



Home to the Texas Rangers



Texas Metroplex Institute for  
Sports Medicine & Orthopedic Surgery



Home to the Dallas Stars

# Reverse Total Shoulder Arthroplasty Information

Steven Niedermeier, M.D.

## WHAT IS A REVERSE SHOULDER ARTHROPLASTY?

- Complete replacement of the shoulder (ball and socket) with metal and plastic components.
- This procedure is reserved for patients with severe degenerative arthritis in their shoulder, a chronically torn rotator cuff, and those with rotator cuff arthropathy

## GENERAL PROCEDURE INFORMATION:

- The procedure takes about 1-2 hours to perform
- This is an inpatient or outpatient procedure meaning you may be admitted to the hospital for 1-2 days after the procedure or a same day procedure.
- During the surgery, an incision will be made on the front of the shoulder about 4-5 inches in length (about 1 inch outside of the armpit crease).

## PRE-OPERATIVE APPOINTMENT:

- We will explain your surgery, have you sign our in-office consent forms, give you your surgery time (time to be at the hospital/surgery time is variable and subject to change), answer any final questions, review your health history, and give you your post-operative medications.
- The hospital also requires a pre-operative visit. We will try to coordinate these appointments so you can go straight from our office to the hospital.
- We do not require a pre-operative hibiclens scrub
- FEMALES: You may leave you nail polish on as your hand is fully covered for the procedure
- All patients will receive a dose of antibiotics through their IV prior to the procedure.

## POST-OPERATIVE MEDICATIONS:

- We will provide you with prescriptions for pain medication (i.e. Tylenol, Ibuprofen, Norco, Oxycodone, etc.) and anti-nausea medication (i.e. Phenergan, Zofran, ect.) so that you can pick these up prior to your procedure in efforts to make your day of surgery less involved.
  - Tylenol (Acetaminophen) 500 mg every six (6) hours.
  - Motrin/Advil (Ibuprofen) 200-800 mg ever six (6) hours.
- Alternating these two (2) medications often works better to improve discomfort then taking just one or the other. For example:
  - Taking 500 mg of Tylenol in the morning, then 200-800 mg of Motrin/Advil in the afternoon, and 500 mg of Tylenol again in the evening.
- If you have allergies to certain medications, know that certain medications do or do not work, get really nauseated with surgery and/or pain medication make sure to let us know this.
- We **cannot** call in pain medication after hours or on weekends. It is your responsibility to let us know if your pain is not adequately controlled with the regimen given or if you need a refill in an ample amount of time for us to get this sent to the pharmacy during business hours and before the weekend. Our on-call service is available for suggestions but not to call in additional or different pain medications.



- Federal regulations only allow us to provide you with a 10-day supply of pain medication. We are only in clinic on Mondays, Wednesday, and Fridays (half day). You MUST plan accordingly.
- All pain medication and anti-nausea medications are as needed. Do not take more than what is prescribed unless specifically instructed by a TMI provider.
- Ice is also a fantastic pain reliever. We recommend keeping ice on your operative shoulder as much as you can tolerate. We no longer require ice machines for the surgery as they are expensive and not covered by insurance. If you have one available or request one a prescription can, be provided.
- We do not place you on antibiotics following the procedure
  - Antibiotics and dental procedures:
    - We recommend no elective dental procedures for 3 months following your surgery
    - After the three months, we recommend premedication with antibiotics 1 hour prior to all dental procedures

#### **WHAT TO WEAR TO SURGERY:**

- Something loose and comfortable should be available to wear after the surgery. Button up shirts are sometimes easiest.
- All street clothes will be removed and you will be placed in a surgical gown for the procedure.
- The nurses/therapists in the hospital will help you and show you how to get dressed without using your surgical arm after the procedure
  - \*Helpful Tip\* - it is easiest to put a shirt or jacket on the operative arm first

#### **SLING:**

- You will be placed in a sling after the procedure. This sling is supposed to be comfortable and is fully adjustable. It can be worn as high or low as you like but is meant to hold your arm so that you do not have to constantly hold it up.
- Prior to leaving the hospital nurses/therapists will show you how to adjust the sling and how to take it on and off.
- The sling should be always worn. You can take your arm out of the sling when you're seated to perform range of motion to the elbow, wrist, hand, and fingers. You may also remove your sling for hygiene.
- Expect to be in the sling for about 4 weeks.

