



Total Shoulder Arthroplasty Protocol

● **Preoperatively:**

- Inpatient procedure with overnight stay in hospital
 - Depending on age, insurance and co-morbidities some patients may elect to have this performed outpatient.
 - If TSA performed at outpatient center, patient's will be given pain medication (Percocet / Vicodin), anti-inflammatory (Toradol), anti-nausea medication (Zofran), and an antibiotic (Doxycycline)
- If younger male, give Doxycycline for 2 weeks (start 1 week prior to surgery and finish 1 week postoperatively)
- All Patient's to have CT Scan performed for surgical planning. CT Scan is good for 6 months. Surgicase protocol (DJO Matchpoint, Wright BluePrint) to be performed
- If Patient requires postoperative SNF placement, usually requires 3 day stay at the hospital before being transferred to facility. Social Services on the floor will authorize and arrange SNF placement
- All clearances, preoperative orders, and surgical consents to be faxed to pre-surgical screening prior to surgical date

● **Peri-operative:**

- Surgery takes approximately 2 hours
- General anesthesia with preoperative inter-scalene nerve block
- Following surgery, in recovery room for approximately 2 hours before being admitted to orthopedic floor
- Given antibiotics, Decadron, Tranexamic Acid
- OT will meet with patient following morning to demonstrate the use and placement of shoulder immobilizer/ultrasling, how to perform pendulum exercise, dress, bathe and perform ADLs
- Discharge between 11am and 2pm the following day unless going to SNF. If going to SNF must complete paperwork and leave pain medication prescription in chart for the facility
- Social Services will arrange HHC per insurance: Nurse for daily dry dressing changes; therapist to demonstrate pendulum exercises, aide to assist with ADLs. HHC will contact patient to schedule appointments as they are going to their home.

● **Postoperatively:**

● **Appointment**

- 9-10 days (Wound Check, X-rays)
- 6 weeks
- 12 weeks

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- 6 months
- 1 year
- Annually for minimum of 5 years
- Week 0-6
 - Initial appointment is 9-10 days postoperatively. X-rays are taken and if incision healed, sutures are removed.
 - If large hematoma, do NOT remove sutures. Have provider evaluate. If sutures are not removed, place on antibiotics and have patient return 1 week later for evaluation. Patient is to be in immobilizer for a total of 6 weeks. They come out of the immobilizer for dressing, bathing, and performing pendulum exercises 3x/day.
 - Pendulum exercises to be done 3x/day with 25-30 rotations clockwise/counterclockwise. If significant STS/stiffness, recommend PROM/ AAROM elbow, wrist and hand.
 - Okay to use arm/hand for activities in front of body
- Week 6-12
 - Xrays obtained
 - Discontinue use of shoulder immobilizer. Begin Stage 2 Rehabilitation : ROM
 - Patients are given Stage 2 HEP to begin. ROM as tolerated with 4 exercises to perform on a daily basis. May use their arm actively and passively for ADLs. NO strengthening or resistance. No lifting, pushing, pulling or carrying >2lbs.
 - **Avoid excessive ER stretching**
 - May begin using arm for ADLs, chipping & putting, and driving.
 - Recommend the use of heat prior to stretching and activity and the use of ice afterwards
- 3 Months
 - X-Rays obtained
 - Patient may begin strengthening exercises: Deltoid, Rotator Cuff, Periscapular strengthening
 - Begin performing activities as tolerated
 - Recommend avoiding high energy impact sports for 6 months
- 6 months, 1 year, and annual visits
 - X-Rays obtained with measurements.