

Contents



Part I: Quick reference guide

This section contains general information, tasks you'll need to complete prior to surgery and a checklist for your hospital stay.

Part I: Quick reference guide

What is total shoulder replacement surgery?

Total shoulder replacement (also called total shoulder arthroplasty) is a surgical solution for shoulder pain that involves replacing arthritic joint surfaces and damaged bone with artificial devices. There are two types: a standard total shoulder replacement and a reverse total shoulder replacement.

How long the surgery takes

The surgery will take about one and a half to two hours.

How a shoulder is replaced

The orthopedic surgeon makes an incision over the shoulder joint to open the area. Muscles are moved to the side to access the shoulder joint. The head (top) of the upper arm bone (humerus) is removed. The surface of the old socket is smoothed and prepped, and a new metal head and stem are cemented into place.

Hospital registration

Prior to your scheduled surgery, a hospital admissions representative will call you to complete the preadmission process.

Before surgery

You will receive a call from a registered nurse who will review your current medication list, including prescription and over-the-counter drugs as well as vitamins and herbal supplements. You will also be given a tentative arrival time for surgery.

You will have an electrocardiogram, blood drawn and any other tests your doctor has ordered.

What to bring

- Insurance/Medicare cards
- Identification
- Copy of your Physician Orders for Life-Sustaining Treatment, or POLST, form
- Advance directive
- This handbook and your medication list. Be sure to include prescription and overthe-counter medications as well as any vitamins or herbal supplements you take. Include doses and how often you take them.

Support team expectations

- You will need someone to cook and clean for you after you return home.
- You will need transportation for up to eight weeks following surgery.

This is a team effort

You, the orthopedic surgeon, your physical therapist, the hospital and your support team are vital to the success of the surgery. As a partner in your healing, you need to be informed and knowledgeable about every aspect of the surgical and recovery process.

Please bring this handbook with you to all of your related appointments as well as to the hospital on the day of surgery.

You may also receive various instructions, information booklets and copies of forms; that information should be kept in this handbook. It is important that you have at your fingertips all the information you require when you need it.

Our goal is to help you have good results, and we are committed to assisting you on a successful journey.

Part I: Quick reference guide

Important telephone numbers

Please feel free to make photocopies of this completed page and share them with your family, friends and caregivers.

Emergency contact person

Name	 	
Relationship	 	
Home phone	 	
Cell phone		

Physician information

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Physician name

Asante Physician Partners Orthopedic Surgery and Sports Medicine 537 SW Union Ave., Floor 2 Grants Pass, OR 97527 (541) 507-2050

General hospital information

Asante Three Rivers Medical Center

500 SW Ramsey Ave. Grants Pass, OR 97527 (**541**) **472-7000** or (**800**) **944-7073**

Asante Billing office (541) 789-4111

Estimate line (541) 789-7271

Asante Physician Partners Orthopedic Surgery and Sports Medicine

537 SW Union Ave., Floor 2 Grants Pass, OR 97527 (541) 507-2050

Visiting hours

Your caregiver or family member may stay with you and is encouraged to be an active participant in your recovery.

Please inform us if you wish for your caregiver to stay overnight. Most of our rooms have a couch that converts to a single bed, and we will make every effort to accommodate you.

Post-surgery therapy is very important to your recovery. To avoid interruptions to your therapy sessions, please advise your visitors that they may remain during these sessions but that the therapist will continue the treatment; your visitors will be asked to wait until the therapy session is finished.

Part I: Quick reference guide

Packing for the hospital

Things to bring

- This handbook
- CPAP machine if you have and use one
- Ice therapy machine if you have one
- Comfortable attire for exercise, or you may wear hospital attire
- Shoes that you can slip in and out of easily, such as tennis shoes, walking shoes or slippers
- Socks and undergarments if desired
- Loose clothing, such as shorts and T-shirts; elastic waist only
- Knee-length nightgown and a robe that opens all the way down if desired; this may not be worn if it impedes monitors or intravenous lines
- Toiletries; be sure to include eyeglass case, contact lens case, hearing-aid batteries and other necessities
- Cell phone and charger if desired; there are phones available for each patient for local calls
- A minimal amount of money no more than \$5 or \$10 unless you need money for transportation at discharge
- Please remember to bring the sling that was prescribed to you.

Things we ask that you do not bring

- Medications, unless requested by the hospital preop clinic. This is for your safety.
- Valuables, jewelry, credit cards, insurance card and large amounts of cash. Remove all jewelry, including rings; they cannot be worn during surgery. Please be aware that if your hand swells and wearing your wedding ring becomes unsafe, we may need to cut it off.

