

Jonathan T. Bravman, M.D.

Total Shoulder Arthroplasty Patient Information Packet

When planning for a total shoulder arthroplasty (TSA) procedure many questions arise concerning surgery, pain management, post-operative care, and rehabilitation. Below you will find important information to help you prepare for you shoulder both before and after surgery.

Shoulder Anatomy:

The shoulder is made up of two joints, the glenohumeral joint and the acromioclavicular joint. The glenohumeral joint is where the ball (humeral head) and socket (glenoid) meet. The rotator cuff is made up of the tendons of 4 muscles (supraspinatus, infraspinatus, subscapularis, teres minor) that attach the upper arm bone (humerus) to the shoulder blade (scapula). This group of muscles, in addition to the deltoid (the muscle that forms the rounded curve of the shoulder), allow the shoulder to move and keep the ball tightly in the socket.

Two Common Chronic Shoulder Injuries Requiring Arthroplasty:

Glenohumeral Osteoarthritis: Arthritis is a condition when the cartilage that lines the surface of a bone wears away. When this occurs, the joint will lose its cushion and become “bone-on-bone.” This will cause both pain and limited motion.

Rotator Cuff Arthropathy: This is a specific type of arthritis caused by a chronic rotator cuff tear. When the rotator cuff does not function appropriately, the humeral head will not stay tight in the glenoid (socket) and therefore, the shoulder loses motion and becomes painful.

Types of Shoulder Replacements:

Total Shoulder Arthroplasty:

A total shoulder arthroplasty is a type of shoulder replacement surgery that is performed for the treatment of glenohumeral osteoarthritis in the setting of a functioning rotator cuff. A total shoulder arthroplasty works by replacing the glenoid (socket) with a plastic concave cup, and the humeral head (ball) is replaced with a metal ball.

Reverse Total Shoulder Arthroplasty:

A reverse total shoulder arthroplasty is a type of shoulder replacement surgery that is performed for the treatment of three different shoulder conditions 1) glenohumeral osteoarthritis in the presence of an irreparable rotator cuff, (2) complex fractures, or (3) failed conventional total shoulder arthroplasty with deficient rotator cuff tendons. A reverse total shoulder arthroplasty works by replacing the glenoid (socket) with a glenosphere (ball), and replacing the humeral head (ball) with a concave cup

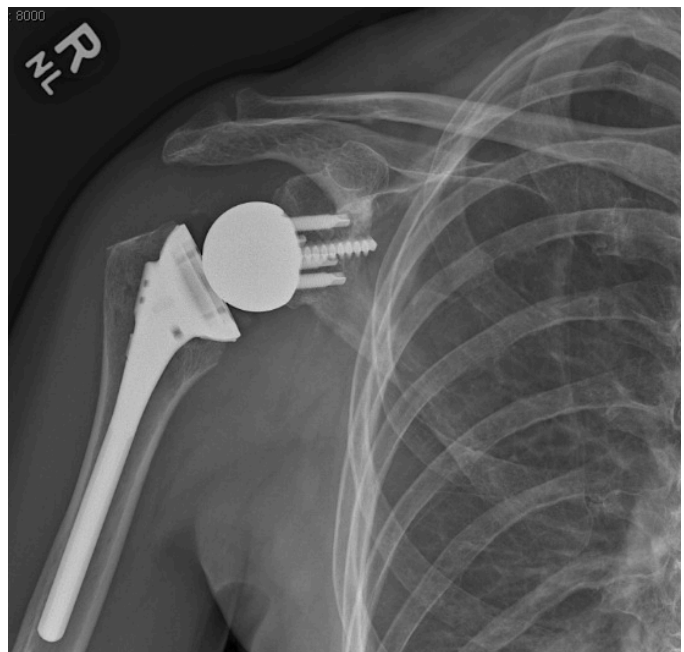
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(socket). This change alters the biomechanics of the shoulder allowing the deltoid muscle to compensate for a deficient rotator cuff and become the primary elevator of the shoulder joint.

