

Shoulder Joint Replacement at the University of Washington

Thank you for asking us to help in the management of your shoulder problem. Our goal is to optimize both your safety and your recovery. We are interested in answering any questions you may have before, during, or after your hospital admission. The main way to reach us is through the Bone and Joint Surgery Center, 206 598-4288. During non-business hours, please call the paging operator at 206 598-6190 and ask for the orthopaedist on call. If there is an emergency, call 911.

Here is a general overview of our treatment plan for the ream and run, the cuff tear arthropathy (CTA) arthroplasty, and the total shoulder (but not for the reverse total shoulder), check with your surgeon for the specific plan for your shoulder.

Before Surgery

Complete the attached checklist to assure everything is in place for the safest possible surgery. If you have any concerns about changes in your health, skin sores, rashes or scratches, or anything else that might affect your surgery, please let us know as soon as possible.

The Day of Surgery

At the designated time you will check in at the Surgical Pavilion, and proceed to the pre-anesthesia area, where the staff will welcome you and help get you ready. Your valuables should be given to a family member or friend for safekeeping or to the staff. Rings need to be removed from the hand on the side of surgery. You will be dressed in a surgical gown and an IV (intravenous) line established. The anesthesiologist and the surgical team will greet you and answer any last minute questions and confirm the type and site of the surgical procedure. Family and friends will be shown to the waiting area.

You will come to the operating room where you will receive an anesthetic and have your surgery. You will then go to the recovery room for an hour or two. Often physical therapy is started in the recovery room. After you are awake and stable, a family member can come back to see you. You will then go to an inpatient floor where you'll complete your recovery and get ready for discharge, often on the second day after surgery. For the afternoon of surgery we often use a patient-controlled analgesia (PCA) device so you can administer your own medication, but we prefer to discontinue the PCA the evening after surgery, changing you over to medications that you can take by mouth.

During your Hospital Stay

Activities: Our goal is to have you start your shoulder rehabilitation exercises and be up and out of bed as soon as possible. Often we use a continuous passive motion (CPM) machine to gently move the shoulder while you relax. The surgical team and the therapists will help you with your exercises and show you how to do them on your own. Before you leave the hospital, you should understand and be able to do your exercises. For most of our joint replacements, attaining

and maintaining at least 150 degrees of elevation is critical for a good result.

Medications: We try to minimize the use of strong narcotics after surgery because these medications delay recovery. Thus we rely on Tylenol, anti-inflammatory medications, and light narcotics.

Discharge from the hospital: Patients are usually ready to leave the hospital on the second day after surgery, assuming the shoulder exercises are going well and the necessary shoulder motion has been achieved.

After Discharge

Incision: Keep it clean and dry. Should the bandage become wet or soiled, replace it with a sterile dry dressing. Cover the bandage with plastic when taking a shower and avoid immersing the incision in a tub or pool for the first three weeks. At two weeks after your surgery the incision should be examined by the surgeon or a local physician. If staples were used to close the incision, they should be removed at that time and steristrips applied. Keep your armpit clean and dry, avoiding deodorants or creams. If you have any questions or problems contact your surgeon.

Medication

We plan to discontinue narcotic medications by two weeks after surgery. For the first 6 weeks after surgery, we usually recommend Aleve, one in the morning and one in the evening, unless you have intolerance to anti-inflammatory medications, or have bleeding or gastrointestinal problems. Tylenol is limited to 3,000 mg per day. If you have any concerns about the safety of these medications for you, contact your primary care physician or your surgeon.

Exercises: The first six weeks are the critical time for attaining and maintaining at least 150 degrees of forward elevation. The three common methods of stretching in elevation are the supine stretch



the forward lean

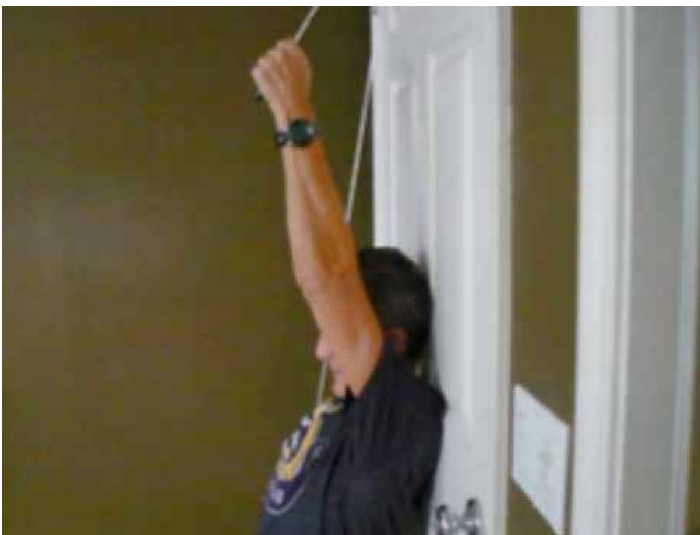


Again for most of our joint replacements, attaining and maintaining at least 150 degrees of elevation is critical for a good result. It may be useful for you to work with a physical therapist under the orders of your surgeon.

It is fine to use a sling when you are out in crowds or to rest your arm, but we encourage you to remove the sling for light activities that are comfortable for you. You should not plan on lifting anything heavier than a cup of coffee for 6 weeks after surgery. Driving is usually discouraged for six weeks after shoulder joint replacement.

Follow-up: You should return to the surgeon's office six weeks after surgery for a post op check of your wound, motion and x-rays. Usually at this time strengthening and additional stretching exercises are added. If the shoulder is stiff at this time, additional therapy or possibly a manipulation under anesthesia may be recommended.

and the pulley



Again, we are most interested in personalizing your care. If you have any questions about your shoulder or the surgical options that may be considered, please let us know.

Sincerely,

Frederick Matsen (matsen@uw.edu)
Winston Warme (warmewj@uw.edu)
Jason Hsu (jehsu@uw.edu)

Have a family member or friend measure your range of motion several times a week to make sure you are on track. Have them take a photo from the side and send to the surgeon.