Understanding the risks

As with any major surgery, there are certain risks. This section outlines some of the potential complications associated with total shoulder replacement surgery and the precautions you can take to help prevent them.

Infection

With any surgery, there is a risk of infection. Presurgery test results will affirm that you have no active infections, and antibiotics administered to you before and after surgery will further help prevent infection.

Coronary blood clots

With shoulder replacement surgery, circulation is impaired during the healing process. To counter this effect and promote circulation, we want you to pump your hand frequently — at least 20 times hourly while awake. A blood-thinning medication that helps prevent blood clots will also be prescribed for you. Each day in the hospital, blood may be drawn to check levels.

Pneumonia

To help prevent pneumonia, you may be asked to either use an incentive spirometer or take several very deep breaths hourly while awake to prevent fluid from pooling in your lungs. For the same reason, it is important to get out of bed often. Breathing deeply after surgery and using an incentive spirometer are important measures to prevent congestion in the lungs, which can lead to pneumonia.

Numbness

You will experience some numbness in your shoulder area following surgery. This is due to the nerve block anesthesia performs. This is normal and should not be cause for concern. During surgery, the nerves around the shoulder are disturbed; as these nerves heal, you may experience tingling sensations. You may have permanent numbness in the area around the

incision, but this will not affect the function of your new shoulder. In only rare situations is there permanent numbness or weakness in the shoulder area because of trauma to a nerve.

Severe complications

As with any major surgery, there is the possibility that any of the foregoing complications, as well as complications from the anesthesia, could be severe enough to result in impairment or death. If you have any questions or concerns regarding complications, please discuss them with the orthopedic surgeon.

Surgery information

Your surgery has been scheduled for a specific date and time, but sometimes it is necessary to change your arrival time due to circumstances over which we have no control. If the surgeon has a cancellation, the lineup has changed since you were scheduled or there is an emergency, your surgery and arrival times may be revised.

To enable us to maintain the schedule as efficiently as possible, a nurse from the hospital preop clinic will call you the day before your scheduled surgery if the times have changed. If you do not receive a call, please come at the previously scheduled time.

Anesthesia

A peripheral nerve block is usually administered, and often patients go home with a catheter in the neck. This is to minimize pain for the first 24 to 48 hours after surgery. In addition, general anesthesia will be used during surgery.

The night before surgery

We recommend that you eat a light meal the night before surgery. Unless the anesthesiologist, nurse practitioner or registered nurse tells you otherwise, you should have nothing to eat or drink after midnight. This includes but is not limited to water, coffee, food and any kind of gum or mints. If you have any questions, please call us.

The day of surgery

Before coming to the hospital

Please maintain a flexible schedule on the day of surgery, as you may be asked to come in earlier. Please understand that your scheduled surgery time may be delayed due to other surgeries or emergencies.

- Unless told otherwise, do not eat or drink after midnight before surgery. You can brush your teeth and rinse your mouth, but do not swallow.
- Take only the medications that the doctor or nurse practitioner has told you to take, using just enough water to swallow them.
- Shower and use the antiseptic soap given to you prior to coming to the hospital.
- Make sure you have the sling that was fitted for you at Spectrum Orthotics prior to surgery.

Once you arrive at the hospital

- Come in through the Hospital Entrance and go to Patient Registration.
- A nurse will complete your paperwork and finish the orders your doctor has written. You will have one or two intravenous, or IV, lines started. You may have additional lab work done as ordered by your doctor.
- An orderly will come with a gurney to bring you to a holding area or directly to the operating room, or OR.

- If you are wearing dentures, hearing aids, socks or jewelry, please remove them unless arrangements have been made to keep them with you. You will be given a hat to cover your hair.
- The operating room is bright and noisy. We can provide you with a warm blanket. The OR nurse will be with you throughout the surgery. There will also be a scrub nurse or technician, an anesthesiologist and an assistant to the surgeon.
- The anesthesiologist will evaluate you, and in most cases a peripheral nerve block will be placed.

After surgery

When the surgery is over, you will be taken to the Post-Anesthesia Care Unit, or PACU. You will be cared for by specially trained registered nurses who will monitor your vital signs (heart rate, blood pressure and temperature) and pain level. A good indication of how much pain you may be experiencing can be determined on a scale of 0 to 10, with 0 being no pain and 10 being the highest level of pain.

