

# ONS Guide to Total Shoulder Replacement



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In network with all major insurances

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## Reclaim Your Quality of Life

Total Shoulder Replacement (arthroplasty) is one of the most effective ways to eliminate the pain of bone-on-bone arthritis or chronic rotator cuff tears. The procedure restores mobility when shoulder pain and weakness has compromised function and quality of life.

The ONS shoulder replacement program is designed with you as an active partner with your surgeon and a dedicated team of ONS professionals who will make sure you have the information, care, and support you need every step of the way.



# Total Shoulder Replacement

## WHAT IS IT?

A shoulder replacement is performed to replace the damaged portions of your shoulder. The surgery can eliminate shoulder pain and allow for excellent return of motion and function.

## HOW LONG WILL THE PROCEDURE TAKE?

Your surgery will take approximately two hours on average to allow for anesthesia, positioning, and actual operative time. If your surgery will be performed on an outpatient basis, plan to be at the surgical center or hospital for approximately 4-6 hours total to allow for adequate time in the recovery area.

## HOW WILL MY PAIN BE MANAGED?

Multiple treatments will be used to manage your post-operative pain. Anesthesia for the procedure includes a nerve block that can help reduce pain during the first two to three days following surgery. In addition, you will be provided with oral medications that work together to help control pain. The combination of these treatments will help control pain and improve your ability to ambulate effectively around your home during the early stages of your recovery.

## WILL I BE ABLE TO DRIVE?

Following surgery, you will be restricted from driving. You will need to have discontinued narcotics and the use of a sling to be considered safe to operate a motor vehicle. Your surgeon will direct you as to when you can return to driving, which is typically at 4-6 weeks, depending on the condition of the operative shoulder and the above factors.

## WHEN CAN I RETURN TO WORK?

Your return to work depends on your recovery process and your job demands. Your surgeon and therapist will help determine the right time for you. Following shoulder replacement surgery, patients typically return to work within 2-12 weeks depending on type of work, ie. desk job versus heavy labor type work.

# Total Shoulder Replacement

## POTENTIAL RISKS

Our physicians are experts at performing shoulder procedures safely. However, while the risks are very low, there are potential complications associated with any surgery. Though rare, the following are some complications that have been associated with shoulder replacement surgery.

### INFECTION

All surgeries have a risk of infection. Antibiotics are administered before surgery, and other precautions such as cleaning the surgical site with anti-microbials prior to surgery and the application of a waterproof wound dressing will help reduce the risk of infection.

### BLOOD CLOTS

Blood clot formation is a rare but possible event following shoulder replacement surgery. After surgery, you will take one enteric-coated aspirin per day to further help prevent blood clots. Other medications may be used if there is an increased risk or history of blood clots.

### CONSTIPATION

Opioid pain medications can often cause nausea and constipation. To help avoid constipation, drink plenty of fluids and eat fruits and vegetables. You will be prescribed a stool softener that should be used daily if you are taking opioid pain medications and experiencing constipation. Many patients use no or minimal opioid medications.

# Total Shoulder Replacement

## PNEUMONIA

Breathing deeply after surgery and ambulating are important ways to prevent congestion from building up in your lungs, which can lead to pneumonia. The deep breathing will help keep the lungs open.

## BLADDER INFECTION

A bladder infection can rarely occur, so it is important to drink plenty of fluids to help prevent this type of infection. Notify your doctor if you experience any pain or burning with urination, an inability to empty your bladder, unusual frequency or urgency.

## NUMBNESS

You will experience some numbness along your shoulder incision following surgery. This is normal and should not cause concern. During surgery, the nerves in the skin around the incision are disturbed. As these nerves heal, you may experience a tingling sensation. There is a chance that you may experience permanent numbness in a small area around your incision. However, the function of your shoulder will not be affected.

