

Welcome

Welcome to the SSM Health Orthopedics unit, a first-class experience in patient care! We are committed to the highest quality clinical outcomes and patient satisfaction.

We have a dedicated service line of surgeons, nurses, therapists and support staff. We will provide a comfortable and relaxed environment for you and your family to help maximize your recovery and rehabilitation.

Our goal is to prepare you to go home where you can return to a healthy and active lifestyle as quickly as possible. This booklet provides an overview of what you need to know about your total joint replacement. Thank you for choosing SSM Health Orthopedics.

We look forward to working with you!

Mission Statement

Through our exceptional health care services, we reveal the healing presence of God.

Values

Compassion | Respect | Excellence | Stewardship | Community



ssmhealth.com/orthopedics

Introduction

Basic anatomy of the shoulder

A joint is where two bones come together. The shoulder is the most flexible of all the joints in the body. The shoulder is a ball-and-socket joint where the rounded head or ball of the upper arm bone (humerus) and the cup-like formation of the shoulder blade (scapula) meet.

The rotator cuff is a group of muscles and tendons in the shoulder, connecting the upper arm to the shoulder blade. The rotator cuff helps lift the arm over the head and also helps hold the ball (humeral head) in the socket (glenoid) of the shoulder.

A healthy shoulder joint has smooth cartilage covering where the bones of the upper arm and shoulder meet. Cartilage can wear over time from arthritis or injury. This causes the ends of bones to rub against each other and leads to pain, stiffness, limited movement and a decreased ability to perform activities of daily living.

The main reason to have a shoulder replacement is to relieve pain. Your surgeon will choose one of the following procedures to repair your shoulder arthritis: anatomic total shoulder replacement, reverse total shoulder replacement, or hemiarthroplasty (partial replacement, recommended in certain circumstances).



Normal shoulder



Arthritic shoulder

Anatomic total shoulder replacement

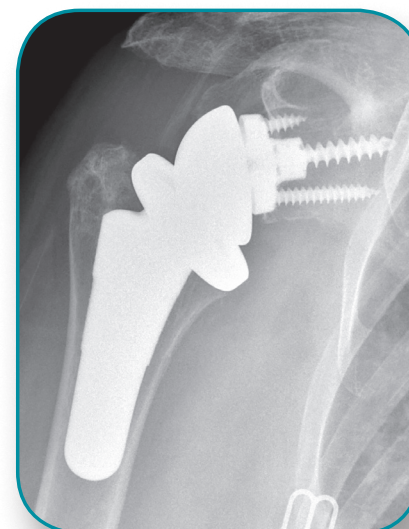
Total shoulder replacement is a surgical procedure that involves replacing the arthritic or “worn out” cartilage. It is selected for patients who have a normal or intact rotator cuff. Your surgeon will make an incision on the front of your shoulder and remove cartilage and some bone damaged by arthritis or injury. The upper arm bone (humerus) is resurfaced with a metal stem and ball (titanium, cobalt chrome). The socket (glenoid) is resurfaced with a metal cup and plastic liner (polyethylene). These specially designed metal and plastic parts are called prostheses. Some times only the ball is replaced, and this is called a hemiarthroplasty.



Anatomic shoulder replacement

Reverse total shoulder replacement

Reverse total shoulder replacement is a surgical procedure for patients who have arthritis and damage to their rotator cuff that cannot be repaired. Reverse shoulder replacement also can be used to treat shoulder fractures. Your surgeon will make an incision on the front of your shoulder. The upper arm bone (humerus) is resurfaced with a metal stem and plastic cup liner. A metal ball is placed in the shoulder socket (glenoid).



Reverse shoulder replacement

Hospital stay

You will be admitted to the hospital on the day of your surgery. The surgical procedure will take approximately one to two hours. You will stay in the hospital one day on a joint replacement/orthopedic surgical unit.

Therapy

During your hospital stay, a physical therapist and an occupational therapist will provide instructions about exercise and safety with activities of daily living.

Complications

When considering shoulder replacement surgery, you should be aware of potential complications associated with the procedure and the precautions to prevent them. Although rare, the most common complications include:

Infection

- Although this is a low risk, infection can be a major complication of surgery.
- Some activities to help prevent infection include pre-surgical blood and nasal screenings, antibacterial soap showers and frequent hand washing by patients, staff and visitors.
- Notify your surgeon if you develop a fever, flu/cold like symptoms or any open sores on your skin before the day of your surgery.

Blood clots

- Development of blood clots, called deep vein thrombosis (DVT) is another complication, but this risk is rare after total shoulder replacement.
- Regular activity and frequent movement is the best prevention of blood clot formation.
- Precautions may include:
 - mechanical devices to help circulate blood in your legs
 - ankle exercises
 - prescription medication to thin the blood may be used in patients with known risk for blood clot, or
 - you may be instructed to take baby aspirin (81mg) twice daily for 3 weeks for patients at low risk for blood clot formation

Dislocation

You will be instructed about precautions to decrease the risk of dislocating your shoulder. These precautions need to be followed for 6 weeks.

