

# Total Shoulder Replacement



What to Expect and How to Prepare



MOUNT CARMEL

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## Welcome

Thank you for choosing Mount Carmel to meet your healthcare needs.

Our team of specialized healthcare professionals are dedicated to providing you with the highest quality care. This guide contains information to help you better understand the different aspects of your care and will be a helpful resource throughout your surgery and recovery.

A large part of your recovery will be using your new joint and doing the exercises that your surgeon orders. Because each patient responds differently, your care will be tailored to meet your needs. Please share your questions and concerns with your healthcare team.

Please review this book for information about:

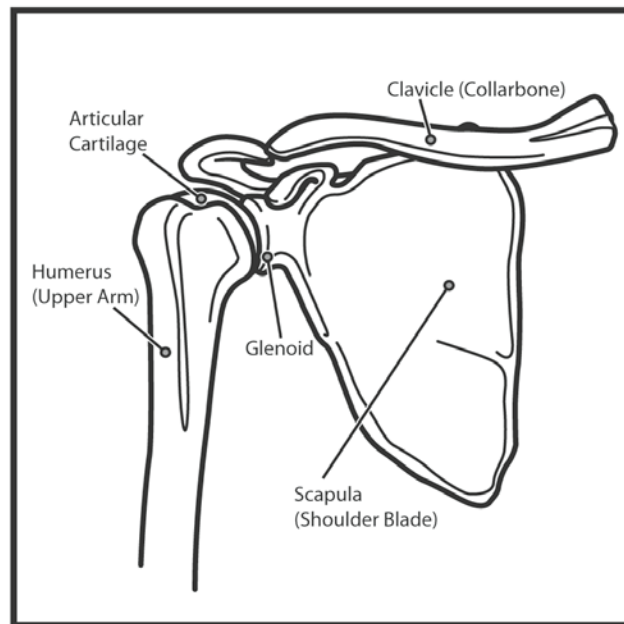
- How to prepare for shoulder surgery
- What to expect during your hospital stay
- How to prepare for your recovery and discharge
- Activity after surgery

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# Understanding Your Surgery

## A Healthy Shoulder

The bones of the shoulder form a ball-and-socket joint. These bones are the shoulder blade (scapula) and the upper arm bone (humerus). The ball of the humerus or humeral head rides against the scapula in a depression called the glenoid. The labrum (cartilage) acts as a cushion or shock absorber where these two bones touch. In a healthy shoulder, the articular cartilage is smooth and the bones move without difficulty.

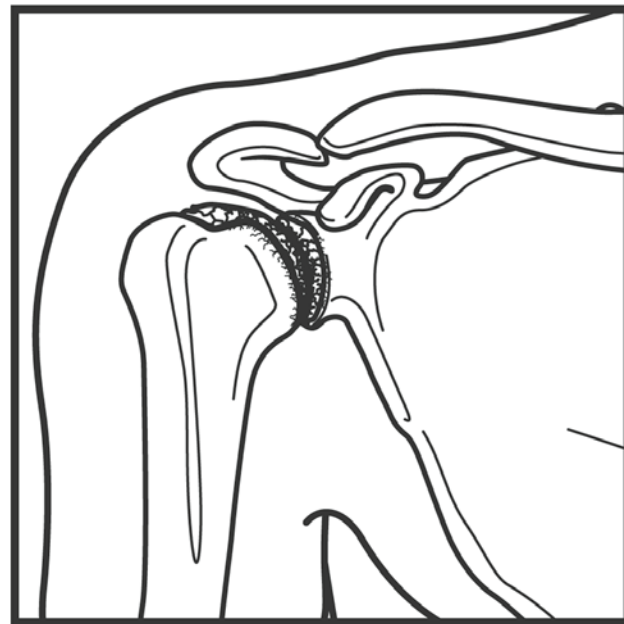


## Total Shoulder Replacement

### An Arthritic Shoulder

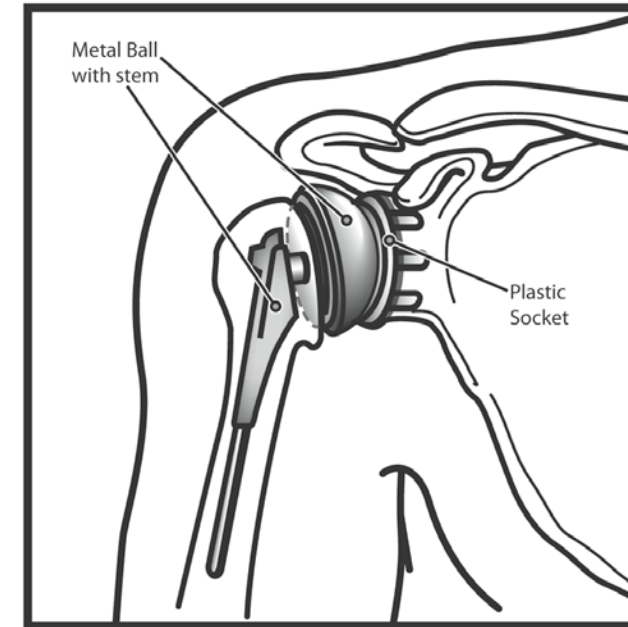
Surgery may be indicated if:

- Pain affects your activities of daily living or interrupts your sleep.
- Shoulder inflammation or swelling does not improve with rest or medications.
- There is stiffness of the shoulder and/or limited range of motion.
- No improvement occurs with other treatment methods such as medications, physical therapy, and cortisone injections.



