

MEMORIAL HEALTH SYSTEM

Patient Education Notebook
Total Shoulder Replacement



Helping to Guide You Through Your Care

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Dear Patient,

Athens Surgical Services offers a very beneficial resource to patients who are planning to undergo surgery. During your pre-admission testing visit, you will be asked to attend an educational session discussing your next steps, from pre- to post-recovery. You are in control of your recovery and will need to be able to make informed decisions about your pain medication, physical therapy, and discharge arrangements. We also invite and encourage your family members and/or caregivers to attend this educational program with you. After all, they will play an active role in your recovery process.

This program will offer the opportunity for discussion and time for your questions to be answered before the day of your surgery. You will learn what you need to know and do before your surgery, general information about your type of shoulder surgery, and what you can expect each day after your surgery as well as long-term recovery information.

Past participants in this program say they were more relaxed when the day of their surgery arrived, were more comfortable with the procedure, and were aware of the daily expectations of their recovery process. The participants in this educational program generally have a quicker and smoother rehabilitation period because they are informed and know what to expect.

Our role as your orthopedic patient care navigator is to assist you in your musculoskeletal health care by promoting excellence in orthopedic education before, during, and after your surgery experience.

We look forward to meeting you during your upcoming educational session. If you have any questions, please don't hesitate to ask.

Thank you,
Your surgical team



Pre-Operative Instructions for Shoulders

Physical/Occupational Therapy

Physical and occupational therapy is essential for you to achieve success in your healing process. Listed below are key tips to follow to help you better understand expectations:

- As soon as possible, begin performing the exercises given to you in your packet
 - If you perform these before your surgery, it will help you to maintain the strength you have and you will regain your mobility faster
- Team members will be available to assist and instruct you on the proper way to dress, bathe, and perform grooming
 - They will be able to instruct you with use of special equipment so you are able to perform these activities independently

It is essential that you pay close attention to the precautions listed in your patient's guide, the "Do/Don't list" and the "Using Adaptive Equipment Properly" list. You will need to commit them to memory and practice at home prior to your surgery. These precautions, if followed properly, will prevent a very painful setback.

We are pleased that you have chosen Athens Surgical Services for your surgery. We will do all we can to make your experience as pleasurable and smooth as possible. We look forward to working with you!

Therapy Staff



Acceptable Pain Level

Our goal is your comfort

At Athens Surgical Services, our team members want to make you as comfortable as possible and help you get well faster. We can help you reach these goals through an individualized pain management plan.



0

No hurt



1-2

Hurts a little bit



3-4

Hurts a little more



5-6

Hurts even more



7-8

Hurts a whole lot



9-10

Hurts worst

According to the above scale; I acknowledge that my acceptable level of pain is a ____ to ____.

How can you help?

To get the best results, you can work with our providers to choose the method of pain management that works best for you.

Talk to us

Review what to expect regarding pain and the management of it.

For example, discuss any concerns you may have about taking pain medication(s).

Give a "measure" of your pain

Our providers will ask you to rate your pain frequently. If they do not ask and you are having pain, tell them about your pain and request comfort measures whenever you are uncomfortable. It is most helpful to use a pain rating scale when stating your pain. The measure-ment used most often at Athens Surgical Services is the scale you see above.

Alternative treatment for pain

There are also treatments that do not use medicine that can help you with pain control.

For example, the use of cold packs, massages, relaxation breathing, and focusing on other activities can help lessen pain. You can discuss these options and how they may help you with your provider.



Using Adaptive Equipment Properly

Sock aid:

1. Lay sock aid on lap with open part of the cylinder facing up with the ropes closest to you.
2. Pull the sock on the sock aid as if the open part of the cylinder is the top of your foot.
3. Pull sock on the sock aid completely making sure not to pull any fabric over bottom lip of the sock aid.
4. Grab the handles or rope with both hands and toss sock aid and sock down to your feet.
5. Put foot into the cylinder.
6. Pull the ropes with both hands until the sock is on.



Reacher:

The main use of the reacher is to pick up objects off the floor or to use for dressing and other activities for people who have difficulty or are unable to bend due to hip or back precautions. The reacher should not be used to grab heavy items out of the upper cabinets due to the risk of the object falling and hitting the patient on the head or causing loss of balance. Weight capacity for the reacher is approximately 5lbs.



Long handled shoe horn:

The use of a long handled shoe horn is the same as that of a regular shoehorn. The advantage of the long handle is that patients with hip or back precautions or those with difficulty bending at the waist can continue to put their shoes on independently.



Long handled sponge:

The purpose of the long handled sponge is to allow the patient to wash his or her own feet, back, and other unreachable areas without assistance.



Tub/shower chair:

A tub bench/shower chair allows safe transfer and sitting on it in the shower or tub.



Hand-held shower:

A hand-held shower is handy for bathing from the tub bench/shower chair.

Elastic shoelaces:

Used for patients who are unable to tie shoes due to back or hip precautions, bending difficulty, or fine motor coordination deficits.



Elastic Shoelaces—turn a lace-up shoe into a slip-on.



Coilers™—easy-to-use Coilers never need tying.



Deluxe Elastic Shoelaces—slip shoes on and off without tying and untying laces.



