

JOINT VENTURE

Optim Total Shoulder Experience



 **optim**
health system

01687-052225

WELCOME

At Optim, our mission is to enrich life through care and partnership. Our vision is to be the best in our area for building a better you, particularly when it comes to orthopedic surgery and other healthcare services, we specialize in providing.

We are committed to providing you and your surgeon with all the services and support needed to make your total joint replacement surgery a success. This guide will provide you with a lot of information about your surgery and hopefully answer many of your questions. It is yours to take home, study and keep as a resource to help you prepare for your surgery and recovery.

In addition to this guide, one of our Total Joint Coordinators/Pre-admission Nurses will reach out to you prior to surgery to talk through the entire process you will experience on the day of surgery, step by-step from registration to discharge. We also want you to understand your post-operative care and be prepared to work through the steps of your recovery. Above all, we want you to be fully informed and comfortable with your Optim Total Shoulder Experience.

For more information or if you have any questions, please contact:
Total Joint Coordinator
912.557.1000 Ext 11269 or 12299 - Optim Medical Center - Tattnall
912.629.3534- Optim Surgery Center - Savannah

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BEFORE SURGERY

We believe the more you know the better you will feel about your upcoming visit to our facility and your overall surgery experience. Being informed about your experience will reduce your anxiety leading up to surgery, which has shown to improve your health the day of surgery. Being well-informed also gives you plenty of time before your surgery to plan and prepare for things that can help you recover well and have a successful outcome.

Please take the time to read this guide as soon as possible, ask questions of our Total Joint Coordinator/Pre-admission Nurse, and get yourself prepared for surgery.

THE IMPORTANCE OF YOUR COACH

Family and friends are a major part of everyone's life, and during your Total Joint experience their involvement is very important. We highly recommend you to choose a family member or a trusted friend to act as your coach as you go through joint replacement surgery and recovery. Their help and support will make your journey easier. Your coach can help you prepare before surgery, support you day of surgery and help guide you through your post-operative care. After discharge, your coach will be by your side helping you with your exercises, keeping you motivated, and generally doing what is necessary to get you back on your feet and enjoying the benefits that should come from surgery.

Here are a few suggestions of things your coach can do to help you:

Before surgery

- Help you understand what to expect by reading this information guide and joining you in conversations with your care team.
- Make sure you follow your pre-operative instructions, particularly during the 24-36 hours before your scheduled surgery time.
- Prepare for your return home, using the Pre-Op Checklist following this section.

At the hospital

- Come to the facility with you, spend time with you and encourage you prior to surgery.
- Comfort and encourage you after surgery.
- Assist with comfortably getting you back home after discharge.

Following Surgery Discharge

- Make sure you follow your post-operative instructions, including medications, appointments and activity.
- Make sure you do the at-home therapy exercises as directed by your surgeon or physical therapist. NO EXCEPTIONS!
- See that you use your sling according to your surgeon or physical therapist throughout your recovery process.
- Comfort and encourage you to increase your activity level and do things gradually as your strength improves according to the directions of your surgeon or physical therapist.
- Make sure you follow your post-operative instructions, including medications, appointments and activity.
- Make sure you do the at-home therapy exercises as directed by your surgeon or physical therapist. NO EXCEPTIONS!

PRE-OP HOME CHECKLIST

Preparing for your homecoming prior to your surgery will make your post-op days go much smoother. Being prepared is the key to a relaxed and successful recovery.

Complete the list below before your surgery:

- ☐ Make arrangements to have someone stay with you until you are comfortable being alone.
- ☐ **Practice using only the non-operative arm.**
- ☐ Have enough food on hand and/or arrange for someone to go shopping for you. Prepare meals ahead of time and freeze, as you will not be able to cook right away.
- ☐ Do the laundry, change the linens, and complete other housework before your scheduled surgery.
- ☐ **Be prepared with additional pillows for supporting the operated arm.**
- ☐ Have a pair of closed toe/closed heel shoes with good support and non-skid soles.
- ☐ Bring a button down shirt to wear instead of a shirt that pulls on over your head.
- ☐ Install a handrail, if possible, for any steps you may be using routinely.
 - A handrail on each side of the steps is preferable.
- ☐ Make arrangements for walking your pets, mowing the lawn, and bringing in the mail.
- ☐ Remove any obstacles that may cause you to trip: throw rugs, extension cords, pets, pet toys, or low hanging bedspreads.
- ☐ Make sure you have adequate lighting, especially at night.
- ☐ Have a comfortable chair with arms to help you when rising. **DO NOT use a chair with wheels under any circumstance.**
- ☐ Fill your routine prescriptions.
- ☐ Take care of any financial matters such as bills, having cash on hand, etc.
- ☐ Due to limited use of surgical arm while in a sling, arrange for plates, pans, and kitchen utensils to be within reach as well as any other items you may frequently need.
- ☐ Have a phone within reach and pre-program important contacts and emergency numbers.
- ☐ Complete any scheduled procedures like a dental cleaning before surgery.
 - If a more in depth procedure is required, please let your surgeon's office know to avoid interference with your joint replacement.
- ☐ Make arrangements for someone to drive you to physical therapy and follow-up appointments until released to drive by your doctor.
 - Timeframe varies based on your procedure, right or left side of the body, how quickly you are recovering, and if you are still having to take pain medication. Questions regarding driving should be addressed with your surgeon's office.

Other Important Information

- **DO NOT** eat, drink, smoke, use tobacco or take medications after midnight before your surgery unless otherwise instructed by your surgeon or pre-admission nurse.
- Talk with the pre-admission nurse and/or surgeon about your diabetic medication, blood thinners, and other medications to stop prior to surgery.
- Surgery usually lasts 2 hours for a single joint. Every patient is different. The surgery may take longer in some instances.
- Post-operative recovery time will also vary patient by patient.