## Shoulder Anatomy after Total Shoulder Replacement

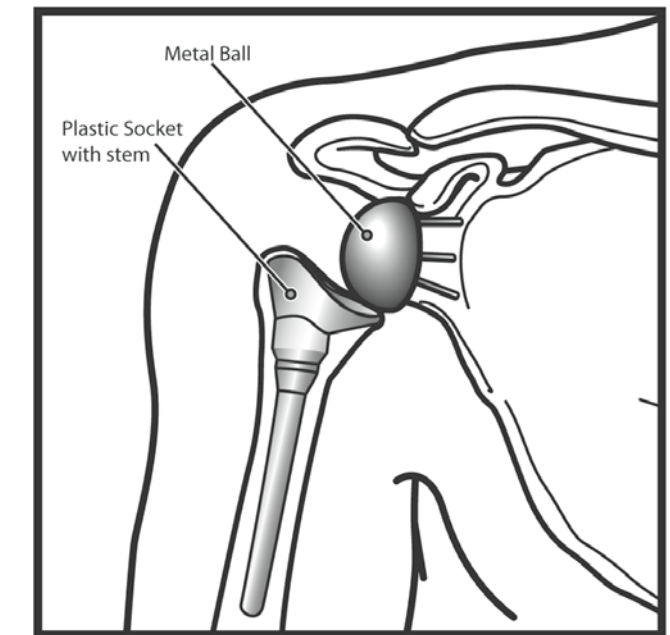
The shoulder replacement consists of replacing the humeral head with a metal ball and using plastic to resurface the socket.



When these conditions are present, a conventional total shoulder replacement could still leave you with pain. It may also inhibit your ability to lift your arm up past a 90-degree angle, which can be severely debilitating.

## Reverse Total Shoulder Replacement

In a reverse total shoulder replacement, the placement of the socket and metal ball is reversed. The metal ball will be placed on the scapula, and a plastic socket will be attached to the humerus. With this procedure, you will not need to rely on the use of the torn rotator cuff to lift your arm, but rather you will be able to use your deltoid muscle.



## Reverse Total Shoulder Replacement

### An Arthritic Shoulder with Rotator Cuff Tear

A reverse total shoulder replacement is an alternative to a conventional total shoulder replacement. The reverse total shoulder replacement is used when you have:

- A completely torn rotator cuff.
- The effects of severe arthritis (cuff tear arthropathy).
- Had a previous shoulder replacement that failed.

## Surgical Consent

As with any major surgery, there are risks with shoulder replacement surgery. You will be asked to sign a surgical consent form before your surgery. This form gives consent to the surgeon to perform your surgery. Before signing the consent form, make sure to ask any questions you may have so that you understand your surgery and its risks and benefits. It is important that you fully understand the information and are an active partner in your care.

## Anesthesia

Anesthesia is medication that is used to control pain and make you comfortable during surgery. An anesthesiologist is a doctor specially trained to give anesthesia and monitor you during the procedure. Your anesthesiologist will meet with you before surgery to discuss your anesthesia options.

The type of anesthesia you receive will depend on the kind of surgery you are having and other factors, including your medical history. There are various types of anesthesia that may be used alone or together. They include:

## General Anesthesia

General anesthesia is medicine that puts patients in a sleep-like state so they do not feel pain or remember the surgery. A breathing tube may be placed to support your breathing during general anesthesia. During the surgery, your heart rate, blood pressure, breathing and other vital signs will be carefully monitored.

## Regional Anesthesia

Regional anesthesia involves the use of anesthetics and/or pain medication to block the feeling in a certain region of the body, such as the shoulder or arm. Intravenous (IV) sedation may be given with regional anesthesia.

Advantages of regional anesthesia include:

- It provides a high level of anesthesia to a region while having little effect on other areas such as the heart, lungs, and brain.
- It may decrease the amount of pain medication needed after surgery.

# Preparing For Your Surgery

## Before Your Surgery Pre-admission Testing

All patients are required to have pre-admission testing before surgery. This is to assess your body's ability to tolerate the surgical procedure. It will include a review of your medical history, a physical exam, and blood tests. Please arrange to have this testing at the hospital pre-admission testing department or with your primary care doctor.

Please check with your surgeon about their preference for pre-admission testing. Testing must be completed **two to four weeks prior to surgery** (two weeks prior to surgery is preferred). This allows time for follow up testing to be completed as needed, such as a chest X-ray, EKG, or other testing. Tests cannot be used if they are completed more than 30 days prior to surgery and would need to be redone.

## Medication

Your pre-admission testing appointment is the time to discuss the medications you are taking for your medical conditions (for example: diabetes, high blood pressure, acid reflux, chronic pain, asthma or other breathing problems). Bring a list of all of your medications, including prescription, over-the-counter, herbal products, and supplements.

You may be instructed to temporarily stop taking certain medications because they could complicate surgery or interfere with other medications you might need. This may include non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen.