Total Shoulder Replacement

What to Expect

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General Information

Welcome and purpose

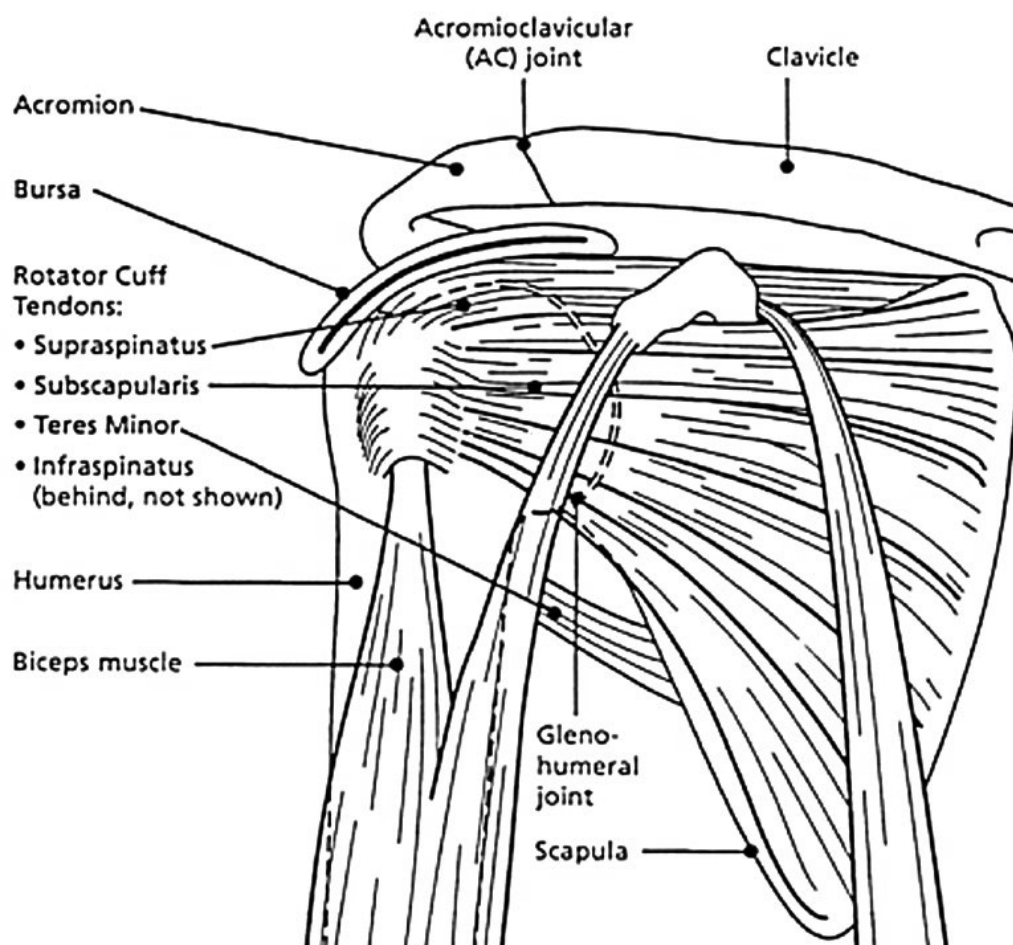
Welcome to your total shoulder replacement patient education information. This information will help you learn what to expect from your experience with shoulder surgery.

Shoulder problems are a common reason for people to seek medical attention. As many as 7.5 million people per year visit their provider's office in order to be evaluated for shoulder issues. Symptoms may include stiffness and inability to move the shoulder joint normally. There may be arm weakness or pain that prevents you from performing your work or daily activities. You may feel a popping, grinding, or sliding of the shoulder joint. Injury to the shoulder can occur during activities involving repetitive overhead motion in sports, or from everyday activities that include reaching. Shoulder pain, stiffness, and weakness can also be the result of wear and tear on the shoulder joint, which progresses over time.

Some shoulder problems may be managed with non-surgical treatments. However, if you and your orthopedic surgeon have determined that shoulder surgery is necessary, your surgeon will discuss which type of procedure will be used to treat your particular shoulder problem.

Introduction to total shoulder replacement

How your shoulder works:



The shoulder joint is the most flexible of all of the body's joints. When it is functioning normally, this flexibility allows movement of the arm in almost every direction through a full range of motion. When there is damage to any of the structures in the shoulder, this makes movement difficult and painful.

The shoulder is a ball-and-socket joint. The ball portion is found at the top of the arm bone, which is called the head of the humerus. This fits into the socket, which is called the glenoid. This ball and socket makes up the glenohumeral joint. The glenoid comprises part of the shoulder blade, which is called the scapula. This area is a common site for arthritis to form. Arthritis results in narrowing of the joint space and causes stiffness and pain. Shoulder replacement may be an option for pain management and improving movement. The bone known as the acromion sits above the ball and socket and protrudes over the shoulder joint. This area is prone to the development of bone spurs. If non-surgical treatment is unsuccessful, surgery may be necessary to remove bone spurs and repair the rotator cuff muscles that surround the shoulder joint.

A structure known as the acromioclavicular (AC) joint, next to the acromion, connects the collarbone, also called the clavicle, to the scapula. This area is a common place for shoulder instability and separations to occur. Surgery is usually advised for repeat shoulder dislocations.

The labrum is a strong rim of fibrous tissue that lines the shoulder socket. It functions to help maintain a stable fit for the head of the humerus in the shoulder socket. Shoulder ligaments also attach to the labrum. A tear in the labrum can occur from trauma to the shoulder from a fall on an outstretched arm or actions of sudden pulling, tugging, or forced reaching.

A fluid-filled sac, called the bursa acts as a cushion. An impingement, or pinching syndrome can happen if the bursa and tendons become swollen or inflamed (bursitis). The impingement can also occur when the shape of the acromion causes it to press against nearby structures. This results in irritation and torn tissue. If conservative measures with medication and therapy are unsuccessful, your surgeon may need to surgically correct these problems as they interfere with normal shoulder function.

The shoulder joint is surrounded by four muscles, known as the rotator cuff. This group of muscles allows the arm to rotate in and out, as well as up and overhead. Strong fibrous bands of connective tissue, known as tendons, attach the rotator cuff muscles to the top of the arm bone (humerus).

