

Shoulder Replacement Patient Guide



Welcome

Thank you for choosing Penn Medicine for your shoulder replacement surgery.

We encourage you to carefully read through this guidebook and the accompanying insert and reference them throughout your shoulder replacement journey.

If you have any questions, please contact your surgeon's office directly.



Contents

General Information

- Understanding Shoulder Replacement Surgery..... 2
- Risks of Shoulder Replacement Surgery..... 3

Preparing for Shoulder Replacement Surgery

- Identifying a Shoulder Replacement Coach..... 4
- Obtaining Medical Clearance 4
- Medication Management 5
- Alcohol, Smoking, & Narcotic Use 5
- Preventing Surgical Site Infections 6
- Preparing Your Home7
- Scheduling Transportation..... 8
- Arrival Time Confirmation..... 8

Your Shoulder Replacement Surgery

- Day Before & Morning of Surgery Preparations 9
- At Your Surgical Location..... 11
- Surgery 11
- Recovery 12
- Discharge 13

Life After Shoulder Replacement Surgery

- Transitioning Home..... 14
- Post-Operative Care..... 16
- Shoulder Precautions 17
- Activities of Daily Living 18
- Post-Operative Rehabilitation 20

General Information

Understanding Shoulder Replacement Surgery

Your shoulder is made up of a ball (humeral head) and socket (glenoid) that work together to ensure smooth motion and function. When arthritis damages the shoulder joint and the cartilage that cushions it becomes worn down or destroyed, the joint may need to be replaced.

Your orthopaedic surgeon will consider many factors, such as age, bone and tendon condition, and the shape of your joints to determine the exact type of shoulder replacement you'll receive and how it will be inserted.

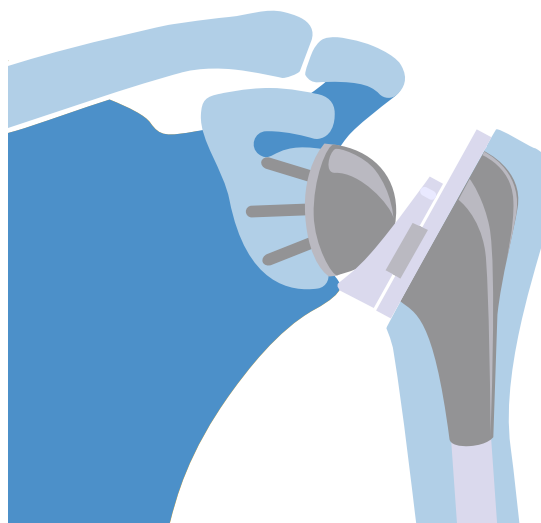
Anatomic Shoulder Replacement Surgery

With an anatomic shoulder replacement, your surgeon will remove the damaged parts of your shoulder joint and replace them with a metal ball and plastic socket. If your bone is strong and healthy, the components will fit tightly into the bone without cement. If the bone is damaged, the components will be secured with a special bone cement.



Reverse Total Shoulder Replacement Surgery

Sometimes, there is not enough healthy bone, soft tissue, or rotator cuff tendons. When this happens, a reverse total shoulder replacement may be appropriate as it provides stability without needing tendons to be intact. For this procedure, the ball is implanted where your natural socket was, and a plastic socket is placed on the humeral head (the top of the upper arm bone). This reverse design allows the shoulder to be more stable. Since the ball and socket are switched, this design doesn't rely on your tendons to keep the shoulder in place.



Risks of Surgery

Shoulder replacement surgery is a major surgery, and although advances in technology and medical care have made the procedure very safe and effective, risks can occur. We encourage you to discuss the potential risks with your orthopaedic surgeon, primary care provider, and your family. Every measure will be taken by our team of experts to minimize any risk and avoid complications.

Blood Clots

Blood clots can form in a vein or in your lungs after shoulder replacement surgery and can be dangerous. Factors that increase your risk of blood clots include advanced age, obesity, history of blood clots, smoking, and cancer. Medications and activities to prevent blood clots after surgery help to reduce this risk.