If you are taking blood-thinning medications for any reason — such as heart stents, atrial

fibrillation, or previous blood clots — contact the doctor who prescribes them. You will need to discuss your upcoming surgery and whether the medication can be stopped before surgery.

If you have any questions about which of your medications to take before surgery, contact the doctor who prescribes them.

## Advance Directives

Mount Carmel supports and complies with our patients' advance directives for medical care. In order to comply with your wishes, we will ask you about a Living Will or Health Care Power of Attorney. If you have one or both of these documents, please bring a copy to the hospital. If you do not have an advance directive and would like information about writing one, talk with your nurse.

## Flu and Pneumonia Vaccinations

To keep you well and provide you with the fastest recovery, we recommend that you receive a flu and/or pneumonia (pneumococcal) vaccine before you have your surgery. You should receive the vaccine(s) at least 2 weeks before your surgery. You can contact your primary care doctor, pharmacy, or the local health department to get the vaccines. We will need to know the dates you received these vaccines.

Call your doctor if you have a fever, cold or flu symptoms, or any other changes to your health during the week before your surgery.



## Dental Care

If you are in need of dental work, make certain to have it done well before your surgery. Bacteria from your gums can enter your blood stream and cause an infection. Do not schedule any dental work, including routine cleanings, for several weeks after your surgery.

## Diet

Eat a well-balanced diet in the weeks before surgery. Be sure to include protein such as beef, chicken, fish, legumes, and eggs.

## Skin Care

Any cuts, open sores, or rashes need to be treated and healed before surgery. If you have any of these skin problems, report them to your surgeon.

## Smoking

Mount Carmel is tobacco- and smoke-free. The use of tobacco products —including cigarettes, electronic cigarettes, cigars, chewing tobacco, and pipes — is not allowed inside or outside any Mount Carmel buildings, properties, or parking structures.

If you are a smoker or tobacco user, it is important to quit at least a few weeks before surgery. Smoking greatly increases your risk of having complications after surgery including respiratory issues, pneumonia, delayed wound healing, and infections.

Talk with your doctor about quitting smoking and alternatives to smoking or tobacco products. Quitting smoking has a major impact on improving your health, and Mount Carmel supports your efforts to succeed. Ask a staff member for more information, call the Ohio Tobacco Quit Line at 800-QUIT NOW, or visit [www.smokefree.gov](http://www.smokefree.gov).

## Planning for Care after Surgery

The best place for you to recover from surgery is in your own home. Plan to have someone help you until you are safe with your daily routine.

There are times when other arrangements need to be made. If you live alone, your caregiver is unable to care for you, or you are having difficulty meeting physical therapy goals, your multidisciplinary health care team may make other recommendations. It may be necessary for you to have home health care or be discharged to a skilled nursing or rehabilitation facility. The case manager will work with you in the selection of a facility. They will also work with your insurance company to determine eligibility.

## Driving

- Arrange to have someone drive you home (or alternate location) upon discharge from the hospital. If transportation needs to be arranged, any costs will be your responsibility.
- Do not drive after surgery until you are given permission from your surgeon. Recovery times will vary, but driving may be restricted for several weeks. Do not drive while you are taking narcotic medications.

## Home Preparations

For your safety, you or your family should:

- Make certain you have secure handrails along stairways and in the bathroom. Consider installing grab bars.
- Place a non-skid bath mat in your tub.
- Make sure that you have good lighting and that the light switch is within easy reach.
- Remove anything in your walking path that may cause you to trip or fall such as throw rugs, cords, and furniture.
- Have a telephone within easy reach.
- Use a cushion to raise the seat of a low chair with arms.
- Run errands and grocery shop before surgery.
- Stock up on food that is easy to prepare, and store it at waist to shoulder level to avoid bending and reaching. Consider buying lighter items that are easier to lift and carry, such as a half gallon of milk instead of a gallon.
- Make sure your pets can be out of your way when you return home.

## Durable Medical Equipment (DME)

- Check with your surgeon about special equipment you may need after surgery such as a cane, hemi walker, or shoulder sling.
- Check with your insurance plan to find out which items will be covered. Some equipment may need your doctor's authorization, and not all equipment is covered by insurance.

## Packing for Your Hospital Stay

### What to Bring

- A list of your medications and your preferred pharmacy information
- Your driver's license and insurance card
- Copy of Living Will and/or Health Care Power of Attorney
- Credit card or money for insurance co-payment
- Glasses, contacts, hearing aids, dentures, and cases
- CPAP or BiPAP
- Pair of non-skid shoes that are not tight — you may have swelling.
- One set of clothes — loose-fitting shirt and pants or shorts. If you wish to wear a robe, bring one that opens along the entire front and is no longer than calf length.

### What Not to Bring

Please leave all valuables such as jewelry, keys, and electronic devices at home. After registering for your surgery, plan to give your purse/wallet, checkbook, credit cards, cell phone, and any other valuables to your support person to be responsible for these items. It is recommended that these items are taken home.

Leave your medications at home unless you have been instructed to bring them to the hospital.

