

Patient Guidebook for Total Shoulder Replacement

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Pre-Operative Hibiclens Bathing Instructions

Before Surgery, you can play an important role in your own health. Since skin is not sterile, we need to be sure that your skin is as free of germs as possible before surgery. You can reduce the number of germs on your skin by carefully washing before surgery. Following these instructions will help you be sure that your skin is clean before surgery.

Important: You will need to shower with a special soap called chlorhexidine gluconate (CHG)*. A common brand name for this soap is Hibiclens, but any brand is acceptable to use. The soap may come in a liquid form or in a scrub brush applicator. Either form is acceptable to use.

***Not to be used by people allergic to chlorhexidine (Hibiclens).**

1. Shower or bathe with the CHG the night before your surgery & the morning of your surgery. Do not shave the area of your body where your surgery will be performed.
2. With the shower or bath, wash your hair as usual with your normal shampoo and wash your body with your normal bath soap.
3. Rinse your hair and body thoroughly after your shampoo your hair and bathe to remove all residues.
4. Then apply the CHG soap to your entire body only from the neck down. Do not use CHG near your eyes or ears to avoid permanent injury to those areas. Wash thoroughly, paying special attention to the area where your surgery will be performed.
5. Turn the water off to prevent rinsing the soap off too soon. Wash your body gently for five (5) minutes. Do not scrub your skin too hard.
6. Turn the water back on and rinse your body thoroughly.
7. Pat yourself dry with a clean, soft towel.
8. Do not apply any lotions, perfumes, or powders after use.



General Information

We are pleased that you have chosen Augusta Health for your joint replacement. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than one million people make the decision to undergo joint replacement surgery. The surgery aims to relieve pain, restore independence, and assist in returning to work and other daily activities.

The orthopedic program at Augusta Health is designed to allow patients to return to an active lifestyle as quickly as possible. Most patients will be able to walk the day of their surgery and move towards normal activity within four to eight weeks.

The Joint Center has planned a comprehensive and individualized course of treatment for each patient. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

The care team includes orthopedic surgeons, registered nurses, patient care technicians, physical and occupational therapists, all specializing in total joint care.

Using the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to your joint replacement journey. The guidebook is a communication tool for patients, physician, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your physician, nurses, or therapist may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after surgery. The information in the guidebook covers a lot of details, so it may look overwhelming. We recommend reading the entire guide at a pace that suits you.

We offer a unique program. Each step is designed to encourage the best results leading to a discharge home after you have been recovered safely from surgery.

Your Coach

Your coach is a family member or friend of your choosing who will assist you through your joint replacement journey. Your coach should plan to visit during your stay to listen to discharge instructions, assist with transportation home, and to keep you focused on healing.

Your Joint Replacement Team

Orthopedic Surgeon

- The Orthopedic Surgeon is the skilled physician who will perform the procedure to repair the damaged joint

Registered Nurse (RN)

- Most of the care will be provided by a nurse responsible for patient's daily care. The nurse will assure orders given by the physician are completed; including medications, dressing changes (incision care), education, and monitoring vital signs.

Occupational Therapist (OT)

- The Occupational Therapist will guide the patient in performing daily tasks such as bathing and dressing with their new joint and review post-operative exercises. They may demonstrate special equipment used in their home after they have received their replacement; including shower benches, rails, or raised toilet seats.

Patient Care Technician (PCT)

- The Patient Care Technician will assist the patient with their daily needs, monitor vital signs, assist with morning routine, and walking in the hall.

Getting Ready for Your Surgery

In addition to completing your countdown to your total joint replacement checklist, the following are strongly encouraged to prepare you for the best outcome.

Exercising Before Surgery

The goal is to be as flexible and strong as possible before undergoing a total shoulder replacement. It's important to strengthen your entire body by performing light endurance activities – for example, walking or stationary bicycling for 10-15 minutes each day, if tolerated. DO NOT DO ANY EXERCISE THAT IS TOO PAINFUL.

Stop Smoking

It is essential to stop smoking before surgery. Smoking delays your healing process. Smoking reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting which can cause problems with your heart and lungs. Smoking increases your blood

pressure and heart rate. If you quit smoking before you have surgery, you will increase your ability to heal. If you need help quitting, ask hospital resources to help you quit.

Getting ready for QUIT Day

- Pick your QUIT day and mark it on your calendar
- Tell family and friends your QUIT day
- Stock up on sugarless gum, carrot sticks, and sugarless hard candy
- If you want to consider nicotine replacement therapy, talk to your family doctor. If so, fill the prescription before your QUIT day
- Consider attending a smoking cessation class
- Get rid of all cigarettes, ashtrays, lighters, and any other smoking related items

QUIT Day & Beyond

- DON'T SMOKE
- Ask people you live with not to smoke around you
- Spend time with non-smokers
- Keep busy, stay active
- Drink plenty of water
- Begin using nicotine replacement if you choose to use it
- Attend the stop smoking class if you have chosen one
- Reduce or avoid using alcohol
- Use the four "A's" to deal with tough situations:
 - AVOID people and places that tempt you to smoke
 - ALTER some of your other daily habits, like your mealtime, your route to work
 - ALTERNATIVES for your mouth - like healthy snacks
 - ACTIVITIES for your hands - like needlework, woodcarving, or other hobbies

Remind yourself that QUITTING is the most important gift you can give yourself.

