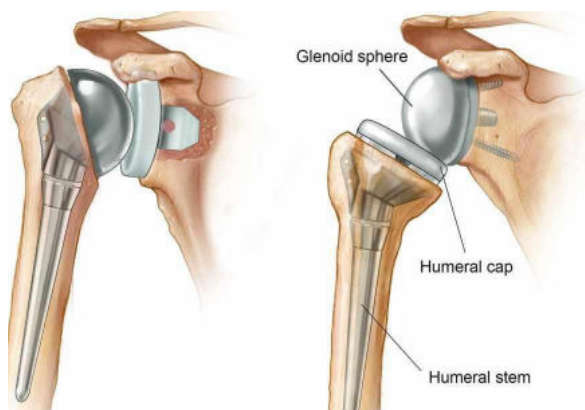


DR. TODD KIM

-Orthopedic Surgery-

Total Shoulder/Reverse Total Shoulder



Understanding shoulder replacement surgery.

When is a shoulder replacement indicated?

The most common reasons for a shoulder replacement are:

- Severe degenerative joint disease (osteoarthritis or rheumatoid arthritis) in which the cartilage has worn away resulting in bone on bone contact instead of the normal gliding of a joint this causes pain and stiffness that interferes with everyday life activities and often sleep.
- A reverse total shoulder replacement is indicated when there is pain, degenerative joint disease and poor functioning or completely torn rotator cuff tendons.
- A severe fracture involving the shoulder joint may also result in the need for a shoulder replacement.

The shoulder joint

- The shoulder is a “ball and socket” joint. The ball is the upper part of the arm bone (humerus) called the humeral head. The socket (glenoid) is smaller and is part of the shoulder blade (scapula). In a normal shoulder the ball is held in the socket by ligaments and the rotator cuff tendons. The rotator cuff muscle starts at the shoulder blade and turn into tendons which attach to the humeral head. The rotator cuff muscles are responsible for most of the movement done by the shoulder.

What exactly is a total shoulder replacement?

- In a standard total shoulder the ball (humeral head) is removed and replaced by a metal ball attached to a stem which is inserted down the shaft of the humerus. The socket (glenoid) is replaced by a plastic or metal piece which may need to be fixed in place with cement.

What is a reverse total shoulder replacement?

- A standard total shoulder replacement is designed to work only if the rotator cuff muscles and tendons are intact and working properly. If the rotator cuff muscles are not working properly a Reverse Total Shoulder replacement is needed.
- In a Reverse Total Shoulder Replacement the glenoid component is shaped like a ball and anchored to the scapula by screws. The humeral component then becomes the new socket of the joint and attaches to the upper end of the humerus.
- Reversing the ball and socket changes the biomechanics of the shoulder moving the center of rotation lower and more medial. This change allows the patient to use the deltoid muscle instead of the torn rotator cuff to lift the arm for most of the movement done by the shoulder.

What can be expected from a total shoulder replacement?

- The main goal of a shoulder replacement is to provide pain relief. Most patients are very satisfied with their level of pain relief and are able to resume most of their normal daily activities and hobbies successfully. Most low impact activities such as hiking, cycling, swimming, and golf are possible for patients after shoulder replacement.
- Range of motion and function are also usually improved by a shoulder replacement. However, how much motion and function are improved is much less predictable than pain relief.
- Both pain relief and functional improvement depend on many factors, including how long your motion has been poor and the level of pain you had prior to surgery.
- Normal activities for a patient with a total shoulder replacement do not include contact sports or activities that put excessive strain on the shoulder. Heavy repetitive overhead or lifting activities are not recommended if you have a shoulder replacement. Generally the recommendation is to not lift more than lbs. This is to insure that your shoulder replacement

What are the risks of a shoulder replacement?

- The risks of any surgery differ for each patient depending on age, health and type of surgery. Fortunately the complication rate for shoulder replacement surgery is low. Infection is a concern but happens rarely since antibiotics are given prior to and after surgery to prevent it. Nerve damage, joint instability and component loosening over time are also risks although uncommon. Most shoulder replacements last for 15 years or longer. If a shoulder replacement wears out and is not functioning well, then another surgery can be required to redo it.

