

Frequently Asked Questions

Total Shoulder Replacement- Dr. DuBois

Questions prior to surgery:

1. What materials are used for the implant? What company does surgeon use?
The implant is made up of a titanium stem, a cobalt chrome ball and high molecular weight polyethylene plastic. Dr. DuBois uses DJO, and helped design the reverse total shoulder implant he uses.
2. Where is the incision made?
The incision will be on the front of the shoulder between the shoulder and chest muscles and will be about 4 inches long.
3. What are the possible complications of the surgery?
This will be addressed during the pre-op when we go over the consent form.
4. What type of anesthesia will be used?
General anesthesia as well as a local long acting numbing medication. A spinal is not an option for a shoulder replacement.
5. Will there be cement used in the implant?
Yes, for an anatomic total shoulder replacement, a small amount of antibiotic cement will be used to ensure fixation of the glenoid component (socket). There is no cement used in a reverse shoulder replacement.
6. What medications should I take the day of surgery?
This will be addressed at the pre-op visit and you will receive a phone call from the Hospital with this information. Typically, they want you to take as little as possible as you can only take one sip of water.
7. What medications do I need to avoid prior to surgery?
One week prior to surgery we want you to avoid any medications that can thin your blood. These medications include: anti-inflammatories (i.e. Advil/ibuprofen, Aleve/Naproxen, Meloxicam, etc. The only anti-inflammatories allowed are Celebrex and Meloxicam (these do not have as much blood thinning effect.) aspirin, fish oil, multi-vitamins, supplements. Please discuss when to stop the prescription blood thinners with the physician prescribing it for you. (Be sure you know the exact day to stop taking a medication before surgery)
8. How long will the joint replacement last?
Typical joint replacements last for 15-20 years.
9. Do I need to bring my medications to the Hospital?
No. They will have your home medication list and will dispense the appropriate meds from the hospital supply.
10. Should I donate my own blood transfusion prior to surgery? What is risk of needing a transfusion?
California law requires that we notify you of this, however, we do not recommend it. The chances of needing a blood transfusion are less than 1%. If you do decide to donate blood you must do so at least 2 months prior to surgery. If done too close to day of surgery you will deplete your own supply making you at higher risk for needing a transfusion.
11. What is the risk of infection following surgery?
Risk of infection is less than 1%. There are many ways to minimize this risk which will be discussed at pre-op and at the total joint class.
12. Will I get antibiotics or need to take them prior to surgery?
You will not need to take antibiotics prior to surgery. You will get a dose through an IV in the OR prior to surgery.
13. What is the time of surgery?
You will get a phone call from the Hospital the day before the surgery to confirm the time.
14. What kind of tests do I need to have done prior to surgery? Do I need to see my PCP?
Usually you will need some routine blood work and an EKG. You will get a request for these tests and it will be explained at your pre-op. You may also need to get clearance from your PCP, Cardiologist (if you have one), and your dentist

During Hospital Stay:

1. How long will I be in surgery?
Typically the surgery will last 1- 1.5 hours.
2. How much pain can I expect after surgery while in the hospital?
Difficult to answer as everyone is different although most patients are surprised how little pain they have. You will have some local anesthesia which should help for the first couple days. You should expect to be sore. You will be given pain medications in the hospital to help with the pain.
3. How many days will I need to stay in the Hospital?
You will stay in the hospital overnight and will go home the next day. You will see a physical therapist who will make sure you have met your goals and are safe to go home. The PA's and/or surgeon will round in the hospital while you are there.

Post op Care:

1. What kind of pain medications will I be taking?
Typically, we give Percocet for post-op pain. If there are allergies/intolerance will substitute with other pain medications. Most patients find that they don't need narcotics after a few days.
2. Will I need a sling? If so, for how long? Where do I get it?
Yes, you will need a sling for at least the first 6 weeks. This will be provided for you at your pre-op visit (as long as your insurance covers it). Our ortho tech will fit it to you and show you how to use it appropriately. You must bring the sling with you to the hospital on the day of surgery.
3. What movements of the arm are restricted?
After the shoulder replacement, you are restricted from moving the arm away from the body for the first 6 weeks. You may bend and extend the elbow and move the wrist. Exercises that are permitted will be shown to you prior to surgery and possibly by the therapist at the hospital.
4. Will I be put on a blood thinner following surgery?
No. This is only for knee and hip replacements (unless you are on a blood thinner chronically).
5. When should I start Physical Therapy?
You will not need any formal PT for the first 6 weeks. You will be given a prescription for one visit with PT prior to surgery to show you some exercises to do for the first 6 weeks. You will also see a physical therapist in the hospital who will show these to you as well.
6. What will recovery be like?
Everyone's recovery is different. You should expect to have some soreness for the first few weeks. Usually by 6 weeks the pain is minimal. Some can take a few months.
7. Will I be going to a skilled nursing facility following surgery?
Usually not. Most patients walk out of the hospital in a sling the day after surgery.
8. Will I get constipated after surgery?
Possibly, especially if you are taking the narcotic pain medications regularly. This can also be an effect of the anesthesia. You want to make sure you are taking an OTC stool softener (Senna, Duocolax etc.) and get off narcotic pain meds as soon as you are able.
9. When can I drive after surgery?
We do not recommend driving for the first 6 weeks. You will need to be out of the sling and will not be able to use that shoulder to steer the wheel. You also have to be off all Narcotic pain medications prior to resuming driving.
10. Will I be provided with a cold therapy ice machine?
Usually not, we recommend standard ice packs.
11. Is swelling/bruising/warmth normal after my surgery?
Yes, you can expect swelling and warmth in the shoulder for up to 2-3 months. Warmth of the shoulder is not a good indicator of infection rather is usually from inflammation. You may also have some bruising and swelling that will go down to the arm and into the hand. This is normal. If you experience any numbness or tingling of the extremity notify our office.

12. How much help will I need in my home after surgery?

Ideally, we would suggest having a family member or friend around for the first week or so of recovery.

13. Can I shower after surgery?

Yes, we use a semi-waterproof dressing that will allow you to shower as soon as you get home. We recommend keeping that shoulder out of the jet stream so that the bandage does not get completely soaked. If the bandage does get wet be sure to blot it dry when you get out of the shower. We ask that you check the bandage to make sure it is fully adhered to the skin prior to showering. If there are any issues with the bandage or it gets soaked please call our office. DO NOT change the dressing at home.

14. What kind of care do I need for dressings/bandage?

You will leave the bandage on until you see us in the office for your post op visit. We will remove at that time.

15. Will I have stitches or staples?

You will have staples. These will be removed at your first post op visit.

16. Will I need to take antibiotics for dental work after surgery?

Yes, we recommend taking the antibiotics 1 hour prior to any dental work (even cleanings). Our current recommendation is to continue this for life to protect against possible infection. We ask that you wait 6 months for any routine dental work.

17. When can I swim/get in bathtub?

We want the incision to be completely healed prior to submerging the body. This is usually about 4-6 weeks.

18. How do I wean off my pain medications?

You do not want to stop narcotics "cold turkey." When the pain is better controlled, start to extend the amount of time between doses (if taking every 4 hrs try 6 hrs), you can also break the pills in half. When you are off the blood thinner you can switch to anti-inflammatories. Usually patients are off narcotics a few days after surgery.

VERY IMPORTANT:

***If you have any questions or concerns following your surgery please call our office. If there are any issues that arise after hours or over the weekend call our regular office number. There is always a physician on call who can help answer your questions. DO NOT go to the Emergency Room unless it is truly a life-threatening issue.