



# THE SHOULDER REPLACEMENT GUIDE



**NICHOLAS CAPITO, MD, FAAOS**



"The meaning of life is to find your gift,  
The purpose of life is to give it away."

It is an honor to start this journey with you. I find great joy in seeing patients recover their function and be alleviated from their pain. I especially have a passion for shoulder replacement surgery. Outside the office, I spend time teaching other surgeons, making surgical videos, and helping engineers design and optimize their instrumentation and implants. I promise to do my part and will need your help to maximize your recovery. This book contains all the information and details that I hope will get you ready to make the most of this surgery and rehabilitation!

*-Nicholas Capito, MD, FAAOS*



# Your Journey to Recovery

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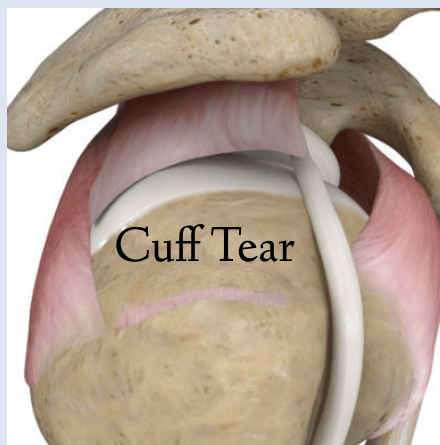


# Indications for Surgery

Advanced Shoulder Arthritis: The loss of cartilage in the shoulder joint between the ball (Humeral Head) and the socket (Glenoid) and formation of large bone spurs.



Massive/Irreparable Rotator Cuff Tear: The rotator cuff consists of 4 Tendons that help us to raise our arm in space. If there is a tear that is not able to be repaired due to size or chronicity, it is considered irreparable.



# Anatomic Total Shoulder Replacement



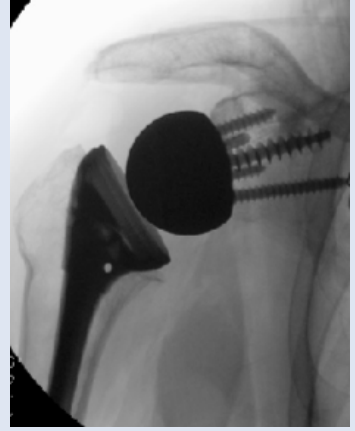
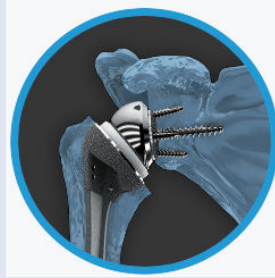
Ideal for patients with advanced shoulder arthritis, but intact and good functioning rotator cuff tendons.

The arthritic Humeral Head (ball) is removed and replaced with a metal ball (Cobalt Chrome) that is attached to a press-fit component (Titanium) that goes into the humerus. It has strong fixation at the time of surgery, but bone also grows into the press-fit component for long term fixation.

The Glenoid (socket) is replaced with a plastic component (Durable Polyethylene).



# Reverse Total Shoulder Replacement



Ideal for patients with a massive, irreparable rotator cuff tear, and/or advanced shoulder arthritis with poor glenoid bone quality and deformity. The Reverse Total Shoulder reverses the ball and socket to recruit your deltoid muscle to help improve overall function and reduce pain. It also removes the arthritis.

The arthritic Humeral Head (ball) is removed and turned into a socket with a metal press-fit component (Titanium) that goes into the humerus and a plastic component (Durable Polyethylene) that inserts into it.

The Glenoid (socket) is reconstructed with a metal ball (Cobalt Chrome). There are screws to securely attach it to your scapula.

# Benefits

The goal of shoulder replacement surgery is to reduce pain and improve the overall function of your shoulder. You should have more strength and more range of motion once you have recovered from surgery.

# Potential Complications

Each type of shoulder replacement surgery has unique complications that can occur. Being aware of these can help lower their incidence. In general, rates can be higher with nicotine use, poorly controlled diabetes, osteoporosis, and obesity.

