

Shoulder Replacement

A patient's guide to

Surgery & Recovery



**ORTHOPEDIC
+ FRACTURE**
SPECIALISTS

Put Your Life in Motion

IMPORTANT APPOINTMENTS

Your shoulder replacement is scheduled at:

Center for Specialty Surgery
11782 SW Barnes Rd. Suite 200
Portland, OR 97225
503-906-4300

ORTHOPEDIC
+ FRACTURE
SPECIALISTS

Put Your Life in Motion

Main 503-214-5200

Date/Time of Surgery:

Your Surgeon:

Pre-Operative Appointment (Date/Time):

Your Physical Therapist:



Center for
Specialty Surgery



SPECIALISTS

WELCOME!

A life well lived tends to be an active one, but sometimes, an active life leads to injuries to bones, joints, or both. That's where Orthopedic + Fracture Specialists comes in. Our physicians are passionate about their work and compassionate for their patients. They're here to put your life back in motion.

The physicians of Orthopedic + Fracture Specialists stand at the forefront of surgical treatment of bone and joint problems, including fractures, arthritic, and inflammatory conditions for both adults and adolescents, degenerative problems, and joint replacement surgery of hip, knee, and shoulder joints.

Effective joint reconstruction requires a combination of surgical expertise and collaboration among a variety of specialists throughout the patient's entire course of treatment. The patient care and research collaboration among the physicians of Orthopedic + Fracture Specialists and other area specialists allow progressive treatment alternatives and new technologies for joint reconstruction, including application and development of joint arthroplasty or prosthetic joint replacement. Our joint reconstruction specialists have been leading the way nationally in current surgical techniques, which significantly shortens recovery time, allowing you to recuperate in the comfort of your own home.

TOTAL SHOULDER REPLACEMENT BOOK

Your surgeon, nurses, physical and occupational therapists, and discharge planners have worked cohesively to provide this information about your surgical experience and your recovery. These are general guidelines designed to help you and those assisting you through all phases of your surgical treatment: pre-surgery; day-of-surgery; post-surgical expectations; and recuperation and healing. Each person is unique; therefore, your recovery and rehabilitation may vary from these general guidelines. Protocols listed in this book may vary slightly based on provider/surgeon preference - please follow your provider's post-operative protocols as that will be tailored to your specific needs.

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Section 1:

**PREPARING FOR
SURGERY**

PREPARING FOR SURGERY

FAMILY/FRIEND SUPPORT

Please:

- Arrange for someone to take you to the surgery center and return you home the day of surgery, please have their name and contact information available at check-in.
- Arrange for someone to assist you at home for a minimum of three days following surgery.
- Consider bringing a friend or family member to pre-operative appointments, follow-up appointments, and therapy.
 - During these sessions, you will learn precautions concerning your shoulder and how these affect everyday activities. The importance of positioning and exercise will be explained. It is important to have a friend or family member at these appointments so they can understand their role in assisting you with activities at home after your surgery.

We offer free Wi-Fi service in the reception area for your family or friends to enjoy.

HOME SAFETY CHECKLIST

The greatest priority is safety following surgery. Please review the information below to ensure that your risk of fall/injury is minimized.

Living Area

- Clear stairs and pathways of clutter
- Remove throw rugs
- Remove telephone or electrical cords from walk areas

Pet Care

- Arrange for someone to care for your pet for the first week after your surgery

Bathroom

- Place slip-proof mats or strips in the bath/shower

Kitchen

- Store items that are used most often within easy reach (hip height or above)
- Purchase necessary food and essential household products prior to surgery

PRE-OPERATIVE TIMELINE: MEDICATION, SKIN PREPARATION

Two Weeks Before Surgery:

Please **STOP** taking all supplements, including herbal remedies and vitamins. We want to avoid any interactions with anesthesia or medications you will receive in the surgery center.

One Week Before Surgery:

STOP taking aspirin products. If you are taking aspirin as prescribed by your cardiologist, consult with him/her prior to stopping. If you are taking Celebrex, you may continue taking this medication up until the surgery. You may take Tylenol or Extra Strength Tylenol as directed, as needed for pain relief. If you are sensitive to Tylenol or acetaminophen products, please contact your medical doctor. Also contact your surgeon so he or she is aware of your medication regimen with aspirin or any other medication you routinely take.