Other complications

- Nerve or vessel damage can occur, but these complications are extremely rare.
- Blood loss may occur during surgery, but blood replacement/transfusion rarely is required.

A successful recovery requires your active participation in therapy during your hospital stay and at home, as well as following all instructions after surgery.



Preparing for surgery

Surgery scheduling

The staff at your surgeon's office is responsible for scheduling your surgery. You will receive information from your surgeon about the date and time of your procedure, and the time to arrive at the hospital on the day of your surgery.

Pre-surgical testing

Please refer to the information on the inside pocket of your booklet about how to schedule an appointment for testing before surgery. Appointments need to be scheduled **3-4 weeks before the surgery date** to allow enough time to review your testing results and avoid possible cancellation of your surgery.

Pre-surgical testing may include laboratory tests, EKG, urinalysis, X-rays and a nasal screen. Surgeons may also require medical, cardiac or dental clearances before your surgery.

Nasal screen

- Exposure to bacteria or germs that are present inside and outside of the hospital can cause an infection in your joint. We test for two types of bacteria: Methicillin **Resistant** Staphylococcus Aureus (MRSA) and Methicillin **Sensitive** Staphylococcus Aureus (MSSA).
- These common types of bacteria are often found on your skin and may be present in your nose. To identify and properly manage staph bacteria, we will obtain a nasal swab before your surgery.
- **If your nasal screen is positive**, you will be contacted and given instructions for treatment.
- It is **very important** to follow the instructions and complete the five days of treatment before surgery.



Dental work

- Any necessary minor dental work, routine teeth cleaning or a dental checkup should be completed before your joint replacement surgery.
- If you need **major** dental work, please discuss this with your surgeon, including treatment for an infected or abscessed tooth. Scheduling a date for surgery will be delayed to allow time for sufficient healing.
- It is usually recommended that you avoid routine dental work for at least 6 weeks after your joint replacement surgery.
- After your surgery, please check with your surgeon about the necessity for taking antibiotics before dental work.

Medications

- It is important that your hospital record includes a current list of all your medications.
- For safety and accuracy, please bring all your current prescription and nonprescription medications in original containers, including herbal medications, prescription eye drops and inhalers to the hospital on the day of your pre-surgical testing appointment.
- After a nurse reviews your medications at this visit, all your medications will be returned to you.

All blood thinning medications need to be discontinued before surgery including, but not limited to: Coumadin® (warfarin), Eliquis® (apixaban), Plavix® (clopidogrel), Pradaxa® (dabigatran), Savaysa® (edoxaban) and Xarelto® (rivaroxaban).

If you currently take any blood thinning medications, please call the physician who ordered the medication for specific instructions about how to safely stop before your surgery.

Aspirin or aspirin-containing products such as Excedrin® should be stopped 10 days before surgery. If a doctor prescribed the aspirin, please call that doctor for specific instructions about stopping it before surgery.

Your prescribing physician does not need to be contacted, but the following medications also need to be stopped 10 days before surgery:

- Prescription anti-inflammatory drugs such as Clinoril® (sulindac), Feldene® (piroxicam), Mobic® (meloxicam), Naproxen® (naprosyn), Arthrotec® (diclofenac sodium) or rheumatoid arthritis medication such as Trexall® (methotrexate).
- All non-prescription anti-inflammatory drugs such as Advil®, Aleve®, ibuprofen or naproxen.
- Glucosamine and chondroitin sulfate
- All herbal medications such as fish oil, flaxseed oil, primrose oil, ginkgo, echinacea or St. John's wort



- Vitamin E capsules
- Weight loss medications

It is safe to continue Celebrex® (celecoxib) unless your surgeon instructs you to stop this medication.

You may take Tylenol® medications for pain or headache any time before surgery, as long as you are not allergic or sensitive to Tylenol®.

Unless otherwise instructed, all your other prescription medications should not be stopped and should be taken exactly as prescribed until midnight, the night before surgery.

If you are a diabetic patient, please ask your primary care physician about whether you will need to adjust your diabetic medication the night before and the morning of your surgery..

You will need to bring your inhaler and prescription eyedrops to the hospital on the day of your surgery. Unless instructed, **do not bring any of your other medications with you to the hospital.** Your doctor will order appropriate home medications to be given to you after surgery.

Nutrition guidelines

Good nutrition is important before and after surgery to support your body's response to surgery and recovery, to maintain lean muscle and strength, and to reduce the risk of complications and hospital readmission. For at least 2 weeks before surgery, and 4 weeks after surgery, eat 5-6 small meals with protein in each meal and with a goal of eating 100 grams of protein every day (unless your doctor restricts high protein).

We recommend a high-protein, anti-inflammatory diet to optimize recovery. See the Nutrition Guidelines for Surgery Recovery sheet in the front pocket of this booklet. Some suggestions include:

- Eat fruit and vegetables.
- Snack on nuts every day.
- Choose lean proteins such as fish, poultry and beans more often than red meat.
- Choose heart-healthy fats (ban the butter).
- Use herbs and spices instead of salt.
- Switch to whole grains rather than foods with refined (white) flour.