Your family is encouraged to stay in the waiting area outside of surgery if they wish to speak with the surgeon after the procedure is over. A volunteer will escort them to a private room, where the surgeon will apprise them of your condition. Family members are not permitted in the PACU, but you can see them when you return to your room.

You will be in the PACU for one to two hours, depending on the type of anesthetic you had and how you are feeling. The nurses will keep you warm and comfortable.

Equipment you may see when you wake up

Intravenous line

An IV line is a tiny catheter that is inserted into a vein in your hand or arm. Attached to the catheter is a small tube that connects to a bag of fluid. The bag will hang from a pole near your bed.

Oxygen

You will receive oxygen through a nasal cannula or an oxygen mask. The presence of oxygen does not mean that there is a problem or that you are having difficulty breathing. The nurses will check your oxygen levels with a finger sensor. This will be discontinued when you can maintain good oxygen levels on room air.

The remainder of your hospital stay

- For safety reasons, the staff will ask you to repeat your name and birthday before any procedure or medication.
- The nurses will closely monitor your heart rate, blood pressure, temperature and oxygen level.
- The nurses will ask you to rate your pain on a scale from 0 to 10. This enables them to assess the effectiveness of the pain medication.
- You will have a dressing after surgery that will remain in place for several days or less, depending on the surgeon's preference.
- You will have an IV line in your hand or arm for fluids until you are taking them well by mouth. At that time, the IV site will be capped; it will be removed before you are discharged.

- After surgery, you will be given ice chips, then water, clear liquids and full liquids. The nurses will monitor you for nausea and provide medication as needed. If you are not nauseated and have good abdominal sounds (as determined by the nurse), you will progress to solid food and a normal diet.
- Be sure to use the nurse call system for any needs and questions.
- Staff must be present anytime you wish to leave your bed.
- If you would like to turn onto your side, please use the nurse call system so that staff may assist you.
- Please ask nurses, therapists, your doctor or the discharge planner any questions you may have. We are here to help you.
- You may be discharged home the day of surgery, or you may be required to stay overnight, depending on your medical condition and pain level.

Physical therapy

See your doctor for specifics

- Physical therapy is a critical part of recovery from shoulder surgery. You will be scheduled with a therapist within two to three days of your surgery. We will assist in getting this scheduled at the therapy location of your choice.
- Therapy will consist of a gradual increase in motion and activities based on your surgery.

Self-care after surgery

Showering

You may resume showering as directed by your doctor. This is usually within one or two days after surgery. Refer to the discharge plan the nurse gave you when you left the hospital.

Shower over tub

Until you can safely step over the edge of the tub, use a tub transfer bench. The therapist will review the transfer and set up a procedure with you. Use a towel on the bench so that your skin does not stick to the plastic seat. Do not soak in a tub or hot tub until cleared by your doctor.

Home mobility and safety

- To decrease bending and reaching, keep frequently used items within easy reach (shoulder to waist level).
- Leave frequently used items out.
- A reacher tool can help you retrieve objects from the floor or high places.
- When alone, carry a portable phone or a personal alarm or sign up for Asante Lifeline, a local emergency alert system. Call (541) 956-6201 or email lifeline@asante.org.
- Use a high stool in the kitchen for meal preparation. Slide objects across countertops instead of carrying them.
- Remove throw rugs to decrease your risk of tripping.
- Move pet bowls up on a raised surface to prevent the need to bend to the floor.

Continuing physical therapy

Your physical therapy will continue as your new shoulder improves. You will go to an outpatient physical therapist once or twice a week for about six weeks, as ordered by your doctor. If you are homebound, a physical therapist may see you at home for a week or two. If you go to a rehabilitation facility, you will receive physical therapy there.

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You may apply ice packs or your ice therapy machine to your shoulder as often as needed; start with 20 minutes on and then 20 minutes off. Applying ice may be especially helpful before and after your exercise sessions and in the evening if your shoulder becomes swollen.

Due to trauma to the joint from surgery and the exercise program you will follow thereafter, it is normal that your shoulder will feel warm and swell slightly. Heat is not recommended, as it may increase swelling.

Blood-thinning medication

You will be on blood-thinning medication or aspirin after you are discharged from the hospital. Depending on the specific medication ordered, you may need to have blood drawn to check your blood-thinning level. There are warning signs that your blood might be too thin; these include nosebleeds, bleeding gums, excessive bruising and blood in the urine. Please call your doctor if you have any of these symptoms.