## Getting Ready for Surgery

### A Few Days Before Surgery

You will receive multiple phone calls in the days leading up to your surgery. These calls are critical in helping to prepare for your surgery. A hospital staff member will contact you to verify information, including instructions on which medications you should take the morning of surgery.

- Follow all instructions given by your doctor.
- Call your doctor right away if there are any changes to your health before your surgery, including a cold or other infections.

### The Day Before Surgery

Many details are involved in determining your final surgery time. Depending on where your surgery will be performed, you will be notified of your arrival and surgery times either at your pre-admission testing appointment or by phone. You may receive a call with additional information or time changes up to the evening before your surgery.

- Do not smoke, eat, drink, chew gum, or eat mints or candy after midnight the night before surgery until you are allowed to have fluids after surgery.
- Shower using a CHG solution the night before surgery. Follow the directions on the next page unless your surgeon gives you other instructions.

### The Day of Surgery

Before you come to the hospital:

- Shower again using CHG solution.
- Remove all jewelry, including wedding bands and body piercings. You may replace body piercings with temporary plastic posts before coming to the hospital. If you have rings that will not come off, please tell a staff member.
- Do not wear makeup, perfume, powders, lotions, or creams.
- You may brush your teeth, but do not swallow the water.
- Wear glasses instead of contacts or bring a container to remove your contact lenses before surgery.
- If you have been told to take certain medications the morning of surgery, take them with a small sip of water.
- Do not smoke or use tobacco products before your surgery.

### Preparing Your Skin with Chlorhexidine Gluconate (CHG) Solution

Infection is a risk with any surgery. Our care team takes every measure to protect you and to prevent infection while you are in our care. You play an important part in this.

To help reduce the risk of infection, before your surgery:

- Use a special soap to clean your body. The soap contains an antiseptic called *chlorhexidine gluconate* (CHG). Cleaning your body with CHG soap before surgery helps prevent infection.
- Do **not** shave the surgical area.
- Put **clean** sheets on the bed you will be sleeping in the night before surgery.

### The Night Before and Morning of Surgery

Your surgeon has directed that you use a Chlorhexidine product such as Hibiclens™, Dyna-Hex™, and others. Use **half** the bottle the night before and the **other half** the morning of your surgery.

Your doctor may instruct you to begin using CHG wash earlier. Follow your doctor's instructions.

#### Follow these steps as you shower:

- Shower or bathe as usual with soap and water. Then wash off the soap completely. If you plan to wash your hair, use regular shampoo on your hair and rinse well.
- Thoroughly rinse your entire body with warm water from the neck down. Turn off the water or step out from under the shower stream to avoid rinsing the CHG soap off too soon.
- Apply the CHG product directly to your skin **from the neck down** and wash gently. *Do not use above your neck, in your genital area, or on wounds that are deeper than a scratch. DO NOT touch your eyes, ears, or mouth while scrubbing.*
- Pay special attention to washing the area of your surgical procedure very well. Use a back and forth motion to gently scrub the area.
- Allow the product to soak on your skin for **2 to 3 minutes**.
- Turn on the water or step back under the shower stream to rinse well. Do **not** use regular soap after applying and rinsing the product.

- Pat your skin dry with a clean soft towel. Do not use any makeup, perfume, deodorant, powder, lotion or cream after you have showered.

- Put on **clean** nightwear or clothes.

*\*Repeat these steps the morning of your surgery.*

It is a good idea to read the label for full product information and precautions. Do not use this product if you are allergic to it. If your skin becomes red or irritated, stop using the solution and contact your surgeon for further instructions.

# Your Surgery and Hospital Stay

## The Patient Care Team

You are the most important member of the healthcare team. Your health and wellbeing is our highest priority. In our efforts to make your hospital stay as comfortable as possible, you will be asked your preferences during your time with us. Please let the healthcare team know if you have any questions or concerns.

There are many other members of the healthcare team who will be working with you. They will provide care, evaluate your progress, and communicate with each other and with you and your family.

Your surgeon, anesthesia provider, and primary care physician or hospitalist will manage your medical care. Your healthcare team will also include a team of specially trained nurses, patient care technicians, physical therapists, and occupational therapists to care for you as you recover from surgery.

A number of other clinicians will work with you to meet your healthcare needs. These may include respiratory therapists, dietitians, social workers, discharge planners, and nurse case managers.

## Your Surgery Day

### Registration

When you arrive at the hospital, go to Patient Registration. You will need to have your driver's license and insurance cards. You will receive a "find code" to ensure your privacy and confidentiality. This is a four-digit number that only you can give out to

family or friends. It is important to know that anyone calling or asking how you are doing cannot be told any information unless he or she has this find code.

### Pre-op

Once your paperwork is completed, you will be directed to the pre-operative area. You will change into a hospital gown. A nurse will start an IV line and take your blood pressure and temperature. One family member can be with you during this time.

The anesthesiologist will meet with you and review your health history. He or she will discuss the types of anesthesia that can be used. Once a decision is made, you will be asked to sign a surgery and anesthesia consent form. Please ask your surgeon or anesthesiologist any questions you have before your surgery.

### Surgery

Your surgeon will tell you how long it should take to complete the surgery. Family members should not be alarmed if your surgery takes longer. Surgery times are sometimes delayed or changed due to emergencies or cancellations. Every attempt will be made to notify your family if your surgery is delayed.

