

***Total Shoulder Arthroplasty***  
***Pre-Operative Packet***

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## **Contact Information**

*We are here to help throughout your recovery*

Dr. Brad Carofino specializes in shoulder and upper extremity surgery. He is one of the only surgeons in Virginia who has completed a Shoulder Surgery Fellowship. We perform hundreds of complex shoulder surgeries each year and we pride ourselves on delivering exceptional care to each of our patients.

Recovering from Total Shoulder Arthroplasty surgery is a long process. We are here to help you throughout the entire process, not just on the day of surgery. If you are having a problem or concern, we want to hear from you. If you have a question we want to hear from you. Below you will find the contact information for our team members. Please contact us if we can help in any way!

Most Sincerely,



Brad C. Carofino, MD, FAAOS  
Shoulder Specialist  
Team Physician: Norfolk Tides

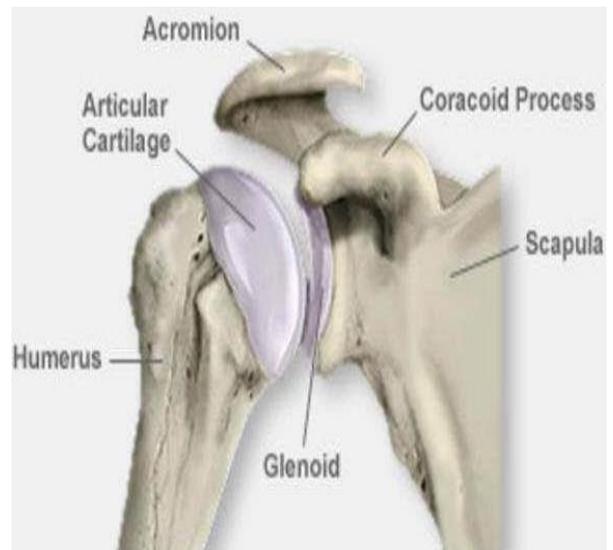


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- Tammy English: Secretary to Dr. Carofino
    - Phone Number: 757-321-3300 ext. 3397
    - Email: [EnglishT@atlanticortho.com](mailto:EnglishT@atlanticortho.com)
      - Tammy will contact you within 2-3 days to set up your date of surgery.
      - She is available to answer questions related to scheduling, paperwork, medications, and medical clearance.
  - Jennifer Rascoe, NP-C: Nurse Practitioner to Dr. Carofino
    - Jennifer may see you at the first post-operative visit two weeks after surgery.
  - Brice Snyder, MSAT, ATC, OTC: Athletic Trainer to Dr. Carofino
    - Work Cell: 757-679-3407
    - Work Email: [SnyderB@atlanticortho.com](mailto:SnyderB@atlanticortho.com)
      - Brice is available to answer your questions related to surgery and the post-operative rehabilitation plan.
  - Dr. Brad C. Carofino, M.D., FAAOS: Shoulder Specialist
    - Email: [CarofinoB@atlanticortho.com](mailto:CarofinoB@atlanticortho.com)
      - Dr. Carofino is available for contact on non-surgery days via email.
      - If you need immediate communication with someone for questions or concerns about your surgery or rehabilitation, contact Brice Snyder above.

