

Reverse Total Shoulder Replacement Post-Operative Instructions

Ice and Medications

- Ice Regularly
 - Please ice your shoulder regularly (20 minutes ice on, 20 minutes ice off) during your awake hours for the first 3-7 days after surgery.
 - If you purchased a "cryo-cuff" which is a cuff that wraps around your shoulder and circulates cold water constantly, you can use that more frequently. Please follow the instructions it comes with.
 - Alternatively, you may use a bag of frozen peas on and around the shoulder.
 - Local pharmacies (i.e. CVS or Walgreens) also sell over-the-counter *Cold Packs* designed for the shoulder that you may use.
- Pain Medication
 - You may have or have not received a nerve block prior to surgery. Regardless, you should continue to take pain medications as instructed. It is important that you stay on top of your pain control. After a few days, you should start to decrease the amount of pain medication you are taking. If you can decrease the medications sooner, this is encouraged but not at the expense of being in severe pain.
 - **Oxycodone 5mg* - Opioid Pain Medication**
 - Take as needed for pain.
 - You may take 1-2 tablets every 4-6 hours as needed. You may want to take this medication around the clock for the first few days to control your pain.
 - **Acetaminophen (Tylenol)**
 - Please take WITH opioid medications. After you decrease your use of opioid pain medication, you may transition to only acetaminophen.
 - Acetaminophen comes in regular strength (325mg per tablet) or extra strength (500mg per tablet).
 - Do NOT take more than 1,000mg in a 6-hour period. Do NOT take more than 4,000mg in a 24-hour period.
 - Do NOT take if you have liver disease.
 - **Tramadol 50mg (Ultram)* - Opioid Pain Medication**
 - Take as needed for breakthrough pain.
 - You may take 1 tablet every 6 hours as needed. This should only be taken if the other pain medications are not helping enough.
 - You should wean yourself off this medication as soon as possible.
 - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
 - **Ibuprofen (Advil, Motrin)** – You may take up to 800mg every 6 hours. Take NO more than 3,200 mg in a 24-hour period.
 - **Naproxen (Aleve)** – if you prefer this over-the-counter NSAID over Ibuprofen, you may take this instead. DO NOT TAKE BOTH IBUPROFEN & NAPROXEN as this increases your risk for toxic side effects. Please take NO more than 1,500 mg of Naproxen in a 24-hour period.
 - Do NOT take if you have kidney disease, history of stomach ulcers, or GI bleeds
- Nausea
 - A common side effect of general anesthesia and opioid medications is nausea. Ensure that you are taking your medications with food and drinking adequate amounts of water. If feeling nauseous, please take the prescribed **Zofran 4mg**, 1-2 tabs by mouth every 8 hours as needed.
- Constipation
 - Anesthesia during surgery, opioid medications, drinking less fluids, and decreased activity all contribute to constipation after surgery.
 - Ensure you are drinking adequate fluids and getting out of bed during the day



- Over-the-counter medications are very effective for constipation. To treat constipation, take these medications in the following order as instructed on the label.
 - Miralax → Sennakot → Colace → Bisacodyl (Dulcolax) suppository → Fleet enema
 - Begin with Miralax. If Miralax does not help, you can add Sennokot and take both medications together. If these are not working, you can add Colace to your regimen, then Bisacodyl (Dulcolax), and a fleet enema one by one.
 - Medications used to treat constipation do not always work immediately. Try taking a few doses of each when you start each medication before moving on to the next option.

Dressings

- Your dressing will stay on for 1 week. Typically, Dr. Tauberg will remove it in the office at your first appointment. If your appointment is scheduled beyond 7 days from surgery, you may remove it after 7 days and transition to a dry dressing.
- 3 days after surgery, you may shower WITH your dressing. Please allow warm, soapy water to run over the incisions. Do NOT scrub. Once the dressing comes off, follow the same showering instructions.
- You may remove your sling to shower, but let your arm dangle to the side. Do not use your muscles to move the shoulder.
 - To access your armpit, lean forward slightly to let your arm dangle away from your side
- Please DO NOT BATHE, HOTTUB, OR SOAK/SUBMERGE THE INCISION IN WATER as this can increase risk of infection. Wait 3 weeks from surgery or until you are directed to do so.
- Small amounts of bloody drainage, numbness at incision site, swelling, and bruising are normal findings following surgery.
- Do not use bacitracin or any ointments under bandages.