Your family should wait in the surgery waiting room so they can receive updates throughout your surgery and recovery. The surgeon will talk with your family after surgery.

## Post-Anesthesia Care

After surgery, you will go to the recovery room, also called the post-anesthesia care unit (PACU). This is where you will wake from anesthesia. You may have a dry mouth, nausea, itching, chills, or feel confused. Tell your nurse if you experience any of these symptoms. Also tell your nurse if you awaken with pain.

You may be given medication for pain and nausea. Most patients stay in the recovery room for 1 to 2 hours, although some patients require a longer stay.

## Nursing Unit

Once you have recovered from anesthesia, you will be moved to the nursing unit, where your family will be able to visit. You will begin your therapy and make progress toward your discharge. Please make sure to let us know what we can do to make your stay more comfortable.

## Plan of Care

Members of the care team will be checking on you to ensure your safety as you recover and progress.

## Activity

Activity after surgery is one of the most important things that you can do to speed your recovery process. Early activity also helps prevent many surgical complications, including:

- Infections
- Pneumonia
- Blood clots
- Urinary tract infections
- Urinary retention

Your first step in getting active again will be sitting on the side of the bed, followed by standing. Depending upon when you return to your room from surgery, you may be seen by the therapist that day. The therapist will work with you on exercises, getting in and out of bed, and caring for yourself.

## Call, Don't Fall

Always call for help before getting out of bed. A staff member should always help you while you are in the hospital. Preventing a fall is a key part of your safety and recovery.

## Hand Hygiene

Preventing infection is important after surgery. One of the best ways to prevent infection is by washing your hands often — after using the bathroom, before meals, and before and after you touch your incision or change your dressing. Follow these five steps every time:

**Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

**Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

**Scrub** your hands for at least 20 seconds.

**Rinse** your hands well under clean, running water.

**Dry** your hands using a clean towel or air dry them.

Soap and water are best, but an alcohol-based hand sanitizer that contains at least 60% alcohol can be used as long as your hands are not visibly soiled. Ask all visitors to wash their hands when they enter and leave your room. Don't be afraid to remind the staff about hand hygiene.

## Medications

You will resume your regular medications once you are able to take them. Your doctor may also order other medications such as antibiotics, stool softeners, blood-thinners, pain medication or medicine for nausea. Ask your nurse for more information.

## Treatments

- You will wear compression hose and may have compression pumps, also called sequential compression devices (SCDs), throughout your stay. The compression pumps are worn while you are in bed. Both help prevent blood clots from forming in the legs.
- You may have a Foley catheter in your bladder to drain urine when you wake up from surgery. This will be removed as soon as possible.
- You may have a dressing (bandage) over your incision. The nursing staff will care for your incision, change your dressing, and teach you how to do this at home.
- You will have ice packs to help relieve swelling and pain.

Be sure to ask the staff any questions you have throughout your stay.

## Diet

You may begin with ice chips. If you are able to tolerate these without nausea, you will progress to clear liquids such as broth, gelatin, Popsicles, and clear soda. Once your nurse feels your stomach is able to handle solids, you will be able to start your normal diet.

## Breathing Exercises

You will be taught coughing and deep breathing exercises to help keep your lungs clear and prevent pneumonia. You will also be instructed on how to use an incentive spirometer:

- Just after you exhale normally, put your lips tightly around the mouthpiece.
- Breathe in as deeply as you can. The meter will rise.
- When you feel that you've taken a full breath, keep trying to breathe in more and more for about 2 seconds.
- Repeat this deep breath action **10 to 15 times each hour** while you are awake.

You can see how much air you have taken in by reading the number on the meter. Your breathing technique will improve as you are more awake, have less pain, and move around more. If you have trouble using the spirometer on your own, please ask your nurse or respiratory therapist for help.

## Circulation Exercises

Exercise improves blood flow (circulation) and reduces the risk of blood clots. Exercising will also help you gain strength and mobility, and decrease your recovery time. After surgery, you will be instructed to do ankle pumps, quadriceps sets, and gluteal sets. Do each exercise 10 times every hour when you are awake. See page 23 for instructions.

## Managing Your Pain

After surgery, some pain is to be expected while your shoulder is healing. You and your healthcare team will work together to manage your pain for a smoother recovery. Although we want your pain controlled, we do not want you too groggy or sedated so you are able to do your therapy.

You will be asked to rate your pain. This will help us know how your medication and other comfort measures are helping. You can use a number or choose a face on this scale that best rates your pain. Many people hesitate to report their pain and to take pain medication. It is most helpful to take pain medication before the pain becomes severe. If you wait too long to take pain medication, it becomes harder to get relief.

