

Patient Guide to Shoulder Replacement

Inova Shoulder Replacement Program



Welcome to the Inova Shoulder Replacement Program

Patient Name

Surgery Date

Return to your orthopedic physician for your final pre-op checkup on:

Date

Time

Call the number below to find out what time you should arrive at the hospital on the day of your surgery.

Phone Number

Date

Time

Please bring this brochure with you to:

- Every office visit
- Your hospital pre-op class
- The hospital on admission
- All physical therapy visits after surgery

This guidebook was developed by our joint replacement surgeons and represents the guidelines set forth by their medical teams. Inova does not recommend this guidebook for any specific person. Only your orthopedic surgeon can recommend and prescribe an appropriate course of treatment for your specific condition.

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Welcome

Thank you for choosing the **Inova Shoulder Replacement Program** for your shoulder replacement. We offer coordinated care for patients whose arthritis or other musculoskeletal issues require joint replacement surgery. Our goal is to restore you to a higher quality of living with your new joint. A well-performed shoulder replacement can alleviate pain, improve motion, strength and function, and help you return to the activities you enjoy. Inova’s experienced orthopedic surgeons perform the most shoulder replacements in Northern Virginia using advanced techniques. Our surgeons must meet strict participation criteria based on volume and quality indicators. This means patients receive the highest quality care from leaders in the field, resulting in better outcomes and greater patient satisfaction.

Our multidisciplinary shoulder replacement team of surgeons, physician assistants, nurses and therapists educates and cares for patients before, during and after shoulder replacement surgery. The team will help you plan an individualized treatment program and guide you through every detail, from pre-operative teaching to postoperative rehabilitation.

Purpose of the Guidebook

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in shoulder replacement surgery. Communication is essential to this process. This guidebook provides information about:

- What to expect before, during and after surgery
- Steps you can take to improve your outcome
- How to care for your new shoulder

Remember, this is just a guide. Members of your care team may add to or change these recommendations. Always follow their advice first and ask questions if you are unsure of any information.

Using the Guidebook: Instructions for Patients

- Read the Frequently Asked Questions.
- Read Preparing for Your Surgery, and check off items as you complete them.
- Read the Hospital Stay and Postoperative Care sections for surgical and post-op information.
- Bring your guidebook with you to the hospital, outpatient therapy and all physician visits.
- Keep the guidebook as a handy reference for the first year following surgery.

Frequently Asked Questions about Joint Replacement Surgery

We are glad you have chosen Inova for your shoulder replacement surgery. Below are some of the most frequently asked questions about joint replacement. If you have any other questions, ask your surgeon or a member of your healthcare team. We want you to be completely informed about your procedure.

What is osteoarthritis and why does my joint hurt?

Joint cartilage is a rubbery tissue that covers the ends of bones and allows them to glide smoothly over one another. Osteoarthritis, the most common form of arthritis, is a progressive, degenerative disease in which this surface layer of cartilage wears away. It can occur quickly over months, or more slowly over several years. Without the cushioning effect of cartilage, the bones of the joint rub together and the joint becomes stiff, swollen and painful. Also called “wear and tear” arthritis, osteoarthritis is especially prevalent among middle-aged and older adults.

How do I make arrangements for surgery?

Your surgeon’s office will schedule you for surgery and start your postoperative arrangements, which will be finalized during your hospital stay. Inova’s multidisciplinary shoulder replacement team of surgeons, physician assistants, nurses and therapists will guide you through every aspect of the surgical experience, from pre-operative education to postoperative rehabilitation.

Do I need to contact my insurance company for a second opinion prior to surgery?

Your surgeon’s office will contact your insurance company to pre-authorize your surgery. If your insurance company requires a second opinion, your surgeon’s office will notify you. We also recommend that you talk with your insurance company to fully understand your insurance benefits.

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps during the procedure.

How long does the surgery take?

The actual shoulder replacement procedure takes 60 to 90 minutes. However, pre-operative preparation and postoperative recovery require additional time. A member of the care team will keep your family members informed of your progress and let them know when they can visit you in the recovery room.

Will I need blood?