Infection

Infection is very rare in healthy patients having shoulder replacement surgery. Patients with chronic health conditions like diabetes or a compromised immune system are at higher risk of infection after any surgery. If an infection develops, it's usually treated with antibiotics. Deeper infections inside the joint are rare, but they may require additional surgery if they occur.

Nerve, Blood Vessel, & Ligament Injuries

Damage to the surrounding structures of the shoulder, including nerves, blood vessels, and ligaments, is possible but extremely rare. Some patients experience numbness around the incision, which usually resolves over time.

Inactive Bowel (Ileus)

An inactive bowel or ileus following surgery is a possible risk and can be a side effect of opioid medications. If this occurs, the treatment may consist of resting the bowel (not eating) while continuing intravenous fluids to keep you hydrated.

Tips to Improve Outcomes:

- ▶ Reduce or eliminate the use of tobacco and alcohol.
- ▶ Manage your diabetes, if applicable.
- ▶ Maintain a healthy diet.
- ▶ Use good hand-washing techniques.
- ▶ Perform exercises as directed by your care team.
- ▶ Follow the activity instructions provided by your surgeon.

Preparing for Shoulder Replacement Surgery

Identifying a Shoulder Replacement Coach

Your “coach” is a person or multiple people that you designate to support you as you prepare for and recover from your shoulder replacement surgery. Please identify a family member or close friend who will be there to encourage and assist you throughout your experience. Your coach may attend doctors’ appointments, assist you after surgery, and provide any additional support needed to help you reach your goals. They should be prepared to assist with discharge and provide transportation home after surgery, and depending on your progress, you may need their assistance at home following surgery.

If you do not have a coach, we encourage you to talk to your care team before having your surgery to discuss discharge plans.

Obtaining Medical Clearance

Before surgery, your surgeon may ask you to see your primary care provider or any specialists you regularly visit. This is to make sure you are in the best possible health before moving forward with your procedure.

Pre-Admission Testing

Pre-admission testing may be requested by your surgeon prior to your scheduled surgery. Your surgeon will confirm:

- Which tests are required
- When testing needs to be completed
- How to schedule
- Where appointments may be completed

If your surgeon requests pre-admission testing, then you may have one or multiple appointments where you will meet with a healthcare provider to review your medical and surgical history, complete a physical, and complete any tests ordered such as blood work, an x-ray, an electrocardiogram (ECG), and/or a stress test.

We suggest you wear comfortable, easy-to-remove clothing. You may eat breakfast and take all your normal medications on the day of your pre-admission testing. Please be prepared to provide the following information during your appointment:

- Insurance cards and any necessary referrals
- Name and contact information for your primary care doctor and any specialists you see
- Dietary restrictions or allergies
- Allergies to medications
- Prior surgeries
- Any medical conditions
- Current medications, including dosages and frequencies
- Daily vitamins, herbal supplements, and patches
- Advance Directives (living wills or healthcare proxy)

If you are unable to make your appointment, please contact your surgeon’s office.



Addressing Healthcare Needs

Your surgeon may recommend you meet with additional healthcare providers before, during, or after your pre-admission testing session. This may include an in-person visit or pre-operative phone call with an anesthesia provider for surgical planning and/or someone from your transition planning team so you can start to discuss your plan for returning home after surgery.

The results from your pre-admission testing visit will be shared with your primary care physician and your surgeon. Depending on your healthcare team's recommendations, you may need to schedule a follow-up appointment with your primary care provider or specialists, such as your dentist or cardiologist.

Medication Management

Your care team will advise you which medications to take or stop prior to surgery.

If you are taking a GLP-1 agonist medication for weight loss or diabetes (such as Zepbound, Wegovy, or Ozempic), it's important to stop this medication **one full dosing cycle before your surgery**. This helps reduce the risk of complications related to delayed stomach emptying.

Please follow your surgeon's specific instructions and review any guidance provided for more details.

Alcohol, Smoking, & Narcotic Use

If you consume alcohol, it is critical to inform your surgeon. Understanding your alcohol use allows your care team to assess your risk for complications such as alcohol withdrawal, which can occur after surgery. Other potential postoperative complications related to alcohol use include pneumonia, infections, blood clots, and gastrointestinal bleeding. Speak to your surgeon for recommendations regarding alcohol intake prior to surgery.