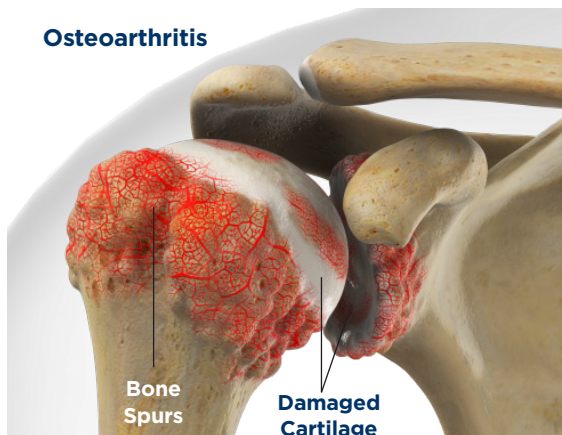
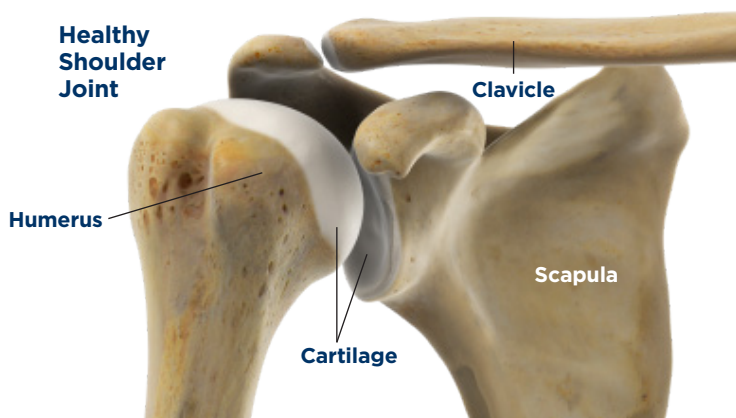




TOTAL SHOULDER REPLACEMENT

Shoulder Anatomy

Understanding the anatomy of the shoulder will help you understand why a Total Shoulder Replacement is needed. Your shoulder is made up of three bones: the upper arm (humerus), the shoulder blade (scapula), and your collar bone (clavicle). The shoulder works as a ball and socket joint. The rounded part of the arm is referred to as the humeral head, which fits into a shallow socket in the scapula known as the glenoid. When the socket does not function normally, a replacement is needed.



Healthy Vs. Arthritic Shoulder

A healthy shoulder has a smooth slippery cartilage that covers the joint surfaces, as well as intact muscles and tendons that provide stability for the shoulder.

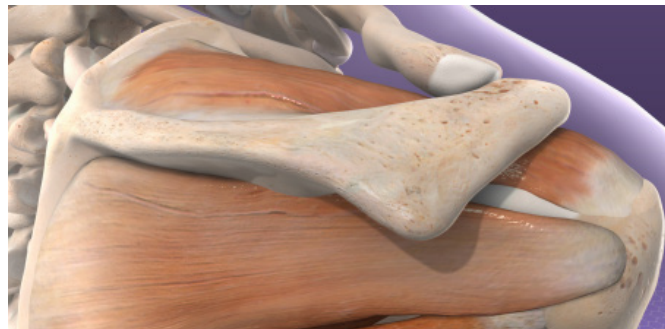
An arthritic shoulder is the result of injury, inflammation, and/or deterioration over time resulting in the smooth cartilage disappearing. This leads to bone-on-bone, creating limited movement and joint pain. Some patients also experience issues with a tear to a muscle and its tendons referred to as, the rotator cuff.

The rotator cuff is a set of four muscles that surround the shoulder joint; their job is to provide stability of the shoulder and keep the humeral head in the socket. When there is injury, tear or overuse of these muscles, there will be changes in the joint motion as well as movements of surrounding joints.

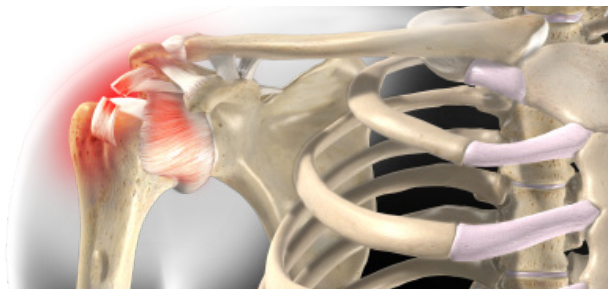
Rotator Cuff Muscles Front of Shoulder



Rotator Cuff Muscles Back of Shoulder



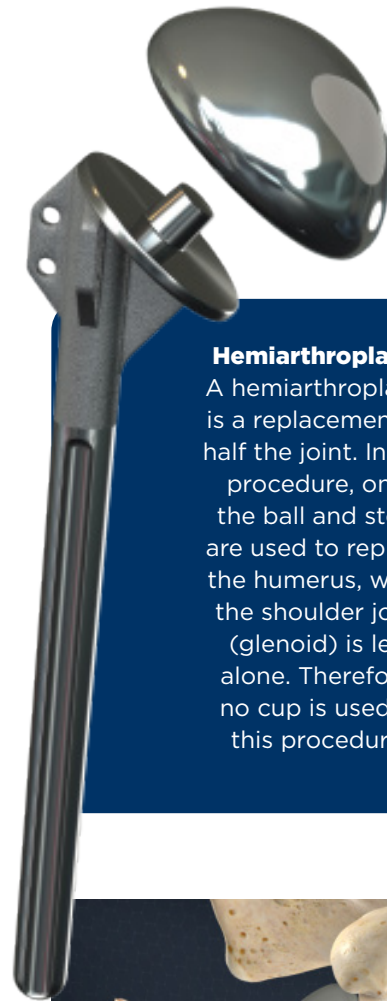
Rotator Cuff Tear



TOTAL SHOULDER REPLACEMENT

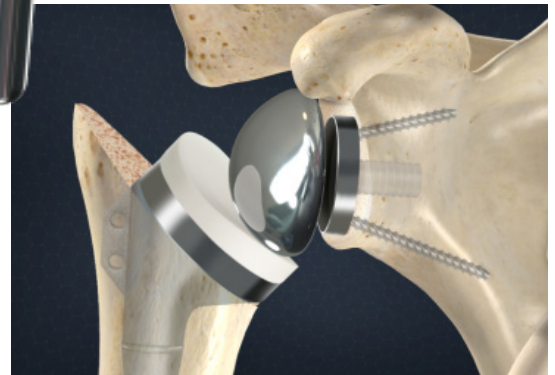
Conventional (Anatomic) Total Shoulder Replacement