Total Joint Replacement Patients and Infection

What you need to know:

Many people have bacteria such as Staphylococcus aureus (MSSA), including a strain that is methicillin resistant (MRSA) on their skin and in their noses. Staph aureus is the most common cause of post-operative wound infections. MRSA has become commonplace in the community, present on otherwise healthy people. Please inform your primary care physician and surgeon of any infections which, if not promptly treated, could postpone or cancel your surgery.

Many things can increase someone's risk of infection after surgery including:

- History of previous wound infections
- Repeat or revision surgeries
- Being overweight
- Diabetes, high blood sugars
- Smoking
- Steroid use, including prednisone
- Close contact with other skin infections

- Infections at other sites, such as dental infections, chronic sinusitis, upper respiratory infections, rheumatoid arthritis

To reduce the chance of infection:

- Shower with the antiseptic soap the night before your surgery as directed by clinic staff
- Do not shave three days before surgery. Shaving increases the risk of infection.
- For diabetics, maintaining a normal blood sugar before and after surgery is very important
- Washing your hands thoroughly and frequently helps to prevent infection before and after surgery

Wash Your Hands

If hands could talk, they would tell you that:

- They can offer hope, healing, and comfort.
- They care create, protect, and defend.
- They can also be the route of spreading harmful bacteria.



Handwashing has been proven to reduce the spread of harmful bacteria and reduce overall infection rates. While

in the hospital, the use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. When using an alcohol-based handrub, apply product to the palm of one hand and rub hands together covering all surfaces of hands and fingers, until hands are dry.

Please remember to wash your hands frequently and thoroughly before your hospital stay, during your hospital stay, and after your hospital stay. In fact, make this your healthy and protective everyday practice. Encourage your family and friends to follow good hand hygiene practices. Please feel free to ask your surgeon, nurse, or anyone who enters your room if he/she has washed their hands.

Advanced Directives

Advance directives alert your family and all caregivers regarding your wishes about your health care. When you have an advance directive on file with Augusta Health, the medical staff will work to honor your health care decisions. Pre-Admission testing will ask you during your phone interview if you have a current advance directive. Please bring a copy with you on the day of your surgery.

Prepare Your Home for Your Return From the Hospital

It is important to have your house ready for your arrival back home. Use this list to help you get ready for surgery.

- Clean and do laundry
- Clean linens on bed
- Prepare and freeze meals
- Tend to yard work
- Pick up throw rugs and tack down loose carpeting
- Remove electrical cords and other obstructions from walkways
- Install night-lights in bathrooms, bedrooms, and hallways
- Check railings to make sure they are not loose or install a railing if you need access to stairs
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the tub
- Arrange to have someone collect your mail and take care of pets

Breathing Exercises

To prevent potential problems such as pneumonia, it is important to understand and practice deep breathing exercises. Techniques such as deep breathing, coughing, and using an incentive spirometer may also help you recover more quickly.

Deep Breathing

- You must use the muscles of your abdomen and chest
- Breathe in through your nose as deeply as you can
- Hold your breath for 5-10 seconds
- As you breathe out, do it slowly and completely through your mouth
- Breathe out as if you were blowing out a candle, this is called pursed lip breathing
- Breathe out for 10-20 seconds

Take a break and then repeat exercises 10 times

Coughing

- Take a slow deep breath. Breathe in through your nose and concentrate on filling your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying completely
- Repeat with another breath in the same way
- Take another breath, but hold your breath and cough hard
- When you cough, focus on emptying your lungs

Repeat all steps twice

Medications that Increase Bleeding

In accordance with the anesthesia guidelines at Augusta Health, there are certain medications that need to be stopped at particular time intervals prior to surgery. We encourage you to discuss specific medication concerns with the clinic staff, RN, and/or your surgeon. Anesthesia guidelines at Augusta Health:

Two weeks prior to surgery, STOP Herbal Medications, i.e.

- Garlic
- Ginkgo Biloba
- Cinnamon
- Vitamin E
- Other Supplements
- Echinacea
- St. John's Wort
- Saw Palmetto
- Omega 3/Fish Oil

STOP blood thinners as directed by your surgeon's office, i.e.

- Coumadin
- Plavix
- Eliquis
- Xarelto
- Effient
- Pradaxa

Three days prior to your surgery, STOP all Non-steroidal anti-inflammatory drugs (NSAIDS) including prescription and over the counter, i.e.

- Motrin/Advil/Ibuprofen/Aleve
- Mobic/Meloxicam
- Voltaren/Diclofenac

The Night Before Surgery

DO NOT EAT OR DRINK ANYTHING AFTER 11:00pm, INCLUDING WATER, GUM, & CANDY, unless otherwise instructed to do so.

You are permitted to have a **TOTAL** of 8oz of water, apple, juice, or Gatorade up to **2 hours** prior to arrival.

If you are diabetic, you are also permitted to have a **TOTAL** of 8oz of water, apple, juice, or Gatorade up to **2 hours** prior to arrival.

