



Providence

Shoulder Total Joint  
Replacement

Patient Handbook

Sacred Heart Medical Center

Holy Family Hospital





Thank you for choosing to have your joint replacement surgery performed at Sacred Heart Medical Center – Holy Family Hospital. As a part of Providence St. Joseph Health, Sacred Heart Medical Center, Holy Family Hospital, and its clinicians, have taken part in a journey to provide the best possible joint replacement experience. Clinicians from across the West Coast collaborate to find the best practices to prepare their patients for surgery, provide the best hospital experience for each patient, and deliver each patient to their desired clinical outcome after their procedure. Additionally, clinicians and caregivers collaborate on research and provide national leadership in their field to continue to provide the best care options for their patients. Each year, thousands of patients across dozens of West Coast communities choose to partner with Providence St. Joseph Health for their joint replacement care. As you begin your joint replacement journey at, Sacred Heart Medical Center or Holy Family Hospital, we thank you for trusting our team with your care.

Sincerely,

*Sacred Heart Medical Center, Holy Family Hospital, Administration, Staff and Providers*



# Welcome to your Shoulder Joint Replacement Handbook!

Thank you for choosing Sacred Heart Medical Center, Holy Family Hospital for your joint replacement. Our highly professional, multidisciplinary treatment team will provide you with comprehensive, personalized care from diagnosis and treatment through recovery.

This book provides you and your care coach with as much information as possible about your joint journey and how to be active participants in your care and recovery. Please read this book in its entirety as soon as possible and write down any questions you may have. Bring these questions, along with this handbook, to all your appointments including any pre-admission appointments and pre-operative joint education seminar so we will answer them for you in person.

As you read through the material, you will find important pieces of information that will require some planning before you have your surgery. To help you with these tasks, please reference the “Timeline and Tips” section starting on page 16 of this handbook.

We want this to be a stress-free process and we are here to help you plan in advance for a smooth transition from the hospital to home.

Sincerely,

Sacred Heart Medical Center and Holy Family Hospital



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Welcome to Sacred Heart Medical Center, Holy Family Hospital Shoulder Joint Wellness program. The goal of our program is to make sure you have the best results from your surgery with us and safely move back into your home from our health care facility. Patients who become active partners in their own care achieve better outcomes. As a participant in our program and to help with your success, we request the following from you:

I agree to attend the Total Joint Replacement class as scheduled

I agree to identify at least one Care Coach. Someone who is 18 years of age or older who will attend class with me and be available to assist me at home for at least the first 5-7 days after my discharge.

Coach Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I agree to verify with my insurance company that I have coverage and understand that coverage as it relates to this surgery and post-operative care.

I agree to follow the instructions for medications, treatments, evaluations and testing before surgery. This may include appointment with other doctors. If I do not understand the instructions, I will call my surgeons office.

I understand that if I do well and have no limitations after surgery, I may go home the day of surgery or the morning afterward. Following discharge from our facility, home health and therapy may be ordered if medically necessary.

I agree to perform physical therapy exercises at home as indicated pre surgery and post-surgery.

I agree to have a sling at home prior to my outpatient surgery if one is not provided for me.

I will call my surgeon's office during working hours first for questions related to pain, swelling, redness or concern about infection before utilizing my primary care provider or the emergency / urgent care departments.

For life threatening emergencies, I will call 911.

By signing below, I am acknowledging I have received and understand this information and expectations of this program I understand failure to act on the above may result in postponement or even cancellation of my surgery, at the discretion of my surgeon and care team, until all conditions have been met.

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Care Coach Signature

\_\_\_\_\_

Date

If you feel you cannot meet any of these requests, please discuss with your Surgeon.

## YOUR PROVIDENCE CARE TEAM ROLES AND FUNCTIONS

The members of the orthopedic care team work very closely with one another to meet the individual needs of each patient. We are committed to this team approach and to your recovery. The goal is getting you back on your feet so that you can return home safely. Your active participation during your recovery period will aid in your rehabilitation. We extend our best wishes and may your stay with us be a pleasant one.

### **Your Health Care Team**

- **Orthopedic Surgeon**
- **Physician Assistant**
- **Anesthesiologist/ CRNA (Certified Registered Nurse Anesthetist)**
- **Hospitalist**
- **Registered Nurse**
- **Nurse Technician (WA)**
- **Nursing Assistant Certified / NAC**
- **Therapist**
- **Respiratory therapist**
- **Social worker/ Case Manager**
- **Dietician**
- **Spiritual care**



# Pre-Surgery

## PRE-SURGERY: WHAT TO EXPECT PRIOR TO YOUR SURGERY

We are pleased that you selected us for your total shoulder joint replacement journey. We are committed to providing you with the highest quality care during your surgery and recovery. This guidebook, as a supplement to your Joint Replacement Class requirements and any information from your surgeon, provides important information to help you prepare for your upcoming surgery. Feel free to take notes, highlight or underline information, and use the checklists and forms provided – this is yours to use in any way that is most helpful for you! If you have any questions or concerns before or after surgery, please don't hesitate to ask your surgeon, nurse, or other care team member.

If you haven't already done so, **choose your Care Coach**. This is the one person you select who is *available* to be with you and *able to* provide support throughout your surgery and will be the person who will assist you at your place of recovery upon discharge. Care Coaches are encouraged to review this guidebook with you, attend the Joint Replacement Class and participate during all stages of your total joint journey.

We look forward to partnering with you for a successful surgery and helping you return to a healthier, more active lifestyle!

### PRE-SURGERY JOINT REPLACEMENT CLASS

In preparation for your total joint surgery, we **strongly recommend** that you and your Care Coach attend any required (in-person or virtual) **Joint Replacement Class**. This supportive and interactive class is designed to provide vital information to help you feel more comfortable about what will happen during your surgery and hospital stay. This information will also help you recognize and prevent potential complications.

We are here to help you gain the knowledge and confidence you need to prepare for surgery and achieve the best possible outcomes.

### RETURN-TO-HOME PLANS

Some patients will be discharged the same day of surgery. It is important to make sure your home is safe and accessible. Take time before your surgery to look for and remove any hazards that could lead to a fall or loss of balance. Make sure access from one area of your home to another is easy and obstacle free. Prepare now, so when you get home from surgery you will be safe and can focus on healing. Here are some helpful tips:

### HOME SAFETY REMINDERS – SEE SECTION: AIDS TO AID YOUR RECOVERY

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#### PREPARE YOUR HOME

Home is the best place to recover after surgery. With the help of your care coach and some preparation beforehand, you should be able to make it accessible and safe so you can heal.

Preparing Home for Safe Environment after Orthopedic Surgery

- Clear stair and pathways of any clutter
- Remove throw rugs
- Remove cords from walk areas
- Make plans in advance for someone to care for your pets
- Have night lights for proper lighting around the house, especially during the dark
- Check height of bed, the mattress should be knee height
- Arrange easy-on/easy-off clothing in dresser drawers or closet shelves and are easy to reach
- Velcro or elastic shoelaces are helpful to secure shoes instead of tying laces. It is recommended to use soled shoes to slippers with a back
- Pre-making and freezing nutritious meals ahead of time is advised
- Please put commonly used items in the kitchen, bathroom, and bedroom in places that can be easily reached

## Prevent Falls

- Keep commonly used items between your **shoulder to hip zone**
- **Avoid reaching:** it requires more energy and increases your risk of falling
- **Sitting:** make sure the **backs of both legs** are touching the edge of the chair, couch, bed, or car seat before sitting down

EFFICIENT

Arrange and store frequently used items within easy arm's reach.



EFFICIENT

Area between waist and nape is the most efficient level to work.



INEFFICIENT

Reaching overhead requires over four times the energy.



INEFFICIENT

Reaching below the waist requires over four times the energy.