Three Days Before Surgery:

STOP taking any medications that may cause bleeding. Examples include anti-inflammatories: Meloxicam, Motrin, Aleve, Voltaren, Ibuprofen and Advil. If you currently take Celebrex, you may continue until the day before surgery. If you have questions, please call your doctor's office.

Notify your physician before coming to the surgery center if there is any change in your physical condition, such as a cold, fever, rash, sunburn, or skin disruption.

Night Before Surgery:

- Take a shower and wash with Hibiclens (See Appendix 1 on pg. 31 for instructions).
 - **DO NOT** use oils, lotions, or make-up after bathing.
- Sleep in clean clothes and on clean sheets.
 - **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT!** This includes water or coffee. This will reduce the likelihood of nausea and vomiting following anesthesia.
 - You may brush your teeth, but do not swallow anything. Refrain from consuming mints, chewing gum, cigarettes, or chewing tobacco.

Day of Surgery (prior to arriving at the surgery center):

- Take your usual morning medications as reviewed by your surgeon with a sip of water unless otherwise instructed by your primary care physician, nurse and/or anesthesiologist at the surgery center.
- Take a shower with Hibiclens in the morning.
- Wear clean, loose, and comfortable shoes and clothes such as sweats, shorts, and light t-shirt with loose fitting sleeves or zip up sweatshirt.
 - **NO** high heels!
- Arrive at the surgery center no later than the time given to you by the Center for Specialty Surgery.

PACKING FOR THE SURGERY CENTER

You will be returning home the day of surgery so you only need to pack a few items:

- This book
- Clothing: We will have you back in your own clothes shortly after surgery.
 - A t-shirt with loose fitting sleeves, easy to button shirt or blouse or light jacket to drape over the top.
 - Easy fit or slip on shoes with flat, non-skid soles and an enclosed heel to practice walking
- Personal devices: hearing aids, eyeglasses and dentures. If you wear contact lenses or glasses, bring a case for their safekeeping. We will provide containers for removable dentures and bridgework.

DO NOT bring any medications from home unless specifically requested to do so.

Leave all valuables, including jewelry and cash at home. We cannot be held responsible for damaged or lost property. Cell phone use is permitted in non-patient areas for you and your visitors.

We will provide non-skid socks. Please bring any assistive devices you may need after your surgery.

NUTRITION

Food

Protein helps your body heal, therefore, it's essential to consume adequate protein every day. Have at least two servings of beef, fish, poultry, eggs, dairy products, or legumes per day.

Increase your fiber intake for bowel health; include raw fruits and vegetables, whole-grain breads, muffins, cereals, nuts, and beans.

Make sure you are getting sufficient iron; eat lean red meat, dark green leafy vegetables, egg yolks, raisins, and prunes.

Include 1,500 mg of calcium and vitamin D spread out through the entire day in your diet. Milk, yogurt or cheese can be an excellent source of calcium and multivitamin or fortified cereals provide the necessary vitamin D.

Stay well hydrated for the weeks leading up to surgery.

Remember: DO NOT CONSUME ANYTHING BY MOUTH AFTER MIDNIGHT THE DAY BEFORE SURGERY!

SMOKING AND ALCOHOL

Smoking

You must **STOP** smoking at least 1 month prior to surgery. Smoking is proven to decrease your healing rate and increase the rate of post-operative complications.

Alcohol

Decrease your alcohol intake to no more than one drink per day.

SLING

You will be fit for a sling during your pre-operative visit with your physician. The fitter will educate you in the proper fit of your sling. In most cases your sling will then be stored for you at the Center for Specialty Surgery until your surgical date. Your physician will instruct you how to wear your sling. In most circumstances you will wear your sling for 2-6 weeks including while at sleep. Your physician may alter your plan to be ideal for your recovery and the specifics of your surgical procedure.

STAYING ACTIVE PRIOR TO SURGERY

Continue normal activities for as long as you are able to up until your surgery date. Do not begin new activities unless instructed by your surgeon or physical therapist as needed for pre-operative preparation.

EDUCATIONAL RESOURCES

If you would like to learn more about your procedure, here are some good resources:

- Check out www.OrthopedicandFractureSpecialists.com to gather more information about shoulder replacement surgery
- Research “total shoulder replacement” on the American Academy of Orthopaedic Surgeons website at <http://orthoinfo.aaos.org/>
- Electronic Medical Management Inc. “Emmi” Access information to Emmi will be provided to you by the medical assistant in your surgical packet.