The rotator cuff muscles also work to maintain the position of the shoulder in its socket. Repetitive overuse activities, such as reaching and throwing with sports can cause irritation, swelling, and tearing of tissue. Fraying of the tendon may occur as we age. The tendons may be weaker from prior injury and in danger of being torn again. Although a rotator cuff tear can happen at any age, the average age reported is 65 years old.

Injury to the rotator cuff causes weakness and stiffness, impairing the ability to raise the arm over the head, depending on whether there is a partial tear or a complete tear.

Another important shoulder muscle is the Deltoid. The deltoid muscle serves as the largest and strongest muscle of the shoulder. It is responsible for lifting the arm out to the side. It also helps to stabilize the shoulder to prevent dislocation. If conservative measures with therapy are unsuccessful, your surgeon may need to surgically correct these problems as they interfere with normal shoulder function.



— Total Shoulder Joint Replacement Surgery —

(Total Shoulder Arthroplasty)

Shoulder joint replacement surgery, or shoulder arthroplasty, may be performed to relieve pain, stiffness, and the decreased ability to function normally. Severe shoulder dysfunction results from loss of cartilage that normally lines the joint and allows for smooth movement of the head of the humerus inside the glenoid. Cartilage may progressively wear away over time or can be damaged due to injury. This results in diminished joint function. Shoulder replacements are done for the following problems:

- Various types of arthritis: degenerative joint disease (osteoarthritis), rheumatoid or post-traumatic
- Disruption of the blood supply to the head of the humerus (avascular necrosis)
- Severe arthritis in combination with large rotator cuff tears that cannot be repaired (rotator cuff arthropathy)
- Severe fractures

Conventional total shoulder replacement



Normal Shoulder



Arthritic Shoulder



Total Shoulder Replacement

The type of shoulder replacement your surgeon performs depends upon the extent of the abnormality affecting the shoulder. Conventional total shoulder replacement is generally performed when the cartilage is totally worn away, yet the rotator cuff tendons are in good condition. This type of shoulder replacement also relies on the rotator cuff muscles to move the arm. The system is modular, which allows the best fit possible. The arthritic head of the arm bone is replaced using a metal stem and a highly polished metal ball. The socket is replaced with a plastic durable material.

There are various types of implants available. Your surgeon will determine the appropriate type for you with the goal of eliminating shoulder pain, improving movement, and allowing a return to normal activities.



Reverse total shoulder replacement

Reverse Total Shoulder Replacement is performed when there is damage to the rotator cuff, resulting in the inability of these muscles to help move the arm properly. The positions of the components of the reverse total shoulder prosthesis are switched, in relation to how they are implanted in the conventional total shoulder procedure. The pieces include a durable plastic socket that is connected to the upper part of the arm bone and a metal ball that is attached to the shoulder bone. The goal of this surgery is to alleviate pain and to improve the ability to lift the arm up. The reverse total shoulder replacement relies on the deltoid muscle to provide movement to the arm,

rather than the torn rotator cuff muscles.



Partial shoulder replacement (Hemiarthroplasty)

A partial shoulder replacement or hemiarthroplasty may be performed in the case of a severe fracture. A prosthesis specifically designed for fractures is utilized. In this procedure, the damaged head of the humerus is removed and replaced with a new metal ball that is fixated on a stem. The stem extends into the canal of the arm bone.



Partial shoulder replacement resurfacing

A partial shoulder replacement with resurfacing may be performed in cases where there is severe arthritis, yet a total shoulder replacement is not needed. There are various types of prosthesis for partial shoulder replacement with resurfacing. Your surgeon will determine the best type of surgery for you, depending on the condition of your shoulder joint and your particular activity abilities and needs. These are two types of shoulder resurfacing procedures. Your surgeon will discuss with you whether these options or others best fit your situation:

- The damaged humeral head may be replaced with a smooth metal cap implant placed over it. In this procedure, the socket is smoothed out and resurfaced into a shape that matches the surface of the implant, so that movement is easy
- The glenoid socket may be replaced, and the head of the humerus is smoothed and resurfaced

Frequently asked questions about shoulder surgery

A well-informed patient is one who will be able to take part in their care and rehabilitation. Knowing what to expect before, during, and after surgery can help you recover more quickly. It can also assist you and your caregiver to avoid and recognize potential problems. There are common questions patients have about total shoulder replacement. Answers to some questions are listed below. However, it's best to discuss your specific questions with your surgeon.

Why do most people have a shoulder replacement?

One reason is to have less pain, depending on the exact surgical procedure that is needed. Other reasons may include range of motion and ability to complete your normal daily activities. Activities such as dressing, grocery shopping, and others are pleasant when they become easier. Many people feel improved quality of life overall.

What are the major risks related to total shoulder replacement?

The same risks for any surgery apply to shoulder surgery. That's why it is important to be in good general health before you have an elective surgery. Rare nerve injury or fracture of the bone while inserting hardware or implants can occur. Infection and blood clots may be avoided by use of antibiotics, anticoagulant medication, and mechanical devices that help circulate blood in your legs. Discuss any history of blood clots or other concerns you might have with your surgeon.

What do I need to do to prepare for my surgery?

You may be asked to come to the clinic before your surgery to register and have tests. You will be told not to eat or drink anything after midnight the night before your surgery. On the day of the surgery you need to arrive at the hospital about 1-2 hours before the scheduled surgery time. You will be taken to a pre-surgery area and given medicine to help you relax. When your surgery team is ready, you'll be taken to the operating room and your anesthesia is started.

Am I too old for this surgery?

Age is not an issue if you are in good health and want to continue living an active life. You may be asked to see your primary care provider about your overall health and readiness for surgery.

Will I be put to sleep for surgery?