Recovery Process

- By 3 months after surgery, most patients are back to normal activities and feeling good. It can, however, take 6-12 months to get a complete recovery in terms of strength, endurance, and shoulder range of motion.
- Today, many patients can safely have a shoulder replacement as an outpatient procedure, returning home just a few hours after surgery on the same day.
- For some patients, it is recommended to stay 1 night in the hospital, to provide post operative monitoring, pain control and basic therapy. The vast majority of patients are able to return home the next morning after surgery. Normal discharge time from the hospital is around 10am.
- Most patients are able to go home from the hospital. Occasionally, a short stay in sub acute rehabilitation is necessary depending on the patient's preoperative function and assistance needs.
- A special sling will be worn for 6 weeks. Formal outpatient physical therapy starts at 6 weeks postoperatively and usually is needed for 1-2 months depending on the patient's progress.
- Patients are unable to drive for at least 6 weeks
- The surgical dressing can be removed 2 days after surgery and patients can shower.
- No soaking in a bath or hot tub for 1 month.
- For most patients, it is recommended to take Aspirin 81 mg twice daily for 2 weeks after surgery to help prevent the small risk of blood clots. This can be purchased at any pharmacy before surgery and does not require a prescription.
- Please let Dr. Kim know if you are on alternative blood thinning medications, if you are allergic to aspirin, or if you have a history of bleeding problems or blood clots.

Preparing for shoulder replacement

Once you have met with Dr. Kim and decided a shoulder replacement is the right step for you, the process of scheduling the surgery will begin.

Scheduling surgery

- Dr. Kim's surgery scheduler will contact you and set up a date for the surgery to take place. She will also discuss a number of things that need to be completed before the day of surgery:
- CT Scan or MRI sometimes are needed. This allows for further assessment of your shoulder joint and helps Dr. Kim to select the best type and size of artificial shoulder implant.
- An examination by your primary care physician may be necessary to make sure you are healthy enough to undergo a surgical procedure. If you have any significant medical conditions, such as heart disease or take any medications that may thin your blood, please let us know as these may need to be stopped for a short time before surgery.
- You will also need to obtain some blood work and an EKG prior to surgery. This can be done at your primary care physician's office or at the hospital.
- You will meet with Dr. Kim's Physician Assistant about a week prior to surgery to discuss your medical history, hospital stay, recovery process and address any questions or concerns you may have.

To help reduce the risk of infection you will be given an antimicrobial cleanser at your preoperative appointment.

- **CHLORHEXIDINE:** You will be provided with antiseptic antimicrobial wipes that should be used when you bathe the night before and the morning of surgery. Make sure you cleanse the entire operative arm, chest, neck and underarm.
- **BENZOYL PEROXIDE:** This is a common medication used for acne (Clearasil), and it has been shown to help reduce the risk of infection with shoulder surgery. It can be purchased at any pharmacy. You will be instructed to use this on your shoulder, upper arm, and underarm area for 3 nights prior to surgery.
- **DO NOT SHAVE THE ARM, UNDER ARM OR CHEST BEFORE SURGERY** this is not necessary and increases the risk of infection.

The hospital stay

Preparation

- Pack a small bag or suit case with loose fitting comfortable clothing. Button or zip up shirts that open in the front and easily pull over the shoulder are recommended during the recovery process.
- Comfortable safe shoes will also be needed to be worn during physical therapy or when walking in the halls.
- Eyeglasses, contacts, hearing aids and dentures must be removed prior to surgery; bring containers to protect these items if needed.
- Remember to bring a form of photo ID and your insurance card. Be sure to leave all valuables at home.
- The hospital will contact you in the days before the surgery to instruct you how and when to take your medication the night before and day of the surgery.
- Do not drink or eat anything after midnight before the surgery. This includes drinking water, coffee, chewing gum and hard candy. An empty stomach helps to avoid complications during the surgery. Failure to follow this instruction can result in the cancelation of your surgery.

The day of the surgery

- The hospital will call you in the weeks before your surgery to let you know your surgery time and what time you need to arrive at the hospital prior to your surgery.
- In the preoperative area you will change into a surgery gown and the preoperative nursing staff will begin your preparation for surgery (i.e. check your blood pressure and heart rate, insert an IV, review your medical history and medications, etc.).

Anesthesia (and pain management)

- The anesthesiologist who will be with you during your surgery will talk with you and discuss the process and risks of anesthesia on the morning of surgery. You may also meet with an anesthesiologist prior to surgery depending on your health history.
- A Nerve Block may be performed at this time by the anesthesiologist. A nerve block is a method of pain management that many patients find helpful. A nerve block is a form of regional anesthesia where medication is injected near a cluster of nerves. This can help improve pain control after surgery as well as minimize the amount of general anesthetic medication needed during surgery. Dr. Kim and the anesthesiologist will discuss the risks and benefits of a nerve block with you prior to and on the day of surgery to help you decide if it is a good choice for you.

