

Olympia Orthopaedic Associates

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Post-Operative Instructions after Shoulder Replacement Surgery

Instructions Until First Post-op Visit

- Activity Level: Your arm was placed in a sling following surgery. To complete exercises for your shoulder, you can remain in the sling. The exercises should be performed at least 5 times daily, 5 repetitions each. Do not discontinue the sling until cleared by Dr. McLaughlin and his team.
- Pain Medication: Prescriptions for pain medication will be given to you in clinic at your preoperative appointment. You should avoid taking pain medications on an empty stomach as it may make you nauseous.
 - Do not drink alcoholic beverages or take recreational drugs when taking pain medications.
- Icing: For the first few weeks after surgery, icing your shoulder five times daily for up to 20-30 minutes may decrease pain and inflammation in the shoulder. You may ice your shoulder more frequently if you are having continued pain and swelling. Do not sleep with ice on your shoulder.
- Wound Care: **Keep dressings clean and dry.** Remove your operative dressings **7 days after** your surgery unless told otherwise by Dr. McLaughlin and the team. You may keep them covered with a bandage if there is still some oozing. If it becomes soiled or wet, replace it with a new bandage. Do not put any ointments such as bacitracin on or near the incisions.
- Showering: We recommend waiting until the dressing is removed before you start showering. When showering, have warm soapy water run over the incision, but do not place it directly under the water. Afterwards, "pat" the area over the incision dry, do not "rub" as that can create hurt the incision. Please keep the Steri-strips (ie "butterfly bandages") on for at least 1 week, if present. Steri-strips will fall off naturally with time.
- Dressing/Undressing: When dressing, put your operative arm in the sleeve first. When getting undressed, take your operative arm out last. Loose fitting, button-down shirts are recommended.
- Sleeping: Many patients find that lying in a semi-seated position in bed is more comfortable than lying flat. Some patients find sleeping in a recliner more comfortable during the first few weeks after surgery. Keep a pillow propped under the elbow and forearm for comfort.
- Driving: You should not drive until you are off pain medication and you feel comfortable with moving your shoulder around.
- Follow-up Visit: Your first followup visit should be between 7 and 14 days from surgery. This should be made for you. If you do not have to visit made, please call immediately.

What to Expect After Your First Post-op Visit

- Activity Level: We will have you continue range of motion exercises.
- Pain Control: You should be able to taper off your narcotic pain medication within 2 weeks after surgery. You can take Tylenol and Naprosyn continue icing the shoulder if you are still having symptoms.
- Sleeping: The ability to sleep through the night may take 4 weeks or more after surgery. Continue lying in a semi-seated position in bed or sleeping in a recliner.

Medication Information

- The following medications will be prescribed to you after surgery:
 - o Oxycodone: narcotic pain medication
 - Take 1-2 pills every 3-4 hours
 - o Tylenol: pain medication
 - You can take 1 extra strength Tylenol (500 mg) every 6-8 hours
 - Please do not take more than 3,000mg of Tylenol per day
 - o Naprosyn: anti-inflammatory medication
 - Take 1 pill with breakfast and with dinner
 - If you have a history of an ulcer or stomach bleeding, do not take this medication
 - If you start feeling any stomach discomfort, please discontinue use of this medication
 - o Zofran: anti-nausea medication
 - Take 1 pill every 6-8 hours as needed for nausea
 - o Colace: stool softener
 - Take 1 pill twice daily to prevent constipation
- Pain medication may make you constipated. Below are a few solutions to try in this order:
 - o Drink lots of decaffeinated fluids.
 - o If this doesn't work, take the Colace as directed above
 - o This can be supplemented with:
 - Senokot – an over-the-counter laxative
 - Miralax – a stronger over-the-counter laxative

Exercises To Do

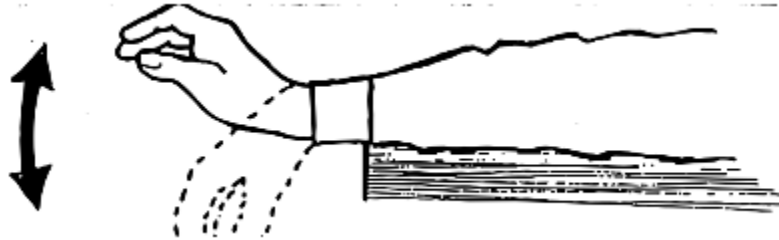
The following exercises should be performed 5 times daily, 10 repetitions:

NO SHOULDER PENDULUMS UNTIL FOLLOW UP WITH DR. MCLAUGHLIN

1. Hand: bend your fingers to make a tight fist, then straighten your fingers.



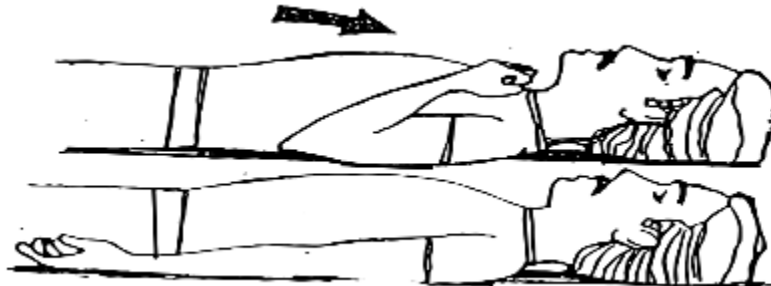
2. Wrist: bend your hand downward, then upward.



