

# RALEIGH ORTHOPAEDIC CLINIC



**Joseph U. Barker, MD**  
[www.josephbarkermd.com](http://www.josephbarkermd.com)

## **Total Shoulder Replacement Post-Operative Instructions**

Joseph U. Barker, MD

Nick Rosage PAC

Clinical Assistant: call Pam Wiley, RMA, ORT (919) 781-5600 ext 5205

Telephone Nurse: (919) 781-5600 ext 5070

Prescription Refill: (919) 781-5600 ext 5605

1. After surgery the wound is covered with gauze and tape. These can generally be removed the day after surgery. Leave the white paper strips in place until you are seen in the office. A small amount of blood on the dressing is common. If significant bleeding or draining is seen despite use of the sling and icing, please call Dr. Barker's clinical assistant Pam Newsome. Wounds should be kept dry until you are seen back in the clinic. Do not apply any ointment to the incisions.
2. Icing is very important for the first 5-7 days postoperative. While the post-op dressing is in place, icing should be 20 minutes every hour while awake. Once the dressing is removed on the third day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite to the skin. Do **not** apply ice directly onto the skin.
3. The sling should be used at all times after surgery except when doing home exercise program (pendulums) for the first 6 weeks. You may find sleeping in a shoulder elevated position improves comfort after surgery. This can be accomplished by sleeping in a chair or placing pillows underneath the back.
4. The anesthetic drugs used during your surgery may cause nausea for the first 24 hours. If nausea is encountered, drink only clear liquids (i.e. Sprite or 7-up). The only solids should be dry crackers or

toast. If nausea and vomiting become severe or the patient has dehydration (lack of urination) please call Raleigh Orthopaedics. A low-grade fever (100.5) is not uncommon in the first 48 hours but unusual beyond. Please call the doctor with any temperature over 101.0 degrees.

5. You should take a 81 mg aspirin twice a day for the first four weeks after surgery. This will lower the risk of a blood clot developing after surgery.

6. Local anesthetics are put into the joint during surgery. It is not uncommon for patients to encounter more pain on the first or second day after surgery. This is the time when swelling peaks. Using the pain medication as directed will help control pain with little risk of complication. Taking pain medication before bedtime will assist in sleeping. It is important not to drink or drive while taking narcotic medication. Most patients will be prescribed narcotic medication (i.e. vicodin, hydrocodone, norco, darvocet, percocet) as well as an anti-inflammatory (i.e. naproxen, voltaren, advil, ibuprofen). The pain medications should be taken as needed for moderate to severe pain. The anti-inflammatory medication can be taken as tolerated for the first 1-2 weeks to decrease both pain and swelling. You should resume your normal medications for other conditions the day after surgery. We have no specific diet restrictions after surgery but extensive use of narcotics can lead to constipation. High fiber diet, lots of fluids, and muscle activity can prevent this occurrence.

7. The doctor will need to reexamine you 7-14 days after your surgery. Please call the office to schedule a follow-up appointment.

With any further questions please call the office. The usual time of discharge from the hospital is one or two days after surgery. Either myself or one of my partners will see you in the hospital daily.

Thank you,

A handwritten signature in black ink, appearing to read "Joseph U. Barker". The signature is fluid and cursive, written in a professional style.

Joseph U. Barker, MD