



## Discharge Instructions for Reverse Shoulder Arthroplasty

### Wound Care:

- Keep dressing on for 3-5 days. After removing the dressing, keep wounds covered with fresh clean gauze.
- The incision was closed with an absorbable suture and sealed with skin glue.
- OK to get wet in shower after 5 days. Do not scrub over the incisions - use soap on your neck and let the soapy water run over your shoulder. Do not scrub. Pat dry with a clean towel.
- Apply clean, dry gauze after shower.
- Do not submerge in water until incision is completely healed, at least 4 weeks.

### Activity:

- Sling for 6 weeks.
- May start pendulums twice a day when comfortable (please see bottom of page for instructions).
- Range of motion of the elbow, wrist, and hands are encouraged.
- No formal physical therapy until post op week 3 - per Dr. Sehgal's protocol
- No lifting, pushing, pulling anything heavier than a pencil.
- **No driving** for up to 12 weeks.
- At night, place a pillow behind your elbow to prevent your shoulder from bending backward. Sleeping with extra pillows (almost in an upright position) will help keep down the swelling and may be more comfortable for you. Sleeping in a recliner is often more comfortable for the first few weeks post-op.

### Precautions:

No internal rotation behind back for 8 weeks  
No external Rotation past 30 degrees  
No backwards Extension For 6 Weeks  
No lifting anything heavier than a coffee cup  
No supporting of body weight by hands and arms  
No sudden jerking motions

### Medications:

- Please use narcotic medications (Norco, Percocet) sparingly and slowly try to decrease the amount and frequency over the next two weeks.
- If you feel the narcotic pain medication is too strong, you may use acetaminophen instead. Avoid taking ibuprofen since it has been shown to delay bone healing.
- If you choose to take anything other than what was prescribed, please consult the pharmacist to ensure that you are not overdosing on a certain class of medication which can lead to severe kidney/liver damage.
- One of the side effects of narcotics is constipation. Be sure you drink plenty of fluids, and take a fiber supplement such as methylcellulose (Citrucel) or psyllium (Metamucil) or a stool softener like docusate (Colace).
- Please continue all medications that you were taking prior to your surgery

**Ice & Cold Therapy:**

- One important goal following surgery is to minimize swelling of the arm. The best way to achieve this is with the frequent application of ice.
- For the first few days after surgery the ice therapy is placed over your dressing, later it can be placed over a thin towel. Please check your skin regularly and discontinue the ice machine immediately if there is any sign of skin injury.
- Use the ice therapy for 20 minutes every 1 hour for the first 3 to 4 days, then use it after physical therapy or times of increased activity for the next several weeks.

**Diet:**

- Resume a normal diet.
- If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- Drink plenty of fluids.
- Often the pain medication causes constipation, if this occurs you may try an over the counter laxative / stool softener (such as Colace or Senokot) or take a fiber supplement every day.

**Preventing Infection**

- Avoid elective procedures (dermatologic, endoscopy/ colonoscopy) and dental work for 3 months after surgery
- After 3 months, if you plan of having an elective procedure, please inform your doctors of your total knee replacement so that he/she may prescribe the appropriate antibiotic prior to any of the above procedures. Call your dentist for antibiotic treatment before dental procedures going forward.
- If your doctor has any questions, please give them the number to the office to discuss.

**Follow-up Appointments:**

- Your first post-operative appointment will in 10-14 days.
- If you do not have this appointment set up, please call the appointment line

**When to call for help:**

**Call 911** anytime you think you may need emergency care. For example, call if:

You pass out (lose consciousness).

You have severe trouble breathing.

You have sudden chest pain and shortness of breath, or you cough up blood.

You have severe nausea or vomiting.

**Call the office** if:

You have pain that does not go away after you take pain pills.

You have a fever over 100.4°F.

You have loose stitches, or your incision comes open.

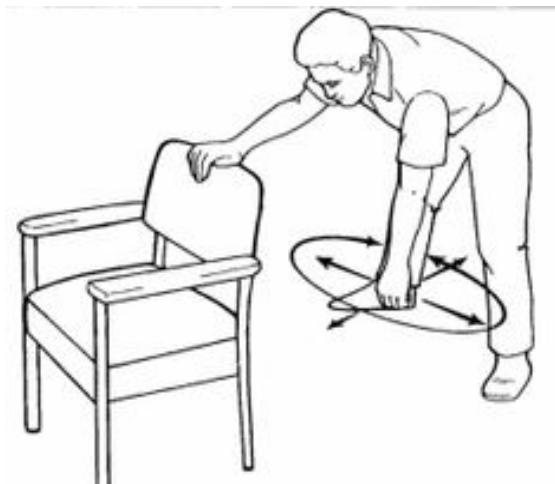
Your incision keeps bleeding 3 days after your surgery.

You have signs of infection, such as redness around incision or pus draining from your incision.



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## Discharge Instructions: Pendulum Exercise



Stretching exercises for your shoulder, such as the pendulum exercise, can improve flexibility, increase range of motion, and reduce pain. Remember to breathe normally when you exercise and try to use smooth, fluid movements.

Remember to do your pendulum exercises three times per day. Spend about 10-15 minutes per session on these exercises.

1. Bend over at the waist letting the affected arm hang down at your side. Place your non-operative arm on a table or chair to support and balance your body. Gradually lean over until your operative arm is hanging almost perpendicular to your body.

2. Sway your body back and forth, using the weight of the arm and gravity to generate small movements at the surgical shoulder. First move the arm side to side, then move the arm forward and back. Finally, move the arm in small circles clockwise and counter-clockwise. As your shoulder loosens up you can slowly make the circles wider.

It is important to be relaxed and allow the shoulder and arm to move smoothly and slowly. Don't force any movements, allow them to happen as your shoulder loosens. Remember to move your elbow and wrist through their full ranges of motion at least three times per day, out of your sling, to prevent stiffness and help reduce any swelling in the operative arm.