## SEVERE COMPLICATIONS

As with all major surgery, there is a possibility that complications from any of the conditions mentioned, or from the anesthesia, could be severe enough to result in disability or death. Please discuss all questions and concerns with your doctor and your anesthesiologist.

## Your Role in Your Recovery

You will play an important role in your own recovery. Your understanding, participation and commitment – and that of your designated caregiver – are tantamount to the success of your procedure.

It is very helpful to have a designated person who can attend pre-surgical visits, take you home after surgery and stay with you for the first 48 hours post-op, possibly more, to help you with day to day activities.



## Preparing for Surgery

Most insurance companies require pre-authorization prior to scheduling surgery. Our staff will call your insurance company to determine eligibility and get pre-authorization as needed. This may take several days, depending on the insurance company.



# Preparing for Surgery



## MEDICATIONS

At your pre-operative visit, please inform our office of all medications and supplements you are taking. If you are currently taking any of the following medications, they need to be discontinued prior to your surgery:

- All blood thinners **3-5 days\***
- Aspirin **7 days**
- Anti-inflammatory medications **7 days**  
(*Advil, ibuprofen, Aleve, Naprosyn, Relafen, Diclofenac*)
- Fish oil, Vitamin E and all other supplements **7 days**
- Hormone replacement therapy **7 days**

\* *Discuss with your physician.*

# Preparing for Surgery

## MEDICAL HISTORY AND HEALTH STATUS

It is important for us to have accurate and complete information regarding your medical history and health status to determine your eligibility for surgery and for insurance verification. Here are some questions you may be asked about your medical history.

- Do you have health problems such as blood clotting disorders, diabetes, heart disease or high blood pressure?
- Are you taking any medications? This includes over-the-counter products such as aspirin, ibuprofen, vitamins, supplements, herbs and teas. Please have your medication bottles and a complete medication list available for your physician to review, or you can update your list in the ONS Patient Portal.
- Do you use tobacco, alcohol or recreational drugs?
- Do you have allergies?
- Do you currently have a fever, cold, rash or history of recurring infection?
- Have you had previous surgeries or illnesses?
- Are you or could you be pregnant?
- Have you or any blood relatives had previous problems with anesthesia?
- Are you currently on a prescribed regimen for chronic pain?

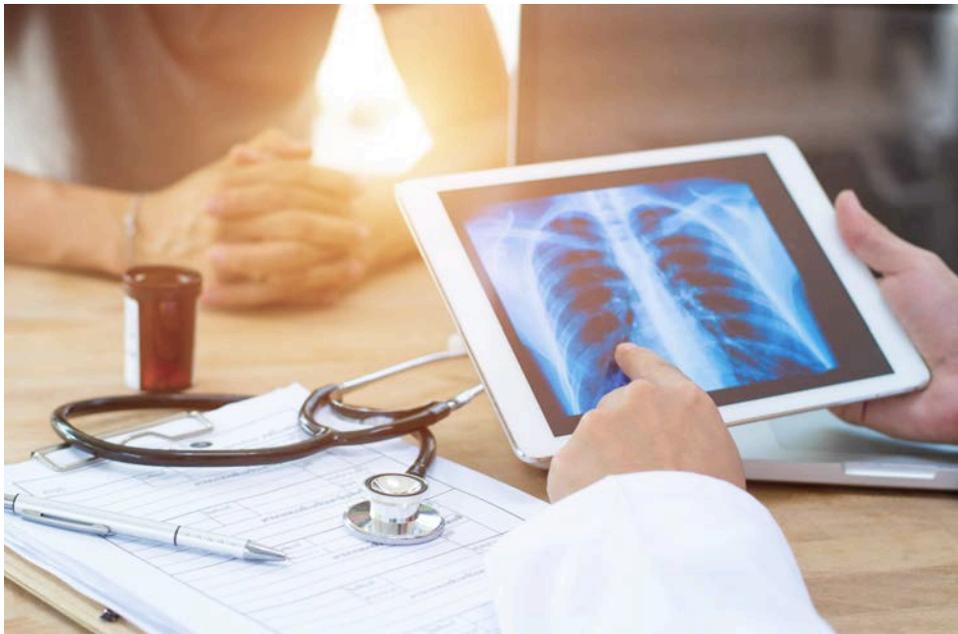
# Preparing for Surgery

## PRE-SURGICAL TESTING

Your surgical coordinator and primary care physician will direct you to a local laboratory or diagnostic center for pre-operative testing. These tests may include but are NOT always required:

