



TOWN CENTER

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Recovering From Your Shoulder Replacement Surgery

Congratulations! Your surgery is over. You are on your way to recovery. Although the actual surgical procedure is a critical part of your successful recovery, the postoperative course is as important if not even more important. Some of the tissue that we repaired takes about 3 months to heal. If you do too much, too little or the wrong activities before then, you can jeopardize your outcome. Therefore, it is essential that you follow by the instructions listed below.

WOUND CARE

1. There is no particular wound care needed. The incision site is sealed now and will fully heal over time. You do not need to cover it and you may get it wet. Salt water, chlorinated water, even lake water is now ok. Soap on the incisions is permitted as well.

PROMOTING HEALING

1. If you smoke, this would be a good time to cut back or quit. Smoking can interfere with the tissue we repaired as well as incorporation of the implant.

BLOOD THINNERS

1. Unless you have been told by me or another physician or healthcare provider, you should be on a blood thinner. Typically, I suggest Aspirin 325 mg two times a day (morning with breakfast and evening with dinner) for 6 weeks (when your sling is discontinued).
2. If you are on **another** blood thinner or if you are unable to take Aspirin and we have **not** decided on a different blood thinner, please let me know.
3. If you cannot take blood thinners for some reason or you are having some problem with taking the blood thinner that we have agreed to, please let me know.

PROPER ACTIVITIES

1. There are two ways that you can ruin your surgery. One is by having an abrupt injury - So be very careful throughout your day. The other is by performing too frequent small activities with your shoulder. Just as bending a paperclip once isn't enough to break the clip but repeatedly bending it causes it to snap - Moving your shoulder too much or too often can break the sutures holding the repaired tissues together or may cause the sutures to tear through the repaired tissue. So, in order to limit your activity in the early **critical** period, wear your sling part-time for the next 5 weeks.
 1. **Part-time** means that you may remove the sling when in a safe environment (home or office) where there will be a small amount of people around and there is little risk of falling or getting injured. You should be in the sling all other times.
2. In the beginning of your recovery, when your tissue is not yet healed to bone, if you lift your arm out to your side or rotate it towards the surgical side, by moving your shoulder, you will be pulling on the repair site. This can lead to failure of the repair.

3. It is OK to come out of your sling several times a day with your arm at your side. You may bend your elbow up and down and move your wrist and neck around.
4. It is common to wonder what specific activities are permitted during your recovery. As the tendon heals and as you regain more function, it will become safer for you to do more. As a result, what you are permitted to do at any given time is often hard to specify during our office visits because it is a “moving target”. Throughout your recovery, the best way to know what activities are safe and permitted is to use your physical therapy visits to define these. If you have done a particular activity in PT and you have done it well, without any residual issues and if your physical therapist has agreed with that, then that particular activity will be permitted outside of PT. However, if you have not tried a specific activity in PT or you were “unsuccessful” in attempting it, then you should not do that activity outside of PT. The following 3 criteria will define any particular activity:
 1. **Where your arm is in space.** Just because you are able to successfully move your arm in one direction, that doesn't mean that you can safely place your arm in all or even any other direction. Outside of PT, only place your arm in the location(s) that you have done successfully while in PT.
 2. **How it gets there.** It is safer for the repair if your arm is lifted by someone else, a pulley or a stick (passive range of motion) than it is if you move your arm with your mind (active range of motion). As a result, the way your arm was successfully moved in PT, determines how it can be safely moved outside of PT.
 3. **How much weight you lift.** Ultimately you will work on strengthening your shoulder. You should not lift more outside of PT than you have successfully lifted while in PT.

ASSISTANCE WITH PAIN CONTROL AND SLEEP

1. The pain medications that you were given, can cause a number of undesired issues (drowsiness, intoxication, constipation, nausea and dependency). We understand that the surgery you had is very painful and that these medications are often needed but we recommend reducing how much you take as soon as you are able. Some strategies to help with this are: increase the time between doses, cut the pills in half, get a newer, lower dose medication or take Extra Strength Tylenol (Acetaminophen) **instead** of the narcotic medication.
 1. You cannot take Tylenol **along with** (Percocet, Norco or the generics for these two) but you can take it **in place** of these medications.
 2. Do not take anti-inflammatory medications (ie. Advil, Ibuprofen, Aleve, Motrin, Voltare XR, etc) for 6 weeks after surgery. These may affect proper healing and could compromise your outcome. After 6 weeks, you may take these if needed.
2. If you are having difficulty sleeping since your surgery, be assured that this will improve. In the meantime, there are several strategies to help:
 1. Sleep with the head of your bed upright
 2. Take your pain medication as close to bedtime as possible
 3. Consider taking Melatonin 5-10 mg 20 minutes before bedtime. Melatonin is a natural hormone that helps us sleep. It can be purchased at any pharmacy. There are extended release forms that may be even more helpful.

DRIVING

1. Driving while wearing a sling is felt to be much less safe than driving without one. Additionally, the repetitive motions necessary to drive safely, may put your repair at risk. Finally, your auto insurance may not be in effect if you are driving with a sling. For these reasons, I do not recommend driving during the first 6 weeks of your recovery and even beyond that until you feel that you can do so safely.
2. When returning to driving, you may consider practicing in a school parking lot on weekends or some other low traffic area before driving on main roads.

RETURN TO WORK

1. Returning to work (as well as other social interactions) is critical to recovering from a surgery such as yours. Social isolation can impair your ability to heal. Getting up and out of bed at a regular time each day, showering, dressing in street clothes, leaving the house, socializing and having responsibility have all been shown to have a positive effect on surgical healing. For these reasons, I suggest returning to work or school as soon as you can. Often, employers will accommodate modified work or limited hours if asked. If needed, we will be happy to provide you a note that details your limitations.