

DR. DAVID R. LIONBERGER
6560 FANNIN, STE 1016 ~ HOUSTON, TX 77030
TEL: (713) 333-4100 FAX: (713) 333-4101

TOTAL SHOULDER REPLACEMENT **PRE AND POST OPERATIVE GUIDELINES**

GENERAL INSTRUCTIONS:

- Try to elevate the shoulder higher than the level of the heart such as sitting erect aids in pain relief, swelling, and eventual ease in rehabilitation.
- Maintain ice on the shoulder to aid pain relief and swelling. Pain relief can be achieved by applying ice bags for 10-minute intervals separated by 5 minutes for three repetitions. This pattern can be repeated as often as needed.
- It is normal to see some initial drainage. This is a result of the irrigation and pain pump medication that is used during the surgery. Drainage normally ceases in the first 48 hours.
- Use of sling should continue at all times during the first 4 weeks unless otherwise instructed

MEDICATIONS:

- PRESCRIPTIONS FOR PAIN, SLEEP AND NAUSEA HAVE BEEN SUPPLIED IN YOUR PRE-OPERATIVE PACKET. FILL ALL THESE regardless of what your insurance covers. If you have allergies or questions about any of these, please call the office. Most patients benefit from sound sleep around the time of surgery, so Ambien has been prescribed to aid sleep both before and after surgery, but will not be refilled.
- Pain relievers are best used on a regular basis rather than when the pain becomes so intense that one can't stand it. The pain usually subsides in the first 2-3 days. At this point, pain medication is not needed regularly and may be used as needed for purposes of comfort when resting or after exercises.
- Pain medication should always be taken with food to decrease the possibility of nausea. Should nausea occur, Zofran, or a similar medication, can be used to help eliminate this condition.
- Be sure to use your choice of over the counter constipation remedies to prevent irregularity as a result of the narcotics.
- Resume all out-patient medications previously taken unless otherwise instructed.
- **ANY REQUEST FOR MEDICATION REFILLS SHOULD BE CALLED BY YOU TO YOUR PHARMACY. REQUESTS FROM YOUR PHARMACY WILL BE ADDRESSED BETWEEN 8 AM AND 12 PM, MONDAY THROUGH FRIDAY. MEDICATIONS CANNOT BE REFILLED ON THE WEEKEND OR AFTER HOURS.**

INCISION CARE:

- The first dressing change should be on the 2nd post-operative day, unless otherwise instructed by the office. Remove all of the external dressing, including the cotton wrapping, Xeroform and pads. Xeroform is the yellow material which prevents the dressing from sticking to the steri-strips as it is designed to come off when the dressing is removed. You may also remove the pain pump lines if you have them but don't try to unravel the lines.
- Clean wound daily with hydrogen peroxide and apply dry dressing. Do NOT apply ointments or salve.
- If any drainage occurs that appears yellowish, odorous or pus-like, or if pain seems to be intensifying rather than decreasing in the 2-3 days following surgery: **PLEASE CALL 713-333-4100.**
 - Expect some swelling and discoloration that extends into the hand and fingers for the first several weeks. This is normal. Continue to move fingers and hand unless otherwise instructed. Lifting your hand in front of your face may help to alleviate this expected process. Be sure to lift the hand by using the opposite hand.

SHOWERING:

- Keep the wound dry for five days. If it accidentally becomes wet, clean with hydrogen peroxide and apply a new, dry dressing.

REHABILITATION:**Phase I:**

Exercises taught by the physical therapist should begin within 24 hours of surgery.

- Shoulder Shrugs: Lift shoulders 20 times per session.
- Pendulum Exercises: Pendulum exercises may be performed only as instructed by therapists. A pendulum exercise is done by allowing the arm to swing freely. This exercise can begin with small diameter circles and then gradually extend the diameters to larger and larger circles every day. Leaning forward slightly allows more freedom of the movement.

Phase II:

- Passive Assisted Exercises: To position your hand in front of your face with the assistance of another person, raise and rotate the arm in gentle fashion without using your own muscles which move the shoulder. This is merely to maintain motion but is not intended to exercise the muscles providing this motion. As a general rule the motion should be in a plane starting with the hand at the side and lifting the arm manually till the hand is in front of the face. Movement outside this plane is only to be performed under the direction of a physical therapist. This usually starts with the next phase.
- You will be furnished a prescription for physical therapy to begin about 4 weeks after your surgery. DO NOT try to rehabilitate your shoulder without the help of a therapist. You will need to go to therapy 3 times / week for 3 weeks, then once a week for 3 additional weeks.

Phase III:

- **Active Exercises**

These are learned through physical therapy. The basic difference in these exercises over the passive is that the movement is accomplished by YOU not by someone forcing or assisting the range of motion.

FOLLOW-UP CARE:

- A post-operative follow-up visit is suggested at 3 weeks following surgery. Call 713-333-4100 to schedule an appointment.
- A second follow-up visit with the Physician Assistant is required at 6 weeks to ensure that therapy is going as planned.
- Most patients can return to desk jobs within one week and to more strenuous duties in one month. Specific limits may be necessary depending on the job.

SHOULD YOU HAVE ANY QUESTIONS CONCERNING THESE INSTRUCTIONS OR HAVE OTHER CONCERNS, PLEASE CALL 713-333-4100.