BaylorScott&White HEALTH

POST-OPERATIVE INSTRUCTIONS
REVERSE TOTAL SHOULDER ARTHROPLASTY

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
    - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
    - You should take these medicines with food or they may nauseate you.
    - You may not drive or operate heavy equipment while on narcotics.
    - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- If you have a **repair**, do not take medications such as Advil, ibuprofen, Aleve, naproxen until 6 weeks after surgery
- Resume all other home medications unless otherwise instructed.

WOUND CARE and DRESSINGS

- You may remove your bandages two days after surgery unless instructed otherwise. Do not remove the steri-strips (small pieces of tape) covering the incisions.
- Do not get your dressings wet. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing).
- You may take off your sling to shower, but keep your arm at your side.
- Incisions may not get wet until after your first postoperative visit. **No submersion of wounds (bath, hot tub, pool) until a minimum of 3 weeks after surgery**.
- You make notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

BRUISING

- The arm/shoulder may become swollen and bruised, which is normal and is from the fluid and blood in the shoulder moving down the arm. It should resolve in 14-21 days.
- The elbow, forearm and inner arm may also become swollen and bruised, which is normal
- **<u>If you experience severe pain or swelling, call immediately (see contact info)</u>.**

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COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

SLING

- Unless otherwise specified, the sling should be worn at all times (including sleeping) other than for showering, dressing changes and exercises.
- You may move your fingers, hand, wrist and elbow as tolerated. **The arm should be taken out of the sling 3-4 times a day to bend and straighten the elbow**
- For sleep, you may want to sleep in a reclined chair or elbow propped on pillows (to prevent it from sagging)

WEIGHT BEARING and EXERCISES

- Non-weight bearing (carrying, lifting or supporting body) for first 6 weeks
- Your first physical therapy session should occur within 1-2 weeks after surgery
  - It is a good idea to schedule this before surgery to avoid wait lists
  - Physical therapy is crucial to recovery, and much of the work is **home**work!

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
  - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 10-14 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
  - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
  - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

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The intent of this rehabilitation protocol is to provide the patient and therapist with general guidelines post-operatively. It is meant to be adaptable based on individual patient progress and clinical decision making. The goal of rehabilitation is to allow the repair time to heal, while maintaining functional shoulder range of motion. Progression through each phase is based on patient's performance, pain, timing related to tendon healing, and clinical discretion.

Please note special considerations to the Reverse TSA, as compared to traditional (anatomic) TSA:

- <u>Joint protection: There is a higher risk of shoulder dislocation following rTSA than a conventional TSA.</u>
    - Avoidance of shoulder extension past neutral and the combination of shoulder adduction and internal rotation should be avoided for 12 weeks postoperatively.
    - Patients with rTSA don't dislocate with the arm in abduction and external rotation. They typically dislocate with the arm in internal rotation and adduction in conjunction with extension. As such, tucking in a shirt or performing bathroom / persona hygiene with the operative arm is an especially dangerous activity particularly in the immediate peri-operative phase.
- Deltoid function: Stability and mobility of the shoulder joint is now dependent upon the deltoid and periscapular musculature. This concept becomes the foundation for the postoperative physical therapy management for a patient that has undergone rTSA.

	Weight Bearing	**Sling**	**Therapeutic Exercise**	**Precautions and Goals**
Phase I 0-3 Weeks	Non-weight bearing	On at all times other than hygiene, elbow ROM	Neck ROM, elbow/wrist ROM. Supine PROM in scapular plane: - Forward Flex to 90	No active ROM, no lifting or supporting body. NO humerus extension

			- ER to neutral - no IR	while sleeping.
Phase II 3-6 Weeks	NWB	On at all times other than hygiene, elbow ROM. Begin to wean at week 4 if comfortable	Continue Phase I Scapular mobility, stabilization, isometrics other than pec major Progress ROM in scapular plane: - FE to 120°, advance 10° per week - ER as tolerates in scapular plane	No AROM, avoid any firing of pec major
Phase III 6-12 Weeks	Coffee cup weight bearing (<2 lbs)	Out of sling by 6 weeks	Continue Phase II. Ok to start PROM to IR (no more than 50 deg in scapular plane) Begin AAROM, AROM Begin submaximal isometric strengthening, as well as light weights Begin theraband exercises	No sudden jerking movements, avoid extension of humerus. Avoid progressing weight bearing too quickly
Phase IV 12-16	<10 lbs weight	None	Progress to full ROM. Progress	Avoid progressing

Weeks	bearing		strengthening, isotonic with dumbbells.	weight bearing too quickly
Phase V 16+ Weeks	FWB	None	Continue as above, advance to full weight bearing for all lifts over 4-6 months.	Don’t advance upper extremity strength too quickly (typically not at full strength until 6 months postop)