In some cases, patients may need blood after surgery. For some types of shoulder replacement procedures, you may need to get a blood type and cross-match as part of your presurgical testing. This will ensure that any donor blood you receive is compatible with your blood type.

Patients do not need to donate their own blood before surgery.

Do I need to be put to sleep for this surgery?

You will probably have general anesthesia, which most people call “being put to sleep.” In addition, you may have regional anesthesia, which is sometimes called a nerve block. Anesthetic medication is injected around the nerve and blocks pain during and immediately following surgery. It causes numbness and may last 12 to 18 hours. In some instances, your surgeon may also inject a local anesthetic at the operative site to ease postoperative pain.

It is important to discuss all of these options with your surgeon and the anesthesiologist before your procedure.

How long will I be in the hospital?

Most patients are hospitalized for one night after surgery. There are several goals that must be achieved before discharge. Your surgeon will discuss these with you in advance.

Will there be pain after surgery?

You will have pain around the incision following surgery, but you will be kept as comfortable as possible with appropriate medication. If you do feel pain after your procedure, alert a member of your healthcare team. Some patients control their pain with a special pump called a PCA that delivers medication directly into their intravenous (IV) tube. You may have a catheter in your arm to support the administration of IV fluids or pain medication. Ask your surgeon or anesthesiologist for more information.

Will I need a sling?

Yes. We recommend that you wear a sling for about two to four weeks, depending on how your recovery progresses.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Your healthcare team will work with you on discharge arrangements. If you need home care, a case manager can help coordinate this.

We recommend you check with your insurance company to review your benefits and confirm the services covered.

Will I need help at home?

Yes. For the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other activities of daily living. You will not be able to drive for at least two weeks following your surgery. If possible, enlist the help of family members or friends. To reduce the need for extra help, clean the house, do laundry, complete yard work, put clean linens on the bed, and prepare single portion frozen meals before surgery.

Will I need physical therapy when I go home?

Yes. You will have either outpatient or in-home physical therapy. While outpatient therapy is generally recommended, a case manager can arrange for a physical therapist to come to your home for the first few weeks. Following this, you may continue your rehabilitation at an outpatient facility as recommended by your surgeon.

The length of time spent in physical therapy varies with each patient.

When will I be able to drive?

Most patients resume driving two to four weeks after surgery. The precise timeline depends on your progress and your surgeon’s advice. You should not drive if you are taking narcotics for pain relief or while your arm is in a sling.

When will I be able to return to work?

Time off from work depends on your surgery and recovery, as well as your job and responsibilities. Your surgeon will advise you on the specifics. An occupational therapist can help you with body mechanics and alignment to protect your new joint and conserve energy on the job.

When can I have sexual intercourse?

Your orthopedic surgeon will advise you on when it is safe to resume sexual intercourse.

Are there any restrictions on elective procedures done near the date of my joint replacement?

Check with your surgeon on recommended timelines regarding dental work before or after your procedure. If you have emergency dental work performed within three months of your surgery, inform your surgeon immediately.

In addition, your prosthetic joint can become infected at any time after surgery. You are at risk if your immune system is compromised or if you have a procedure that introduces significant bacteria into your bloodstream. Prior to any elective surgery, you should talk with your surgeon about the need for pre-operative antibiotics.

How often will I need to see my surgeon following surgery?

Your first postoperative office visit is usually one to two weeks after discharge from the hospital. The frequency of follow-up visits depends on the type of shoulder replacement you have, your progress and your overall recovery. Your surgeon will determine what is best for you.

What are the possible complications associated with joint replacement?

While uncommon, complications can occur during and after surgery. These include blood clots, pulmonary embolism, heart attack, stroke and death. In addition, infection, implant breakage, malalignment, dislocation, premature wear, loosening, nerve and vascular injury, and fracture may necessitate implant removal or replacement surgery. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Frequently Asked Questions about Your New Shoulder**What is a total shoulder replacement?**

The typical total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem, and a plastic socket. Depending on the condition of your shoulder, your surgeon may replace only the head of the humerus with a metal ball and stem, similar to the component used in a total shoulder replacement.