A Total Shoulder Replacement is a procedure used to treat severe pain and stiffness resulting from end stage arthritis of the shoulder. The surgery involves replacing the damaged humeral head (rounded portion of the arm) with a metal ball and stem that extends down into the arm; as well as placing a new smooth plastic surface into the glenoid (shoulder socket).



Hemiarthroplasty

A hemiarthroplasty is a replacement of half the joint. In this procedure, only the ball and stem are used to replace the humerus, while the shoulder joint (glenoid) is left alone. Therefore, no cup is used in this procedure.



Reverse Total Shoulder Replacement

A Reverse Total Shoulder Replacement is completed for patients who have suffered a rotator cuff tear, a complex fracture, or to revise a failed conventional Total Shoulder. When the rotator cuff is torn, patients experience significant loss of function and are often unable to lift their arm even to shoulder height. With the Reverse Total Shoulder, a metal ball is placed into the glenoid and the top of humerus is converted into a socket with a plastic cup and metal stem. This allows restoration of overhead motion, alleviates pain, and helps restore function of the shoulder.

PREPARING FOR SURGERY

Diet and Nutrition

- Healthy eating and proper nutrition in the weeks before surgery aids the healing process.
- Drink plenty of fluids and stay hydrated.
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include corn, peas, beans, avocados, broccoli, almonds, whole wheat pasta and breads. Avoid fiber supplements such as Metamucil or Benefiber.
- Eat foods rich in iron. This includes lean red meat, dark leafy vegetables, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. This includes oranges, cantaloupe, and tomatoes.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens, and fortified cereal.





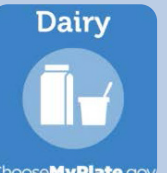
Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medications may slow down your bowel function. This can cause constipation after surgery. Anesthesia can also cause loss of appetite, so smaller frequent meals and/or snacks after surgery will help ensure you are getting the proper nutrition needed to support your healing process.

Resume your diet as tolerated and include vegetables, fruits and protein (meat, fish, chicken, pork, nuts and eggs) to promote healing. Also, remember to have adequate fluid intake (at least 64 – 80 ounces of water a day). It is common after surgery to lack an appetite. This may be the result of anesthesia, pain medications or anxiety.

Proper nutrition and hydration are needed for healing. During the healing process the body needs increased amounts of calories, protein, vitamins A and C, and sometimes the mineral Zinc. Eat a variety of foods to get all the calories, proteins, vitamins and minerals you need.

If you have been told to follow a specific diet, please follow it! What you eat can help heal your incision and prevent infection and potential complications.

If you're not eating well after surgery contact your healthcare provider about nutritional supplements. Small, frequent snacks such as peanut butter on an apple, yogurt, nuts, cheese or other foods high in protein and other nutrients will help to stabilize blood sugar and help you feel stronger throughout the day. Protein shakes like Glucerna or Boost can be used as a meal replacement as well.

Protein	Fruits	Vegetables	Grains	Dairy
				
ChooseMyPlate.gov	ChooseMyPlate.gov	ChooseMyPlate.gov	ChooseMyPlate.gov	ChooseMyPlate.gov
Chicken Turkey Lean Beef Fish/Shellfish Wild Game Eggs Tofu Protein Shakes	Berries Pomegranate Watermelon Cantaloupe Oranges Apples Apricots Grapefruit Cherries Grapes Kiwi Mango Peaches Plums Bananas etc...	Kale Spinach Brussel Sprouts Broccoli Asparagus Beets Tomatoes Squash String Beans Bell Peppers Carrots Cauliflower Artichokes Eggplant Peas Cabbage Cucumbers Celery Lettuce Mushrooms Onions etc...	Sweet Potatoes Potatoes Quinoa Beans Lentils Edamame Non-fat Refried Beans Brown Rice Wild Rice White Rice Corn Oatmeal Cream of Wheat Hominy Pasta Couscous Crackers Cereal Bread Waffles Pancakes English Muffin Bagels Tortilla (Corn and Flour)	Skim/Low-fat Milk Yogurt Greek Yogurt Low-fat Cheese Ricotta Cheese Cottage Cheese Soy Milk Almond Milk Coconut Milk

Smoking

Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking also increases the risk of infection and blood clots after surgery. **Some insurance companies require patients to stop smoking before they will approve a total joint replacement. For more information on how to quit or decrease usage, please contact your surgeon or primary care provider.**

Alcohol Use

Before surgery, it is important to be honest with your health care providers about your alcohol use. Tell your health care provider how many drinks you have per day/week. This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. **Alcohol is also considered a blood thinner, it should be avoided at least 48 hour before and after surgery, and while taking pain or certain other medications.**

Diabetes and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during pre-operative testing and continuing through the post-operative period.

Medications

Some medications thin your blood, increase the risk of bleeding after surgery, or interfere with healing.

