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Shoulder Replacement

FREQUENTLY ASKED QUESTIONS

Answers to the questions we hear most often before and after total and reverse shoulder replacement.

UNDERSTANDING YOUR SURGERY

1 What is the difference between a total and a reverse shoulder replacement?

Total (anatomic): replaces the worn ball and socket with parts shaped like a normal shoulder. It relies on a healthy rotator cuff.

Reverse: switches the ball and socket so the large deltoid muscle can lift the arm. It is used when the rotator cuff is torn or not working, and for some fractures.

2 How long will I be in the hospital?

Many patients go home the same day or after one night, depending on their health and how they are doing after surgery.

3 How long does a shoulder replacement last?

Most shoulder replacements are still working well 10 or more years after surgery. Avoiding heavy, repetitive lifting and impact activities helps it last.

THE FIRST FEW WEEKS

4 Why is my arm numb after surgery?

Most shoulder patients receive a **nerve block** that numbs the arm for 12–36 hours. Protect the arm in the sling while it is numb — you cannot feel heat, cold, or pressure. Start your pain medication in the evening before the block wears off so you stay ahead of the pain.

5 How long will I wear the sling?

Total shoulder replacement: 6 weeks, at all times including sleep, to protect the front tendon (subscapularis) that was repaired.

Reverse shoulder replacement: 2 weeks, at all times including sleep.

6 What positions should I avoid?

Total: for 6 weeks, do not rotate the arm outward past your limit, push yourself up with the arm, or lift, push, or pull.

Reverse: for 12 weeks, do not reach **behind your back** with the arm turned in — tucking in a shirt, fastening a bra behind you, or wiping behind with this hand. This position can dislocate a reverse shoulder. Do not push up from a chair or bed with this arm.

7 How will I sleep?

Sleep is often the hardest part of the first few weeks. Many patients sleep best in a **recliner** or propped up on pillows in bed. Keep the sling on and place a pillow behind the elbow so the arm does not fall back behind your body. Night pain is common and improves with time — usually within the first 4–6 weeks.

8 What if my dressing gets wet?

If it is only splashed or a small area is damp, dry it with a hair dryer on the **cool** setting. If the dressing is soaked through, call our office — we may have you come in for a dressing change.

9 Is bruising down my arm normal?

Yes. Bruising and swelling often travel down the arm to the elbow and hand over the first 1–2 weeks.

GETTING BACK TO LIFE

10 When do I start physical therapy?

Usually within 7–10 days. Early therapy focuses on gentle motion; strengthening begins once the soft tissues have healed, typically around 6–12 weeks.

11 When can I drive?

You may drive when **all** of these are true:

- You are out of the sling.
- You are off narcotic pain medication.
- You can comfortably and quickly turn the steering wheel with both hands.

We recommend a test drive in an empty parking lot with someone else in the car first.

12 When can I return to activities like golf, swimming, or gardening?

Light activities such as walking and gardening often resume within 6–12 weeks. Golf, swimming, and similar activities are usually allowed around **4–6 months**, once you are cleared.

13 Are there long-term limits?

Most patients return to everyday activities without restrictions. We recommend avoiding heavy lifting, impact, and repetitive overhead work with the replaced shoulder for the life of the implant.

14 Do I need antibiotics before dental work?

Avoid elective dental work for 3 months after surgery. After that, tell your dentist you have a joint replacement and call our office before dental procedures for guidance.

Still have questions? Call our office at **469.800.7200**. Your post-operative instruction sheet has the specific instructions for your surgery — if anything here differs from those instructions, follow your instruction sheet.