If you are unable to eat food for a meal, drink a nutritional supplement.

Nutritional supplements

- When you don't feel well, which may happen before or after surgery, it can be difficult to get all the nutrients you need from food.
- Nutritional supplements can provide the protein, vitamins and minerals you need to prepare for surgery. They also can help your body recover after surgery.
- You may wish to try over-the-counter products such as Premier Protein[®], Ensure[®], Boost[®], Carnation Instant Breakfast[®] or store brand versions at a reduced cost.
- Nutritional supplements also may be offered during your hospital stay to help with recovery.

If you have questions, please call the clinical nutrition department listed on the Table of Contents page in the front pocket of this book. If you are on a special diet, always check with your primary care physician before making any dietary changes.

Avoiding and relieving constipation

Many factors contribute to constipation, including a sedentary lifestyle, use of pain medication, and poor nutrition. Physical activity, hydration, and a diet high in fruits and vegetables that naturally contain fiber and a high water content will assist bowel health.

Pain medications that cause constipation include: Norco[®] (hydrocodone with Tylenol[®]), Percocet[®] (oxycodone with Tylenol[®]), Oxy-IR[®] or Oxycontin[®] (oxycodone), Tylenol[®] with codeine, Ultram[®] (tramadol) and Ultracet[®] (tramadol with Tylenol[®]).

Signs of constipation

- Bowel movements are less often than normal.
- Stools are small, dry and hard to pass.
- Prolonged constipation can cause stomach pain, nausea or vomiting, and feelings of confusion. Call your doctor if any of these symptoms occur.

Suggestions to relieve constipation

- Drink at least 8 glasses of water every day (unless your fluid intake is restricted by your primary care physician).
- Increase privacy and the amount of time for toileting (up to 30 minutes).
- When you feel the urge to use the bathroom, don't hold it.
- Avoid using bulk laxatives (Metamucil[®], psyllium).
- Do not eat foods with high fat or sugar content.
- Eat foods to get 25-30 grams of fiber every day (e.g. black beans, All-Bran[®] cereal, peas, banana).

The following medications are recommended to prevent constipation while on opioid medications:

- Take a stimulant laxative twice daily (Senna S[®], dulcolax tablets, milk of magnesia, or cascara with or without Colace[®]). If diarrhea develops, take once a day, only at bedtime.
- Use Miralax daily at bedtime. If diarrhea develops, use once every other day.
- If the above treatments are unsuccessful, try an over-the-counter rectal intervention (first, a glycerin suppository; if unsuccessful, an enema).

To avoid problems after surgery, make sure you are not constipated when you arrive for surgery.

Other lifestyle changes for health

Smoking

If you currently use tobacco products, now is the ideal time to stop. Research studies suggest that people who stop smoking at least 4 weeks before surgery have a faster recovery time and heal with fewer complications. Resources are available to help you with a smoking cessation plan. Please talk with your surgeon, nurse or call the free coaching hotline at 1-800-QUIT-NOW.

Long-term use of narcotic pain medication

Pain control is one of our top priorities, but people who use narcotics for pain before surgery have more difficulty managing post-surgical pain.

It is ideal to use no narcotic medications for pain control before your surgery.



Uncontrolled diabetes

If you have been diagnosed with diabetes or you have been told you are pre-diabetic or borderline diabetic but are not on medication or under medical supervision, your risk of complications increases during and after surgery. Your surgeon may require medical clearance by your physician. You should monitor your blood sugar before and after surgery to maintain an acceptable range to promote optimal healing. If you need assistance with diabetic meal planning, ask your physician for a referral to an outpatient dietitian near you.

Flu/pneumonia vaccines

It is fine to get a flu and/or H1N1 vaccine, or a pneumonia vaccine, before or after your surgery, with permission from your primary care physician. During flu season, a flu vaccine will most likely be offered to you during your hospital stay, if you have not already received the vaccine before your admission.

Living will/advance directive

- A hospital staff member will offer you information about advance medical directives, which are decisions you make about life-support treatments.
- These directives include:
 - **Living will** (your wishes regarding withdrawal of life-support if you are not able to communicate)
 - **Do Not Resuscitate order** (DNR)
 - **Durable power of attorney** for health care (allows you to appoint someone to make health care decisions for you if you are unable to make these decisions)
- If you have a living will or advance directive, please bring a copy to the hospital on the day of your pre-surgical testing appointment or on the day of your admission.

Preparations for going home

Before you leave the hospital, your care team will help to make sure you are ready and know how to take care of yourself. You will be able to go up and down a few steps, go to and from the bathroom and move around your house.

Most patients are ready to be discharged directly home from the hospital, and do not require going to a rehabilitation or skilled nursing facility. If you live alone, it is best to make arrangements to have family members and/or friends help you with meals, laundry, errands, etc., for at least a few days, after you go home.

