

Reverse Total Shoulder Replacement

Pre-Operative Surgery Instructions

YOUR CARE TEAM:

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PRIOR TO SURGERY YOU NEED:

- Pre-operative physical exam (within 30 days of surgery) with your primary care doctor (Notify Rebecca with date)
- Medical clearance if you see any specialists, such as a cardiologist or pulmonologist
- A complete list of medications (prescription and over-the-counter)
- A pre-operative appointment (Notify Rebecca with date)
- Pre-Operative surgical scrub – Beginning 3 days before surgery, apply cream twice a day. The day of your surgery, **NO** deodorant under the surgical arm.

THINGS TO AVOID:

- **Dental Work** - 2 weeks before and 3 months after surgery. In case of dental emergencies, during this time, you will need to be pre-medicated with antibiotics.
- **Medications**
 - 7 days prior to surgery, all patients must stop medications that **thin or anti-coagulate** the blood; such as: Ibuprofen (Advil or Motrin), Aspirin, naproxen (Aleve), nabumetone (Relafen) and all other anti-inflammatory medications that affect blood clotting.
 - 7 days prior to surgery stop all **over-the-counter herbs, supplements** such as Fish Oil, Co-Q10 and Saw Palmetto, all vitamins and minerals. You may restart them post-op Day 1. Phen Phen must be stopped 14 days prior to surgery.
 - Special arrangements may be required before you stop blood thinners such as: Coumadin, Plavix, Eliquis, Pradaxa, Arixtra and Xarelto. Contact your prescribing physician for instructions on discontinuing use.
 - **DO NOT take pain medication with alcohol, recreational drugs, etc.**
 - **NO driving while taking any narcotics**
- **NO Elective Medical & Surgical Procedures** - 90 days from date of surgery. Call the office before going to emergency room.

Night before Surgery

DO NOT eat or drink anything after midnight the night before (including coffee, milk and gum). The surgical facility may provide other instructions. Certain medications can be taken the morning of surgery with a sip of water. Confirm this with your Primary Care Physician and anesthesiologist. For example, some diabetic medications may require special dosing. Instructions will be provided by your physician.

Surgical Site

If your surgical site has any type of insect bites, skin irritation, rash, or acne, please call *Rebecca* or contact us through *your patient portal*. **Such conditions could be cause for cancellation of surgery.**

Medication:

- **Pain Medications Refills** - Refills after surgery will be filled Monday through Friday 8AM to 3PM only – allow up to 48 hours to have your prescription filled. All pain medications are handwritten and must be picked up at the office. NO prescription will be issued on weekends or after 3PM on weekdays.
- **Pain Management** - Refer to the *Multi-modal Pain Management Protocol*. This will be reviewed at your pre-operative appointment.
- **Nausea Medication** - You will receive a prescription for nausea. Prescription will be e-prescribed to your pharmacy.

Stool Softener

The pain medication 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 2 Senecot-S the night before surgery.
- To help prevent constipation, following your procedure, we recommend you take 2 Senecot-S a day while taking your narcotic pain medication

Nerve Block

An Interscalene Block (ISB) is a nerve block in the neck used to provide better pain relief for shoulder surgery. It numbs the main nerve bundles that affect the shoulder in the same way a dentist uses an injection to numb a tooth or part of your mouth.

Benefits of an interscalene block (ISB):

- Reduced risk of nausea, vomiting and sedation
- Early intake of food and drink
- Excellent pain control

To avoid pain at the time when the nerve block begins to wear off it is extremely important that you take the multi-modal pain medications as directed (Tylenol, Gabapentin, Celebrex). **Oxycodone is only for breakthrough pain greater than 5/10 as needed.**

Side Effects of Nerve Block

Most side effects are related to the local anesthetic spreading and numbing the nerves adjacent to the ones that supply the shoulder and arm. Any or all of the following can occur, but tend to resolve as the effects of the anesthetic wear off. In extreme cases, this can last 2-3 months:

- Shortness of breath
- Blurred vision
- Hoarseness
- Difficulty swallowing
- Residual numbness

Post-Operative Instructions

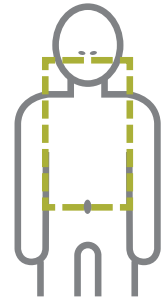
Management of the “Numb Arm”

Keep arm in a sling. Protect it from heat, pressure injury and extremes of movement.

Sling

A sling will be worn for 3 weeks from date of surgery (unless specified differently by your surgeon). The pillow portion of the sling may be removed once your block wears off and you have control of your arm. During that time, you can use your hand for activities such as eating, drinking, brushing your teeth and washing your face, as tolerated while in the sling. Keep movement to box (nose to lap), shown on right.

Swelling and bruising is expected after surgery. Swelling goes down the arm with gravity. Please squeeze the ball on the sling and use your hand to write, type, iPad, and computer. This will help the swelling go down.



Bathing/Dressing Change

- NO submersion of the effective extremity in a bath tub, hot tub, or swimming pool for 3 weeks after surgery.
- The dressing over your wound is an adhesive waterproof dressing.
 - It is ok to shower immediately post-op. Use water ONLY on the dressing and pat dry. NO lotions, creams, oils or soaps on the dressing.
 - NO scrubbing of the incision.
 - If there is excessive drainage, please contact the office.
 - Dressing may peel back. Do NOT remove it. We will address it in the office. Call with concerns.
- At 3 weeks, once you are out of your sling, you will be able to return to dressing “normally.”

Physical Therapy

Start physical therapy (3 weeks from date of surgery).

FMLA/Short Term Disability Paperwork

Check with your employer. Allow 5-7 business days for any forms to be completed by our office.

Dental Work

For emergency dental work in the first 90 days after surgery you will need a preventative anti-biotic.

Medications as follows:

- Amoxicillin 500mg – 4 capsules 1 hour prior to dental work
- If *allergic to penicillin*, Clindamycin 300mg – 2 capsules 1 hour prior to dental work

The American Academy of Orthopedics recommends that you are pre-medicated for all dental work (including dental cleanings) with anti-biotics for a minimum of 2 years after your total joint replacement. The doctor recommends for life as a precaution.

Typically, the dentist performing these procedures will prescribe this medication. If they won't please contact Rebecca or through the patient portal. They will send in a prescription for you.

DR. ROLANDO IZQUIERDO, MD

Transferring

- NO weight bearing or use of a walker for 6 weeks.
- Typically, at 3 weeks you may return to lifting light items. NO more than 1-2 Lb

DVT Precautions: Understanding thromboembolic (Blood clot) prevention

- **Stockings** - Compression stockings should be worn until your first post-operative appointment.
- **Medication** - Aspirin or Blood Thinner Therapy (Only if indicated)

Sleeping

A reclined position is usually most comfortable. A recliner is NOT a must, but maybe helpful with being able to control the elevation of your head with sleeping. If a recliner is not available, use 3-4 pillows to elevate your bed 30° from a flat position. A pillow behind the surgical arm can provide additional support.

Traveling/Driving

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
- Get out and walk around every two hours.

You may resume driving once you are off of your pain medication. The recommendation is short distances only. You must wear your sling and seatbelt unless otherwise instructed.

Post-Operative Problems? Call if...

- Redness, drainage in the operative area
- Calf tenderness or pain with movement of leg
- Fever over 101.5°
- Severe pain not relieved by pain medication
- Any unrelieved nausea or vomiting

NOTES