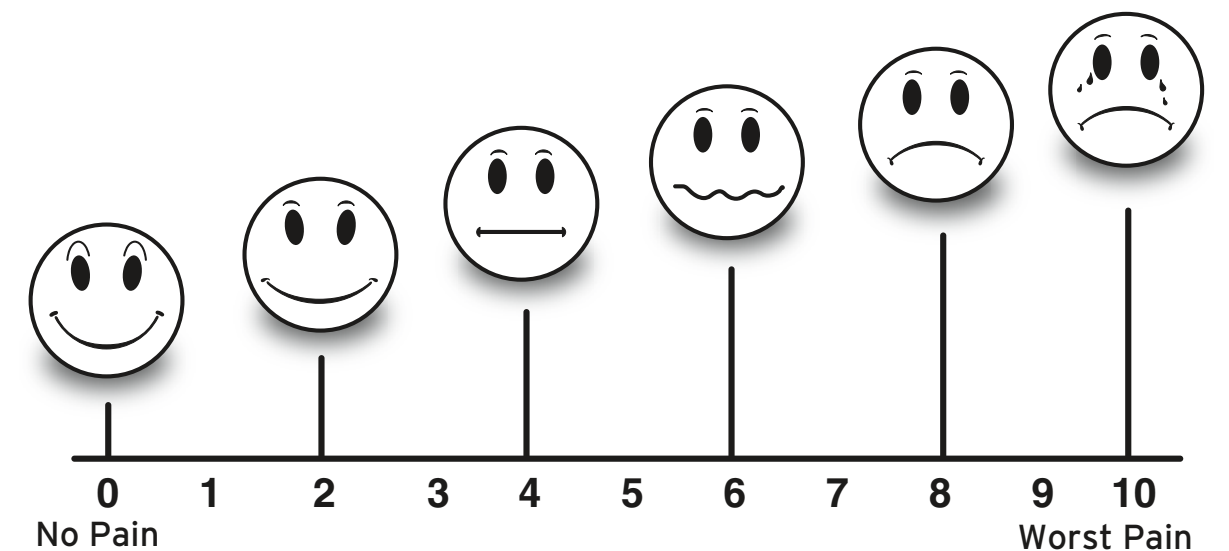
Your doctor and anesthesiologist will order medication to help manage your pain. This may include oral pain medication (pills) or

intravenous (IV) pain medications. Your nurse will explain what medications are available to you and discuss other pain relief options.

Your pain medication may cause side effects such as nausea, itching, confusion, and constipation. Ask your nurse any questions you may have about side effects.

Talk to your healthcare team about other ways to relieve pain. Rest is not always the best solution, especially after surgery. Changing your position in bed and getting out of bed can make you more comfortable. Taking your mind off the pain by listening to music, watching TV, reading, or visiting with family and friends can also be helpful.

As you heal, your need for pain medication should decrease. Talk with your doctor if you have any questions or concerns about your pain management at any time during your recovery.





## Positioning in Bed

To ensure shoulder comfort when you are in bed:

- Do not place any pillow under your shoulder. This will cause your shoulder to internally rotate.
- You can use a pillow under your head.
- You may place a pillow or towel roll under your forearm for support.
- Do not bear weight through your surgical arm.

## Lying on Your Side

If you choose to sleep on your side, place a pillow between your legs and sleep on your non-surgery side.

## Once You Are Home

If it is too painful to sleep in bed the first few days after surgery, you may try sleeping in a recliner chair or in bed propped up on several pillows.

# Going Home

## Discharge Process

Shoulder surgery typically requires a short hospital stay. You may be discharged the same day as your surgery. You will continue to heal and recover at home.

Your surgeon and your general medical doctor will release you when you have met required medical and therapy goals. These include:

- Your oxygen level is adequate.
- You are able to urinate on your own.
- Your pain level is tolerable on oral medications.
- You are able to meet your therapy goals.

Please keep in mind that the discharge process may take time. Make sure to discuss your discharge goals with your health care team. Your case manager and nurse will work with you to coordinate discharge planning.

Your doctor may prescribe outpatient therapy, home therapy, or a therapy program that you do independently at home. If you have outpatient therapy, you will need someone to drive you to your therapy sessions. These are often 2 to 3 times a week.

It is important to have a family member with you on your day of discharge to see how you are doing with your care and activities, listen to your discharge instructions with you, and transport you home.

To help the discharge process go smoothly, please have your ride prearranged so you are able to go once your discharge is finalized.

## Your Care at Home

You will be given written discharge instructions and prescriptions for any medications needed after discharge. The nursing staff will review these with you and your family member. If there is any information that you do not understand, please ask the staff before you leave.

## Incision Care

Your incision may be closed with sutures, staples, or surgical glue. If you have sutures or staples, arrangements will be made to remove them in the doctor's office or by a home health nurse.

If you have Steri-Strips in place, allow them to fall off on their own. Do not pull them off.

You will be instructed how to change your dressing and care for your incision. You may shower when instructed to do so by your surgeon.

Do not take a tub bath. Keep your incision clean and dry. Do not use lotions, powders, or oils on your incision. Keep your incision open to air unless your surgeon instructs you to keep it covered with a bandage.

Check your incision in the morning and evening for signs of infection. Always wash your hands before checking it.

**Call your surgeon right away to report any of the following signs of infection:**

- The area around your incision is red or hot to touch.
- You have drainage or continued bleeding from the incision.
- You have drainage that is yellow or green colored and/or foul smelling.



- You have chills or a fever of 100.4° F or more.
- The edges of your incision start to separate.