- Chest X-ray
- Blood tests
- Nasal MRSA culture
- Urine test
- Electrocardiogram (EKG)

**IMPORTANT:** If you develop a fever, cold or rash in the days leading up to your surgery, call our office regarding your change of health. Your surgery may need to be postponed for your safety.



# Preparing for Surgery

## PRE-SURGICAL ORIENTATION

### PRIOR TO SURGERY, ONS WILL:

- Provide all necessary prescriptions for post-operative medications.
- Confirm the date and time of surgery with the surgery center or hospital.
- Review your home medication sheet and make sure you are aware of which medications to continue and which to discontinue before surgery.
- Review any pre-operative diagnostic studies.
- Review medical clearance information from your primary medical physician and/or specialist if required.

### PHYSICAL THERAPY

You may schedule a pre-op physical therapy visit at any ONS Physical Therapy office. At this visit you can review applying and removing sling, basic exercises and adaptive equipment, such as, a long handled reacher, shoe horn and sponge. There is a video demonstrating the proper way to put on a sling available on the ONS website, [www.onsmd.com](http://www.onsmd.com). Go to Resources>Patient Education>Videos.

# Preparing for Surgery

## PREPARE YOUR HOME – CHECKLIST

Please review and complete the following list of items prior to surgery.

- Prepare meals ahead of time and put fresh linens on your bed.
- Make sure you have an armchair with a firm cushion to sit on.
- Have your prescription medications available.
- Pick up throw rugs and make sure long phone and electrical cords are out of the way.
- Put night-lights in bathrooms and dark areas.
- Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- Arrange for pet care, if needed.
- Prepare a comfortable rest area with tissues, phone, TV, remote control, etc., nearby.
- Carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Have slide-on footwear with backs and no-skid soles available.
- Arrange transportation for follow-up visits.
- If you have purchased a shower chair, commode and safety bars, make sure they have been installed.

# Preparing for Surgery

## ONE WEEK PRIOR TO SURGERY

- Fill all prescribed medicines so that they are immediately available to you after returning home.
- Obtain over-the-counter medications: enteric-coated aspirin (325mg depending on your doctor's recommendation), laxative, Extra-Strength Tylenol (500mg tablets).
- Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, Vitamin E and supplements.
- Arrange for a family member, significant other or care partner to be with you for 48 hours after discharge.
- Schedule your physical therapy visits at your preferred PT facility, to start 1-4 weeks after surgery. Your surgeon will notify you when you are ready to start physical therapy.
- For two nights before your surgery, shower and use Benzoyl Peroxide, as instructed.

# Preparing for Surgery

## ONE DAY PRIOR TO SURGERY

- For two days before your surgery, shower 2X a day and use Benzoyl Peroxide, as instructed.
- Eat a 'regular-sized' dinner. The day before surgery is not the time to "feast" on large quantities of heavy or rich foods.
- Have nothing to eat after midnight – including mints and gum. Your surgery may be canceled or delayed if you do. You may drink clear fluids such as water, black coffee or sports drinks (no red colors) up to 3 hours before arriving to the hospital or surgery center. Avoid such liquids as orange juice, apple juice and milk.



# Day of Surgery

## AT HOME BEFORE SURGERY

- Use the Benzoyl Peroxide over the surgical site – do not shower.
- Wear comfortable, loose clothing.
- Do not use lotions, talcum, perfume, make-up or nail polish.
- Only take medications that have been approved by your doctor for the morning of surgery.