- Follow the pre-operative Chlorhexidine bathing instructions sheet
- This soap helps prevent surgical site infections

The Morning of Surgery

- Take ONLY the medications listed/approved by your surgeon
- Bring the following to the hospital with you:
 - Copy of your Advance Directive, if you have one
 - Insurance card, driver's license or photo I.D.
 - Co-payment required by your insurance company

What your coach can bring to your room after surgery

- Guidebook
- Loose fitting clothing & supportive sneakers
- Personal hygiene items
- Please bring a short sleeve shirt that buttons down the front

Hospital Care

Day of Surgery - What to Expect

- Preparations for surgery include starting an IV line, being bathed with chlorhexidine wipes, fitting you for support stockings and scrubbing your operative site.
- Once you have been "prepped" for surgery, your family may wait with you until you go to the operating room.

An anesthesiologist will talk with you prior to surgery and discuss the types of anesthesia:

- General anesthesia provides loss of consciousness
- Regional anesthesia involves:
 - Injection of a local anesthetic to provide numbness and loss of sensation
 - Medication will also be given through your IV to make you drowsy and blur your memory

Prior to surgery, your surgeon will meet you and mark your operative site.

Potential Side Effects of Anesthesia

General Anesthesia

- Nausea and Vomiting
- Sore throat
- Muscle aches
- Itching
- Chills and shivering

General Anesthesia

- Headache
- Minor back pain
- Difficulty urinating
- Itching
- Chills and Shivering

After Your Surgery

You will then be taken to the Post Anesthesia Care Unit (PACU) where a specially trained nurse will care for you. It is very important to:

- Begin walking on the day of surgery. Walking will help prevent blood clots from forming in your legs
- Begin using your Incentive Spirometer and doing the deep breathing exercises that are explained in your guidebook

Understanding Pain

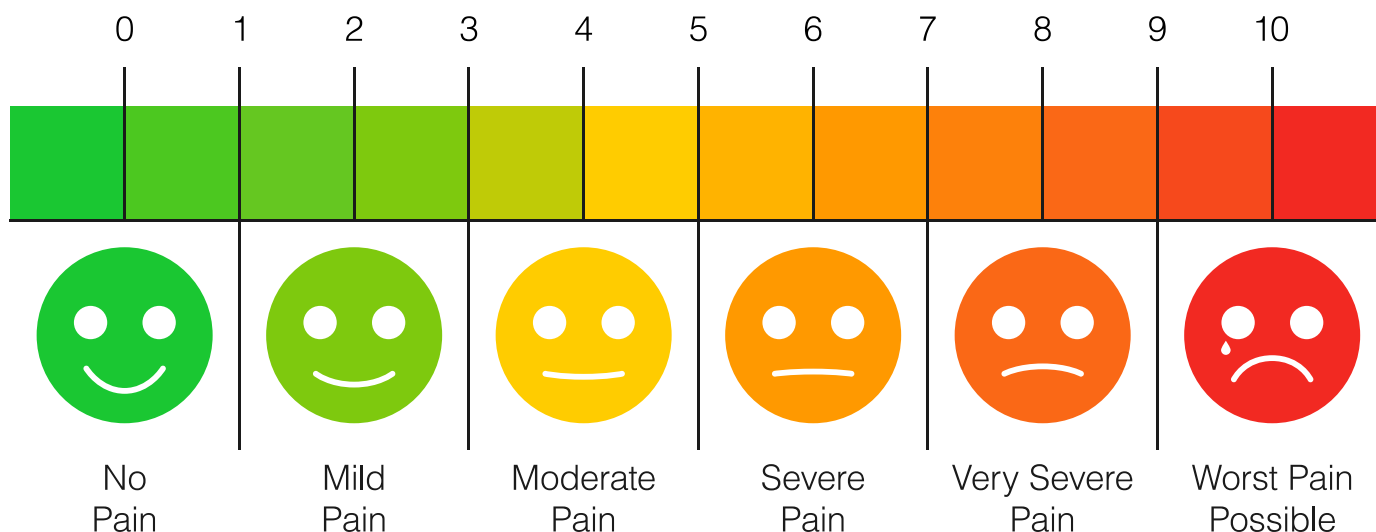
Your joint replacement team will work with you to manage your pain. Pain can be chronic (lasting a long time) or intense (breakthrough). Pain can change through the recovery process. It is important for you to stay ahead of your pain and to let your nurse know when you begin to feel discomfort.

Your Role in Pain Management

Your joint replacement team will best understand your pain level when a pain scale is used. If “0” means you have no pain and “10” means you are in the worst pain possible, how would you rate your pain? With good communication about your pain, the team can make adjustments to make you more comfortable. Try to relax. When you are relaxed, medication works better.

Our goal at Augusta Health is to have all shoulder replacement patients discharged within 6 hours of entering our facility. Your surgeon or surgeon’s partner will see you and evaluate for discharge to home. You will have an individualized physical or occupational therapy evaluation prior to discharge for sling instructions, discharge exercises, and discharge teaching.

Please have someone available to pick you up. You will receive written discharge instructions concerning medications, activity, wound care, etc. You will not be permitted to drive yourself home due to medications.



