ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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SHOULDER · PREPARING FOR SURGERY

Preparing for Your Anatomic Total Shoulder Replacement

A Guide to Your Surgery

PROCEDURE	SETTING	ANESTHESIA	RECOVERY
Shoulder surgery	Outpatient or a short one-night stay	General or regional — reviewed with anesthesia	Personalized week-by-week protocol

Anatomic total shoulder replacement — a metal ball and plastic socket resurface the arthritic joint.

01 A MESSAGE FROM DR. PETTIT

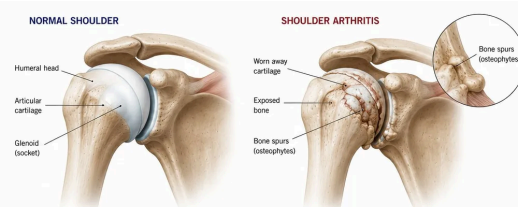
Thank you for the opportunity to take part in your care. Our number one goal, along with our team at Beacon Orthopaedics and Sports Medicine, is to improve your quality of life through our knowledge, skill, experience, and — most importantly — compassionate care. Anatomic Total Shoulder Replacement is a highly effective procedure, but we recognize that surgery can be stressful, and we hope to make this process as smooth as possible.

This guide is a resource to help you and your loved ones understand your anatomic total shoulder replacement, prepare for the day of surgery, and know what to expect during your recovery. Please keep it with you up to your date of surgery and beyond. Our team is always here to answer your questions — please do not hesitate to contact us about anything.

Sincerely,
Robert J. Pettit, MD

02 ABOUT YOUR ANATOMIC TOTAL SHOULDER REPLACEMENT

PROCEDURE ILLUSTRATION



Shoulder anatomy · for education; your anatomy may differ

An anatomic total shoulder replacement resurfaces the arthritic ball and socket with a metal ball and a plastic socket that match the natural anatomy. It is ideal for arthritis when the rotator cuff is intact, and provides excellent, durable pain relief and motion.

Anatomic total shoulder replacement resurfaces the arthritic ball-and-socket joint with implants that recreate normal shoulder anatomy, relying on an intact, functioning rotator cuff to power motion.

Want to see how the procedure is done? Watch an animation and read more at Orthopedia patient education.

03 IS THIS THE RIGHT PROCEDURE FOR YOU?

Why it may be recommended

— End-stage glenohumeral arthritis with an intact rotator cuff
— Pain and stiffness significantly limiting daily activity
— Failure of non-surgical treatment to provide adequate relief

What it is intended to achieve

— Restores natural shoulder mechanics and motion
— Reliable, durable pain relief for advanced arthritis
— Backed by modern implant designs built for long-term durability

04 RISKS TO UNDERSTAND

Risks include infection, stiffness, implant loosening over time, nerve injury, and instability. Dr. Pettit will confirm your rotator cuff is healthy enough to support this type of replacement.

05 IN THE WEEKS BEFORE SURGERY

— Get your pre-operative CT scan
— this is required. Your shoulder replacement is planned directly from a CT scan of your shoulder. The scan must be completed before your surgery date so Dr. Pettit can precisely plan your implant type, size, position, and alignment from a 3D model of your shoulder. Our team will schedule this scan for you
— please be sure to complete it as directed
— Complete your pre-operative clearance. Depending on your age and health, you may need lab work, an EKG, or a visit with your primary care doctor or cardiologist. Our surgery scheduler will tell you exactly what is required
— Review your medications with us. Blood thinners (such as warfarin, Eliquis, Xarelto, Plavix, or aspirin) and certain supplements may need to be stopped before surgery
— but never stop a prescribed medication without instruction from the prescribing doctor
— Stop nicotine. Smoking and vaping slow healing. Stopping even a few weeks before surgery improves your recovery
— this is especially important for tendon, ligament, cartilage, and bone healing
— Arrange a ride and a helper. You cannot drive yourself home after anesthesia. Plan for a responsible adult to drive you and to stay with you the first night
— Prepare your home. Set up a comfortable recovery area with everything within reach, clear tripping hazards and loose rugs, and stock easy meals. If you will use crutches, a walker, a sling, or a brace, practice with it ahead of time
— Fill prescriptions early. If Dr. Pettit sends pain medication or other prescriptions before surgery, fill them ahead of time so they are ready when you get home.
— Complete pre-operative clearance, labs, and imaging
— Stop NSAIDs and blood thinners as directed
— Arrange help at home, since your arm will be in a sling
— Attend a pre-operative education visit if offered

