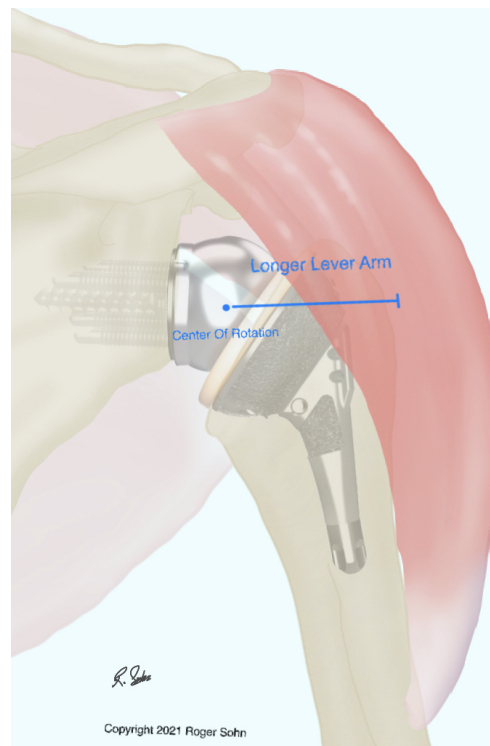
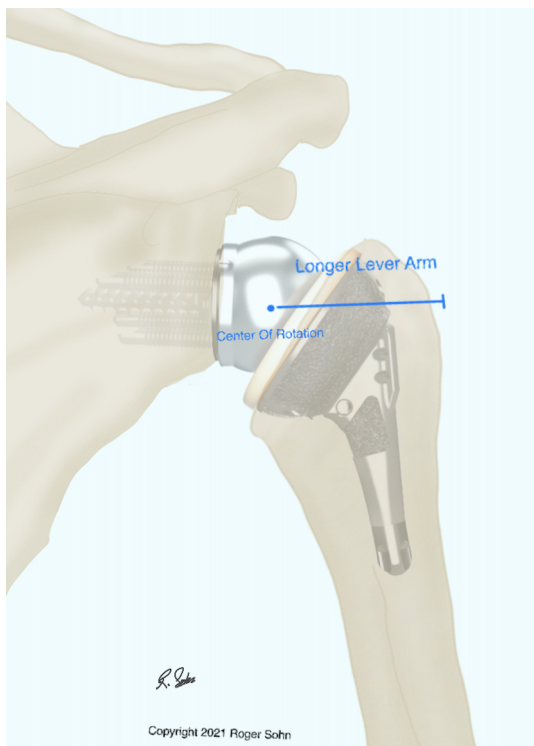


Reverse Total Shoulder Replacement

A reverse total shoulder replacement is a surgery that involves removing the arthritic shoulder joint and replacing it with artificial components. In a reverse total shoulder replacement, the socket is placed on the humerus and the ball is placed where the old socket used to be. This is done to optimize the mechanics of the shoulder and to allow for the most stable shoulder possible. This type of procedure is best for arthritic shoulders without a functioning rotator cuff. It also works best in shoulders with severely damaged or eroded sockets. This type of surgery is usually an outpatient procedure. It takes place under general anesthesia and lasts about 90 minutes. There are risks including infection, blood loss, numbness or weakness, dislocations, fractures, and risks of anesthesia.

This guide will hit the high points of the recovery process and help you to have the best outcome following this type of surgery.



Pre surgery instructions:

For 3 days leading up to surgery, I want you to use a Chlorhexidine wash on your shoulder and armpit area when you shower in the morning. After you shower, apply Duac gel (or peroxide) to the same area. Do this for 3 days leading up to the surgery. Let the gel dry, then put on your normal clothes. This will reduce the risk of infection.

Post-Operative Care: Shoulder Replacement

Pain Control:

Most patients will have a nerve block placed at the time of surgery. This allows you to wake up without significant pain in the shoulder. The nerve block usually wears off after about 12-18 hours so please take a pain pill when you get home and another before you sleep. Following that, you should continue taking the narcotic pain medication as needed.

We usually prescribe a narcotic called Percocet. Typically, the first 3 days after surgery are the worst and the pain tapers off after that. Most people take narcotics for 1-2 weeks after this type of surgery. Narcotics can cause addiction so please try to get off them as soon as you can tolerate it.

Non-Narcotic Pain medication alternatives:

- Celebrex 200 mg twice a day. Available by prescription only. Do not take if you have a sulfa allergy.
- Tylenol (acetaminophen) 650 mg. Please be aware that the Narcotic pills each contain 325 mg of Tylenol (acetaminophen). Make sure you do not take more than 4000 mg of Tylenol per day.

Blood Clot Prevention:

- Please take Aspirin 325 mg daily to reduce your risk of blood clots. You should start this the morning after surgery and continue for 10 days.

Stool Softeners:

- Colace can help counteract the constipating effect of narcotics. We recommend you take it twice a day until you have normal bowel movements.

Nausea:

We have prescribed some Zofran pills in case you get nauseous. They can be placed under the tongue to dissolve if you need them.