Smoking, vaping, and chewing tobacco use can increase the chance of complications during and after surgery. If you require assistance with these behaviors, please contact your care team.

If you take narcotics to control your pain, be sure to talk about the frequency and dosages with your care team so we can control your pain after surgery.

Preventing Surgical Site Infections

At the time of surgery, it's important that you are free from infection. There are several steps that you can take to help prevent surgical site infections.

Dental Care

All dental work, except for routine cleanings, should be completed at least six weeks prior to your surgery. Please call your surgeon's office if any dental problems arise prior to your scheduled surgery date.

Shaving

It is very important that you do not use hair removal products anywhere near the surgical area for 48 hours prior to surgery. Studies show an increased risk of surgical site infection associated with shaving due to the microscopic cuts in the skin that allow bacteria to enter.

Yard Work

Avoid yard work for 10 days prior to surgery. Ask your surgeon when it is safe for you to resume outdoor work such as gardening or cutting the grass after surgery.

Illness

If you become ill with a fever, cold, sore throat, flu, or any other illness prior to surgery, please contact your surgeon's office.

Skin Rash

Please report any broken skin, rashes, or sunburn to your surgeon.

Pre-Surgery Skin Preparation

Before surgery, your skin needs to be thoroughly cleansed with a special product. During your pre-admission testing visit, you may be given the product and detailed instructions regarding how to cleanse your skin prior to surgery. If you did not receive this product prior to surgery, it will be applied when you arrive for your procedure.



Preparing Your Home

You and your coach may want to consider these tips to help make your home safe and comfortable when you return from your surgery. We recommend that your coach stays with you until you can perform activities of daily living independently and safely.



Safety

Check every room for tripping hazards:

- Remove throw rugs and secure electrical cords out of your way.
- If you have pets, consider boarding them for a few days after you return home, or create a gated area in your home to keep them separate. This can help reduce the risk of tripping or other accidents while you recover.
- To increase nighttime visibility, install night lights in bathrooms, bedrooms, and hallways.

Avoiding Reaching

Determine what items from dressers, cabinets, and shelves you'll need immediately after returning home. Any items you use often should be moved to counter height.

Rest

Set up a recovery station where you'll be comfortable spending time after surgery. Choose a chair with a firm, high seat—such

as a recliner or a chair with an ottoman or footrest. A semi-reclined position is often the most comfortable in the first few days after surgery, making a recliner a good option for resting or even sleeping. If you don't have one, consider borrowing one. You may need assistance operating the footrest, depending on your surgical arm. Have extra pillows or a pillow wedge available to support your arm during recovery.

Eating & Constipation Prevention

Stock up on pre-prepared meals before surgery. Divide food and drinks into smaller containers to avoid heavy lifting, and consider purchasing helpful items—such as an electric can opener—to make meal preparation easier. Be sure to have high-fiber foods and over-the-counter laxatives available to help prevent constipation during recovery.

Dressing

We recommend button down or zip-up shirts, pants with elastic waistbands, and slip on shoes with flat, rubber (non-skid) bottoms.

Equipment

Familiarize yourself with your shoulder sling prior to surgery. We recommend practicing putting it on and taking it off beforehand. Practicing activities of daily living before surgery while wearing your sling can also be very beneficial in developing one-handed techniques for completing tasks, especially if the surgery is on your dominant arm. This provides an opportunity to identify any modifications or specialized equipment that could support your recovery process. Examples of acts to practice include eating, brushing your teeth, writing, and getting dressed using one arm.

You may need some additional assistive medical equipment to aid in your recovery as well. Your care team will provide recommendations for any speciality equipment you may need. Some equipment may be covered by your insurance and some you may have to purchase. Some additional equipment you may need during your recovery is as follows:

Assistive Devices and Personal Aids

- Reacher/grabber/dressing stick
- Long-handled shoehorn
- Sock aid
- Elastic laces for shoes

Bathroom Equipment

- Non-slip bathmat for inside your shower or bathtub
- Long-handled sponge
- Detachable, handheld shower head
- Grab bar for your shower or bathtub
- Shower bench and/or bathtub chair
- Bidet attachment or sprayer for your toilet
- Portable commode or toilet seat riser

Scheduling Transportation

Arrange transportation to and from your surgery in advance. You are not allowed to drive yourself home. If using a bus, train, cab, para-transit, or car service (e.g., Uber or Lyft), a responsible adult must accompany you. This person should also be present to hear the discharge instructions to ensure a safe and smooth transition home.

