Nikhil Verma MD
Lauren Rooney MMS, PA-C
Nathaniel Davidson MS, PA-C
Mara Weaver, MS, PA-C

1611 W. Harrison, Suite #300
Chicago, IL 60612
Vermapa@rushortho.com
Fax: 708-409-5179
www.sportssurgerychicago.com

MIDWEST ORTHOPAEDICS AT RUSH

POSTOPERATIVE INSTRUCTIONS
TOTAL/REVERSE SHOULDER ARTHROPLASTY

****Please note that the instructions provided below are general guidelines to be followed; however, any written or verbal instructions provided by Dr. Verma or either Physician Assistant supersede the instructions below and should be followed.**

DIET
- Begin with clear liquids and light foods (jello, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE
- Maintain your operative dressing, loosen bandage if swelling of the hand occurs
- It is normal for the shoulder to bleed and swell following surgery. If blood soaks onto the bandage, do not become alarmed, reinforce with additional dressing
- To avoid infection, keep surgical incisions clean and dry until the dressing is removed at the first post op visit – you may shower by placing a large plastic bag over your sling beginning the day after surgery. NO immersion of the operative shoulder (ie: bath or pool).
- Wait until your first post operative appointment to have Dr. Verma's team remove the surgical dressing
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures/staples are removed **at least 14 days post operatively** you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry)
- NO immersion in a bath until given approval by our office.
- *If you are told by the team that you have a "sylke dressing" or piece of white tape over the incisions, then the surgical dressing may be removed on post op day 3. The white tape may get wet in the shower beginning post op day 3. Please keep the white tape on and we will remove it at the post op visit. If you are unsure about the dressing, please contact the team to confirm.*

MEDICATIONS
- Local anesthetics are injected into the wound on the shoulder and joint at the time of surgery. This will wear off within 8-12 hours and it is not uncommon for patients to encounter more pain on the first or second day after surgery when swelling peaks.
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle.

- Common side effects of the pain medication are nausea, drowsiness, and constipation. To decrease the side effects take the medication with food. If constipation occurs, consider taking an over the counter laxative and be sure to drink plenty of water.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medications changed.
- Do not drive a car or operate machinery while taking the narcotic medication or while in sling
- Please avoid alcohol use while taking narcotic pain medication
- If you are having pain that is not being controlled by the pain medication prescribed, you may take an over the counter anti-inflammatory medication such as ibuprofen or naproxen in between doses of pain medication. This will help to decrease pain and decrease the amount of narcotic medication required. Please take as directed on the bottle. Please do not take additional Tylenol or Acetaminophen because the prescribed pain medication contains acetaminophen.
- For 2 weeks following surgery take one aspirin 81mg tablet twice daily to lower the risk of developing a blood clot after surgery. Please contact the office should severe calf pain occur or significant swelling of the calf or ankle occur.
- 24 hour course of antibiotics will be prescribed post operatively to decrease the chance of infection if done outpatient.

ACTIVITY
- You are to wear the sling placed at surgery for a total of 4 or 6 weeks as described by Dr. Verma. This includes sleeping and throughout the day
- If there are 24 hours a day, you should be in the sling 23.5 hours of the day. Removal for hygiene, dressing, and home exercise only.
- When sleeping or resting, inclined positions (ie: reclining chair) and a pillow under the forearm for support may provide better comfort STILL IN SLING
- Do not engage in activities which increase pain/swelling. Unless otherwise instructed the arm should remain in the sling at all times.
- Avoid long periods of sitting or long distance traveling for 2 weeks.
- NO driving until instructed otherwise by physician, it is illegal to drive in a sling
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable

ICE THERAPY
- Icing is very important in the initial post-operative period and should begin immediately after surgery.
- Use icing machine continuously or ice packs (if machine not prescribed) until your first post-operative visit
- Care should be taken with icing to avoid frostbite to the skin.
- You do not need to wake up in the middle of the night to change over the ice machine or icepacks unless you are uncomfortable

EXERCISE
- Begin exercises (active elbow flexion/extension without resistance) 24 hours after surgery unless otherwise instructed.
- While maintaining your elbow by the side, begin elbow, hand, and wrist exercises immediately.
- Formal physical therapy (PT) typically begins 2 weeks after an anatomic replacement and 4 weeks after a reverse shoulder replacement.

EMERGENCIES**
- Contact Dr. Verma's Physician Assistants at Vermapa@rushortho.com if any of the following are present:
    - Painful swelling or numbness (note that some swelling and numbness is normal)
    - Unrelenting pain
    - Fever (over 101° - it is normal to have a low grade fever for the first day or two following surgery) or chills
    - Redness around incisions
    - Color change in foot or ankle
    - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
    - Difficulty breathing

- Excessive nausea/vomiting
- Calf pain

- The PAs are available by email during business hours (M-F 8 am – 5pm)
- If you have an emergency after office hours or on the weekend, contact the office at 312-432-2390 and you will be connected to our pager service. Press 0 and this will connect you with the Physician on call. You can also call Rush University Medical Center at 312-942-5000 and ask for the operator to page the orthopedic resident on call.
- If you have an emergency that requires immediate attention proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- If you do not already have a post-operative appointment scheduled, please contact our scheduler at 708-236-2701 to schedule.
- Your first post operative appointment will be scheduled with one of the Physician Assistants for a wound check, physical therapy protocol and to answer any further questions you have regarding the procedure
- Typically the first post-operative appointment is made 10-14 days following surgery for suture/staple removal.
- If you have any further questions, please contact the Physician Assistants. Their email is Vermapa@rushortho.com