- Most patients choose to have this type of nerve/regional block. Medication used for the nerve block prolong the pain relief of the nerve block for 3 days.
- It is important for patients to understand that while the nerve block is working to minimize pain from the surgery, the arm on that side will feel numb or “dead” because the nerves to the arm are temporarily blocked by medication. This is normal but can be concerning for patients. Once the nerve block wears off the arm will go back to normal feeling.
- Your pain management will begin prior to your surgery and will continue throughout the entire time you are in the operating room. If you choose to have a nerve block, this will be done in the preoperative area. The anesthesiologist will work to help your pain, keep you asleep and relax your muscles during the whole procedure. The anesthesiologist will also continue to control your pain during your time in the recovery room.
- Various pain control methods can be used to help with your pain after surgery.
- Ice will also be applied to your shoulder immediately after surgery and is a great non pharmaceutical way to control pain.

Leaving the hospital

- While you are staying in the hospital you will be seen by the inpatient physical therapist and the nurse care coordinator. Both of these services will help you decide if it is safe for you return home or if a short stay rehabilitation facility is a better option.
- The physical therapy services will help you to walk safely; climb stairs if you have them at home and help you to learn how to perform basic activities of daily living with your new sling and temporary movement restrictions.
- The Nursing Care Coordinator will discuss your care options when you leave the hospital. They will coordinate with your insurance company to decide which services, such as home health care or a rehabilitation facility, are appropriate for you.

While at home

- You should have a post operative appointment scheduled at 7–14 days after surgery. If you do not think you have an appointment or cannot remember the time call the office to confirm.
- Keep your sling on WHILE YOU ARE UP AND ABOUT AND WHILE SLEEPING. You MAY let your arm HANG DOWN BY YOUR SIDE while the sling is off for bathing and dressing. Do not try to do any range of motion to the shoulder.

- You will be unable to drive for 6 weeks after surgery to protect the shoulder.
- You may wash around the armpit with a washcloth and use deodorant if needed, but do not actively lift the shoulder overhead. You may move your wrist, fingers and elbow to prevent stiffness. Some swelling to your wrist and fingers is normal. Range of motion and ice will help to decrease the swelling.
- You may ice your shoulder to help promote pain control. Alternate ice packs to be on for 20 minutes and off for 20 minutes to prevent burning the skin.
- Sleeping in recliner chair or propped up on multiple pillows may help promote comfort.
- Walk frequently to promote circulation and prevent blood clots.
- You should wear the compression stockings that were given to use in the hospital while sleeping or during periods of inactivity (sitting for longer than 1 hour).
- No smoking or bathing in a bath or hot tub
- The surgical dressing can be removed by the patient or family member 2 days after surgery and patients can begin normal showering regime.

Home pain control

- For most patients, it is recommended to take Aspirin 81 mg twice daily for 2 weeks after surgery to help prevent the small risk of blood clots. This can be purchased at any pharmacy before surgery and does not require a prescription. Some patients may be prescribed an alternative blood thinner, depending on their medical history.
- Please let Dr. Kim know if you are on alternative blood thinning medications, if you are allergic to aspirin, or if you have a history of bleeding problems or blood clots.
- Make sure to stay hydrated. Drink lots of fluids!
- Always check with your primary medical doctor with any new medication to check for any medication interactions.
- Do not drive or operate any machinery while taking pain medication.
- Do not drink any alcohol while taking pain medication.

Outpatient physical therapy

- Physical therapy will likely begin 6 weeks after surgery. You will be given a prescription at your postoperative visit.
- Since every patient and every surgery is different, your specific physical therapy protocol and restrictions will be based on your specific surgery and condition.

Dental procedures

- To prevent infection of your joint replacement you will now need to take preventative antibiotics prior to major dental work or a procedure for a tooth infection (root canal, etc.). Antibiotics are generally not required for routine teeth cleaning. Inform your dentist of your total joint replacement. Antibiotics may be prescribed by your dentist or by Dr. Todd Kim.

When to call our office

- Severe pain not controlled by pain pump or medication.
- Heavy drainage or bleeding around the incision (some drainage is normal).
- Fever greater than 101 degrees.
- Calf pain or a large amount of lower leg swelling.
- Persistent nausea or vomiting.
- Persistent numbness or inability to move fingers and wrist after nerve block has worn off.

For any chest pain or trouble breathing, please call 911 or go to your closest Emergency Room.