06 THE DAY OF SURGERY

Sandy Evans, our surgery scheduler, will give you your exact arrival time and location, and will tell you when to stop eating and drinking — generally nothing to eat or drink after midnight the night before, unless you are told otherwise. Take only the medications we tell you to take, with a small sip of water. Leave jewelry and valuables at home, wear loose, comfortable clothing, and bring your photo ID, insurance card, and this guide. Most of our procedures are outpatient, meaning you go home the same day. You will meet the anesthesia team before your procedure to review your anesthesia plan and answer any questions.

07 WHAT TO EXPECT AFTER SURGERY

— You will go home in a sling, worn for 6 weeks; gentle motion begins early under guidance
— Physical therapy restores motion first, then progressively strengthens the shoulder and rotator cuff
— Most patients improve steadily over 3–6 months
— Wear your sling as directed
— Begin gentle passive motion as instructed
— Ice regularly to manage pain and swelling
— Attend your follow-up visit and begin physical therapy

Recovery timeline

— Weeks 0–6: sling with passive motion
— Weeks 6–12: active motion progression
— Months 3–5: strengthening
— Months 5–6+: return to most daily and recreational activities

> Your detailed, week-by-week recovery instructions come in your **post-op protocol**, which Dr. Pettit and our team will review with you and provide in print and online at **robertpettitmd.com/protocols/anatomic-total-shoulder-arthroplasty.pdf**

08 POST-OP QUICK REFERENCE

Keep this section for after your surgery. These highlights are drawn from Dr. Pettit's Anatomic Total Shoulder Arthroplasty post-operative protocol — your procedure may use a different variant, so always follow the copy you receive at surgery.

Medication management

You have been given a regional anesthetic block prior to your operation; this will wear off in the evening following your surgery. We recommend taking pain medication once you feel the block wearing off. You may find it beneficial to sleep in a recliner or propped up with pillows in the days following surgery.

1. **Pain Medication**: Tylenol 1000mg every 8 hours and, unless discussed otherwise, you have been prescribed a narcotic pain medication (Oxycodone 5mg) to take every 4-6 hours as needed.
   — DO NOT drive/use any heavy machinery, drink alcohol, make any life-changing or legal decisions (i.e. sign a will), or participate in activities that require a lot of physical skill, as narcotics may change your mental acuity. On rare occasions they may cause confusion or disorientation, we advise you to discontinue this medication should that occur.
   — Narcotics can be addictive. Dispose of any excess medication at a police/fire station.
   — Take a stool softener (e.g. Colace) while taking narcotic medication, as narcotics may cause constipation. If this does not help alleviate your constipation, you can try adding miralax or milk of magnesia. Please call our office if this regimen does not alleviate your constipation.
   — If you have any questions or concerns about narcotic strength medications, please contact us.
2. **Anti-nausea**: Zofran (Ondansetron): Take as prescribed if needed for nausea
3. **Anti-Inflammatory**: Unless contraindicated due to other health reasons, you have been prescribed a non-steroidal anti-inflammatory drug (Ibuprofen 800mg) for use postoperatively. If you have no personal history of adverse response to anti-inflammatories (NSAIDs), take as prescribed: Ibuprofen every 8 hours with food to help reduce swelling and pain. **Do not take other NSAIDs (Celebrex, Advil, Aleve, etc) with Ibuprofen.**
4. **Muscle relaxer**: Flexeril (Cyclobenzaprine) for muscle spasms. Take this as needed, it will make you drowsy.
5. **Antibiotic**: You will be given a prescription antibiotic, IF you do not stay overnight in the hospital, as a precaution for 7 days. Take twice a day with food.

