



## Information on Total Shoulder Arthroplasty (Replacement)

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This guide is designed to give information and answer questions about total shoulder replacement. Dr. Herring and his staff are committed to the education and prudent use of total shoulder arthroplasty.

Total shoulder arthroplasty is designed to treat patients with shoulder arthritis by mimicking natural anatomy with artificial implants. Patient selection, surgical technique, post-operative care, and physical therapy are all crucial to excellent outcome following shoulder replacement.

### Frequently asked questions:

1. What do I need before I can have surgery?

- ✓ An evaluation by Dr. Herring
- ✓ X-rays to evaluate the bone of your shoulder
- ✓ Pre-op clearance by your primary care physician including lab work
- ✓ No other illnesses, urinary tract infections, or gum infections
- ✓ A visit with physical therapy to teach you about your sling and exercises to be doing on your own following hospital discharge

2. Who is a candidate?

Patients with arthritis of their shoulder and severe pain are candidates for this type of surgery.

3. What can I expect?

Your personal outcome depends on your level of function before surgery, the surgery itself, and compliance with post-operative care and physical therapy. Most patients are able to regain the bulk of their motion. Some residual pain following surgery is not unusual. The goal behind undergoing total shoulder replacement is to maintain or improve your shoulder function and to reduce your pain by about 80%.

4. What will my surgery be like?

You will be told what time to arrive at the hospital the day of surgery. An IV will be started, and both you and Dr. Herring will sign your shoulder. Anesthesia will also come and evaluate you. Usually a pain catheter (nerve block) is placed in your neck/shoulder to help with pain after surgery. This will stay in place for 48 hours. Surgery itself takes about 1.5-2 hours. You will wake up in the recovery unit in a sling. Everyone who undergoes total shoulder replacement will need to spend at least one night in the hospital. Most people go home to continue recovery the day following surgery.

5. What is my long term recovery like?

Once you are home, you will remain in your sling for 4-6 weeks following surgery. Patients are generally most comfortable when they are sitting up or reclined while they are awake and when they go to sleep. You will be given a prescription for pain medicine for use after surgery when we see you in clinic before surgery. You can get this filled before you go to the hospital and keep it at home. Patients generally need to take the pain medicine on a scheduled basis when they return home from the hospital.

We will see you in clinic about 4-5 days after your hospital discharge. At that time we will refill pain medicine, take x-rays of your implant, and address any other concerns you may have. Sutures usually come out about 10-14 days after surgery. When we see you to take out sutures, we will start you on physical therapy 2 times each week. We continue to see you every 3-4 weeks in clinic to follow your progress.

Important timing issues:

Sling: 4-6 weeks

Driving: 4-6 weeks (or when you are off of pain medicine)

Long term issues:

- ✓ You will need antibiotics before you have any dental, bladder, or colon procedures. Please see the attached memo regarding antibiotic prophylaxis.
- ✓ You will need to do maintenance exercises 3-4 times each week to maintain strength in your shoulder. Physical therapy will teach you these exercises.