



P: (843) 353-3460 | F: (843) 353-3461

Total Shoulder Arthroplasty/Replacement and Hemiarthroplasty Postoperative Instructions

Diet

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

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the elbow, wrist, or hand occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing
- Remove surgical dressing on the second post-operative day – if minimal drainage is present, apply band-aids over incisions and change daily
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery – NO immersion of operative arm (i.e. bath)

Medications

- Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
 - Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansteron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
 - Meloxicam two times a day for 2 weeks
 - Tylenol 1000mg three times a day for two weeks
 - Aspirin 81 mg daily for two weeks.
- 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
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed
- Do not drive a car or operate machinery while taking the narcotic medication

Activity

- When sleeping or resting, inclined positions (i.e. reclining chair) and a pillow under the forearm for support may provide better comfort
- Do not engage in activities which increase pain/swelling (lifting or any repetitive above shoulder level activities) over the first 7-10 days following surgery
- 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 or school 3-4 days after surgery, if pain is tolerable

Immobilizer

- Your immobilizer should be worn at all times except for hygiene and exercise.

Ice Therapy

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first post-operative visit – remember to keep arm supported while icing
- DonJoy Ice Machine device may be used.
 - Use unit as frequently as tolerated x 14 days
 - Unit is programmed hour on/hour off continuous of compression and ice alternating
 - If braced* - Loosen brace to avoid added pressure
 - If issues with ice machine, please contact Dr. Gehrman

Exercise

- No exercises or shoulder motion until after your first post-operative visit unless otherwise instructed
- You may begin elbow, wrist, and hand range of motion on the first post-operative day about 2-3 times per day
- Formal physical therapy (PT) will begin after your first post-operative visit

Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - 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 wrist or hand

- Continuous drainage or bleeding from incision (a small amount of drainage is expected)
- Difficulty breathing
- Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

TOTAL SHOULDER AND HEMIARTHROPLASTY PT PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Weeks 0-1:

- Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

Weeks 1-6:

- Sling for 4 weeks. Abduction pillow can be discontinued after 2 weeks.
- PROM > AAROM > AROM as tolerated, except ...
 - No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 4-6 weeks for it to grown back into the humerus and regenerate a blood and nerve supply.
- ROM goals: Week 1: 90° FF /20° ER at side; ABD max 75° without rotation
- ROM goals: Week 2: 120° FF/40° ER at side; ABD max 75° without rotation
- No resisted internal rotation/backward extension until 12 weeks post-op
- Grip strengthening OK
- Canes/pulleys OK if advancing from PROM
- Heat before PT, ice after PT

Weeks 6-12:

- Begin AAROM - AROM for internal rotation and backwards extension as tolerated, if not already begun.
- Goals: Increase ROM as tolerated with gentle passive stretching at end ranges
- Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only
- No resisted internal rotation/backwards extension until 12 weeks post-op
- No scapular retractions with bands yet

Months 3-12:

- Begin resisted IR/BE (isometrics/bands): isometrics > light bands > weights
- Advance strengthening as tolerated; 10 reps/l set per exercise for rotator cuff, deltoid, and scapular stabilizers.
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

Comments:

Functional Capacity Evaluation Work Hardening/Work Conditioning Teach HEP

Modalities:

Electric Stimulation Ultrasound Iontophoresis Phonophoresis TENS Heat
before/after Ice before/after Trigger points massage Therapist's discretion

Other _____