



## **Total Shoulder Replacement Surgery**

**Loel Z. Payne, MD**

### **Diet:**

- ☒ You may resume clear liquids and light foods after surgery (jello, soup, etc.)
- ☒ Progress to your normal diet as tolerated as long as you are not nauseated.
- ☒ Many surgeries are done without general anesthesia. This allows you to resume a diet quicker with less nausea.

### **Managing the pain:**

There's no two ways about it, shoulder surgery is painful. I am going to describe the best ways I have found to try to manage that pain. The first 1-2 days are the hardest. Don't worry, it will improve.

Before surgery you will be offered a nerve block which helps greatly with pain control and decreases your need to take narcotic medications. I would strongly encourage you to have the block as it does significantly help with pain after the procedure. Additionally, during surgery I will often inject a numbing medicine like novocaine that will give some pain relief for several hours after surgery.

It is important to begin taking your pain medication before this medicine wears off. This is usually about 8 to 12 hours after the procedure. However, it may last as long as 16 to 24 hours. It is important to stay on top of the pain as it is more difficult to catch up.

I believe in using multiple different ways to reduce pain. Our goal is to reduce the amount of narcotics required to control the pain. Narcotic medications (morphine, Percocet (oxycodone), Vicodin (hydrocodone), codeine and Dilaudid) have significant side effects. They can easily become addictive. They can be overdosed, especially in patients already taking other sedating medication such as sleeping pills. Narcotics decrease the body's trigger to breathe and I may prescribe a medication to reverse this narcotic side effect (Narcan) if you are currently taking anti-anxiety or sleeping medication. It is best to avoid these drugs (and alcohol) while on pain medication. Narcotics cause constipation. They alter your ability to concentrate, cause drowsiness and should not be taken while driving. They can cause hallucinations. They frequently cause constipation and a stool softener, such as Metamucil or Sennokot DS, should be taken daily while on them. They often cause nausea and a medication for nausea, such as Phenergan or Zofran, is often prescribed with them. If you have a history of prolonged nausea you are likely going to be prescribed an anti-nausea medication.

Patients with significant reactions to all narcotics, may benefit from a newer drug called Nucynta (tapentadol) that does not typically have the same side effects. However, it may not be covered by many insurance formularies.

If you experience itching, take over the counter Benadryl one half hour before your narcotic.

Surgery pain stems from multiple factors and you should address each of these to control the pain. Below is a chart to explain our multimodal pain control plan. I have also included a QR code with a video on how to take the pain medications.

Preoperative pain management	Postoperative pain management
<ol style="list-style-type: none"> <li>1. Nerve block – anesthesia injections numbing medication around the nerves that go to the shoulder</li> <li>2. Local injection of numbing medication at the surgery site</li> <li>3. Anti-nausea medication such as Zofran or Scopolamine patch is given</li> <li>4. Tylenol or an anti-inflammatory such as Celebrex may be given</li> </ol>	<ol style="list-style-type: none"> <li>1. Tylenol 1000 mg every 8 hours around the clock. Limit to 3000 mg daily and avoid if history of liver disease. Use continuously for 3 days and then as needed.</li> <li>2. Ibuprofen 800 (4 Advil) every 8 hours. Take with food and avoid if history of ulcers, severe reflux or kidney disease. Continue for 5 days and then as needed. It is acceptable to take Tylenol and ibuprofen at the same time.</li> <li>3. Oxycodone 5 mg 1-2 every 4 hours as needed. This is the narcotic and should be used sparingly. However, if pain is severe and uncontrolled with other methods, you may take 3 pills at a time for the first 24 hours. Percocet and Vicodin (Norco) already have Tylenol in them so do not take Tylenol if you are on these medications. Straight Oxycodone does not.</li> </ol> <p>Ice (see below) is very helpful</p> <p>Physical therapy – stiffness is a common source of pain and therapy is often started several days postop</p>

**Bandages and Bathing:**

- Your post-operative dressing is a large, Band-aid like dressing. This bandage is waterproof. As long as the bandage is on, you may shower and get the shoulder wet. You do not need to remove the bandage. It will be removed at your first postoperative visit.

**Ice & Activity:**

- One important goal following surgery is to minimize swelling around your surgery site. The best way to achieve this is with the frequent application of ice. The ice pack should be large (like a big zip-lock bag or bag of peas) and held firmly on the area of your surgery. You may also have received an ice machine prior to the surgery. Unfortunately, the ice machines are not covered by insurance and will need to be purchased prior to the surgery if you desire one. This is an ice cooler that circulates cold water around the shoulder. All ice packs should be placed on top of the bandage. Apply for 20 to 30 minutes three to four times per day if possible.

- You will be in a sling after the surgery. You may use your hand to reach your face, write, keyboard, and do light activities with the hand in front of your body. The sling is usually worn for 4 weeks. I have included a QR code for a video that describes how to apply the sling.
- You will be instructed in gentle exercises for shoulder movement. This primarily involves pendulum exercises where the arm is gently swung side to side while bending over. Do not try to lift your arm overhead and do not lift or carry anything in your hand.
- Physical therapy will start 3 to 4 days after the surgery. You will go to a therapy location three times a week. The therapist will help lift the arm for you to safely increase your range of motion.
- You may return to sedentary work in about 3 weeks after surgery if your pain is tolerable.
- Do not drive until cleared to do so.
- Avoid long distance traveling in cars or by airplane during the several weeks after surgery to avoid increasing your risk of developing blood clots.

#### **Sleeping:**

- Many patients have difficulty sleeping after shoulder surgery. Shoulders are more painful when you lie flat. You may find that sleeping in a slightly upright position (i.e. reclining chair) will be your most comfortable position. Make sure to have your pain under control before you sleep.

#### **Follow up appointment:**

- We try to give all our patients a follow-up office visit at the same time we schedule your surgery.
- Typically, I want to see my patients in the office 2 weeks after surgery. The incision is sealed with glue and there are typically no sutures to remove.
- If you have any questions prior to that appointment, feel free to contact me at the office. I would rather hear about a potential problem sooner rather than later.

#### **What to watch out for:**

- Pain that is increasing every hour in spite of the pain medication
- Drainage from the wound more than 5 days after surgery
- Increasing redness around the surgical site
- Fever greater than 101.5degrees
- Unable to keep food or water down for more than one day
- Call Dr. Payne's office at 757-827-2480 if there are any problems or concerns.
- If you experience any emergent problem such as chest tightness, difficulty breathing, unable to swallow, etc, call 911 and go to the hospital emergency room.

For Video Instructions from Dr. Payne Please Scan the QR Code Below