# Day of Surgery

## AT THE SURGERY CENTER

- Bring ice machine and sling, if received in advance.
- Bring photo-ID, bag for dentures, cases for contact lenses, glasses.
- A family member, care partner or significant other must accompany you to the surgery center. They are welcome to remain in the main waiting area during your procedure. They may leave the premises but must stay in the local area to return when called to do so.

## AT THE HOSPITAL

- Bring photo-ID, bag for dentures, cases for contact lenses, glasses.
- A family member, care partner or significant other must accompany you to your surgery. They are welcome to remain in the main waiting area during your procedure. They may leave the premises but must stay in the local area to return when called to do so.

## IN THE PRE-OP AREA

- You will sign surgical and anesthesia consent forms.
- An IV will be started and pre-op sedatives and antibiotics will be administered.
- Your surgeon will meet you and your family in the pre-op area, confirm and mark the surgical site, and answer any remaining questions you may have.
- You will then be transferred to the operating room.

# Day of Surgery

## POST-OP/RECOVERY

At the end of the surgery, anesthesia will be reversed and you will be transferred to the recovery area.

The nurses will monitor your vital signs and keep you comfortable. Medications will be administered as necessary for pain or nausea. Your shoulder, arm and hand will be numb from the nerve block.

If your surgery is outpatient, you will be discharged home once it is established that you are stable and comfortable. You must be able to tolerate a light meal and ambulate safely before going home.

Whether your surgery is outpatient or includes a hospital surgery, it is important to follow the post-operative pain management protocol to ensure ongoing pain relief.

You will be given a brief home instruction sheet to use as a reference. Detailed home instructions are on the next several pages of this booklet.



## After Surgery

### MANAGING YOUR PAIN

Our goal is to keep you as comfortable as possible following your surgery, however, there will be some degree of postoperative pain.

Your pain will be assessed from the time you leave the operating room until the time you leave the recovery area. You will be asked to rate your discomfort on a pain scale to help us determine if the current method of pain control is adequate or if changes need to be made. Oral or injected pain medications may be used to relieve discomfort in recovery.

### POST- OP AT HOME GENERAL INSTRUCTIONS

- Ice your shoulder as much as you feel necessary. Never apply the ice cooling pad directly to skin.
- Keep the surgical dressing clean.
- Take your medications as prescribed.
- You may shower with your dressing but do not scrub the surgical area. Call the office if water gets through to the bandage as it may need to be changed.
- Only use the prescribed opioid pain medication for pain that is not relieved by Tylenol.
- You may find a hand-held shower head and non-slip shower mat helpful.

## After Surgery

### HOME CARE

You can call **203-869-1145** if you have questions or concerns. After hours, ask the answering service to contact the physician assistant on call.

### HAND WASHING HELPS PREVENT INFECTION

A serious form of bacteria known as MRSA frequently inhabits the skin or nose of healthy people. When introduced into the home setting during recovery, it can be harmful to patients. Hand hygiene is the single most important method of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands with anti-bacterial soap and water before and after contact with patients and their surroundings. This simple act, several times a day, can provide for a safer environment for all.



Though rare, be on the lookout for signs of infection around your wound. Signs of wound infection include increasing redness, excessive drainage/fever, and increasing pain despite pain medications. Call **203-869-1145** if you have concern that you may have a postoperative infection. Before calling, please have your pharmacy phone number available and a list of any known allergies. If after hours, have the answering service contact the physician assistant on call.

## After Surgery

### MOVING SAFELY FOR THE FIRST FEW WEEKS

#### PAIN

- It's normal to feel more pain 2 to 3 days after surgery as the nerve block and medications you had during surgery wear off.
- To reduce or avoid pain, follow the advice for daily care of your shoulder. Some pain may continue for 2 to 3 months but will get better with time.
- Slowly increase your activities. If you overdo it with activity, you will feel more pain temporarily.