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## PREPARE YOUR BODY

- Make sure you have been medically cleared for surgery. Please discuss with your primary care provider any additional clearances you may require.
- Stop smoking, vaping, use of any nicotine products. Please discuss your options for quitting with your surgeon and or primary care provider.
- Your surgeon's office may require dental clearance. Discuss with your surgeon recommended guidelines for dental work before and after surgery.
- Follow a diet and exercise program in preparation of your surgery
- During flu season, approximately September-March, please get your flu shot prior to surgery.
- Pneumonia can be prevented with a vaccine. Get vaccinated if it is suggested by your surgeon.
- Avoid injections into your surgical site for 12 months prior to surgery date.
- You may begin pre-operative exercises once you have met with your surgeon to specifically review them. **(See Appendix – pg. 45)**

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## NUTRITIONAL RECOMMENDATIONS AND LIFESTYLE CHANGES (SEE APPENDIX PG.43)

- Good nutrition is imperative for healing. Balance servings of fresh fruits and vegetables, lean protein, low-fat dairy, and whole grains. Include iron-rich foods like lean red meats, fortified cereals, and leafy green vegetables such as spinach or kale.
- Drink at least eight 8-ounce glasses of fluid each day, especially water and non-caffeinated drinks.
- Talk with your doctor about taking nutritional supplements that support bone health, including vitamins C and D3, calcium and iron.
- If you use alcohol or recreational drugs, it is imperative that you are honest with your surgeon and care team. Tell your provider how much you use on a daily/ weekly basis. Your care team will work with you to develop a plan for reducing/eliminating use of alcohol and/or recreational drugs.
- Keep your bowels regular to prevent problems with constipation after surgery. Speak with Your primary care provider and have a plan if you have underlying issues with your bowels.
- Remain as active as your pain will allow to keep your muscles strong and ready to support your new joint.
- Get plenty of rest.

## TIMELINE AND TIPS - 4 TO 6 WEEKS BEFORE YOUR SURGERY

### CHECKLIST:

1. Contact Insurance
  - Make sure you understand your coverage.
  - Your surgeon should have confirmed insurance authorization; call your surgeon's office to confirm this has been completed.
  - Most insurance companies require pre-approval for an extended rehabilitation/skilled nursing facility stay. You may be required to pay some out of pocket expense for this care. We do not want you to incur any expenses that you may not have been planning for because of your stay. Contact your Insurance representative for authorization before surgery if you anticipate needing this coverage.
  - Understand if you will be scheduled as an 'inpatient' or 'outpatient' as this may affect coverage
  
2. Confirm your enrollment in any required **Total Joint Preoperative Class**. For many surgeons, this is a mandatory class unless you have had a previous total joint surgery at Providence in the last six months.
  
3. From now until your day of surgery you may receive a call from Providence for any last-minute questions or instructions.
  
4. Dental Clearance
  - Your surgeon's office may require dental clearance. Discuss with your surgeon recommended guidelines for dental work before and after surgery.
  
5. Diet and Exercise
  - Make food choices for healthy bones (see appendix)
  - Eat smaller portions avoid fried and greasy foods.
  - Practice your exercises enclosed in this booklet (see appendix)
  
6. Set-up Advanced Directives
  - If completed, bring a copy of your advance directive to the hospital.
  - If you do not have an advance directive, please discuss this with your primary care provider. Let us know if you need further instruction regarding advance directives; it is encouraged that all patients having surgery have a copy of their advanced directive in their electronic Medical record.
  
7. Discuss with your care team about any equipment (i.e. a sling) that you may need prior to and after your surgery

## 8. Smoking Cessation

- Stop smoking, vaping, use of any nicotine products. Please discuss your options for quitting with your surgeon and or primary care provider.

## 9. Infection Prevention

- Wash your hands frequently.
- Take excellent care of your skin. If you get deep scratches, cuts, or rashes, contact your surgeon's office.
- Protect yourself from infection! Notify your surgeon's office right away if you think you may have an infection of any kind – i.e. bladder, lung, sinus, tooth, abscess, skin sores, ***scratches on your skin*** etc.
- Follow all instructions for showering prior to surgery and after.

## TIMELINE AND TIPS - 2 TO 4 WEEKS BEFORE YOUR SURGERY

### CHECKLIST:

- Identify your Care Coach. Your Care Coach will be expected to:
  - Attend all physician visits with you
  - Attend a total joint preoperative class with you
  - Be available during hospitalization for care coach training
  - Be at the hospital any time on the day of discharge to pick you up, take you home, and be available for any final post-surgery/home care instructions
- Plan a **preoperative visit** to your surgeon.
- If you are already being followed by a pain management specialist for a pre-existing condition, please talk with your surgeon or attending physician. Your primary care provider or pain provider will manage your pain contracts.
- In general, most patients stop taking supplements, vitamins, and herbal remedies 7-10 days prior to their surgery date. Please discuss with your surgeon what they recommend for you. We want to avoid any interactions with anesthesia or the medications that may be given during your hospital stay (See Appendix).
- If you use a CPAP machine at home, be consistent with compliance prior to surgery. Plan to bring it to the hospital with you.
- Specific instructions for other medication and blood thinners should come from your surgeon or prescribing provider. Failure to discontinue some medications as instructed may result in rescheduling your surgery.
- If you have a cardiac stent, please consult with your cardiologist and or primary care provider on any medication adjustments.

- Prepare for Discharge:
  - Establish a plan to care for family members and pets as needed.
  - Establish a plan for discharge to home.
  - Ensure you have adequate help when you return home for at least 5-7 days.
  - Determine if you plan on going to your home or other's home at discharge.
  - Ensure your ride home is at the hospital by the time specified by your care team on the day of discharge.
  - Fill regular prescriptions and have enough daily medications to last several weeks after surgery.
  - Prepare your home with recommended changes as discussed on pages 14.
  - Understand when to stop and resume regular medications around surgery. Check with your primary care healthcare provider/ surgeon if you are unsure.

#### TIMELINE AND TIPS - 1 WEEK BEFORE YOUR SURGERY

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##### CHECKLIST:

- Stop taking aspirin, ibuprofen, naproxen (NSAIDS) at least 7 days prior to surgery. Please confirm this instruction with your surgeon.
- Do not shave your surgical armpit for 7 days prior to surgery.
- Review your pre-surgical shower instructions, and purchase (*if needed*) any recommended/required cleanser and/or ointments
- Get caught up on final home management issues.
- Continue your recommended exercises and nutrition program
- Confirm what medications you may need to hold or take the night before or day of surgery if you are unsure.
- Make sure you can remove your wedding rings, piercing and jewelry. All must be able to be given to your care coach on the day of surgery if you chose to wear them to the hospital prior to surgery.

#### TIMELINE AND TIPS - THE DAY BEFORE YOUR SURGERY

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##### CHECKLIST:

- Review all your preoperative instructions.
- You may receive a phone call from a Providence pre-surgical nurse.
- Confirm your ride home from the hospital at the time specified.
- Prepare your home as instructed above.

- Ensure that your home is safe and ready for your return.
- Have your home clean and clutter-free.
- Have clean, fresh linens on your bed.
- Have your meals prepared.
- Have your care coach plan to bring your belongings to the hospital room after your surgery.

## TIMELINE AND TIPS - THE EVENING BEFORE YOUR SURGERY

### CHECKLIST:

- Do not eat or drink anything (including water) after 12:00 a.m. (midnight), unless instructed differently by your surgeon or care team.
- If you were instructed to hold or take any other medications by your Primary Care Provider, surgeon or Pre- anesthesia team please do so.
- Take your pre-op shower (see instructions below). Consult with your care team if you are allergic.

## SHOWERING

Shower the night before and the morning of your surgery. Your surgeon recommends using Chlorhexidine Gluconate (CHG) 4% solution or an antibacterial soap if you have a sensitivity to CHG. This will help prevent infection of your surgery site.

- **Do not shave** near your surgical site (arm or armpit) for at least 7 days before your surgery.
- **Do not shave any** part of your body 24 hours before surgery.

### SHOWER 1 – THE NIGHT BEFORE SURGERY

- Use regular soap or shampoo for your face and hair.
- No hair products.
- Shower from your chin to toes with Chlorohexidine Gluconate (CHG) soap. **Clean your armpits LAST.**
- **Do not use CHG on your face, hair or in your genital area.**
- **Turn off the water before you apply the soap**



- Please scrub with the soap and allow the soap to stay on your skin for 3-5 minutes before turning on the water and rinsing off.
- Spend 1-minute scrubbing your surgical shoulder and arm.
- Turn the water back on.
- Rinse well and pat dry with a fresh, clean towel.
- Dress in freshly washed clothes.
- Sleep on fresh clean sheets.
- Do not sleep with pets.
- Do not wear deodorants.

