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### *Post-operative expectations after anatomic shoulder replacement*

- Recovery after shoulder replacement takes time and patience
- The goal is for you to have regular use of your shoulder by 3 months with continued improvement up to over year
- It is a team effort between you, myself and possibly a trusted physical therapist
- The goal for the first 6 weeks after your surgery is to maintain smooth controlled motion by performing gentle stretching
  - Most of the time, this can be performed independently at home
  - Supine assisted forward elevation, passive abduction, isometric external rotation
  - Perform each exercise for 5 repetitions, 5 times a day
  - Slow and steady is the goal, avoid rushed and forceful movements
  - The goal is to get forward elevation exercises comfortably to over 140 degrees
  - This time period will allow your subscapularis tendon to heal
    - Avoid externally rotating your arm past neutral
    - Avoid active internal rotation
      - Avoid using your arm to push yourself up from a chair
      - Avoid using your arm to shut car doors or any other doors
  - You will not be permitted to lift anything heavier than a coffee cup
- Strengthening exercises will begin after 6 weeks
  - It is important to take this slow and will take some time to build endurance
  - Supine press with progression to an upright position
    - If you can perform 20 repetitions easily, progress to a more upright position
  - Full strength takes time and can take up to over a year

### **Possible complications after this procedure:**

- **Infection** is a risk for any joint replacement procedure, this risk varies depending on the health of the patient and throughout the country

- We strive for an infection risk of 0% however realistically, less than 1% risk would be considered excellent
- We will try to minimize this with Hibiclins washes before surgery, antibiotics before and after your surgery and using sterile techniques available to us
- Younger, healthy males who likely have higher testosterone levels are at higher risk for an infection caused by Cutibacterium acnes (one of the more common causes of infection around the shoulder)
  - If you are in this category, we may supplement with a course of antibiotics taken by mouth for an additional 3 weeks
- Should a deep infection occur, we will treat this aggressively and likely will require additional surgery to eradicate the bacterium
- **Dislocation/Instability** is also another risk factor for any joint replacement
  - **The key is to avoid** positions at risk (Extension, adduction and internal rotation)
    - DO NOT use your arm to push off from a chair and any other similar movements etc
  - Soft tissue tension, improper muscle tone and soft tissue and/or bony impingement could also be factors
  - We will also test and optimize the stability of your shoulder replacement during surgery and clear any areas of possible impingement to try and avoid this
    - On the flip side, it is a balance because we do not want to over-tension your shoulder where your shoulder could be too stiff
- **Stiffness** after your surgery can occur and may require a manipulation while your recover to try and gain more range of motion
  - This is not required often in reverse total shoulder patients
- Because your shoulder will have different biomechanics after the procedure (more deltoid forces), there is a **risk for acromial stress fracture**
  - Older age, female and osteoporosis are risk factors
    - Optimizing the health of your bone (Vitamin D and Calcium) and avoiding overuse for the first year to allow your acromion to adapt to the new stresses may be ways to prevent this
  - Symptoms include pain with active movement along the back and top of your shoulder
  - If an acromial stress fracture should occur, we would immobilize you immediately to allow the fracture to heal and likely obtain a CT scan
    - Occasionally, these fractures require surgery although the current data is inconclusive as to whether this is beneficial to outcomes

- **Fracture around your implants** can occur during surgery and after
  - Avoid falling and take your time to be steady when up on your feet
  - During surgery, we will be gentle and do our best to minimize risk for fracture and protect your bone
    - In rare instances, fractures still do occur and we will address them appropriately should this happen