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Instruction Sheet following Anatomic Shoulder Replacement Surgery

Sling:

Wear your sling at **all** times after your surgery (this includes sleeping). There are no exceptions to this rule – it is very important! You can come out of the sling for physical therapy or changing. When in the sling, you can use your hand and wrist for typing on a key board or texting on a phone. When you are coming out of the sling, you need assistance to help support your arm. You will need to wear the sling at all times for about 6 weeks from the date of surgery; this is not related to your level of pain but related to the healing process of the repair. Additionally, you should not carry anything heavier than a pencil in your hand.

Dressing:

The yellow rectangular adhesive bandage placed over your incision may be showered over and can stay on until your first post op visit 10-14 days post op. It should be removed and replaced only if saturated with bleeding/drainage (please let me know immediately).

Showering:

You may shower 24 hours after surgery. Please use **CAUTION!!** Be careful not to slip and fall. The effects of anesthesia and/or medication may make you drowsy or light-headed. While in the shower you must keep the arm across the front of the body as if it were still in the sling, or allow it to gently hang by your side. Be sure not to lift/use the arm to wash yourself. To clean your arm pit, lean forward and let your arm hang down with gravity and gain access to your arm pit (do not take the elbow outwards).

Sleeping:

You will most likely have difficulty sleeping in the first few weeks after surgery. Most people find it more comfortable to sleep in a reclining position. You can either sleep in a recliner chair or create this position with pillows. You only need to do this if you find it more comfortable. During lying down in bed make sure that there is a rolled blanket (thin) or a small pillow supporting the back of your elbow so that your elbow is lying at the level of the front of your stomach. **“Need to see the elbow at all times”**

**Ice:**

You can ice the shoulder to reduce swelling and discomfort. Do not ice the shoulder more than 20 minutes at a time. Let the shoulder warm up before reapplication of the ice for about 20 minutes. If you have a cryocuff, you may keep this on continuously. Do not apply ice directly to your skin.

Medication:

You will be given pain medication that should be taken as prescribed. Please note that narcotic pain medication may cause constipation. Please remember to take stool softeners (Colace) when using narcotics to help reduce the chance of constipation. You should not use alcohol together with narcotic medication. Do not drive or operate complex machinery while taking narcotic medication. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, and/or dizzy spells. If you experience any of these side effects to a severe extent, you should contact our office. When your pain is well controlled (2 days to 2 weeks post-op), you may transition yourself to an anti-inflammatory and Tylenol.

You should restart all of your prescription medications once discharged unless specifically instructed otherwise.

Return to Driving:

I don't recommend driving in first few weeks after upper extremity surgery. For you to be eligible to return to your preoperative driving status you have to fulfill **all the following criteria:**

1. You must be completely off narcotic medications
2. You should not be wearing a sling
3. You should not be in significant pain
4. You must be able to place both hands on the steering wheel and operate the controls of the vehicle comfortably and safely.

As a physician, I cannot determine/assess your driving skills and therefore your ability to drive safely. It is a decision that you have to make when you feel comfortable driving after you have fulfilled above criteria. I strongly recommend that you should first practice in an empty parking lot and become comfortable prior to driving solo on road. Research studies have demonstrated that it can take anywhere between 6-12 weeks to return to safe driving on road after arthroscopic and open shoulder and elbow surgery. I recommend against long drives in first few weeks of return to driving after surgery.



Please contact my office if you have further questions.

Reference:

Garret Garofolo; Mathew Hamula; Joseph D. Zuckerman. Driving Performance After Total Shoulder Arthroplasty Paper 438, presented at the AAOS 2014 Annual Meeting, March 11-15, 2014, New Orleans, Louisiana.

Follow-up visit:

You need to see the doctor about 10-14 days following surgery for your first post-op visit. At that time your sutures or staples will be removed if needed, and you will be given a prescription to begin physical therapy.

Common Concerns:

Bruising and/or swelling of the shoulder, arm, or hand are common after surgery. This can sometimes extend even into the forearm; this is normal. To relieve this discomfort it is best to ice the shoulder.

Please call if:

1. Any oozing or redness of the wound, fevers ($>100.4^{\circ}\text{F}$), or chills.
2. Any difficulty breathing or heaviness in the chest.

REMEMBER - these are only guidelines for what to expect following shoulder replacement surgery. If you have any questions or concerns, please do not hesitate to call the office.