

Shoulder Replacement

PREOPERATIVE CHECKLIST

1 month prior to surgery:

- Ensure you have your postoperative sling which was provided by our office.
- Establish where you would like to complete postoperative physical therapy .
- Secure a safe ride to and from surgery.
- Set up the My Atrium Health app so you can communicate with us postoperatively with any concerns or questions.
- Inform our office of any allergies, this includes any metal allergies (like nickel) or sensitivities to adhesives or bandages, iodine, or medications.
- Inform your primary care provider that you will be having shoulder replacement surgery and confirm your medication list is up to date.
 - Obtain clearance from all your medical providers including cardiologist, pulmonologist, or other specialist managing your care. This may also include your dentist if there is pending dental work or ongoing dental infection.
 - You will complete a PAC visit with our anesthesia team 1-3 weeks prior to surgery and we will confirm medications as well as discuss what medications are safe to continue and what medications must be stopped.
- If you are diabetic, maintain an A1c less than 7.5 leading up to your surgery.
- If taking medication for Rheumatoid Arthritis or if taking other immunosuppressant medication, discuss whether they need to be stopped before surgery.

1 week prior to surgery:

- Stop taking aspirin, NSAIDs including ibuprofen, advil, aleve, naproxen and vitamins, including herbal supplements.
 - You may continue Tylenol as needed.
- Continue a diet rich in vegetables and high in protein leading up to surgery.
- Maintain hydration.
- Anticoagulants and antiplatelet drugs also need to be stopped prior to surgery. This must be discussed with your cardiologist or primary care provider before stopping.
- GLP-1 agonists such as Ozempic, Victoza, and Trulicity may need to be stopped a week before surgery.
- Weight loss medications (such as phentermine) may also need to be stopped well in advance of surgery.
- Arrange important household items to avoid having to reach up with 2 hands.

3 days prior to surgery:

- Wash your operative shoulder with antibacterial soap 3 consecutive days prior to your surgery day.
- Consider obtaining a stool softener to avoid postoperative constipation which is common when taking narcotic pain medications.

Night before your surgery

- Nothing to eat or drink after midnight.
- Take Tylenol 1000mg before bed, unless allergic or suffering from liver disease.
- Stay hydrated the day before surgery; consider electrolyte rich drinks such as Gatorade or Powerade.
- Remove all gel or nail polish from fingernails.
- Hospital staff will contact you the day before your surgery to give you your arrival time. If your surgery is scheduled on a Monday, you will be contacted on the Friday before.

Day of your surgery

- Do not take lisinopril or other ACE inhibitors, or other medications that were discussed at your PAC visit.
- Arrive early to your surgery – if you are running late, please contact the facility.
- Be sure to bring your postop sling which was given to you at your office visit.
- If you require a CPAP/BIPAP machine, please bring this to the hospital.
- Consider bringing a change of loose fitting, comfortable clothes.

After your surgery

- You will be transported and monitored to PACU (Post Anesthesia Care Unit) immediately after your surgery. Once you are awake and stable, you will be transported to your room to begin your recovery.
 - You may leave the hospital the same day as surgery if able to walk, use the restroom, and report sufficient help at home from family or friends.
 - If staying the night, you will likely be discharged from the hospital the following morning. Staying greater than 1 night is unusual after shoulder replacement surgery.
- Resume all normal medications unless otherwise instructed.
- Maintain your postoperative dressing for 7 days unless otherwise instructed. This dressing is waterproof so you may shower with it on.
 - After 1 week, you may remove the dressing and shower normally.
 - If you have concerns regarding your dressing or incision, please contact our office.

- Stay in your sling after surgery, including when you sleep. You may remove your sling only for showering. If you do this, keep your hand on your abdomen for support and to reduce unwanted shoulder movements.
- Walk frequently around the house to keep blood flowing and reduce the risk of blood clots.
- If prone to leg swelling or edema, use compression stockings for 3 days after your surgery.
- Take a multivitamin rich in vitamin C and vitamin D for 12 weeks postoperatively.

POSTOPERATIVE INSTRUCTIONS

DIET

Begin with clear liquids and light foods (jello, 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 seventh post-operative day (>1 week after surgery)

- The dressing is waterproof, so you may shower with this dressing intact
- If surgical glue sticks to the dressing, carefully remove it and apply waterproof bandages over the incisions

If sutures are present, they will be removed at your first post-operative visit.