Section 2:

**AT THE CENTER FOR
SPECIALTY SURGERY**

AT THE CENTER FOR SPECIALITY SURGERY

TEAM ROLES AND FUNCTIONS

All members of the Orthopedic + Fracture Specialists/Center for Specialty Surgery team work with one another to provide the best individualized care to each patient. We are committed to making your time with us as comfortable and informative as possible. Please let us know if there is anything we can do to help you at any time.

Our team members include:

Front Office Staff: Our front desk coordinators are there to assist you with the registration process. They are our first line of support for questions that you or your family might have during your progression through the facility.

Registered Nurse: You will meet a number of our registered nurses during the continuity of your care at The Center for Specialty Surgery: from pre-op to operating room to recovery and discharge. During every step of your care, the assigned team will coordinate your nursing care and assure that you and your family receive proper education about medications, diet, and activity to prepare you for discharge to your home.

Surgeon(s): Your surgeon will visit you prior to surgery. Any questions specific to your surgery can be answered by your surgeon.

Anesthesiologist: The anesthesiologists at the Center for Specialty Surgery are all Board Certified. They will contact you prior to your surgery to review your medical history. If you have any particular concerns, you should discuss them with the anesthesiologist at that time.

On the day of your surgery, you and your anesthesiologist will review your anesthetic plan prior to you receiving any sedatives or anesthetics. They will discuss the risks and benefits associated with anesthetics.

Physical/Occupational Therapist: The physical and/or occupational therapist will help you develop in your ability to follow precautions safely and independently. The therapist will range your shoulder and instruct you in the exercises that your surgeon suggests.

MORNING OF SURGERY

When you arrive, enter using the Corby Drive entrance, park on the top floor of the parking structure, and enter through the main entrance on your right as you approach the building. Take the elevator to the second floor where you will be greeted by our front office staff.

Once you are in the pre-operative area, a nurse will provide you with a gown, non-skid socks and a bag to store all your clothing and personal belongings in a locker.

They will begin preparing you for surgery by:

- Reviewing your health history
- Starting an IV line to give you fluids
- Administering any pre-ordered medications
- Taking your vital signs (blood pressure, pulse and temperature)
- Answering any questions you may have

You will meet your anesthesiologist who will review their role and their anesthesia plan. Your surgeon will also greet you and answer any final questions, confirm your procedure, and mark the surgical site.

Your family member(s) may stay with you until the surgical suite is ready for you. At that time, they may wait in the surgery center reception area. Our front desk staff will coordinate notification for them when you are ready for visitors.

GOING TO OUR OPERATING ROOM

Your surgery will be performed in one of our state-of-the-art operating suites. Your surgeon and their team using modern equipment and techniques, will attend to you. Your team will begin to introduce themselves and the role they will be playing in your surgery.

When it is time, you will be escorted to your surgery suite. The staff will do everything possible to make you feel comfortable on our padded operating bed, and to ensure your safety, our staff will connect you to monitoring devices. You will begin to feel drowsy as the anesthesiologist starts adding medications through your IV.

When the surgery comes to completion and your dressings are in place, you will be moved to the recovery room with your monitoring equipment connected to you at all times. During this period, you will have a trained recovery room nurse that will take care of you and remain with you at all times.

AFTER SURGERY

Shoulder replacement surgery patients usually spend 1.5 hours in the operating room. You will then be transferred to the immediate post-surgical recovery area (PACU) where you will remain until you're awake and alert before being moved to StepDown, the return to home recovery area. This is where you will switch to oral pain medications, eat lunch, complete physical therapy and prepare to return home once discharge criteria are met. You may have one visitor with you in this area if you desire.

Nursing Care

The area around your shoulder will have a dressing. We try to avoid using urinary catheters; however, if you require one, it will be removed as soon as you are mobile and able to use a toilet. Nurses will have you cough often and practice deep breathing to prevent pneumonia. If your doctor has ordered a deep breathing device (called an incentive spirometer), you will use this as well. Your nurse will regularly check your temperature, pulse, blood pressure and the blood flow to your hands.

A loss of appetite is common after surgery, and your nurse will assess when you are able to drink and eat.

Pain

Although all pain cannot be eliminated, it is important that you are comfortable enough to participate and make progress in physical therapy, do the necessary exercises, and perform deep breathing. Talk with your nurse about how you feel and your need for pain medication. As you progress, you can expect your pain to lessen.

