REVERSE TOTAL SHOULDER REPLACEMENT

THE JOINT REPLACEMENT CENTER
AT PINNACLE ORTHOPAEDICS

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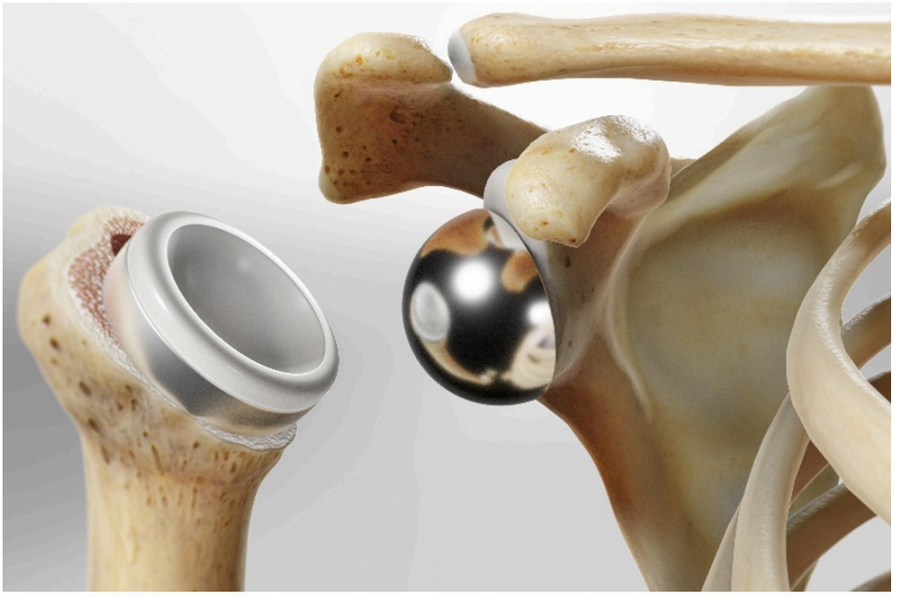
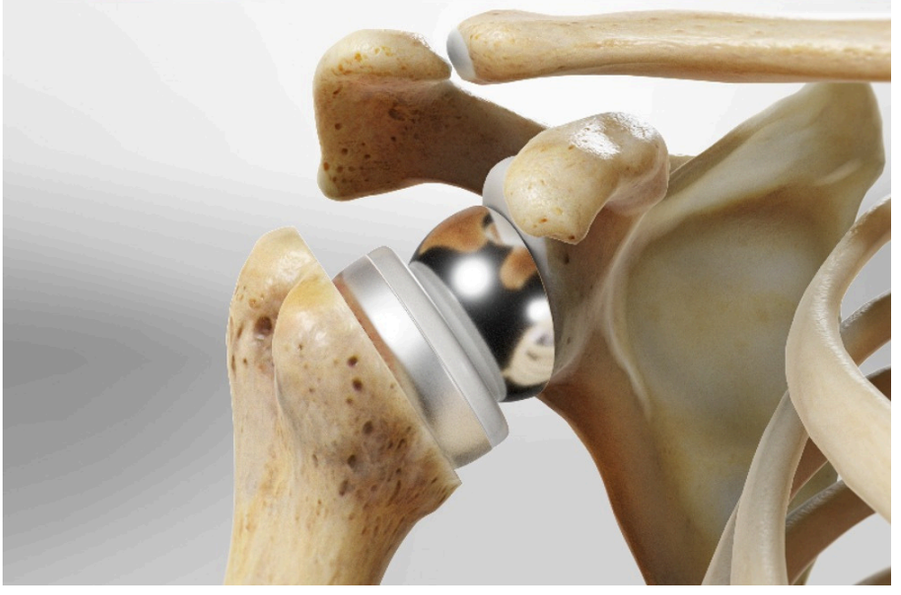
See the Video





Overview
This surgery repairs a damaged shoulder joint. It reverses the position of the ball and the socket. This lets you move your arm with your deltoid muscle, instead of the muscles of the rotator cuff.

Preparation
To begin, you're put to sleep. Or, you're given medicine to make you feel relaxed and numb. We make an incision to reach your joint.

Humerus component
First, we modify the humerus. That's the bone of your upper arm. We take off the head of the humerus, and make space in this bone for the implant. The implant's stem slides into the bone's center. We attach a cup to the top. This is the shoulder's new socket.

Glenoid component
Next, we modify the glenoid. That's the end of a bone called the "scapula." We reshape the glenoid to make a stable surface. Then, we secure an implant to it. This is the shoulder's new ball. We bring together the new ball and socket to form the new joint.

End of procedure
When it's done, we close your incision and bandage your shoulder. You're watched closely as you become awake and alert again. Follow your care plan for a safe recovery.