**Also notify your surgeon of any of the following symptoms:**

- If you have new or a sudden increase in swelling or bruising around your incision.
- You have numbness or tingling of your arm, hand, or fingers.
- You have severe pain even after taking your pain medication.
- Your arm or hand becomes cool or discolored (blue or pale in color).
- You have pain, warmth, or redness to your calf (may indicate a blood clot).

## Medications

Resume your regular medications as directed by your care team. The nursing staff will instruct you on any changes and on new medications, such as pain medications or blood thinners.

Check with your doctor about over-the-counter pain relief and anti-inflammatory medication. Do not take Tylenol and your prescribed pain medication together.

If you continue pain medications or iron supplements at home, you may need to take a stool softener to avoid constipation.

## Antibiotics

An infection in another part of your body (sinuses, mouth, lungs, urinary tract, bowel, or skin) could possibly spread to your new joint. Contact your doctor if you develop any signs of an infection after your surgery.

You will also need protection to avoid infection for at least 2 years when you have:

- Dental work, including teeth cleaning
- A procedure or surgery on certain parts of the body such as the mouth, nose, or digestive tract

Always tell your dentist or doctor that you have a shoulder replacement when scheduling any procedure. You may need to take antibiotics before your appointment.

Your surgeon may give you specific guidelines for antibiotic therapy. Share these with your dentist or doctor.

## What to Expect after Surgery

At home, your goal is to return safely and comfortably to your normal activities. To get the most from your new shoulder, you need to take an active role in your recovery. Be sure to continue your exercise program and see your surgeon for follow-up exams.

## The First Months

It will take 3 to 6 months for your shoulder to heal. Fractures heal even more slowly. It may take up to a year to develop full strength and motion. You will have some pain and swelling at first. Your surgeon will prescribe pain medicine and suggest you use an ice bag. Continue to use your sling as your surgeon recommends. Your exercise program will include more active use of your arm and shoulder. Do your exercises exactly as directed to gain maximum strength and movement.

## Checking Your Progress

Your surgeon may continue to check the range of motion and strength in your shoulder for the first year after surgery. Be sure to keep all of your appointments and ask any questions you may have.

## Returning to Work

Getting back to work will depend the type of surgery you need, how quickly you heal, and the type of job you have. You may need to avoid certain tasks while your shoulder heals. Your surgeon will guide you on when you will be able to return to work.

## What to Expect in the Future

After shoulder replacement surgery, you can look forward to less pain and stiffness and more strength and movement in your shoulder and arm. If you follow your exercise program and protect your shoulder, you can expect improvement within a few months. Remember that your new shoulder is not designed for heavy impact. Talk to your surgeon about which activities are encouraged and ask about specific limitations you may have.

Progress will take time, but completing the exercises as instructed will build your strength and endurance. Follow up with your surgeon as recommended and contact them with questions or concerns. Be patient with yourself, knowing that it will take time to reach the full benefit of shoulder surgery.



# Physical Therapy

Before you go home, your therapist will teach you the skills you will need, such as how to get in and out of bed and how to do your exercises. Your physical therapist will also teach you how to take off and put on your shoulder sling if needed.

An important part of shoulder replacement recovery is proper positioning of the shoulder after surgery. Your surgeon may order a shoulder sling to help you maintain a comfortable resting position for your arm. Your surgeon will tell you how long you will need to use the sling.

## Bed Mobility

### Getting Out of Bed

You will get out of bed as soon as possible. Do not try to get up by yourself. A member of your care team will help you. You should get out of bed on the non-surgical side to avoid putting weight through your surgical arm.

### Getting Back Into Bed

You will also need help getting into bed at first. To get into bed, slowly back up until you feel the bed against the back of your legs. Reach for the bed using your non-surgical arm and carefully sit down. Use your non-surgical arm and both legs to scoot back as far back as you can.

Lift your legs onto the bed as you slowly turn your body. Push and scoot back using your non-surgical arm and both legs as needed to get into a comfortable position.

## Bathing

You may shower after your surgery when permitted by your surgeon. Leave your Steri-Strips intact. They will fall off on their own. Use antibacterial soap and water. Do not allow the shower to directly hit your incision, but rather let the water run down your arm.

### Getting In and Out of the Shower

Use built-in grab bars when possible. Remember that your balance may be affected after shoulder surgery. Use grab bars and have someone with you to help you with your balance as needed.

## Dressing

During this time it will be easier to dress yourself if you plan on wearing:

- Loose-fitting clothing such as elastic waist-band pants, sweatpants, or shorts.
- Loose-fitting pullover shirts without buttons or front-opening garments that are made of fabrics that have some stretch.
- Slip-on shoes that do not require tying the laces.
- A front-closure bra. If using a back closure bra, fasten it in front using both hands and then turn it around to the back with your unaffected arm/hand. Put straps over arms starting with the repaired arm first.

You may put on your clothing under the shoulder sling unless your surgeon specifies that you must have the immobilizer on at all times.

## Putting on Clothing

1. Put the sleeve on your surgical arm first, using your non-surgical arm.
2. Make sure to pull your sleeve up as far as possible on the surgical arm.
3. Next, put the non-surgical arm into its sleeve.
4. Adjust clothing as needed.

## Undressing

1. Remove clothing from your non-surgical arm first.
2. Use your non-surgical arm to remove clothing from the side on which you had shoulder surgery.

