

Shoulder Arthroplasty Post Op Instructions

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Initial Instructions

- Ice and elevation along with pain medicine are your keys to initial pain management.
- After you arrive home, rest the remainder of the day. You may be tired or nauseated from the anesthesia and/or pain medication.
- You will be placed into a sling postoperatively. Wear the sling at all times. For a reverse total shoulder arthroplasty, you should wear that sling for 2-3 weeks (ie until first post op appointment). For an anatomic total shoulder arthroplasty, you will be in the sling for 6 weeks.

Wound Care

- Leave the dressing in place for 3 weeks following surgery. There is a glue dressing over the incision. If the outer dressing must be changed, leave the glue dressing in place
- It is extremely important to always keep the surgical site clean and dry to help prevent infection.
- Signs of infection include redness, swelling, increased pain, warmth, fever (above 101.4 degrees F) and drainage from the wound. If you note any of these signs, please call the office immediately

Bathing/Showering

- You may shower but make sure the bandage is covered with saran wrap or some other impermeable layer.
- **Do not soak or submerge** the surgical site until the wounds are completely healed (typically 3-4 weeks after surgery).

Activity

- The sling can be removed and the elbow and hand can be moved as tolerate. Light shoulder range of motion can be performed as long as the hand is visible at all times.
- Physical therapy will come to your house for the first 3 weeks and then you will go as an outpatient.

Medications

- You will be given Celebrex 200mg to take twice per day. This is an anti-inflammatory. You should take it every day for the first 30 days.
- You will also be given Tylenol (Acetaminophen) 1000mg which you will take 3 times per day for the first 30 days
- For breakthrough pain, you will be given a narcotic pain medication. This should be taken as needed every 8 hours for pain. Take with a little food.
- Ice and elevation will aide in additional pain control
- Take medications as prescribed
- Do not mix narcotics with alcohol
- Common side effects of narcotic pain medications include
 - Nausea- Take medication with food. If prescribed you may use anti-nausea medication. If nausea persists, call the office to consider having the medication changed.
 - Drowsiness
 - Constipation - We recommend purchasing an over-the-counter stool softener (such as colace) to take as directed while taking narcotics to prevent constipation. You will be given a prescription for this.
- Do not drive a vehicle or operate heavy machinery while on narcotic pain medications
- You will likely be given a prescription for aspirin 325mg to take post-operatively. This is taken only once a day for 30 days post-operatively to prevent blood clots. The dosing and duration may change on an individual basis, but it should be reflected in the prescription that you are given. If you are on a blood thinner at baseline, then you will not take aspirin in addition.

Post-Op Office Appointment

- Your first post-operative visit should be scheduled in the office prior to surgery. If the appointment was not arranged prior to surgery, please contact the office
- You will be seen for follow up visits at 3 weeks, 8 weeks, 12 weeks, and 1 year after surgery

Emergencies or Concerns

- Email Dr. Ratner at drewratnermd@gmail.com
- Or Contact us or go to the nearest emergency room if you have any of the following:
 - Any abrupt change in the nature or severity of pain
 - Redness around incisions
 - Continuous drainage or bleeding from the incision (occasional drainage is expected)
 - Develop a fever greater than 101.5 degrees F.
 - Chest pain, shortness of breath, intractable nausea/vomiting, or anything else concerning
 - If you have an emergency that requires immediate attention, proceed to the nearest emergency room.