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REVERSE TOTAL SHOULDER REPLACEMENT DISCHARGE INSTRUCTIONS

What to expect post-operatively:

- Decrease in energy level. Your body is using a lot of energy to heal after surgery
- Get plenty of rest and eat well - (please consider the nutrition program in this booklet)

Shoulder Precautions: Your surgeon and therapist will advise you on when to advance your activity, but until that time, please follow below precautions:

- **DO** use your own muscles to move your shoulder in the front and side planes only (Flexion and Abduction) once your block wears off
- **NO** reaching behind your back. This includes: tucking in shirt, pulling belt through the back loops of pants, reaching to back pocket to get wallet out, fastening bra, performing personal hygiene
- **NO** internal or external rotation of shoulder until otherwise instructed
- **NO** shoulder extension (behind your back)
- **DO NOT** support body weight with operative arm or push up from a sitting position using operative arm
- **NO** lifting objects greater than 1 pound with operative arm (about the weight of a cup of coffee)
- **NO** driving (must be cleared by surgeon to resume driving)
- You should **ALWAYS** be able to see your **ELBOW**
- When lying down, do not allow your elbow to fall any further back than your body.
- Place a pillow under your arm when lying down to prevent this position
- Wear sling at all times unless showering, dressing, or performing exercises - for first 2 weeks.

Activity Restrictions:

- Get up and move every hour
- Avoid sitting in overly soft chairs

Sleeping:

- It's OK to take short naps during the day
- You may be more comfortable sleeping in a recliner chair for the first few days at home

Driving:

- No driving until you have been cleared by your physician to drive
- Do not drive while taking narcotic pain medications or muscle relaxants
- You may be a passenger in a car

Walking:

- You are encouraged to get out and walk
- Gradually increase your walking distance each day
- Listen to your body; allow comfort to be your guide

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ALL TOTALS Hygiene/Incision Care:

- Always wash hands prior to touching incision
- **Do not** allow pets to lick or be near incision until completely healed
- If an Aquacel®, PICO®, or Mepilex® dressing was used you may shower and get the dressing wet, it is waterproof. These dressings stay in place for 7 days and then are removed.
- Once the dressing is removed you may get your incision wet in the shower. Be sure to verify specific dressing instructions, as this sometimes varies from patient to patient.
- If you were approved for the Medflow collagen dressing - please follow the instructions provided in the shipment
- **Do not** take a bath or soak the incision in water until cleared by your provider
- During your shower allow the water to run over your incision and gently wash with soap and water once daily
- Pat the incision dry and apply a new, clean bandage while there is still drainage from the incision
- If not using the collagen dressing - you can discontinue the bandage and leave incision open to air if there is no drainage (after a minimum of 7 days)
- You may have a special type of glue sealing your incision. Do not scrub off. Glue will gradually begin to fall off on its own
- No lotions, ointments or peroxide on the incision unless otherwise specified
- Wear loose fitting clothes over your incision area to avoid irritation

Returning to Work:

- Your physician will instruct when you can return to work at your follow-up visit

Diet and Constipation:

- You may return to your regular diet as soon as you feel like it
- Drink plenty of fluids to stay hydrated. 6-8 glasses of liquid (water, juice) per day
- Eat a diet high in fiber (whole grains and fresh fruits and vegetables)
- Pain medications may make you constipated. Use a stool softener such as Colace 100mg 2 times a day as needed until bowels are regular again. ICall your physician if constipation persist

Medications and Pain Control:

- Resume your regular medications unless otherwise advised
- May apply ice to knee for 20-30 minutes each hour as needed for pain
- Do not use ice right before a therapy session as it tightens up your muscles, but you may use after your therapy session
- You will be provided with appropriate pain medications. Please follow the prescription instructions on the bottle
- Your pain should gradually decrease at which time you may switch to Tylenol or no pain medication at all
- Do not take pain medication on an empty stomach
- Do not drink alcohol while on pain medication

Call your physician's office at ANY time if you have problems such as:

- Fever over 101.5 degrees that persists over 6 hours
- Experiencing side effects from the medications prescribed, such as itching, nausea, vomiting or burning in your stomach
- A substantial increase in pain uncontrolled with pain medication prescribed Increased
- redness or swelling of the incision
- Persistent or increasing drainage from the incision
- Drainage from the incision that has an odor or is tan, yellow or green in color and thick in consistency
- Separation of incision
- If no bowel movement after the use of laxatives, lack of flatulence, abdominal bloating, diarrhea, excessive belching, nausea, and/or vomiting

Go directly to the nearest ER or call 9-1-1 if you:

- Become short of breath Have chest pain
- Cough up blood
- Have unexplained anxiety with breathing

Follow-up Appointment:

- Follow-up with your physician/Provider in 2 weeks.
- If your follow-up appointment has not already been made, please call for appointment.
- Follow-up with your primary care physician if instructed