## PACKING FOR THE HOSPITAL

### BRING THE FOLLOWING ITEMS TO THE HOSPITAL WITH YOU:

- Photo ID
- Your medical insurance information and pharmacy card.
- Advance care directive paperwork.
- Name and contact information of the person you would like your surgeon to check in with during and or after surgery.
- A list of your regular medications and supplements you are presently taking (this includes prescriptions, supplements, and over the counter) and what time, how many you are taking, and the last time you took them.
- A list of your allergies and what happens when you take the substance or are exposed to it.
- Loose-fitting clothing that is easy to get on and off. We recommend shorts or loose-fitting sweatpants, underwear, and a buttoned shirt.
- Walking shoes, sturdy but easy to get on and off, preferably without laces.
- Glasses and/or contact lenses, hearing aids and/or dentures (we are not responsible for your personal items).
- Personal hygiene items (toothbrush/paste, deodorant, brush/comb).
- **CPAP machine if you use one at home for sleep apnea.**
- If you are bringing a cell phone or laptop with power/charging cords (*recommended 6ft minimum length*), please label the cords with your name and phone number. The hospital is not responsible for personal items.
- ***The Sling you plan to use when you go home. (If arranged for prior to surgery)***

## THE MORNING OF SURGERY

### SHOWER 2 – THE MORNING OF YOUR SURGERY

- Take your second pre-op shower as indicated on page 20. Consult with your care team if allergic.

- Do not apply any kind of product to your body such as lotions, hair spray, gel, pomade, sunscreen, perfume, cologne, or deodorant.
- Do not wear any kind of piercings, jewelry, including watches and wedding rings, to the hospital.
- Take your prescribed medications with a small sip of **water unless otherwise instructed by your surgeon or follow specific instructions from the Pre-Anesthesia team.**
- Arrive at the hospital on time

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**DO NOT BRING THE FOLLOWING ITEMS TO THE HOSPITAL:**

- Any medications
  - Except those instructed to you by the hospital staff. Some examples of medications you may be asked to bring could include eye drops, inhalers, birth control pills, nasal spray, and specialty injectable medications such as Copaxone, Enbrel and Humera.
- Credit cards or cash unless you anticipate any co-pays (hospital or prescriptions).
- Valuables, such as jewelry you normally wear every day or car keys.

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**ARRIVAL AT THE HOSPITAL**

On your day of surgery, proceed directly to the area instructed during your pre-registration call or total joint class. You will be greeted by a patient registration staff member who will complete the admission process. Feel free to bring some reading materials/activities to occupy your time prior to surgery.

# Surgery Day

## WHAT TO EXPECT DAY OF SURGERY

### PRE-SURGERY AREA/ SURGERY ADMIT UNIT

Once checked in, you will be taken to a pre-operative area to get ready for your surgery. The number of family members will be limited due to space and safety in our surgery preparation areas. Everyone will ask you to verify who you are and what we are doing for you throughout your stay. This is our standard of care and for your safety.

#### A NURSE WILL:

- Review and complete any remaining paperwork (i.e. consent forms)
- Check your vital signs (blood pressure, pulse, temperature) and weight.
- Review your current lists of medications and allergies
- Have you change into a hospital gown. A garment bag, labeled with your name, will be provided to hold your clothes and all your belongings. This will be delivered to you after surgery.
- Start an IV to give you fluids and antibiotics.
- You'll be asked to do a chin to toes with Chlorhexidine wipes and could include an oral rinse and nose swabbing
- Perform other tests that may be required at this time.
- Potentially have you to take some medications with a sip of water just prior to surgery.
- Possibly ask you to complete an online survey

#### AN ANESTHESIOLOGIST WILL:

Review your medical, surgical and anesthesia history with you and talk with you about the type of anesthesia you will receive and answer any questions you may have. You will receive one or more of the following types of anesthesia used in joint replacement surgery:

- Regional anesthesia blocks pain in a portion of the body. A shoulder interscalene block anesthetic, for example, will block pain in the shoulder and arm. Patients will also be given additional medication to help sedate them.
- General anesthesia produces a state of unconsciousness. It can be used in all types of surgeries.

#### YOUR SURGEON WILL:

See you prior to surgery, and the two of you together will mark the area for surgery using a pen and initials. This is known as "site marking" and is a safety measure.

### OPERATING ROOM

When all the pre-operative preparation is done you will be taken into the Operating Room (OR). The team in the OR can consist of your surgeon, anesthesia provider, physician's assistant, nurse, surgical technician, x-ray technician, and nursing assistant. The room will be bright, cool

and may be noisy. A “time out” confirming your procedure will be performed prior to the beginning of surgery as a safety measure. You will be in the OR for one-two hours.

## RECOVERY ROOM

Immediately after surgery, you will be taken to the recovery room. Your recovery room nurse will continue to monitor your vital signs- blood pressure, heart rate, oxygen level, temperature. Your nurse will give you medication to help keep you comfortable, as you need it. You may need additional oxygen for a while. Your recovery room nurse will ask you questions about how you are feeling, remind you to take deep breaths, and ask you to wiggle your fingers and toes. Your stay in the recovery room will be about one-two hours, and when you no longer require close monitoring, you will be taken to your hospital room where your friends and family may visit. Because of privacy for all patients, we are unable to have visitors in the recovery room.

## FAMILY AND FRIENDS

If you have family or friends waiting, please review with your nurse, surgeon, and care team that you would like them updated about your condition after the surgery. Please be prepared to give the staff your designated person’s contact information. Your surgeon will contact any waiting family members or friends immediately after surgery to answer any questions. Your family should check-in with the receptionist at the check-in desk on the surgery floor as directed after the surgeon speaks with them.

# Post-Surgery – Hospital Stay

## POST-SURGERY: WHAT TO EXPECT DURING YOUR HOSPITAL STAY

### RECOVERY AFTER SURGERY

As soon as you are more awake and medically ready, you will be moved to the next stage for your recovery. You and your care coach/family member will be oriented to your room including how to use the call button, bed controls, television, and phone. The nurse will explain the unit routines including bed alarm, rounding and frequency of vital signs.

- You may start taking clear liquids. If tolerated your diet will be advanced.
- Continue to receive IV fluids.
- A therapist may see you prior to discharge.
- Cold therapy will be used to reduce pain and swelling.
- You will be instructed on how to use the incentive spirometer pictured below. You will be encouraged to take 10 deep breaths hourly while awake.



### AFTER SURGERY

Many patients may be well enough to go home after surgery but if you stay the night:

- Your vital signs and pain level will continue to be monitored.
- Your surgical dressing, intake and output will continue to be monitored.
- Continue cold/ice packs to surgical site.
- Advance your diet as tolerated.
- We encourage you to change into your clean regular clothes for the day.
- If you have a drain, it may be removed.
- Continue to use your incentive spirometer and cold therapy.
- You *may* be seen by therapy today. If they do evaluate you, they will have you mobilize your body (get up and move out of bed, walk) and move your shoulder with expected pain in your shoulder. Active assist range of motion will be used as directed by your surgeon. A therapist will instruct you on proper movement of your shoulder if indicated.
- Eat out of bed
- Use the call button to have a member of the care team help you get out of bed or chair

## YOUR HEALTH CARE TEAM

You may encounter members from your care team below:

- Surgeon(s)
- Anesthesia Provider
- Physician Assistant (PA) and/or Nurse Practitioner (NP)
- Hospitalist or Primary Care Physician (PCP)
- Registered Nurse
- Nurse technician
- Certified Nursing Assistant (CNA/ NAC)
- Therapist (OT/PT)/Assistant (COTA/PTA)
- Nurse Navigator/Program Director/Orthopedic Program Manager
- Case Manager/Social Worker

## SAFETY AND FALL PREVENTION IN THE HOSPITAL

Your safety is important to us. Your care team will talk to you about what you can do to prevent falling. Please follow the recommended safety measures to prevent a fall and ask family and friends to help follow these safety measures also. Below are a few safety tips to help you in the hospital:

- Your care team will be checking on you regularly.
- **Use the call button for help. Wait for a care team member to help you get out of bed or out of a chair.**
- Bed alarms are on until safe mobility is determined by your care team.
- Check with your nurse for visiting hours and for any special accommodations.

Your care team is available to answer questions on fall prevention to prepare you to be safe at home.

