

DR. KLUG POST-OPERATIVE INSTRUCTIONS: SHOULDER REPAIR OR REPLACEMENT

POST-OPERATIVE VISIT

Your first post-op visit is within 2 weeks after surgery. If you have any questions or concerns before then, call the office to speak to our on-call provider who can assist you. Signs and symptoms to look out for include fever over 102°, difficulties breathing, increased pain and swelling to the calves, purulent drainage (thick white or green in color) from the wound, or increase redness to the wound.

BLOOD CLOT PREVENTION

To prevent the development of blood clots after surgery, you will be started on a full dose Aspirin 325mg to be taken twice a day for 4 weeks after surgery. If you were already taken a baby aspirin (81mg), you will instead take the full dose then after 4 weeks resume your normal baby aspirin dose. If you were already taking a different blood thinner for another medical condition, then you would resume your normal blood thinner medication instead of the aspirin.

WOUND CARE, DRESSINGS AND SHOWERING

Dressings will be placed over your shoulder and should remain in place until your post-operative visit. You can shower with the dressings but will need to keep them clean and dry (use a trash bag). Once the dressings are removed you will be able to shower and when doing so just let the water and soap rinse over the skin but do not submerge or scrub the incision.

Until cleared by the surgeon:

- Do not use a hot tub, Jacuzzi, swimming pool, bathtubs or submerge yourself in any other body of water.
- Do not apply any creams, lotions or ointments over the incision site.

PAIN MANAGEMENT, ICING AND SWELLING

A prescription for pain medication will be given following surgery. Keep in mind that the pain medication may alter your ability to drive, and it is illegal to do so while on the medication. Also, do not make major life decisions while taking the pain medication as you may be impaired.

Icing the shoulder is a great way to reduce pain and inflammation while also reducing the need for pain medication and speeding up the recovery process. You are encouraged to ice multiple times a day. Never apply ice directly over the skin, wrap the ice around a small damp towel and apply it for 20 minutes at a time. Alternatively, you may utilize a continuous flow ice machine. Always ice after physical therapy and exercise for weeks following surgery.

PHYSICAL THERAPY

You will be evaluated by a physical therapist before discharge from the hospital. The physical therapist may start range of motion of your shoulder. They will instruct you on hand, wrist and elbow exercises. After discharge, you will continue therapy as an outpatient.

BRACING, WEIGHTBEARING AND ACTIVITY

Your activity level will depend on the type of surgery you had for your shoulder, which will be indicated by the surgeon. Typically you will be **NON-WEIGHTBEARING**, meaning no lifting of any weights, using the operative arm to push/pull yourself up or support yourself when using crutches or a walker.

Fracture Repair or Replacement for Fracture

- You will be placed in a sling after surgery and will be using the sling for about 2-4 weeks.
- There will be no shoulder motion for approximately 3 weeks, however, you may begin the **POST-OP EXERCISES** that consist of pendulum swings, scapula, elbow, wrist and hand motions.

Total Anatomic Shoulder Replacement or Humeral Head Replacement: (Non-Fracture)

- You will be placed in a sling for comfort after the surgery but are encouraged to remove the sling as soon as tolerated.
- You will be **NON-WEIGHTBEARING** with your arm
- You will have limitations to your movement as indicated below for the first 6 weeks
 - o No flexion higher than 140 degrees
 - o No active internal rotation (arm towards your body)
 - o No external rotation past ___° (arm away from your body)

Reverse Total Shoulder Replacement (Non-Fracture)

- You will be placed in a sling for comfort after the surgery but are encouraged to remove the sling as soon as tolerated.
- You will be **NON-WEIGHTBEARING** with your arm
- You will have limitations to your movement as indicated below for the first 6 weeks
 - No active extension (arm reaching behind the back)
 - No active internal rotation (arm towards your body)
- In addition, additional restrictions may be indicated by the surgeon and could include:
 - No flexion higher than 140 degrees
 - No external rotation past ___° (arm away from your body)

