



333 South Kirkwood Road, Suite 200
Kirkwood, MO 63122
Office (314) 991-4335 Fax (314) 991-4340 Exchange: 888-456-8166

Nathan A. Mall, MD

Collin Magilligan, NP

POSTOPERATIVE INSTRUCTIONS

REVERSE SHOULDER ARTHROPLASTY

WHAT IS NORMAL?

- Some nausea and/or vomiting is normal after general anesthesia. We try to minimize this by giving anti-nausea medications, and having the anesthesiologists use certain medications, but it is often unavoidable in some people. If this persists for greater than 24 hours please alert our office.
 - We provide everyone with a prescription for an anti-nausea medication. This is a relatively expensive prescription, so we recommend not filling the prescription unless nausea becomes a persistent problem.
- A sudden increase in pain is common when the numbing medication wears off. This typically occurs anywhere between 6 and 24 hours after the surgery. It is impossible to predict because everyone's body metabolizes the medication differently.
 - We recommend taking some pain medication even when you are relatively comfortable as once the block or numbing medicine wears off it takes a long time to catch up to the pain. If you have some pain medicine in your system it is easier to get ahead of the pain.
 - You have also been given an anti-itch/anti-anxiety medication (hydroxyzine). This is an adjunct to the pain medication and often helps it work better in your body.
- A fever in the first 1-2 days after surgery is common. This is related to collapse of some of the small air sacs in the lungs which triggers a fever response. The best treatment for this is deep breathing and coughing. If the fever persists beyond 48 hours after surgery or is more than 102 degrees, please call our office.

DIET

- Begin with clear liquids and light foods (jellos, soups, etc.)
- Progress to your normal diet if you are not nauseated

WOUND CARE

- Maintain your operative dressing, loosen bandage if swelling of the hand or wrist occurs
- It is normal for the shoulder to bleed and swell following surgery – if blood soaks through the bandage, do not become alarmed – reinforce with additional dressing. You can purchase extra



333 South Kirkwood Road, Suite 200
Kirkwood, MO 63122
Office (314) 991-4335 Fax (314) 991-4340 Exchange: 888-456-8166

Nathan A. Mall, MD

Collin Magilligan, NP

gauze or an ABD or abdominal pad at the drug store and wrap an additional ace wrap around this.

- Remove surgical dressing on the third post-operative day – if minimal drainage is present, apply band-aids or a clean dressing over incisions and change daily. Do NOT remove the little white, beige, or clear pieces of tape over the incision. These help keep the incision from spreading. Dr. Mall closes all of his wounds using the same technique as plastic surgeons. The sutures will dissolve under the skin. You may see a small clear strand of string this is part of the skin closure and should not be pulled on or cut until seen by Dr. Mall or one of his associates.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing a large garbage bag over your sling starting the day after surgery – NO immersion of operative arm (i.e. bath). Alternatively, you can take a bath while keeping your operative arm out of the water.
- Do not use any creams, alcohol, hydrogen peroxide, Neosporin or other ointments on your incisions.

MEDICATIONS

- Pain medication is injected into the incision during surgery – this will wear off within 8-12 hours. Most shoulder procedures are accompanied by a nerve block performed by the anesthesiologists that will make the arm numb for a similar time period.
- It is essential that you take some pain medication prior to the block wearing off, therefore we suggest taking at least one pain pill every 4 hours even if no pain is felt, then taking two pain pills once some feeling is returning in the arm (typically described as a tingling sensation in the arm)
 - If you don't have some baseline pain medication in your system, when the block wears off it will take several hours to get the pain back under control while you try to "play catch-up"
- Most patients will require some narcotic pain medication for a short period of time – this can be taken as per directions on the bottle
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food – if constipation occurs, consider taking an over-the-counter laxative
- If you are having problems with nausea and vomiting more than what is described as normal in the first section of this document, contact the office to possibly have your medication changed (call 314-336-2555 or 314-995-0891)
- Do not drive a car or operate machinery while taking the narcotic medication
- Ibuprofen (i.e. Advil) or naproxen (i.e. Aleve) may be taken sparingly in between the narcotic pain medication to help smooth out the post-operative 'peaks and valleys', reduce overall



333 South Kirkwood Road, Suite 200
Kirkwood, MO 63122
Office (314) 991-4335 Fax (314) 991-4340 Exchange: 888-456-8166

Nathan A. Mall, MD

Collin Magilligan, NP

amount of pain medication required, and increase the time intervals between narcotic pain medication usage. Do not take regularly.

