DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

Total Shoulder Replacement Surgery

Northwell Health
Department of Orthopedic Surgery & Sports Medicine

Dr. Kaisen Yao, MD

Welcome

This booklet covers what to expect before, during, and after total shoulder replacement surgery, and outlines the first steps of your recovery. If you have not already, please register for Epic MyChart to view your appointments, message your care team, and access your records online.

Keep this packet somewhere handy in the weeks before and after surgery — it answers most of the questions patients ask us during recovery.

Meet Your Surgeon



Dr. Kaisen Yao, MD
Sports Medicine & Orthopedic Surgery

Dr. Yao specializes in sports medicine and orthopedic surgery of the knee, shoulder, elbow, and hip, with a focus on ligament reconstruction, cartilage restoration and preservation, arthroplasty, and orthopedic trauma and fracture care. He completed his sports medicine fellowship at the prestigious NYU Langone Health and his orthopaedic surgery residency — serving as Chief Resident — at Lenox Hill Hospital. During his fellowship, he also worked with several professional sports teams as a team physician, including the New Jersey Devils, Washington Commanders, and Jacksonville Jaguars. A former collegiate swimmer at Washington University in St. Louis, Dr. Yao brings an athlete's perspective to helping patients return safely to the activities they love. Outside of orthopedics, he enjoys golf, swimming, classical piano, exploring new restaurants, and traveling the world.

He sees patients at the following locations:

Lenox Hill Hospital
130 E 77th Street, 7th Floor
New York, NY

Astor Place
740 Broadway, Suite 604
New York, NY

Downtown Brooklyn
68 Flatbush Avenue
Brooklyn, NY
718-208-1440

Anatomy of the Shoulder & Arthritis

The shoulder is a ball-and-socket joint formed by the head of the humerus (upper arm bone) and the glenoid, a shallow socket on the shoulder blade. Smooth cartilage normally lets these surfaces glide with little friction, while the rotator cuff muscles and tendons hold the ball centered in the socket and power much of the shoulder's motion.

Osteoarthritis wears this cartilage away over time, leaving bone rubbing on bone — a source of pain, stiffness, and weakness that can limit reaching, lifting, and sleeping comfortably. When conservative treatments (activity modification, medication, injections, physical therapy) no longer provide enough relief, total shoulder replacement can relieve pain and restore function.

Total Shoulder Replacement Surgery

Total shoulder replacement (total shoulder arthroplasty) resurfaces the worn ball with a smooth metal implant and the socket with a durable plastic (polyethylene) component, recreating the joint in its normal anatomic orientation. This procedure relies on a healthy, intact rotator cuff to power the shoulder; if the rotator cuff is significantly torn or worn out, a different implant design (reverse total shoulder replacement) may be recommended instead — Dr. Yao will discuss which option is right for you before surgery.

Most patients stay in the hospital one night after surgery, though some healthy patients may go home the same day.

Pre-Operative CT Scan

Dr. Yao requires all patients to have a pre-operative CT scan for surgical planning within 3 months of the surgical date. This allows him to be extremely precise with the instrumentation and implants so that they can be placed in the ideal position based on your individual anatomy.

Preoperative Instructions

1. **No tobacco.** If you use any tobacco or nicotine products, please stop. Tobacco use raises the risk of infection, poor wound healing, and implant complications. Please stop at least 4 weeks before surgery and continue avoiding it through recovery.

2. Most patients need medical clearance from their primary care doctor (and cardiologist, if applicable) before surgery, including recent blood work and an EKG. Our office will help coordinate this.

3. You will be notified of your arrival time the day before surgery.

4. Do not shave the surgical shoulder for the 5 days leading up to surgery.

5. Wear loose-fitting, front-buttoning or zip-up clothing on the day of surgery — you will not be able to raise the operative arm overhead.

6. Skip lotion, makeup, and deodorant on the day of surgery; some skin-prep solutions contain alcohol and can react with these products.

7. Nothing to eat after midnight the night before surgery (this includes gum, mints, and hard candy). A small amount of water is fine up until 4 hours before your check-in time. No dairy, juice, soda, or protein shakes starting at midnight.