Living With Your Joint Replacement

While you are recovering, it is important to listen to your body. You may have a poor appetite initially and your energy level may be decreased for at least 1-2 months. It is important to manage your pain, watch for signs & symptoms of an infection and other complications related to your surgery.

Pain Management

What pain medications may be prescribed?

Narcotic medications inhibit pain receptors in the brain and increase your pain tolerance, i.e.

- Oxycodone (Roxicodone)
- Hydromorphone (Dilaudid)
- Tramadol (Ultram)
- Hydrocodone (Norco)
- Analgesic medication help to relieve pain. i.e.
 - Acetaminophen (Tylenol)

How do I take this medication?

- Take the medication ONLY as directed by your surgeon.
- This medication may become habit forming but is unlikely when used for short-term pain relief.
- Take medication with food or milk to avoid upset stomach.
- It is important to stay hydrated while taking this medication.

What Common Side Effects or Problems May I Experience?

Constipation

- May be reduced by staying hydrated (6-8 glasses of water per day)
- Ask your surgeon or pharmacist to recommend over-the-counter products to reduce the risk.
- Walk as often as you're able to tolerate to ensure good stomach motility.

Tell your surgeon immediately if you experience any of the following side effects:

- Slowed or trouble breathing
- Persistent nausea or vomiting
- Severe drowsiness, dizziness, or fainting
- Yellowing of eyes or skin
- Trouble urinating or dark urine
- Unusual thoughts or behaviors or severe mood swings

Are there any special precautions?

- Avoid activities requiring mental alertness or coordination.
- Do not use alcohol while taking this medication.
- Elderly patients may be more sensitive to the effects of this medication.
- Make sure your surgeon is aware if you are taking muscle relaxants (e.g. Flexeril or Soma), anxiety medication (e.g. Ativan or Valium), anti-depressants (e.g. Amitriptyline), and medications to help you sleep (e.g. Ambien or Benadryl).
- It is essential your surgeon is aware of all your medications including over-the-counter and herbal supplements.

What if I miss a dose?

Since these medications are usually used on an “as needed” basis, you may not be on a regular schedule. If you miss a dose of this medication, take it as soon as possible if you are having pain. If it is almost time for your next dose, skip the missed dose and resume your regular dosing schedule. Do not take double doses.

Be Comfortable

- Acetaminophen (Tylenol) should be taken on a regular schedule after surgery to help relieve pain. Follow the instructions on the medication bottle for dosing unless contraindicated or allergic.
- Recommended NSAIDS should also be taken on a regular schedule after surgery to help relieve pain. Follow the instructions on the medication bottle for dosing unless contraindicated or allergic.
- Take your pain medication at least 30 minutes prior to your physical therapy appointment.
- Follow up with your surgeon for ineffective pain management.
- Change your position frequently to avoid stiffness.
- Apply ice to your joint to decrease discomfort and swelling at least 20 minutes every hour.

Other Methods of Ice Therapy Include:

- Bag of frozen peas or corn wrapped in a towel, marked as ice therapy
- Freezer bag with 3 cups of water and 1 cup of rubbing alcohol
- Freezer bag with dish detergent (e.g. Dawn)

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Your energy level will be decreased for at least the first month or two.
- Taking naps will help you heal. Don't sleep all day, you will not be able to sleep at night. It's important to practice good sleep hygiene.
- Pain medication that contains narcotics will cause constipation. Please be proactive in regards to your bowel habits. Drink prune juice, increase fluids and fiber in your diet, practice simple abdominal massages, and use stool softeners or laxatives if necessary.

Infection & Post-Operative Complications

Hand washing has been proven to reduce the spread of harmful bacteria and reduce overall infection rates.

Caring for Your Incision

- Your incision will be closed with internal sutures and may have a strong skin adhesive applied topically, which is called Dermabond. This will be covered with a specialty dressing which can be left in place until your follow-up visit a week after surgery.
- You may shower with the dressing in place as long as the edges of the dressing remain intact.

Recognizing signs of infection

- Increased swelling and redness at the incision site
- Change in color, amount, and/or odor of drainage
- Increased pain with both activity and rest in hip
- Fever greater than 101.5 degrees Fahrenheit
- Chills

Deep Vein Thrombosis (DVT)

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. It usually happens in the veins of your thighs and calves. Blood clots can form in either leg. If a clot occurs, you may need to be admitted to the hospital for further treatment.

