

## Shoulder Replacement Pre-Operative Information

### Shoulder basic information

- The shoulder is a ball and socket joint at the top of the arm. The normal shoulder has cartilage lining the ball and socket leaving the ends of the bones smooth so they can glide smoothly against each other. Arthritis of the shoulder occurs when the smooth ends of the bone are damaged for a variety of reasons leaving patients with pain and often loss of motion.
- The rotator cuff muscles keep the ball of the shoulder centered on the socket and are integral to the movement and stability of the joint. These muscles can sometimes be involved in patients problems with the shoulder as well.

### Why have surgery to replace the shoulder?

- During a shoulder replacement I will remove the damaged surfaces of the ball and socket and replace them with smooth artificial components made typically of metal and plastic. This will greatly improve pain and range of motion for most patients.

### What is recovery like after shoulder replacement?

- You will be in a sling for 4 weeks after surgery.
- You cannot drive while taking narcotics and I recommend not driving in a sling.
- Most people return to desk type work within a week of surgery. Manual labor will be a more extensive period of time and we will discuss this individually.
- After 4 weeks, we will allow you to discontinue your sling and start using your arm but we will have restrictions still in place on certain motions.
- After 12 weeks, your restrictions are lifted but we recommend slowly returning to regular activities.
- Activities like heavy labor, sports (tennis, golf and weight lifting) are typically resumed by about 4-5 months.
- Though you will be doing most of your daily activities far before this, patients continue to improve after shoulder surgery for the first 12 months.

### What type of shoulder replacement is right for me?

- The type of shoulder replacement each patient will need is based on many individual factors. We will discuss this fully preoperatively and I will have the appropriate tools available in the operating room.
  - **Reverse Total Shoulder:** Ideal for rotator cuff tears and arthritis, rotator cuff tears that can't be repaired and severe fractures or arthritis. 70% or so of patients are indicated for this procedure.
  - **Anatomic Total Shoulder:** For patients with arthritis and intact rotator cuff muscles.
  - **Hemiarthroplasty:** A partial replacement of just the humerus (ball) of the joint. Only indicated for rare situations.

### Post-operative care

- This is an outpatient surgery in a surgery center for almost all patients. Only rare exceptions will need to stay one night in the hospital and this is typically due to medical reasons.

- Your first post-operative appointment will be with my PA Caroline McBane and your second will likely be with me. Further visits will alternate typically based on availability.
- Your post-operative appointment will be scheduled 7-10 days post surgery to check on your progress and obtain x-rays. If you do not have this appointment made at the time of your surgery please call the office and ask for an appointment at 336-375-2300.

### Physical Therapy

- Physical Therapy (PT) is integral to doing well after a shoulder replacement. Without a commitment to PT you may very well be worse after surgery due to stiffness or weakness. PT will usually be once a week for the first 12 weeks. **If you are unwilling to participate fully in PT, this surgery may not be appropriate for you.**
- Physical therapy will typically start typically less than a week after surgery. You will be provided a physical therapy prescriptions at the time of your first visit after surgery. Occasionally, patients will be held out of therapy for a month for medical reasons but we still expect the same final recovery.

### Anesthesia

- You will be fully asleep for the entire procedure.
- For the vast majority of patients, anesthesia is very safe. There are specific risks with any anesthetic procedure and the anesthesiologist and nurse anesthetist will discuss these with you at the time of surgery.
- Regional anesthesia in the form of a nerve block may be considered in the setting of shoulder replacement but it also has risks and benefits.
- Your anesthesiologist will speak to you prior to the procedure to go over the pros and cons of your anesthesia options. **Ultimately, the decisions about your anesthesia options are made by you.**

### Pain control

- Pain after surgery is normal and is an expected part of recovery.
- We use a comprehensive and diverse approach is used to manage pain after surgery. This approach minimizes the the use of narcotics which can have harmful side effects and are addictive.
- Most patients go home with scheduled Acetaminophen (Tylenol), an anti-inflammatory (meloxicam, celebrex or ibuprofen) and a narcotic (oxycodone). It is EXTREMELY rare to need a refill on narcotics after this surgery and most patients discontinue narcotic use completely by 4 days after surgery.

### Risks of surgery

- Shoulder replacement, like all surgeries has potential risks. The vast majority of patients have a good outcome and are happy they had surgery.
- Some risks include infection, dislocations, stiffness, nerve and vessel injuries, fractures and rotator cuff failure but these are rare.
- These are mechanical parts and for some patients they do need to be revised if they wear out but this is unusual.

**For more information visit the patient information section at [drdaxvarkey.com](http://drdaxvarkey.com) or scan below**

