

# Treatment of Shoulder Arthritis

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## Non-Surgical Care for Shoulder Arthritis Preparing for a Total Shoulder Replacement Risk Reduction and Criteria Post Operative Care

### Non-Surgical Care of Shoulder Arthritis

“Conservative Care” serves as potential treatment of arthritis while also preparing the patient for a possible shoulder replacement. If it fails to relieve pain, the patient is prepared to move forward with a replacement without delay because this process shares part of the criteria needed for surgery with Dr. Bents. Also, Medicare and most insurance companies require a course of “Conservative Care” before they will cover the cost of surgery.

#### What does Conservative Care entail?

- Trial of non-narcotic pain medications (Tylenol and several NSAIDS).
- Physical Therapy to develop a home self-exercise program, specially designed for you.
- Engaging in the home self-exercise program for strengthening, range of motion, and stretching.
- Weight Loss, if applicable for you to ensure your BMI (body mass index) is reasonable.
- Cortisone injection: After receiving a cortisone injection, you must wait 3 months to have a shoulder replacement. The cortisone suppresses your immune system in the joint which doubles the risk for infection that 3 month period.

**Physical Therapy:** 3-6 visits will help you create an individualized home exercise program.

**NSAIDs:** Anti-inflammatory medications will reduce inflammation and pain.

**Corticosteroid Injections:** (Cortisone) Injections will temporarily relieve pain and reduce inflammation.

**Ice:** Icing your shoulder for 20-30 minutes, 2-3 times per day will significantly reduce inflammation and ease pain. Moist heat (*heating pad or warm towel*) may help for certain patients.

**Rest:** Pain could be decreased by resting the shoulder from strenuous activities or certain triggering movements.

#### Already Completed “Conservative Care”?

If you have completed the Conservative Care process, you are ready for the next step. If you haven't had your formal “Counseling” appointment with Dr. Bents to discuss surgical planning, you can schedule this appointment with the front desk staff. If you already had this appointment, please contact his surgical coordinator, Jodi (541-916-5628). She will begin the surgery scheduling process with you.

**Preparing for your total shoulder replacement is a commitment. Please read through these documents thoroughly and bring any questions you may have to your counseling appointment with Dr. Bents.**

Your surgeon and/or his surgical coordinator will advise you whether your surgery will take place at the Hospital or Surgery Center. There are a few factors that determine the best location for you (i.e. Medical History or Insurance)

- When you are discharged from the hospital /surgery center, the hospital staff will give you post operative instructions but you need to follow PARAGON INSTRUCTIONS
- If you have questions call Paragon Orthopedics (541-472-0603).

**Reduce your surgical risk factors:**

The following problems will increase your risks of infection, blood clots, joint failure, and/or death. You must take care of them before scheduling a surgery.

- **BMI (Body Mass Index)** - must be reasonable to safely have surgery.
- **Smoking Tobacco or Marijuana** - you must quit smoking for 3 months prior to scheduling a surgery. Dr. Bents will require a blood test to confirm. If you use marijuana for medicinal purposes, you must quit or switch to edibles.
- **Bad Teeth or Gum Disease** – any needed dental procedures must be completed prior to surgery. Dental Clearance will be requested from your dental provider.
- **Open Wounds** –open skin ulcers, infection, or sores must be healed prior to surgery.
- **Frequent Bladder Infections** – see a Urologist to stabilize or suppress.
- **Diabetes** – your Hemoglobin A1C must be below 8.

**Problems you must tell us About:**

A total joint replacement surgery is a big deal. It's important that we have a clear picture of your medical history.

- Urinary Retention, decreased urine flow, bladder infections.
- History of open wounds/sores, MRSA Infections, skin infections, blood clots, or bleeding ulcers.
- New Problems, including chest pain, shortness of breath, new medical problems, or new medications.
- History of problems with Anesthesia or surgeries.
- History of blood clots or pulmonary embolism.
- Dementia or progressive memory issues.
- Lack of support at home for post operative care.

## Common Questions:

### When is the right time to have a Joint Replacement?

- Experiencing shoulder pain while doing everyday activities, such as reaching into a cabinet, using the restroom, grooming, showering, and/or lifting object.
- Feeling moderate/severe pain while resting or loss of sleep due to pain.
- Loss of motion and/or weakness in the shoulder.
- No relief from medications, cortisone injections, or physical therapy.

### When can I have Surgery?

- Usually about 4-8 weeks from the time you talk to our surgical coordinator, Jodi. Please keep in mind that surgery must be authorized with your insurance first and obtaining necessary medical/dental clearance can sometimes push this timeframe out.
- To schedule surgery you must be medically stable. Your diabetes (HbA1c < 8) and high blood pressure must be controlled. Any heart problems must be stable and your BMI (Body Mass Index) must be reasonable. You will need medical clearance from your PCP. If you have a heart condition you will need to be cleared by your cardiologist. Let us know if you are on a blood thinner, biologics, or any other specialty medications.
- You must be compliant with a home exercise program and walk 6 hours per week in addition to your normal daily activities. You must not smoke tobacco in any form for at least 3 months prior to surgery.

