

Reverse Total Shoulder Arthroplasty
Pre-Operative Packet

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Contact Information

We are here to help throughout your recovery

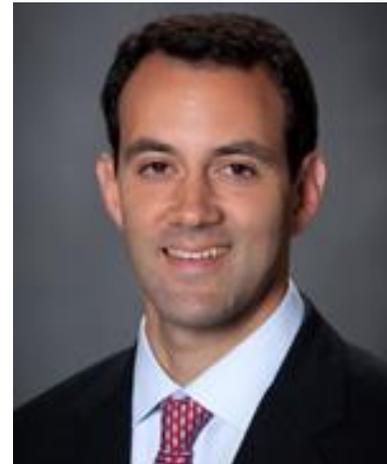
Dr. Brad Carofino specializes in shoulder and upper extremity surgery. He is one of the only surgeons in Virginia who has completed a Shoulder Surgery Fellowship. We perform hundreds of complex shoulder surgeries each year and *we pride ourselves on delivering exceptional care to each of our patients.*

Recovering from Reverse 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.* Contact information for my team is listed below; please contact us if we can help in any way!

Most Sincerely,



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

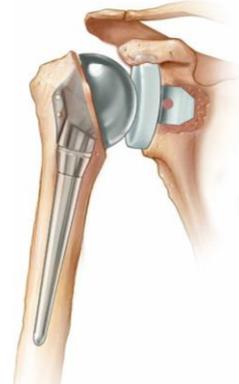


- Tammy English: Secretary to Dr. Carofino
 - Phone Number: 757-321-3300 ext. 3397
 - Email: EnglishT@atlanticortho.com
 - Tammy will contact you within 2-3 days to set up your date of surgery
 - She is available to answer questions related to scheduling, paperwork, medications, and medical clearance.
- 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
 - 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
 - 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.

What is a reverse total shoulder replacement?

- The shoulder joint is a ball and socket joint. In a shoulder replacement operation, the ball and socket of bone are replaced with an implant made of metal and plastic. This is very similar to what is done during a hip replacement or knee replacement operation.
- During a traditional shoulder replacement, the ball of bone is replaced with a metal ball and the socket of bone is covered with a plastic socket. This is often referred to as an “anatomic total shoulder”. This operation is done for the treatment of shoulder arthritis in patients who have functioning rotator cuff muscles.
- A reverse shoulder replacement involves a special implant that places a metal ball where the socket used to be, and places a plastic socket where the ball used to be. Hence, the anatomy is “reversed”.
- Currently, reverse total shoulder replacements are used to treat many different situations such as shoulder arthritis combined with a large rotator cuff tear, large rotator cuff tears that are not repairable, complex shoulder fractures, and revision shoulder replacements.

Total shoulder arthroplasty



Reverse shoulder arthroplasty



Overview of Hospital Stay:

- Shoulder replacement operations are performed in the hospital. The surgery is performed under a general anesthesia, meaning that you will be “asleep” during surgery. The operation typically last 1.5 hrs. After surgery you will recover in the recovery room before being transported to your hospital room.
- Patients typically spend one to two nights in the hospital after surgery before returning home.
- Immediately after surgery you will have a PCA pain pump. This is a pump that provides you intravenous pain medication.
- The day after surgery we will stop the pain pump and start you on oral pain medications.
- The day after surgery the physical therapist will help you to get out of bed and walk. They will also start any shoulder exercises that are prescribed for you.
- Patients are allowed to leave the hospital and return home when their pain is well controlled, when they can safely get up and move around and when they are tolerating a normal diet.
- Most patients feel well enough to leave the day after surgery but for other patients it may take a couple of days before they are well enough to return home.



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.*

Medical Considerations

- 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're OK to discontinue the medicines, and if other precautions need to be taken. If you have questions about this, please email Tammy.
- Other medications that should be stopped 2 weeks before surgery: Over the counter anti-inflammatory medications, fish oil, herbal supplements.

Preparing for Surgery:

Getting the house ready for surgery

- 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.
 - 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.
 - You should place essential items and medicines at a lower level rather than high up in shelves. You may have a hard time reaching.

Day Before 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.
- **Do not** eat or drink after midnight the evening before surgery!
- Relax and get 8 hours of sleep!
- Eat a nutritious diet the day before!