## WHAT YOU CAN DO TO HELP YOUR RECOVERY IN THE HOSPITAL

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### TO PREVENT PNEUMONIA:

- Breathe deeply and cough at least 10 times every waking hour.
- Coughing involves using large muscle groups, not simply clearing your throat.
- Practice deep breathing with an incentive spirometer if ordered by your physician

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### TO PREVENT BLOOD CLOTS:

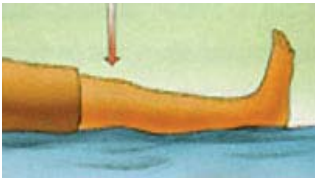
- You may have “compression sleeves” applied to your legs/calves to help with circulation.
- Exercise frequently or at least every two hours. Start by wiggling your toes and then pumping your feet up and down.
- Ankle Pumps:





Bend and straighten ankle through full range. Repeat with opposite ankle. Perform 10 times every waking hour.

- Quadriceps Sets:



Tighten your thigh muscles (quad sets).

- Isometric Gluteals:



Tighten buttocks muscle. Hold for 5 seconds. Relax. Repeat 10 times.

### **To keep your bowels working, avoid constipation and promote healing:**

- It is normal for your bowels to slow down in response to anesthesia, pain medication and decreased mobility. ***It is very important to jump start your bowels after surgery.***
- Over-the-counter laxatives and stool softeners may be taken if needed (e.g. Colace, MiraLAX, Senokot).
- Select whole grains, green leafy vegetables, citrus fruits, pitted fruits, dairy products, and lean meat.
- Drink plenty of water/juice each day.
- Take frequent short walks; exercise with nurses or your family when you are ready.
- If you have not had a bowel movement in 2-3 days, try a Dulcolax suppository or an enema.

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## TO PREVENT INFECTION:

Practice good hand hygiene yourself, either with soap and water or with alcohol-based sanitizer.

- Encourage your visitors to use hand sanitizer provided by the hospital.
- Keep a bottle of hand sanitizer with you after you go home.
- Do not hesitate to ask your caregivers if they have washed their hands.
- Keep your incision and dressing clean and dry, according to your surgeon's instructions.
- Never let pets smell or lick your wound. Contrary to old myths, animals do not have a natural antibiotic in the saliva or mouth.
- Refrain from touching or rubbing your incision. Do not apply hand lotions or creams to your incision. Please remember, you carry bacteria on your hands that can enter the wound.

## PAIN RELIEF AFTER SURGERY

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### OUR COMMITMENT TO YOUR PAIN RELIEF

Although all pain cannot be eliminated, our goal is to make you comfortable. The goal of post-operative pain management is to enable you to do the required physical and occupational therapy and to minimize pain and stress. Post-surgical pain is usually managed with multiple pain reducing medications. Your nurse will coordinate an individualized plan to meet your pain management goals. The expectation is to keep your pain at a level where you can tolerate all activities. As you progress, you can expect your pain to lessen. **Zero pain is not realistic or is not the goal.**

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### HOW TO RATE YOUR PAIN

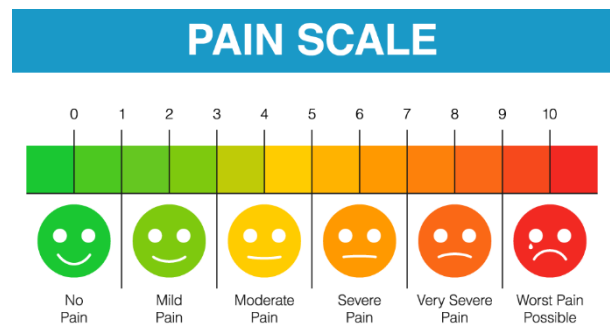
The team will use a pain scale to help determine your level of pain. The scale ranges from 0 to 10, zero being no pain and 10 being worst pain ever felt.

Please familiarize yourself with the pain rating scale to help us to assess if our interventions are helpful.

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### PAIN MANAGEMENT METHODS

After surgery, your doctor will order one or more pain methods for you depending upon your condition. The proper use of pain relievers is an extremely important aspect of your recovery. Pain relievers can help you get moving quicker and can make your joint replacement a more satisfying experience. Although pain after surgery is quite variable and not entirely predictable, it can be controlled with medication.



If you know of a pain medication that **works/does not work** for you, please communicate that information to your nurse/surgeon.

Other options may include a variety of oral narcotic vs. non-narcotic, I.V. pain medications, nerve blocks, movement, and ice. These will be available to you based on your medical history or your physician's preferences.

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#### YOU CAN HELP US MANAGE YOUR PAIN

- Ask questions!
- If you are already being followed by a pain management specialist for a pre-existing condition, please talk with your surgeon or attending physician.
- Ask what kind of pain you might expect to feel.
- Ice
- Care team (1-10)
- Space out activities, allow for rest
- Plenty of sleep
- Call us before your pain feels out of control.
- Pre-medicate before therapy.

#### PERFORM YOUR BEST WITH YOUR PHYSICAL AND OCCUPATIONAL THERAPISTS:

It is important that you are comfortable enough to participate and make progress in therapy.

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#### THERAPY:

Though therapy may not always be needed, when recommended, your therapist will help you with exercises, regain your independence with your basic self-care and daily activities such as dressing, bathing, hygiene, and toileting using your non-surgical arm.

Pain is whatever you say it is, and pain occurs whenever you say it does! Let your nurse know whenever your pain is unrelieved by any of the above methods. Let us know how we can help you!

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#### THERAPY SCHEDULES:

Your rehab therapist will coordinate with your nurse on therapy session times. We expect that you will be getting out of bed on the day of surgery. Your rehab therapy team will create a plan that prepares you for discharge from the hospital.

#### THERAPY PARTICIPATION:

Expect to feel tired and have pain with your recovery. Fatigue and pain are normal sensations and do not mean there is something wrong. Remember that activity is vital to your recovery. Your rehabilitation after surgery is as important as the surgery itself.

Rehabilitation may take a long time – longer than you expected. Your continued effort with rehab and rebuilding your activity level in the hospital (as well as at home) will, in part, determine how successful your recovery will be.

- All patients are required to participate in sessions daily.
- Even if you are experiencing some pain or nausea, try to sit on the edge of the bed or complete the bed exercises and some movement during your session.

#### CARE COACH/FAMILY INVOLVEMENT AND TRAINING:

Care Coaches/family members are welcome and encouraged to participate with the recovery process. When allowed, we recommend they attend one rehab therapy visit, during your hospitalization, preferably towards the end of your hospital stay.

## A POSITIVE ATTITUDE WILL HELP YOUR RECOVERY!

### SLEEPING

Please talk to your surgeon on the recommended sleeping position. Your therapist may instruct you to get in/out of bed from either side depending on your needs and your home environment. Many patients find comfort in using a recliner versus lying flat in bed to rest and or sleep. A pillow, stacking pillows or adjustable bed can help greatly help with your comfort.

***Wear your sling as directed by your surgeon.***

### EXERCISE PROGRAM

Following your surgeon's instructions, your therapist will prescribe your home exercise program if your surgeon has indicated.

### DISCHARGE

Discharge can happen at any time including the day of surgery. **To be discharged from the hospital, you must:**

- Be cleared by your physician
- Be cleared by your therapy team
- Receive adequate pain control from oral pain medications.
- Demonstrate understanding of new medications and when to seek medical attention.
- Demonstrate independence with mobility or have sufficient help at home to ensure your safety.
- Be able to care for yourself or have help in your home for a few days.
- Have arrangements finalized for coaches/caregivers, family, equipment and/or services at home.
- Have transportation home set up. (Reliable vehicle, care coach to pick you up)

Care coordinators, nurse navigators, social workers, or case managers, are available to assist you with discharge planning if needed. This person will work with you and your family to make your transition home as smooth as possible.

# Post-Surgery Care – Home after Discharge

## POST-DISCHARGE: WHAT TO EXPECT AFTER LEAVING THE HOSPITAL

### PAIN MANAGEMENT

Your physician will provide you with the appropriate pain reliever(s) to assist in keeping your pain manageable as you continue to improve your function with therapy and your home program. You will receive a prescription prior to being discharged that you will need to have filled at your preferred pharmacy. Besides medication, applying ice packs to the area that is sore for 15-20 minutes can help in controlling pain. Performing your exercises and walking has been shown to help with discomfort that can occur when in one position too long.