Factors that increase risk for a DVT:

- Cancer
- Heart & Lung Disease
- History of DVT
- Pregnancy
- Birth control medication
- Hormone replacement medication
- Poor activity level
- Obesity
- 40 years of age or older
- Major surgery which limits mobility
- Blood clotting diseases
- Smoking
- Traumatic injuries

Preventing a DVT

- The best thing you can do to prevent a DVT is to walk as much as possible
- Do your postoperative exercises
- Drink plenty of fluids; avoid caffeine and alcohol
- Avoid tight socks, shoes, and clothing, which could cut off blood flow to your legs
- When you are traveling long distances, stop and get out of the car and walk around for 10-15 minutes every hour

Signs of a DVT

- Swelling in thigh, calf, or ankle that does not go down with elevation
- Pain, heat, and tenderness in calf, back of knee or groin area

Pulmonary Embolus (PE)

A pulmonary embolus is a blood clot that breaks away from the vein and travels to the lung. This is an emergency, and you should CALL 911 if you develop any of the following signs or symptoms:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion
- Rapid heart rate

Preventing of Pulmonary Embolus

- Follow the same steps on how to prevent DVT
- Recognize the signs & symptoms of a DVT/PE and notify your surgeon immediately

Saving Energy Around the House

Kitchen

- Plan ahead! Gather all your cooking supplies at one time. Seek assistance from friends and family
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching

Bathroom

- Consider a shower chair or tub-transfer bench for safety as a seated option for showering
- Consider a grab bar for safety in shower to reduce falls risk
- Do not shower until your block has worn off

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting.
- Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, toddlers, small objects, or uneven surfaces.
- Provide good lighting throughout by installing nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways.
- Do **NOT** wear open-toe slippers or shoes without backs as they do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Do **NOT** lift heavy objects for the first three months or until advised by your surgeon.

DO's and DON'TS for the Rest of Your Life

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around the joints. With both your orthopedic surgeon and primary care physicians' permission, you should be on a regular exercise program. Impact activities may put too much load on the joint and are not recommended. High-risk activities are discouraged because of the risk of fractures around the prosthesis.

What to do in general

- Initially, you may feel more comfortable sleeping in an upright position by using a wedge pillow in bed or sleeping in a recliner chair to improve your ability to sleep. If you are sleeping in a recliner chair, consider which side the recliner lever is on if you are going to be by yourself.
- The first few nights, you may want to consider using a urinal or bedside commode. However, most people can walk to the bathroom without difficulty.
- Recommending having a caregiver present for the first week after surgery; most patients cannot manage the sling independently for at least a week.
- It is recommended to avoid any non-emergent dental work or other invasive procedures for the first three months following your procedure.
- If you are immunocompromised, take antibiotics one hour before you have dental work or other invasive procedures.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. Even years after surgery a prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. Notify your surgeon and/or primary care physician if you have any signs and symptoms of an infection.
- See your surgeon for check-ups as recommended.

What NOT to do

- Do not participate in high-risk activities such as contact sports, etc.
- Do not take up new sports requiring strength and agility until you discuss it with your surgeon and physical therapist

Staying active after surgery: Fitness for life

It is important to maintain a good body weight to decrease the stress on your new joint.

Choose a low impact activity such as:

- Walking program (indoors on the treadmill or at the mall, or outdoors)
- Stationary bike
- Swimming or water aerobics (buoyancy of water decreases strain on arthritic new joints)
- Join an exercise class at local fitness center; group exercise is fun!

Our goal is for you to return to the activities you have missed.

Helpful Resources

The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

So, when should you follow up with your Surgeon?

There are some general rules:

- Every 1 to 5 years, unless instructed differently by your surgeon
- Anytime you have pain for more than a week
- Anytime you have moderate or severe pain

X-Rays taken at your follow-up visits can detect issues with the shoulder prosthesis. The prosthesis may wear or become loose. Tiny wear particles combined with white blood cells and may get in the bone and cause osteolysis, which may cause the bone to thin out and cause loosening. Your new x-rays can be compared with previous films to make these determinations.

We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your surgeon. We will be delighted to hear from you.

Frequently Asked Questions

We are glad you have chosen Augusta Health to care for your shoulder. People facing joint replacement surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon. We are here to help.

What is osteoarthritis and why does my shoulder hurt?

Joint cartilage is 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 destroys joint cartilage. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or multiple joints.

What is total shoulder replacement?

In a total shoulder replacement, the shoulder joint is replaced with an artificial ball and socket joint. There are two types of shoulder replacement, an anatomic shoulder replacement and a reverse shoulder replacement. The surgical procedures for each of these are nearly identical, and your surgeon will discuss with you which type of replacement you need based on your age, severity of arthritis, and integrity of the stabilizing tendons around your shoulder joint.

During the procedure, the top of your humerus (arm) bone is removed and replaced with an artificial bearing surface, and the bony socket in your shoulder joint is replaced with a new bearing surface. The new prosthetic joint allows motion of your shoulder with the artificial replacement parts moving against one another smoothly to alleviate the pain and stiffness that had been present with your arthritic shoulder joint. Once you are through the healing and rehabilitation process, you will be able to use your new shoulder for all normal activities with no restrictions.

How long will my new shoulder last, and can a second replacement be done?

A total joint implant's longevity will vary in every patient. Most shoulder replacements will last for a patient's remaining lifespan. It is important however, 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 of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.

What are the major risks?

Most shoulder replacements go well, without any complications. Infection is the most serious complication. To avoid this, your surgeon will use antibiotics and take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

Most shoulder patients will leave the hospital within 6 hours of entering.

What if I live alone?

Ideally patients are discharged from the Post Anesthesia Care Unit (PACU) to their home-setting which should be your expectation and plan. Please make arrangements prior to your surgery to have a caregiver present. It is recommended that you have someone to assist you for approximately 1 week after your surgery.

Will the surgery be painful?