In some cases, the procedure involves replacing the joint surface of the humeral head with a cap-like prosthesis. With its bone-preserving advantage, resurfacing hemiarthroplasty offers patients with arthritis an alternative to standard stemmed shoulder replacement.

Some patients have a reverse total shoulder replacement, where the ball and socket are switched. A metal ball is attached to the scapula and a plastic socket is attached to the humerus. Patients can then use their deltoid muscle, instead of their rotator cuff, to lift their arm overhead.

What are the results of total shoulder replacement?

Results vary depending on your overall health, the quality of the surrounding shoulder tissue, your activity level and how well you follow your surgeon's instructions. In fact, compliance with your recovery plan – especially physical therapy to restore strength and range of motion – is probably the most important aspect of a successful outcome.

How long will my new shoulder last?

On average, your shoulder implant will last about 25 to 30 years. However, longevity varies in every patient. Your age, weight, activity level and overall health are all important factors. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement may wear over time as well. The most common reason for revision is loosening of the shoulder implant. Your surgeon will explain the possible complications associated with total shoulder replacement. For optimal recovery and to maximize the longevity of your shoulder replacement, always follow your surgeon's orders and your therapist's recommendations.

How long will my scar be?

Our surgeons use a minimally invasive shoulder technique. Surgical scars will vary in length, but most surgeons attempt to keep the incision as short as possible.

Are there any permanent restrictions following surgery?

Yes. Your surgeon may restrict certain activities to enhance your recovery effort. These activities could include heavy weight lifting and bench-pressing. Some patients may also be advised to avoid certain high-risk contact sports.

Will I notice anything different about my new shoulder?

Shoulder replacement surgery should increase your range of motion and relieve your pain.

Role of the Healthcare Team

The healthcare team is responsible for your care needs before, during and after your procedure.

The team includes:

- Orthopedic Surgeon
- Anesthesiologist / Nurse Anesthetist
- Patient Care Navigator
- Pre-Surgical Nurse
- OR and Post Operative Care Unit (PACU) Nurses
- Bedside Nurse
- Clinical Technician
- Therapist

The healthcare team can help you:

- Complete your nursing admission
- Assess your postoperative needs at home, including caregiver availability
- Assist you in getting answers to insurance questions
- Act as your liaison throughout the shoulder replacement experience
- Answer questions and coordinate your hospital care
- Answer questions and direct you to specific resources within the hospital

Preparing for Your Surgery

Your Checklist Prior to Surgery

- Contact your insurance company for precertification or pre-authorization requirements and to verify benefits and any co-insurance and/or copay.
- Select a primary caregiver (coach) to help you before and after surgery.
- Complete the online Shoulder Replacement Orientation or take a class at one of Inova's hospitals. You'll learn how to prepare for surgery, what to expect during your hospital stay and how to prepare for discharge. Visit www.inova.org/shoulderprogram for details.
- Schedule your presurgical interview appointment at least two weeks before surgery. The interview may be conducted by telephone or in person.
Be prepared to give the nurse information about:
 - Your medical and surgical history
 - Allergies
 - All medications you take (including vitamins, herbal supplements and diet pills), the dosage and the time of day you take each one
- Patients over age 65 should have a pneumonia vaccine. Also, between October and March, all patients should have an influenza vaccine. Be sure to get these vaccines at least two weeks prior to your surgery.
- Stop smoking prior to your surgery and do not smoke during your recovery. Smoking slows your body's ability to heal.
- Make an appointment with your primary care physician or specialist (i.e., cardiologist, rheumatologist, gastroenterologist), as directed by your surgeon or nurse. This physician will approve you for surgery.
- Complete any tests (X-rays, CT scans, MRIs, blood test, EKGs, stress tests) ordered by your doctors. If you have other medical conditions, you may need further testing.
- Ask that the results of any tests, X-rays or physician consultations be faxed to your surgeon's office for review. Final decision for surgical clearance is between your primary care physician and your surgeon.
- Stop medications as instructed by your primary care physician or surgeon.
- Have your home ready for your return after surgery. Clean the house, do the laundry, put fresh sheets on the bed, and complete yard work or other tasks. Prepare meals and freeze them in single-serving containers. For your safety, remove any throw rugs and tack down loose carpeting or electrical cords. Install nightlights in the bathrooms, hallways and bedrooms.