X-Ray of Shoulder Arthroplasty:



Total Shoulder Arthroplasty



Reverse Total Shoulder Arthroplasty

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Preparing for Surgery:

- Arrange to have someone drive you both to and from the hospital.
- Plan on staying in the hospital one or two nights following surgery to help with pain control, sling use, and beginning physical therapy.
- Make sure to have ice at home to help with pain control and swelling after surgery. You will have the option to rent or purchase an ice machine. A representative of the ice device company should call you prior to surgery to discuss details including cost and machine instructions. Ice bags alone are acceptable if you choose to forgo the ice machine.
- Do not eat or drink past midnight the night before your surgery.
- Schedule your first post-op appointment for 7-14 days after your surgery.
- Schedule your first physical therapy appointment for 3-5 days after your surgery. You can attend physical therapy at a clinic of your choosing. If you are not familiar with any clinics, our office can provide you with recommendations. It is important that you first check with your insurance company to find an in-network physical therapy location.
- You may be instructed to see your primary care provider or Pre-procedure Services through the anesthesia clinic for pre-operative clearance before surgery. At this time you will be instructed to either continue or stop your current medications on the day of surgery.
- You may be instructed to have a CT Scan of the shoulder prior to surgery to evaluate the shoulder joint and rotator cuff.
- Remember you will have limited use of your arm while it is in the sling for 6 weeks. Please prepare to have assistance with everyday tasks including driving, cooking, showering, and getting dressed. We recommend easy to prepare meals and loose fitting/zip-up/button-up shirts for ease and comfort after surgery.

Day of Surgery:

- Do not eat anything past midnight the evening prior to your surgery.
- You will be instructed to arrive at the hospital 2 hours prior to your scheduled surgery. Occasionally, the procedure scheduled ahead of yours may take longer than expected which may cause some delay. However, sometimes an earlier procedure will cancel or run ahead of schedule. Therefore, it is important that you arrive on time.
- You will check in at the check-in desk and be taken to the pre-operative holding area. Here you will be instructed to change into a gown and a pre-operative nurse will see you, review your records, and start an IV.
- A member of the anesthesia team will meet with you and discuss anesthesia options and concerns with you. They may also recommend a regional block to help with post-operative pain. Your surgery will be performed under general anesthesia which means you will be asleep.
- A member of the surgical team will ask you to sign a consent for surgery and mark your operative shoulder with a marker. You will be given the opportunity to ask whatever remaining questions you may have at this time.
- You will receive post-operative pain medication, anti-inflammatory medication, and an anti-nausea/anti-itch medication. This can either be filled at the hospital pharmacy or at an outside pharmacy.

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- You will receive an IV antibiotic medication to help prevent infection.

Surgery:

- Expect the surgery to take about 2 hours depending on the complexity of your case
- A 4 inch incision will be made over the front of your shoulder. It is through this incision that the surgeon will carefully retract muscles, nerves, and blood vessels to expose the shoulder joint to replace the ball and socket.
- The incision will be closed with absorbable suture underneath the skin. A layer of skin glue will be applied. The incision will be covered with Steri-Strips (white rectangle pieces of tape), gauze, and a clear Band-Aid. A sling will be applied in the operating room. If you ordered an ice machine, this will also be put on at the same time.
- You will wake up in the post-operative area (PACU). When your pain is controlled, you will be transferred to a private room on the orthopedic floor.
- The surgeon will either call your family members or visit them in the waiting room to let them know how the procedure went.

