



Reverse Total Shoulder Arthroplasty
Pre-Operative Packet

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A Message from Your Surgeon:

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. He performs 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 Replacement 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



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- Tammy English: Secretary to Dr. Carofino
 - Phone Number: 757-321-3300 ext. 3397
 - Email: EnglishT@atlanticortho.com
 - We find it best to utilize the Patient portal for communication. Please register at:
<http://www.atlanticortho.com/portal/>
 - Jennifer Rascoe, NP-C
 - Nurse Practitioner to Dr. Carofino
 - Brice Snyder, MSAT, LAT, 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.
 - Some patients require 3 nights, then transition to a short term rehab facility. However, we recommend returning home as this shows better overall outcomes and decreased complications post-surgery.
- The day after surgery we will stop any IV medications and transition you to 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.*
- 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 a cardiologist, pulmonologist, etc.
 - Physicals may include lab work and EKG.
- These appointments must be within no greater than 30 days prior to your surgery date.
 - ❖ Tammy will help coordinate these appointments with your other doctors.
 - ❖ She will assist with scheduling lab work.

Preparing for Surgery

Preparing for the Day of Surgery

- **The surgery center or 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 and need.
- 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.
 - Per Hospital/Surgery Center rules, you will also need to have someone stay with you for the first 24hrs post-surgery. Please have that arraigned
- **Do not** eat or drink after midnight the night of your surgery date!
- Relax and get 8 hours 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. However, that isn't true for everyone.
 - 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 and take off following shoulder surgery.

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 Physician (PCP), you should discuss with them if you are OK to discontinue the medicines, and if other precautions need to be taken.
- **Other medications** that should be stopped 2 weeks before surgery: Over the counter anti-inflammatory medications, fish oil, herbal supplements.

The Day of Surgery:

- **Be on time.** The 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) of two (2) locations:



<i>Sentara Princess Anne Hospital</i> 2025 Glenn Mitchell Drive Virginia Beach, VA 23456	<i>Princess Anne Ambulatory Surgery Center (PAASC)</i> 1975 Glenn Mitchell Drive Suite 300 Virginia Beach, VA 23456
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- When you arrive at your location, check in at the front registration desk and fill out any associated paperwork.
- Bring or wear comfortable clothing that you can easily get dressed into with post-surgery. **Shirts and jackets that zip or button up the front are easiest to manage.**
- Bring pillows for the car ride home for support under arm and general comfort.

Nerve Blocks on the Day of Surgery:

- Having post-op pain, and the procedure is outpatient? Consideration to a nerve block will be discussed.
 - The anesthesiologist will perform this post-surgery.
 - This will make the shoulder and arm numb so that you experience less pain after the operation. This will last 12-18 hours post block.

Driving:

- Generally, we recommend that you not drive for at least the first one-to-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 operate a vehicle with a sling on.

Follow-up Appointment Schedule:

- Typically, we like to see patients based on the healing process.

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- 2weeks, 6wks, 12wks (3 months), 6 months, 1year, and then once yearly following that. “Annual check-up” to confirm the replacement is behaving.

The First 3 Days Following Surgery:

- After surgery your shoulder will be covered with waterproof bandages and you will have a sling on. We recommend that when you get home you find a comfortable place to rest.
 - The sling must remain on aside from showering, dressing, and doing rehab.
- Your arm may be numb from the nerve block if you received one, or numb from local anesthetic, and you will probably be feeling drowsy for a few hours to a day.
- We recommend icing the shoulder, but limit the icing to, 20-25 minutes on, 40 minutes off.
 - Reusable ice packs should be wrapped in a towel and avoid being placed directly on the skin to avoid skin injury.
- The first sign your nerve block is wearing off will be the feeling returning to the fingers.
 - We recommend that you start taking your pain medication prior to this point, to avoid falling behind the pain.
- You will have a long bandage covering your incisions. This is waterproof, so you may shower with it on.
- Do not shower until your nerve block has worn off.
 - When showering rest your hand on across the stomach to limit shoulder movement.
 - No bathtubs, pool, hot tubs, ocean/bay.
 - Don't submerge the shoulder below water.
- The bandage does not need to be removed until your first follow-up appointment, however, after the **3rd day from surgery**, you are **OK** to remove the waterproof bandage if it appears overly soiled.
- You have staples that close up the outer layer of your skin.
- After removing the bandage, you are ok to shower the incision sites following the **3rd day from surgery**.
 - Don't scrub hard over the staples. Gently pat wash with warm, soapy water, rinse, and pat dry thoroughly; letting air dry for about 5-10mins as well.
- **Prior to bandage removal**, have your backup bandage available or at least confirm the hospital sent you home with a spare...as they normally do.
 - If not, go to your local pharmacy and discuss with the pharmacist to find a similar bandage. Waterproof is preferred, if not, you'll have to change the bandage daily.

Medications:

- **Narcotic Pain Medication (Percocet, Norco, 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 our patients to be completely off of narcotic pain medication **2-3weeks post-surgery**.

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- We encourage our patients to switch to over-the-counter Tylenol during this time point, taking it during the day hours in place of narcotics as
 - Max dosage of Tylenol is 4,000mg/day. There is 325mg of Tylenol in each pill of Percocet and Norco. 300mg in Vicodin. If you switch to Tylenol during the day, and still take pain medication at night or the morning, keep track of the amount.
 - **Non-Steroidal Anti-Inflammatory Drugs:** If a physician (typically Cardiologist or PCP) HAS NOT prohibited you from taking NSAIDs like, Advil, Aleve, Motrin, Ibuprofen, you can take these medications post-op to help decrease swelling and pain.
 - You should not take them at the same time as your pain medication.
 - For example: Take them 2hrs after your dose of pain medication.
 - Only take NSAIDs for a brief duration (2-3days) post-surgery
 - Take as directed on bottle.
 - Taking NSAIDs regularly after surgery for a long duration can slow the healing process and delay your overall recovery time.
 - **Anti-Nausea:** If you typically get nausea post-anesthesia or from pain medication, make Dr. Carofino and the OR staff aware of this. He can prescribe Zofran to help your nausea
 - **Stool softener:** You will be given a prescription for Colace, a stool softener, if you request.
 - **Vitamin-C:** Increased levels of Vit-C consumption post-surgery has been shown to alter pain perception, and helps to keep your immune system strong.
 - Find 1,000mg packets of Vit-C powder supplement at a local pharmacy.
 - You can take one with breakfast, lunch, and dinner. Drink plenty of water

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 1-2lbs.)
- 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.

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- 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).

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 20-25lbs.
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.

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/>



Leaders in Orthopaedic Health

Bradley C. Carofino, M.D.

Shoulder & Upper Extremity Specialist

230 Clearfield Avenue, Suite 124

Virginia Beach, Virginia 23462-1832

Phone 757-321-3300

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