

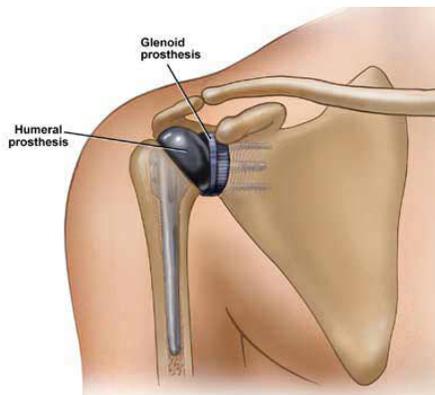
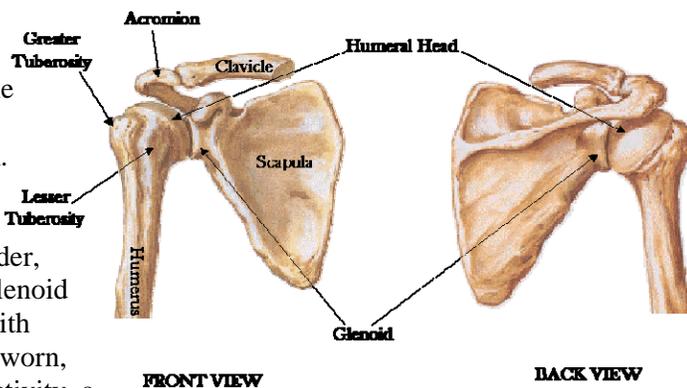


## Shoulder Replacements

Arthritis, injuries, bone disease, and torn muscles and tendons can cause stiffness, pain and swelling in your shoulder. These conditions may limit your ability to perform everyday activities, as even simple movements become painful and difficult. Your orthopedic surgeon has recommended shoulder replacement surgery for you to help alleviate these problems.

### The Procedure

When the shoulder is severely damaged, a shoulder replacement may be necessary. The shoulder joint is a ball and socket joint, that allows you to raise, twist and bend your arm. The ball is the top of the humerus (arm bone), and the socket is within the shoulder blade (scapula). In a normal shoulder, the head of the humerus glides against the glenoid (dish-like socket), to provide the shoulder with range of motion. When these structures are worn, causing significant pain and limitations in activity, a shoulder replacement is performed to alleviate your symptoms.



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There are several different types of shoulder replacements. The usual total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem, and a plastic socket. The new components are held together by cement, or they may be made with material that allows new bone to grow into the joint component over time to hold it in place without cement. Your surgeon may perform a newer procedure called a reverse total shoulder replacement for people who have painful arthritis in their shoulder and also have damage to the muscles around the shoulder. In this procedure, after the surgeon removes the damaged bone and smooths the ends, he attaches the rounded joint piece to the shoulder bone and uses the cup-shaped piece to replace the top of the upper arm bone. Moreover, a partial shoulder replacement is performed for persons simply requiring a new ball, or humeral head. Shoulder replacement surgery is performed at a hospital, under general anesthesia.

## Preparing for Surgery

Before the surgical procedure, it is important to prepare your body as well as the home for the surgery and the post-operative period (time after surgery). The following is a list of things to do before your scheduled surgery.

- Make an appointment to see your primary care practitioner (or see our Family Nurse Practitioner) for a pre-operative physical exam. This is done to ensure that you are in good health to have the surgery. An ECG (electrocardiogram) and laboratory work may be ordered. Any medical conditions that require better control prior to surgery will be discussed. Moreover, medications that need to be stopped prior to surgery will be discussed.
- Consult your primary care doctor and stop any medications that could contribute to prolonged bleeding. Such medications include aspirin, ibuprofen, Aleve, warfarin (Coumadin), fish oil supplements, etc. Ideally, these medications should be discontinued 7 days prior to surgery.
- Depending on when your surgery is scheduled, you may need to fast (nothing by mouth) prior to your surgery. It is recommended that you do not drink or eat anything at least 8 hours before surgery. This helps prevent any nausea or abdominal upset from the anesthesia and medications.
- If you smoke cigarettes or tobacco products, you should stop. Nicotine can increase your chances of having surgical complications, and can delay healing. Many orthopedic surgeons require patients to stop using tobacco before surgery will even be considered. See your primary care provider for information on smoking cessation.
- Arrange for someone to drive you home after surgery. Most patients are hospitalized for 1 day, and may be limited with driving after surgery. If you are taking any narcotic pain medicine, you should not drive or operate any machinery as these medications may cloud your judgment.
- Prepare your home for your recovery period. Start by reducing household hazards, such as throw rugs, electrical cords, and clutter that may cause you any injuries during your recovery. Also, if possible, move frequently used items to a main level in your home. This will help reduce the amount of reaching you have to do.