Hospital Stay:

- You can expect to stay 1-2 nights in the hospital.
- If you are planning on going to an extended care or rehab facility you may want to research facilities prior to your surgery. The social work staff will help with placement once you are in the hospital.
- You will be visited by a member of the surgical team the day after surgery for a routine check.
- The physical therapy/occupational therapy team will visit you during your stay. They will show you exercises to start doing. They will also go over sling usage with you.
- Other equipment you can expect to have while hospitalized includes: an IV until you are eating, drinking, and urinating normally, an ice machine/ice bags, compression and sequential stockings on your legs to prevent blood clots, possibly oxygen tubing according to your needs, and possibly a catheter if you are not able to urinate normally.
- Your nurse will go over your discharge instructions before you leave. Normally, patients are able to leave around noon time.

Postoperative Care:

- The sling needs to stay on for 6 weeks. You can remove the sling to shower, get dressed, and during physical therapy. You are allowed to remove your arm from the sling to bend and straighten your elbow and move your fingers several times a day. It must stay on at all other times.
- You may resume a normal diet as soon as you can tolerate it. We recommend increasing fluids and fiber to help with any constipation issues that may result from the pain medications.
- You should ice your shoulder frequently for the first 48-72 hours after surgery. Icing 2-3 times per day will help with pain and swelling. It is important to put a t-shirt or a thick towel between you and the ice to prevent any injury to the skin.
- You are allowed to remove your dressing 2 days after surgery. The Steri-Strips covering your incision must remain on until your post-op appointment.

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- You can shower 48 hours after surgery. It is OK to let soap and water run over your incision. Please do not soak or scrub the incision. No hot tubs, pools, or baths for 6 weeks.
- Sometimes significant bruising is seen over the front of the shoulder or along the biceps muscle. This is normal and related to mild internal bleeding after surgery. However, if you notice drainage from your incision site, swelling, or increased pain 5 days after surgery please call the office. Redness around the incision is very common and should not be a concern unless it is associated with drainage 5 days after surgery, redness spreading away from the incision or fevers.
- Expect to experience a moderate to severe degree of pain following surgery. Pain is typically worse in the first five days and improves significantly by two weeks after surgery. Below you will find a table with the medications you have been prescribed.
- Sleeping is usually very difficult after shoulder surgery. We recommend trying to sleep propped up in bed or in a recliner as this will help with pain. You must sleep in your sling.
- Driving will be difficult after surgery due to your inability to use your operative arm. If you should have an accident or get pulled over while wearing a sling, authorities may consider that driving while impaired. Once you are out of your sling you may drive once you feel safe to operate a vehicle. You should not drive while taking narcotic pain medication.
- You may return to work to do light duty (desk work) in about 2 weeks or as soon as you are off your pain medication. If your job requirements are physically demanding, that may require additional time off work. Please bring work-release paperwork to your post-op visit.
- Physical therapy should start 3-5 days after surgery. You should attend 1-2 times per week and continue to do the exercises that you were given at home. Expect to do physical therapy for up to 6 months. Please bring the black folder that you received on the day of surgery to your initial visit.
- You should have a post-op appointment scheduled for 7-14 days after surgery. At this visit you will have an x-ray done and your sutures will be removed.
- There is a potential for infection of your new joint during dental procedures and cleanings. FOR FUTURE DENTAL PROCEDURES, we recommend Amoxicillin 2g to be taken by mouth 1 hour prior to your dental appointment. Contact our office or your dental office for a prescription.

Medication	Use	How to Take	Side Effects
Oxycodone 5mg	Short acting pain relief	Take 1-2 tabs every 4-6 hours as needed	Nausea, constipation, sedation, itching
Zofran	anti-nausea	Take 1 tab every 6 hours as needed	Diarrhea, headache
Naprosyn 500mg (Naproxen)	Anti-inflammatory	Take 1 tab every 12 hours for 5 days with food	Stomach pain



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Emergencies:

Signs of an emergent situation include increasing redness, swelling, and significant drainage from the incision site, a fever greater than 101.5, inability to tolerate food and fluids after surgery. In rare cases, temporary breathing difficulties can occur in patients who have had a regional block. If you find that you have any of these situations, it is advisable that you call 720-848-0000 anytime of the day or night when the office is closed.

Please contact the office with any questions:

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