Physical Therapy and Occupational Therapy

A physical therapist will begin working with you within a few hours after surgery as the second phase of your recovery and discharge plan. They will review your movement precautions, range your shoulder and teach you a home exercise program. Be sure to communicate how you are feeling with your therapist. Your therapist will ensure your safety and understands the steps to recovery and the steps required to allow you to return to home safely.

DISCHARGE PLANNING TIMELINE

Discharge Goals

Plan to be discharged home in the afternoon. In order to be safely discharged home, our team will be sure you meet the following goals and are cleared by your physical therapist:

- Be in stable physical and medical condition
- Understand all precautions need to be followed
- Receive adequate pain control from oral pain medications
- Demonstrate safe movement in and out of bed and safe use of bathroom
- Demonstrate independence with walking or have sufficient help at home to ensure safety
- Be able to care for yourself or have help in your home
- Have family or a caregiver arranged for pickup and immediate home care for three days
- Have needed equipment and/or services at home

It is not uncommon for patients to have nausea or vomiting after surgery. If you are having nausea and vomiting, you may still be discharged to home as these often pass within a few hours.

BACK AT HOME

After you have returned home, be sure to follow your surgeon and therapist's orders regarding diet and rest, and make sure you take medication for pain as directed. You can resume your normal diet when you are ready to do so. It is not unusual to feel a little sleepy, light headed, or dizzy for several hours after surgery.

A nurse from the Center for Specialty Surgery will contact you the day after your surgery to see how you are and answer any additional questions that you might have.

Section 3:

POST-OPERATIVE SAFETY AT HOME

POST-OPERATIVE SAFETY AT HOME

GENERAL HEALTH

It is normal to feel tired after surgery; however, it is important to maintain activity and exercises outlined by your surgeon and therapist. This will ensure proper blood flow, range of motion, strength development, and bowel/bladder health.

MEDICAL APPOINTMENTS

It is very important to keep all follow-up medical appointments.

INCISIONS AND PREVENTION OF INFECTION

- You may notice swelling of your operative shoulder, arm and hand for several weeks after surgery. This is normal. Icing several times per day per your physician's protocol and following your physical therapy exercises will help.
- You may notice bruising of your operative arm that may extend down to your hand. This is normal and is a result of gravity and will resolve with time.
- Your post-op dressing was placed on you in the operating room. The skin is clean and sterile so we have you leave the dressing on completely and intact for a full three (3) days from surgery. After three (3) days you may remove the dressing. The dressing will have dry blood on it. This is normal post op drainage. Place waterproof band-aids over the incisions, these can be purchased in the first aid section of your store. Do **NOT** put any lotion, creams or ointments like Polysporin or Neosporin over the sutures.
- Showering: After 3 days a shower is acceptable; however, no bathtub, swimming pool or use of jacuzzi. Also wrap the shoulder incision area with Saran wrap from your kitchen, Press+Seal or Mepelex. Please sit when showering for the first week by placing a bench, plastic stool or chair in the shower. You must not slip and fall. To wash your underarm, you can lean forward allowing your arm to dangle. Use your other hand to wash your underarm. You may also use a small cup to splash water into your underarm area.
- Please contact your physician if you experience any of the following:
 - Warmth, redness, increased pain or swelling around the incision
 - Increased drainage/leakage from the incision
 - Thick, green, or foul-smelling drainage
 - Separation of wound edges
 - Body Temperature above 101 degrees

An infection in your body could cause an infection in your shoulder replacement area. If you are treated for any infection, please notify your surgeon. If you plan to have dental work, consult your surgeon regarding antibiotics. It is advised that you avoid dental cleaning for 3 months after shoulder replacement surgery – see Appendix 2 for more details. If you develop symptoms of a bladder infection (e.g., frequent urination, pain or burning with urination, cloudy urine), consult your PCP. Be sure to inform your PCP that you have had a total shoulder replacement.

DRIVING AND ACTIVITIES

Driving and returning to work can be different for every patient as it is very much dependent upon your job, pain level and restored movement. Your surgeon and therapist will help determine when it is appropriate to begin driving and working. You **may not** drive if you are taking narcotic pain medication (Oxycodone, Norco, Percocet, etc.)

