

Dear CU Sports Medicine Patient,

When planning for total shoulder arthroplasty (TSA) many questions arise concerning surgery, pain management, post-operative care, and rehabilitation. This document contains important information to help you prepare for surgery and care for your shoulder following the procedure.

Preparing for Surgery:

- Arrange to have someone drive you to and from surgery.
- Plan to stay for one to two nights in the hospital following surgery to help with pain control, instruction on sling use, and to start physical therapy.
- Plan to have ice available at home to control pain and swelling after surgery.
- Your surgeon will request an ice machine which you can choose to rent or purchase. A representative of the ice device company will call you prior to surgery to review associated costs and machine instructions. *Due to varying insurance coverage of these devices you are responsible for confirming or refusing the ice machine after the rep has called.* Ice bags alone are acceptable, though most patients find the ice machine convenient and helpful to their recovery.
- Do not eat or drink anything past midnight the night before your surgery.
- Please let clinic staff know if you've had an adverse reaction or allergy to any medications.
- Schedule a follow-up appointment in the office 6-12 days after your surgery.
- Plan to start Physical Therapy 7-12 days following surgery. It is ideal if you have this appointment scheduled prior to your surgery date. You can attend therapy at a location of your choice. Our office is happy to make recommendations close to your home or work. We advise that you first check with your insurance company to find in-network physical therapy locations.
- If instructed to do so, see your primary care physician (PCP) for pre-operative clearance and ask PCP to fax medical clearance paperwork to our office 7 days prior to surgery (see fax numbers at end of document).
- Arrange for easy to prepare or pre-prepared meals as you will be limited in your ability to use your operative shoulder.
- Plan to wear loose fitting clothing, button-up or zip-up shirts while adjusting to life in the sling.
- Arrange for assistance with driving while you are in the sling.

Day of Surgery:

- Do not eat or drink anything past midnight the evening before your surgery.
- Arrive at the hospital 1.5 hours before your scheduled surgery, or as directed by surgery schedulers over the phone.
- Bring your ice machine with you to surgery if you rented or purchased one.
- You will sign a consent for surgery and have a chance to ask any questions.
- The shoulder to be operated on will be marked by a member of the surgical team, please do not mark your shoulder before coming to surgery as this may cause confusion.

- You will speak with an anesthesiologist about general anesthesia during the procedure and the option of a nerve block to provide 12-24 hours of pain relief after your surgery. You will sign a separate consent with anesthesia.
- You will receive prescriptions for post-operative pain, anti-inflammatory, and anti-nausea medications.
- An intravenous catheter (IV) will be started in your arm.
- You will receive antibiotic medication through the IV to prevent infection.
- Following surgery you will wake up in the recovery room. When pain is controlled, you will transfer to the inpatient floor for further care.
- You will be visited by a member of the surgical team the day after surgery to remove a small drain from your incision and be discharged from the hospital.
- You will leave the hospital with an important folder containing your physical therapy prescription and protocols for rehabilitation. Please bring this black folder with CU Sports Medicine written on the front to your first physical therapy and first post operative visit.

Total Shoulder Arthroplasty:

- Shoulder arthroplasty is performed through a 4 inch open incision over the front of your shoulder.
- The surgeon will carefully retract muscles, nerves, and blood vessels before entering the shoulder joint where arthritic bone spurs and loose bodies are removed.
- The arthritic articulating portions of the joint will be carefully removed and replaced with a metal implant on the humerus (head) and a plastic implant on the glenoid (socket).
- Benefits of surgery: Decreased pain, improved function.
- Alternatives to surgery: physical therapy, activity modification, injections.
- Risks of surgery: Infection, fracture, post operative pain, need for rehabilitation and immobilization in a sling x 6 weeks following surgery.

Work:

- Plan to take two weeks off of work if your job has light duty demands (desk work).
- Jobs that are physically demanding on the shoulder may require additional time off work.
- Please bring any work-release paperwork to the day of surgery or your first post-op visit.
- You should not return to work while taking pain medications.

Pain:

- Expect to experience a moderate degree of pain following surgery.
- Pain is typically worst in the first five days and improves significantly by two weeks after surgery.
- Ice is an excellent anti-inflammatory and aids in pain relief.
- Plan to ice your shoulder continually for the first 24 hours following surgery, then at least thirty minutes, three times per day for the first week until swelling has subsided. Always have a fabric barrier between your skin and the ice.
- You will receive prescriptions for pain medication the day of surgery. The medications prescribed are tailored to your individual case but generally include:

MEDICATION (Generic Name)	USE	HOW TO TAKE	SIDE EFFECTS
Roxicodone, OxyIR 5mg (Oxycodone)	Pain	Take 1-2 pills by mouth	Nausea, Constipation,

		every 4 hours as needed	Sedation, Itching
Naprosyn 500mg (Naproxen)	Anti-Inflammatory	Take 1 pill every 12 hours for 10 days with food	Stomach pain, heartburn
Zofran 4mg (Ondansetron)	Anti-Nausea	Take 1 tab every 6 hours	