These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen [**Motrin**, **Advil**], naproxen [**Aleve**]), blood thinners (such as warfarin [**Coumadin**]) or arthritis medications, ask your surgeon when to stop taking these medications. Some supplements and vitamins (such as **Vitamin E**, **Fish Oil**, **Turmeric**, **Ginger**, etc.) can also thin the blood and may need to be discontinued before surgery. Since blood-thinning medications affect clotting and bleeding, these medications (plus all your other medications) will be reviewed with you either by your pre-admission nurse or surgeon's office. **If you have any questions about your medications, please contact your surgeon's office.**

Exercise

Exercising, up to the day before your surgery, helps improve your strength, range of motion, and endurance. This helps lead to a successful outcome and recovery. Talk with your surgeon about a referral for physical therapy if you would like help in developing an exercise program. A walking or water exercise program can also be beneficial to help increase endurance, flexibility, and overall strength. **DO NOT** perform exercises that cause pain in the joint.



THE DAY BEFORE SURGERY

You should receive a call from the facility to confirm your procedure and the time you need to arrive.

If you do not receive a call by 4:00 PM the day before surgery, please call our facility. For a Monday surgery, call Friday afternoon.

You will be told during your pre-admission interview which medications to take the morning of surgery with a small sip of water.

DO

- Remove all nail polish.
- Shower and wash your hair the night before. Bathing helps reduce the amount of bacteria on the skin and may lessen the risk of infection after surgery. Use the antibacterial wipes or hibiclens soap following the instructions given by your pre-admission nurse.
- Sleep in clean pajamas or clothes.
- Sleep on freshly washed sheets; NO PETS.
- Get a good night's sleep – it is important to be well-rested before surgery.

DO NOT

- **DO NOT** eat or drink anything after MIDNIGHT unless instructed otherwise. Ice chips, gum, mints, cough drops and tobacco are NOT allowed either.
- **DO NOT** use lotions or powders after your shower the night before surgery nor the morning of surgery.
- **DO NOT** shave the shoulder or armpit that surgery will be performed on for 7 (seven) days prior to surgery.
- **DO NOT** allow your pet to sleep in the bed with you the night before surgery.



NO SMOKING



NO EATING



NO DRINKING

THE DAY OF SURGERY

It is very important you remember several things on the day of your surgery. **If you do not do the following, your surgery could be cancelled!**

1. Take only the medications you have been told you are allowed to take; take them with a small sip of water.
2. **You must follow the strict instructions given about food and beverage consumption.**
3. Wash with the wipes or soap as directed.

WHAT SHOULD I BRING WITH ME?

(All personal items may remain in your vehicle until they are needed.)

A Positive Attitude! Confidence in yourself and a desire to return to a more active lifestyle.

Personal Care:

- Toothbrush/toothpaste
- Deodorant
- Eyeglasses/contact lenses, dentures, hearing aides
- CPAP machine with all accessories needed to operate
- Other personal comfort items

Clothing:

- Loose fitting shorts or pants and a button down or oversized shirt
- Non-skid footies will be provided; however, you should bring a pair of closed toe/closed heel shoes with good support and non-skid soles

Miscellaneous Items:

- Please bring all medications in their prescribed bottles if you are staying overnight
- Insurance card(s)
- Driver's license or photo ID
- Contact phone numbers
- You may bring personal mobile phones and small personal battery-operated electronic devices if desired
- **ONLY AFTER SURGERY:** Hard candy after you are fully awake: This will help with dry mouth due to the side effects from the pain medication

What should I leave at home?

- Cash over \$20
- Valuable items such as wallets, credit cards, checkbooks, and jewelry
- Weapons are not permitted on our facility's campus



FOR YOUR FAMILY/FRIEND

The Surgery Waiting Area

Waiting during a surgical procedure may seem like a very long time for your family. We strive to take excellent care of your family while doing the same for you!

Once you are admitted to the Pre-Operative (Pre-Op) unit, your family may wait in the surgery lobby. Your surgeon will speak with your family immediately after the surgery. You will remain in the Post Anesthesia Care Unit (PACU) until it is safe for you to be moved to the next stage of the recovery process, generally this will take 1-2 hours. Once you are awake, up, and moving, your family will be instructed when they can see you. The nursing staff will guide your family through the recovery process until time for discharge.

ANESTHESIA

Anesthesia is the use of medications and techniques to prevent you from feeling pain during surgery and other procedures. The anesthesiologist is a medical doctor who specializes in administering anesthesia and taking care of you before, during, and after your surgery. The anesthesiologist is assisted by Certified Anesthesia Assistants and Certified Registered Nurse Anesthetists. Together these professionals will be your anesthesia team.

Many medications and procedures are available to your anesthesiologist to prevent you from feeling pain during your surgery. General anesthesia is commonly used for patients having joint replacement surgery. Your surgeon will plan to use this technique for you unless indicated otherwise. Several different medications may be used for general anesthesia – some are inhaled, and some are given through an intravenous (IV) line, which is placed while you are in the pre-operative unit. With general anesthesia, you may have a tube placed in your windpipe to deliver inhaled medication. This may cause your throat to be sore following surgery.

Your anesthesia team will monitor your breathing, heart rate and blood pressure during surgery. We value your safety and concerns. You do not need to worry that you will wake up too early or that you will feel the surgery being performed. Your anesthesia team will make sure you feel no pain and wake up at just the right time!

To assist with post-operative pain control, your anesthesiologist will administer a major nerve block, in the preoperative unit unless contraindicated. This nerve block will provide post-operative pain control for many hours following your surgery.

Please feel free to talk with your surgeon, anesthesiologist, or nurse if you have any questions or concerns about your anesthesia options.

AFTER YOUR SURGERY

Immediately after surgery you will be taken to the Post Anesthesia Care Unit (PACU) to begin your recovery. Our staff will be with you when you wake up from surgery. The anesthesia medications will most likely cause you to have blurred vision, dry mouth, chills, and they may also cause some nausea.

As you wake up, you may see the nurse checking your bandage. Your nurse will also be asking if you are having pain or nausea. Medications are usually available to make you more comfortable. The nurse will be monitoring your vitals such as blood pressure, heart rate, and oxygen level. You will hear these monitors beep. You may also receive oxygen through clear plastic tubing in your nose or via face mask. These are normal things that happen in PACU and you should not be alarmed.