3. Forearm: rotate forearm so your palm is up, then down.



4. Elbow: bent your elbow all the way up, then straighten completely.



CONTACT INFORMATION:

- If you have any non-urgent questions or concerns, or if you would just like to give me updates on your progress after surgery, please contact the team via telephone or patient portal
- If you would like to contact our office by phone or to change your appointment time, please call (360) 786-8990
- For any urgent or emergent issues, you can either:
 - o Call 911
 - o Head to the Emergency Department,

Our hope is that you make a quick recovery from your shoulder surgery. Again, please do not hesitate to contact me with any questions or concerns.

Post-Operative Pain Management Following Orthopedic Surgery

It is no secret that following orthopedic surgery, patients can often experience a considerable degree of discomfort. To combat this, Dr. McLaughlin implements a pain control strategy following surgery that is “multi-modal” - that is, utilizing multiple different techniques and pain medications to achieve reasonable comfort while trying to avoid the side effects of narcotic pain medication.

Narcotic pain medication, while an important component of postoperative pain relief, is known to be addictive and even deadly if misused. Other less severe, though unpleasant side effects such as constipation, nausea, and lethargy can occur as well, so it makes sense for the patient to only take as much narcotic as is necessary and no more.

One major advance in postoperative pain control is the utilization of nerve blocks on the day of surgery to effectively “numb” the area where the surgery takes place. While not permissible for every patient nor every operation, this technique is frequently utilized by Dr. McLaughlin and performed by experienced anesthesiologists. It is important to note that the anesthesiologist on the day of surgery will be able to better explain the risks and benefits of peripheral nerve blocks.

Postoperatively, the oral pain control regimen is focused on three main medications: Tylenol (Acetaminophen), Naprosyn (a Nonsteroidal Anti-Inflammatory Drug, or “NSAID”), and a Narcotic. That said, it is important to not forget about ways to decrease swelling and pain without medications, such as **elevating the affected limb (if able) to above the level of the heart** and **using ice (30 minutes on, 30 minutes off)**.

It is important to remember that should you feel nauseous, Zofran 4mg Oral dissolving tablet every 6 – 8 hours as needed can be used, and that for the duration that you're taking the narcotic medication, you should also be taking Colace 100mg by mouth twice daily. If still constipated despite this, please refer to the discharge instructions for additional medications that can be tried to help.

The pain medications used

- o **Tylenol:** pain medication
 - You can take 2 extra strength Tylenol (1000 mg) every 8 hours SCHEDULED
 - Do not take more than 3,000mg of Tylenol per day

- **Do not take if you have a history of liver failure**
- o **Naprosyn**: anti-inflammatory medication
 - Take 1 pill (500 mg) by mouth with breakfast and with dinner
SCHEDULED
 - **Do not take if you have a history of an ulcer, stomach bleeding, or chronic kidney disease**
 - If you start feeling any stomach discomfort, please discontinue use of this medication

- o *If still having pain despite the above:*
- o Narcotic pain medication (typically Oxycodone 5 mg)
 - Take 1-2 pills every 3-4 hours
 - If a block was given before or after surgery, start taking this medication when your fingers “begin tingling” – so the pain medication will be in your system by the time the block completely wears off.
 - Attempt to wean (starting first by trying one pill, then by increasing time between pills) as soon as pain and symptoms permit until you have completely weaned off this medication
 - ****Discontinue the narcotic medication prior to discontinuing Naprosyn or Tylenol****
 - ****If additional pills remain after they are no longer required, please remove from the home and dispose of properly in your local community. Information on how to do this can easily be found online. For Thurston County residents, please visit:**
<https://www.co.thurston.wa.us/health/personalhealth/unwantedmedication/index.html>******
 - ****If at any point you feel yourself becoming addicted or having difficulty weaning off the narcotic medication, please contact Dr. McLaughlin's team at (360) 786-8990 immediately****

Postoperative Pain Calendar

Some patients find that given the dosing of the above medications, a pain calendar can be helpful. A sample one can be found below. It is encouraged to “write-in” the time you get home from the procedure on the calendar to help you stay organized.

For reference, the calendar below would start at 8am. Feel free to adjust the start time depending on when you get home so you can use this as a schedule. All three medications are safe to take at the same time as indicated in the top line.

	Tylenol	Naprosyn	Narcotic (<i>if needed</i>)
_____ o'clock	1000 mg	500 mg	1 to 2 tabs
_____ o'clock (+ 4 hours)	-----	-----	1 to 2 tabs
_____ o'clock (+ 4 hours)	1000 mg	-----	1 to 2 tabs
_____ o'clock (+ 4 hours)	-----	500 mg	1 to 2 tabs
_____ o'clock (+ 4 hours)	1000 mg	-----	1 to 2 tabs
_____ o'clock (+ 4 hours)	-----	-----	1 to 2 tabs

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