A home care staff member, such as a physical therapist, occupational therapist and/or nurse, may come to your home after your discharge from the hospital, if ordered by your surgeon.

Equipment

Your hospital and therapy staff will make arrangements for any equipment needed for your care at home.

An occupational therapist also will evaluate and instruct you about any necessary adaptive equipment to help you with bathing and dressing.



Night before surgery

Do not shave any area of your body the day before and the day of surgery.

Change your bed linens the night before surgery and wear clean clothing to bed after your shower.

Pre-surgery bathing instructions

Chlorhexidine antibacterial soap will be given to you at your pre-surgical testing appointment. This soap helps to decrease bacteria on your skin. If you are allergic to chlorhexidine, use liquid Dial® antibacterial soap.

Shower with chlorhexidine antibacterial soap **the night before** and the **morning of** your surgery before you come to the hospital.

Please follow these bathing instructions as written.

- Wash your face and genital area with your regular soap and rinse.
- Wash your hair with your shampoo.
- Rinse your hair and body thoroughly after you shampoo to remove all shampoo and soap.
- Then, turn off the shower.
- Apply chlorhexidine soap with a clean, wet washcloth to your entire body, **only from your neck down**.
- Do not use this soap on your face near your eyes or ears, or on your genital area to avoid injury.
- Wash your body thoroughly, **but very gently, for five minutes**, paying special attention to your surgical site.
- Do not wash with your regular soap after the chlorhexidine soap is used.
- Turn the water back on and rinse your body thoroughly.
- Pat your body dry with a clean, soft towel.
- Do not use lotions, creams or powders.
- **Do not apply any deodorant to your underarms the night before or the morning of surgery.**

DO NOT

Eat anything after midnight the night before surgery.

.....
You may drink clear liquids up until **2 hours** before your scheduled arrival time to the hospital. Select drinks from the Clear liquid diet list only. **DO NOT** drink anything for 2 hours before your scheduled arrival time to the hospital.

Clear liquid diet

Studies have shown that drinking clear liquids before you leave home for surgery can help your recovery after surgery.

The guidelines for liquids have changed to encourage you to drink from the clear liquid diet list up until **2 hours** before you arrive at the hospital.

Approved clear liquids include:

- Any liquid you can see through
- Water or noncarbonated flavored water
- Hot or iced tea
- Black coffee
- Clear, fat-free broth
- Apple, cranberry or grape juice
- Gelatin
- Ice pops without fruit pieces, pulp or seeds

Liquids NOT allowed include:

- Liquids you cannot see through
- **No** milk, cream, creamers or sugar in coffee
- **No** milk or milk products (no soy or almond milk)
- **No** orange, grapefruit or tomato juice
- **No** carbonated beverages
- **No** alcoholic beverages

Checklist

What to bring to the hospital

❑ **Driver's license, medical insurance card and insurance copayment for your hospital stay**

You will need to bring your driver's license for identification and your insurance cards to the hospital to register for your hospital admission. Also bring any copayment required for your hospital stay.

❑ **Clothing**

Please bring a few changes of button-down or loose-fitting shirts, shorts or slacks, socks and underclothes. Tennis shoes or an all-enclosed shoe are needed for therapy. You may also bring pajamas or a nightgown.

❑ **Miscellaneous items**

Place your personal items in a bag or suitcase. You may bring personal hygiene items such as deodorant, makeup, toothbrush, shaving kit, dentures, hearing aids and glasses/contact lenses. Hearing aids, dentures and contact lenses will be removed before you go to surgery. Leave your suitcase in the car and it can be brought to you after you are admitted to a hospital room.

❑ **CPAP/BiPAP machine**

If you use a CPAP or BiPAP machine at home, please have a family member bring your machine to your hospital room.

❑ **Copayment for medications at the time of discharge from the hospital**

Medication delivery service may be available at the time of discharge. If you wish to use this service, please have a family member bring your insurance copayment for medications before you are discharged from the hospital.

❑ **Medications**

Please bring prescription eye drops and inhalers to the hospital on the day of your surgery.

❑ **Education booklet**

Please bring this education booklet to the hospital. Your nurses and therapists will use it to review information during your hospital stay.

What NOT to bring to the hospital

❑ **No wallet or money**

Please do **not** bring a wallet, money or any other valuables with the exception of necessary copayments.

❑ **No jewelry**

Please remove all jewelry including wedding bands and earrings or any other piercings and leave them at home.

Day of surgery

Check-in on the day of surgery

Please arrive at the hospital at least two hours before your scheduled surgery time. The directions to the surgical department are located on the inside pocket of your booklet.

Preparation

If you wear nail polish, artificial nails or makeup, it may be removed when you arrive for surgery.

If you wear contact lenses, dentures or hearing aids, you will be asked to remove them before surgery.

Anesthesia

A staff member from the anesthesia department will review your medical history and recommend the best anesthesia type for you either at your pre-surgical testing appointment, or on the day of your surgery. The types of anesthesia for total shoulder replacement surgery are general anesthesia and an interscalene block.