Arrival Time Confirmation

Depending on your surgical location, you will either receive a call from your care team or be asked to call them directly prior to the day of your surgery to confirm your expected arrival time. The arrival time that you receive will be 1.5 to 2 hours before your scheduled surgery. Please see your guidebook insert for more detailed instructions.

Your Shoulder Replacement Surgery

Day Before & Morning of Surgery Preparations

Eating

Eat light meals the day before surgery and follow the dietary instructions provided by your care team.

DO NOT EAT ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY. Do not chew gum or eat hard candy, mints, cough drops, etc.

Patients who are taking GLP-1 antagonist medications should speak to their surgeon regarding eating and drinking prior to surgery.

Drinking

You may drink clear liquids up to a few hours prior to your arrival time. Be sure to follow the specific instructions provided to you by your care team. To help reduce nausea and vomiting after surgery, we recommend drinking up to 8oz (1 cup) of clear liquid per hour, starting when you wake up and continuing until two hours before your arrival time. **Approved clear liquids (unless your surgeon advises otherwise – speak to them about this if you are diabetic) include:**

- Plain tap or bottled water (no sparkling water)
- Electrolyte/sports drinks such as Gatorade® or Powerade® (no red flavors)
- Clear fruit juices like 100% apple juice or white grape juice (no pulp)
- Plain tea or black coffee (no dairy or creamer)

DO NOT DRINK ANY OTHER LIQUIDS, such as drinks with protein or other additives, or your surgery may be cancelled.

You may brush your teeth and spit out any rinse water the morning of your surgery.

Medications

You may need to stop some of your medications prior to surgery. Please follow the instructions provided by your care team. If you are instructed to take any medication the morning of your surgery, please take it with a sip of water.

Smoking

Do not smoke the day of surgery.

Hygiene

To reduce the risk of potential complications and infections before surgery, please follow your surgeon's instructions on how to clean your skin. You may be given antiseptic Chlorhexidine Gluconate (CHG) wipes or cloths to help reduce the risk of getting a surgical site infection. If you receive this product from your care team, it's very important that you use it as instructed. If you were not given any special bathing instructions, or you are allergic to Chlorhexidine, be sure to bathe or shower with Dial® antibacterial soap the night before your surgery.

Please sleep on clean bed linens the night before your surgery.

Please Avoid:

- Showering or bathing the morning of surgery
- Using lotion, deodorant, powders, aftershave, or perfume
- Shaving or clipping the surgical area prior to surgery
- Wearing makeup
- Wearing jewelry

Clothing

Wear clean, comfortable clothes the morning of your surgery. It may be helpful to wear the shirt you wish to sleep in the night of surgery to your surgical location.

Packing

Whether you are being discharged the same day as your surgery or staying the night, you should pack the following items:

- Photo ID
- Insurance card
- Current list of medications
- The sling provided by your surgeon's office
- Comfortable sneakers or shoes with flat, non-skid, rubber bottoms that can easily be put on. **DO NOT BRING:**
 - » Tight fitting footwear as your feet may swell a bit following surgery.
 - » Backless shoes or slippers because of the risk of falling.
- Clean, comfortable, and loose-fitting clothing like sweatpants/shorts, t-shirts, undergarments, and socks. A shirt with buttons or a zipper is preferred.
- Personal toiletries

- A copy of your advance directive, a living will, or durable power of attorney for healthcare. If you don't already have a copy of an advance directive, forms will be available at the hospital.
- A credit card or Health Savings Account card if you need to purchase medications and/or equipment at a hospital pharmacy prior to discharge, as payment will be required at the time of purchase.

If you use any of the following items at home and will be spending the night in the hospital, please bring them with you:

- Eyeglasses and/or contact lens and cases with solution
- Dentures and denture storage
- Hearing aids with batteries
- Respiratory machine, mask, and hose

Please leave the following items at home:

- Valuables of any kind, including jewelry
- Medications

Transportation

Please have your coach drive you to your surgical location.

