



The Johns Hopkins Hospital Patient Information

Home Instructions After Total Shoulder Replacement Surgery

Complled/Created
Surgery
5/7/10
Nelson8



Edward G. McFarland, M.D.
Johns Hopkins Division of Shoulder Surgery
Department of Orthopaedic Surgery
10753 Falls Road/Suite 215
Lutherville, MD 21093

The following instructions are a guide for the care of your shoulder until your first clinic visit after surgery. You should already have an appointment scheduled for 7-10 days after surgery. Please call the office at **410-583-2850** to schedule or confirm an appointment, if this has not been done already.

Additional Procedures

As a part of your surgery you may have had other procedures. This procedure is called a biceps tenodesis. If you had this procedure it will be checked below and you may have additional restrictions.

Biceps Tenodesis No Biceps Tenodesis

If it is checked that you had a biceps tenodesis you will receive an additional handout about this procedure.

Icing your shoulder...



If an iceman was provided for you, **please refer to the iceman handout for instructions on proper usage** of this cooling device. Use this as often as you can over a 24-hr period for the next 8-10 days. At minimum, ice your shoulder for at least 8hrs/day.

If you can't use the iceman, we recommend you use ice in a small plastic bag. You should ice your shoulder for 30 minutes every 3 to 4 hours as needed.

With either method, be sure to protect your skin by placing a T-Shirt or cloth between your skin and the cooling unit or icepack.



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Caring for your Dressing...

Change the bandage on your shoulder daily using clean, dry gauze and tape. After 5 to 7 days, you can leave your incision undressed if the area remains dry.



Bathing/ Showering...



You should keep your incision dry (no shower or bath) until 5 days after your surgery, at which time you can begin to shower. Do not bathe, swim, or use hot tubs for at least 3 weeks after your surgery. Keep a clean wash cloth in your underarm (armpit) between showers to keep this area dry, absorb sweat, and prevent skin infections. Make sure you wash and completely dry this area daily.

Wearing your Brace...



Refer to the brace instruction sheet for further instructions about how to use the brace.

You should wear the immobilizer on the outside of your clothes. A large T-shirt or button-down shirts are the easiest to get on. Wearing your brace on your bare skin may cause a rash.

Make sure the arm strap and wrist strap are not too tight. You should be able to easily fit four fingers from your opposite hand between the straps and your skin. Some mild swelling of the entire arm the week after surgery is normal. If you are experiencing increased swelling of the arm between the straps, you are likely wearing the brace straps too tight.

You should wear the brace most of the day, unless you are showering or have released the straps to do your exercises, write/type, or feed yourself. **You must wear your immobilizer at night for the first 5-6 weeks after your surgery.**



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Using Your Arm: What can I do?

Unless you are told differently, it is okay to do some lightweight activities with your arm as long as you keep the arm in proper alignment. You may release the strap of your brace to do activities like eating, reading a book, or typing on a computer, as long as the arm is kept in front of your abdomen and at table top level.

KEEP YOUR ARM IN FRONT OF YOUR BODY AT ALL TIMES. Do not reach out to the side or behind your body. This is called external rotation and puts you at risk for dislocation of your prosthesis.

Driving: Do not drive until discussing this with the doctor at your first return visit to the office. You should be able to drive when you are no longer taking narcotic pain medications, and feel that you can control the wheel. This is around 3-4 weeks for most patients.

Exercise: Do not run, bike, or do any other lower body workouts until after you see the surgeon at the first postoperative visit at the office

Do not Fall: Take all precautions possible to **AVOID FALLING**. See the preventing falls at home handout provided by your nurse.

*****If you have had a biceps tenodesis:** Do not lift anything heavier than a coffee cup for the first 6 weeks post-op (also see the **Biceps tenodesis Discharge Instructions** for more information)

Home Exercises...

You should follow the instructions given to you during your hospital stay. Depending on what surgery was done, some patients may not be allowed to do all exercises.

You will need to release both the arm and wrist straps of your immobilizer brace to do your exercises. It is important to work on your **finger/wrist/elbow range of motion** 3-4 times a day for about 2-3 minutes at a time. Make sure you are working on getting your elbow completely straight, as it can stiffen up quickly.

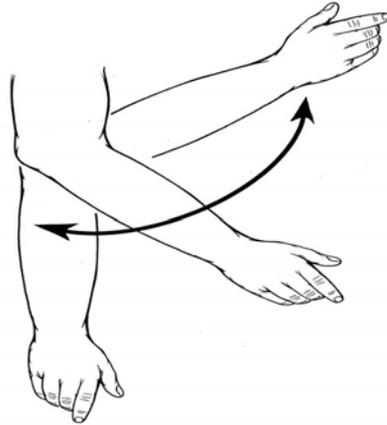


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Home Exercises (cont)...



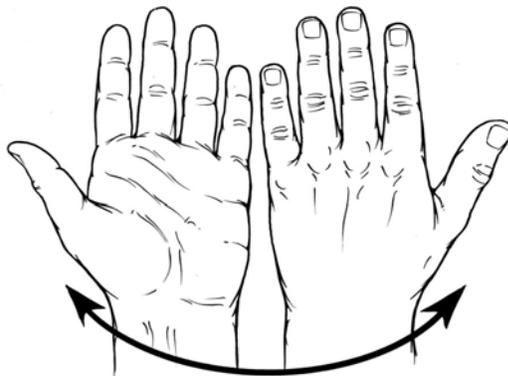
Elbow Flexion/Extension

Begin with arm at side. Slowly raise elbow upwards, while keep arm against body. Return to starting position. Repeat.