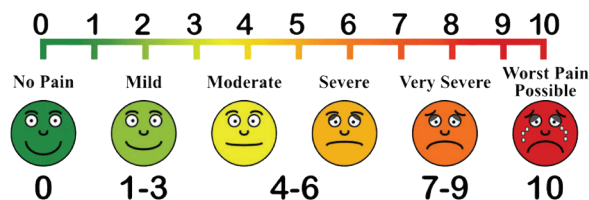
You will remain in PACU until it is safe to move you to the next stage of the recovery process, generally this will be 1-2 hours depending on the anesthetic you had and your individual reaction to it. Please be assured that your family/friend will be updated on your progress and will be notified when they may see you.

PAIN MANAGEMENT

Following a joint replacement surgery, pain needs to be managed adequately. Your team is ready to help you; however, for them to help, you **MUST** tell them about your pain. By telling us about your pain, we can become partners in managing your pain. It is important to be realistic when dealing with pain. The amount of pain that a person feels varies from one individual to another. No two people are exactly alike.

It is important to think along the lines of “under control” as opposed to “no pain”.

Please tell your care team if you believe your pain is under control or preventing your ability to participate in your care and rehabilitation. If you are unable to use the pain scale, your care team will rely on other signals of pain such as facial expressions, activity, movement, and sweating to name a few. You will be assessed routinely for existing pain and pain relief using the following scale.



Other Possible Ways to Manage Pain

- Changing your position every 1-2 hours
- Positioning your pillows for comfort
- Sleeping
- Listening to music, watching television, or reading a book
- Walking
- Talking to family and friends
- Breathing exercises/relaxation techniques

FOR YOUR SAFETY

Patient safety and satisfaction are our #1 goals. Here are some simple ways that can help keep you safe:

Avoid Falls

- **DO NOT** attempt to raise or lower the bed rails or lean out of your bed. Call for assistance when you need it.
- When you get out of bed wear the hospital provided socks with skid resistant soles to help prevent slipping and falling.
- **ALWAYS** call for assistance when getting in and out of a wheelchair, bed, or reclining chair.
- Call for assistance when going to the bathroom.
- Before getting out of bed, sit on the edge of the bed for a few minutes and make sure you are not dizzy before standing and starting to walk.
- Use your call bell so the nurse and aids can help you.
- Remember the simple rule: **CALL DON'T FALL!**

FREQUENTLY ASKED QUESTIONS



You will be instructed by your joint care team to avoid specific positions of the joint. **Avoid activities such as jogging, tennis, basketball, skiing, football, golf, pickle ball, swimming etc. Talk with your surgeon about if or when you can resume these activities.** Always consult your surgeon prior to participating in any high impact or injury prone sports.

When can I return to work?

The physical demands required for your job, as well as your own progress, will determine when you can return to work. Your surgeon will guide you in the process of returning to work.

When can I drive?

How soon you can resume driving will depend on several factors such as your progress, type of car you drive, which shoulder is replaced, and if you are still taking prescription pain medications. Your return to driving is largely dependent on your progress as well as your commitment to your exercises and physical rehabilitation. **You should NOT consider driving until you are released to do so by your surgeon.**

How will this affect my sleep?

It is very important to get your rest. You will have busy days doing physical therapy and healing. Sometimes it will be difficult to find a comfortable position to sleep. Try to change positions throughout the night when the shoulder becomes sore. Some patients even find it helpful to sleep in a recliner for the first few weeks. Pillows supporting the arm can help make sleeping more comfortable.

I feel a little depressed. Is that normal?

Yes. You have been through a lot. You are not sick. You probably do not like to be slowed down this much. Remember, your recovery is not a sprint, it is a marathon. Keep track of all your progress. Talk about how you feel with someone. Side effects of the narcotic medications will make these feelings worse. The sooner you can stop taking them, the better.

REHABILITATION SERVICES

Physical Therapy

Outpatient physical therapy will begin a few days after surgery or 2-3 weeks after surgery depending on the type of shoulder replacement you receive and any other repair work needed to the muscles or tendons. Your surgeon will let you know when physical therapy will begin.

Total Joint Precautions/Restrictions

- Do not lean on or bear weight with your operative arm.
- If you use a walker, please talk to your surgeon about a hemiwalker or using a cane while your shoulder recovers.
- **Do not lift any objects with your operative arm.**
- Do not actively use your surgical shoulder.
- Avoid reaching overhead, to the side, behind your back, across your chest, or move your elbow towards your ear with the surgical arm until released to do so by your physical therapist.
- AVOID fast or jerking movements.
- No driving until approved by your surgeon.
- Your sling is typically worn at least 3-6 weeks post-operatively unless otherwise instructed by your surgeon or physical therapist.
- The sling may be removed to get dressed/undressed, shower once released to do so, or to perform your therapy exercises, otherwise **wear at all times until instructed differently by your surgeon or therapist.**
- Wearing your sling alerts others around you to be cautious near your operative arm. It also helps avoid someone accidentally bumping or striking your arm.
- Do not apply ointments, cream, lotions, or alcohol to the incision site until completely healed.
- After your surgery, you will be off balance, and have a tendency to bump into things. For this reason, do not carry items while walking. If you fall, it is hard to repair a shoulder replacement, and it may never function as well due to the new damage.
- Ensure tripping hazards are removed, and you have good lighting at night when up walking.
- If you have pets, you may want to consider boarding them for a few days after you return home. **No leash walking pets until released to do so, as this is an injury hazard.**

While sleeping or sitting:

