



POST-OPERATIVE INSTRUCTIONS

PROCEDURE: SHOULDER REPLACEMENT/HEMIARTHROPLASTY

- Pain Medication: You will be given a prescription for pain medication to be taken after surgery. This should be filled and ready for use when you return home from the surgery center/hospital. You should not drive, operate heavy machinery or participate in activities that require concentration while taking narcotic pain medications such as Percocet, Oxycodone, Norco, Vicodin or Tylenol with Codeine. You should take an over the counter stool softener while taking narcotic pain medications to prevent constipation.
- Dressings: You may remove your dressings and begin daily dry/sterile dressing changes to your incisions 3 days following surgery. (For example, if surgery was on Wednesday, do not change the dressing until Saturday.) Keep the incision clean and dry at all times. Do not begin showering until seen and evaluated by your surgeon (sponge bath only). You cannot soak the incisions in a tub, pool, or body of water for 4 weeks.
- Cold Therapy Machine: If provided, begin use the day after surgery. Use it three times a day at the manufacturer's setting for one hour each session. Always make sure to apply a barrier between the cold pad and your skin. If you have not been provided with a cold therapy machine, apply ice to surgical area in a waterproof bag for 20 minutes each hour you are awake.
- Activity: Use sling and abduction pillow at all times. **DO NOT REMOVE** unless working with physical therapy or performing exercises. You will begin passive range of motion after surgery as instructed by physical therapy including elbow and wrist range of motion. This is usually limited to 140 degrees of forward elevation and 30 degrees of external rotation, but may be adjusted by your surgeon. No active use of the shoulder. Sling will be continued for 4-6 weeks as instructed by your surgeon.
 - No shoulder active range of motion (AROM).
 - No lifting of objects
 - No excessive shoulder motion behind back, especially into internal rotation (IR)
 - No excessive stretching or sudden movements (particularly external rotation (ER))
 - No supporting of body weight by hand on involved side
- Dressing/Grooming: You may begin using your hand to comb your hair, to shave, and to wash your face as tolerated.
 - Put your operated arm through the sleeve first.
 - You may use your arm to button your shirt and to fasten your pants.
 - Do NOT use your operated arm to tuck in your shirt.

- Sleeping:
 - You should wear the sling while sleeping.
 - When sleeping on your back, place a small pillow behind your elbow.
 - When sleeping on your side, hug a pillow in between your arms.
 - You can roll onto your shoulder.
 - You can sleep on the operated shoulder as your pain allows.
 - You can also sleep in a reclining chair or propped up on pillows in bed for comfort.

- Exercise Frequency:
 - Take your pain medication 30-40 minutes before exercising.
 - Exercise 3-4 times per day (i.e. morning, afternoon, evening, and before bed)
 - Perform each prescribed exercise 10 times.
 - After exercising, you may apply ice to the area.
 - If required, a family member/caregiver should perform PROM (passive range of motion) to your shoulder twice a day

- Getting in/out of bed or chair: **DO NOT** use your arm to push down, as you may stress the subscapularis repair. Ask your surgeon when you are allowed to push down.

- Post-Operative Appointment: Please make a post-operative appointment to see your surgeon 10-14 days following surgery.

- Prescription Refill Protocol: You **MUST** give your physician **48 hours** notice for any medication refill. Many medications require a written prescription and cannot be called into a pharmacy. Prescriptions **will not** be filled over the weekend.

- When to call your surgeon:
- Complications after surgery are fortunately very rare. Call the office if you have any of the following symptoms:
 - Persistent fever >101, chills
 - Increasing pain at the surgical site
 - New onset numbness or tingling
 - Hives or new rashes
 - Shortness of breath or chest pain
 - Persistent nausea/vomiting
 - Drainage from your incision lasting >5 days

ANTIBIOTIC PROPHYLAXIS

Although it is very rare, an artificial joint can become infected by the bloodstream carrying infection from another part of the body. Therefore, it is important that any bacterial infection be treated promptly by your medical doctor. **Routine colds and flu** as well as cuts and bruises do not need to be treated with antibiotics.

Patients should take **Amoxicillin 2 grams** one hour before having any of the following procedures. Please let your doctor know about your joint replacement and need for prophylaxis.

- Dental work or tooth cleanings
- Skin biopsy
- Podiatric procedures involving cutting into the skin
- Cystoscopy-Your doctor may choose another antibiotic, but antibiotics must be given
- Colonoscopy-same as above cystoscopy
- Endoscopy—same as above cystoscopy
- Dermatologic procedures which involve cutting into the skin.
- Invasive gynecological procedures

Patients do **NOT** need to take antibiotics for the following procedures:

- Pedicures/Manicures
- Gynecologic exams
- Cataract surgery
- Injections or blood work

If you are unable to take Amoxicillin, use **Clindamycin 600 milligrams** one hour before the procedure. Amoxicillin is a form of penicillin, if you are allergic to penicillin, you should take Clindamycin, not Amoxicillin. Another alternative to Clindamycin is **Biaxin 500 mg**, and **Zithromax 600 mg**.

You may have a flu shot at any time following your surgery.

Please do not schedule any routine dental work for three months after your joint replacement. Likewise, please call if you have a gum or tooth infection.