NO immersion or soaking of operative arm (i.e. bath, pool, or hot tub). This is to avoid infection.

MEDICATIONS

Pain medication is injected into the wound and shoulder joint during surgery – this will wear off within 8-12 hours. In some cases, longer acting medications or nerve block catheters will be placed to provide longer duration of numbing effects.

Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle

- DO NOT drive a car or operate machinery while taking narcotic medication
Primary Medication = Norco (Hydrocodone + Acetaminophen)

- 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
- The average patient will use 12 total Norco tabs
- Do NOT take additional Tylenol (Acetaminophen) while taking Norco
- You may resume taking Tylenol when you stop taking Norco

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. You may also be prescribed an anti-nausea medication (Zofran) in this scenario.

Ibuprofen 400-800mg (i.e. Advil) may be taken in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall amount of pain medication required, and increase the time intervals between narcotic pain medication usage.

We may recommend that you take 81mg of Aspirin twice daily with food starting the day after surgery for 4 weeks to help prevent blood clots. In some scenarios, other blood thinners may be used or other dosages of Aspirin may be used. If you have a personal or family history of DVT, blood clots or stomach ulcers, please make sure the doctor is aware.

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 arm 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 or school 3-4 days after surgery, if pain is tolerable

IMMOBILIZER

Your immobilizer or sling should be worn at all times except for hygiene or for exercise (either as directed by the doctor or your physical therapist), this includes sleeping

ICE THERAPY

Begin icing immediately after surgery

Use icing machine for up to 20 minutes out of every hour until your first post-op visit. You DO NOT need to sleep in the ice machine if you cannot tolerate it.

If you do not purchase an ice machine, please use ice packs to ice the surgical site. Ice packs can be applied for up to 20 minutes out of every hour until your first post-op visit

If braced, loosen brace to avoid added pressure

EXERCISE

No shoulder exercises or shoulder motion until after your first post-operative visit with a doctor, PA, or physical therapist unless otherwise instructed

You may begin elbow, wrist, and hand range of motion on the first post-operative day and be sure to move your hand, wrist and elbow at least 3 times per day

FOLLOW-UP CARE/QUESTIONS

If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours and ask for appointment scheduling.

For any other questions or concerns please use the MyAtriumHealth Portal messaging feature; if you are unable to reach us, contact Dr. Trasolini via email (ntrasoli@wakehealth.edu) or at the office (336-716-8091). Please allow 12-36 hours for a response in the case of non-urgent inquiries.

****EMERGENCIES****

Contact Dr. Trasolini's team if any of the following are present:

Painful swelling or numbness that is getting worse over time

Unrelenting pain

Fever [note – it is normal to have a low-grade fever (101° and under) for the first day or two following surgery]

Redness around incisions

Continuous drainage or bleeding from incision (a small amount of drainage is expected)

Difficulty breathing

Excessive nausea/vomiting

Proceed to the nearest emergency room if you have an emergency that requires immediate attention.

FREQUENTLY ASKED QUESTIONS

1. Will I need antibiotics for dental procedures?
 - a. Yes. We ask that you take antibiotics prior to all dental procedures. If you contact our office, we are happy to provide these for you.
2. When can I go to the dentist for a cleaning or procedure?
 - a. We typically ask you to wait 3 months after your shoulder replacement before undergoing any nonemergent dental work.
3. How long will I be in a sling?
 - a. Patients can plan to wear their sling for 6 weeks after surgery. This includes sleeping in your sling.
4. When will I start physical therapy?
 - a. We plan to start physical therapy after your first postoperative visit – this is approximately 2 weeks from your surgery date. In some cases, therapy will start before your first visit. In some cases, home exercises will be prescribed in lieu of formal therapy.
5. Can I get a manicure/pedicure?
 - a. We ask that you avoid having a manicure/pedicure 30 days before your surgery and wait 90 days after your surgery.
6. Do I need documentation to go through a metal detector at the airport?
 - a. No, but you should inform TSA staff that you have a total joint replacement. You no longer require a letter or card from your physician.
7. How long will the prosthesis last?
 - a. Most replacements last 15-20 years but this also depends on the “mileage” you put on your shoulder. The more “miles” this shoulder is exposed to, like the tread on your car tires, the faster this prosthesis can wear out. If you have specific concerns, please contact our office.

Note: portions of this sheet are derived from patient education materials designed by leading educators in the field including Patrick Denard, Brian Cole, and others. This sheet should not be published or used as a scientific reference.