- You may be allowed to take off your sling when sitting if no pets or children are around to jump in your lap or bump into your chair. Make sure your elbow is tucked into your side whenever you are out of your sling.
- You should not allow your elbow to move backwards, past your ribs. When lying down, support your upper arm with a pillow to keep it from moving backward.
- To get out of bed, roll onto your “good side”. Then use your non-operative arm to push yourself up into a sitting position.
- You may find it more comfortable to sleep in a recliner for the first few weeks. However, you may also sleep in a bed with a folded towel or sheet propped up behind your shoulder or upper arm for support.
- Do not soak in tub or pool for 4 weeks (shower only). **A shower bench can be helpful during your recovery.**

Do's at home

- Take arm out of sling 2-3 times a day. **GENTLE use of your elbow, wrist, and hand on your operated arm helps improve circulation and decreases stiffness. Make sure to keep your elbow tucked into your side while completing small movement of elbow up and down.**
- Ice the shoulder and arm at least **5-6 times a day for the first 2-3 weeks.**
- Ice should be used 20-30 minutes on then 30 minutes off. Rotate back on as needed for swelling and pain. Use barrier between ice and skin/bandage.
- When dressing, put your operative arm in the sleeve first. When getting undressed, take your operative arm out last. Button-down shirts are recommended.

GOING HOME AND AFTER CARE INSTRUCTIONS

Discharge Instructions

Your doctor will order your discharge from our facility and provide you with specific discharge instructions. These instructions will include:

- Information on how to take your medications
- Managing your pain and how to minimize swelling
- How to care for your dressing and incision
- Warning signs of problems like infection and blood clots
- Activity and diet information
- Contact number for questions
- Follow up appointment with your surgeon and physical therapy appointment if starting right away

Managing Pain and Discomfort

We encourage you to take your pain medication as soon as you begin to feel pain. DO NOT wait until the pain becomes severe. Follow the instructions on the prescription label. Remember to take your pain medication before activity such as therapy/home exercises and at bedtime. You should slowly wean off pain medication as pain becomes more tolerable.

If you need more pain medication you must give a three-day advanced notice before you run out of medication. Please plan ahead, especially for holidays and weekends.

At your surgery follow up appointment, you may have stitches or staples that will be removed. Please take pain medication before this appointment to help manage pain, as well as ensure you have someone to drive you to and from this appointment. Pain medication may cause nausea. Make sure you take your pain medication with a meal or snack to reduce this side effect. If nausea persists, please reach out to your surgeon for a prescription for nausea medication, or they may need to change your pain medication depending on the severity of your side effects.

Tylenol may also be used to help manage pain. For example, if you take pain medication before you go to physical therapy, you can take two (2) Extra Strength Tylenol (1,000 mg) when you return home. This can help reduce the pain and prevent it from becoming too intense until it's time for your next pain medication. Remember, you should not exceed a maximum dose of 4,000 mg of Tylenol within a 24-hour period, unless instructed otherwise by your doctor. It's important to note that some pain medications already contain Tylenol, so you need to consider this when calculating the total amount of Tylenol you consume in a day.

For example, Percocet 5/325 is made up of 5 mg Oxycodone and 325 mg Tylenol. If you are taking one (1) tablet of Percocet every six (6) hours you are taking 1,300 mg of prescribed Tylenol in a 24-hour period. This means you can only take an additional 2,700 mg of over-the-counter Tylenol to stay under the 4,000 mg max dose you are permitted to take in a day. Therefore, you can only take approximately five (5) Extra Strength Tylenol (500 mg each) along with your four (4) Percocet in each 24-hour period. Write down what you are taking to help you keep track of the amount of Tylenol taken so you do not exceed your limit

Also remember:

1. You are not permitted to drive a car while taking narcotic pain medication.
2. It may take several days to have a bowel movement. Anesthesia and pain medication often cause constipation. Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help bowel function return to normal.
3. Please, do not hesitate to call your surgeon's office with any questions or concerns.

Use of Ice

Swelling of the shoulder is common during the first 2-3 weeks following surgery. **Swelling can cause increased pain and limit your range of motion, so taking steps to reduce swelling is important.** Placing an ice pack over the incision area with a barrier for 20-30 minutes at a time will help reduce swelling and pain.

Incision Care

Your incision will be covered with a bandage called a “dressing”. Before you go home your surgeon or nurse will explain how to take care of your incision and when to remove your dressing. Make sure you and your coach understand these instructions before you leave the facility and who to contact if you need assistance.

Note: How to care for your incision is included in your discharge instructions.

Call your surgeon immediately if you notice any increase and persistence in drainage, redness, warmth, or have a fever of 101 degrees Fahrenheit or higher for more than 24 hours. These may be signs that your incision could be infected, and it may require immediate medical attention.

The First 48-hours at Home

No matter how much you prepared for your homecoming, it will be an adjustment. You will likely experience anxiety and question whether you were discharged too early. This is a normal feeling, so relax and focus on your recovery. **DO NOT** ignore signs or symptoms discussed that may indicate you are having a problem, but **DO** expect a moderate level of discomfort and feelings of anxiety in the beginning of your recovery.

Expect a call from our nurses to check on you. This is your opportunity to report any problems and ask questions.

Activity

- Follow ALL therapy instructions.
- Physical therapy is important to achieve the best outcome with your new joint replacement.

Based on your surgery, your doctor will determine when you should start therapy. Regardless of when you are expected to start physical therapy, an order will be sent to the therapy location of your choice, and you will be contacted by the physical therapy location to set up an appointment based on your surgeon's order.

You will be given an exercise program to continue at home once therapy is ready for you to start doing home exercises. It is important to follow these exercises exactly as seen. Doing more will not help you progress quicker, but it could actually overstress the joint and slow your recovery.