General anesthesia is medication administered through your intravenous (IV) site. After you are asleep, a tube is placed in your trachea or windpipe to assist with your breathing and it is removed before you wake up. Your throat may be slightly sore and you may experience a hoarse voice for a short time following surgery.

An **interscalene block** is medication injected into your shoulder to produce numbness during your surgery, and provide some postoperative pain relief. Arm numbness or inability to use the arm is common, and may last a few days.



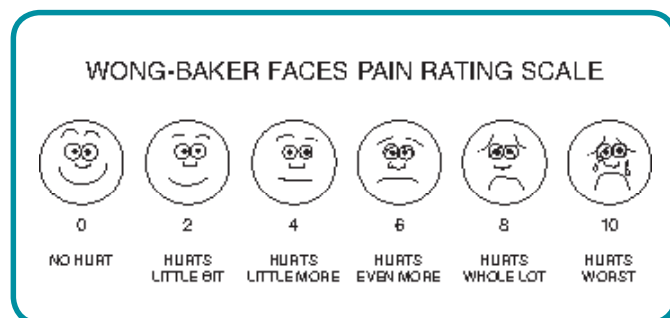
Procedure

- Surgery usually takes 1-2 hours. Your surgeon will talk to your family members or friends in the waiting area after the procedure.
- After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) to monitor blood pressure and pain and then be moved to your hospital room.
 - You may experience blurred vision, dry mouth, chills or nausea when you wake up from anesthesia. You may have a sore throat if a breathing tube was placed in your throat.
 - Expect to have your shoulder bandaged and in a sling.
 - Family members and friends may visit you once you are moved to your hospital room.
 - Many of our SSM Health hospitals have private rooms and can accommodate one adult to stay overnight with you, if necessary.

Hospital stay

Pain medication and pain control

- If you use narcotic medication for pain control before surgery, your pain will be more difficult to control after surgery. Please discuss this with your surgeon.
- During your hospital stay, your nurse will ask you to describe your pain on a scale of 0-10 using the diagram shown.
- Our goal is to keep your pain at a tolerable level, but you should expect some degree of pain after surgery.
- After surgery your nervous system is more sensitive to pain. Relaxation techniques, cold therapy and medication reduce this sensitivity.
- Relaxation techniques such as deep breathing and listening to music will help to calm your nervous system and reduce sensitivity to pain.
- Cold therapy is very effective to reduce pain and swelling after surgery and activity. Use cold therapy at least 20 minutes every hour while you are awake for the first two weeks after surgery.
- Other ways to reduce pain include repositioning and movement such as walking. If you feel anxious or worried, your sensitivity to pain will increase. Talk to your PAL or a member of your care team to assist you.
- The amount and intensity of pain that you feel may be different from another person.
- Pain medication is best taken before your pain becomes intolerable. Ask your nurse or therapist for help with your pain.
- Different types of medication are given based upon the degree of pain. Please tell your nurse if your pain medication is not providing relief, or if you don't like the way it makes you feel.



From Hockenberry MJ, Wilson D: *Wong's Essentials of Pediatric Nursing*, ed. 8, St. Louis, 2009, Mosby. Used with permission. © Mosby.

- Narcotic medications may cause itching, nausea and confusion. We will try to minimize these normal side effects.

Constipation

- Pain medications and lack of activity may cause constipation after surgery. You will be given medication guidelines to help with constipation as needed.
- Drink plenty of fluids and choose foods high in fiber, such as fruits and vegetables, during your recovery. Refer to the section on avoiding constipation, pages 7-8.

Smoking policy

- Now is an ideal time to quit smoking to promote wound healing. Help is available to stop smoking before surgery. Ask your primary care physician for stop-smoking treatments, or consider calling an online coach for help, 1-800-QUIT-NOW.
- To promote an optimal recovery environment for our patients, our entire hospital campus is a tobacco-free facility.
- Use of smoking tobacco, chewing tobacco, E-cigarettes or electronic cigarettes by employees, patients or visitors, including inside and outside the hospital campus, is not allowed.
- If needed, a nicotine patch can be ordered for you during your hospital stay.

Meals

- After your surgery, you will first be given ice chips.
- Once you can tolerate eating, we provide meals “at your request.” You may call the food and nutrition department using your bedside phone to order your meals during regular meal times.
- A food and nutrition department staff member will contact you if you forget to order a meal.
- Patients also may order guest trays from the menu in their room for family or friends for a small fee.

Activities

- Most patients will get out of bed the day of surgery.
- Your surgeon will determine which activities are best for you.
- For your safety and to prevent falls, do not get up by yourself without assistance.

Home medications at the hospital

- Your physician will order appropriate medications for you, which will be obtained through the hospital pharmacy department.
- Not all of your home medications may be given to you during your hospital stay.
- Some medications may not look like the medications you take at home, due to different supply companies.
- Please ask your nurse if you have any questions about your medications.

