

MIGUEL A. RAMIREZ, MD • OSF ORTHOPEDICS*Shoulder, Elbow & Sports Medicine*

SHOULDER REPLACEMENT

Your Complete Surgery Guide

Anatomic total shoulder arthroplasty • Reverse total shoulder arthroplasty

Patient name: _____ Surgery date: _____

My replacement is: ☐ Anatomic ☐ Reverse Sling for _____ weeks

Read this packet as soon as you receive your surgery date. Following these instructions prevents delays and cancellations, and gives you the best chance at a good result. Bring this packet with you on the day of surgery.

AT A GLANCE — WHAT MOST PATIENTS NEED TO KNOW

- Stop NSAIDs, aspirin, Plavix, fish oil and Coumadin 7 days before surgery (see page 2).
- Nothing to eat after midnight. Clear liquids only, and nothing at all within 2 hours of surgery.
- You must have a driver, and someone to stay with you for the first 3–5 days.
- Bring your sling and bolster to the hospital.
- Most patients go home the same day or after one night.
- Remove the bandage and gauze on day 5. Shower after that if the wound is dry.
- Wear the sling whenever you are up and about and while sleeping.
- Do the exercises you were taught, 10–15 minutes, 3–4 times per day.
- First post-op visit is 10–14 days after surgery — call to schedule it.
- Questions or problems: (309) 676-5546.

1. BEFORE SURGERY

Medical clearance and testing

- You need a pre-surgical work-up: a history and physical by your primary care physician (PCP) plus blood work. Some patients also need a chest x-ray or EKG.
- If you see a cardiologist, endocrinologist, neurologist or other specialist, you may need clearance from them as well. Ask your PCP.
- If you have several medical problems, or have had trouble with anesthesia before, you may need an anesthesia consult. Schedule this 2–3 weeks before surgery.
- Tell us about any dental work you need. Ideally, complete dental work before a joint replacement, not right after.
- Our athletic trainer will contact you to fit your sling and bolster and to teach you the exercises you will start after surgery.

Medications to stop

Medication	When to stop	Notes
NSAIDs — Advil, Aleve, ibuprofen, Motrin, naproxen, Celebrex	7 days before	Increases bleeding risk.
Aspirin and Plavix (clopidogrel)	7 days before	Only if your PCP or cardiologist agrees. Call us if they want you to stay on it.
Fish oil / omega-3, vitamin E, most herbal supplements	14 days before	These increase bleeding risk.
Coumadin (warfarin)	7 days before	Call our office. Your PCP may bridge you with Lovenox, which stops 2 days before surgery. Coumadin restarts the night of surgery, monitored by your PCP or cardiologist.
Daily narcotics (Vicodin, Percocet) for chronic pain	Continue	Take with a small sip of water the morning of surgery.
All other daily medications	Ask your PCP	Take what your PCP approves with a small sip of water.

Get your home ready

- Shoulder replacement is a bigger operation than an arthroscopic procedure. Plan on needing more help early on.
- Set up a resting spot with pillows to support your arm. Most patients sleep in a recliner for the first 2–4 weeks.
- Put daily essentials — phone charger, medications, water, snacks — within reach of your non-operative hand.
- Buy or set aside loose button-down or zip-up shirts. You will not be able to pull a shirt over your head for several weeks. Slip-on shoes help.
- Prepare or freeze meals ahead of time.
- **Arrange for someone to stay with you for at least the first 3–5 days** to help with cooking, dressing, bathing and errands.

- Pick up your prescriptions, a stool softener (docusate), and Extra-Strength Tylenol before surgery day.

