the first post-operative appointment following surgery is 10-14 days following surgery

MEDICATIONS

1. Narcotic pain medication (Norco)
2. Mobic (Anti-inflammatory)
3. Tylenol (pain)
4. Aspirin (To reduce risk of blood clots)
5. Zofran (Anti-nausea)
6. Miralax (Laxative, over the counter)

<h2 style="text-align: center; background-color: #FFD700; padding: 10px;">Multimodal Medication Guide For After Surgery</h2>		
Day	Medications	Notes for Tracking your Medications
The Day You Come Home		
	<p>Take your Norco 5 mg as needed for pain not controlled by the other medications</p> <p>Take 1 tablet. Wait 30 minutes. If you still have pain, take a 2nd tablet. Maximum 2 tablets per 6 hour period.</p>	
1 Day After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
2 Days After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	

	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
	If you have not had a bowel movement, drink 1 bottle of Magnesium Citrate	
3 Days After Discharge	Take your Meloxicam 15 mg 45 minutes before your normal bedtime	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Aspirin 81 mg every 12 hours for blood thinning	
	Take your Miralax for constipation at breakfast	
4 Days Through 6 Weeks After Discharge	Take your Aspirin 81 mg every 12 hours for blood thinning (stop after 4 weeks)	
	Take your Meloxicam 15 mg 45 minutes before your normal bedtime (call if need beyond 4 weeks)	
	Take your Tylenol 1000 mg (2 tablets of 500 mg) for pain every 8 hours	
	Take your Norco 5 mg as needed for pain as described above	
	Take your Miralax for constipation at breakfast (may stop once your normal bowel routine returns)	

- Narcotic pain medication, one to two pills every 6 hours around the clock. You do not have to be woken up to take a pain pill. The special care nurse will prescribe this for you after your first appointment.

- Your prescribed narcotics contain acetaminophen (also known as Tylenol), which is toxic to your liver. Please do not supplement your prescribed medications with Tylenol. Do not take more than 4000mg of Acetaminophen (Tylenol) in a 24 hour period. Keep in mind the Norco has 325mg of tylenol in it that you need to account into the max daily amount.
- Take opioid / narcotics medications AS NEEDED. If you have severe pain, narcotic medication can be taken on a schedule; one or two pills every four hours while awake. As the pain decreases, you can gradually lengthen the time between doses.
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative, such as MiraLax.

Take this over-the-counter medication if you have constipation after taking narcotics.

- If you are having problems with nausea and vomiting, stop taking your opioid / narcotic pain medication. If these symptoms persist, contact the office or go to urgent care.
- Do not drive a car or operate machinery while taking the narcotic medication

Zofran (also known as Ondansetron) is a medication used to prevent nausea and vomiting. Take one tab AS NEEDED for nausea or vomiting every 6 hours.