General or regional anesthesia may be possible for your surgery. General anesthesia allows you to sleep. Regional anesthesia provides numbness of a certain body region with other medication given to cause sleepiness. Several factors are included to decide which type of anesthesia is best for you:

- Past experience with surgery
- General health and physical condition
- Reactions or allergies you have had to medications
- Risks of each type of anesthesia
- Input from your surgical team and you

Discuss this with your anesthesiologist/nurse anesthetist.

How long will my surgery last?

One to three hours is the normal range. Time often depends on the equipment and anesthesia. Some time is also spent preparing you for surgery and anesthesia.

Will I have pain after surgery?

You will have discomfort after surgery, but the discomfort will lessen greatly over the first several days. Medication can be given to keep you comfortable and will also help you to participate in therapy. Quicker than you might think, your medication will be reduced to an over-the-counter pain reliever and then none.

What happens after the surgery is completed?

After surgery, you will be taken to a post-anesthesia care unit (PACU) or recovery area. Once anesthesia has worn off and you are stable, our team will prepare you for discharge.

When can I get up?

You may get out of bed with assistance when you are awake and your anesthesia has worn off. It is common to get dizzy when you get up for the first time, so please call for assistance when you are ready to get out of bed.

When can I shower?

You can shower with assistance when approved by your surgeon. Protection of your incision during showers will be discussed with you. You will not be able to sit down in a bathtub for at least three months after surgery.

Will I need therapy at home or will I need to do anything special for my shoulder?

The initiation, duration, and type of therapy depend upon the type of shoulder surgery performed and your surgeon's specific recommendations.

Most patients continue therapy independently at home after surgery. Therapy may be started immediately after the operation or may take up to four weeks to start. This depends upon the type of surgery involved. It is a good idea to check with your insurance company, before surgery, to find out about your benefit for therapy coverage.

Should I exercise before my shoulder surgery?

Your provider may want you to perform exercises or therapy to boost your overall strength and conditioning before your surgery. This will depend upon the type of shoulder issue being treated. If surgery is being done on your dominant arm, it is helpful to practice doing basic hygiene activities with the non-surgical "good" hand.

**Please discuss physical therapy with your surgeon.*

Will I need special equipment after a shoulder replacement?

You may be given a shoulder sling or immobilizer with specific instructions from your provider regarding use. Your provider may also suggest an ice bag. A bag of frozen peas is a handy way of having an effective ice bag on hand. Further equipment needs will be assessed by a therapist.

How long will I need to wear my sling or immobilizer?

You may have to wear the sling for 4–6 weeks. Your surgeon will assess your recovery at your first post-op visit and provide instruction.

Can I drive after surgery?

No, you cannot drive immediately after surgery. You cannot drive while taking pain medication, or you are unable to react rapidly when needed. Generally, driving resumes 2–4 weeks after surgery.

When can I return to work and usual activities?

You can return to work when your provider says it's ok to do so. Unless otherwise instructed, avoid using your arm to work until you have gone through physical therapy. Check with your provider to see whether or not you can use your arm for light activities. Following shoulder replacement, if you have a sedentary job, you may be allowed to return to work 2-3 weeks after surgery. However, if your job requires overhead or lifting activities the return to work time may be several months. Lifting, pushing, pulling, and activities of daily living may place excessive tension on the area that has been surgically repaired. Your surgeon will determine the limitations that you will need to follow, depending on the type of shoulder problem being treated. For example, after a rotator cuff repair, you will be restricted from activities that require moving your elbow out to the side. These restrictions may last for three months, or as advised by your surgeon. You will need to consider that driving, shopping, and usual daily activities will be difficult to manage during this time. Plans for needed assistance with driving, dressing, and other tasks should be made before surgery.

When can I play sports again?

You are encouraged to participate in low-impact activities after your full rehabilitation. These activities include walking, swimming, etc. High-impact activities such as running, tennis, and basketball are not recommended. Discuss your particular sport or activity with your physician. They will release you to resume certain activities when they feel you are able.

How often will I need to see my surgeon?

You will follow up with your surgeon within two weeks of surgery for suture removal.

**Discuss frequency of follow-up with your surgeon.*

Your Healthcare Team

Your healthcare team members have special training and interest in the area of orthopedics with extensive knowledge to help guide you to discharge. It is important for you to be an active partner with your healthcare team in order to have the best possible outcome. This team includes many, but the main members are listed below.

Anesthesiologist/Certified Registered Nurse Anesthetist

A physician or advanced practice nurse who is responsible for your anesthesia (putting you to sleep) for a total shoulder replacement. The anesthesiologist or nurse anesthetist may also be involved in pain management issues before and after surgery.

Nurse Practitioner (NP)

A registered nurse with advanced skills and education who works with your surgeon to manage your care. An NP can diagnosis and treat healthcare problems, as well as prescribe medications and order and interpret needed tests. NPs often see you before, during, or after total hip replacement surgery.

Orthopedic Surgeon

A physician/surgeon who performs your total shoulder replacement and directs your care. This provider guides your rehabilitation and follows you through office visits

Physical Therapist (PT)

A therapist who plans your physical rehabilitation after your total shoulder replacement. This therapist will help you regain range of motion and muscle strength with your new joint. You will learn how to use assistive devices, which may be needed temporarily after your surgery. Sometimes patients will attend physical therapy before surgery to learn exercises to build strength.

Physician Assistant (PA)

A healthcare professional who works with your physician to prescribe, diagnose, and treat healthcare problems. Physician assistants often see you before, during, or after total joint replacement surgery.

Orthopedic Nurses

Professional nurses who are responsible for managing your bedside nursing care following your surgery. Nurses use the surgeon's instructions to guide your care. They provide education to you and your family about your health and safety needs, including information before and after surgery and plans for your discharge.

Before Surgery Checklist

Advanced Health Care Directive (Advance Directive, Living Will)

If you do not have an Advanced Health Care Directive, this is a good time to complete one before your surgery. This form will help explain your health care wishes to the healthcare team. If you already have an Advanced Health Care Directive, please bring a copy along to the center.

