








Robert A. Keller, MD

Sports Medicine and Arthroscopic Surgery
Orthopedic Surgeon



-  Book an Appointment
-  Hickory: (828) 322-5172
-  Lincolnton: (704) 732-4064
-  Boone: (828) 264-1100
-  kellersportsmed@gmail.com

Post-Operative Instructions

Shoulder Replacement

Medications

Wound Care

Activity

Shoulder Immobilizer

Exercises

Contact Information

Medications

- After your surgery and as you begin your medication regimen, start with clear liquids and light foods (jello, soup, etc). If you are not nauseated, you may progress to your normal diet.
- A pain catheter was placed into your shoulder before your surgery. This can wear off in 8-12 hours or can last for a few days. **You cannot shower until your pain catheter is removed.**
- The pain medications you were given act on different pain receptors – these should be taken as directed on the bottle starting the day of your surgery until they are gone, with one exception: Oxycodone should only be taken if the other medications are not relieving your pain. You will find an attached medication calendar to follow as an example.
- Primary Medications:
 - 1. **Acetaminophen (Tylenol) 1,000mg:** Take (2) 500mg tablets every 8 hours scheduled [Rx for 60 (500mg) tablets]
 - 2. **Tramadol (Ultram) 50mg:** Take one tablet every 8 hours scheduled [Rx for 15 (50mg) tablets]
 - 3. **Diclofenac 75mg:** Take one tablet twice a day scheduled [Rx for 30 (75mg) tablets]
 - Alternative: Meloxicam (Mobic) 15mg daily [Rx for 15 (15mg) tablets]
 - 4. **Gabapentin (Neurontin) 200mg:** Take (2) 100mg tablets every 8 hours scheduled [Rx for 30 (100mg) tablets]
 - Alternative: Pregabalin (Lyrica) 50 mg every 12 hours scheduled [Rx for 30 (50mg) tablets]

----- Take medications above as scheduled until they are gone-----
 - 5. **Oxycodone 5 mg:** Take 1-2 tablets every 4 hours as needed [Rx for 20 (5mg) tablets]
 - **Only take this medication if the other scheduled pain medications are not adequately controlling your pain.**
- Common side effects of Oxycodone include nausea, drowsiness and constipation. To decrease these side effects, take with food. If constipation occurs, consider taking an over the counter laxative.
- If you are having a problem with nausea and vomiting please take one of your anti-nausea medications – **Zofran**. If you are still having issues, please call our office for a possible medication change.

Wound Care

- It is normal for your shoulder to bleed and swell from your surgery- if blood soaks through your bandage, do not become alarmed – reinforce with additional dressing.
- Your surgical dressing is waterproof; you may shower with it on. Please keep your surgical dressing on until your first post-op appointment. We will change it at that time. (See below)
- Should your dressing fall off, please replace with a clean, dry dressing.



*This dressing is water-proof, you may shower with it on (no baths/soaking)

*This dressing will be removed at your first post-operative visit

Activity

Shoulder Immobilizer:

- Your shoulder immobilizer should be worn at all times (day and night – except for elbow and wrist range of motion) until otherwise informed by Dr. Keller after the first post-operative visit. *This is worn for 4 weeks after surgery.*

General Activity:

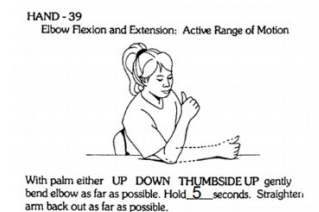
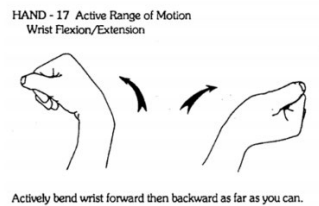
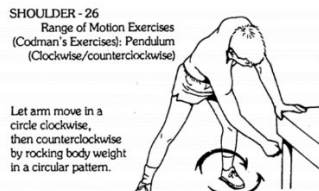
- When sleeping or resting, inclined positions (recliner chair) with pillows behind the shoulder or under the forearm for support may provide better comfort.
- Avoid long distance traveling for 2 weeks.
- No driving until instructed by Dr. Keller.
- May return to sedentary work ONLY or school in 2-3 days after surgery, if pain is tolerable.

Elevation/Ice Therapy:

- Begin using ice immediately after surgery.
- Use ice every 2 hours for 20 minutes daily until your first post-operative visit.

Exercise:

- *Begin your elbow, wrist and hand range of motion 24 hours after surgery to prevent stiffness.* The sling may be removed to work on the range of motion. Remember to avoid raising the arm above the shoulder. See attached exercises for further instruction.
- Formal physical therapy (PT) will begin after your first post-operative visit.



Contact Information

Emergencies:

- Contact Dr. Keller if any are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (>101) or chills (it is normal to have a low-grade fever after surgery)
 - Redness around the incision
 - Color change in toes or feet
 - Continuous draining/bleeding from the incision (small amounts are completely normal)
 - Difficulty breathing
 - Excessive nausea

****If you have an emergency please contact Dr. Keller before going to a hospital or emergency room.*

Follow-up Care/Questions:

- If you do not already have a post-operative appointment, please call and make an appointment 7-10 days after surgery.
- Surgical Coordinators/Administrative Assistants:
 - **Loretta Atkinson– (828)- 624-1631**

For post-operative questions and concerns, please contact the office at:






- **Hickory: (828)-322-5272**
- **Lincolnton: (704) 732- 4064**
- **Boone: (828)-264-1100**
- **Dr. Keller – kellersportsmed@gmail.com**



Robert A. Keller, MD

Sports Medicine and Arthroscopic Surgery
Orthopedic Surgeon



-  Book an Appointment
-  Hickory: (828) 322-5172
-  Lincolnton: (704) 732-4064
-  Boone: (828) 264-1100
-  kellersportsmed@gmail.com

Post-Operative Medication Schedule

<u>Surgery</u>	<u>Day #1</u>	<u>Day #2</u>	<u>Day #3</u>	<u>Day #4</u>	<u>Day #5</u>	<u>Day #6</u>
<p>AM Surgery!</p> <p>Afternoon Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Lunch Tylenol 1,000mg Tramadol 50mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p> <p>Dinner Tylenol 1,000mg Tramadol 50mg Diclofenac 75mg Gabapentin 200mg <i>(Oxycodone if needed)</i></p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p> <p>Lunch Tylenol 1,000mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p> <p>Dinner Tylenol 1,000mg Diclofenac 75mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p>	<p>Breakfast Tylenol 1,000mg Diclofenac 75mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p> <p>Lunch Tylenol 1,000mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p> <p>Dinner Tylenol 1,000mg Diclofenac 75mg <i>(If needed: Tramadol 50mg & Gabapentin 200mg)</i></p>	<p>AM Tylenol 1,000mg Diclofenac 75mg</p> <p>PM Tylenol 1,000mg Diclofenac 75mg</p>
<p>*If nauseated, take 1-2 tablets of Zofran every 4-6 hours as needed</p>			<p>*If pain is controlled, discontinue Tramadol and Gabapentin</p>			<p>Starting Day #7, continue Tylenol and Diclofenac until you run out of medication</p>