DO NOT sit for longer than 30 – 45 minutes at a time. Use chairs with arms. You may nap if you are tired but do not stay in bed all day. Frequent short walks – either indoors or outdoors – are the key to a successful recovery. **Make sure to walk on level surfaces to prevent falls.**

You may experience discomfort in your operated shoulder, and you may have difficulty sleeping at night. This is a normal part of the recovery process. Getting up and moving around relieves some of the discomfort. Try to relax your shoulder as much as possible. The more relaxed you are the better you will feel. If you stay tense in your shoulder, it will create more stress and may slow the healing process.

DO NOT drive before your first post-op visit. The decision to resume driving your vehicle is made by your surgeon.



CONSTIPATION

Did You Know?

Narcotic pain medication causes constipation in most people. This medicine slows down the natural motion in the intestinal tract and causes the stool to become hard. If you have hard bowel movements, have trouble passing bowel movements, and the movements are not often enough, then you have constipation.

Constipation Prevention

Make a plan and stick to it as long as you are taking narcotic pain medication. Here are some things to include in your plan:

- Eat or drink things that have helped you to relieve constipation in the past.
- Eat foods high in fiber or roughage. This includes foods such as uncooked fruits, raw vegetables, and whole grain breads and cereals.
- Take a daily stool softener that contains the compound docusate (for example, **Colace**). This increases the water absorption in the stool and keeps it soft.
- Bulk laxatives, like Metamucil®, absorb water and expand to increase bulk and moisture in the stool. They may not be the best to use for constipation relief from narcotics.
 - They should only be used if you are able to drink plenty of fluids throughout the day because without extra fluids they can cause further constipation.

Drink plenty of liquids. 64 – 80 ounces of fluid each day will help keep your stools soft. Warm liquids often help your bowels to move. Try warm prune juice.

Three “active” laxatives that may be taken daily:

- **Milk of Magnesia:** Take two (2) tablespoons at bedtime. If you do not have a bowel movement the following morning, take a second dose of two (2) tablespoons that morning. This is to be followed that evening by a third dose of two (2) tablespoons. Normally, you will have a response to the MOM by the 2nd or 3rd dose.
- **Dulcolax® (bisacodyl):** Take one (1) capsule at bedtime. If you do not have a bowel movement the following morning, take a second dose of one (1) capsule that morning. This is to be followed by a third dose of one (1) capsule at night. You should have a response to the Dulcolax by the 2nd or 3rd dose.
- **Senokot® (senna):** Take two (2) capsules at bedtime. If you do not have a bowel movement the following morning, take a second dose of two (2) capsules that morning. This is to be followed by a third dose of two (2) capsules at night. You should have a response to the Senokot by the 2nd or 3rd dose.

If the above laxatives do not work, you may need a more “active” laxative.

- **Magnesium Citrate:** Drink one, full bottle, “chilled”. It will taste like a salty, lemon-lime soda and drinking through a straw may make it easier to tolerate. You may notice some abdominal gurgling and it should work anywhere from 1 to 12 hours. It is recommended that you stay near a bathroom if you take this laxative.



POST OPERATIVE URINARY RETENTION (POUR)

Urinary retention is the inability to empty the bladder and is fairly common following anesthesia and surgery. We follow standard guidelines to identify individuals with risk factors of POUR. Interventions are initiated if needed.

Preoperative Risk Factors	Intraoperative or Postoperative Risk Factors
Age over 50	Prolonged length of surgery
Male	Excessive exposure to cold
Diabetes	Narcotic pain medications
Excessive alcohol intake	Pain
Constipation	Anesthesia
Elevated serum creatinine (kidney function)	Immobility
Renal insufficiency or kidney disease	Fluids consumed by mouth or IV infusion
Urethral narrowing (BPH, prostate cancer, tumor prostatitis)	
Cystocele, rectocele, bladder suspension (female)	
History of chronic Urinary Tract Infections	

Medications such as antihistamines (allergy medicine), antidepressants, anticholinergics/antispasmodics (treat muscle spasms, stomach cramps and urinary incontinence) can be used to help wake the bladder up after surgery.

Bladder Basics

When you urinate, the brain signals the bladder muscle to tighten, squeezing urine out of the bladder while at the same time, the brain signals the sphincter muscles to relax. As these muscles relax, urine exits the bladder through the urethra. When all signals occur in the correct order, normal urination occurs.

Urinary retention can be caused by an obstruction (blockage) in the urinary tract or by nerve problems that interfere with signals between the brain and the bladder. If the nerves aren't working properly, the brain may not get the message that the bladder is full. Even if you know that your bladder is full, the bladder muscle that squeezes urine out may not get the signal that it is time to push, or the sphincter muscles may not get the signal that it is time to relax. A weak bladder muscle can also cause retention.

Urinary retention can be acute, short term but serious complication, or it can be chronic, an ongoing problem that can persist for weeks or months. Symptoms of acute urinary retention include bladder discomfort or pain, having the urge to urinate but can't, and your lower abdomen bulging above the pubic bone. Symptoms of a less serious form of urinary retention that can happen after surgery include a delay in getting the urine stream started or feeling as though the bladder is still full after urinating.

For patients with no history of having difficulty urinating prior to surgery, the problem is often attributed to a combination of risk factors that include anesthesia, pain medications and fluids given by IV during surgery. Following your surgery, the nursing staff will be measuring your INTAKE (the amount of IV fluids you receive and the fluids you drink) and measuring your OUTPUT (amount of urine, collected drainage from your wound, and if you should vomit).

If you are unable to urinate within 4-6 hours after surgery your bladder volume may be checked using a device called bladder scanner. This device is moved over your lower abdomen and it will read the amount of urine in your bladder. If there is 400-600 ml (13 – 20 ounces) your nurse will initiate some interventions such as assisting you out of bed, offer toileting or bedside commode, standing with urinal at bedside (males) and providing privacy. If these don't work, then a soft flexible tube called a catheter will be placed into your bladder to drain the urine and relieve the pressure in your bladder. The catheter may be left in for 24 hours to allow time for your nerve impulses to "wake up" after surgery or it may be removed as soon as the bladder is drained.

