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Orthopaedic Surgery, Sports Medicine

469-800-7200

Shoulder Replacement – Post Surgery Instructions

Please read this entire handout before calling the office with questions.

Follow-Up Appointment: Date: _____ Time: _____ Provider: _____

Office Location: Dallas (3900 Junius St. Ste 500) Frisco (3800 Gaylord Pkwy, Ste 810) McKinney (5220 W University Dr, Ste 300)

Weight-Bearing:

- NO heavy lifting** with the operative arm. Nothing heavier than a coffee cup.
- Non-weight-bearing (Do NOT put any weight)** on the operative arm.

Dressing:

- Clear rubber dressing (Mepilex)
 - Keep your operative dressing on for 7 days. You may remove the dressing day 7 after surgery. Your home health team (if applicable) will evaluate the incision and will apply a new dressing if necessary. If the dressing falls off, keep the operative site clean and covered with a clean bandage.
 - **Leave the skin glue (dermabond) in place until you follow up in the office.**
 - **Some bleeding on the post-operative dressing is normal and expected.**
- Other instructions: _____



Sling - Arc 2.0 Brace: AT ALL TIMES including sleeping (except for when doing exercises) – keep clean and dry.

- For more information about application/adjustments of brace see QR code

Home Exercises: (perform exercises per boxes checked below – remove sling for exercises). Start on post-surgery **DAY 1**.

- Hand ROM:** Use a stress ball or balled up pair of socks to gently squeeze your hand. 20 reps 5 times daily.
- Wrist ROM:** gently move your wrist up and down x 15 reps all directions. Do 3 sets of these 3 times daily.
- Elbow ROM:** gently straighten and bend your elbow fully with your arm at your side
- Pendulums:** Lean over a chair and let your operative arm hang down straight to the floor. Gently perform small circular motions in both clockwise and counterclockwise directions. Do these for 20 reps 3 times daily.

Bathing:

- You may shower after **DAY 3** and let water run over the dressing (*it is waterproof*). If the dressing falls off, keep the operative site clean and covered. You may sponge bathe your hand and arm as necessary.

Physical Therapy:

- Please arrange for an appointment 3-5 days after surgery to begin physical therapy. (**Take your physical therapy prescription and protocol with you at that visit.**)
- Home Health Physical Therapy:** You will be contacted to arrange your visit. If you have any issues or have not been contacted, please call our office or the number below.
 - Agency: _____



Medication Instructions

- You may resume your usual medications (unless otherwise instructed).

Prescription medications: You have been prescribed one or more of the following medications (per boxes checked below):

- Oxycodone 5mg 1-2 tabs by mouth every 4-6 hours **as needed** for pain.
 - Tramadol 50mg 1 tab by mouth every 4-6 hours **as needed** for pain

 - Zofran 4 mg tabs – 1 tab q8h **as needed** for nausea.
 - Naproxen 500 mg tab – 1 tab twice daily for 30 days for swelling and inflammation.
 - Aspirin Enteric Coated 81 mg - 1 tab by mouth **daily** for **30** days to prevent blood clots.
 - Colace (Docusate) stool softener- 100mg twice as day for constipation while using narcotic pain medicine

 - _____
- **Medication Refills: BE PROACTIVE!** Please contact the office at 469-800-7200 during office hours at least **48-72 hours before** you run out of medication. *Narcotic pain medication refills must be sent by Dr. Black electronically to the pharmacy.*
 - *****Please note***The on-call staff will NOT refill pain medications, under any circumstance!**

Driving

- **You are prohibited from driving while taking narcotics.**
- Driving reflexes and coordination can be impaired for several weeks after surgery. Most patients DO NOT drive prior to their first post-surgery appointment.
- The decision regarding when you can return to driving is different for every patient and depends on the surgery side, surgery type, coordination, narcotic pain medication usage, and comfort returning to driving.

Icing/ Cold Therapy:

- You may use ice/ cold therapy machine 3 times a day for 30 minutes to minimize swelling and pain.
- Do NOT apply ice directly to skin to avoid skin burns. Check your skin regularly for blisters or a whitish blanched color.