\*revision rate = requiring revision surgery

## Anatomic Total Shoulder:

- 1) Rotator Cuff Tear- 3.1%, 1.9% revision rate
- 2) Glenoid Loosening- 2.5%, 1.9% revision rate
- 3) Infection- 1.3%, 0.8% revision rate

## Reverse Total Shoulder:

- 1) Acromial/Scapula Stress Fracture- 2.5%, < 0.1% revision rate
- 2) Instability/Dislocation- 1.4%, 1% revision rate
- 3) Pain- 1.2%, 0.2% revision rate

# Getting Ready for Surgery

## Clearance:

If you require clearance from your cardiologist, pulmonologist, or PCP, letters need to be faxed to the office

Fax # 706-860-7686; Phone # 706-863-9797

## Preoperative Imaging:

1) CT SCAN: Due to the degree of arthritis and deformity of your glenoid (socket), a CT scan may be necessary. A software program is used with the CT images to help template the best implants for your shoulder.

2) MRI: If there is question about the integrity of your rotator cuff tendons, a MRI scan will be ordered to help determine which procedure is best for your shoulder.

All Imaging will be arranged by our office.

## Infection Prevention: Shoulder Wash

Starting ONE WEEK PRIOR to your scheduled day of surgery, you need to wash your shoulder daily with an Acne Face Wash that contains 10% Benzoyl Peroxide. This helps to reduce the bacteria on the shoulder and reduce the incidence of infection. This should be provided in your pre-op appointment by the hospital or surgery center. If not, it can be purchased in any pharmacy or grocery store by going to the Face Wash section.

# Getting Ready for Surgery

## Caregiver:

Arrange for a caregiver to assist you at home for daily activities, sling positioning, exercises, medication management, and meal preparation. This caregiver should be present at the hospital after surgery for education and training on how to assist you at home. Most patients go home the same day, but some may need or choose to stay the night.

At Home: Remove all throw-rugs and tripping hazards in your home environment.

Sleeping: Initially most patients sleep better with their backs elevated. This can be done in bed with additional pillows or in a recliner. Please avoid rolling onto your operative shoulder.

Pets: Have a plan for taking care of your pets- feeding, cleaning, and walking.

Bathing: Push-Top bottles of soap/shampoo are easier to use with one hand when bathing.

Clothing: A shirt that buttons in the front will be easiest to put on. Place your operative arm through the sleeve first. Loose fitting clothes will be easier to put on with one arm.

Driving: You must be off narcotics prior to driving.

Work: You may return to a sedentary job whenever you feel comfortable after surgery. The office can help arrange any extended absence you may need for more physically involved positions.

# Helpful Information

## Activity after Surgery:

You can use your operative hand for simple tasks such as eating/drinking/writing/typing/teeth brushing. No lifting > 1lb. It is OK to walk, ride stationary bike, travel, etc.

## Ice Machine:

The use of ice on the shoulder will greatly help to reduce pain and swelling. It will be important in the weeks after surgery and during your physical therapy. I strongly advise you to buy or borrow an ice machine during your recovery.

## Pain Management:

A nerve block will be provided by the anesthesiologist to help manage your pain during and immediately after surgery. This can last between 1-2 days. After surgery you will be prescribed a combination of pain medications. Take these medications when you get home, prior to the nerve block wearing off. Allow easy access to your medications during this time.

## Sling:

You will be provided a sling after surgery. You will need to wear the sling for 4 weeks. Unless instructed otherwise, the "abduction pillow" is optional when wearing the sling. There is velcro between the sling and pillow. Wear your sling when you are walking and sleeping. You can remove your sling when you are sitting in a chair, as long as your arm is well supported.

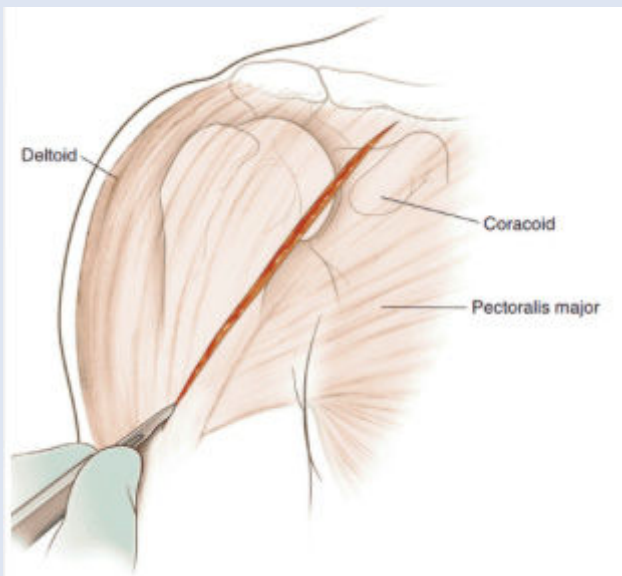
# Surgery

The hospital or Surgery Center will call you the day before about what time to arrive for surgery. It is typically 90-120 minutes prior to your scheduled surgery time. They will also go over any medication to stop. Please do not eat/drink after midnight prior to your day of surgery.

