DISCHARGE INSTRUCTIONS
FOR
SHOULDER REPLACEMENT
DR. HOWARD ROUTMAN
DIRECTOR, PALM BEACH SHOULDER SERVICE
ATLANTIS ORTHOPAEDICS

1. IMMOBILIZATION

At the time of discharge you will be given instructions as to the type of sling to wear. ***Immobilization (wearing your sling) and protection of a freshly operated shoulder is critical and overuse of the arm can cause a repair to be destroyed***. If you have any questions about what it is you are or are not allowed to do with your arm, please contact us before assuming that you are allowed to do certain activities.

For anatomic shoulder replacements: Immobilization in a sling for 5 weeks is a critical part of allowing the repaired tissues to heal properly. If you move too much, or have an injury to the shoulder in the early postop period, it is very likely that I will not be able to restore the shoulder to the same condition that was achieved at the time of surgery. There is only one chance to get this right, so please be very careful after an anatomic replacement. The therapists have specific ranges that they can work within, so that should be safe but don't overdo it. During this window of immobilization you can remove the arm to feed yourself, text, bathe (with restrictions), hold a book but nothing beyond this.

For reverse shoulder replacements: Immobilization is not nearly as critical. 3 weeks in a sling but avoid pushing out of a chair or allowing anyone to pull you up by that arm. You can feed yourself, hold a book, brush your teeth, bathe (with restrictions), text and use a keyboard below elbow level. The therapist will teach you pendulum and hand and elbow work to do.

2. ICE

Ice or cryotherapy can be very helpful to reduce inflammation and decrease pain after a shoulder operation. Ice machines are usually dispensed at the time of surgery that sends nearly frozen water into a special device around the shoulder. These machines can work great, but you need to make sure there is ice in the machine and also avoid direct contact with the skin, as frostbite can occur.

3. WOUND CARE

The dressing applied at the time of the surgery should be maintained in place. Our standard dressing is bulky and can be changed every 2 days after surgery. A wipe down of the area with isopropyl (rubbing) alcohol can get rid of the normal skin oils that appear around the area and a fresh dressing with gauze and tape can be applied. If this seems like something that you cannot do, let us know and we can have you come into the office for a dressing change or send nursing to the house. There is another dressing we use in certain circumstances in which a small external vacuum the size of a phone is attached with a tube. Please don't disturb this dressing, if the machine beeps it is most likely a break in the seal so check all the tubing connections but don't take off the dressing. If there is an issue with the vacuum dressing call us please.

4. SLEEPING POSITIONS

Most patients find it most comfortable to sleep in a recliner or a similar type of chair for around 3 weeks. This is not mandatory, however, it tends to be the most comfortable way to get close to a decent nights sleep. When resting or sleeping, try to keep a pillow behind your elbow and between your body and your forearm, to avoid having the elbow fall behind you. Many people find it very difficult to sleep flat in a bed.

5. MEDICATIONS

Please let us know if you are not getting enough pain relief. We want to do our best to control your pain in the post-op period, but it is important that you understand we cannot get rid of all of your pain-- you will have some discomfort.

If you have received a block for your surgery (strongly advised), it is best to take the pain medication at the onset of return of sensation of any type to the arm. Keep in mind that pain medication can take 30-45 minutes to begin working to become effective, so waiting for the pain to become intolerable prior to taking medication is not a good idea.

The first 72 hours the arm will be various levels of dead and numb from the block. This is normal. The hand can feel heavy and slightly swollen. Once the motion returns, making a fist can help get swelling down.

You will receive a separate sheet of paper with the instructions for the medications to take preop and postop. You should not drive while taking narcotic pain medication.

6. EXERCISE

You will be instructed on exercises to perform after your operation, usually from the therapists. Some procedures require more exercises than others. If you have any questions about which exercises you should be doing, please contact the office. Please do not perform exercises that are painful without speaking to us first. Using ice after exercising for 20 minutes can reduce inflammation and soreness after exercise. Do not start any exercises until after the block has worn off and you have control of the arm.

7. ACTIVITY LEVEL

The activity level prior to the first office visit should be discussed with Dr. Routman. I typically recommend only the most sedentary type of activity and things that can be done with the arm safely in a sling. Working out or doing things that cause a hard sweat can result in an infection of your incision and is not suggested until the wound has totally sealed (usually 2 full weeks). The same goes for swimming. Bicycle riding, rollerblading, jogging and even power walking can result in injury to a freshly operated on shoulder. If you have any specific questions about which activities are safe, please give us a call. Some mild swelling of the fingers and even the ankles can be seen after surgery, but if it becomes more severe give us a call.

8. SIGNS OF INFECTION

It is not uncommon to have a low grade fever for a few days after surgery. However, if you start to feel sick or have a fever of more than 101 degrees, chills, redness, swelling or pain that seems to be out of proportion to what you would expect, please give us a call. Any drainage with a foul smelling odor from the dressing should be reported to Dr. Routman. Some patients receive antibiotics during and after surgery. The decision as to whether antibiotics would be appropriate after surgery for you is something you should discuss with Dr. Routman, however, most patients do not require antibiotics after surgery.

9. OFFICE FOLLOW-UP

Your postop appointment has already been made for you. If you are not sure when it is, please reach out to Shari– her contact information is below.

10. DRIVING

It is recommended that you refrain from driving or operating any heavy machinery while taking narcotic pain medication.

For non-urgent questions regarding your scheduled surgery feel free to contact us via email:

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