

Total shoulder arthroplasty surgery patient preparation and recovery guidelines

How to take care of yourself when you get home



Surgery check in time

We will call you 1 to 2 days before your surgery to tell you your check-in time.



Planning for a safe discharge home and/or alternative post discharge needs, including possible placement in a rehabilitation or skilled nursing facility

During your care coordination visit, we will discuss your discharge plans and may ask questions about your:

- Home environment and location
- Support person
- Transportation plan
- Discharge destination
 - Home is best!
 - Discussion of alternatives when appropriate
 - Skilled nursing facilities – criteria for qualification, insurance coverage considerations, average length of stay
 - Friend/family member's home
 - Home Health - criteria for qualification, insurance coverage considerations, average length of qualification



Your recovery environment

Before your surgery, we will ask you about your home setup to make sure it's safe for your recovery.

Orthopaedic RN Care Coordinators

Melody: 📞 503-875-5784
(Mon-Thurs 7 a.m.-5:30 p.m.)

Vijay: 📞 971-235-3359
(Tues-Fri 7 a.m.-5:30 p.m.)

OHSU Hospital

📞 503-494-9000

Orthopedics Total Joints Clinic

📞 503-418-8889
(Mon-Fri 8 a.m.-4:30 p.m.)

OHSU Pharmacies

📞 833-376-1026 (CHH2)
📞 503-494-7570 (PPV)

OHSU Physical Therapy

📞 503-494-3151
(for any location)

MyChart

Please use MyChart to see your visit summaries, test results, and appointment schedule. You can also communicate directly with your providers using MyChart.
<https://mychartweb.ohsu.edu/mychart>



Here are some tips to prepare your home for a safe recovery:

- Remove/plan for hazards and arrange a safe recovery space
 - Throw rugs, stairs, tub/shower combos, slippery floors, pets
- Practice safe movement:
 - Any specific questions you have about adaptive strategies for stairs, bathroom safety, or getting into/out of bed/chairs/cars, etc. can be discussed at your preoperative physical therapy appointment.
 - If you normally use a mobility device such as a walker or cane, please note that you will not be able to bear any weight on your surgical arm and so you will not be able to use these devices.
- Prearrange pet care, meal preparation, house and yard work, and grocery shopping.
 - We recommend you preplan care of your pet(s) for a short period of time after your surgery both to prevent falls and to reduce risk of infection. Cat litter should be changed by someone else for the first few weeks.
 - If you won't have someone with you for more than a few days after surgery, you can prepare by getting your house ready. Catch up on laundry and cleaning, make healthy meals you can freeze and reheat, and do your grocery shopping ahead of time.



Dentistry

Please ensure that all dental work is complete three months prior to surgery. If you have dental health issues or have not seen a dentist for some time, you should plan to see a dentist to manage all active dental concerns or infection risks before you can proceed with surgery. In addition, for the first three months after surgery, you should not have any dental work, including cleanings. If you have a dental emergency during this time, please contact the Orthopedic office for guidance. We no longer use antibiotics for post operative routine dental work after joint replacement unless indicated by other medical issues or in some cases, when a patient has a history of prior joint infection.



Managing pain and discomfort after surgery

Pain

For most patients, the pain block will be your primary pain management during the first 24-72 hours after surgery (depending on the type of block you have). Once your block wears off, you should manage your pain with ice or a cryo cuff, Acetaminophen and/or NSAIDS, using the opioids prescribed only as needed. You should wean off opioid medication as soon as possible.

For patients who are taking opioids prior to surgery, your prescribing doctor will need to continue prescribing and managing these.

- Icing: A circulating cold-water device may be applied according to device instructions. Cold packs or crushed ice should be applied with a cloth barrier for 15 minutes at a time, 5 times per day. Do not ice while your pain block is in place.
- Elevation: Keep your arm elevated in your sling while standing or with the support of pillows while sitting to help with pain and swelling.
- Opioid pain medication
- Non-opioid pain medication (Tylenol, NSAIDs [if appropriate])

Nausea

- Stay well hydrated
- Take your pain medication with food
- Eat lighter, bland foods such as clear soups, crackers, toast, applesauce, bananas, oatmeal and rice if you are experiencing nausea.
- Flat ginger ale can sometimes settle an upset stomach.
- Antiemetic medication can be prescribed if needed.