At Your Surgical Location

Arrival

Please arrive at your surgical location at the time you were given. Refer to your care team's instructions on where to check in upon arrival.

Preparation

- A nurse will prepare you for surgery.
- An anesthesiologist will meet with you before surgery to:
 - » Examine you
 - » Discuss your medical history
 - » Determine the best plan for your anesthesia care
- It's important that you tell your anesthesiologist about any prior problems or difficulties you have had with anesthesia.
- Your surgeon will greet you and make any final preparations as needed.
- You will then be taken to the operating room once it's time for your surgery.



Surgery

Operating Room

Inside the operating room (OR), you will be greeted by your surgical care team. You will again be asked your name and birth date to ensure your safety. The operating room is kept cold, but your care team will ensure that you are kept warm. You will then be given any anesthesia, nerve blocks, pain medication, and/or fluids as needed.

The total time required for surgery differs from patient to patient, depending on the type of replacement and complexity of the procedure.

Family Waiting

When you are taken to the operating room, your coach and any other visitors will be asked to go to a waiting area and provide a cell phone number so that they can be contacted with updates on your progress after surgery. Each waiting area is equipped with comfortable seating and WiFi.

Once your shoulder replacement is complete, a member of the surgical team will contact your coach so they can discuss your procedure with the surgeon.



Recovery

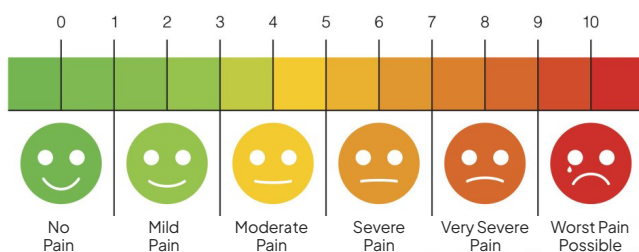
After surgery, you will be taken to the Post Anesthesia Care Unit (PACU), or recovery room, where your vital signs and pain level will be closely monitored. An x-ray of the new joint may be obtained.

Everyone responds differently to surgery and anesthesia. You may spend approximately 1 to 3 hours in the PACU while you recover from the effects of anesthesia. Depending on your status, bed availability, and your discharge plan, you may work with a therapist or nurse to get up and walk in the recovery room and/or you may be moved to a hospital room or discharged.

If you are moved to a hospital room, your care team will assess you and continue to monitor you frequently. Your surgeon will check in and be able to answer any questions you have. The goal during your hospital stay is to maximize your comfort and expedite your ability to move and regain your independence.

Pain Management

We encourage you to tell us about any pain you experience, specifying where it is, how often you feel it, and what it feels like (sharp, dull, aching, or spreading out). Your care team will often ask you to rate your pain on a scale from 0–10, with 0 meaning no pain and 10 meaning the worst possible pain.



Your care team will continue your advanced pain protocol to get your pain level low enough that you are able to rest comfortably. There are a number of ways we can help control your pain, including:

- **Positioning:** Your nurse will help you find a comfortable position and adjust your sling after surgery.
- **Cold Therapy:** Cold therapy will be used to help control your pain.
- **Medication:** Medication will be given intravenously or by mouth after surgery.
- **Nerve Block:** If you received a nerve block, the numbing medication should remain in effect for 18–36 hours following surgery. The block may wear off suddenly or gradually. You will be given pain medication before the numbing medication wears off to help ease the transition. As your block wears off, you may feel tingling or a sensation of warmth.

The goal of this enhanced recovery after surgery program is to manage your pain using multiple approaches, while minimizing the risk of medication-related side effects and supporting a fast recovery.

Deep Breathing

You may be given an incentive spirometer device to help keep your lungs clear and prevent pneumonia. Your nurse will instruct you how to use the incentive spirometer. You should aim to use the device 10 times each hour 3–4 times per day initially. Deep breathing is important after general anesthesia to clear mucus, open up the airways, and help you cough effectively.

Food & Drink

Following surgery, you may resume a normal diet as tolerated. You may be asked to chew gum to help improve recovery of bowel function, if needed.