You will have discomfort following the surgery. The surgeon and nurses will monitor your pain level frequently. Pain control measures will include:

- Anesthesia
- Oral pain medication
- Ice therapy
- Repositioning
- Exercise/Range of motion activities as prescribed by your therapist

How long and where will my scar be?

Surgical scars will vary in length, but your surgeon will make it as short as possible. There may be lasting numbness around the scar.

Will I need help at home?

YES! For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, bathing, etc. Family or friends need to be available to help if possible. 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.

Will I need Physical Therapy when I go home?

Most patients who have their shoulder replaced will be discharged home and should continue with the postoperative exercises given at discharge as well as found in this guidebook. You will be seen and evaluated by either a physical therapist or occupational therapist prior to discharge for an assessment and education. Ask your surgeon about starting outpatient physical therapy at your 2 week follow-up visit. Outpatient therapy is recommended and can assist you in returning to your daily activities, as well as higher level activities.

Will my new shoulder set off security sensors when traveling?

Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. They agent will direct you on the security screening procedure.

THANK YOU FOR CHOOSING AUGUSTA HEALTH FOR YOUR JOINT REPLACEMENT. The entire joint replacement team look forward to assisting you on your journey. Please contact us with any questions/comments/concerns.



Total/Reverse Shoulder Replacement Discharge Instruction Sheet

Precautions

- Do not lift, push, or pull with your affected arm until instructed to do so by your doctor. (i.e., No pushing up from the bed/chair, supporting your body weight or pulling on the bed rail with your affected arm).
- No ACTIVE motion is allowed with your affected shoulder initially, PASSIVE motion of your affected shoulder is allowed in the form of pendulum motion unless otherwise specified.
- Active motion is encouraged on your affected arm at your elbow, forearm, hand, and fingers and is described later in this packet.

Shoulder Sling

- Your sling should be worn on your affected arm DAY AND NIGHT for four weeks. Except, the sling should be removed for bathing, dressing, exercise completion as instructed by your therapist and will be discussed later in this packet. These exercises should begin the day after surgery and be continued 4-5 times per day as described later in this packet.
- The sling will aide in maximizing your comfort as well as preventing you from breaking the above-mentioned precautions. Proper fit of sling will improve your ability to relax into the sling and improve your posture/prevent hiking of your shoulder. When looking in the mirror, your shoulders should be even as in the picture below.
- After the first week following your surgery, you may remove your sling to perform activities at a counter top level by resting elbow on counter/table to prevent active motion from occurring at your shoulder.
- Once your sling is fitted to you, only use the clips to put on and take off the sling.
- Application instructions:
 - <https://www.youtube.com/watch?v=e53Ge8ezsz4>
 - <https://www.youtube.com/watch?v=oDvGoKo1NB4>
- Refer to picture on second page for appropriate fit of sling.

Pain/Modalities

- Use Tylenol and NSAIDs as instructed and as needed for pain. Use prescribed pain medication only for pain not treated with Tylenol and NSAIDs.
- After surgery you should apply ice packs to your affected shoulder for 15-20 minutes at a time. Ice packs aid in pain control and decrease swelling. Leave ice off for at least 30 minutes.

Sleep

- Initially you may feel most comfortable sleeping in an upright position by using a wedge pillow in bed or in a recliner chair to improve your ability to sleep post-surgery. This is more comfortable, but not required.

Incision

- You may shower ONLY if there is a waterproof dressing over your incision. Do not submerge/soak wound as in a bathtub, pool, pond, or hot tub.
- Follow your surgeon's instructions regarding your dressing over your incision. Be sure to note any new redness, swelling, or drainage.
- Contact your surgeon immediately if any of the above-mentioned changes are noted.



Exercise

- Early passive motion after shoulder surgery is important to achieve optimal outcomes post-operatively.
- Motion will aid in pain control.
- Your therapist will show you the exercises allowed for passive shoulder motion and active elbow, forearm, wrist, hand/finger motion included in this handout.
- Exercise will begin the day after surgery when your block has worn off and continue until you are told to stop by your surgeon. Exercises should be completed 4-5x/day.

Self-Care

- Always dress your affected arm first when putting on your shirt and sling.
- Complete your pendulum motion as educated on your affected side for underarm bathing and hygiene.
- You may wear either a button up or pull over shirt. If you choose to wear a pull over shirt ensure the shirt is cotton and a larger size than is normal for you. Pull shirt all the way up your surgical arm as far as it will go before placing head and non-surgical arm in respectively. Reverse the process to take off your pull over shirt.
- Loose fitted comfortable clothing with elastic waistbands will be most appropriate initially following surgery.
- If your affected arm is your dominant arm it is recommended to practice your toileting hygiene using your non-dominant arm prior to surgery.
- Your Occupational Therapist can discuss any other necessary adaptations to your self-care routine as needed.
- It is very important to continue to actively use your surgical hand, wrist, forearm, and elbow for completing your self-care as long as your affected shoulder remains immobilized at the shoulder. This can include eating, limited typing, and dressing.