Constipation

- Increase your physical activity over time.
- Take a stool (poop) softener such as Senokot-S while on opioids and while less active. Stop taking stool softeners if you have loose stools.
- If a stool softener isn't enough, you can also take an osmotic laxative such as MiraLAX.
- Stay well hydrated.
- Eat a healthy diet and include foods with fiber (e.g., prunes, almonds, beans).

Swelling

- Keep your arm elevated.
- Make sure you are getting up to walk for short periods throughout the day and performing the home exercises and pendulums given to you by physical therapy.
- Remember to ice your arm, as instructed by your doctor.
- If you can safely take NSAIDS (Advil, Motrin, Aleve, Celebrex), these medications are anti-inflammatories and can help reduce swelling.



Signs or symptoms of infection

- Fever greater than 100.4 (although it can be normal for some people to have a low-grade fever for the first few days after surgery)
- Chills
- Excessive swelling or redness around surgical site

- Excessive drainage from your surgical site, especially if resembling yellow or green pus
- Odor coming from your surgical site
- Unusual pain in your surgical site, particularly if not responsive to pain medication
- A new opening in the surgical site

Contact your doctor's office right away if you think you have an infection.



Length of your hospital stay and what to expect when you are discharged

Shoulder replacement surgery is considered a day patient (or outpatient) procedure. This means that it is expected you will discharge from the hospital the same day you have surgery in most cases. Occasionally, you might stay overnight for the following reasons:

- Your surgery time is later in the day
- Something about your medical history makes overnight monitoring necessary (to be determined by your doctor)
- Your mobility and functional baseline prior to surgery would make a same day discharge unsafe
- A complication identified after surgery that makes overnight monitoring necessary (bleeding, pain control, etc.)

If you do stay in the hospital overnight, we typically discharge patients in the late morning, so please plan your ride around this.



Transportation

You are expected to have a responsible person to drive you home. We do not allow patients to travel by taxi, Uber, or Lyft for this reason unless you have a friend or family member escorting you.

If you do not have transportation home or are unable to get into/out of a vehicle for some reason, the Case Manager can help arrange wheelchair transport home. Please note that this is not covered by insurance, and you will need to be prepared to pay out of pocket at the time of the ride.



Durable Medical Equipment

There is little specialty equipment needed prior to a shoulder replacement surgery. You will need a sling (hospital provided) and icing supplies (to be obtained by the patient).

Sling

For **primary total shoulder surgery patients** (“primary” means this is the first time you are having a shoulder replacement), your arm will be placed in a sling immediately following your surgery. You will wear this sling (unless otherwise advised by your doctor) for 6 weeks. You should keep your sling on when you are up and moving around, but when you are sitting you can remove the sling as long as your upper arm remains close against your body. You can remove the sling for bathing and for your exercises.

For **revision surgery patients**, you may have further restrictions in addition to the above and may be in a sling for longer. Further instruction will be provided by your surgeon if this applies to you.

Ice Therapy

We do recommend icing your shoulder 15 minutes at a time, 5 times per day. If you went home with a pain block, do not ice your arm until the pain block has been removed. You can pick up a large ice gel pack at pharmacies such as Target, Walgreens, Walmart and Rite Aid. There are also cold therapy devices that recirculate ice water around the shoulder. These are not covered by insurance but if you are interested in one, you can discuss this with the RN Care Coordinator.



Medication

Medication type and dosing can vary from patient to patient but the medication you will typically be prescribed at discharge is:

- Oxycodone for pain

These medications are recommended and are available over the counter (OTC). You may ask your provider to prescribe these for you as some insurances cover OTC medications:

- Acetaminophen (Tylenol) for pain
- Ibuprofen (Advil, Motrin, Aleve) for pain
- Senokot-S and MiraLAX for constipation prevention

NSAIDs: Aleve, Advil and Motrin are non-opioid medications prescribed for post operative pain control and can also help with inflammation. **However, if you have a history of gastrointestinal bleeding, ulcers, kidney disease or have ever been advised by a doctor not to take NSAIDs then you should not use this medication.**

Tylenol: Tylenol is the non-opioid medication prescribed for post operative pain control and can be taken with Oxycodone or alternating with Oxycodone. **If you have a history of liver disease of any kind or have ever been advised by a doctor not to take Tylenol then you should not use this medication.**

Oxycodone: This is the typical opioid medication prescribed for post operative pain control but may vary based on allergies, intolerances or side effects, or your medical history. Talk to your doctor if you have one of these or any other concerns about this medication.

