Shoulder Joint Replacement
How to prepare and what to expect

This handout for UW Medicine patients explains how to prepare and what to expect when having shoulder joint replacement surgery. Talk with your surgeon about your specific care plan.

Before Surgery
- Do everything on the attached “Surgery Safety Checklist” to ensure that your surgery has the best outcome.
- If you have any sores, rashes, or scratches anywhere on your body, or any other changes in your health, please call us at 206.598.4288 as soon as you can.

Day of Surgery
- Check in at the Surgical Pavilion at the time you were given. Go to the Surgery Reception desk on the 2nd floor.
- After you check in, we will take you to the pre-anesthesia area and help get you ready for your surgery.
- You will need to remove any rings on the hand on the side of your surgery. Give all valuables to a family member, friend, or hospital staff for safekeeping.
- We will ask you to change into a surgical gown.
- We will place an intravenous (IV) line into a vein in your arm. This line is used to give you medicines and fluids during surgery.
- The surgical team and the anesthesiologist will meet with you and answer any questions you have. They will also ask you to confirm the type and site of the surgery. This is for your safety.
- We will show your family and friends to the waiting area.
• You will be taken to the operating room. There, you will receive general anesthetic (medicine to make you sleep) and have your surgery.

**After Surgery**

• You will be in the recovery room for 1 to 2 hours.

• While you are in recovery, a member of the surgery team will meet with your family.

• When the nurses have determined that you are awake and your condition is stable, they will invite a family member to visit you in the recovery room.

• We may start your physical therapy exercises while you are in the recovery room.

• When your surgeon says you are ready, we will move you to a room in the hospital.

• Most patients are able to go home by the 2nd day after surgery.

**Pain Control**

For the first few hours after your surgery, you will most likely use a patient-controlled analgesia (PCA) device. A PCA allows you to give yourself pain medicine through your IV. You will use the PCA until you can start taking your pain medicines by mouth. This is usually in the evening on the day of your surgery.

**Your Hospital Stay**

**Preventing Falls**

Your risk for falling increases when you are a patient in the hospital. And, shoulder surgery patients tend to have a higher risk for falling. Falls can cause serious and sometimes fatal injuries.

Please help us keep you safe by using your call light when you need to get out of your bed or chair. We are never too busy to help you!

**Activities**

To help your shoulder stay flexible, we may use a continuous passive motion (CPM) machine. The CPM machine gently moves your shoulder while you relax. Our goal is to have you start your shoulder exercises and get out of bed as soon as you can.

Your care team will help you with your shoulder exercises and show you how to do them on your own. Before you leave the hospital, make sure you understand and are able to do all of your exercises.
Medicines for Pain Control

We prefer to give prescription pain medicine for only a limited time after surgery. These medicines can delay your recovery if taken for too long. For pain control, you will take acetaminophen (Tylenol), anti-inflammatory medicines, and/or prescription medicines based on your needs.

Discharge from the Hospital

Most people who have shoulder replacement surgery are ready to go home after 1 or 2 nights in the hospital. Your discharge day depends on how well you can move your shoulder, how your exercises are going, and how you are feeling.

Self-care at Home

Incision Care

- Keep your incision clean and dry for 3 weeks after surgery. Do not take a bath or sit in a hot tub or pool during this time.
- Cover the bandage with plastic when you take a shower.
- If the bandage over your incision gets wet or dirty, replace it with a sterile dry dressing. Your hospital team may provide supplies at discharge, or you can get them at your local drugstore.
- Keep your armpit area clean and dry. Do not apply deodorants, antiperspirants, or creams to your underarm.
- Visit your surgeon or primary care provider 2 weeks after your surgery. At this visit, they will:
  - Check your incision to make sure it is healing well
  - Remove staples if they were used to close your incision
  - Apply white tape called Steri-strips over your incision
- If you have any questions or problems with your incision, call your surgical team (see “Who to Call” on page 5).

Medicines

- If you are taking prescription pain medicine, you will taper (slowly use less of) your medicine so that you are no longer taking it by 4 to 6 weeks after surgery. Ask your doctor or nurse how to taper your pain medicine.
- For pain relief during the first 6 weeks after surgery, we usually advise taking naproxen (Aleve, Naprosyn, and other brands). The usual dose is 1 in the morning and 1 in the evening. Do not take naproxen if you have problems taking nonsteroidal anti-inflammatory drugs (NSAIDs), or have bleeding or gastrointestinal (digestive system) problems.
If you take acetaminophen (Tylenol), do not take more than 3,000 mg a day.

If you have questions or concerns about any of your medicines, talk with your primary care provider or your surgical team.

**Exercises**

The first 6 weeks after surgery are very important to your recovery. During this time, we usually use stretching exercises to make sure your shoulder stays flexible.

Most often, the goal of these exercises is to be able to move your arms to at least a 150-degree angle away from your body, and to be able to hold that position. This is called 150 degrees *forward elevation*. (When your arms are at zero degrees, they are down by your side. When your arms are at 180 degrees, they are straight above your head, as if you are reaching toward the ceiling.)

We will teach you 3 exercises to help you meet this goal: the supine stretch, the forward lean, and the pulley (see photos below).
Ask a family member or friend to measure your range of motion several times a week to make sure you are on track. Ask them to take a photo from the side while you are doing your exercises. Email the photo to your surgeon at the address they provide.

Your surgeon may refer you to a physical therapist to work with you during your recovery.

**For Your Safety and Healing**

- For 6 weeks after shoulder joint replacement surgery:
  - Do not lift anything heavier than a cup of coffee with the arm on the side of your surgery.
  - Do not drive.
- It is OK to wear a sling when you are concerned about your arm getting jostled, or to rest your arm. But, for best results, remove the sling for light activities that are comfortable for you.

**Follow-up**

Make an appointment for a follow-up visit with your surgeon for 6 weeks after your surgery. At this visit, your surgeon will check your incision and your range of motion. They will also take X-rays of your shoulder to make sure healing is going well.

At this visit, you will most likely learn new exercises to help strengthen and stretch your shoulder. If your shoulder is stiff, your surgeon may:

- Refer you to a physical therapist
- Advise you to have a procedure that involves moving your shoulder (manipulation) while you are under anesthesia

**Who to Call**

Thank you for choosing UW Medicine to manage your shoulder problem. Our main goals are to keep you safe and help your recovery.

If you have any questions about your surgery, or any concerns before or after your hospital stay:

- Call the Bone and Joint Surgery Center at 206.598.4288 weekdays from 8 a.m. to 5 p.m.
- After hours and on weekends and holidays, call 206.598.6190 and ask for the orthopaedist on call to be paged.

If you have an urgent healthcare need, call 911.