Assistance

Ask your spouse, children, neighbors, or friends if they can help you for a few weeks after returning home from surgery.

Diet

Eat as healthy as possible with the appropriate serving of fruits, vegetables, protein, whole grains, and low-fat dairy. An adequate iron supply is important before surgery. Good sources of iron include lean red meats, fortified cereals, and leafy green vegetables such as spinach or kale.

Fluids are important for helping you to have regular bowel movements. Most of that fluid should be water.

Equipment

There is standard equipment needed for everyone after surgery. A sling or immobilizer will be used after surgery. It will be provided either by your provider's office or at the center. Your nurses and therapists will teach you the appropriate method of applying and removing the sling. You may require a cane or other assistive device for balance. Your therapist will work with you and your provider to determine if this is needed.

Medical appointment

The following tests will be ordered

- EKG (electrocardiogram)
- Lab work
- Chest x-ray
- Urinalysis
- Clearance from Cardiology and/or Pulmonology if needed.

Smoking

Smoking is known to cause breathing problems. It can also decrease the rate of healing. Try to decrease smoking or seek methods to stop. Your primary care provider can offer ideas to do so.

10-14 Days Before Surgery

Home Preparation Checklist

Some changes may be needed for you to return home safely after surgery. It's best to have the bathroom, bedroom, and living areas on the same floor. If this is not the case, you may want to place a bed on that floor for a short while. Or you may choose to stay with a relative or friend for a month or so after surgery.

- Purchase night lights and place them in your bathroom, bedroom and hallways
 - Sturdy handrails are recommended for your "good" arm for steps and stairways
- Move loose fitting, comfortable clothes and pajamas to a place that's easy to access
- Repair any loose carpeting on steps and stairways
 - Tack down loose carpet and remove rugs
 - Have a portable telephone with emergency numbers available at all times
- Identify chairs with arms in the living and kitchen areas that are not too short or soft, as they may be difficult to rise from only using one arm
 - Some people find sleeping in a recliner for the first few days after surgery the most comfortable
 - Prepare meals that can be frozen and easily reheated
 - Arrange for someone to assist you with laundry, vacuuming, and other household chores

Mail

Arrange for someone to collect your mail or place it on hold at the post office.

Medications

Medications that are often stopped prior to surgery include:

- Aspirin
- Some anti-inflammatory medicines (like Motrin, Aleve, Coumadin, Plavix, etc).
- Some vitamins
- Fish oils
- Herbal supplements (such as ginseng, ginkgo biloba, garlic pills)
- Herbal teas
- Fortified cereals that contain vitamin E
- Pain medications that contain aspirin

- Some over-the-counter and prescription pain medications can continue until the time of surgery
- Please be honest about your drug and alcohol use—it is important to know as it can relate to your anesthesia and pain management

** Discuss which medications should be stopped and when with your surgeon; this includes blood thinners.*

Several Days Before Surgery

Bills

Pay bills so they are up-to-date through a few weeks after your return home.

Clean

Clean up the house, including vacuuming the carpets. Do laundry. Refer to “Home changes” under “10-14 Days Before Surgery” section.

Groceries and supplies

Purchase food items and needed supplies that can be used after your return home. It’s handy to have bags of frozen peas or corn on hand as they can be used for ice packs.

Infection

Notify your surgeon’s office right away if you think you may have an infection of any kind: bladder, skin, tooth, etc.

If you wear artificial nails, have them removed.

Transportation

Confirm how you will get to and from the clinic. You are not allowed to drive yourself home from the center. Insure the passenger seat reclines and can fully move backward.

Night Before Surgery

Pack

Items to include are: (X)

- Your most current list of medications and supplements, noting which ones have been stopped and when
- Loose shorts, jogging suit, sweats, tops
- Eyeglasses
- Hearing aid and batteries
- CPAP machine (if used at home)
- Driver’s license or photo ID, insurance card, Medicare/caid card
- Copy of your Advanced Healthcare Directive

Do NOT

- **Do NOT** eat or drink anything after the time you were instructed—ice chips, gum, or mints are not allowed
- **Do NOT** bring valuables—no jewelry, credit cards, checkbooks, cash
- **Do NOT** use tobacco products after midnight/the night before.
- **Do NOT** use THC for 24 hours prior to surgery.

Do Shower—get your skin ready for surgery

It is important that your skin is very clean before surgery because germs on your skin increase the chance of getting an infection. Please follow the directions below for showering with a special soap called Chlorhexidine - Gluconate (CHG)-(Hibiclens or Hex-a-clens). *Use this soap the night before your surgery and again the morning of your surgery.*

Directions for showering with CHG:

1. **Do NOT** shave the surgical site for at least 48 hours before the operation.
2. Wash and rinse your hair with your normal shampoo.
3. Wash your body with your regular soap first.
4. Rinse your hair and body very well to remove any soap or shampoo.
5. Turn off the shower.
6. Apply CHG soap from the sponge, and wash your body from the neck down.
Do NOT use on your face, eyes, or ears. (CHG soap does not lather well, but that does not mean that it is not working)
7. Wash your body gently for five minutes; focus on the area of your body to be operated on.
8. **Do NOT** scrub your skin too hard.
9. Turn the shower back on and completely rinse the CHG soap off your body.
10. Pat yourself dry with a freshly laundered clean, dry towel.
11. Put on clean clothes.
12. **Do NOT** use any lotions, moisturizers, make-up, or other products on the area of your body to be operated on.