Intravenous (IV) fluids and medications

- You will receive IV fluids and medications until the morning after surgery.
- You will receive antibiotics during the first 24 hours of your hospitalization to help prevent infection.

Breathing exercises / incentive spirometer

- Your doctor will order breathing exercises for you after surgery.
- Bed rest, drowsiness, anesthesia and pain can make it more difficult for you to take normal deep breaths.
- It is important for you to breathe deeply to help keep your lungs clear and avoid complications, such as pneumonia.



Therapy

Activity guidelines

Therapy exercises restore motion and flexibility to your shoulder. A gradual return to your everyday activities also is important for your full recovery after shoulder surgery.

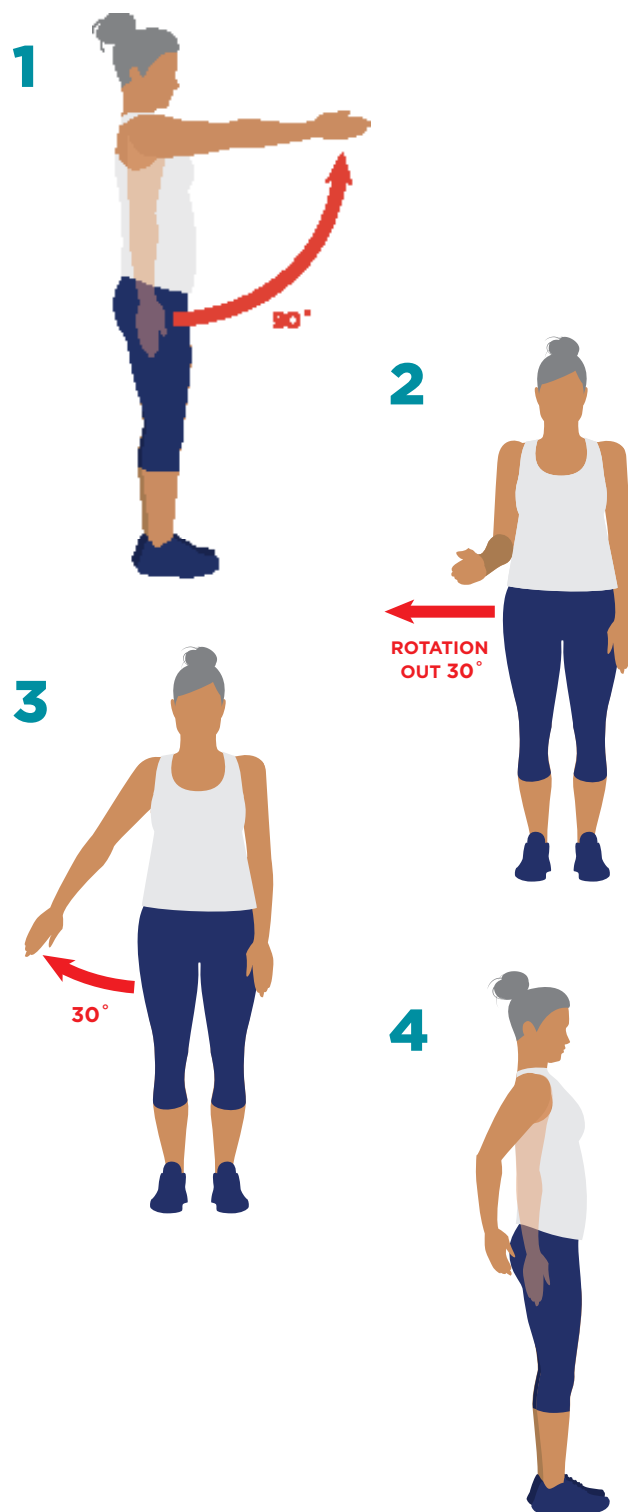
Your therapy team will provide information and demonstrate how to safely perform therapy exercises and activities of daily living.

DO NOT

- **Do not** raise your affected arm forward higher than your shoulder level (90°) (see Figure 1).
- **Do not** move your affected arm away from your body more than 30° (see Figure 2).
- **Do not** move your affected arm to the side away from your body (abduction) more than 30° (see Figure 3).
- **Do not** raise your affected arm over your head.
- **Do not** use your affected arm to push yourself up from sitting, or to push down on a cane or walker.
- **Do not** reach farther than your back pocket (see Figure 4).

DO

- **Do** wear your sling for 3 weeks, as directed by your surgeon.
- **Do** support your affected arm with a pillow when you are sitting in a chair or lying in bed.
- **Do** use your hand/elbow for activities of daily living (ADLs), bathing, dressing and eating.
- **Do** lean over and allow your arm to hang, to pull on a shirtsleeve or wash under your arm.
- **Do** put your affected arm in the shirt or jacket **first**.