Your Checklist the Day Before Surgery

- To reduce the presence of bacteria on your skin, prepare or wipe your skin with Hibiclens™ (chlorhexidine gluconate), a liquid soap you can purchase at the drug store as instructed. Wash your whole body, scrub the surgical area and wash your hair with shampoo the morning of surgery. Your healthcare team will provide specific instructions.
- It is also important to change the linen on your bed, and put on clean pajamas/clothes after your skin preparation. These steps will help reduce your risk of infection.
- Verify your transportation to the hospital.
- Have nothing to eat or drink after midnight.
- Pack your bag for your hospital stay.
- Make a copy of your Advance Directive, Living Will or Durable Power of Attorney, if you have one, to bring to the hospital when you are admitted.

Your Checklist the Day of Surgery

- Take morning medications with a sip of water if you have been instructed to do so.
- Put on clean, comfortable, loose-fitting clothes.
- Do not use any perfume, hair-care products, body lotions or make up.
- Remove jewelry (including body piercings).
- Arrive at the hospital at the appointed time, usually one-and-a-half to two hours before surgery.
- While you are in surgery, your coach and family can wait in the surgical waiting area. Free Wi-Fi is available.

What to Bring

- Driver's license or other photo ID
- Insurance card
- Insurance co-pay (cash, check, credit card or money order)
- List of your medications, including dosage
- Personal hygiene items (i.e., toothpaste, tooth brush, deodorant, glasses, hearing aids and dentures, etc)
- Storage case for hearing aids and glasses, labeled with your name
- CPAP machine (if you have this at home), labeled with your name
- Comfortable pants and loose-fitting tops
- Copy of Advance Directive, Living Will or Durable Power of Attorney, if you have one
- Your cell phone and laptop computer, if desired

Do NOT Bring

- Jewelry, valuables or money (except what you need for your co-pay)
- Your medications, unless instructed otherwise. Your surgeon will order your medicine while you are in the hospital and it will be dispensed by our pharmacist. Your medications may be different than what you take at home.

Choosing Your Coach

Your coach is someone you choose before your surgery to be your primary caregiver. Your coach can be your spouse, adult child, best friend, neighbor — anyone who is willing to make a commitment to help you through your joint replacement experience before, during and after your hospital stay.

Your coach does not have to be a single person. It can be a team of people that support you every step of the way. Your coach should understand how to help with your exercises when you go home, what medications you need to take, how to care for your incision and how to change your dressing. Your coach may also be the one to take you to your physical therapy or doctor appointments after discharge from the hospital.

We urge you to bring your coach to any pre-operative appointments, to fully understand his/her role in your recovery. Your coach should also be present during your physical therapy and occupational therapy sessions to learn how to care for you at home.

Review the Coach's Checklist below. It includes important information that you and your coach should know before you leave the hospital.

A Coach Makes a Difference!

There are many benefits to having a close family member or friend support you through your joint replacement surgery.

At a minimum, it is recommended that your coach be with you for the following:

- Pre-operative visit to your physician
- Pre-operative appointments or tests
- Surgical procedure
- When receiving your discharge instructions
- At least one physical therapy session

Planning for Your Return Home

Your coach can help you with:

- Exercises
- Shopping
- Meals
- Transportation
- Household chores

Coach's Checklist

Are you ready for discharge day?

Do you know:

- The signs and symptoms of infection?
- How to change the dressing? How often?
- When the patient can take a shower?
- What the home exercise program is?
- How to assist the patient with the exercises?
- What the shoulder precautions are?

Hospital Stay

Day of Surgery — What to Expect

On the day of surgery, check in where specified by your presurgical nurse (detailed information for each Inova hospital is available at www.inova.org/shoulderprogram). You will be shown to the Surgical Services Department where you will be prepared for surgery. You will put on a hospital gown, surgical cap and slippers. The surgical team will also start IVs and mark your surgical site. You will see your surgeon and anesthesiologist, who will answer any questions you have and help you choose the best kind of anesthesia for you.

