



# UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

## Post-Op Instructions for Reverse Shoulder Arthroplasty

Jacob B. Stirton, MD

### DIET

- Begin with clear liquids and light foods (jello, soups, etc).
- Progress to your normal diet if you are not nauseated.

### WOUND CARE

- This is a special waterproof dressing, please maintain your operative dressing until your first post-operative visit in two weeks.
- It is normal for the shoulder to swell following surgery. If blood soaks through the dressing, do not become alarmed, reinforce with more dressings.
- To avoid infection, NO immersion of the operative arm (i.e.: bath or pool) until six weeks after surgery.
- You may shower and get the dressing wet, simply pad dry afterwards.

### MEDICATIONS

- A nerve block is typically administered by the anesthesia team unless the patient specifically requests otherwise. This will wear off within 24-36 hours. Patients commonly encounter more pain on the first or second day after surgery when swelling peaks.
- Some patients will require narcotic pain medication for a short period of time – I prescribe oxycodone which can be taken 1-2 tabs every 3 hours as needed for pain.
- To minimize the need for narcotics, I prescribe ibuprofen and Tylenol to be taken three times per day each for the first 2 weeks.
- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects, take the medication with food. We prescribe a stool softener to help prevent constipation but be sure to drink plenty of water as well. If you are having problems with nausea and vomiting, we prescribe an antiemetic, Zofran. If this fails to resolve the issue, please contact the office.
- Same-day outpatient joint replacement patients will be sent home with one week of antibiotics as well.
- Do not drive a car or operate machinery while taking the narcotic medication.
- Please avoid alcohol use while taking narcotic pain medication.



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## ACTIVITY

- **Remain in abduction sling 24/7 for 2 weeks!** Only remove for showers and exercises. After those 2 weeks, you must wear the sling while sleeping and when out of the house for an additional 4 weeks.
- No lifting any weight with the arm.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Pendulum (Codman's) exercises multiple times per day.
- Formal physical therapy (PT) typically begins 2 weeks after surgery. A prescription and protocol will be provided at your first post-op visit.
- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort.
- Avoid long periods of sitting (without arm supported) or long distance traveling for 2 weeks
- NO driving until instructed otherwise by physician.
- May return to sedentary work ONLY 3-4 days after surgery, if pain is tolerable.

## SLING

- **Remain in abduction sling 24/7 for 2 weeks!** Only remove for showers and exercises.
- After those 2 weeks, you must wear the sling while sleeping and when out of the house for an additional 4 weeks.

## ICE THERAPY

- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) for 20-30 minutes every 2 hours daily until your first post-operative visit. Avoid frostbite to the skin by not using icepacks for more than 30 minutes at a time.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable.



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## EXERCISE

- You may begin wrist and hand range of motion as well as pendulum (Codman's) exercises on the first post-operative day about 2-3 times per day.
- Formal physical therapy (PT) will begin two weeks after surgery. A prescription and protocol will be provided at your first post-operative visit by Dr. Stirton.

## EMERGENCIES

\*Contact Dr. Stirton's office at 706-439-6858 if any of the following are present:

- Fever (over 101° F – it is normal to have a low-grade fever (<100°) for the first day or two following surgery) or chills
- Redness around incisions
- Color change in hand or wrist
- Continuous drainage or bleeding from incision (a small amount of drainage is expected)

\*If you have any of the following emergencies that require immediate attention proceed to the nearest emergency room.

- Excessive nausea/vomiting
- Unrelenting pain or calf pain
- Difficulty breathing

## FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 706-439-6858 to schedule.
- If you have any further questions please contact Dr. Stirton's office.