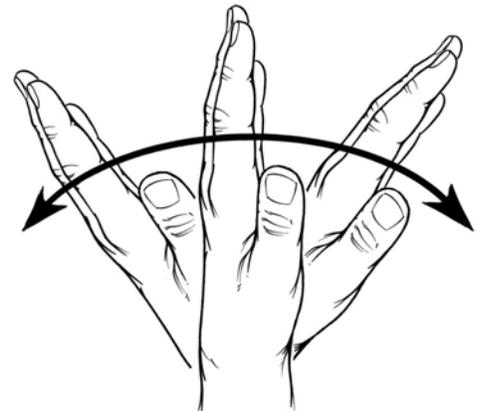
Fist Stretch

Begin with fingers straight. Close hand to fist, then open. Repeat.



Hand Turn

Start with palm up. Slowly rotate forearm until palm facing down. Repeat.



Wrist Flexion/Extension

Begin with hand straight. Slowly move wrist in a forward, then backward motion. Repeat.



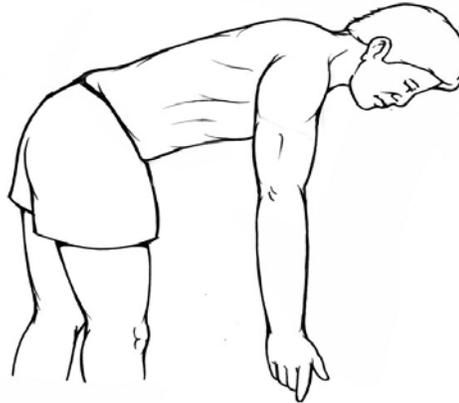
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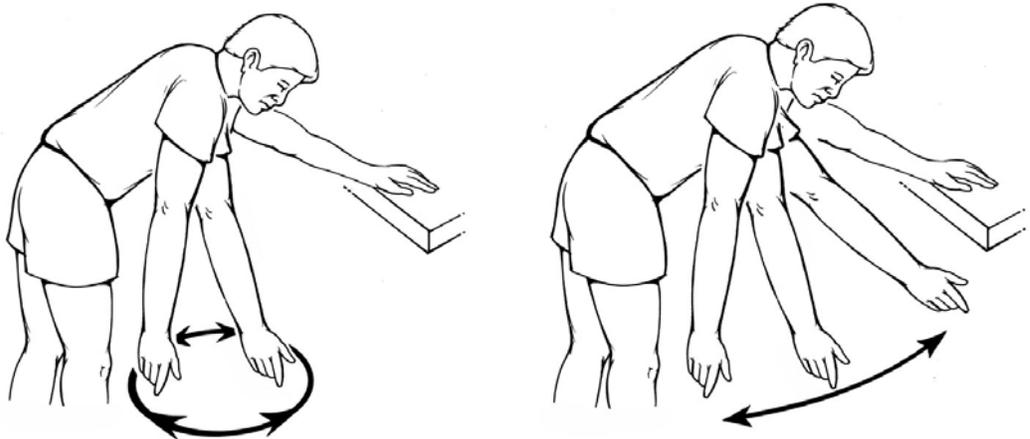
Home Exercises (cont)...

- YES**, you can lean over and let your arm hang down so that you can get to your armpit.
- NO**, you cannot lean over and let your arm hang down so that you can get to your armpit.



- YES**, you should also do pendulum exercises as described below.
- NO**, you should not do pendulum exercises.

Pendulum exercises should be done 2 times a day for about 30 seconds in each direction. Repeat the motions 2 or 3 times for a total of about 2-minutes twice a day.



***It is important to relax your shoulder during this exercise and to allow it to swing like a pendulum. The rest of your body should not move at all during this exercise. Do not move your butt back and forth or swing your hips to help propel your arm...only move your arm only. You should be bent to 90 degrees at the waist to do this exercise properly.



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Taking your medication...



You will have a prescription for pain medication to take home with you. It is important to take these medications as directed and to only take them as necessary for pain.

If the medicine is making you too sleepy or dizzy then cut back on the number of pills you are taking or do not take them as often. If you continue to have dizziness, please call your primary care physician or go to the emergency room.

Narcotic pain medicines can cause nausea or upset stomach, constipation and difficulty with urination (passing your urine). Taking these medicines with food may help if they are upsetting your stomach. If you are experiencing constipation, try drinking more water, maintaining a high fiber diet, and using over the counter stool softeners as directed to ease this side effect. If you are having problems urinating or are urinating only small amounts often, we recommend you contact your primary care doctor, your urologist (if you have one), or go to the emergency room.

Please do not lose your prescriptions or pain medicines. We will not renew or call in pain medication at night or on weekends. If you are running out of medicine or if they are not working to control your pain, contact our office during office hours (8:30 to 4:40pm, Monday through Friday)

Do not drive or operate heavy machinery while taking these medications.

Reasons for Concern...



Call the office immediately (or go to the emergency room if not during office hours) if you have any of the following symptoms:

- Any drainage or bleeding from your incision.
- Fever of 101.5° F or higher
- Chills
- Numbness, tingling, or loss of feeling to the arm or fingertips that does not improve with repositioning.
- Increased pain that is not relieved by pain medicine

Go to the Emergency Room immediately if you experience any CHEST PAIN or SHORTNESS OF BREATH, as these symptoms can be a sign of a life threatening condition.



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