## All About the Shoulder

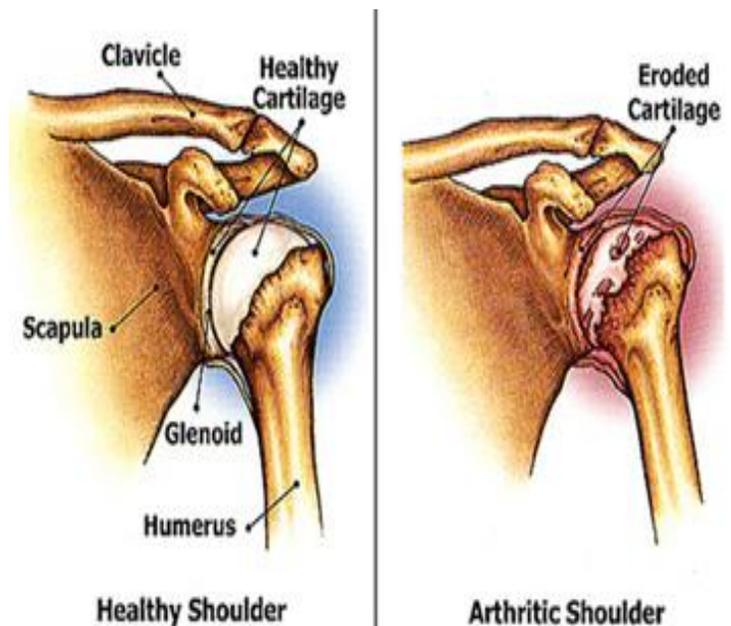
### What is the Shoulder Joint?

- The shoulder joint is a “ball and socket” joint. Imagine it as a golf ball resting on a golf tee. The “ball” is called the humerus and the “tee” or socket is called the glenoid. The glenoid happens to be part of the scapula or shoulder blade. Between the ball and socket joint is hyaline cartilage. This cartilage covers the ends of the bones. These coverings are extremely smooth and allow for the bones to glide on each other. Imagine it as ice on ice, gliding very smoothly over one another. These two bones form the main articulation and are referred to as the true shoulder joint.



### What is Arthritis?

- Shoulder Arthritis, or Osteoarthritis (OA) is a chronic degenerative joint disease (DJD) of the cartilage. More specially, the hyaline cartilage covering the humeral head and glenoid surfaces. This is a chronic disease that worsens with time. As of now, science has no way of halting or reversing degenerative joint disease (OA) through stem cell therapies or simple injections. Also there are no specific findings that detail the cause of OA. Some causes are post-traumatic injury, repetitive use or heavy lifting manual labor work.
- Science and surgical procedures (TSA) to replace these diseased surfaces with a titanium ball and plastic socket have come a long way and yield great outcomes for patients who experience decreases in their daily living due to pain and dysfunction of the shoulder joint.



