

**Andrew Zogby, MD**

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**Post-Operative Instructions**

**Shoulder Replacement**

1. BANDAGES: Keep post-op dressings in place for 7 days post op, then ok to remove and replace as needed. If dressing becomes wet/saturated/dirty, then it should be changed ASAP. Keep wounds covered/protected with clean dressing/large Bandaids until sutures or steri-strips are removed in clinic (usually ~2 weeks after surgery to prevent friction/irritation from clothing).
2. SHOWER: If you wish to shower, you can do so on post op day 3 (72 hours after surgery). Keep surgical dressing in place while you shower. If the dressing gets wet then remove the dressing after the shower and dry the area well before placing new Band-Aids on the incisions. For subsequent showers use a plastic bag or saran wrap to keep your shoulder dry. Your sutures will be removed approximately 10-14 days after surgery in the office.
3. SLING: use sling at all times to protect your shoulder, until instructed to discontinue by Dr. Zogby (usually 6 weeks post op). Ok to remove sling for elbow/wrist/hand range of motion exercises, and for hygiene. When to start shoulder ROM depends on your specific surgery and will be specified by Dr. Zogby; please see PT protocol below.
4. ICE: Ice will be placed on your shoulder in the recovery room. Use ice as much as needed for the first 3 days. After 3 days, use it for a minimum of 4 times a day for 30 minutes. The more you use it, the less swelling and inflammation you will have. If you have been prescribed a cold therapy unit, this will be placed after surgery and can be used as directed. **Do not place ice directly on your skin: it can cause burns.**
5. ACTIVITY: Rest the day of surgery. You may place a pillow under your forearm for comfort. It may be easier to sleep sitting up for the first 1-2 weeks.
6. DRIVING: No driving is allowed while you are wearing the sling.
7. RETURNING TO WORK OR SCHOOL: You may return to work (desk work only) or school 3-5 days after surgery if pain is tolerable. Returning to heavy labor will be determined by Dr. Zogby.
8. POST OPERATIVE VISIT: You should already have a postoperative visit scheduled. If not, call the office after surgery to make an appointment within 1 week after surgery and around 2-3 weeks after surgery.
9. PHYSICAL THERAPY: Your physical therapy protocol will be specified and provided by Dr. Zogby. Please call your physical therapist to set up your first appointment ASAP. CORE PT office phone # is (760) 942-4400.
	* **Therapy Plan and Restrictions (reverse TSA)**
		+ 0 - 3 weeks: Sling at all times except bathing and exercises. No weightbearing. No active motion, only shoulder pendulums 5x daily at home with full elbow active/passive motion.
		+ 4-6 weeks: Sling at all times except bathing and exercises. No weightbearing. No active motion. Can do shoulder pendulums and passive full forward flexion and abduction, and external rotation up to 30 degrees.
		+ 7-12 weeks: Discontinue sling. Weightbearing up to 10 pounds. Full active and passive motion no restrictions. Rotator cuff and scapular strengthening program.
		+ 13+ weeks: Progress to full weightbearing and motion. Goal is full weightbearing and strength at 4-5 months post-op.
10. If you develop a fever (101.5), redness or drainage from the surgical incision site, please CALL our office to arrange for an evaluation.
11. PRESCRIPTIONS: You have received prescriptions for medication to be used after surgery: these may include a narcotic pain medication, blood clot prevention, an anti-inflammatory, and/or an anti-nausea medication, and/or stool softener.
* Tylenol (acetaminophen)
	+ Take up to 975mg every 8 hours as baseline pain control. Can take on scheduled basis then as needed as pain control improves. Do NOT exceed 3000mg total in a 24 hour period, as this can cause damage to your liver. This is your baseline pain control.
* Narcotic Pain Medication: Oxycodone or Percocet
	+ Initially after surgery, you can take 1-2 tablets of the narcotic pain medication every 4-6 hours depending on your pain level. Once your pain is well controlled, you can taper off the medication.
	+ Generally used for 1-2 weeks after surgery
	+ May cause constipation and/or nausea
* Aspirin 81mg tablet/blood clot prevention
	+ If not already on a blood thinner, take Aspirin 81mg every 12 hours (twice daily) starting the morning after surgery for 2 weeks. This is to prevent blood clots
	+ **If you are already on other blood thinner medications please check with Dr. Zogby and your primary care doctor prior to starting Aspirin.**
* Anti-inflammatory Medication: Meloxicam or Motrin/Ibuprofen
	+ If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, do not use.
	+ You may use over the counter ibuprofen (Advil) or Naprosyn (Aleve) instead of the prescription we give you. Do NOT take multiple NSAID medications at the same time.
* Anti-nausea Medication: Zofran
	+ If you have nausea after surgery, call the office so that we can provide appropriate medication.
* Stool Softener: Colace (Docusate)
	+ The narcotic pain medication will cause constipation. Take stool softener as directed while taking narcotic pain medication unless you develop diarrhea

**Every patient is different: If Dr. Zogby gives you individual instructions (even if they are different from this handout), please follow them.**

**\*\*If you have any questions, please feel free to call our office.\*\***

**Phone: (760) 943-6700**