***Because of the associated risks of using Opioids (Nausea, vomiting, constipation, urinary retention, drowsiness, impaired mental processing and decrease respiratory function) these drugs should be used carefully. Opioids should be used at the smallest dose that works for you for the shortest of time.***

### COLD THERAPY AT HOME

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#### USING COLD THERAPY AT HOME

Effective cold therapy offers several benefits:

- Decreases pain and creates a numbing effect
- Increases circulation while reducing swelling
- Relaxes muscles and reduces spasms
- Increases the ease with which joints and muscles move

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#### SAFETY TIPS FOR USING COLD THERAPY

- Do not apply ice directly to the skin; do wrap ice in a thin towel or cloth.
- Use for 15-20 minutes on/ 15-20 minutes off the affected area. Remove when the numbing effect is achieved. Prolonged use of intense cold can lead to frostbite. Do not use ice for more than 20 minutes. DO NOT USE ice if you have extreme sensitivity to cold, decreased circulation, decreased sensation, or any vascular problems.
- If using an automated cold therapy device, you may leave on for longer periods of time as instructed by your surgeon.
- Cold can be used as many times throughout the day and night as needed, but you must allow time for the area to warm to normal temperature before repeating the application.

- Check the skin during and after treatment for any signs of injury. Skin with frostbite appears white and does not turn to a healthy pink after being pressed by a fingertip. If skin is injured by cold; warm area SLOWLY with lukewarm water.
- Do not lie on the ice application but place the ice on top of the affected area instead.

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#### THE FOLLOWING ARE DIFFERENT WAYS TO APPLY COLD THERAPY:

##### Over-the-Counter Ice Pads:

- Can be purchased at most pharmacies and medical supply stores.
- Once the pack is frozen, place in a pillowcase and apply to the painful area.

Karo syrup can be put in a Ziploc bag and stored in the freezer for another cold therapy option.

#### CARING FOR YOUR INCISION

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##### YOUR INCISION MUST BE KEPT CLEAN AND DRY

- Your surgeon will let you know when and how it will be safe to shower.
- You may NOT take TUB BATHS or submerge yourself in any standing water such as, HOT TUB, POOL, OCEAN, LAKE, etc. until approved by your physician.
- Do NOT let the shower water run too hot as this may make you feel a bit weak or dizzy. Please refrain from showering until you feel strong enough to stand for 10 minutes, unless using shower chair or shower bench. A sponge bath at the sink will suffice until you are ready for showering.
- To wash the armpit on your surgical arm, lean over and let arm hang down while reaching with unaffected arm to clean. Always clean this area last and **avoid going back over incision site.**
- Clean incision site per the instructions of your surgeon.
- Never let pets smell or lick your wound. Contrary to old myths, animals do not have a natural antibiotic in their mouth. It is not advisable to sleep with your pets at night until your incision is healed. Do not apply lotions or creams on your incision.

#### CALL YOUR SURGEON IF YOU DEVELOP ANY OF THE FOLLOWING SIGNS OF POSSIBLE INFECTION:

- Warmth, redness, increased pain, or increased swelling of the incision.
- Numbness or loss of function in your entire surgical arm.
- Redness around your incision that is getting larger.
- An excessive amount of drainage from the incision.
- Thick, green, or foul-smelling discharge from the incision.

- Separation of incision's edges.
- Run a fever longer than a day or above 101F.

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#### YOU MAY NOTICE:

- Follow discharge instructions.
- The incision looks a little puffy and pink around the edges. This is normal inflammation and healing. If the redness increases or spreads outward from your incision, you will want to notify your surgeon's office.
- Bruising of the operative area, down into your chest to forearm, up to 7-10 days after surgery. This is normal and is a result of gravity and will resolve with time.
- Numbness along the outside of your localized incision area operated is not uncommon.

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#### HOME DRESSING INSTRUCTIONS

Care of your dressing will be included in your discharge instructions. If you are unable to find your discharge instructions, please call your surgeon's office for further information.

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#### IMPORTANT TO REMEMBER:

##### **Sling:**

1. You will be given instructions by your care team as to when you will need to wear your sling. You will want to wear the sling at all times.
2. To put on your sling, put over the neck first, slide onto arm, then secure across waist. The sling should fit comfortably, and you should not feel any binding or tightness. Make certain your arm is kept close to your body, with your elbow bent at a 90-degree angle.

#### **REMINDERS**

To continue with the precautions you learned during your hospital stay, the following are DO's and DON'Ts

##### **DO'S**

- DO follow surgeon instructions for sling use to include restrictions for when out of your sling.
- DO Home exercise program as directed by your Surgeon and Therapist.
- DO RECLINE



## **DON'TS**

- DO NOT submerge in water.
- DO NOT carry/ lift anything over the weight of a cup of coffee or small bottle of water in your surgical extremity hand.
- DO NOT push or pull with surgical arm and don't support your weight with your hand

## **SIGNS OF DISLOCATION**

It is possible but unlikely for your new Shoulder to slip out of the socket (dislocate) during the healing process. This is a rare event and may result from a fall or other trauma after surgery. Call your doctor if you think this has occurred.

## **PAIN CONTROL AND MEDICATIONS**

Your doctor will order pain relievers for you. Like in the hospital, be sure to time your medication to stay ahead of your pain for the first few days. Pain after surgery is to be expected.

- You will be discharged with a prescription and instructions about pain medications. As a general rule, non-narcotic medications can be very effective for baseline pain relief. Please check with your surgeon for their recommendation and before you take anything over the counter.
- You may be prescribed narcotic pain relievers for "breakthrough pain." The goal is for you to transition off these medications as soon as you can. A week after surgery, evaluate your pain without narcotics and begin to spread out the time in between doses and lower the dose as you can.
- If you received a regional block as part of your anesthesia and / or for post-surgical pain control it will wear off within 24 -36 hours (or sooner). Please make sure you are using other pain medications during this time in preparation for this block to wear off.
- Try to keep your pain manageable level.
- Use your SLING until your Surgeon advises you to remove.
- If able, take your pain reliever 1 hour prior to your therapy.
- Don't overdo it!

### **Managing pain without medication:**

- Ambulate every 1-2 hours
- Use cold therapy to help reduce pain and swelling
- Practice meditation, mindfulness, prayer
- Distraction (reading a book, TV, computer, music)
- Relaxation, breathing exercises

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PAIN MEDICATION CAN CAUSE THE FOLLOWING SIDE EFFECTS (CALL YOUR SURGEON'S OFFICE IF YOU EXPERIENCE ANY OF THE FOLLOWING):

- Nausea and vomiting
- Itching and/or rash
- Dizziness, especially when first rising to a standing position. Stand up slowly to be sure you have your balance.
- Constipation (see more information below under "Diets, Fluids and Constipation")

#### PREVENTION OF BLOOD CLOTS

Blood clots can develop in either leg for several months after surgery. Blood clots can break free and travel to the heart and lung, causing life-threatening problems.

There are some things you can do to reduce your risk:

- Activity: take frequent walks, gradually increasing your distance. You should try to get up at least every one to two hours and walk around your home. When you are in bed you should be doing 10 ankle pumps an hour while awake.
- Continue any blood thinning medications your doctor has prescribed

#### THE FOLLOWING MAY BE SIGNS OF A BLOOD CLOT. REPORT TO YOUR SURGEON IMMEDIATELY:

- Pain and/or cramping in the calf of either leg
- Warmth, redness, or tenderness of either leg
- Increased swelling of either foot and/or leg
- Numbness of either leg
- Painful breathing or shortness of breath
- Signs of a stroke
- **Uncontrollable pain in your calf**

#### DIET, FLUIDS AND CONSTIPATION

Continue to follow the nutritional advice you received while in the hospital. Eat a well-balanced diet high in fiber. Drink plenty of fluids throughout the day unless your physician has you on a restriction. Fluids can include water, juice, and non-caffeinated drinks. If you take iron and/or pain medications, you may experience constipation. Aside from good nutrition and fluid intake, your physician/surgeon can recommend over-the-counter stool softeners.

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## TO KEEP YOUR BOWELS WORKING AND TO PROMOTE HEALING:

It is normal for your bowels to slow down in response to anesthesia, pain medications and decreased mobility. It is very important to jump start your bowels after surgery.