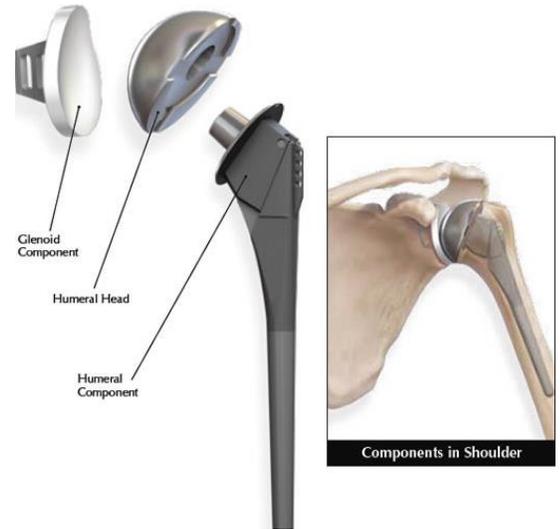
**Diagnosing an Arthritic Shoulder:**

- Typically, a great history gathering by a clinician can diagnose the presence of shoulder joint arthritis without the need of an x-ray.
- Patients complain of shoulder pain diffusely about the joint, it hurts the majority of the day and their shoulder is becoming more and more stiff with activities.
  - In most cases, patients say it hurts worst at night and decreases their ability to sleep, sometimes waking them.
  - They will also say it hurts to sleep on the shoulder, increasing their inability to rest normally.
- Once a history is gathered, we typically will always take x-rays. In this case, the proof is in the picture.
- Above, on the right, you will see a normal healthy joint. The humeral head is well positioned within the joint and there is a good space maintained.
  - Below, on the right, you will see a joint that has DJD present.
  - Noted are:
    - Joint space loss and sclerotic bone (bright white).
    - Large bone spurs called a goats-beard sign.
- After x-rays and a history are taken, a physical exam is performed.
  - Patients demonstrate a loss in range of motion (ROM) both actively and passively.
  - They usually have pain and crepitation (grinding/cracking) with ROM in all directions.
- Once all the information is compiled and DJD is diagnosed, a three options are made available.
  - Physical therapy
  - Cortisone injections
    - > 3/year is not recommended.
  - Surgery
    - When cortisone injections are no longer helpful, and the shoulder is feeling bad enough to do something about it, surgery is offered.
- Risks, benefits and outcomes are mapped out for every patient and the contact information to schedule a surgical date is provided.



**Surgical Replacement (TSA)**

- Surgeries are performed at a main hospital operating room for insurance purposes.
- Shoulder replacements are currently not same day out-patient surgeries.
  - You will stay anywhere from a **minimum** 1-night stay, to as many nights as it takes you to feel comfortable. Typically, 2-3 nights at most.
- When surgery to remove the diseased cartilage is performed via a shoulder replacement, an incision is made along the front of the shoulder joint.
  - The incision is approximately 5-7 inches in length and grants us access to the shoulder joint.
- Once the bones are exposed, following dissection of muscle and the capsule, the surfaces of the bones are removed.
  - The surfaces that were there are responsible for causing you pain. Once removed, hypothetically speaking, your pain should be removed.
- The surfaces are then prepared to receive a metal stem and ball in the humerus and a plastic socket in the glenoid.
- The glenoid is held in place by bone cement and the stem and ball are “press fit”, making a very snug fit within the bone.
- Once the implants are in place, the shoulder is mobilized to make sure there is adequate space between the prosthetics which the shoulder to have a near normal ROM.
- The incisions are closed with sutures and the outer layer is closed with staples.
  - You will also be placed into a sling that will remain on for 6-weeks.
- Dr. Carofino will show you stretching exercises of the shoulder.
  - We do this so that you do not lose the ROM we gained during surgery.
- Your dressing that covers the incision will remain on until you follow-up in the office. The inner most bandage is water-proof and is ok to shower with. No bathing until further notice.



## **Scheduling your Surgery:**

### **Scheduling Surgery**

- Tammy English (Dr. Carofino's secretary) should contact you within 2-3 days of your office appointment. She will help you to select a date for surgery. If you do not hear from Tammy after a couple of days, please call her at 321-3397. *If you are having difficulty scheduling your appointment you may contact Tammy, Brice or Dr. Carofino at the email addresses listed on page 2.*
- Many patients will need pre-surgical physicals by their primary care physician. Some patients will also need to obtain a physical from other specialists such as their cardiologist, pulmonologist, etc. Physicals may include lab work and EKG tests. These appointments must be within 30 days of the surgery date.
  - Tammy will help coordinate these appointments with your other doctors.
  - She will assist with scheduling lab work.

## **Do I need to stop any medications before surgery?**

- **PRESCRIPTION BLOOD THINNERS** should be **stopped** before surgery. Aspirin and Plavix are stopped 10 days before surgery. If these medications or other blood thinners are prescribed by your cardiologist or primary care doctor, you should discuss with them if you are OK to discontinue the medicines, and if other precautions need to be taken.

If you have questions about this, please email Tammy at [EnglishT@atlanticortho.com](mailto:EnglishT@atlanticortho.com).

- **Other medications** that should be stopped 2 weeks before surgery: Over the counter anti-inflammatory medications, fish oil, herbal supplements.