The Day of Surgery:

- **Be on time!** The hospital will let you know how far in advanced to show up when they give you your time of surgery.
- Typically, patients arrive three hours before their scheduled surgery time.
- Map your route in advance if you are unfamiliar with the location of the hospital.
- Dr. Carofino performs shoulder replacement surgery at Sentara Princess Anne Hospital.
 - Sentara Princess Anne Hospital
2025 Glenn Mitchell Drive
Virginia Beach, VA 23456
- When you arrive, check-in at the front desk and fill out any associated paperwork.
- Bring or wear comfortable clothing that you can easily get dressed into after 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 the arm and general comfort



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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.

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.

Wound Care:

- Following surgery and your incision closure, my OR staff places a waterproof bandage over your staples.
 - I prefer staples because they allow for drainage.
 - They are not painful to have taken out.
- This waterproof bandage is located directly over the incision and is thick.
- It can remain on for 2-weeks until you follow back in office for your first post-op visit.
 - You **do not** need to cover this when showering!
 - There should be no need to remove it unless:
 - It becomes extremely soiled and you are concerned.
 - There are signs of infection (red streaks, redness, significant increased skin temperature, infectious discharge, whole body aches and illness.)

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:

- During this time, you will be wearing a shoulder sling. You may remove the sling to shower, and dress.
- You can also remove the sling when you are sitting down. Whenever you are up moving around the sling should be on.
 - When sitting down, support the elbow with pillows just like a sling.
- You may use your hand to type, write, and pick up light objects (no greater than 5lbs.)
- You can bend your elbow to reach your hand to your mouth.
- You should not use the shoulder to raise your arm.
- You should not rotate the shoulder to reach behind your back.
- Some patients will begin physical therapy during this time and may have home exercises.
 - We will let you know when we would like for you to start therapy.
- Light aerobic exercise such as going for a walk can be helpful during the recovery process and we encourage you to do this if able (Wearing your sling, however).

Follow-up Appointment Schedule:

- 2 weeks post-surgery, 6 weeks, 3 months, 6 months, and 1 year after surgery.
- Your first post-operative visit at 2 weeks will be with either Dr. Carofino, Jennifer Rascoe (Nurse Practitioner) or Brice Snyder (Athletic Trainer).
- At this time, my staff will remove your staples and check the incision. We will reapply steri-strips for some added support, but ultimately you are ok to shower normally.
 - No bathing or submersing the wound for another 2-weeks.
- After the first year, we like to see patients once per year to monitor x-rays.

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.
- Below is a general guide to anticipated modified duty limitations following a Total Shoulder Replacement.

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 5lbs.

3-4 months: no lifting more than 10lbs. at waist level; no lifting more than 5lbs. above shoulder level.

4-6 months: no lifting more than 25lbs. at waist level, no lifting more than 10lbs. above shoulder level.

6 months: Return to normal duty if you are able to follow weight-lifting restrictions of no more than 25lbs. above shoulder level.

Life-long weightlifting restrictions of 25lbs. should be taken into consideration

Physical Therapy (PT) and the Recovery Process

- **First 6 weeks**
 - You will begin passive range of motion (stretching exercises) during this time. These exercises will be taught to you by the physical therapist and then you will do them at home.
- **We will let you know when we would like you to start therapy.**
 - The exercises that you will do are called table slides, and pendulums.
 - We may have you begin to use a door pulley.
 - You will be able to bend your elbow and use your hand as much as tolerated.
 - However, **no heavy lifting.**
- **6-weeks after surgery:**
 - We will allow you to begin active range of motion (AROM) and light strengthening.
 - This means you will begin to start raising the arm.
 - Your therapist will teach you how to strengthen the arm and begin moving the shoulder under your own power.
 - You will begin an incline free-weight chest press protocol which will slowly progress your weight and build muscle.
- **At 3-months after surgery:**
 - We will reassess your improvement and most likely will continue to have you strengthen and use the shoulder for everyday activities.
- **6-month follow-up:**
 - 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 (25lbs.).

You should continue to strengthen your shoulder and do your PT home exercise program daily over the next 6 months, and in all reality, for life.

Once yearly following surgery, we will x-ray your shoulder and confirm everything is holding and maintaining its place.

You will continue to improve for 12-18 months 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

Dr. Carofino Website: www.drcarofino.com

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

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