#### **DRESSINGS AND WOUND CARE:**

- After surgery, you will have a large waterproof dressing (looks like a large bandaid) on your shoulder. This will cover the incision.
- The dressing will remain in place until we remove it at your post-operative appointment.
- We suture the wound with an absorbable understitch and skin glue.
- You may shower and let water run over the dressing/shoulder, but do not scrub this area or use soap over this area. After you shower, you may use a towel to gently pat dry the area.
- Once your dressing is removed at the post-operative appointment, you do not need to keep it covered. You do not need to apply any lotions or ointments.
- We do not want you submerging your incisions for the first 4 weeks (i.e. no bath tubs, pools, hot tubs, lakes, etc.)



### **PAIN BLOCK:**

- As an option for pain control (this can be refused but is highly recommended), anesthesia can place a pain block that provides excellent pain relief for the first 12-24 hours after surgery.
- Using Ultrasound, they inject numbing medication that will numb your surgical arm for 12-24 hours.
- The block tends to wear off in the early morning hours the day after surgery.
- When you start to feel your fingers the block is starting to wear off and it is a good idea to start taking pain medication to keep it managed. Within 30 minutes or so after feeling your fingers the block is no longer as powerful. Some people can have residual numbness in parts of the arm, and hand for 2 weeks or more after the block. This is normal.

### **EXERCISES AND PHYSICAL THERAPY:**

- Immediately following the surgery therapy will consist of only a few exercises. These will be taught to you and explained by the nurses/therapists prior to you leaving the hospital. You need to remove the shoulder sling 3-4 times per day to work on these exercises. All exercises are to be done slowly. Do not force anything.
- Elbow Range of Motion
  - Gently move your elbow through its entire range of motion (all the way straight, and completely flexed) 5 times. This may be done slowly and you may use your other arm to help you. This exercise is done to keep your elbow loose. It will get quite stiff if these exercises are not done. They should not be painful as we did not operate on your elbow.
- Shoulder pendulum exercises
  - To do these, simply lean forward on a table or countertop and allow the operative extremity (the arm that we operated on) to dangle relaxing everything in your shoulder and neck. Then slowly and gently start moving it back and forth, then side to side, then around in a circle. Your arm should swing gently like a pendulum. This will help to keep your shoulder loose while we allow the repaired areas to heal.
- We do not start formal physical therapy until at least 2 weeks post-operatively.

### **SLEEPING AFTER SURGERY:**

- Sleep is the biggest complaint after surgery as it is hard to find a comfortable position.
- We recommend sleeping in a chair/recliner or in bed propped up with pillows.
- Lying flat will not damage what we have done but it does tend to be uncomfortable.
- We recommend that you not sleep on your operative side for at least 6 weeks

### **RECOVERY PROCESS/RESTRICTIONS:**

- The expected recovery is 5-6 months. It will be at least 5 months before you are released to full activity pending how you progress with therapy and follow your home exercise program.
- We do not want you reaching overhead or lifting more than 5 pounds for 12 weeks.
- At 12 weeks, we will allow you to lift up to 10-15 pounds. This will coincide with you working on heavier lifting in physical therapy.



- Physical Therapy:
  - 0 - 2 weeks:
    - Shoulder pendulums and elbow ROM exercises.
  - 2 - 6 weeks:
    - Formal outpatient physical therapy begins 1-3 times a week.
    - Shoulder pendulums, elbow ROM exercises, and gentle pulley exercises will be added.
    - We have pulleys for sale through our office for \$23 and will provide this at your first post-op appointment.
  - 6 - 12 weeks:
    - You will be working on range of motion exercises and strengthening once motion is regained.
    - The physical therapist will dictate what exercises to work on at home.
  - 12-weeks - 5 months:
    - Continue to build strength. Formal therapy may still be needed at this point; however, some patients are able to be released to a home exercise program.
  - 5 months - 1 year
    - Expected return to full activity.
    - We recommend that you continue to work on stretching and strengthening exercises a few times a week.

#### **POST-OPERATIVE APPOINTMENTS:**

- We like to see you in the office to check your incision, monitor your progress, and get x-rays to make sure the hardware is in position.
- Typical follow-ups are at 2 weeks, 6 weeks, 3 months, 6 months, 1 year, and then yearly after that (these are a rough estimate and are subject to change depending on how you are progressing. Sometimes we see you more often).
- We typically get x-rays at every appointment starting with your first post-op appointment at 2 weeks.

#### **WHEN TO CALL THE OFFICE:**

- Of course, if you ever have a question about what you can or cannot do.
- If you are going to an outside physical therapist, they can call with questions about your protocol on your behalf.
- If your incisions start to look questionable (i.e. redness, drainage, new swelling, new bruising)
- If you injure your shoulder in any way. The biggest culprit is falling. Life happens and we understand that but we need to know about it if it does.