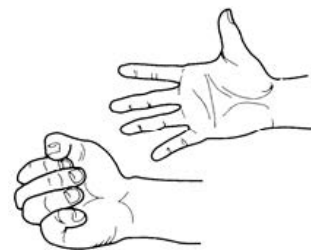
Activity

- After your surgery, use of your non-operative arm is encouraged to maintain motion, endurance, and strength.
- At approximately 6 weeks your surgeon may clear you to drive. Do not drive until cleared by your surgeon.
- Your surgeon will clear you as indicated to go back to work.
- Walking, pedaling a stationary bike and other low impact activities are strongly encouraged to maintain your endurance and strength while you are recovering from surgery.

Exercises Following Total/Reverse Shoulder Replacement Surgery

Finger Flexion and Extension

- Make a fist, curling your fingers into your palm and squeezing your thumb to the side of your fingers.
- Hold for 3 seconds.
- Then fully extend your fingers out as far as you can.
- Repeat 10-20 times, at least once per hour.



Finger Opposition

- Start with thumb and index fingertip and move thumb to each fingertip and back again.
- Repeat 10-20 times, at least once per hour.



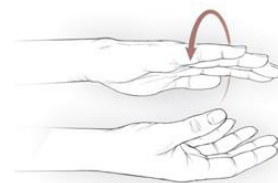
Wrist Flexion and Extension

- Actively bend wrist forward and backward as far as you can.
- Repeat 10-20 times, at least once per hour.



Pronation and Supination

- Turn palm down, hold 5 seconds.
- Turn palm up, hold 5 seconds.
- Repeat 10-20 times, at least once per hour.



Towel Roll Squeeze

- Roll up a washcloth or hand towel.
- Gently squeeze towel, holding for 5 seconds.
- Repeat 10-20 times, at least once per hour. (Or you can use the ball attached to your sling)



Elbow Flexion and Extension

- With palm up, gently bend elbow as far as possible.
- Hold 5 seconds.
- Slowly straighten arm back out to full extension.
- Repeat 10-20 times, 4-5 times a day.



Passive Shoulder Range of Motion Exercises (Pendulum Exercises)

The sling will need to be removed 4-5 x day for pendulum exercises.

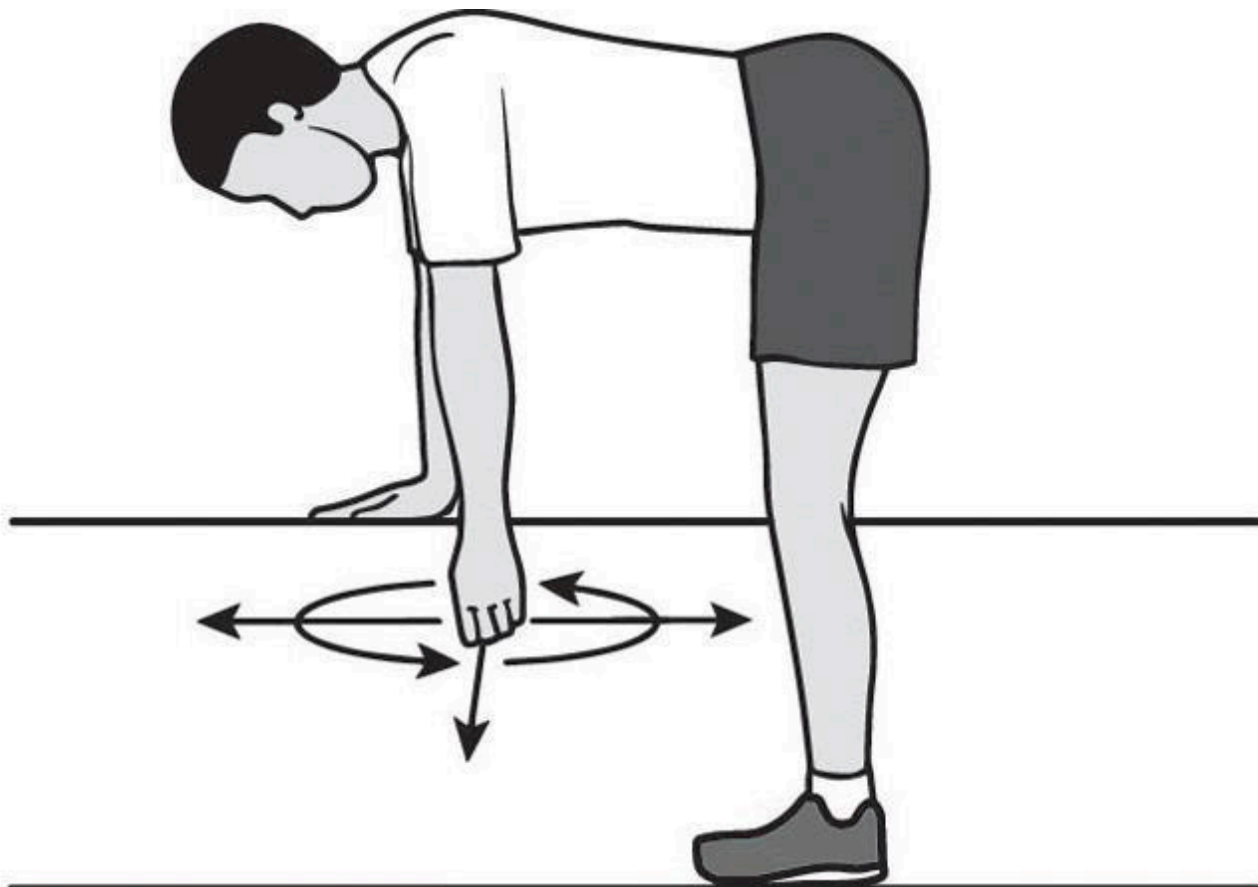
Stand beside a table with the hand of your unaffected shoulder on the table and feet slightly wider than shoulder-width apart.