### How do I get ready for Surgery?

- For you to do well after surgery, you need to prepare yourself physically before surgery.
- If you have medical or heart problems, set up an appointment with your PCP or cardiologist immediately. Tell them you want to have a joint replacement and need to be seen for surgical clearance.. The number one reason for delay in your surgery is not getting medically evaluated by your PCP and/or cardiologist soon enough before surgery.
- All dental treatment should be completed prior to surgery and you must be medically cleared by your dentist.

### Why do a trial of Narcotic Pain Medications before surgery?

- Without a pain medication program individualized to you, recovery from total joint replacement surgery can be very painful. With it, you will have very little pain, progress more rapidly and go home sooner.
- We need to know what narcotic pain medications and dosages work for you to supplement your Tylenol (acetaminophen) and NSAID pain medications (your primary pain medications).
- **The best way to prevent blood clots is to get out of bed and following your exercise program.**
- Knowing which narcotic pain medications & doses work for you makes this possible.
- It is much easier to figure this out before surgery, rather than have to experiment on you after surgery when you are in pain.

### **Why doesn't Paragon like to use Vicodin, Lortab, Norco, or Hydrocodone/APAP?**

- They all have Tylenol (acetaminophen/APAP) in them. Tylenol is one of your primary non-narcotic pain medications. We cannot give you the full dose of Tylenol if you are taking one of these and you will need narcotics longer.

### **How long will I need pain medications after surgery?**

- Your primary pain medications are non-narcotic medications including Tylenol and a NSAID (Diclofinac, Celebrex or other). You will take them for **2-3** months after surgery. You should not stop them until you are pain free.
- Your secondary pain medications are the narcotics. They are needed for about 2 days to 2 weeks after you go home. Stop taking them as soon as you are ready. They can be addictive.

### **How long is surgery time?**

- Surgery time is about 1- 2 hours for a total shoulder replacement.

### **How do we prevent blood clots?**

- Getting out of bed the day of surgery is the best way to prevent clots! It is important that we make sure we know how to control your pain after surgery so you can be mobile the day of surgery! Take your pain medication trial seriously.
- Unless you regularly take a blood thinner, you will take one aspirin (325 mg) a day for 6 weeks after surgery.

### **When do I go home from the Hospital or Surgery Center?**

When you are "SAFE" for home!

- Many total shoulder patients are able to go home the same day as surgery.
- Everyone else is ready to go home the day after surgery. The nursing staff and Dr. Bents will determine when you go home, based on your condition after surgery.

### **When do I get my prescriptions?**

Almost all of your prescriptions will be electronically sent to your pharmacy the day of your pre-surgery appointment at Paragon. You will get a written prescription for your narcotic medication at that appointment. If discharged the same day of surgery, you should take a prescribed antibiotic (such as Keflex) for 7 days to help prevent infection.

### **When can I drive after surgery?**

6 weeks; studies say you are not safe until then.

### **When do I get my home instructions?**

You will be given both your pre-surgery and post-surgery instructions when you are seen for your pre-surgery appointment at Paragon.

### **What help will I need when I go home?**

- Someone to drive you home from the hospital or surgery center.
- A responsible person to stay with you for 48-72 hours after your discharge.
- You will need some help with cooking, cleaning and shopping. You will need someone to drive you to physical therapy and doctor's appointments until you are able to drive again.
- Prepare your home ahead of surgery. It will be temporarily difficult to complete common tasks. Consider the placement of your toiletries, kitchen items, and other things you may need to move to a reachable area. Think about your sling and the placement of your furniture or regular pathways while moving about in your home. You may want to make some adjustments.

### **From out of the area?**

- We suggest you come to town the day before surgery. It will be less stressful on you and you won't miss your surgery because of weather or car problems.
- If you leave the hospital or surgery center the same day or the day after surgery, you should spend the night in Grants Pass. You are generally discharged from the hospital or surgery center after 2 pm. If you have problems or need something, my office is here for you!
- We suggest you stay at the Family House next to Three Rivers Hospital. It is nearby and it is the best deal in town. It is very comfortable. 541-479-4590

## **What to Expect The Day of Surgery**

### **What time do I have to be at the Hospital or Surgery Center?**

- The hospital and surgery center have the final say on all scheduling.
- The hospital/surgery center will call you with the time you need to check in at the facility.
- Things can change! Make sure the hospital/surgery center has your cell phone/contact number!