Senokot-S, MiraLAX: Constipation can sometimes be a side effect of surgery, less mobility, and while taking opioids. If you have a history of constipation or if this becomes a problem after surgery, you can use a stool softener/stimulant laxative (Senokot-S) or an osmotic laxative (MiraLAX).

It is important with any medication that you do not exceed the daily recommended dose. Please also pay attention to any other medications you take that may already contain Acetaminophen.

The opioid pain medication and any other prescription medication you are given will be filled at an OHSU pharmacy prior to your discharge. You or your family will need to pick these up at the pharmacy.

Medication Refills

You may need refills on your medication and if so, you should call into the Orthopedic Clinic at 503-418-8889 to request this. Remember to call well in advance of the time you are expecting to run out of medication since refills can take up to 48 hours. Make sure to plan ahead, particularly if you expect to run out over a weekend.



Post operative (after surgery) physical therapy

Physical therapy will be a combination of home exercises and outpatient physical therapy. Do your home exercise program 3 times per day and your pendulum hangs 5 times per day or as instructed by the physical therapist. **Start these exercises 3 days after surgery.**

You should have your post operative physical therapy scheduled before your surgery. Outpatient physical therapy should begin 2 weeks after surgery scheduled as follows:

- 1 visit at 2 weeks after surgery
- 1 visit at 4 weeks after surgery
- 1 visit at 6 weeks after surgery
- 1 visit every week starting on week 7 and through week 12

OHSU offers 3 locations for outpatient physical therapy:

- Portland waterfront (Center for Health & Healing, Bldg. 1)
- Beaverton (in the Knight Cancer building)
- 1 Beaverton (Murrayhill)

OHSU has many physical therapists who are subject matter experts in joint replacement. We would like for you to be seen by them at least once prior to surgery and once at your two week post operative visit. Beyond that, you are welcome to continue physical therapy at OHSU, or at a location of your preference. Please let us know where your preferred location is so we can send orders to them.

Some patients may qualify for in-home physical therapy for the first few weeks. Typically, this is for patients who have other mobility conditions that make leaving the home difficult and those who may have difficulty doing their home exercise program independently. If you qualify, this is typically only for a short period of time, and you should plan to begin outpatient therapy after home health physical therapy ends.



General activity

You should begin range of motion in your fingers, wrist, hand and elbow as soon as your pain block wears off. Walking over even, level terrain is encouraged but no exercising at the gym or speed walking/jogging. You should wear your sling when you are walking.



Showering

If you are discharging with a pain block in place, you should not shower until this is removed (around 3 days after surgery). During this time, you should take sponge baths. After the pain block is removed, or if you did not go home with one, you can take showers, but you should not get your surgical dressings wet. You cannot take baths or go into swimming pools or hot tubs until your surgical site is well closed and healed, which is usually around 6 weeks after your surgery. You should attend your 6 week follow up visit and get your doctors approval before engaging in any of these activities.



Surgical dressings

Surgical dressings do not require any special care other than making sure they remain clean and dry and remain in place according to your surgeon's instructions.

Dr Mirarchi and Dr Nazir care instructions: You may remove the outer Mepilex dressing after 4 days but leave the Dermabond/Prineo on until your follow up appointment at 2 weeks post op.

Dr Orfaly care instructions: You may remove the Pico dressing at 7 days post op.

After your 2 week follow up visit, unless you are continuing to have drainage, you can usually leave the surgical site open to air without a dressing and shower normally, gently patting the area dry when done. You should not apply any creams or ointments directly to the surgical site until cleared to do so by your Doctor.



Post operative follow up appointments

Before your surgery, you will be prescheduled for a 2-week post-surgery follow up visit and a 6 week follow up visit with either a Physician's Assistant or your Orthopedic Surgeon. If you do not have these visits prescheduled or are unsure, please contact your RN Case Manager (or refer to MyChart).



Driving

Most patients can resume driving about 6 weeks after surgery. **You should not drive while you are taking any opioid pain medication or other sedating medication (such as muscle relaxants).** There are a number of other factors that will determine when you are safe to drive such as strength and sensation in your arm and your weight bearing status. Each person's recovery is different, so check with your Orthopedic Surgeon before you resume driving.



Flying

We do not recommend flying for at least two weeks after surgery due to blood clot and swelling risks, as well as the risk of falls and injury associated with travel and handling luggage. Ideally, flying should be postponed until at least six weeks after your surgery if possible. If you have any travel plans, please discuss them with your doctor.