PAIN MEDICATION

- The goal is to get you off of all pain medications as soon as possible. Narcotic medications are highly addictive and have side effects including constipation, nausea/vomiting, dizziness and sedation.
- You will be sent home with a prescription and instructions about medications for pain. As a general rule, Tylenol is effective for baseline pain relief. We encourage you to take this continually for 4 days. Do not exceed 4000 mg of Tylenol per day.
- You may be prescribed Oxycodone, Norco, or Percocet upon discharge; these are narcotic medications and should be used for very elevated or “breakthrough pain”. Again, the goal is for you to transition off of these medications as soon as you are able. A week after surgery, evaluate your pain level without narcotics and begin to spread out the time in between each dose and lower the dose as you are able. (Norco and Percocet both have Tylenol, so make sure to monitor your daily intake of Tylenol - don’t exceed 4000 gm./day).

DRESSING THE UPPER BODY

Button down, or loose fitting t-shirts work best for the first several weeks after surgery. Do not lift your arm to put it into the shirt. For a loose fitting t-shirt remove your sling and slide the shirt up the arm, over your operative shoulder and then the head/neck. You can then reach your non-operative hand through the shirt. A button down shirt also works very well removing the challenge of going over the head and neck.

OTHER TIPS

Inclement Weather: Due to risk of falling, do not go out in bad weather until you are very secure on your feet. A fall could cause serious injury and future problems with your shoulder replacement.

It is normal to experience fatigue and abnormal sleep patterns during the first few weeks after surgery. To help with this, maintain normal sleep/wake cycles, stay hydrated and continue to exercise.

Section 4:

**HOME
RECOVERY**

HOME RECOVERY

EXERCISE PROGRAM

For most patients, exercise after shoulder replacement begins with walking. Walking is the best method for recovery post surgery.

To begin your walking program, walk for 5-10 minutes, three or four times a day. As your strength and endurance improve, you can progress as tolerated, two or three times a day. Walk with a gradual pace.

Shoulder Exercises:

1. Elbow Range of Motion: Take off the sling. Gently bend (hand toward shoulder) and straighten (hand toward hip) your elbow slowly. Repeat 10 repetitions 3 times per day.
2. Grip Strengthening: Grip a rubber ball or rolled up small towel. Hold for 5 seconds then release. Repeat 20 repetitions 3 times per day.
3. Scapular Mobility: Squeeze your shoulder blades back together (pinch). Hold for 5 seconds then release. Repeat 10 repetitions 3 times per day.

Your physician may also provide you with additional exercises to begin prior to your first physical therapy visit.

PHYSICAL THERAPY

Ask your physician when you should begin therapy. You will begin physical therapy between 2-4 weeks after surgery, often twice per week, depending upon the nature of your surgery. Schedule your therapy visits in advance so times are available to fit your needs. Your physical therapist will guide you in following a protocol designed by your physician, created to progress you safely and reach the full potential of your shoulder. These exercises include the therapist taking your shoulder through motions as well as you completing exercises at home. It is important to complete your exercises at home to have a desirable outcome.

Scheduling:

Orthopedic + Fracture Specialists in Physical Therapy @ Barnes Location

11782 SW Barnes Rd., Suite 100
Portland, OR
503.906.4323

Orthopedic + Fracture Specialists in Physical Therapy @ Murray Scholls Location

14795 SW Murray Scholls Dr., Suite 109
Beaverton, OR
503.906.4323

Section 5:

**BILLING
INFORMATION**

BILLING INFORMATION

As a courtesy, our office will contact your insurance company to get pre-authorization for your upcoming procedure. At that time, we will also check on your benefits. It is our policy to collect a deposit prior to your procedure or surgery for any un-met deductible and your coinsurance. If, according to your insurance company there will be a patient responsibility for the surgery charges, an account representative will contact you to go over your deductible and coinsurance amounts and collect a deposit.

Anesthesia charges will be separate from the surgeon and facility charges. If you have questions concerning the anesthesia billing, please contact them at 503.517.3785.

If you have any questions concerning your insurance coverage or billing, please contact us at 503.608.5172.

You may incur additional charges for lab work that is separate from the surgery and facility charges. We outsource our lab work, so any lab work that is deemed necessary will be sent out and billed separately.

Thank you for choosing Orthopedic + Fracture Specialists and the Center for Specialty Surgery to provide you with care. We appreciate that you have many options and have made us your choice.