- To treat side effect of constipation, we recommend over-the-counter stool softeners or laxatives (Colase, Miralax, etc.).
- If you experience a side effect of heartburn or severe stomach pain with Naproxen, stop taking the medication immediately and notify the clinic staff. This side effect can be avoided by taking medication with food.
- Do not drive while taking sedating medications such as oxycodone.
- You may also take over-the-counter medication Tylenol (acetaminophen) for mild to moderate pain. Do not exceed 3000mg of acetaminophen per day.
- Do not drink alcohol or use marijuana while taking post-operative medications.

Wound Care:

- A sterile dressing will be placed over your incisions the day of surgery.
- Leave dressing on wound for 48 hours following surgery, keeping clean and dry.
- If dressing becomes soiled, reinforce with gauze and tape, do not remove until 48 hours.
- After 48 hours, you may remove dressing and shower with soap and water, getting incision sites wet. Do not remove tape strips directly adhered to skin.
- Do not soak incisions in hot tub/pool/bath until completely healed (3 weeks after surgery).
- You may cover incision sites with band aids or a gauze pad if they rub on clothing, although this is not required.
- Signs of infection include: redness around incision site, cloudy drainage, swelling around the site, tenderness to touch, general feelings of illness (fever, chills, loss of appetite).
- Call the office immediately if signs of infection are present.

Rehabilitation:

- Physical Therapy (PT) is an essential component to a full, successful recovery.
- Your shoulder will be immobilized in a sling for six weeks following surgery. Sling should be worn at all times when up and out, as well as while sleeping. You can remove the sling (after the first week) when you are sitting at a desk, on the couch, or at the table if you are alert and not falling asleep. Sling should be removed for showering. Do not lift your elbow away from your body or do a biceps curl as this will stress tendons repaired at time of surgery. It is ok to occasionally come out of sling to let arm hang straight by your side. This position is helpful for dressing and showering, as well.
- PT should start between 1-2 weeks following surgery and will continue until 6 months following surgery.
- Bring your black CU Sports Medicine folder (given day of surgery) to first PT visit.
- Your restrictions for movement include no active movement at the shoulder joint.
- Your therapist will move your shoulder for you (passive range-of-motion).

Follow-Up Visits:

- Bring your black CU Sports Medicine folder to your first post-op visit.
- At the first follow-up visit you can expect:
 - To review the surgery performed
 - o Stitches will be removed
 - X-ray of shoulder will be performed
 - Evaluation for infection
 - Review pain control and rehabilitation
 - o Review restrictions and plan to return to activity
- Plan for regular visits in the surgeon's office through one year following surgery.
- There is a potential for infection of your new joint prosthesis from bacteria entering the bloodstream during dental cleanings or procedures. For FUTURE DENTAL PROCEDURES and CLEANINGS we recommend Amoxicillin 2g, taken by mouth, 1 hour prior to dental appointment. Contact our office or dental office for prescription.

TOTAL SHOULDER ARTHROPLASTY CHECKLIST:

Arrange for ride to/from surgery.

Arrange to stay at the hospital 1-2 days following surgery.

Arrange for someone to stay at home with you for 2-3 days after discharging home from the hospital to help with meals, showering, ice, and medication administration.

Schedule a follow-up visit 6-12 days after surgery in the surgeon's office.

Schedule a physical therapy visit 7-12 days following surgery at the location of your choice. Call early for an appointment! (You will receive a PT prescription the day of surgery in a black CU Sports Medicine folder)

Arrange to take at least 2 weeks off from work for desk jobs, longer for jobs using the shoulder. Bring any work-leave paperwork to the day of surgery or to your first post-op visit.

Plan to have lots of ice easily available after surgery to fill ice bags or ice machine.

Arrange for easy to prepare meals, as operative arm will be restricted for several weeks.

Arrange for transportation to/from Physical therapy, office visits, etc. for the first six weeks while you are immobilized in a sling.

Consider arranging for a reclining chair to be available for sleep. Many patients report their best sleep in a recliner for the first few weeks. An alternative is a foam wedge for the bed, or propping oneself up with pillows.

Plan for clothing that is easy to put on/take off. Button up or zip up shirts and other loose clothing are ideal as they do not require reaching over the head.

Practice eating, dressing, and other daily activities with one hand to anticipate activities in your daily routine which may require assistance.

Please contact the office with any questions:

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Additional Information:

Example of proper sling placement:

Ultrasling:



Ultrasling 4:





Examples of proper ice machine cuff placement:





(Wrist sling as pictured above is not needed, as sling will support the arm)