8. Obtain your shoulder sling in advance and bring it with you the day of surgery.

9. Set up a comfortable recovery area at home — many patients sleep in a recliner or propped up with pillows for the first couple of weeks.

10. Let your dentist know about your upcoming joint replacement; some dental work may need to be completed before surgery or delayed afterward.

11. If you take a GLP-1 medication (for diabetes or weight management), plan to hold it for 2 weeks before surgery due to delayed gastric emptying under anesthesia — please still confirm the exact timing with our office and your anesthesiologist.

Day of Surgery

What to expect: Most patients stay one night in the hospital for pain control and to begin working with physical therapy; some healthy patients go home the same day.

Anesthesia & nerve block: Most patients receive general anesthesia along with an interscalene nerve block, which numbs the entire arm and shoulder for 12–24 hours after surgery for excellent pain control. Because the arm will be numb and weak while the block is working, it's important to start your oral pain medication before the block wears off, even if you don't feel pain yet.

Postoperative Instructions: Sling Use & Arm Precautions

Wear your sling at all times except for elbow, wrist, and hand exercises, gentle passive motion exercises as instructed, and hygiene. Sling duration is **4–6 weeks unless otherwise specified** by Dr. Yao.

- Do not actively lift, push, pull, or reach with the operative arm — let the sling and your other arm do the work.
- Do not use the operative arm to push up out of a chair or bed.
- In the early weeks, your shoulder should only be moved **passively** — meaning your physical therapist, a caregiver, or your other arm gently moves it through motion, without your shoulder muscles working. Active motion is introduced later as your surgery and tissues allow.
- It is normal for the hand and wrist to swell after this surgery, and this can take 1–2 weeks to resolve. Do not wear rings or tight jewelry on the operative arm until the swelling has gone down.
- Do not drive while in the sling or on narcotic pain medication.

Resting & Sleeping

Many patients find it more comfortable to sleep in a recliner or propped up on several pillows in bed for the first 1–2 weeks, rather than lying flat. Wear your sling while sleeping unless your therapist advises otherwise.

Bandages, Dressing & Bathing

Your incision at the front of the shoulder is typically closed with staples, sutures, or surgical glue and covered with a specialized dressing. Keep it clean and dry as directed — many dressings are waterproof and can stay on through showering, but avoid soaking (baths, pools, hot tubs) until your incision is fully healed, usually about 2–4 weeks.

If the dressing loosens, becomes soaked, or you notice increasing redness, warmth, or drainage, contact our office.

Pain Management

Some pain, swelling, and stiffness after surgery is normal and expected - the goal of our pain protocol is to keep you comfortable, not pain-free. Your specific prescriptions will be reviewed with you at discharge. Your standard medication plan is:

- **Celecoxib 200 mg** - take by mouth twice daily for 30 days.
- **Oxycodone (Roxicodone) 5 mg** - take by mouth as needed for pain, up to 4 times a day, for the first 5 days after surgery.
- **Acetaminophen (Tylenol) 500 mg** - take by mouth as needed for pain, every 6 hours.
- **Senokot-S (sennosides-docusate)** - take 1 tablet by mouth daily, starting the day of surgery, for 14 days, to help prevent constipation from the pain medication.

If you received a nerve block, remember it will wear off over the following 8-24 hours. Start your pain medication on schedule rather than waiting for the block to wear off, since pain is easier to prevent than to catch up on. Taking medication with food can reduce nausea.

Using a cold therapy unit for roughly an hour on, an hour off while awake can meaningfully reduce pain and swelling. If you don't have a cold therapy unit, regular ice packs work well too - use them as needed, with a thin towel between the ice and your skin.

Do not drive, operate machinery, or drink alcohol while taking narcotic pain medication. If prescribed antibiotics, complete the full course.

What's Normal During Recovery

Hand/wrist swelling. It is normal for the hand and wrist to swell for 1–2 weeks after surgery. Avoid rings or tight jewelry on the operative arm until it resolves, and keep moving your fingers and wrist frequently.

Bruising. Bruising can extend down the arm and will fade over 2–3 weeks.