- Select whole grain foods, green leafy vegetables, citrus fruits, pitted fruits, dairy products, and lean meat.
- Drink at least six to eight glasses of liquid each day (as recommended).
- Over-the-counter laxatives and stool softeners may be taken if needed. Talk to your surgeon or pharmacist for recommendations.
- Take frequent short walks when able; exercise with rehab staff, nurses, or your family when you are ready.
- **If you have not had a bowel movement in 2-3 days**, your health care provider may have other recommendations.

## EMERGENCY SIGNS

Call your surgeon's office for:

- If you run a fever greater than 101, for longer than 24 hours.
- Excessive drainage from your incision site.
- Progressive, excessive pain of the arm.
- Increased pain, redness and swelling in your shoulder or arm.
- Numbness, swelling, or blueness in your arm / hand below the surgical site.
- Loss of the ability to move your arm, hand, wrist, elbow.
- Calf pain/tenderness in either leg.
- Blood soaked dressing.
- Numbness, facial droop, difficulty with speech (**call 9-1-1**).
- Chest pain or shortness of breath (**Call 9-1-1**).

## ADDITIONAL SAFETY REMINDERS ONCE YOU ARE HOME:

- Doorways – Should be well lit.
- Floors – Have non-skid surfaces; use non-skid waxes and avoid deep pile carpets. Secure or remove area rugs. Floors should be even, clean, and dry. Keep electrical cords and telephone lines along the wall.
- Stairs and Hallways – Need adequate lighting and keep them clear. Give yourself enough space to maneuver your equipment. Minimize clutter.
- Bedroom – Have a light/flashlight within reach. Keep floor clean. Tuck the sheets/comforter in.

- Telephone – Keep your cell phone/ telephone within reach or carry a cordless phone with you. Leave your answering machine on when you go out of the house or are going to the bathroom. Tell people who call you, to let the phone ring eight times before hanging up. Do not rush to answer the phone.
- Shoes and Clothes – Do not wear clothes too loose or too long. Wear shoes with adequate support and non-skid soles. If you have shoes with laces **MAKE SURE YOU TIE THEM**. Avoid using slip-in style shoes like sandals, flip flops, or open heeled shoes, until back to normal activities. Getting dressed, put your surgical arm into shirt first, followed by other arm. To undress, pull your unaffected arm out first, followed by surgical arm.
- Bathroom – Keep the floor dry. Bathtub and shower should have non-slip surface (adhesive strips). Color code the faucets for hot and cold water. Keep the hot water thermostat on medium to avoid scalding. Remove bathmats or rugs. Do not use talcum powder on vinyl or tile flooring.
- Kitchen – Stock up on necessary items before your surgery.
- **Pets – Be very cautious as your pet can cause you to trip or fall.** Never let pets smell or lick your wound. It is not advisable to sleep with your pets at night until your incision is healed. Do not apply lotions or creams on your incision.

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#### FURTHER RECOMMENDATIONS:

- Though not ideal, if you will be living alone after surgery, set up a communication plan so that someone will be notified if you feel unsafe or experience a fall.
- You can use a formal notification system, such as Lifeline, or carry a cell phone in your pocket at all times.
- If you get up at night to use the bathroom, use a nightlight. Sit at the edge of your bed for a few moments before standing. Use your Sling.
- If you have glasses and/or hearing aids, wear them consistently.
- Tell your surgeon or therapist if you experience dizziness or lightheadedness at any time.
- Manage your medications. Make sure your surgeon or pharmacist knows about **ALL** your medicines, so that they can warn you of any interactions that may occur. Some medications, such as anti-seizure, blood pressure, pain medications and sleep aids, increase the risk of falls by causing dizziness. Supplements and /or herbs may interfere with your anticoagulation medication.
- Beware of behaviors, such as running to get the phone, becoming too tired during the day, skipping meals, or carrying things while on the stairs, that may cause you to lose your balance or fall.
- When out and about be mindful of people around you. They could potentially bump into you and cause pain to your shoulder.
- If you fall and are unable to get up, **call 9-1-1** .

- If you fall and have increased pain in the surgical joint, contact your physician immediately. The fall may have caused a fracture or dislocation.

WE WANT TO HEAR FROM YOU! CALL YOUR CLINIC IF YOU HAVE QUESTIONS????

#### OTHER HELPFUL TIPS AFTER YOUR POST SURGERY

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#### DENTAL WORK

Before dental work, or any oral procedure, inform your surgeon or dentist that you had a total joint replacement. You may need to take antibiotic medication to prevent any infection from settling into your new joint. Ask your surgeon how long they want you to take this precaution.

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#### BLADDER INFECTION

If you develop symptoms of a bladder infection (frequent urination, urgency, pain or burning with urination, cloudy urine) please do not hesitate to call and consult with your Primary Care Provider for treatment and be sure to state that you have had a total shoulder replacement.

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#### INCLEMENT WEATHER

Remember to use caution with slick, icy or bad weather. A fall could cause serious injury and future problems with your joint replacement.

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#### Sex after surgery

Please speak with your physician on restrictions and positions so that you are within their guidelines to ensure that your post-op recovery is successful.

# Appendix

## **Medications to Avoid Before and After Surgery Unless Directed by Your Orthopedic Surgeon:**

### **1. Aspirin medications:**

Bufferin, Ascriptin, Ecotrin, codeine with aspirin, Fiorinal, Darvon, Percodan

### **2. Anti-inflammatory medications:**

Motrin, Nuprin, Advil, ibuprofen, Indomethacin, Orudis, Aleve

*Check with your orthopedic physician regarding prescription medications.*

### **3. Anti-clotting medications:**

Coumadin, heparin, Persantine, Plavix, aspirin (for medical treatment), Xarelto, Eliquis, Lovenox

### **4. Dietary supplements that contain:**

Ginger, licorice, valerian, goldenseal, ginkgo biloba, ginseng, Siberian ginseng, St. John's wort, alfalfa, Echinacea

Ask your physician when you can restart your dietary supplements.

**Examples of medications that can be taken include** Tylenol, Vicodin, and Percocet.

*If you have specific questions regarding these medications, speak with your physician.*

***Check with your prescribing physician and your orthopedic physician when to stop and resume. This is not a complete list.***

Failure to discontinue some medications as instructed may result in rescheduling your surgery.

## **Healthy Eating for Your Bones**

**Check with your physician about any dietary restrictions or supplements you may need.**

Check National Osteoporosis Foundation for latest guidelines: [nof.org](http://nof.org)

### **1. Eat a variety of foods rich in fiber and iron.**

Many different nutrients are needed for good health. Aim for variety in your diet: choose different foods each day from major food groups.

- Vegetables – 3 to 5 servings
- Fruits – 2 to 4 servings
- Breads, cereals, rice, and pasta – 6 to 11 servings
- Milk, yogurt, and cheese – 2 to 3 servings
- Meat, poultry, fish, dry beans and peas, eggs, and nuts-2 to 3 servings

Eat three well-balanced meals each day to ensure all nutrient needs are met.

Try six small meals for sustained energy throughout the day.

## **2. Reach & maintain your healthy weight**

Excess weight can create added stress to your weight bearing joints. A healthy weight will promote optimal health and make physical activity easier.

If attempting to lose weight:

- Eat less fat and sugar
- Maintain physical activity as much as tolerable
- Avoid skipping meals: Without nourishment, your body perceives itself being starved – and will store the few calories it receives.

## **3. Bone-up on calcium**

Calcium is important for:

- Bone and tooth health
- Heartbeat regulation
- Transmission of nerve impulses

Most adults need 1,000-1,200 mg. per day. If your diet is deficient in calcium, your body will “borrow” it from your bones, eventually weakening them.

Examples of foods which are rich in calcium:

- Milk
- Yogurt and cheese (choose low fat cheeses with 6 grams of fat per ounce or less)
- Salmon
- Broccoli
- Tofu

Check National Osteoporosis Foundation for latest guidelines: [nof.org](http://nof.org)

## **Healthy Eating for Your Bones, continued**

### **5. Vitamin D- important for healing**

Vitamin D is a fat-soluble vitamin that is present in few foods and fortified in others. It helps the body absorb calcium. Daily intake should be for Men and Women ages 19-70 is 600IU. For those over the age of 70 the recommendation increases to 800IU.