Sling

- The sling and abduction pillow should be used at all times, including night, except for showering, dressing, or exercising.
- If the inside of your sling irritates your skin, you may line it with a soft t-shirt or towel
- When lying flat, the elbow should be supported by a pillow or towel. You should always be able to see your elbow when lying on your back.
- You will be directed by Dr. Tauberg as to when you may discontinue your sling

Activity

- **Elbow & wrist range of motion exercises:** Gently bend and extend your elbow to help prevent stiffness. See the attached exercises.
- Do NOT attempt to use your own muscles to lift your arm away from your side until instructed.
- Do NOT lift any objects greater than 1 pound for the first 4-6 weeks after surgery.
- Do NOT support body weight with the operative extremity.
- **Sleep:** With the sling, you may be more comfortable sleeping in a seated position (i.e. recliner chair) with a pillow under your forearm for support. You may want to arrange pillows to simulate a reclined/seated position in your bed.
- **Driving:** It is okay to drive once you are no longer taking opioid medications and when you feel confident that you can drive without your operative arm and not be a danger to yourself or others. Generally, driving is not recommended for the first 4 weeks after surgery and when in a sling.
- **Return to Work:** You may return to work once you are no longer taking opioid pain medication during the waking hours, and once you are comfortable performing your job. Typically, light office clerical work is permitted 1-3 days post-op. Work requiring overhead lifting will be permitted 4-6 months after surgery, based on how you are progressing.
- **Travel:** You are okay to travel (air or automobile) as a passenger as early as the following day after surgery. While you may experience pain and discomfort with travel, it should not be detrimental to your healing.



Physical Therapy

- Please perform your prescribed home exercises to help facilitate early shoulder range of motion and to prevent stiffness in your elbow and wrist (see activity section).
- Dr. Tauberg will provide you with a prescription for physical therapy, which typically will begin within a few days of surgery unless instructed otherwise.

Follow Up

- Please contact the office the next business day to set up and/or confirm your first post-operative appointment 1 week after your surgery.
- You will be seen by Dr. Tauberg for your first post-operative visit to review your surgical findings and to go over any questions you may have.

Questions/Concerns

- After surgery, you may experience swelling in the shoulder/forearm/hand, water/blood drainage from incisions, and bruising in the shoulder/armpit/chest. These are expected. Many patients experience fluid accumulation in the arm and may need to remove the arm sling when at rest to allow their body to resorb fluid. Continue icing your shoulder and affected areas. Please take pain medications as prescribed and stay on top of your pain. Popping sounds in the shoulder can occur and are expected as well. Keep your arm immobile in the sling to avoid reacting to or reaching out to falling objects.
- Call the office immediately or go to your local emergency department if you develop a fever (temperature > 101.5°F), shortness of breath, excessive incision drainage, pus drainage from the incision, calf pain, persistent arm numbness, or pain non-responsive to medications for over 48 hours.
- **If you are experiencing an emergency, please call 911 or go to your local emergency department**
- If you have any questions or concerns, please feel free to call the office at **412-283-0260**

**Due to the current opioid epidemic, our team by policy does not allow prescribing narcotic pain medication beyond 6 weeks postoperatively. If you do need a refill, please call during office hours. We will not write narcotic prescriptions during weekends or after hours. We certainly support and validate your post-operative pain, but we encourage realistic goals for weaning off pain medications by the end of week 2 or earlier to prevent side effects and addiction.*

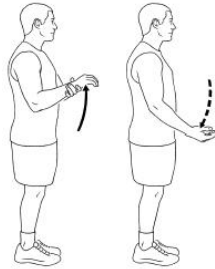
If you require further narcotic pain medication beyond our policy guidelines, we can refer you to a pain management doctor. If you already have a pain management doctor, please visit them prior to surgery and post-operatively to have them manage your pain. By law, we cannot prescribe pain medication if you have a pain management doctor.



Home Exercises

Elbow Curls:

Come out of your sling. Without any extra weight, use your good hand to help bring your other hand towards your shoulder by bending your elbow. Then slowly lower your arm back to a straight position. Then repeat.



Wrist Curls:

While in and out of your sling, make a light fist and move your operative wrist in an up and down movement slowly like you are knocking on a door.

Ball Squeezes:

While in and out of your sling, squeeze the foam ball to exercise the hand, fingers, and wrist muscles. This exercise can be very effective to help promote good circulation and prevent excessive swelling.