It is also dangerous to take aspirin, ibuprofen (Advil, Motrin or Nuprin) and any over-the-counter or prescription arthritis medicine while you are on blood-thinning medication. You may take acetaminophen (Tylenol) or pain pills that have been prescribed for you. You will be able to resume arthritis medicine and aspirin as needed after the blood-thinning medication is discontinued.

The shoulder incision

- Leave the dressing in place, as instructed.
- After the adhesive skin closures fall off, keep the scar clean and dry.
- Report to your doctor any redness, increased warmth to the touch, wound separation or increase in localized pain or swelling.

Driving

You will not be able to drive for the first six to eight weeks following surgery. Although you may feel capable, you will need written approval from your doctor; otherwise your insurance coverage may be jeopardized and the safety of your new joint compromised. Your safety and well-being are of prime concern as you heal. Remember: no driving while taking narcotics or wearing your sling.

Sexual activity

Once cleared by the surgeon, you may resume sexual activity. If you have specific questions, please do not hesitate to ask the doctor, nurse or other practitioner.

Living with your new shoulder

Infection

Your new shoulder is a metal and plastic prosthesis, so the body considers it a foreign object. If you become sick with a serious infection, bacteria can circulate in your body, go to the prosthesis and cause a bacterial infection in your new joint. For this reason, if you become ill with an infection or a high fever, your doctor should evaluate you immediately.

Surgical procedures

If you are scheduled for a medical procedure, even a minor one such as a dental cleaning or surgery for an ingrown toenail, you may be asked to take antibiotics before the procedure in the first two years after your shoulder replacement surgery.

If the doctor is not sure about the correct antibiotics to give you, ask them to call your orthopedic surgeon. This may also apply to invasive procedures using a scope, such as a cystoscopy, bronchoscopy or gastroscopy.

Dental work

You may be asked to take antibiotics before any dental work; this includes routine cleanings. The reason for taking antibiotics is that bacteria are present in the mouth that are not present anywhere else in the body. When you have your teeth cleaned, bacteria gain entry into the bloodstream and can circulate to the shoulder prosthesis, causing it to become infected. Antibiotics kill the bacteria that cause this type of infection, so it is imperative that you notify the dentist of your prosthesis.

If the dentist is not sure about the correct antibiotics to give you, ask them to call your orthopedic surgeon prior to scheduling the dental procedure. Routine daily flossing, twice-a-day brushing and cleanings every six to 12 months are strongly recommended.

General guidelines

■ If you have rheumatoid arthritis, systemic lupus erythematosus, insulin-dependent diabetes, previous total joint infection, malnourishment or hemophilia, or if you have had radiation or drugs that suppress your immune system, you may need to take antibiotics before certain dental procedures.

■ If you are otherwise healthy, for two years after surgery you may be asked to take antibiotics briefly if any dental work being done could cause bleeding in the mouth.

The suggested use of antibiotics is as follows:

- Patients not allergic to penicillin. Take four 500-milligram amoxicillin tablets one hour before the procedure.
- Patients allergic to penicillin but able to take cephalexin. Take four 500-milligram cephalexin tablets one hour before the procedure.
- Patients allergic to penicillin and cephalexin. Take 600 milligrams of clindamycin one hour before the procedure.

If oral medications cannot be taken, intramuscular or intravenous drugs should be given.

This relates only to preventing the spread of bacteria from your mouth to your prosthesis during dental work. If you develop a bacterial infection of the skin, lungs, gastrointestinal tract, urogenital tract or other site, it should be treated for as long as it takes to eliminate the source of the infection. Viral infections such as colds and flu do not require antibiotics to protect your new joint.

Your dentist is ultimately responsible for making the decision for or against antibiotics based on their knowledge of the dental work to be done. If your dentist or you have any questions, please call your orthopedic surgeon.

Skin conditions

It is important that you advise the orthopedic surgeon of any skin conditions or problems prior to surgery. These may include athlete's foot, dermatitis, nail biting with or without bleeding, and rashes or skin breakdown in skin folds, under the arms or in the groin. Your doctor can instruct you in the care needed to heal these conditions.

Use a first-aid cream on minor cuts and abrasions to prevent infection, before and after surgery, indefinitely.

Follow-up care

Although your shoulder may feel fine, it is important to remember that the new joint has artificial components and for this reason you must see the orthopedic surgeon at the routine two-week, six-week, three-month, one-year and annual visits thereafter.

These routine examinations to continually monitor your prosthesis are recommended because certain minute changes apparent only on an X-ray or in an examination may be detected. It is important to stay up-to-date with your health immunizations, especially flu shots, Pneumovax and tetanus booster.



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