Additional Questions? Call us!

Section 6:

IMPORTANT RESOURCES

IMPORTANT RESOURCES

IMPORTANT PHONE NUMBERS

Orthopedic + Fracture Specialists

Scheduling 503.214.5255
After Hours Answering Machine 503.214.5200 #9
Center for Specialty Surgery 503.906.4300
Billing Department 503.608.5172
Physical Therapy 503.906.4323

Physicians/Medical Assistants

Dr. Brett Andres/Jasmine 503.214.5273
Dr. Brad Butler/Barbara 503-214-5268
Dr. Jason Kurian/Gretchen 503.214.5256

DURABLE MEDICAL EQUIPMENT

Evergreen Prosthetics & Orthotics, LLC 503.641.2020
Beaverton Pharmacy 503.644.2101

Section 7:

APPENDICES

APPENDICES

APPENDIX 1: HIBICLENS INSTRUCTIONS – Pre-Operative Bathing

Your cooperation is required to assure a successful outcome of your surgery. The purpose of Hibiclens soap is to reduce the normal bacteria on your skin that may be a potential source of infection at the surgical site.

Follow these instructions carefully:

1. You will be given an 8 oz. container of Hibiclens.
2. Shower the night before surgery AND the morning of the surgery, using 1/2 bottle for each shower.
3. Please remove any body piercing jewelry prior to showering and leave it out until after your surgery.
4. Hair may be shampooed with regular shampoo and rinsed thoroughly PRIOR to use of Hibiclens on the body.
5. Use a fresh, clean washcloth to apply Hibiclens for each shower. Clean in all the skin folds. Have someone help wash your back, or any areas that you are unable to reach.
6. Wash your body from the neck down to your toes with Hibiclens. DO NOT get Hibiclens into your EYES or EARS. If you do, rinse with water immediately.
7. Be sure to clean the area well where your surgical incision will be.
8. This is an effective cleanser, even though it doesn't lather (make suds) well.
9. Rinse thoroughly with running water. **DO NOT** use any other soap or body rinse on your skin.
10. Use a clean towel for each shower, clean sheets on the bed the night before surgery, and clean, freshly laundered clothing after each shower.
11. Do not use lotion, powder, deodorant or perfume/aftershave of any kind on the skin after bathing with Hibiclens.

The admitting nurse will ask you if you have taken your pre-operative Hibiclens showers.

APPENDIX 2: FUTURE PROCEDURES

DENTAL PROCEDURES/CLEANINGS:

To minimize your risk of infection following your total shoulder replacement surgery, it is the surgeon's recommendation that you avoid any procedures, including dental cleanings, for three (3) months following your surgery.

After this three (3) month post-operative period, you will need to take antibiotics prior to any dental procedure (other than a routine cleaning) that involves manipulations of gingival or periapical tissue or perforation of the oral mucosa. These procedures include, but are not limited to, dental extractions, dental implant placement, root canals, periodontal procedures, and periodontal surgery. Antibiotics given for dental antibiotics prophylaxis are as follows:

- Amoxicillin 2g orally one (1) hour prior to dental procedure
- If allergic to penicillin (non-anaphylaxis), cephalexin 2 g is taken orally one (1) hour prior to dental procedure
- If allergic to penicillin (anaphylaxis), refer for allergy testing prior to administering antibiotic prophylaxis

Available evidence does **NOT** support routine antimicrobial prophylaxis before dental cleaning in patients who have undergone total shoulder replacement surgery.

For high risk patients such as those who are immunocompromised / immunosuppressed (rheumatoid arthritis, uncontrolled diabetes, systemic lupus erythematosus) or patients with previous prosthetic joint infections, your orthopedic provider **MAY** recommend antimicrobial prophylaxis before routine dental cleaning for life.

Please call your orthopedic surgeon's office to obtain these prescriptions.

UROLOGICAL PROCEDURES:

For patients with a total shoulder replacement undergoing a urologic procedure such as kidney stone manipulation, upper urinary tract manipulation (ureteroscopy, percutaneous nephrolithotomy, extracorporeal shock wave lithotripsy), transrectal prostate biopsy, or bowel manipulation, we recommend antimicrobial prophylaxis as follows:

- Ciprofloxacin 500 mg taken orally one (1) hour prior to procedure

Please call your orthopedic surgeon's office to obtain these prescriptions.

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