The night before and morning of surgery

- **Do not eat anything after midnight.** This includes gum, hard candy, and coffee with cream.
- Clear liquids are allowed until 2 hours before your scheduled surgery time. Drink the sports drink recommended by our office on the way to the hospital, then nothing at all.
- Shower with antibacterial soap the night before and the morning of surgery. Do not apply lotion, deodorant, or perfume to the shoulder or armpit.
- Wear loose, button-down or zip-up clothing. Remove all jewelry, including every ring. Leave valuables at home.
- Our office calls the day before with your arrival time, which is several hours before your surgery. Be on time so your case is not delayed.
- **Arrange a driver both ways.**

2. THE DAY OF SURGERY

- Most shoulder replacements take 1–2 hours, depending on complexity.
- The incision is on the front of the shoulder, typically 4–6 inches long.
- You will receive general anesthesia and, in most cases, a nerve block (interscalene block). The block keeps your arm numb for roughly 12–36 hours.
- You will wake up in a sling with a bolster. Your arm may feel heavy, numb or tingly. This is expected.
- **Start your pain medication before the block wears off** — usually the evening of surgery. Staying ahead of the pain works far better than chasing it.
- Healthy patients with good support at home may go home the same day. Otherwise most patients stay one night and go home the next morning. If you need a skilled nursing facility at discharge, you may stay up to three nights.
- You go home when you are medically stable, your pain is controlled with oral medicine, and you are deemed safe to be at home.
- If you have an urgent problem after hours once you are home, call (309) 676-5546 and ask for the on-call orthopedist.

3. PAIN CONTROL

The goal is to control pain with the smallest amount of narcotic possible. Layering medications works better than relying on narcotics alone.

Medication	How to take it
Acetaminophen (Tylenol)	Extra-Strength Tylenol 1000 mg every 6 hours, on a schedule — not just when it hurts. Do not exceed 3,000 mg in 24 hours. Check other medications so you do not double-dose acetaminophen (many narcotics contain it).
Anti-inflammatory	An NSAID (such as ibuprofen or celecoxib) may be used after shoulder replacement if Dr. Ramirez prescribes it and your kidneys, stomach and heart history allow it. Do not start one on your own.
Ice	15–20 minutes at a time, 4–5 times per day for the first 72 hours, then as needed.

Medication	How to take it
	Never place ice directly on skin — frostbite risk. Use a thin cloth.
Narcotic pain medicine	For breakthrough pain only. Use the lowest dose that works and stop as soon as you can. Aim to be off narcotics within two weeks, and no later than one month after surgery. Do not drive, drink alcohol, or combine with anti-anxiety medication or sleep aids.
Stool softener	Take docusate daily while on narcotics. Constipation is the most common side effect.

Narcotic safety

- Never take more than prescribed, and never share your medication.
- Store it where others cannot get to it. Dispose of leftover pills in a locked drop box at a pharmacy or police station.
- Refills need 48 hours notice. Be cognizant of this If refills are requested on a Friday.

Sleep

- Sleep propped up in a recliner or on pillows for the first 2–4 weeks. Lying flat is uncomfortable and makes getting up harder.
- Place pillows behind your elbow so your arm is supported and your elbow does not fall backward behind your body.
- Keep the sling on while sleeping.

4. SLING AND SHOULDER PRECAUTIONS

Sling

- **Wear the sling whenever you are up and about, and while sleeping.**
- Typical duration is about 2 weeks after a reverse replacement and about 4 weeks after an anatomic replacement. Dr. Ramirez will confirm your exact duration — write it on the cover page.
- You may take the sling off for bathing and for the exercises you were taught before surgery.
- You may do waist-level activities without the sling — eating, writing, typing — as long as you are not reaching and are not lifting anything heavier than a coffee cup.
- If you woke up from surgery without the bolster (the foam pillow), Dr. Ramirez decided you do not need it. Do not wear it.
- Keep a washcloth or small towel in your armpit to prevent a rash. Call us if a rash develops; we can send a powder.

Precautions for the first 6 weeks

DO NOT

- Do not actively lift your arm on its own — no raising the arm without help.
- Do not reach behind your back (tucking in a shirt, reaching a back pocket, fastening a bra).
- Do not reach overhead, out to the side, or across your body.
- Do not push yourself up out of a chair or bed with the operative arm.
- Do not lift anything heavier than a coffee cup.

- Do not let your elbow drift backward behind your body when the sling is off.

Why these rules matter: in an anatomic replacement, the subscapularis tendon at the front of the shoulder is cut and repaired to reach the joint. It needs about six weeks to heal, and reaching behind your back or pushing off with the arm pulls directly on that repair. In a reverse replacement, these same positions are the ones that dislocate the implant.