You should inform your nurse of any pre-existing problem with urination so measures to avoid urinary retention may be started early. Many times, this involves taking medicine, so the use of a urinary catheter may be avoided.

WARNING SIGNS OF COMPLICATION AND INFECTION

If present, the following conditions are serious and could have life threatening consequences if not treated. If you have blood saturating through your dressing, other signs of a serious infection, or symptoms of Deep Vein Thrombosis (DVT) you should contact your surgeon immediately. If you are unable to contact your surgeon about bleeding concerns, or you think you are experiencing a Pulmonary Embolism (PE) then go to your nearest emergency room or call 911 immediately.

WARNING SIGNS OF INFECTION

Notify your surgeon if you experience:

- Fever of 101 or higher for more than 24 hours
- Persistent redness and drainage from the surgical incision (pus, foul odor)
- Increase in pain and/or localized tenderness and swelling

A small amount of bleeding or clear/pink tinged drainage on the dressing or around the incision is not alarming and should decrease in 2-3 days following surgery.

Preventing Infections

- **DO NOT** put anything on your incision unless directed by your surgeon until incision has completely healed. This includes **NO** Vaseline, lotions, ointments, oils, etc.
- **ALWAYS** wash your hands before and after going to the bathroom to prevent infections.
- KEEP incision clean and dry.
- **DO NOT** allow pets to sleep with you. Keep bed linens and sitting area clean of pet hair.
- **DO NOT** allow your pet to lick your wound.

WARNING SIGNS OF DEEP VEIN THROMBOSIS (DVT)

Notify your surgeon if you experience:

- Increased pain in your calf or thigh.
- Tenderness or redness above or below the incision.
- Increased swelling in your calf, ankle or foot that does not decrease with elevation.
- Pain in thigh or calf muscle when walking, pain may decrease or go away when resting, then comes back when you get back up to walk again.

Preventing Blood Clots

- Ensure you are wearing your compression stockings provided during surgery to prevent blood clot formation. These should be worn until your follow up appointment and usage is based on your surgeon's instructions. If you need a break from wearing the stockings, you can take them off for a few hours and then put them back on.

WARNING SIGNS OF PULMONARY EMBOLISM (PE)

Call 911 or go to the nearest medical facility if you experience:

- Sudden increased shortness of breath
- Sudden onset of chest/shoulder pain
- Localized chest pain with coughing

POST-OPERATIVE NAUSEA AND VOMITING

All patients are given medication to prevent nausea and vomiting before, during and after surgery. Some patients still have nausea and vomiting even after receiving medication.

To help prevent further nausea and vomiting the following are recommended to try:

1. Clear liquids at first then slowly progress to non-spicy and bland foods such as jello, mashed potatoes, grits, soup and toast.
2. Take prescribed medications for nausea if given at discharge.
3. Drink ginger ale which has been known to help calm nausea and vomiting.
4. If none of the above help call your surgeon.

PROPHYLACTIC ANTIBIOTICS

Dental care and invasive procedures can potentially cause an infection in your artificial joint. Prophylactic antibiotics may be required prior to, during, and after certain procedures.

These precautions vary based on your surgeon's recommendation, but usually remain in place for 2-5 years following the joint replacement. In some instances and depending on your health history, your surgeon may want you to continue these precautions for the rest of your life.

Notify your physician or dentist if you are having any of the following procedures after your joint replacement:

- Any dental procedure (cleaning, cavities filled, teeth pulled, root canal) or gum disease/irritation
- Hysterectomy
- Gallbladder removal
- Genitourinary procedures (urinary catheter insertion)
- Colonoscopy, gastroscopy, barium enema
- Liver biopsy
- Bronchoscopy
- Any infection

EXERCISING YOUR LUNGS

Deep breathing can help prevent pneumonia or other problems that can slow down your recovery and lengthen your stay inside the facility.

Your doctor will want you to use a device called an incentive spirometer, which helps you breathe in and out correctly. It is important to perform your breathing exercises every 1-2 hours while you are awake.

We encourage patients to take the incentive spirometer home and continue to use for several weeks until you have resumed normal activity.

Incentive Spirometry Technique:

1. Sit up as straight as possible.
2. Hold the incentive spirometer in an upright position.
3. Exhale normally.
4. Place your lips tightly around the mouthpiece.
5. Breathe in slowly and as deeply as possible, raising the volume indicator toward the top of the column. Keep the colored flow rate guide in the "best" range. This coaches you to not breathe too fast or too slow.
6. Hold your breath as long as possible (for at least 5 seconds).
7. Remove the mouthpiece from your lips and exhale slowly.
8. Allow the volume indicator to return to the bottom of the column.
9. Rest for a few seconds and repeat at least 10 times every 1-2 hours while you are awake.

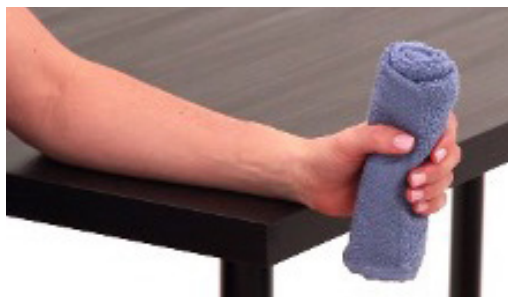
After you complete your breathing exercises you should cough to help remove any fluid that may be in your lungs.

EXERCISES FOR CIRCULATION



Wrist Flexion Extension

- Begin the exercise with your wrist straight.
- Slowly bend your wrist back and forth.
- Make sure to only move through range of motion that is pain free.
- Try not to let your forearm rotate as you move your wrist.



Seated Gripping Towel

- Begin sitting upright with your arm resting on a table, hand off the edge, holding a rolled towel.
- Squeeze the towel, then relax and repeat.
- Make sure to keep the rest of your arm relaxed during the exercise.

NOTES:

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