Activities of daily living/mobility

- Your therapy team will see you during your hospital stay, will provide instruction about how to move your arm after surgery and will demonstrate how to safely perform activities of daily living before you are discharged from the hospital.
- Your occupational therapist will provide information about any necessary adaptive equipment, and demonstrate how to safely perform activities of daily living such as bathing, dressing and toileting.
- Your arm will be in a sling for 3-6 weeks after surgery. This can affect your balance while getting up from a chair or bed and walking.

Postoperative exercises 0-3 weeks

- Your physical and occupational therapy team will give you instructions about how to perform the therapy exercises that begin the day after your surgery.
- The therapy team will provide a set of exercises with instructions for how they are to be performed to improve your range of motion and later to strengthen your arm and shoulder muscles.

Your positive attitude and dedication to these exercises is very important for a successful recovery.

Discharge

Discharge instructions

- You will need to have someone drive you home from the hospital.
- You will be given an approximate discharge time, discharge instructions, a list of exercises, a prescription for pain medication and instructions for medications to prevent blood clots.
- Remember to continue the high-protein, anti-inflammatory diet outlined in the Nutrition Guidelines for Surgery Recovery handout for at least 4 weeks after your surgery.

Swelling

- Swelling is expected after surgery, during your hospital stay and at home when you are more active.
- Swelling may continue for several months.
- The best way to manage swelling is to support your affected arm with pillows and use ice or a cold pack on the affected area for 20-30 minutes every hour while you are awake.



Home care

- It may be necessary for you to receive home care visits by a physical therapist and/or nurse for the first few weeks after your shoulder replacement surgery.
- You may choose your home care company unless your insurance has any limitations. A hospital case manager will provide a list of home care companies. After you make your selection, the case manager will contact that company to schedule your home care.
- Someone from your selected home care company will contact you to schedule your home care visits.

Care for your incision

- If steri-strips are used to close your incision, they are left in place for 2-3 weeks. They will fall off on their own.
- If staples are used, they will be removed at ?? days.
- A bandage is applied to protect the incision. This will be changed as needed.
- Please follow all instructions from your surgeon on how to care for your incision.
- You will be given instructions when it is safe to take a shower after surgery.
- Do not use lotion or ointment on or around your incision until you check with your surgeon.

Medications

- Patients usually take some kind of pain medication for a few months after shoulder replacement surgery. Every week you should expect to decrease the amount of pain medication used.
- Prescription for pain medication will be given to you on the day of discharge from the hospital.

When to call your doctor

We want to help you avoid an unnecessary ER visit or hospital readmission. Call your surgeon's office immediately if any of the following signs or symptoms occurs after surgery:

- Wound concerns:
 - Increase in redness, separation or gap along the edges of the incision
 - Drainage that is increasing, foul-smelling, an unusual color or that continues more than 7 days after surgery
- Pain, redness or excessive tenderness in your leg, calf or surgical arm
- Excessive swelling in your arm, thigh, calf, ankle or foot
- Ankle swelling that does not improve overnight
- Pain that does not improve with medication, ice and elevation
- Fever greater than 101.5°
- Blood in the stool or urine
- Constipation not relieved by use of over-the-counter laxatives and stool softeners
- Nausea or vomiting caused by pain medication

All calls during office hours will be returned as quickly as possible.

If you call after office hours, you will be directed to the exchange or after-business hours telephone number. The on-call surgeon who returns your call may not be your surgeon, but he or she will be able to address your concerns.

All medication refills, including pain medications, will only be ordered during regular office hours.

***Note:** Your home care nurse or therapist also can assist you. Please talk to them about any of your health-related concerns.*



When to call 911

Call 911 if you have any of these symptoms:

- Shortness of breath
- Chest pain
- Coughing up blood
- Unexplained anxiety, especially with breathing

These symptoms can be caused by a blood clot in the lung, which can be very serious.

Call 911 for any symptom of stroke:

- Sudden numbness or weakness of face, arm or leg, especially on one side
- Sudden confusion or trouble speaking or understanding speech
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness or loss of balance or coordination
- Sudden severe headache with no known cause

Return to driving

- Depending on which arm is affected, most patients usually can drive 3-6 weeks after surgery.
- Do not drive if you are taking narcotic pain pills or do not feel safe.

Exercise

- Exercise is essential for successful shoulder replacement recovery and a healthy lifestyle.
- Your surgeon will tell you when you can start exercising and doing more rigorous activities.

Dental work after surgery

- You may need to take antibiotics before any dental work following your surgery.
- Most dentists will order this antibiotic for you. If the dentist wants the surgeon to order the antibiotic, please call your surgeon's office at least one week before your dental appointment and provide your name, date of birth and a pharmacy telephone number.

Please remember to tell your dentist or surgeon if you are allergic to penicillin as this type of drug is usually ordered before any dental procedures.

Traveling after total shoulder replacement surgery

- Your surgeon will tell you when it is safe to travel.
- It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots in your legs.
- It is likely that you will set off metal detectors in airports, bus stations or government buildings after shoulder replacement surgery.
- Security staff may use a hand wand over your shoulder if needed.

Frequently asked questions

Will I need to stay in the hospital?