#### SWELLING

- It's normal to have swelling, bruising or a change in skin color anywhere on your arm after surgery. Your incision may feel numb or warm and you may hear occasional painless clicking from the shoulder.
- To reduce swelling, ice your shoulder during the first 48 - 72 hours post-op for 5 to 20 minutes, 6 or more times per day with an ice pack or cooling machine. Your hand may swell because of its dependent motion. It's important to practice making a full fist to prevent stiffness and reduce swelling.

#### CONSTIPATION

- Constipation means it is very hard to pass stool. This is a common side effect of taking narcotic pain medication after surgery. It's normal to have some constipation when you take pain medications.
- Prevent constipation by walking for a few minutes every hour, eating high fiber foods and drinking plenty of water.

## After Surgery

### SLEEPING

- It's normal to have some trouble sleeping for a few months after surgery.
- Try to avoid naps to sleep better at night.
- Some people find it more comfortable to sleep in a recliner chair or propped up on pillows for the first several weeks after surgery.

### PRECAUTIONS

- Do not lift or carry things, in general.
- Avoid small pets, remove throw rugs, and secure electrical and phone cords on the floor where you may walk.
- Allow for adequate room to walk at the side of your bed.
- Do not allow yourself to get exhausted.
- Use a cart to move items.

## After Surgery

### FIRST NIGHT POST-OP AT HOME

- Keep the surgical dressing dry and intact.
- Take 2 Extra-Strength Tylenol 3 times daily, 8 hours apart – do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol per day).
- Resume fluids and a healthy diet.
- Take one over-the-counter laxative to prevent constipation, if you are using oxycodone or tramadol (opioid pain medication).

### DAY 1 POST-OP

- Pain medications can be constipating, take an over-the-counter laxative for relief, if you are taking oxycodone or tramadol.
- Take one enteric-coated aspirin once a day to further help prevent blood clots. Patients with a history of blood clots may be prescribed daily Lovenox injections or other medications.
- Take 2 Extra-Strength Tylenol 3 times daily, 8 hours apart as needed for pain - do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol per day).



## After Surgery

### DAY 4 – 13 POST-OP

- Continue home physical therapy and exercise program.
- Increase activity as tolerated.
- Continue enteric-coated aspirin, once a day for 2 weeks.
- Take 2 Extra-Strength Tylenol 3 times daily, 6 hours apart as needed for pain – do not take more than 6 tablets or capsules within 24 hours (maximum 3000 mg Tylenol).
- Do NOT remove dressing. Please contact the office if there are any concerns about your incision. Bruising and swelling are to be expected. Active bleeding or redness should prompt a call to the office.
- Begin outpatient physical therapy 1-4 weeks after surgery, as indicated by your surgeon.
- Diminish use of pain medication as tolerated.

## After Surgery

### ONE TO TWO WEEKS POST-OP VISIT

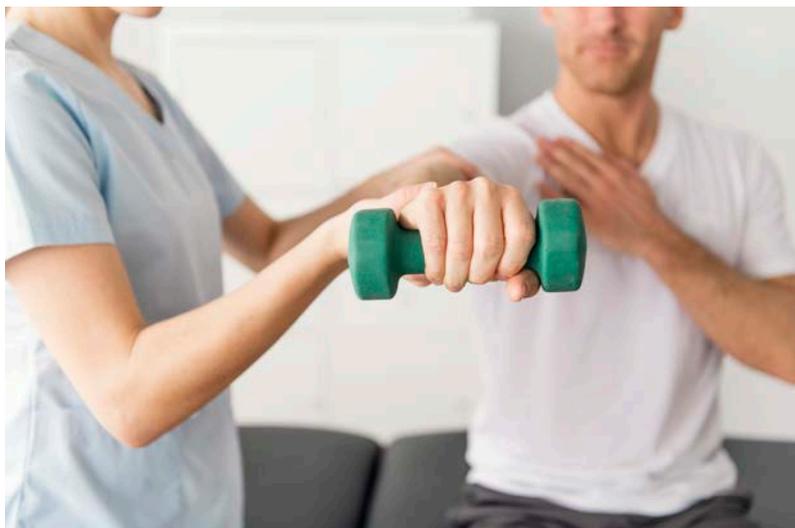
Post-op office visit with your surgeon will include:

- X-ray.
- Incision check.
- Evaluation of functional status, level of discomfort.
- Discussion of progress and return to activities, such as work and driving.