Movement

You are encouraged to get out of bed with supervision following surgery. Early mobilization is helpful to improve pain and reduce complications following surgery. **HOWEVER, PLEASE DO NOT GET OUT OF BED WITHOUT HELP FROM YOUR CARE TEAM.**

Your care team will review activity restrictions with you prior to discharge. It is important that you follow these instructions to prevent post-operative complications.

If your surgeon orders therapy after surgery, a physical and/or occupational therapist may evaluate you and create a personalized therapy plan with exercises to support your recovery. You'll work with your therapist to practice daily activities and learn how to use any assistive devices you may need once you return home.

Discharge

The length of your stay will depend on several factors that your surgeon will discuss with you prior to surgery.

You and your coach will receive specific discharge instructions and should have a firm understanding of them.

YOU CANNOT DRIVE YOURSELF HOME, so please arrange to have your coach or another family member or friend take you home.



NOTES AND QUESTIONS

Life After Shoulder Replacement Surgery

Transitioning Home

Your recovery will progress significantly in the first few months and then may progress more gradually over time. If you have specific concerns or fail to progress, you should talk to your surgeon.

Pain

It is normal to experience some pain after shoulder replacement surgery, and it will gradually decrease. We recommend using cold therapy as your first step for managing pain. If your pain persists, then take your pain medication. Your pain medication regimen may include medications to take on a routine basis, as well as medications to take as needed when pain is higher than acceptable or anticipated. It is important to take the routine pain medications as prescribed even when you are not experiencing high levels of pain, to prevent spikes of pain throughout the day. Medications you may be instructed to take include:

- Acetaminophen (Tylenol®)
- Anti-inflammatory medicine (such as Celecoxib or Ibuprofen)
- Short-acting opioids (such as Oxycodone or Tramadol)

STEP 1: use cold therapy

STEP 2: take Acetaminophen

STEP 3: take opioid, if prescribed

Pain medication should only be taken to manage pain, and you should gradually reduce use as your pain improves. Most patients can wean themselves off opioid pain medication within a week or two. Pain medication may cause nausea, constipation, or light-headedness. Remember to take it with food and plenty of water. Avoid drinking alcohol or driving while taking prescribed pain medication. You should continue to take a bowel regimen (i.e. Senna) until you are no longer taking pain medication.

Constipation

Some people experience constipation after surgery due to anesthesia, reduced activity, or pain medications, and you should not go more than three days without a bowel movement. To help prevent or relieve constipation, increase your fluid intake, try warm prune juice, add more fiber to your diet (such as bran cereal with chopped prunes, apple juice, fruits, vegetables, beans, and nuts), or use an over-the-counter laxative. Regular walking and light exercise can also help. If you still have not had a bowel movement 24 hours after taking a laxative, please call your surgeon's office.



Bruising & Swelling

Swelling and/or bruising around your incision, in your upper arm, forearm, and hand is expected for a few weeks after surgery. The bruising may extend down your arm and into your chest.

This is normal. Cold therapy will help minimize swelling. Continue to use cold therapy as much as possible and switch the cold packs every 4 hours. Continue to perform your prescribed exercises, which will also help minimize swelling and maintain mobility.

Infection

After shoulder surgery, you are at risk of developing an infection. Your body temperature may be higher than normal for several days after surgery. It's important to monitor for the following signs and symptoms:

- Increased drainage from the incision (covering half or more of the dressing)
- Swelling, redness, or warmth around the incision
- Fever above 101°F, chills, or sweating
- Pain that doesn't improve with rest or pain medications
- Wound edges that begin to separate

IF YOU NOTICE ANY OF THESE SYMPTOMS, CALL YOUR SURGEON'S OFFICE IMMEDIATELY.

Tips to Prevent Infection:

- ▶ If you are prescribed antibiotics, continue to take as prescribed to reduce the risk of infection in your new joint.
- ▶ Wash your hands thoroughly with soap and water for at least 20 seconds before touching your incision or dressing.
- ▶ Keep the incision covered with the surgical dressing, and do not remove it unless instructed by your surgeon.
- ▶ Reinforce the edges of your dressing with surgical tape if they become loose.
- ▶ Avoid touching, picking at, or applying any lotions, creams, or ointments to your incision.
- ▶ Ensure your bed linens and clothes are clean.
- ▶ Keep pets off your bed and away from your incision.
- ▶ Keep your incision dry and do not soak it in water (e.g., bathtubs, swimming pools, or hot tubs) until cleared by your surgeon.