## After Surgery

After your surgery is completed, you will be taken to the hospital recovery room. There the nurses will monitor your blood pressure, heart rhythm, breathing, and help manage any pain you are experiencing. A bandage or dressing will cover your shoulder to keep the incision clean. After you are more awake and alert, you will either be taken to your hospital room.

## Returning Home

After you are discharged from the hospital, you will need to continue with activity restrictions and incision cares as directed by your orthopedic surgeon and the hospital staff. The hospital will arrange for an appointment with your orthopedic surgeon approximately 7 days after surgery. At that time, your physician will evaluate your surgical incision, amount of swelling, and your pain level.

## Wound Care

Dressings are to be kept clean and dry. You may change the dressing daily if desired. After removing the old dressing replace with 4x4 gauze pads and secure with tape. A small amount of clear drainage or bleeding is normal. If this is happening, the dressing should be changed daily. Please leave the sutures/steri-strips in place.

You may get the incision wet when showering 3 days after surgery. The shower should be brief and the wound patted dry with a clean towel. No baths or soaking the incision until 3 weeks after surgery and scabs are absent. It may be comfortable to use a rolled up towel as a pillow under your arm while showering.

If purulent drainage (thick white or greenish in color) is coming from the wound, or the wound has increasing redness, or if you are having a temperature of 101, please report these symptoms to your surgeon or the doctor on call.

## Pain

Ice your shoulder as frequently as possible. We recommend 4-6 times per day for 20-30 minutes per time. You may use either the ice bag or cooling device given to you at the hospital. Or you may simply place ice in a zip lock bag, wrap it in a towel, and place on the shoulder.

Narcotic pain medication will be prescribed for use after you leave the hospital. Try to wean down as tolerated. These medications can cause constipation and you may want to use an over the counter stool softener. Tylenol products may be used instead of the prescribed pain medication. The prescribed narcotic medications should not be taken at the same time as plain Tylenol. If a refill of medication is needed, please call the office during regular business hours, Monday-Friday 8:00 a.m. to 5:00 p.m. In general, refills will not be made after hours or on weekends, so please plan ahead.

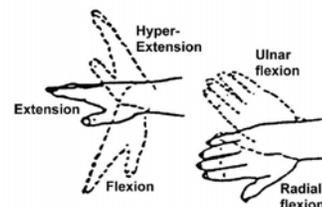
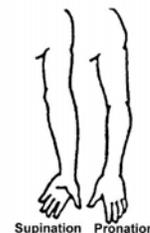
## Driving

To drive you must no longer be taking narcotic pain pills (plain Tylenol is allowed). Also, you must feel strong and alert. You may take your arm out of the sling to hold the bottom of the steering wheel. Most people start driving approximately 1-2 weeks after surgery, but use your judgment as to whether or not you feel ready and safe to drive.

## Exercises

Leave your arm in the sling during the first several days after surgery for comfort. You may take it out of the sling for range of motion exercises and showering. Feel free to adjust the sling as needed to make it more comfortable.

Upon discharge from the hospital you are encouraged to perform hand, wrist and elbow range of motion exercises 4-5 times per day. These exercises will help to decrease swelling.



## **Follow-up**

Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 1 week after surgery.

## **Phone Calls**

If you have questions or problems please call. Some questions can be answered over the phone, others cannot. You may need to be seen sooner than expected to check out your symptoms.

## **Worrisome Findings**

Occasionally patients experience troubles after surgery and need additional medical attention. Such conditions that require medical attention include the following:

- Fever of greater than 101 degrees F
- New or different colored drainage from your surgical incision
- Swelling, redness, and pain around the surgical site
- Pain in your lower leg when you bend your foot upwards
- Chest pain or shortness of breath



## **Questions or Concerns**

If you have any questions or concerns about your procedure or recovery, please feel free to contact us. Our goal is to provide excellent care, and get you back to your active lifestyle.

Eau Claire office: 715-832-1400

Chippewa Falls office: 715-723-8514