

## **Postoperative Protocol Following Total Shoulder Replacement surgery**

**Mr Ravi Pandit, FRCS**  
**Consultant Orthopaedic Surgeon**

### **Basic guidelines:**

- The operation is undertaken under general anaesthesia supplemented with an Interscalene block.
- It is normal to expect a 'dead arm' for, sometimes, up to 24 hours after surgery.
- Immediate postoperative management follows those listed under 'Universal postoperative guidance'
- While a polysling is provided for comfort, patients are encouraged to mobilise the upper arm (hand, wrist and elbow) out of the sling.
- Shoulder movements are allowed but with some restriction for the first month.
- In order to expose the shoulder joint involves one of the tendons in the front is divided and this is repaired at the end of the procedure. While the tendon is healing it is important to avoid taking arm out to the side by more than 45 degrees for the first month.
- For the first 4-6 weeks active-assisted exercises with movement in to elevation, abduction and external rotation being allowed up to 45°.

- Strengthening and increasing range of motion exercises can begin after the 6-8 postoperative week.

### **Postoperative Goals and expectations:**

- Pain relief usually within 3 weeks of surgery
- Range of movements improve usually within 8 weeks of a total shoulder replacement
- In most patients, active elevation and abduction to a functional range is achieved within 3 months
- Internal rotation (taking the arm to the back) is limited and could take up to a year, at times, to achieve.
- Full satisfaction is generally noted within 4 months of surgery
- Progress can continue well up to a year from surgery, therefore, do not be despondent and it's important to persevere with mobilisation.

If there is sudden onset of pain or loss motion please report back IMMEDIATELY.

In addition, if there is any evidence to suggest infection – fever, redness, foul smelling wound or discharge – please report this immediately.

### **Advice on Dressings**

- Majority of the patients following arthroscopy DO NOT have stitches, and if they do, these are dissolving and DO NOT need removal.

- If there is any soakage, a dressing can be reapplied prior to discharge
- The bulky dressing can be changed at 48-72 hours.
- The wounds are cleaned and either Mepore or Tegaderm dressings are applied over the

### **Rehabilitation Phases**

Generally, this involves 3 phases (and can be thought of in intervals of 6 weeks).

Phase 1:

- consists of exercises (static) that keep the muscles functioning. The first 2 weeks
- increasing movements – mainly abduction moving arm outwards), external rotation (turning arm out with elbow by the side), internal rotation (movement in the opposite direction) and flexion (forward and upward movement).

Phase 2:

- Involves increasing range of movements
- Assisted movements with the good arm

Phase 3:

- Begin strengthening exercises, usually after 6-8 weeks
- Building strength in the rotator cuff and other group of muscles
- Core stability exercises

Your physiotherapists will guide you through the protocol following surgery.