Numbness/weakness from the nerve block. Your arm may feel heavy, numb, or weak for 12–24 hours after surgery until the block wears off — protect the arm from injury during this time since you won't have normal sensation or strength.

Clicking or catching. Occasional clicking from the new joint hardware is common and not a cause for concern on its own.

Low-grade fever. A mild fever (under 101°F) in the first few days is common. A higher or persistent fever, or worsening redness/drainage at the incision, should be reported to our office.

When and How to Contact Us

Call our office if you experience:

- Pain that isn't improving with rest, medication, ice, and the sling
- No bowel movement for more than 72 hours despite laxatives/stool softeners
- Increasing redness, warmth, drainage, or odor from the incision
- Shaking, chills, or a fever over 101°F
- Numbness, tingling, or color change in the fingers that does not improve once the nerve block wears off

Practice number	718-208-1440
After hours / weekends	718-208-1440
Patient portal	Epic MyChart
Emergencies	Dial 911 or go to the emergency room at either Greenwich Village Hospital or Lenox Hill Hospital

Greenwich Village Hospital (Lenox Health Greenwich Village) — 30 Seventh Avenue, New York, NY 10011
Lenox Hill Hospital — 100 East 77th Street, New York, NY 10075

Exercises — Starting Day 1 After Surgery

Keep your elbow, wrist, and hand moving daily even while your shoulder itself is protected in the sling. Passive shoulder motion is introduced by your physical therapist in the first couple of weeks — do not perform active shoulder exercises until instructed.

Fist pumps & wrist circles. Open and close your hand into a fist 15–20 times, and gently circle the wrist, several times a day to reduce swelling.

Elbow bending & straightening. With the arm supported at your side, gently bend and straighten the elbow. 10 reps, several times a day.

Pendulum exercises. Lean forward slightly, letting the operative arm hang freely, and gently swing it in small circles using body momentum — only if and when your surgeon or therapist has instructed you to begin these.

Passive motion with therapy. Your physical therapist or a caregiver will gently move your shoulder through a protected range of motion; your job is to stay relaxed and let them do the work.

Frequently Asked Questions

What if my dressing gets wet?

Many dressings are waterproof for showering, but call our office if it becomes saturated or you notice increasing drainage.

How long do I wear the sling?

Sling duration is 4–6 weeks unless otherwise specified by Dr. Yao.

When can I start actively moving my shoulder?

This is individualized based on your surgery and tissue quality — typically active and active-assisted motion begins around 6 weeks, once passive motion goals are met and the repair has had time to heal.

When can I drive?

Not while in the sling or on narcotic pain medication — most patients resume driving around 6 weeks, once out of the sling and with adequate motion and comfort.

When can I return to work?

Desk jobs (non-dominant arm): often 2–4 weeks. Physical or labor-intensive jobs, or dominant-arm surgery: typically 4–6 months, depending on demands.

When can I return to sports or overhead activities?

Low-demand activities are often possible around 4–6 months. Overhead and high-demand or contact sports may take longer, or may not be recommended depending on your activity — Dr. Yao will guide you individually.

How long will I need physical therapy?

Typically 3–6 months of formal therapy, since regaining motion and strength after shoulder replacement takes longer than after knee or hip replacement.

Can I get a disability/FMLA note?

Yes — ask at any pre- or post-operative visit, or call our office: 718-208-1440.

Rehabilitation Overview

0–2 weeks	Sling at all times except elbow/wrist/hand exercises and hygiene; passive motion only, guided by your therapist.
2–6 weeks	Continued passive and passive-assisted motion; sling gradually weaned per Dr. Yao's guidance.
6–12 weeks	Begin active-assisted and active range-of-motion exercises; light strengthening introduced later in this window.
3–6 months	Progressive strengthening; return to low-demand daily activities and driving.
6–12 months	Continued improvement in strength and motion; return to higher-demand or overhead activities as cleared by Dr. Yao.

This is a general framework — your pace may differ based on your overall health, rotator cuff quality, and how your shoulder responds. Your physical therapist and Dr. Yao will adjust this timeline together with you.

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