- Some patients will be eligible for shoulder replacement surgery as an outpatient procedure.
- If an overnight stay is recommended, the average length of stay after surgery is 1-2 days.
- Your length of stay is determined by your physical and medical condition, pain control and how well your skin incision is healing.

How long do I have to wear a sling?

- You must wear a sling for the first 3 weeks. Your surgeon typically will recommend a sling for 3-6 weeks.
- After 3 weeks, you can use the sling as needed for comfort.
- You may remove the sling for dressing, bathing, and doing your exercises.

Do I need to sleep in my sling?

- Yes, you must wear your sling while sleeping for the first 3 weeks.
- At the end of the third week, you may wear your sling while sleeping if that is more comfortable for you. Some people prefer to sleep in a recliner chair with the arm propped up on pillows.

How long do I need to maintain shoulder precautions?

It depends on your surgeon's preference, but generally shoulder precautions are for 6-12 weeks after surgery.



When can I take a shower?

- You may take a shower 2 days after surgery if you are using a waterproof dressing.
- If you are not using a waterproof dressing, you may shower after the incision is clean and dry, and you have no drainage from the incision.

How long will I need therapy after surgery?

- A physical therapist and/or an occupational therapist will see you in the hospital and help you start your therapy exercises.
- When you go home, a home physical therapist may be ordered by your surgeon to come to your house and help you with the exercises for the first 3 weeks.
- After 3 weeks, most people go to an outpatient physical therapy clinic for about 9 additional weeks.

How long will I be on pain medication?

- Most patients use some form of pain medication for 1-3 weeks after your surgery.
- Most patients are able to gradually stop their prescription pain medication and change to an over-the-counter medication such as Tylenol® (acetaminophen).
- If you have taken narcotic pain medication before surgery, your pain may be more difficult to control after surgery.

How long will I need blood-thinning medication?

- Based upon your medical history, your surgeon will determine the type and length of time you need to take blood thinning medication after surgery.

I am constipated, what should I do?

Many pain medications cause constipation.

- Drink plenty of water and eat foods high in fiber such as fruits and vegetables. See suggestions on pages 7-8 to help relieve constipation.
- An over-the-counter laxative can be taken for this problem.
- Sometimes a suppository or enema may be required to relieve constipation.
- Reduce or eliminate narcotic medications.

Can I sleep on my side?

You may sleep on your side three to six weeks after surgery or when you come out of the sling. However, for many patients it may take three to six months to feel comfortable sleeping on the operative shoulder.



I feel depressed, is this normal?

- It is not uncommon to have feelings of depression after surgery.
- This may be caused by a number of things, such as limited mobility, discomfort, increased dependency on others and medication side effects.
- Feelings of depression typically will decrease as you begin to return to regular activities.
- Contact your primary care physician if you or your family are concerned, or if these feelings do not resolve.

I have difficulty sleeping (insomnia), is this normal?

- Difficulty sleeping is a common complaint after shoulder replacement surgery. If you have a recliner chair, it may be more comfortable to use for sleeping.
- Please check with your primary care doctor if you continue to have trouble sleeping.

What is the recovery time?

- People heal from surgery at different rates.
- Total rehabilitation time is several months, but most people are able to return to daily activities by 3 weeks after surgery. Many people continue to improve and progress for 1 year after their surgical procedure.

When can I return to work?

- If your work is sedentary, such as an office job, you may return to work about three to four weeks after surgery.
- If your work requires heavier lifting, pushing or pulling, it may be 3-4 months before you can return to full duty.
- You can discuss a date to return to work with your surgeon at your first postoperative visit.

Can I drink alcoholic beverages during my recovery?

- If you are taking narcotic pain medication, you should avoid alcoholic beverages because it can change the effect of this medication.
- You also should avoid alcohol if you are taking blood-thinning medication.

When should I schedule follow up appointments after surgery?

- You should make follow-up appointments at 2-3 weeks, 6 weeks, 3 months, 6 months and one year after surgery.

What activities are permitted following surgery?

- You may return to most activities as tolerated after 3-4 months.
- You typically can return to light non-contact sports such as golf, bowling or tennis at four months as long as there are no complications during your recovery.

When can I resume sexual intercourse?

Sexual activity may be resumed six to eight weeks after surgery as long as you are not having significant pain or stiffness. Avoid prolonged weight-bearing on the affected arm.



Can I still have a shoulder replacement if I currently use a walker, cane or other assistive device?

- Yes, you can still have a shoulder replacement but it is important to protect your new shoulder from weight bearing for four weeks after surgery.
- This allows the new shoulder parts time to heal, and your muscles and tendons around the shoulder time to regain strength and function.
- Your therapists will work with you to try alternative devices to support yourself.
- In some cases, a stay in rehabilitation or a skilled nursing facility is necessary to protect your new shoulder for 3-4 weeks while it is healing.



REMEMBER: Follow-up appointments with your surgeon after surgery are an important part of a successful joint replacement recovery.