- If you have been prescribed a medication called Toradol or ketorolac, do not take additional anti-inflammatory medications such as ibuprofen or naproxen until you have completed the prescription of toradol (ketorolac).
- As the days progress following surgery, you can begin weaning yourself off the pain medications. Typically, patients will require pain medications every 4 hours for the first 3-4 days and then can begin spreading this out longer and longer. Pain medication is typically used at night for at least the first week.
- Dr. Mall has a strict policy regarding narcotic pain medication. If you still require narcotic pain medication 4 weeks after surgery you will likely be referred to a pain management physician to assist you in weaning from the medication or to your primary care physician.

ACTIVITY

- When sleeping or resting, many patients report reduced pain and increased comfort with laying in a recliner or similar position using multiple pillows in bed.
- Keep a pillow behind your elbow at all times when in bed or sitting. While this helps prevent discomfort as many patients feel increased pain when the elbow slides backwards behind the body (extension) it also prevents dislocation of your new prosthetic shoulder. The front rotator cuff muscle must be cut and then repaired, and this is a major restraint to the shoulder popping out the front.
- Also, do not push your elbow backwards as if trying to get out of a chair or when rolling over in bed to minimize the risk of dislocation in the early post-operative period
- Unless otherwise instructed by your physician, do not lift anything with the operative arm.
- Do not engage in activities which increase arm pain/swelling (laying with the arm out of the sling and arm dangling at the side) over the first 7-10 days following surgery
- Avoid long periods of sitting or long distance traveling for 2 weeks

BRACE/SLING (If prescribed)

- Your sling/immobilizer should be worn at all times until your first post-operative visit

ICE THERAPY

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes at a time every day until your first post-operative visit



333 South Kirkwood Road, Suite 200
Kirkwood, MO 63122
Office (314) 991-4335 Fax (314) 991-4340 Exchange: 888-456-8166

Nathan A. Mall, MD

Collin Magilligan, NP

- If you did not get an ice machine and you must be up, then you can purchase a plastic wrap roller or just use plastic wrap from a grocery store to wrap the ice bag to your shoulder. This will allow you to be mobile while still icing the shoulder. This is how we ice all of our professional athletes after games or practices.

EXERCISE

- No shoulder motion until after your first post-operative visit.
- Begin exercises 24 hours after surgery (finger, hand, wrist, and elbow range of motion)
- Complete exercises 3-4 times daily until your first post-operative visit
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon)
- Formal physical therapy (PT) will begin after your first post-operative visit

EMERGENCIES**

- Contact Dr. Mall or his nurse practitioner, Kelly 314-336-2555 (business hours) or at 314-995-0891 (after hours) if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 102° - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting (more than described above)
- **If you have an emergency after office hours or on the weekend, contact our exchange (314-995-0891) and you will be connected to our page service – they will contact Dr. Mall
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

FOLLOW-UP CARE/QUESTIONS

- Dr. Mall or Kelly will call you on your first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call our office or send us an email at mallteam@toc-stl.com
- If you have additional questions that arise at any time, or for any non-emergent questions or concerns email us at mallteam@toc-stl.com



333 South Kirkwood Road, Suite 200
Kirkwood, MO 63122

Office (314) 991-4335 Fax (314) 991-4340 Exchange: 888-456-8166

Nathan A. Mall, MD

Collin Magilligan, NP

- If you do not have access to e-mail, please call Dr. Mall or Kelly directly at 314-336-2555 (business hours) or 314-995-0891 (after hours)
- If you do not already have a post-operative appointment scheduled, please contact the office during normal office hours (314-336-2555) and ask for appointment scheduling. You will need to be seen between 8-14 days after surgery.