## Shoulder Sling Instructions

Your sling can be removed for exercises, bathing, and dressing for the first 2 weeks and then worn for sleeping and active daily activities from weeks 2 to 6 (unless your surgeon instructs you otherwise).

### To Apply the Sling

1. Secure the concave side of the kidney-shaped pillow against your waist and secure the clip around the waist.
2. You may tighten the waist strap by releasing the Velcro strap and pulling it tighter.
3. Place your forearm into the sling with your elbow deep into the pocket and wrist supported by the sling.
4. Secure the Velcro strap over the forearm sling.
5. Bring the shoulder strap up across your

back and secure to the front clips of the brace.

6. Adjust the neck pad over the area of most pressure and where it is comfortable.
7. When standing, your arm should be fully supported, abducted away from the body, and no excess strain should be placed on the neck.

### To Remove the Sling

1. Detach the Velcro straps.
2. Unclip the shoulder strap clips.
3. Unclip the waist strap.
4. Remove the brace while supporting the arm.

## Grooming

Grooming will be hard if the surgery arm is your dominant (main) arm/hand. You will have to use your non-dominant hand for many tasks. Although this will be awkward at first, you will gain skill and soon feel more comfortable. Some tips that might help you are:

**Underarm area:** Keep the underarm area of the repaired arm clean and dry to prevent a rash. If needed, use a pad or a clean, dry washcloth to absorb moisture. Follow any restrictions for moving your surgical arm.

**Brushing your teeth:** Use the hand of the affected arm to hold the tube of toothpaste while the unaffected hand holds the brush. Brush teeth with the unaffected arm.

**Doing your hair:** This may be hard if you have a haircut that needs styling. Use a long-handled hair brush or comb to style your hair. This way you can reach your head by using movement of the elbow on your surgery arm. Dry your hair with your unaffected arm.

**Shampooing your hair:** Buy a squeeze, flip-top bottle of shampoo. You can squeeze right on your head with the unaffected arm and shampoo with one hand.

**Shaving:** Shave with the unaffected arm. You may want to use an electric shaver during this time. This will protect you from cuts.

## Going Up and Down Stairs

1. Approach the stairs and place your feet about 2 inches from the first step.
2. Place the hand of your non-surgical arm on the railing.
  - If the railing is on the opposite side, you may need to turn sideways.
3. Step up (or down) with one leg and then bring your other leg to the same step.
4. If someone is helping you, that person should always stand below you.
  - The person helping you will stand behind you when you go up the stairs and in front of you when you go down the stairs.
  - For balance and stability, your assistant should stand with his or her feet apart with one hand placed securely on the handrail and the other hand on your waist.

## Riding in a Car

You will need to have enough room to accommodate your arm sling.

It is safest to sit in the front seat with your seat belt fastened and the seat semi-reclined to your comfort.

If you had a right shoulder surgery, you may want to sit in the back seat with just a lap seat belt until you are able to tolerate the shoulder strap over your right shoulder.

You may not drive until cleared by the surgeon.

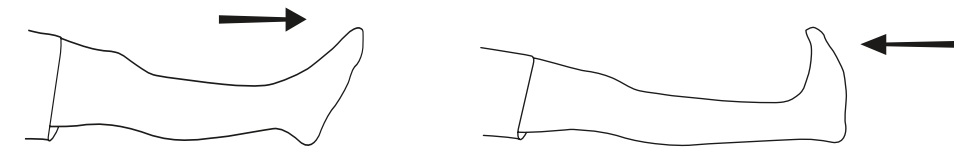
## Exercise Program

### Lower Extremity Circulation Exercises

Do the following exercises after you wake up from surgery and after you are home. These simple moves improve circulation and can help prevent blood clots.

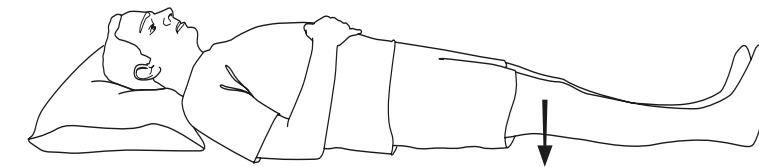
- Do each exercise 10 times.
- Increase to 15 repetitions of each exercise.
- Do these every hour when you are awake.

#### Ankle Pumps (Both Legs)



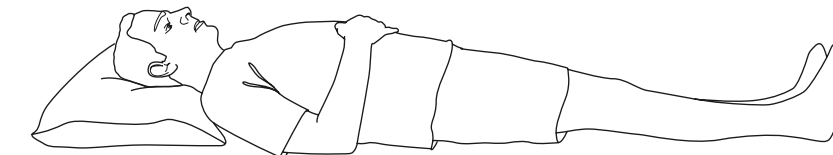
Move your foot up and down at the ankle — pointing your toes toward your body and away from your body.

#### Quadriceps Sets (Both Legs)



Push the back of your knee down against the bed and tighten the muscle on the front of your thigh. Hold for 5 seconds and relax.

#### Gluteal Sets



Tighten your buttock muscles. Hold for 5 seconds and relax.





**Thank you for choosing Mount Carmel  
for your shoulder replacement surgery.**



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