Clinic Care

Day of Surgery

- Do not wear jeans, make-up, and jewelry
- Do not wear slides, sandals, or flip-flops; DO wear tennis shoes
- Remove fingernail polish and toenail polish
- Take medications as instructed with the smallest amount of water possible
- Do not eat or drink anything
- You may brush your teeth

— Do not take insulin unless instructed otherwise

It's important to arrive at the Surgical Center on time. You will complete any needed forms. You will be taken to the pre-op area where nurses will prepare you for surgery. You will put on a hospital gown and go to the bathroom. You may have an IV started in your vein. You will discuss your anesthesia with an anesthesiologist or nurse anesthetist. You may be given medication to relax. You will be taken to the operating room for your surgery.

After your surgery is completed, you will be taken to the recovery room for one to two hours. Nurses will watch you closely until you are stable. Your surgeon will talk with your family or after surgery has ended.

Activity

Once your surgery is over your surgeon will decide whether your arm should be in a shoulder splint, sling, or immobilizer. This will help with protection as well as positioning of your shoulder. This will not prevent you from beginning and participating in physical therapy.

Exercises typically begin on the day after surgery with an emphasis on moving the shoulder, wrist, and hand. For the first 8-12 weeks the focus on physical therapy will be on achieving full motion, but not strength. With surgeon approval, strengthening exercises will begin at about twelve weeks from the time of surgery. This time is necessary to allow the tissues to heal.

Breathing

There may be an oxygen tube in your nose. Your nurse will likely remove the tube later on the day of surgery. You will do deep breathing and coughing exercises for several days after surgery. You may be asked to use a breathing device. This is done to expand your lungs and help get oxygen to your tissues.

Circulation

It is important to move around to help your blood circulate. Your therapists will work with you to teach you exercises and evaluate your balance with one arm being immobilized.

There may be snug stockings and/or sleeves wrapped around your legs or feet. If present, the sleeves fill with air and then relax. These are used to decrease your risk of blood clots.

Smoking is not allowed. Ask for stopping assistance as needed.

Discomfort

You will have some pain. The goal is to get the pain low enough so that you can rest and take part in physical therapy. To keep pain managed, you may receive pain medication through your IV, IM, or pills. An ice pack may be used on your shoulder to lessen pain and swelling. Your pain will decrease every day.

Food/fluids

You will have fluids going through your IV at first. The IV will be stopped when you are eating and drinking well.

Going to the bathroom

When you get up for the first time, make sure that your nurse or patient care tech (PCT) is available to assist you. Do not get up by yourself while you are taking any pain medications.

It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Drink plenty of fluids and eat whole grains, fruits, and vegetables. A stool softener or laxative can help normal bowel function to return.

Wound Care

You may have a big dressing on your shoulder. Your incision may have sutures, staples, steri-strips, or glue.

Surgery to Discharge

Special considerations for total shoulder replacements

- Therapy will be prescribed per your surgeon's recommendation (This may include pendulum exercises (refer to the Post-Op Exercises section) and gentle elbow range of motion several times daily)
- Avoid reaching out to the side
- Avoid turning your arm in or putting your hand across the body
- **Do NOT** use your arm to push yourself up in bed or from a chair because this requires forceful contraction of muscles
- **Do NOT** lift anything heavier than a glass of water until allowed by your surgeon
- Avoid placing your arm in any extreme position, such as straight out to the side or behind your body

Your first day at home

Shoulder arthroplasty is considered an outpatient procedure; therefore, you will not need to stay overnight at the center.

- Continue to cough and take deep breaths
- Walk to the bathroom with assistance
- Drink fluids to stay hydrated
- Eat solid food when possible
- Switch to taking pain medication orally if medication has been given through IV
- Wear loose clothes

**Discuss discharge options and needed equipment prior to leaving the center*

How to cope in the first week

- Your surgeon and therapist will talk with you about the importance of limiting any sudden or stressful movements to the arm for several weeks or longer

(You should not participate in any activities that involve pushing, pulling, and lifting until you are given permission from your surgeon).

Caring for Yourself at Home

Your first day at home

- It is a good idea to have someone with you in case you need any help during this first day (If your surgeon or therapists have given you specific exercises to complete at home, they should assist you with them)
- If your surgeon ordered a sling or immobilizer for you for home use, wear as directed
- Never use your arm to push yourself up in bed or from a chair—the added weight on your shoulder may cause you to re-injure the joint

How to cope in the first week

- You are encouraged to return to your normal eating and sleeping patterns as soon as possible
- It is important for you to be active, but it's even more important to increase your activity level and exercises only as your surgeon has directed
- Consult your provider about returning to work, as this differs from patient to patient (If your job requires heavy lifting or climbing, there may be a delay for several months)
- Until you see your surgeon for your first follow-up visit, make certain that your wound stays dry and is not draining (If you notice any drainage or a foul odor from your incision, please contact your surgeon)
- If you develop a temperature greater than 100.5°F, call your surgeon
- If you have them, your stitches or staples may be removed from days 7-14 after surgery (You may still experience pain surrounding the surgical site)

Anticoagulant medication

You have likely been given a prescription for an anticoagulant medication. This medication prevents clots from forming. The medication may be in pill or shot form (a tiny needle that goes into the abdomen). You may also need lab work done to make sure your medication is working properly. Take this medication for as long as directed by your provider. Usually, you will be on it anywhere from 2-6 weeks after your shoulder replacement surgery. Contact your provider right away if you notice easy bruising, nosebleeds, or blood in your urine.

Body changes

Changes to expect:

- You may have less appetite for a while—be sure to drink plenty of fluids
- Your energy level may be less than usual for a few weeks after surgery
- Constipation may result from pain medication—use a stool softener or laxative if needed

- You are at risk of falling (When using a sling/immobilizer your center of balance is altered; therefore, take precautions not to fall)

Coping with stress

Undergoing surgery can be a very stressful event for anyone. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook can help. Make note of small achievements. Some people find that deep breathing and relaxation techniques help. Remember to ask for help when you need it.