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## **Preparing for Surgery:**

- **The hospital will notify you of your scheduled surgery time the day before surgery.**
  - They will call and give you the exact time of surgery.
  - Don't expect to know the anticipated time of surgery until this phone call.
    - Make the day of surgery available for the entire day regardless of time.
  - Many patients prefer to have their surgery performed early in the day. Please keep in mind that the order of surgical cases is based on medical conditions.
- Schedule Transportation to and from the location of surgery.
  - You will need someone to be available to drive you to your location of surgery and transport you home following.
  - You will be incapable of driving a vehicle safely after surgery.
- **Do not** eat or drink after midnight the night of your surgery date!
- Relax and get 8hrs of sleep.
- Take preemptive plans around your home to address comfort post-surgery for sleeping and easy access to commonly used things for eating and daily hygiene.
  - Many patients find it more comfortable to sleep in a recliner for a few weeks after shoulder surgery.
  - You may also want to stock up on shirts that will be easy to take on and off after your surgery. Shirts that button or zip in the front tend to be the easiest to put on when your shoulder hurts.

## **The Day of Surgery:**

- **Be on time!** The hospital/surgery center will let you know how far in advanced to show up when they give you your time of surgery.
- Map your route in advanced. We typically operate at one (1) location:
  - Sentara Princess Anne Hospital  
2025 Glenn Mitchell Drive  
Virginia Beach, VA 23456
- When you arrive at your location, check in at the front desk and fill out any associated paperwork.
- Bring or wear comfortable clothing that you can easily get dressed into with post-surgery.  
**It's easiest to put on shirts/jackets that zip or button up the front.**
- Bring pillows for the car ride home for support under arm and general comfort



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### **Driving:**

- Generally, I recommend that you not drive for at least two weeks after surgery. You should not drive if you are still taking narcotic pain medication. You will be wearing a sling for six weeks. Wearing a sling impairs your ability to drive. It is ultimately your responsibility to determine if you can safely drive with a sling on.

### **Follow-up Appointment Schedule:**

- Typically, we like to see patients based on the healing process.
- 2weeks, 6weeks, 12weeks (3months), 24weeks (6months), 1-year post-operative.
- We like to see patients' 1-time/year after to assess the shoulder and confirm it is stable.

## **The First 3 days**

- After surgery your shoulder will be covered with bandages and you will have a sling on. You will probably be feeling drowsy for a few hours. We recommend that when you get home you find a comfortable place to rest such as a recliner. We recommend icing the shoulder but limit the icing to 25 minutes on and 40 minutes off.
- We recommend that you start taking your pain medication upon return home to avoid falling behind.
- You have plastic bandages covering your incisions. These are waterproof, you may shower with them on, and they do not need to be removed until your appointment. If they do come off, cover the incision with Band-Aids.
- You should be wearing your sling at all times except for when showering and getting dressed. When showering rest your hand on the stomach to limit shoulder movement. When getting dressed you will need to slightly move the shoulder but attempt to move as little as possible. Again, shirts that button or zip in the front are easier to manage.

### **Medications:**

- We prescribe two medications for after surgery:
  - **A Narcotic Pain Medication.** (Percocet or Vicodin) You should plan to take this medication as needed. Many patients find that they need it regularly for the first two days and then less often afterwards. We like for patients to be off of this medication after a few weeks. You may switch to over the counter pain medications such as Tylenol if you no longer need the narcotic pain medicine.
  - **A stool softener.** You will be given a prescription for Colace a stool softener to prevent constipation. If you prefer, you can take another over the counter stool softener. You should take this as long as you are taking the narcotic pain medication, which can be very constipating.

## **The First Six Weeks**

*The first few weeks are the hardest. You should be making steady progress during this time; feeling more comfortable each day, having less pain, and getting stronger.*

### **Activity:**

- You should be wearing your sling at all times except when removing to shower/dress and do therapy exercises if you are in physical therapy. You can use your hand and wrist to write/type. You can pick up light objects but nothing heavier than a coffee cup. You may work on bending your elbow so that it does not get stiff. You should not be lifting the arm in the air or using your shoulder muscles.