When the team has completed your preparation you will be taken into the operating room on a stretcher and the operation will be performed. At the conclusion of your surgery, you will be moved into your bed and taken to the Post Anesthesia Care Unit (PACU) or recovery area. During this time, you will be given medication to control your pain, your vital signs will be monitored frequently and an X-ray will be taken of your new joint.

Most of the discomfort occurs in the first 12 to 24 hours after surgery and gradually lessens with each day. Pain can be managed in different ways:

- Local injection during surgery
- Medicine through an IV
- Oral medication or pills
- Applying ice to the surgical site
- Changing position

After Surgery

During your stay you will be seen by your surgeon or physician's assistant. IV fluids will continue overnight and you may be given pills to manage your pain. In the days immediately following surgery, you will be able to resume your regular meals. It is important to drink plenty of fluids to stay hydrated during this time.

You will get out of bed a few hours after surgery. Studies show that the sooner you get moving, the sooner you will recover. For your safety, we encourage you to call a staff member anytime you would like to get up and move or use the restroom. Anesthesia and pain medication increase your risk of falling.

Surgery increases your risk of developing pneumonia. Using a tool called an incentive spirometer can help prevent it. This device will be given to you in the recovery room and a nurse will show you how to use it. We recommend you use it 10 times an hour while you are awake: exhale completely and place your lips around the mouth piece. Breathe in with a long, steady, deep breath. Hold your breath to the highest point, and then exhale.

Rehabilitation

We tailor your rehabilitation program to you and your specific needs. Your first therapy session will be the day of surgery or the next morning. The physical therapist (PT) and occupational therapist (OT) will ask you a lot of questions about your regular level of activity and your home environment. They will help ensure you have a smooth transition home.

Be sure to share your goals for therapy with us so that we can do our best to help you achieve them!

The PT will instruct you and your coach in an exercise program designed to help you regain strength and flexibility in your operated shoulder and arm. You will begin this program seven to 10 days after your surgery. This gives your shoulder time to heal.

Before discharge, the PT will help you select and put on your sling. We strongly advise that your coach be present for this session.

The OT will help you and your coach learn to safely perform activities of daily living when you get home, including dressing, bathing and using the toilet. The nurses and technicians will also help you with these tasks.

Case Management

If you need home care, a case manager will meet with you to review your plans for discharge. The case manager will arrange for all necessary equipment and services.

Pain Management

You will feel some pain after your joint replacement surgery. Depending on the type of anesthesia used, you may be numb in your injured arm, and you may not be able to move your hand or fingers. This is normal and will resolve as the anesthesia wears off and your arm returns to normal.

In the hospital, pain is evaluated on a scale using the descriptions and ratings below. Practice using this pain scale before surgery by assigning a number to your pain or discomfort as you move through your daily activities.

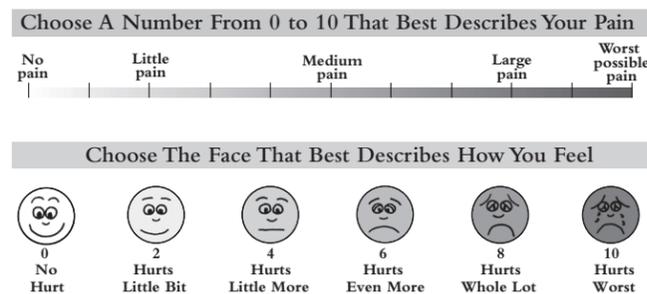
0 = No pain

2 = Discomfort or mild pain

5 = Pain that interrupts your ability to relax and rest

7 = Pain that is more severe and may wake you from sleep

10 = Excruciating pain



0 - 3 is generally considered the reasonable range for postoperative pain.

It is important for you and your healthcare team to work together to manage your pain.

Controlling your pain prior to physical therapy will help you do your exercises, which will help you recover faster.