5. WOUND CARE AND BATHING

- **Day 1–4:** Leave the bandage and gauze in place. Keep it clean and dry.
- **Day 5:** Remove the bandage and gauze. If there is any drainage from the wound, call our office.
- **If the wound is dry, you may shower.** Let the water run over the wound — do not soak it, and do not scrub or brush the incision. Pat it dry and cover it with a fresh dressing.
- Do not put lotion or ointment on the incision until instructed.
- Do not pick at Steri-Strips or sutures. They come off at your first visit.
- **No soaking for at least 4 weeks** or until the incision is fully healed — no baths, hot tubs, pools, lakes or ocean.

Follow-up

- Call the scheduling office in the first day or two after discharge to schedule your post-op visit if it was not arranged before surgery. It should be about 10–14 days after surgery.
- Ask whether a virtual post-op visit is available.

6. MOTION, ACTIVITY AND REHABILITATION

Start the exercises you were taught the day after surgery. Do them for 10–15 minutes, 3–4 times per day. When you are awake, flex and extend your elbow, wrist and fingers as much as possible.

Timeframe	What you should be doing	What to avoid
Week 0–6 (protection)	Elbow, wrist and hand motion several times daily. Scapular squeezes. Pendulum exercises from post-op day 1 if permitted. Gentle passive motion — someone else moves your arm, or you assist with the other hand: elevation to about 120° and external rotation to about 30°, as directed.	No active lifting of the arm. No reaching behind your back. No pushing or pulling. Nothing heavier than a coffee cup.
Week 2–3	Therapy usually begins. Most patients do a home program; you do not necessarily need a formal therapist. Patients whose other shoulder does not work well, or who cannot manage the exercises alone, will be referred to outpatient therapy.	Same precautions as above until 6 weeks.
Week 6–12	Active motion begins as directed — raising the arm under your own power. Gradual return to light daily activities.	No heavy lifting. No repetitive overhead work.

Timeframe	What you should be doing	What to avoid
Month 3–12	Progressive strengthening. Most patients are back to normal activity around 3 months and continue improving for a full year.	Follow the long-term lifting limits Dr. Ramirez gives you — these differ between anatomic and reverse replacements.

Driving

- We have no fixed rule — everyone recovers differently. You may drive when you feel safe and comfortable.
- You must be off narcotic pain medicine and out of the sling to drive.
- Most patients are driving 2–3 weeks after surgery. Try a parking lot or a quiet street first. Riding as a passenger is fine at any time.

Diet

- Start with clear liquids and light food on surgery day — nausea after anesthesia is common. Resume your normal diet the next day.
- Eat protein (chicken, fish, eggs, beans) and stay well hydrated to support healing.
- Fruits, vegetables and fiber help prevent narcotic-related constipation.

7. WHEN TO CALL US

CALL THE OFFICE AT (309) 676-5546 IF YOU HAVE:

- Fever above 101°F (38.3°C), or chills.
- Increasing redness, warmth, swelling, or drainage from the incision — especially if cloudy or foul-smelling.
- A sudden increase in shoulder pain without a clear explanation.
- Pain not relieved by your prescribed medication.
- Numbness or tingling in the hand that does not improve 24–48 hours after the block wears off.
- Significant swelling of the hand or forearm.
- A pop or sudden change in the shape or motion of the shoulder — this can indicate a dislocation.

GO TO THE EMERGENCY ROOM IF YOU HAVE:

- Chest pain or shortness of breath.
- Calf pain with swelling, or sudden severe swelling of the arm.

About surgical site infection

- About 1% of patients having orthopaedic procedures develop an infection at the surgical site. Infections occurring within three months of surgery are considered surgical site infections.
- Risk is higher with diabetes, tobacco use, chronic kidney disease, anemia, malnutrition, immunosuppressive medication, BMI over 40, alcohol misuse, and a longer hospital stay. Stopping tobacco and optimizing blood sugar before surgery lowers your risk.
- **If you think you have an infection, do NOT start antibiotics on your own.** Call us first. Antibiotics taken before we culture the shoulder make the infection much harder to diagnose and treat.