Sources of Vitamin D:

- Fortified dairy products (milk, yogurt, cheese) and juices
- Fatty Fish (salmon, mackerel, tuna)
- Egg Yolks
- Sunshine! 5-30 minutes at least twice a week
- Supplements

Check National Osteoporosis Foundation for latest guidelines: [nof.org](http://nof.org)



## PRE-SURGICAL EXERCISES

- ❑ **Exercises to improve your strength and heart for optimal health and surgical healing.**
- ❑ **Work with your medical team to optimize shoulder mobility and strength.**

## POST SURGERY EXERCISES

***Your Surgeon will provide your recovery plan based on your surgery.***

Your surgeon will provide your recovery plan based on your surgery. You might receive a written plan called a protocol. This plan will help guide your rehabilitation and any restrictions/precautions. Exercise will be a key to your recovery.

**Some terms you may encounter include:**

- **Passive Assist Range of Motion** you will move through the joint exercise with a therapist or equipment (pulley, band) **NO** effort/ assistance from you.
- **Active Assist Range of Motion** you will use the muscles surrounding the joint to perform the exercises but will require some help from the therapist, equipment (Pulley, Thera band, bar, cane), or your good arm (non-surgical arm).

For the first 6 weeks of the recovery phase the focus of rehabilitation is on maintaining your ability to reach forward. Avoid stretching in other directions and strengthening exercises for the first six weeks to avoid disrupting the soft tissue healing. **During this time lift nothing heavier than a cup of coffee or tea.**

- Your surgeon will provide guidelines when you need to use your sling. If allowed, when out of your sling be careful and keep your shoulder safe. Your elbow should be “tucked in” to your side whenever you are out of your sling. Put the sling on when you are outside or in a crowd.
- You may use the hand on your operated arm as long as you **do not externally rotate your arm away from your body**. You should bend your arm at the elbow and use your fingers and hand such as to reach up and touch your face. Keep your elbow in front of you.
- **Avoid internal rotation** such as hand behind your back or tucking in your shirt until your surgeon says you are ready.
- You may shower as previously described. Do not submerge the incision under water.
- Begin the exercises your surgeon has prescribed. Your rehab team will assist you with your exercises as needed.
- Continue to use your cold therapy as needed. Remember:

- Use for 15-20 minutes on the affected area. Remove when the numbing effect is achieved. Prolonged use of intense cold can lead to frostbite. Do not use ice for more than 20 minutes. DO NOT USE ice if you have extreme sensitivity to cold, decreased circulation, decreased sensation, or any vascular problems.
- If using an automated cold therapy device, you may leave on for longer periods of time as instructed by your surgeon.
- Cold can be used as many times throughout the day and night as needed, but you must allow time for the area to warm to normal temperature before repeating the application.

***Please check with your surgeon for your specific post-surgery exercise plan.***

**Exercises:**

The following exercises are examples of exercises you might perform after your Total Shoulder Replacement and will continue once you get home. We recommend practicing these prior to your surgery to familiarize yourself with them if approved by your care team.

**ALL EXERCISES SHOULD BE DONE SLOWLY. DISCOMFORT IS ALLOWED – PAIN IS NOT. IF THE PAIN LINGERS AFTER THE STRETCH THAT IS TOO FAR.**

**Program: 7 days per week, 4-5 times per day**

Activity	Sets	Repetitions

**Passive Assist Range of Motion** you will move through the joint exercise with a therapist or equipment (pulley, band) **NO** effort/ assistance from you.

**Exercises to aid in decreasing swelling to affected surgical hand and arm:**

Hand and Wrist Sling Exercises



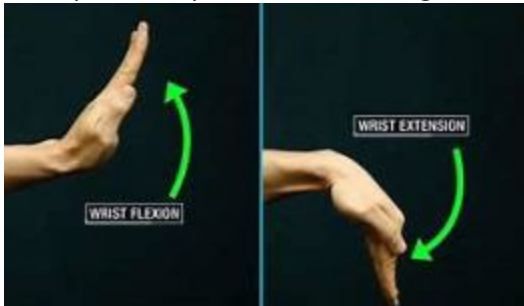
### ***FINGER FLEXION / EXTENSION***

Bend the fingers of the operative arm. Start with the knuckles furthest from the palm, and slowly make a fist. Hold for 5 seconds. Relax and straighten fingers as far as possible.



### ***WRIST EXTENSION***

Have palm of operative arm facing down, bend wrist up then down.



### ***ELBOW FLEXION / EXTENSION***

With operative arm palm facing up, gently bend elbow as far as it will go then straighten the arm.



### ***Pendulum exercise***

Remove your sling, bend over at the waist, and let the arm hang down. Using your body to initiate movement, swing the arm gently forward and backward and in a circular motion.



### ***Supine forward flexion***

Lie on your back. Hold the affected arm at the elbow with the opposite hand. Assisting with the opposite arm, lift the operated arm upward, as if the bring the arm overhead. Slowly lower the arm back to the bed.



### ***Supine external rotation***

Lie on your back. Keep the elbow of the operated arm against your side with the elbow bent 90 degrees. Using a cane or a long stick in the opposite hand, push against the hand of the operated arm so that the operated arm rotates outward. Hold for 10 seconds, relax and repeat. The amount of allowed external rotation will be specified after surgery.



### ***Shoulder blade pinches***

While standing, pinch shoulder blades backward and together.



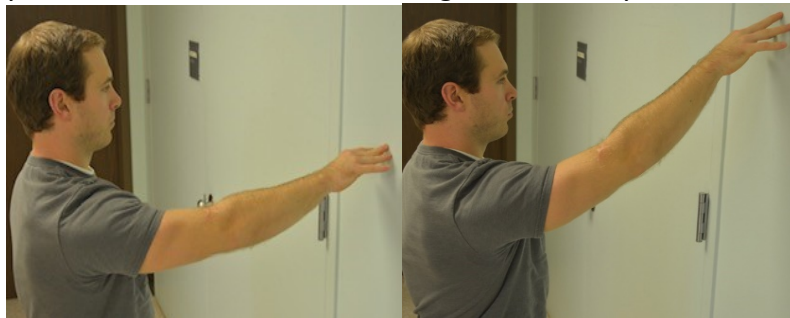
### ***Passive internal rotation to chest***

While sitting in a chair or standing, remove the sling and slowly push the operated arm into your chest



### ***Wall climb***

Stand facing a wall. Place the fingers of the operated arm on the wall. Using the fingers as “feet,” climb the hand and arm upward. As you are able to stretch the hand and arm higher, you should move your body closer to the wall. Hold for 10 seconds. Lower your arm by pressing your hand into the wall and letting it slide slowly down.



## **Reverse total shoulder**

Recovery of comfort and function after shoulder arthroplasty continues for many months after the procedure. Improvement in some activities may be evident as early as six weeks. With persistent effort individuals can make progress for as long as a year after surgery.

### **Therapy**

Limited use after total shoulder replacement is critical for protection during the early phases of healing. Your surgeon will indicate if a sling is necessary to allow for healing of the soft tissues. Most individuals find the recovery of comfort and function can be accomplished with home activities.

## **Rehabilitation options**

Based on your recovery, your surgeon will determine if formal physical therapy is needed.

If the exercises are uncomfortable difficult or painful the individual should contact the surgeon promptly.

## **Risks**

The rehabilitation program is safe with little risk.

## **Duration of rehabilitation**

Once the rehabilitation goals are achieved the exercise program can be cut back to a minimal level.

## **Returning to ordinary daily activities**

In general, individuals can perform gentle activities of daily living with the operated arm at the side starting **SIX WEEKS** after surgery. Walking with the arm protected is strongly encouraged. Driving should wait until the individual can perform the necessary functions comfortably and confidently. This may take up to six weeks if the surgery has been performed on the right shoulder because of the increased demands on the right shoulder for shifting gears.

With the consent of their surgeon individuals may be able to return to certain activities at six months after surgery. It is important to remember that shoulder arthroplasty with a reversed prosthesis does not restore the function of the degenerated rotator cuff tendons so that the shoulder will never totally regain full comfort strength range of motion or function. Stressful activities and activities with the arm in extreme positions may never be possible after this procedure.

## **Long-term patient limitations**

Individuals should avoid activities that involve major impact (chopping wood contact sports activities with major risk of falls) or heavy loads (lifting of heavy weights heavy resistance exercises) after this surgery. In this way the risk of re-injury is minimized. Your surgeon will let you know of any ongoing restrictions or precautions.