Pain Management Tools

There are a number of ways to manage your pain in the hospital:

- Intra-operative injection
- Patient-Controlled Analgesia (PCA) – a pump that you control to deliver medication directly into your IV tube.
- Regional anesthesia (nerve block) – medication injected directly into the nerve to block pain. A nerve block causes numbness and may last 12 to 18 hours.
- Ice – applied for 20 minutes at a time to reduce pain and swelling. It is always a good idea to apply ice after doing your exercises.
- Repositioning – changing position is sometimes all that is needed to relieve pain.
- Oral medications – a wide selection of oral pain medicines are given. It is important to take this medication on a regular basis (every three to four hours) and always before starting your exercises.

Comfort Function Goal

Setting goals for pain relief is the single best predictor of high quality pain management.

We will ask you to set a Comfort Function Goal as we manage your pain. The Comfort Function Goal is the level of pain you can comfortably tolerate to maintain function and quality of life. You can determine this level by using the numeric pain rating scale, above. Try to set a realistic goal somewhere between zero (which is not always possible) and the highest level of pain you can tolerate (which is not always necessary).

Your care team will address your pain level and evaluate the effectiveness of your pain medication during hourly rounding.

Discharge

Our goal is to get you home and on your way to recovery. You may be discharged from the hospital as soon as the first day after your surgery depending on your progress with therapy. If home care is needed, the case manager will arrange it as part of your discharge planning.

Discharge options for shoulder replacement include discharge home with outpatient therapy or discharge home with home therapy. Check with your insurance company to review coverage for equipment and rehabilitation services, which may include physical therapy, occupational therapy or nursing.

Every attempt will be made to have your care after discharge finalized in advance. Please keep in mind that insurance companies are not involved in “social issues,” such as home caregiver, pet care, transportation, etc. You will need to address these issues before you are admitted to the hospital.

The Family Medical Leave Act allows a working family member to apply for time off from work to care for a loved one without fear of losing his or her job. This must be arranged before surgery. Use the worksheet on page **24** to identify those who can help you. Make a list of the things you will need, and what your family and friends can provide. Your list might include: transportation to physical therapy or doctor appointments, meals, grocery shopping, laundry, pet care, etc.

Postoperative Care

Medications to Prevent Blood Clots

Some patients may need to be on medication to prevent blood clots after shoulder replacement surgery. Your surgeon will select the appropriate medication for you, if necessary, based on your overall health and medical history. These medications may be started soon after surgery and continued upon discharge.

Caring for Yourself at Home

Here are some tips to improve your safety, recovery and comfort at home.

Control Your Pain

Take your pain medication at least 30 minutes prior to therapy. Controlling your pain before therapy will help you do the exercises, which in turn helps you get back to normal faster.

Gradually wean yourself from prescription pain medication, as directed by your surgeon.

Keep your injured arm in a sling, as ordered by your surgeon, to support your recovery.

Change your position every 45 minutes throughout the day.

Use ice for pain control especially after your exercise routine. Applying ice to your affected shoulder for 20 minutes every hour will decrease discomfort. A bag of frozen peas wrapped in a kitchen towel makes an ideal pack. Mark the bag for future use.

Body Changes

It is not unusual for your appetite to be poor initially following surgery. It will gradually come back. In the meantime, drink plenty of fluids to keep from getting dehydrated.

It is not uncommon for your energy to be low for the first month following surgery. Low energy is the result of anesthesia and the surgical procedure itself. Pace your activities and be sure to get plenty of rest.

Sometimes you may have difficulty sleeping at night. Try not to sleep or nap too much during the day. Keep yourself occupied with activities such as reading, playing computer games and other “down time” activities you enjoy.

Pain medications that contain narcotics may cause constipation. Use stool softeners such as Colace or laxatives such as Milk of Magnesia, if necessary, to establish your bowel routine. Avoid use of fiber laxatives (Metamucil, Fibercon) as they may make the problem worse.

Recognizing and Preventing Potential Complications

Pneumonia

Surgery increases your risk of developing pneumonia. An incentive spirometer can reduce your risk. This device will be provided to you in the recovery room and your nurse will demonstrate its use. At home, use the spirometer 10 times an hour when you are awake.

Blood Clots

Surgery increases your risk of developing blood clots. The following prevention tips are helpful:

- Use a Foot or Ankle Pump
- Walk and change position frequently
- Wear compression stockings
- Take blood thinners as prescribed by your surgeon

If you suspect you have a blood clot, call your physician promptly.