Bend forward at the hips approximately 90 degrees and let your affected arm hang down towards the floor.

Remember to relax your shoulder and arm prior to starting the exercises listed below and throughout completion, they should be passive and gentle movements.

- Slowly rock your body, allowing your surgical arm to gently swing from side to side.
- Slowly rock your body, allowing your surgical arm to gently swing from front to back.
- Slowly rock your body, allowing your surgical arm to gently in a circular pattern, clockwise and counterclockwise. The circle your hand is making should be about 1 to 2 feet wide. The circular pendular movement should occur through your shoulder joint.

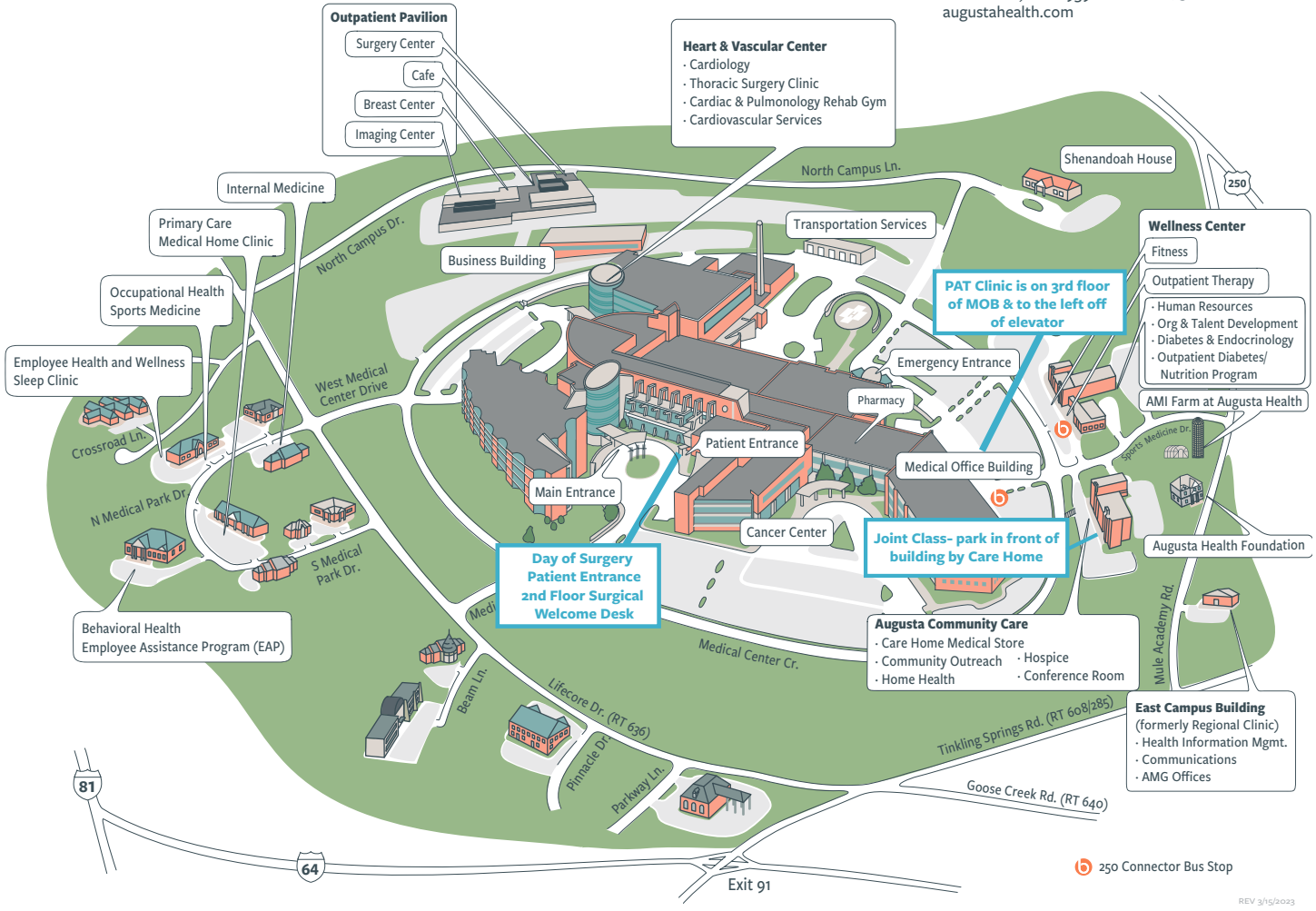
Do each direction 10-20 times, 4-5 times a day.



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