Activity:

You will go home in a sling. The sling is for comfort and to warn others that you have a sore arm. You should take the sling off at least three times a day to move the elbow gently. Take the

slung off and let the elbow straighten and then flex it again. You may also let your shoulder dangle (pendulum exercises). However, you should avoid using your muscles to move the shoulder. You should also do scapular pinches and work on having good posture. I detail these and other exercises more fully below.

During the sedentary days after surgery you can prevent clots from forming in the leg by walking or doing calf pumps ten times an hour, and prevent them in the arms by squeezing your fingers into a fist.

Restrictions:

Avoid pulling with the affected arm to protect the subscapularis and bicep tendons. Avoid any internal rotation activities (tucking in shirts, rubbing on your chest or face, pushing down on a cutting board, moving your clothes in the closet from side to side). Also, the physical therapist will show you how to safely stretch the shoulder without putting tension on the repair. These restrictions are phased out after 6 weeks but some caution should be taken until the 3 month mark.

Wound Care:

We cover your surgical incision with a waterproof bandage. It is ok to shower after 3 days, but please avoid getting it soaked. You should have someone help you with bathing at first until you get used to the process.

Signs of infection include redness, pain, fever, and feeling ill. All wounds have some swelling and drainage, but if you have concerns, please don't hesitate to call.

Therapy:

When you start physical therapy, we will emphasize getting your range of motion back first, typically with stretching exercises such as the pendulum exercise or therapist assisted stretches. We will start light strengthening when your motion is nearly normal and when the tendon is healed. This usually takes about 6 weeks. See below for full details.

Please let me know if you have further questions or concerns.

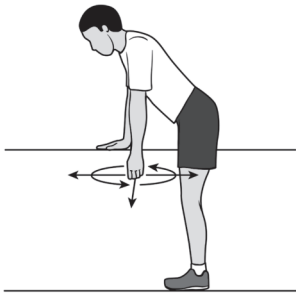
Sincerely,
Roger C. Sohn, MD
949-691-3131

TOTAL SHOULDER REPLACEMENT PHYSICAL THERAPY PROTOCOL:

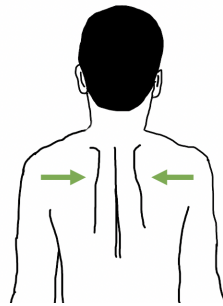
I ask my patients to follow a simplified physical therapy regimen. It consists of 3 phases.

Phase I (Weeks 1-6): Bicep and subscapularis precautions strictly observed. During this phase, no strengthening exercises are allowed. Lifting is limited to the weight of a cup or phone.

A shoulder sling is to be used for 6 weeks. It should be worn full time except during bathing and when doing the following exercises. Pendulum exercises and scapular pinches can start right away. Table slides and scarecrows start after 1 week. The main goals of this phase are to reach 120 degrees of forward elevation and 20 degrees of external rotation.



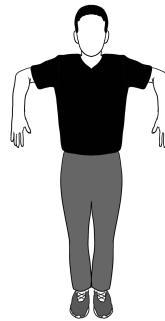
Pendulums



Scapular Pinches



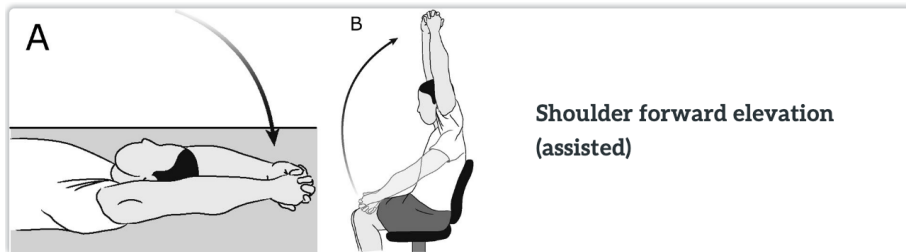
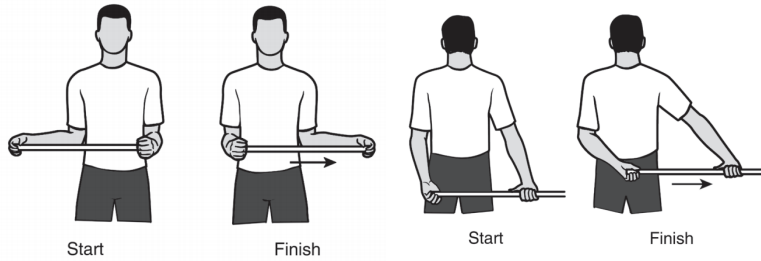
Table Slides



Scarecrows

Phase II (Weeks 6-12): The sling is discontinued. Bicep and subscapularis precautions are gradually phased out. Active assisted range of motion is allowed. Supine and seated stretches with active motion begins.

Goals of phase II: You should reach 45 degrees of external rotation, full forward flexion (155 degrees), and internal rotation to the waist line.



Phase III (Weeks 13 and onward): Strengthening is allowed in all directions. All precautions are now discontinued. Band strengthening followed by return to sports training is allowed. Aggressive stretching is allowed, especially for internal rotation.