- Superficial infections may be treated with oral antibiotics. A deep infection may require admission, surgery to wash out or remove the implant, and 6–12 weeks of antibiotics before the replacement can be redone.

8. ANTIBIOTICS BEFORE FUTURE PROCEDURES

You have an artificial joint. Bacteria released into the bloodstream during dental work and certain other procedures can seed the implant. Show this page to your dentist and any other physician performing one of the procedures below, and take an antibiotic beforehand.

Group	Procedures	Antibiotic
A	Dental cleanings, tooth extractions Bronchoscopy, upper GI endoscopy Excision of a skin lesion D&C, hysterectomy, transvaginal hysterectomy	If able to take penicillin: amoxicillin 2 g PO 1 hour before, OR Keflex 1 g PO 1 hour before, OR Ancef 1 g IV at induction. If penicillin-allergic: erythromycin 1 g PO 1 hour before, OR clindamycin 600 mg PO 1 hour before, OR clindamycin 600 mg IV at induction.
B	Colon and intestinal surgery Sigmoidoscopy, colonoscopy	Cefoxitin 1 g IV at induction, OR gentamicin/tobramycin 80 mg plus vancomycin 500 mg IV at induction, OR amoxicillin 2 g PO 1 hour before if no anesthesia is used.
C	ERCP, cholangiography Cystoscopy, transurethral resection of the prostate (TURP)	Ancef 1 g IV at induction, OR gentamicin/tobramycin 80 mg plus vancomycin 500 mg IV at induction. No vancomycin for TURP or cystoscopy.
D	Urinary tract infection	Antibiotic chosen based on culture and sensitivities.

Miguel A. Ramirez, MD — Procedures requiring antibiotic coverage for total or partial joint replacement.

9. FREQUENTLY ASKED QUESTIONS

How long will I be in the hospital?

Shoulder replacement can be done as an outpatient procedure in healthy patients with support at home. Otherwise, most patients stay one night and go home the next morning. Patients who need a skilled nursing facility may stay up to three nights.

How long will my surgery last?

Most shoulder procedures take 1–2 hours, depending on complexity and how much work is required.

Will I receive a block before surgery?

In most cases, yes. The block keeps your arm numb for 12–36 hours. Once it wears off, begin your oral pain medicine.

Will I be in a sling?

Yes, to protect the shoulder. Typically about 2 weeks for a reverse replacement and about 4 weeks for an anatomic replacement. Any change will be discussed with you at the time of surgery.

Can I take the sling off?

Yes, for bathing and for your exercises. Keep it on whenever you are up and about and while sleeping. Waist-level activities such as eating, writing and typing are fine without it, as long as you are not reaching above your head, out to the side, or behind your back, and are not lifting more than a coffee cup.

When will therapy start?

Usually 2–3 weeks after surgery. In some cases, some patients may do their therapy at home without a formal therapist. Patients whose other shoulder does not work well, or who cannot do the exercises themselves, will be referred to outpatient therapy.

When can I drive?

When you feel safe and comfortable, are off narcotic pain medicine, and can take the sling off. Most patients are driving 2–3 weeks after surgery. Try a parking lot or quiet street first.

What is the recovery time?

Recovery varies with the extent of the work required. As a rough guide, most people are back to normal activity about 3 months after surgery, and continue to improve for up to a year.

How long does a shoulder replacement last?

Most modern shoulder replacements function well beyond ten years. Following your lifting restrictions protects the implant.

Will I set off airport metal detectors?

Occasionally. Tell the screener you have a joint replacement. An implant card is not required.

Every patient is different. These guidelines cover most cases; Dr. Ramirez will give you any additional instructions specific to your operation. Call with any questions, or visit peoriashoulder.com.

APPENDIX A: SURGICAL RISK / BENEFIT CONSENT

Shoulder Replacement

Patient name: _____ Date: _____

Potential benefits of surgery

Shoulder replacement is a successful and safe operation with few complications. Potential benefits include:

- Pain relief.
- Increased motion and strength.
- Improved ability to perform daily activities, which may improve quality of life.