### **Returning to Work:**

- *Return to work time depends on each patient and their particular situation.*
- In general, patients who have a **desk job** can return to work when they feel comfortable (within 2 weeks). We ask you to research and make sure that your job is accommodating in knowing you must wear your sling, will require frequent breaks for comfort, and might work slower than normal. You also will not be allowed to lift anything with the operated arm.
- Patients who work manual labor (heavy lifting) jobs should be advised that you will most likely not be able to return to work full duty for **4-6months**.
  - You may be able to return sooner if your job is able to accommodate modified light duty. Below is a general guide to anticipated modified duty limitations following a Total Shoulder Replacement.

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0-2 weeks: no work

2-6 weeks: must wear sling at all times, no lifting with the operated arm; may be able to perform light desk work; will require breaks for therapy.

6-12 weeks: no longer wearing the sling; may perform work at waist level; no work above shoulder level; no lifting more than five pounds.

3-4months: no lifting more than ten pounds at waist level; no lifting more than five pounds above shoulder level.

4-6 months: no lifting more than twenty-five pounds at waist level, no lifting more than ten pounds above shoulder level.

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**Life-long weightlifting restrictions of 40lbs. should be taken into consideration**

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## **Physical Therapy (PT) and the Recovery Process**

- There are two protocols when rehabilitating your total shoulder arthroplasty (TSA).
- The only modifying factor between the two protocols is bone fixation.
  - This means that if we are able to securely place the implants with a solid bone fixation then you may begin physical therapy immediately.
  - If we are not able to obtain a solid bone fixation, then your PT will be delayed.
    - We will know this intra-operatively and is unknown prior to surgery.
- **Remember:** Lifelong weight lifting restrictions of no more than 40lbs. through shoulder.
- **Solid Bone Fixation Protocol:**
  - Day 1 through 2-weeks post op you will perform Passive Range of Motion (PROM). These exercises are:
    - Waist bent, pendulum swings.
    - Spine assisted arm raises
      - Lay on your back, use your other arm to help lift your surgery arm.
  - 2-week follow-up: You will begin formal PT if indicated by solid bone fixation.
    - If delayed PT is indicated, you will not begin formal PT until 6-weeks.
  - In formal PT you will begin increasing your PROM.
    - Table slides
    - Doorway pulleys
    - Supine assisted arm raises
  - 6-week follow-up: We will allow you to begin Active ROM (AROM) and light strengthening.
    - Your therapist will begin demonstrating exercises that will allow you to actively contract the muscles around the shoulder to begin strengthening them and moving under your own power
    - You will also begin very mild strengthening of individual muscles but will not move them through a ROM but do them isometricly.
  - 3-month follow up: We will reassess your improvement and most likely will continue to have you strengthen and use the shoulder for everyday activities.
    - At this point we expect you to have near full ROM that you will have permanently. Reminder that you will never have a “normal” ROM but it should be significantly improved from prior to surgery.
  - 6-month follow-up: We will again reassess your function.
    - If all checks out, we will release you to use your shoulder as tolerated with the given life-long weight-lifting restrictions.
    - We will see you back once yearly following surgery to x-ray your shoulder and confirm everything is holding and maintaining its place.
    - You should continue to strengthen your shoulder and do your PT home exercise program daily over the next 6months, and in all reality, for life.

**You will continue to improve for 12-18months post-surgery**

~This packet of information is intended to keep you the patient informed and up-to-date about what to expect from beginning to end. These guidelines are always impacted by your recovery and progression and void of any post-surgical complications. This packet, though detailed, is not intended to be fully inclusive and all-encompassing and could change on a case-by-case basis.

~For further information, please visit my website and Facebook page

Website of Dr. Carofino: [www.drcarofino.com](http://www.drcarofino.com)

AOS Website: <http://www.atlanticortho.com/center-for-hand-to-shoulder-surgery/>

Facebook: <https://www.facebook.com/viriniabeachshoulder/posts/1585338508442471>