Discomfort

Timing:

- It is important to take pain medication with food and as prescribed by your surgeon
- Don't wait until discomfort has the best of you to take medication

Therapy and exercise sessions:

- It may be helpful to take your pain medication about 30 minutes before your planned therapy/exercise session

Precautions:

- Do not drink alcohol or drive while taking pain medication
- As you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them

Alternate forms of pain relief:

- Applying an ice pack to your shoulder for 20 minutes, several times per day, can help ease discomfort
- A frozen pea or corn bag can form easily to your shoulder
- Change your position at least every 45 minutes during the day to avoid stiffness
- Numbness around the incision may be temporary or permanent

Contact your surgeon if your discomfort does not respond to the above methods..

Equipment

Please refer to the 'Using Adaptive Equipment Properly' section for a list of equipment your therapist may recommend for your recovery.

Incision care/dressing changes

There will be some swelling initially, especially after exercise. There should be no redness, hotness, odor, increased drainage, or opening of the incision. Call your surgeon's office if you notice those changes. You may need to use mirrors if you'd like to view it. Usually, sutures or staples are removed 10-14 days after surgery at the provider's office. Follow wound care and dressing change orders provided to you at the time of discharge.

Intimacy

Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles, and ligaments need time to heal. You can usually resume sexual activity when you feel ready, but discuss this with your surgeon.



Home Instructions

Total Shoulder Arthroplasty

Preventing and Recognizing Potential Complications

Infection

- Hand washing (or an alcohol-based hand cleanser) is the most important step for preventing infection
- You and your caregiver need to wash your hands prior to changing the dressing over your incision
- Keep your incision dry, unless your surgeon has approved getting it wet
- Eating a healthy diet and drinking plenty of fluids can help prevent infection too
- After shoulder replacement surgery, your surgeon may recommend that you take antibiotics to prevent infection before you undergo future dental procedures or other invasive medical procedures

Contact your surgeon right away if you notice any of the following:

- Increased redness, heat, or swelling around the incision
- More or foul-smelling drainage from the incision
- Bleeding through the dressing
- Increased pain in the shoulder
- Persistent fever greater than 100° F or chills
- Contact your primary care provider if you think you may have an infection elsewhere.

Blood clots

You may be asked to wear snug stockings at home. If you are given anticoagulant medication, take it as directed. Perform your exercises and walk. These are all ways to prevent blood clots. Contact your surgeon right away if any of the following occur:

- Pain or excessive tenderness in your leg or calf
- Redness of your calf
- Swelling in your foot, ankle, calf, or thigh

A blood clot in the leg can move to the lung. This can lead to shortness of breath, chest pain, coughing up blood, or unexplained anxiety, especially with breathing. Call 911 for this medical emergency.

Weight loss

Following an exercise and walking program will promote wanted weight-loss, and a dietitian can make suggestions for a healthy weight loss meal plan. Talk to your surgeon about visiting a dietitian if desired.

Exercise after shoulder surgery is related to the type of repair involved. The progression of exercises is based on the extent of shoulder surgery. Timeframes for the start and progression of exercises are determined by your surgeon.

Do not compare your progress with that of someone you know who has had the same type of surgery. Everyone is different.

You will be instructed on the frequency of your home exercises, based on your overall shoulder soreness and level of morning discomfort. Copies of the exercises with pictures and instructions should be provided for you.

You will be told to use ice after your exercises. You may also be instructed to use ice 3-4 times per day, for 20 minutes at each session. Another person may be taught to assist you with your exercises and daily activities.

A note about Range of Motion (ROM) exercises

You will be instructed to do ROM exercises. In the early recovery and therapy phases after your surgery, you will do Passive ROM exercises. Eventually you will progress to Active ROM exercises. When you are doing Passive ROM, it is important to relax your muscles and allow your helper to do the movement for your arm without you doing any of the work.

Activity Goals and Guidelines

Goals

- During the immediate post-op phase (post-op weeks 0-4) promote soft tissue healing, maintain prosthesis position, increase passive and active ROM, increase ROM of elbow and wrist, reduce pain and inflammation, increase independence with daily activities
- During the early strengthening phase (post-op after weeks 4-6) restore full ROM, establish stable movement of shoulder
- During moderate strengthening phase (post-op weeks 6-12) increase activities, improve muscular strength, stability, and endurance
- During the advanced strengthening phase (post-op weeks 12 and up) experience pain free movement, increase ability to use arm for all daily activities

Guidelines

- The sling should be worn as advised by surgeon (When your arm is out of the sling, just let it hang by your side—do not use it)
- Your activities will be advanced under the supervision of your surgeon and therapist according to your progress, healing, and comfort level
- Therapy will be prescribed by your surgeon's office. Pendulum exercises and gentle elbow ROM should be done several times daily
- For approximately 6-8 weeks after surgery, while lying on your back, a small pillow or towel roll should be placed behind the elbow (This prevents you from extending the shoulder joint and stretching the underlying muscles—you should be able to see your elbow when lying flat)

Activities of Daily Living with a Sling or Immobilizer

Wearing a shoulder sling or immobilizer

- A shoulder sling is used to support your arm after injury or surgery. It may also be used to limit movement or to raise the arm to reduce pain and swelling.

When to wear the sling

- All the time until your follow-up appointment and your surgeon directs you otherwise
- As you need for comfort
- Remove your sling each day to wash your arm or to do your exercises

Your sling will have:

- A strap that fits over your shoulder and back
- A pouch or pocket to hold your elbow and lower arm

How to put on the sling:

1. Start by sliding the closed end of the sling over your hand on the injured side.
2. Fit the sling on your arm so your elbow is back in the pocket as far as it can go.
3. The long strap of the sling should go from the back of your injured arm, across your back to your other shoulder and down your chest. (If you are not able to work the strap around, you may attach the strap to the fastener and then lift the strap over your head to the opposite shoulder)
4. Attach the long strap to the fastener on the sling near your wrist.
5. Adjust the length of the strap so your hand is always at or above the level of your elbow.
6. Move the pad on the shoulder strap near your neck so it feels comfortable.