Risks of the procedure

Every operation carries risk. Risks of this procedure include, but are not limited to:

- **Bleeding into the shoulder joint (hematoma)** — the risk is low, but has been reported as high as 10% in some studies. Usually treated with ice and observation; occasionally requires surgical drainage.
- **Dislocation** — reverse replacements have a higher rate of dislocation than conventional total shoulders. Following your postoperative precautions is essential. A dislocation can often be reduced without repeat surgery, but sometimes further surgery is needed.
- **Infection** — approximately 1–7%. Superficial infection may be treated with oral antibiotics. Deep infection may require hospital admission, removal of the implant, and a 6–12 week course of antibiotics before the replacement can be revised.
- **Blood clot (DVT / pulmonary embolus)** — very rare in the upper extremity, well under 1%. Report unusual swelling, chest pain or shortness of breath. Treated with blood thinners for 3–6 months.
- **Nerve or blood vessel injury** — very rare, under 1%. Most nerve injuries are stretch injuries that resolve over a few weeks.
- **Stiffness** — usually treated with a targeted therapy program. Refractory stiffness lasting 6 months to a year may require surgery to release scar tissue.
- **Persistent pain** — no surgery can guarantee complete pain relief or a return to "normal" function. Rarely, pain is unchanged or worse. Dr. Ramirez can discuss your anticipated success rate given your specific problem.
- **Anesthesia complications** — modern general anesthesia is very safe, but complications including death can occur. Discuss your individual risk with your anesthesiologist on the day of surgery.

Statement of consent

I authorize the performance on (name of patient) _____ of the following operation and/or procedure:

TOTAL SHOULDER ARTHROPLASTY (ANATOMIC OR REVERSE, AS INDICATED)

to be performed by or under the direction of Miguel A. Ramirez, MD, together with associates or assistants of his choice who may be employed by the physician.

Dr. Ramirez has discussed with me, and I understand, the following:

- The nature and purpose of the proposed procedure(s).
- The risks of the proposed procedure(s).
- The possible or likely consequences of the proposed procedure(s).

- All feasible or alternative treatments, including their risks, consequences and probable effectiveness.

I consent to the performance of operations and/or procedures in addition to or different from those now contemplated, arising from presently unforeseen conditions, which the above-named doctor or his associates or assistants may consider necessary or advisable in emergency or life-threatening situations.

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have read and fully understand this entire form. I have asked the physician any questions I had, and the physician has answered them to my satisfaction.

Signature (patient / relative or guardian)

Print name

Date

Miguel A. Ramirez, MD

Date

Witness signature

Print name

Date

APPENDIX B: RETURN TO WORK GUIDELINES

After Shoulder Surgery — Miguel A. Ramirez, MD, OSF Orthopedics

Weeks post-op	Restrictions	Notes
0–2	Off work	If you feel comfortable and safe, you may return to desk work or one-handed duties. Sling must be worn at work. May drive if you feel safe. No lifting more than 1 lb.
2–10	Off work, or light duty (one-handed, no lifting over 1 lb) if available. You must be allowed to wear the sling at work.	Return to light duty if you feel comfortable and your employer offers it. Otherwise off work.
10–16	Light duty. No overhead work. No pushing, pulling or lifting more than 5 lbs.	You are expected to return to light duty if your employer has it available. If none is available, you will be off work. Off-work slips are at the discretion of the employer; we cannot keep you off work at this point if light duty exists.
16–24	Return to full duty, no restrictions.	If you cannot return to full duty by 20 weeks, work conditioning will be started. If you cannot return to full duty by 24 weeks, an IME will be ordered.

Heavy laborers after a reverse replacement may have permanent lifting restrictions. Discuss this with Dr. Ramirez before surgery if your job involves repetitive overhead or heavy lifting.

If you anticipate any problem meeting these guidelines, contact Dr. Ramirez or OSF Orthopedics before your surgery to discuss it.

All forms (disability, FMLA, Workers' Compensation) must be sent to our office. Allow 7–10 days for completion. There is a fee for form completion.

I understand and agree with Dr. Ramirez's return-to-work guidelines as stated above.

Signature

Date