A nerve block will be provided by the anesthesiologist to help manage your pain during and immediately after surgery. This can last between 1-2 days. You will be completely asleep for the procedure. You will wake up after surgery in the recovery room.

Surgery takes ~60-90 mins.

The incision is made between your deltoid and pectoralis muscles.



The surgical incision is repaired with absorbable suture and skin glue. A simple/thin waterproof bandage is placed over top.

# PostOperative Information

## Wound Care:

-Your bandage is water-resistant and it is OK to shower, but do not soak the dressing.

-You may remove your post-operative bandage 7 days after surgery. Do not apply ointments.

-To wash under your operative arm, lean forward and allow your arm to dangle in front of you. Do not actively raise your arm.

## Ice:

Use your ice machine or bags of ice as often as possible. 20mins on and 10mins off throughout the day to reduce swelling and help with pain.

## Sling:

As instructed and described under Helpful Information Section. Squeeze the exercise ball to promote arm circulation.

## Follow Up:

You will need to call to schedule a clinic appointment 2-3 weeks after your day of surgery.

Contact the on-call physician after hours for any questions/concerns, wound drainage/redness, fever  $> 101^{\circ}\text{deg}$

Office Contact #(706)863-9797

# PostOperative Medications

Below are the most common medications prescribed after surgery. Not all of these medications may be prescribed depending on your situation. If you have any issue with these medications, please discuss this ahead of time.

- \_\_\_ Oxycodone: Narcotic for severe pain control
- \_\_\_ Ketorolac 10mg: Anti-inflammatory & pain control
- \_\_\_ Lyrica 75mg: At night as needed for nerve-related pain
- \_\_\_ Aspirin 325mg: Take daily x 4wks to prevent blood clot
- \_\_\_ Antibiotic x 24hrs- Typically Keflex 1000mg every 6hrs x 1day (unless allergic)
- \_\_\_ Doxycycline: Additional antibiotic twice a day x 1wk
- \_\_\_ Constipation Medication
- \_\_\_ Nausea Medication

You should resume your normal medications unless instructed otherwise.

Do not drive, operate machinery, or drink alcohol while on narcotic pain medication.

\*We are unable to refill prescription pain medications after hours or on weekends



# PostOperative Therapy

During the first 4wks after surgery, you will perform home exercises. 4 times/day for at least 10 repetitions.

Passive stretching can start the day after surgery, or when you feel comfortable.

Formal PT will start ~4wks after your surgery. You will be able to discontinue the sling at that time.

## Hand/Wrist Exercises:

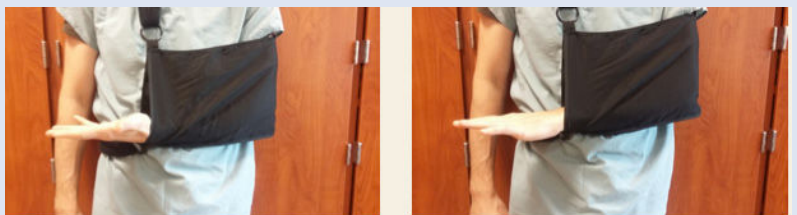
1) Make a Fist:



2) Wrist Flexion and Extension:



3) Palm Up, Palm Down



# PostOperative Therapy

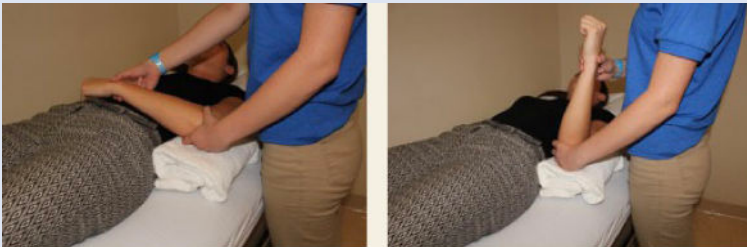
Elbow Flexion/Extension:



Pendulum Swings:



Passive External Rotation: Stop when it feels tight and hold 10secs



Passive Shoulder Flexion: Stop when it feels tight and hold 10secs