Taking off the sling

1. Loosen the fastener and take the strap out.
2. Gently remove the sling from the injured arm.

Care While Wearing the Sling

Unless you have been instructed otherwise, follow these general care guidelines:

- Adjust the strap on the sling so your hand is slightly higher than your elbow (This helps reduce swelling)
- Be sure your elbow is back in the pocket of the sling as far as possible
- Smooth the sling so there are no wrinkles along your arm that may cause sore spots
- Remove the sling each day to wash your arm and shoulder
 - Use a damp washcloth to wash your armpit and skin
 - Dry well with a towel
 - Limit movement of your injured arm
- Ask about exercises for your fingers, wrist, and elbow
- Your sling can be hand washed and air-dried (You may need to purchase another sling to wear while one is being cleaned)
- Talk to your provider if you have any questions or concerns

Bathing

It is vital that you regularly loosen and/or release the sling/immobilizer to exercise and move your elbow, wrist, and hand to prevent stiffness of these joints at least four times every day.

Getting washed

For the first three weeks you may still be sore from the surgery, and you will probably need assistance washing your non-operative arm. You should not use your arm that just had surgery for this. It would be a good idea to use a shower with an extension for the water. Please remember to keep the surgical wounds dry and protected while washing. Waterproof dressings would be very beneficial to get from the hospital or your provider.

Getting dressed

You will find it easier to wear clothes that open in the front. Dress your operated arm first. Sit on the edge of a chair or stand with your arm 'hanging' by your side. Slide your operated arm into the garment first using your non-operated arm. Let your operated arm hang loose, do not assist with your operated arm. Once this arm is fully in the sleeve bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your non-operated arm. Once you have dressed your upper body, place your arm back in the sling.

At six weeks your function should be closer to what is 'normal' for you..

Feeding

For the first few weeks it would be a good idea to eat only with the non-operated hand.

Transferring

Use only your non-operated extremity to help you get out of a chair, bed, toilet, or bath. After six weeks, you may return to using both extremities.

Sleeping

You may find it easier to sleep on your back for comfort, with a pillow under your arm for support. You might find it comfortable to sleep sitting up in a chair.

Kitchen activities

You should use your non-operated arm for all your kitchen activities

Housework

Light housework may resume after six weeks. Strenuous housework should be avoided until three months after your operation. Do not get your sling wet. The waist up can be washed with warm soapy water. Armpits are difficult to clean and complete regular washing is really important. Avoid using antiperspirant spray or until the incision is healed.

Post-Op Exercises

The following exercises represent only a few of those that may be prescribed as part of your postoperative home exercise program. Review all exercises with your physical therapist. Perform your exercises 10-15 times, 2-3 times daily, unless told otherwise. Do not hold your breath while exercising.



Pendulum Hang

For support, hold on to a stable object such as a counter with your unaffected arm. Lean forward 90 degrees at the waist. Allow the operated arm to gradually hang down. DO NOT actively use your shoulder muscles. Let the arm hang for up to a minute.

Repeat 10 times.



Circular Pendulum

For support, hold on to a stable object such as a counter with your unaffected arm. Lean forward 90 degrees at the waist. Allow the operated arm to gradually hang down. Move your body gently in a circular motion. DO NOT actively use your shoulder muscles. Let the motion of your body move the arm.

Repeat 10 times clockwise then 10 times counterclockwise.



Active Shoulder Flexion

While keeping your elbow straight, raise the operated arm toward the ceiling.

Hold in place for 10 seconds.

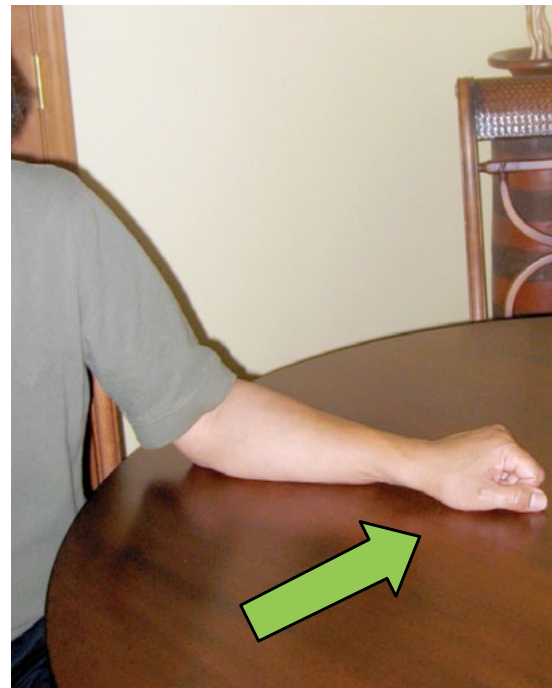
Repeat three times.



Assistive Shoulder Flexion

While lying down, clasp hands together. With your good arm, gently assist your operated arm up over your head. Keep elbows as straight as possible. Only move through a comfortable range of motion. Assist your arm back down to the starting position with the good arm.

*Hold the position for 2-3 seconds.
Repeat 10 times.*



Shoulder Rotation with Support

Support the operated arm and move the arm back and forth while keeping shoulder down and elbow straight.

Repeat 10 times.

Health care Provider Phone Numbers

Health care Provider	Name	Phone Number
Nurse	<hr/>	<hr/>
Occupational Therapist	<hr/>	<hr/>
Physical Therapist	<hr/>	<hr/>
Surgeon	<hr/>	<hr/>
Primary Care Provider	<hr/>	<hr/>

Other Phone Numbers

Name	Phone Number	Comment
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Appointment List

Appointment	Date	Time	Comment
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