Blood Clots

After shoulder surgery, you are at risk for developing a blood clot, also known as a deep vein thrombosis (DVT). Blood clots can form in the arms or legs. A clot blocks normal blood flow, and if part of the clot breaks off and travels to the lungs, it can cause a pulmonary embolism (PE), which is a serious medical emergency.

Common symptoms of a DVT include:

- pain
- redness
- warmth or tenderness in an extremity (arm or leg)

Common symptoms of a PE include:

- shortness of breath
- chest pain
- cough
- possibly coughing up blood

If you develop symptoms concerning for a blood clot, **PLEASE SEEK MEDICAL ATTENTION IMMEDIATELY.**

Tips to Prevent Blood Clots:

- ▶ Follow your surgeon's recommendations for anti-coagulants (AC), also known as blood thinners. These medications are generally prescribed for 2–4 weeks, but the exact duration may vary based on your medical history and your surgeon's preferences. Blood-thinning medications can come in the form of a pill (such as Aspirin, Coumadin®, Eliquis®, and Xarelto®) or injection (such as Lovenox® and Arixtra®).
- ▶ Avoid sitting for more than 45 minutes to an hour at a time. Stay active by taking frequent, short walks and try to increase the distance each day as you feel comfortable.
- ▶ Stick to your exercise program, completing it as directed by your care team.



Post-Operative Care

When to Call Your Surgeon

A moderate amount of bruising, swelling, and redness can be expected after shoulder replacement surgery.

If the following symptoms are not relieved or worsen after cold therapy or medication, please call your surgeon's office:

- Swelling
- Numbness, tingling, or burning
- Pain not controlled by medication or pain that is getting worse

If you experience any of the following, YOU SHOULD CALL YOUR SURGEON'S OFFICE RIGHT AWAY:

- A fall
- Inability to walk
- Pain, tenderness, or swelling isolated to your calf and/or ankle on either side (this may indicate a possible blood clot)
- Increased redness or drainage (bleeding or any discharge) around your incision
- Your shoulder dressing is 50% soaked with drainage
- A persistent temperature over 101 °F (38.3 °C) or chills
- Persistent nausea and/or vomiting
- Blood in your urine or bowel movements
- You have a nosebleed or cut that won't stop after applying pressure
- Inability to do your exercises for any reason
- Excessive temperature changes in the arm or hand (extreme cold or warmth)
- Any unexpected problems, concerns, or questions

Call 911 if you experience:

- ▶ Chest pain / palpitations
- ▶ Difficulty breathing / shortness of breath
- ▶ Significant dizziness / confusion
- ▶ Bleeding from your mouth / coughing up blood

Follow-up Appointments

After surgery, you will need to periodically be evaluated to make sure that your new shoulder is functioning correctly and your wound is healing properly. Please refer to your surgeon's instructions regarding your post-operative follow-up appointment(s).

You will likely visit your surgeon's office several times during the first year and then have your shoulder replacement monitored annually for life.

Future Medical & Dental Care

Follow up with your surgeon regarding post-operative dental care.

Before any future medical or dental procedures, it is important to inform your provider that you have a shoulder implant. Antibiotics may be prescribed prior to dental work or before medical procedures in the future.

If you need an MRI in the future, make sure it is known that you have an artificial shoulder. The metals used in current shoulder implants are usually compatible with MRI machines as they are non-ferrous (non-iron based materials).

Shoulder Precautions

After shoulder replacement surgery, there are certain rules or "precautions" you must follow for as long as your care team has instructed to protect your new shoulder, reduce the risk of dislocation, and allow for proper healing. Ask your care team if you have any questions, as not all people have the same precautions.

Activities of Daily Living

Activities of daily living are tasks that you perform throughout the day. Your therapist may teach you additional ways to get these tasks done safely that may involve assistive equipment. We recommend you form a daily self-care routine and try to do as much yourself as possible, asking your coach to help you with tasks that you feel you can't do safely by yourself. Always wear your sling, including during sleep. You may remove the sling to shower, get dressed, and do some of your prescribed exercises.