*Although you may feel that you are doing extremely well at this point, it is important to be seen in our office for routine follow-up at 6 weeks, 3 months, 6 months and 1 year after surgery.*

#### KEEP IN MIND:

- Do not schedule elective procedures for three months following your surgery (e.g. colonoscopy, cataracts, dental cleaning, etc.).
- You may begin flying after you have resumed driving, typically 4–6 weeks after surgery.



## After Surgery

### **CALL ONS AT 203-869-1145 IF YOU EXPERIENCE ANY OF THE FOLLOWING:**

- Increased or unmanageable pain. New calf pain.
- Not tolerating ambulation. Unsteady on feet and/or weak.
- Yellow/green wound drainage. Increased swelling. Open wound.
- Cough, fever, trouble breathing, chills with or without shaking.
- Uncertainty or questions about medications, dosages or timing.
- Pain or burning with urination. Cloudy or odorous urine.
- Abdominal pain/constipation/nausea/vomiting/diarrhea.

\* NOTE: If after hours, ask the answering service to contact the physician assistant on call.

### **CALL 911 OR GO TO AN EMERGENCY ROOM IF:**

- Chest pain.
- Shortness of breath/difficulty breathing/painful breathing.
- A fall resulting in significant pain or immobility.
- Change in mental status or level of consciousness.

### **NO ACTION IS NECESSARY IF:**

- Pain is well managed, no new or unusual pain anywhere.
- Tolerating physical therapy, steady on feet, no new weakness.
- Incision is clean and dry, mild to moderate swelling, wound is closed.
- No cough, fever or difficulty breathing.
- No questions about or difficulty with medications.
- No pain or difficulty urinating and urine is clear.
- No constipation, nausea, vomiting, diarrhea; improved appetite.

## Life with Your New Shoulder

Your new joint implant is the result of many years of research, but like any device, the life span depends on how well you care for it. To ensure the health of your new shoulder, it's important to take care of it for the rest of your life.

### SPORTS AND ACTIVITIES

Your new joint is designed for activities of daily living and lower-impact sports. Walking, swimming, golfing and cycling are recommended once you feel comfortable. Aggressive activities such as jumping, climbing and heavy lifting may impair or compromise the function and long-term success of your joint, and therefore, is not typically recommended. Discuss your specific activity goals with your surgeon.

### INFECTION

Your joint components are made of metal and polyethylene (plastic). If you get a serious infection elsewhere in your body, bacteria can gather around the components of your shoulder joint and it may become infected. If you become ill with an infection or high fever, you should be treated immediately.

### SURGICAL PROCEDURES

If you are scheduled for any kind of procedure, you will need to take antibiotics before the procedure for the two years following your joint replacement surgery. Please make sure your physician, dentist or surgeon is aware prior to your procedure that you have a joint implant.

# APPOINTMENT CHECKLIST

Before Surgery	Surgery
<input type="checkbox"/> Pre-Op Exam with your surgeon	Date
Date                      Time	Check-in time
Location	Location
<input type="checkbox"/> Pre-surgical orientation/ Physical Therapy consultation	<input type="checkbox"/> Post-Op Exam w/ your surgeon
Date                      Time	Date                      Time
Location	Location
<input type="checkbox"/> Pre-Admission Testing	<input type="checkbox"/> Outpatient Physical Therapy
Date                      Time	Date                      Time
Location	Location







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