Pulmonary Embolism

A blood clot can break away from the vein and travel to the lung, causing an artery blockage. This is a medical emergency. If you experience any of these symptoms, call 911 immediately:

- Sudden chest pain
- Difficult and rapid breathing
- Shortness of breath
- Coughing up blood
- Anxiety
- Confusion

Precautions and Home Safety Tips

Total Shoulder Precautions

Following your shoulder replacement procedure, your surgeon will give you specific instructions about when you can resume daily activities such as driving, playing sports and returning to work. This information will vary depending on the type of shoulder replacement you have, your health history, your recovery progress and other factors.

Below are some general precautions to avoid injury to your new shoulder during the first two to four weeks after surgery. They are meant as guidelines only. Always follow your surgeon's specific advice.

In general, you should:

- Use your sling at all times, even when sleeping. Exceptions may include during physical therapy exercises, for hygiene or when sitting. You will wear your sling for two to four weeks, depending on your surgeon's instructions.
- Place a small pillow or towel roll behind your elbow while lying down to avoid shoulder hyperextension or stretching.
- Bandage your wound to prevent clothing irritation. Do not soak the wound for two weeks. Keep the incision clean and dry until it has thoroughly sealed.
- Follow your home exercise program, which is a critical component of your recovery during the first few weeks.

In general, you should not:

- Drive for two to four weeks
- Externally rotate your operated arm out to the side
- Abduct or lift your operated arm out to the side
- Lift heavy objects
- Initiate shoulder motion behind your back
- Excessively stretch or make sudden movements (particularly external rotation)
- Support your body weight on the hand of your operated arm

Around the House: Chores and Safety

Safety and Avoiding Falls

Before your procedure:

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs; this is a fire hazard.

After your procedure:

- Do not wear open-toed slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either sitting or lying positions to avoid getting light-headed.
- Do not lift heavy objects. Ask your surgeon when it is safe to do so.

Patient Discharge Planning

A safe environment and plenty of support are keys to a successful recovery from shoulder replacement surgery. The tool below will help you determine your home care needs. Use it before you enter the hospital to organize your thoughts, identify key family and friends who can help you, develop a schedule for their visits and coordinate any other necessary plans.

As you answer the following questions, think about whether your home is the best place for your recovery or if you should stay somewhere else, such as with family or friends.

Who Will Help You at Home - Family, Friends, Extended Family

Name	Physically and Mentally Capable of Helping	Available Day and Night	Available Day Only	Available Night Only

How far can you walk?

- No walking
- Walking in the house only
- Walking in the community

Is there easy access to:

- Kitchen?
- Bathroom?
- Shower stall?

Does your home have?

- Steps/Stairs outside? How many? _____
- Steps/Stairs inside? How many? _____
- Elevator?

Where is the bathroom located?

- In the same room
- Within 15 feet

Do you have appropriate transportation home?

- Yes
- No

Will you be able to go home?

- Yes
- No

If not, where will you stay?

Questions to Ask Your Surgeon

Aspects of your surgery and recovery are tailored to your individual needs. Your orthopedic surgeon can provide answers to the questions below. The information depends on the type of shoulder replacement you have, your health history, your progress and your recovery plan.

Preparing for Surgery

- What type of shoulder replacement will I have?
- What are the possible complications associated with joint replacement?
- Can I have dental work done near the date of my joint replacement?
- Do I need to complete a blood type and cross-match before surgery?

Preparing for Your Hospital Stay

- Should I stop taking any medications before surgery?
- How far in advance should I stop taking them?
- What type of anesthesia will I have during surgery?
- What type of pain medications will I have after surgery?
- Will I need medication to prevent blood clots?

Preparing for Recovery

- How long will I need to wear my sling?
- Where will I go after discharge from the hospital?
- What initial precautions will I have for my new shoulder?
- Are there any permanent restrictions following surgery?
- How long will I need physical therapy?
- How long until I can drive and resume daily activities?
- When will I be able to go back to work?
- When can I have sexual intercourse?
- How often will I need to see my doctor following surgery?

Notes