## FREQUENTLY ASKED QUESTIONS (FAQ) ABOUT TOTAL SHOULDER JOINT REPLACEMENT SURGERY:

We are glad you have chosen Providence Total Shoulder Joint Replacement Program to care for your joint. Patients have asked many questions about total joint replacement. If there are any other questions that you need answered, please ask your surgeon or member of your care team. We want you to be completely informed about this procedure.

### QUESTIONS REGARDING YOUR JOINT REPLACEMENT

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#### WHAT IS OSTEOARTHRITIS AND WHY DOES MY JOINT HURT?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that affects joint cartilage. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion.

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#### WHAT IS TOTAL JOINT REPLACEMENT?

A total joint replacement is a replacement of your natural bone and cartilage with an artificial surface. This creates a new, smooth cushion and a functioning joint that can reduce or eliminate pain.

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#### WHAT CAN I EXPECT FROM MY TOTAL JOINT REPLACEMENT?

Optimal results are achieved by following the instructions of the total joint replacement surgeon and team. Outcomes will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level and the patient's adherence to the surgeon's orders.

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#### WHAT ARE THE RESULTS OF THE TOTAL JOINT REPLACEMENT?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level and the patient's adherence to the surgeon's orders. Optimal results are achieved by following the instructions of the total joint replacement team.

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#### WHEN SHOULD I HAVE THIS TYPE OF SURGERY?

Your orthopedic surgeon will help you decide if you are a candidate for the surgery. The decision will be based on your history, exam, x-rays, and response to conservative treatment.

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### AM I TOO OLD FOR THIS SURGERY?

Age is generally not an issue if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

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### HOW LONG WILL MY NEW JOINT LAST?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

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### WHAT ARE THE POSSIBLE COMPLICATIONS ASSOCIATED WITH JOINT REPLACEMENT?

While uncommon, complications can occur during and after surgery. Some complications include pain, infection, blood clots, implant breakage, mal-alignment (not lined up perfectly) and premature wear, any of which may necessitate implant removal/replacement surgery. While these devices are generally successful in attaining reduced pain and restored function, they cannot be expected to withstand activity levels and loads of normal healthy bone and joint tissue. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. Be sure to discuss these and other risks with your surgeon.

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### QUESTIONS REGARDING RISK FACTORS THAT MAY DELAY SURGERY OR RECOVERY

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#### WHAT ARE THE KEY RISK FACTORS THAT MAY DELAY SURGERY OR RECOVERY?

- Obesity
- Poorly controlled diabetes
- Smoking
- Poor general health
- Please note: If you have health concerns please discuss the specific questions with your surgeon.

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#### SHOULD I EXERCISE BEFORE THE SURGERY?

Yes, exercising before surgery benefits you after surgery. The exercises shown in the appendix are specifically designed to strengthen the shoulder.



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## WHAT CAN I DO TO PREVENT INFECTION?

- Take excellent care of your skin. If you get deep scratches, cuts, or rashes, contact your surgeon's office.
- Protect yourself from infection! Notify your surgeon's office right away if you think you may have an infection of any kind.
- Follow all instructions for showering prior to surgery and after.
- If you smoke, you should quit smoking three weeks prior and six weeks following your surgery to allow for optimal healing.

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## WILL I NEED TO BE SCREENED FOR INFECTIONS BEFORE THE SURGERY?

It is of great importance to stay infection free. There are many different steps that help this that include:

- Nasal swab testing for MRSA and MSSA
- Special soaps used or special showering instructions for the days leading up to your surgery
- Use of an ointment in your nose for a few days leading up to your surgery or a special ointment used day of surgery
- Antibiotics preoperatively

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## WHAT IF I'M NOT FEELING WELL BEFORE MY SURGERY?

It is very important to call your surgeon's office immediately if you have any new illness or open wounds. This is an elective surgery and can be rescheduled if you are not fit for surgery.

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## QUESTIONS REGARDING THE TOTAL JOINT SURGERY

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### HOW LONG, AND WHERE, WILL MY SCAR BE?

Surgical scars will vary in length, but most surgeons attempt to keep the incision as short as possible. The incision is closed with sutures or staples.

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### WILL I NEED TO DONATE BLOOD BEFORE MY SURGERY?

Providence is a leader in blood conservation and management. The need for transfusion has dropped greatly. This will vary by patient, please work with your surgeon.

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### WILL THE SURGERY BE PAINFUL?

Pain is common after surgery and into your outpatient rehabilitation, we will try to keep you as comfortable as possible with the appropriate medication and numerous interventions such as

ice and movement. It is very important to let your team know if the pain that you are experiencing is not controlled at a tolerable level. Your care team will do everything possible to relieve pain and keep you safe. Do not expect to be totally pain-free, your caregivers will teach you the pain scale to better assess your pain level.

## QUESTIONS REGARDING ANESTHESIA AND YOU

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### WHAT TYPES OF ANESTHESIA ARE AVAILABLE?

Decisions regarding your anesthesia will be tailored to your personal needs. The types available for you are:

- **General anesthesia** provides loss of consciousness, without any memory of the operation. This is done with intravenous medications, inhalation gases, or both.
- **Regional anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications may also be given to make you drowsy and blur your memory.

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### WILL I HAVE SIDE EFFECTS?

Your anesthesiologist will review your anesthesia history and discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Most commonly, nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

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### WHAT CAN I EXPECT AFTER THE OPERATION?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

## QUESTIONS FOR AFTER SURGERY AND YOUR HOSPITAL STAY

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### WHEN WILL I START MOVING AFTER SURGERY?

Under normal circumstances, you will get out of bed and walk on the day of your surgery with your joint team. The next morning you will begin a more active routine that includes short, frequent walks and sitting up in the chair, including meals. Please refer to exercises in the appendix.

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## HOW LONG WILL I BE IN THE HOSPITAL?

Once patients are medically stable and have met their rehab goals, they are ready to go home. This can be on the day of surgery or after a short stay.

## QUESTIONS FOR GOING HOME

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### WHEN WILL I BE ABLE TO SHOWER?

Your surgeon will let you know when it is okay to shower. Do not submerge your shoulder in a pool, hot tub, or bath until cleared by your surgeon.

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### WILL I NEED HELP AT HOME?

Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. This is typically your care coach. Family or friends need to be available.

Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on the bed and single portion frozen meals will help reduce the need for extra help.

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### WHAT IF I LIVE ALONE?

- You may return home and receive help from a relative or friend (care coach).
- You may have a home health nurse and/or therapist visit you at home.
- The goal is to send you directly home from the hospital. For patients not mobile enough, arrangements may be made to go to a skilled nursing facility for a short period of time. Medicaid/Medicare patients must meet certain criteria for placement. Daily copay may be required for managed care patients. We suggest having an alternative plan, as well.

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### WILL MY INSURANCE COVER THE SLING?

Please check with your insurance company before surgery if you have questions about equipment coverage policies.

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### WILL I NEED PHYSICAL THERAPY WHEN I GO HOME?

If appropriate, follow-up physical therapy either through home health or out-patient may be necessary. Your surgeon and care team will make this determination of how long you should be in supervised therapy.

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### HOW LONG UNTIL I CAN DRIVE AND GET BACK TO NORMAL?

You are not allowed to drive until you are cleared by your physician, which is usually four to six weeks after surgery, depending on how you are functioning. This guideline is for your personal safety.

This gives the soft tissues a chance to heal. However, returning to driving is highly individualized and it is recommended that you talk to your surgeon about this.

Patients may resume driving once they have reached the following and have received their surgeon's clearance:

- As you recover from surgery, your reaction time when driving is delayed. Do not drive while on pain meds.
- Spend some time practicing in an open parking lot to get used to being behind the wheel again.

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#### HOW OFTEN WILL I NEED TO BE SEEN AT THE SURGEON OFFICE FOLLOWING THE SURGERY?

You should have your first post-operative visit scheduled by the time you leave the hospital. This should be discussed with your surgeon. The frequency of follow up visits will depend on your progress.

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#### WHAT PHYSICAL/RECREATIONAL ACTIVITIES MAY I PARTICIPATE IN AFTER MY SURGERY?

Check with your surgeon and therapist before returning to any recreational activities.