Tylenol and Celebrex/Ibuprofen are the foundation for your pain control regimen. Example dosing: 1000mg Tylenol then 4 hours later 800mg Ibuprofen then 4 hours later repeat — every 4 hours alternate between Tylenol and Ibuprofen. Oxycodone as needed for breakthrough pain. *You should not exceed 3,000mg of Tylenol or 3,200mg of Ibuprofen in 24 hours.

Sling & Weight Bearing Status

— With an Anatomic Total Shoulder Arthroplasty, you will be placed in a sling
— You need to wear the sling for 6 weeks. It should only be removed for showering and for your exercises
— You should not bear weight with your arm or use your arm to lift anything until instructed by Dr. Pettit
— Sling should be worn at bedtime and outside of the home for the first 6 weeks after surgery. As pain subsides, it does not need to be worn while you are at home or you are eating/drinking, however, it is very important to avoid rotating your hand away from your body
— Sling should be worn at bedtime and outside of the home for the first 6 weeks after surgery. It does not need to be worn while you are at home or you are eating/drinking, however, it is very important to avoid rotating your hand away from your body. The hand of your operative arm should remain in the box, and in front of you at all times

— If you are wearing your sling at all times for comfort, it is important to come out of your sling 3-4 times a day to straighten your elbow and move your wrist and fingers

— Until you are more comfortable you will need some help to remove your sling. You will need to unclip the shoulder strap and the Velcro strap across your forearm. Be sure to support your arm while the sling is being removed and put back on. Do not actively move your shoulder to remove your sling. Pendulum Exercises: Perform 3 times daily for 5 minutes at a time. Gradually increase the size of the circle

— Encourage early range of motion of your elbow, wrist, and hand. Please begin this immediately

Home exercise program

Early Motion — Start Immediately

Perform 2–3 times per day, 10 repetitions per session. These keep the hand, wrist and elbow moving while the shoulder is protected. Do not actively move the shoulder itself.

Hand & Finger Motion
2–3×/day, 10 repetitions
Open and close your hand. Use the squeeze ball that came with your sling to make a fist — this helps reduce pain, swelling and bruising. If your sling did not come with a ball, use a rolled pair of socks.

Wrist Motion
2–3×/day, 10 repetitions
Bend your wrist up and down. Keep the movement gentle and within a comfortable range.

Forearm Rotation
2–3×/day, 10 repetitions
Turn your palm up and down, in a motion similar to turning the pages of a book.

Elbow Motion
2–3×/day, 10 repetitions
Bend and straighten your elbow as much as possible. Come out of the sling 3–4 times a day to do this and to avoid stiffness.

Follow-up appointment

— Your first post-operative appointment will be scheduled 7-10 days following your surgical procedure. If you do not have a post-operative appointment scheduled when you leave following surgery, please call 513-441-5639 to make the appointment. ***

Signs & Symptoms to Immediately Report
Call **911** and go to the nearest hospital if you are having chest pain or trouble breathing.
Call the office at **513-354-3700** to report any of the following:

— Persistent fever (101 or greater)
— Sudden increase in pain and swelling
— Wound redness or drainage (besides blood)
— Increased skin temperature around incision
— Deep calf pain and swelling
— Severe abdominal pain

Your home exercise program. Dr. Pettit will guide you through a staged exercise programme after surgery. The full **Shoulder Home Exercise Program**, with photographs and dosages for every exercise, is available at **robertpettitmd.com/exercise-programs/shoulder.pdf** — follow the specific instructions you are given at your visits.

09 COMMON QUESTIONS

Why does this require a healthy rotator cuff?
The implants rely on the native cuff muscles to power and stabilize motion, unlike a reverse replacement.

How long do shoulder replacements last?
Modern implants often perform well for 15–20 years or more, depending on activity level and individual factors.

10 QUESTIONS & SCHEDULING

Once you and Dr. Pettit decide on surgery, **Sandy Evans**, our surgery scheduler, will handle your surgery date, insurance authorization, pre-operative clearances, and exact arrival instructions. **Maria Dodd, PA-C** helps manage your recovery — medications, imaging, and

questions — throughout.

Surgery scheduling & direct office line: (513) 441-5639 · Main office: (513) 354-3700

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/prepare/anatomic-shoulder-replacement.pdf

This guide is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.