



## Dr. Izquierdo's Post-Operative Instructions

### Total Shoulder Arthroplasty

Your post-operative appointment will typically be the Thursday after surgery. Approximately 8 days.

#### Pain Medication/Anti-inflammatories

- Post-operative pain medication will be given to you the day of your surgery. A prescription for Percocet 10/325 or Norco 10/325 #70 for severe pain depending on your age and weight and Tramadol 50 mg #70 for moderate pain. **Do not take these together or with alcohol, recreational drugs, etc.** One or the other can be taken. A prescription for Zofran ODT 8 mg #8, Phenergan 25 mg #20 or Reglan 10 mg #30(for nausea) with one refill will be eprescribed to your pharmacy.
- We would like for you to wait 4 weeks before starting anti-inflammatories – Ibuprofen, Advil or Aleve. Anti-inflammatories can slow down the healing process.

#### Dental Work

If you have any emergency dental work in the first 90 days after surgery you will need a preventative anti-biotic. Preventative anti-biotic medication is as follows:

- Amoxicillin 500mg – 4 caps one hour prior to dental work
- If allergic to penicillin, Levaquin 500mg – one pill the day before, the day of and the day after

The American Academy of Orthopedics recommends for a minimum of two years after your total joint replacement that you are pre-medicated for all dental work with anti-biotics. Dr. Izquierdo says that if it was his joint he would pre-medicate for life as a simple precaution.

Typically, the dentist performing these procedures will prescribe this medication. If they won't please contact Becky at 779-220-5018, Ashlee at 779-220-5029 or through the patient portal to have them phone in this prescription for you.

#### DVT Precautions

##### Stockings

Compression stockings should be worn until your first post-operative appointment. As long as you are up and active you may discontinue their use at that time.

##### Aspirin Therapy (Only if Indicated)

Aspirin 325 mg once daily if indicated (If you have a history of cancer, blood clots or pulmonary embolism) x 14 days post-operatively. Dr. Izquierdo will let you know if Aspirin is indicated.

#### Bathing/Dressing Change

- No submersion of the effective extremity in a bath tub, hot tub, swimming pool or washing dishes (for hand patients) for 3 weeks after surgery.

- The bandage over your wound is called an Aquacel Dressing. This is good for one week and does not typically need to be changed until your first post-operative appointment.
- Dressing Changes:
  - If the patient has drainage that saturates the dressing, do the following:
    - Take off the dressing
    - Clean the incision with Betadine
    - Cover with normal, clean, sterile dressing daily
    - Repeat if there continues to be drainage
      - If there is excessive drainage please contact the office.
  - Showering – you may begin showering 7 days after surgery as long as the wound is clean, dry with no redness. Please stand side-ways in the shower. Soap and water may run over the incision. Do not allow the shower stream to directly hit the incision for two weeks.
  - No direct scrubbing of the incision for 3 weeks after surgery. Just let the water and soap run over the incision.

### **Getting Dressed**

You may find it easier to wear front opening clothes initially after surgery. Always dress with your surgical arm first. Let your surgical arm “hang” at your side. Slide your surgical arm into the garment first by using your non-surgical arm. Do not assist with your surgical arm, just let it hang there. Once your surgical arm is fully in the sleeve bring the shirt around your back and put the other arm in. You may use both arms to button, but only to the point that your elbows bend. Do not actively lift your surgical arm any higher. Once you have dressed your upper body, place your arm back in the sling. Do not use your surgical arm to assist in pulling up your underwear or pants. This places too much stress on the repair.

At four weeks once you are out of your sling you will be able to return to dressing “normally.”

### **Feeding/Brushing Teeth/Washing Face**

For the duration that you are in your sling, you may feed yourself, brush your teeth and wash your face. You may do this by bring your hand to your face, but do not lift your arm. You may bring your hand to your face, but not to the top of your head or behind your back.

### **Meal Preparation**

This includes making meals, snacks and drinks by yourself. While you are in your sling you must use your non-surgical arm for kitchen activities. Once you have been directed that you may discontinue the use of your sling you may return to using both arms. This is typically at four weeks, at this time you may return to lifting light items, no more than 1-2 lbs. For example, a gallon of milk is 8 pounds and a ½ gallon of milk is 4 pounds, this is too much.

### **Transferring**

This means getting in and out of your chair, bed and bath and getting on and off your toilet. For the first four weeks while you are in your sling you must only push up from the bed, chair, toilet and bath using your non-surgical arm. Once you have been directed that you may discontinue the use of the sling, you may return to using both arms pain as guide.

## **Sleeping**

Patients are most comfortable in a reclined position. A recliner is **NOT** a must, but is helpful with being able to control the elevation of your head with sleeping. If a recliner is not available, we recommend you use 3-4 pillows to elevate your bed 30 degrees from a flat position. Often patients find it helpful to place a pillow behind their surgical arm for additional support.

## **Post-operative Problems**

- Call the office at 815-455-0800 if:
  - Redness, drainage or increased abnormal swelling is noted in the operative area
  - Calf tenderness and pain with movement
  - Fever over 101.5
  - If you are running a fever of less than 101.5 use your incentive spirometer (the hospital inhaling device to expand your lungs)
  - Severe pain not relieved by pain medication
  - Any unrelieved nausea or vomiting

## **Nausea and Constipation**

- The anesthesia and pain medications can cause you to lose your appetite and may cause you to be nauseas. It is critical for your healing as well as to prevent nausea, to have food in your stomach prior to taking pain medication as it will cause you to be nauseas and potentially vomit. Boost or Ensure products may be helpful in these situations.
- The pain medications can cause constipation, so make sure you are staying well hydrated with water/fluids. If you have not used a stool softener in the past Senecot-S is a natural stool softener that can be purchased over the counter at your local pharmacy.
  - Take two Senecot-S the night before surgery.
  - Following the procedure we recommend that you take two Senecot-S a day while taking your narcotic pain medication to help prevent constipation

## **Traveling**

- Please notify us if you will be traveling within one month after surgery.
- No air travel for 2 weeks post-op.
- If you will be driving long distances:
  - Wear your compression stockings
  - Pump your ankles periodically
  - You will need to get out and walk around every two hours.

## **Housework**

Light housework may resume once you have been instructed that you may discontinue the use of your sling. This is typically at the four week mark. More strenuous and repetitive housework should be avoided until 3-4 months after your operation.

## **Stairs**

When going up/down stairs, hold the banister with your non-surgical arm. This may mean that a second banister is required. Once you have been instructed that you may discontinue the use of your sling, you may hold the banister with either arm, pain as guide. This is typically at the four week mark.

## **Driving**

We do **NOT** recommend driving while you are wearing your sling. If in the first four weeks you need to drive, you must wear your sling. You may resume driving once you are off of your pain medication.