Frequently Asked Questions (FAQ)

❖ **When can I remove the sling?**

You can take the sling off for showering and elbow, wrist, and hand exercises. You must wear your sling in public and at night for sleeping for the 1st 4 - 6 weeks.

❖ **When can I begin driving?**

Typically, you will be able to resume driving when your sling comes off 4-6 weeks. While many people do drive earlier than this, keep in mind that it is against the law to drive while in a sling.

❖ **When can I return to work?**

This really depends on the individual patient specifically with respect to job demands (labor vs desk job). Some patients return to work as soon as 4-7 days after surgery and others require extensive time away from work if "light duty" is not available.

❖ **How long will I have Physical Therapy after the surgery?**

The typical physical therapy program will be a minimum of 3 months. The 1st phase of therapy will be designed to safely regain your range of motion while the 2nd phase of therapy will be directed at regaining function, strength, and endurance.

❖ **How much pain will I have?**

This is variable between patients. We will provide you with an appropriate number of narcotic pills to keep you comfortable until your 1st post-operative visit. Most patients have a nerve block/ regional anesthesia prior to the surgery that will last 12-24 hours. It is recommended to take a narcotic pain pill every 4-6 hours for the first 24-72 hours after surgery even before the nerve block wears off to keep your pain under control.



Most orthopedic surgical procedures are uneventful. However, medical complications can occur, and we want all surgical patients to have an awareness of the things to look for and actions to take in the event of a postoperative complication. This can help to prevent an adverse outcome.

PLEASE BE ADVISED OF THE FOLLOWING:

1. **FEVER** – Low grade fever is common after bone and joint surgery, particularly in the first two days. A little fever during this time is not of concern. If your temperature rises above 101.5° F please call the doctor on call for advice.
2. **INFECTION**- Please have a member of Dr. Black's orthopedic surgery team evaluate you if there is concern for infection after surgery (*Not your PCP or local emergency room physician unless it is an emergency*).
 - Fever, chills, redness, increased drainage, elevated blood sugars, or increasing pain may be signs of an infection.
 - If you have any of these symptoms or questions, call 469-800-7200 during office hours.
3. **BLEEDING** – It is common to get a minor amount of bleeding that can soak through the bandages or surgical dressing. This is not of concern. Please call regarding excessive bleeding. Notify your surgeon if the wound drains any fluid later than five days after surgery.
4. **CARDIOVASCULAR** – If you develop chest pain, shortness of breath, or fainting spells, then you need to go to the emergency room for evaluation. If your symptoms are severe then call 911 rather than going in a private vehicle. Someone should notify the Orthopaedic Associates of Dallas doctor on-call and your family doctor as well.
5. **BLOOD CLOTS** – Orthopaedic surgery patients are at risk for blood clots, especially after lower extremity surgery. Please be sure to notify your surgeon if you or someone in your family has a history of such clots or any type of clotting disorder.

Obesity or use of oral contraceptives can increase the risk of blood clots. Women should consider not taking oral contraceptives while unable to walk normally without crutches, brace or cast on the leg.

Traveling after surgery - Realize that long air flights or car trips may also increase the chance of blood clots. You can lessen the risk of DVT by taking short breaks to either walk around or pump your foot against resistance (like stepping on the gas).

Signs of blood clots may include calf pain or cramping, diffuse swelling in the leg and foot, as well as chest pain, coughing, or shortness of breath. Please call if you recognize any of these symptoms.

6. **CONSTIPATION** – It is common to become constipated from taking narcotic based pain medications so you may need a stool softener / laxative. It is recommended that you take Dulcolax 100mg twice per day as needed, and this is available over the counter at any pharmacy. Increase your fiber and water intake after surgery to help avoid this.

The main number of Orthopaedic Associates of Dallas is 469-800-7200 is answered 24/7, but should not be used for emergency situations. It is best to use 911 first in a true emergency, then call and notify us of the situation.