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Post-op Instructions for Total/Reverse Shoulder Replacement

These instructions are to complement the information given by the nursing staff and physical therapists. They cover many of the common questions.

Wound Care/Showering

- 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 happens, the dressing should be changed daily. Please leave the sutures/steri-strips in place.
- You may shower 3 days after surgery. The shower should be brief, but you may get the incision wet. Pat the wound dry with a clean towel. No baths or soaking the incision until 3-4 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 you have persistent drainage, increasing redness, or if you have a temperature of 101, please report these symptoms to your surgeon or the doctor on call.

Pain/Medications

- Ice your shoulder as frequently as possible. We recommend 4-5 times per day for 20 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 it 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; 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/on weekends, so please plan ahead.
- Listed below are the typical medications prescribed for postoperative pain management after orthopedic surgery. This does not necessarily mean that you will receive all these medications, but this information can be very helpful. Pain after surgery is expected. The goal after surgery is not to be pain free, but to make it tolerable. Some pain is beneficial as it lets our bodies know what not to do. It is important for pain management to also to use RICE (rest, ice, compression and elevation) routinely to assist with pain and swelling.

Acetaminophen

- This medication is more commonly known as Tylenol. This medication, when combined with the other medications listed below, can amplify overall pain management. Recommended taking this on a regular schedule for baseline pain management. Max daily dose 3000 mg/day

Ibuprofen

- NSAIDs should be taken with food on a regular basis and should not be taken with prescription blood thinners. You can take scheduled or as needed as well with the acetaminophen. For best pain control, you may want to stagger the two medications evenly throughout the day. Max daily dose 2400 mg/day.



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Narcotic Medications (Tramadol/Hydrocodone/Oxycodone)

- If the above pain medications do not provide adequate pain control this may be used for additional pain management and added to your scheduled regimen. Narcotic medications are stronger and used for “breakthrough pain”. Breakthrough pain is an abnormal increase in pain that is not being well covered by the above medications.
- Side effects of narcotics can include constipation, nausea, confusion, cloudy thoughts, and itchiness. Make sure to stay well hydrated, be up and walk short distances frequently, and take over the counter stool softeners as long as you are taking narcotics.
- As your pain improves after surgery you can wean off narcotics gradually by increasing time between doses and/or decreasing amount (i.e. cutting tablets in half).

MUSCLE RELAXERS (CYCLOBENZAPRINE/TIZANIDINE)

- Muscle relaxers may be prescribed after joint replacement to decrease pain related to muscle spasms. Also recommend staying hydrated, massage, elevation, gentle movement, ice, heat and stretching to manage muscle related symptoms after surgery.

Driving

- To drive, you must no longer be taking narcotic pain pills. You must also feel strong and alert. You must be able to drive following your restrictions in the sling. It may be easiest to hold the bottom of the steering wheel with the operative arm in the sling to protect the surgical arm. Some people start driving approximately 2-3 weeks after surgery. Make sure to use your judgment as to whether you feel ready and safe to drive.

Exercises/PT

- Leave your arm in the sling during the first several days after surgery for comfort. You may take it out of the sling for exercises per PT instruction/protocol 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.
- You will typically start PT 2 weeks after surgery as ordered by your medical team prior to/at the time of surgery.

Follow-up

- Make sure an appointment has been scheduled for you at Chippewa Valley Orthopedics & Sports Medicine for approximately 2 weeks after surgery.