### **What anesthesia will I have?**

In most cases a SCALENE BLOCK is used.

- You should not be nervous about being awake and hearing things. Tell your anesthesia provider how "out" you want to be. You can be as sedated or awake as you like.
- Even with heavy sedation, you may have some vague recollections of music and the noise of my tools. You will not experience pain!

### **I always get sick with anesthesia. What do I do?**

Tell your anesthesia provider. The spinal anesthesia helps a lot to prevent nausea.

- We always give a mix of anti-nausea medications pre surgery. Our standard works well for most patients, but if you are a special case remind us the morning of surgery.

### **What happens before surgery?**

You will be admitted to the preoperative holding area where you will be prepared for surgery.

- Your family or friends can be with you for most of this time.



- Nursing, Anesthesia and I will confirm your health history, medications, allergies, surgery and site of surgery. I will answer any last minute questions and sign/mark your surgical site.
- Nursing will start your individualized pain control program (from your medication trial), start your IV, and shave your surgical site, if applicable.
- Please bring in your medications in their original bottles. We may need to verify the doses. We will keep any special medications the hospital or surgery center doesn't stock for your use. The others will be sent home with your family. If the staff tells you not to bring them, bring them anyway!!
- Remind your anesthesia provider if you have had previous problems with anesthesia!

### **When do I get to eat real food?**

As soon as you can hold down liquids without nausea or vomiting.

- Often you start eating in the Recovery Room.
- (Hospital patient's only) When you get to your room, there should be a menu and a phone at your bedside. The menu has instructions on how to order your meals and has the phone number to call. To get what you want, you must order dinner by 4:00 pm and breakfast by 7:00 pm.
- (Hospital patient's only) If the meal service folks won't let you order, your diet status needs to be changed in the computer. Remind your nurse.
- Surgery Center patients will receive a menu, featuring several local restaurants to order from.

## **After You Are Home**

### **How will I take my medications when I go home?**

- Follow the instructions given to you by Paragon.
- If you have questions about the medications after you go home, call the office at 541-472-0603 between 8 AM and 5 PM.

### **How do I know I need more pain medication?**

**Just before you go to sleep the day you have surgery, test your pain.**

- If it is worse than an hour ago, ask for more pain medication. If you ignore it, you will wake up at 3AM in terrible pain. DO NOT IGNORE PAIN THAT IS ON ITS WAY UP (escalating)! Ask for extra pain medications!
- If you ignore your pain, it will get out of control. You could have severe pain around Midnight. It will take about 2 hours to get your pain back under control. Don't let this happen. Stay on top of the pain!

### **How do I know if I am taking too much pain medication?**

**You are probably taking too much narcotics IF...**

- You feel sedated, nod off while others are talking, or your mind feels clouded.
- You feel faint or your blood pressure drops when you get out of bed.

### **If I have nausea and vomiting, what do I do?**



**Eat something with each dose of pain medications. Not eating something is the #1 reason for an upset stomach!**

- You need more than a cracker. Eat a ¼ of a sandwich or some yogurt.
- You are receiving the same anti-nausea medication we trialed before surgery. If you are still having nausea, call Paragon.

**How long should I take Tylenol and NSAIDs?**

These are your primary pain medications. Don't stop them and take narcotics only!

- Plan to take them for up to 2-3 months, at least 6 weeks after surgery. They work especially well for night pain. Tylenol is 650 mg 4 times a day.
- You can stop taking them when you feel you no longer need medication to control your pain.
- These are non narcotic pain relievers. Use them to reduce or eliminate your need for narcotics.

**How long do I take narcotic pain medications?**

- These are temporary pain medications, stop them as soon you can.
- If you still need them after two weeks, start decreasing the dose that you are taking.
- Do not take them as a sleep aide. They are addictive and often will cause sleep disturbance.

**What exercises will I do when I go home?**

- Follow the home exercise program noted in the post op handout from Dr. Bents until you begin Physical Therapy (*typically 3 weeks post op*). Your therapist will adjust these exercises as needed.

**Prevent swelling and edema in your legs:**

- Elevate your feet above your heart for 15 minutes 4 times a day for about a month. If you don't, you will get swelling in your lower legs. Pump the ankle

**Who makes all my appointments for after surgery?**

**My office staff has prearranged all of your appointments.**

- My surgical coordinator, Jodi, has made your post surgery office appointments. The appointment cards are in the packet you received at your pre-surgery appointment.
- Your physical therapist should call you to make your first appointment for approx. 3 weeks after surgery. Be proactive---Call them first to get the times and therapist you want.
- The discharge planner at the surgical facility may confirm your follow-up appointments.

**How do I prevent Constipation?**

Please see the Paragon "Constipation Prevention" handout in your packet.



**NOTES:**