Rest

It's common to have difficulty sleeping and for your energy levels to be lower than normal after surgery. Be sure to take rest breaks as needed during the day to support the healing process. Your energy levels will gradually improve.

You will be most comfortable sleeping in a semi-reclined position. This position helps reduce strain on your arm and shoulder while you heal. It is helpful if you use several pillows, a wedge pillow, or a rolled-up towel along with your sling to support your operative arm and back, which will help reduce discomfort and prevent unnecessary movement. You may find sleeping in a recliner is most comfortable the first few days after surgery.

Bathing

Do not take a shower, bath, or swim until cleared by your care team. If your surgeon used a waterproof bandage, you can shower with it in place. If you do not have a waterproof bandage, you should place a waterproof plastic wrap over the bandage.

Dressing

Shirts with buttons or zippers may be easiest to wear as you recover because they allow for more flexibility and easier dressing compared to pulling on a regular shirt. In addition, slip-on shoes can be much easier to wear during recovery, as they don't require bending down or using your operative arm to tie or fasten them.

Putting on a Shirt

- Start by placing your operative arm into the shirt sleeve first.
- With your non-operative hand, lift the shirt up over your shoulder and around your back.
- Once the shirt is in place, put your non-operative arm into the other sleeve.

Physical Activity

Exercise and maintaining an active lifestyle are important parts of good health. You should take short walks and change your position frequently. Be sure to discuss your activity and exercise goals with your surgeon to ensure that your individual recovery plans and goals are aligned.

Post-Operative Rehabilitation

After discharge, your surgeon will require continued rehabilitation to emphasize stretching and strengthening of the shoulder so that you can meet your recovery goals. Your care team will determine whether your rehabilitation can be completed by following a post-operative exercise program at home, or if you are required to complete outpatient therapy, home health therapy, or inpatient rehabilitation at a skilled nursing facility as well.

Post-Operative Exercises

There are simple exercises that you will need to do to prevent stiffness in the elbow, wrist, and hand while you're immobilized and recovering. Your care team will ask you to perform these exercises starting the day after surgery. To get the best results from your surgery, it is important that you do these exercises consistently and correctly. You may not be cleared to do all the exercises right away. Please do not perform any exercises that are not approved by your care team. Our goal is to assist you in achieving the safest level of functional mobility.

You should perform each exercise 10 repetitions, 3 times per day.

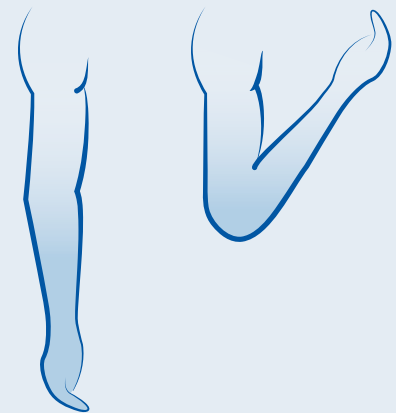
- Remove your shoulder sling for exercise 1.
- Exercises 2–4 can be performed with or without your sling.

If you have any questions or concerns regarding your exercises, do not hesitate to contact your therapist.

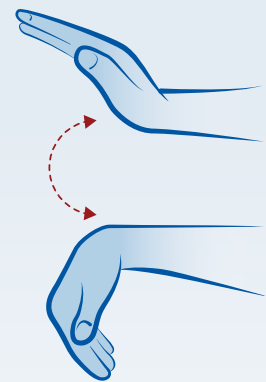
Exercise 1: Bicep curls

Extension

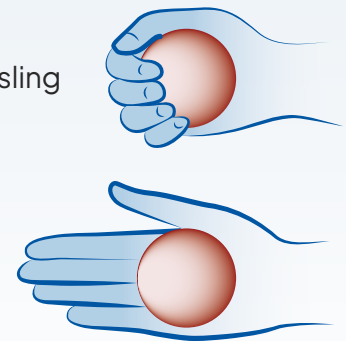
Flexion



Exercise 2: Move your wrist up and down



Exercise 3: Squeeze the ball provided with your sling



Exercise 4: Shrug and pinch

