

Total Shoulder Replacement

Patient Guide



Orthopedic Services

Table of Contents

Welcome	3
How the Normal Shoulder Works	4
Causes of Shoulder Pain / Loss of Function.	4
Types of Total Shoulder Replacements	5
The Orthopedic Evaluation	6
Possible Complications After Surgery.	6
Preparing for Surgery	7
Day of Surgery	9
Preoperative Skin Preparation Instructions	10
Surgery Day	11
Incentive Spirometer	13
Leg Exercises After Surgery	14
After Your Surgery.	15
Recovering at Home	16
Post-Operative Guide	18
Daily Activities After Surgery	20

Welcome to Saint Joseph Mercy Health System

Our physicians are all board certified and fellowship-trained in the various orthopedic specialties and subspecialties. We're number one for knee surgeries in the state, a leader in total joint replacements and have the largest group of hand specialists in the area. We also offer a full complement of non-surgical treatments and procedures that have earned us some of the highest patient-satisfaction ratings in the state.



We've formed specialized teams of physicians, nurses, therapists and other staff to identify and implement pain management protocols that bring post-surgical patients the most relief. In addition, we work with manufacturers to identify the best functioning, longest lasting replacement joints to offer patients the most satisfactory outcomes. Through research, we are able to identify and share the best procedures, prosthetics and protocols not only within our own group but with physicians and hospitals across the country and around the world.

From comprehensive pre-op education through final discharge, we are committed to offering our patients the finest care backed by the most promising science. We are dedicated to continuous improvement through a vigorous patient follow-up process. Our ultimate goal is to help patients re-discover their freedom. We accomplish this by working closely with referring physicians and patients, using the latest treatments and proven best practices.

Thank you for choosing St. Joe's and please don't hesitate with any questions or concerns throughout your experience as you begin to re-discover your freedom!

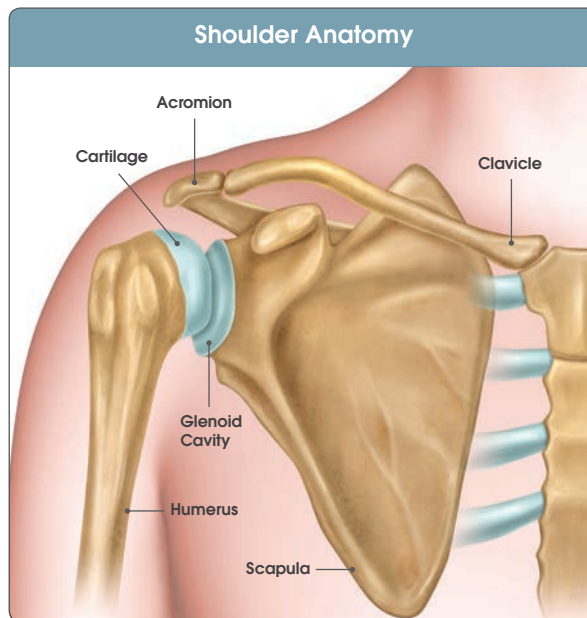
A handwritten signature in black ink that reads "Michael A. Masini". The signature is written in a cursive, flowing style.

Michael Masini, MD
Medical Director, Total Joint Program
Saint Joseph Mercy Health System

How the Normal Shoulder Works

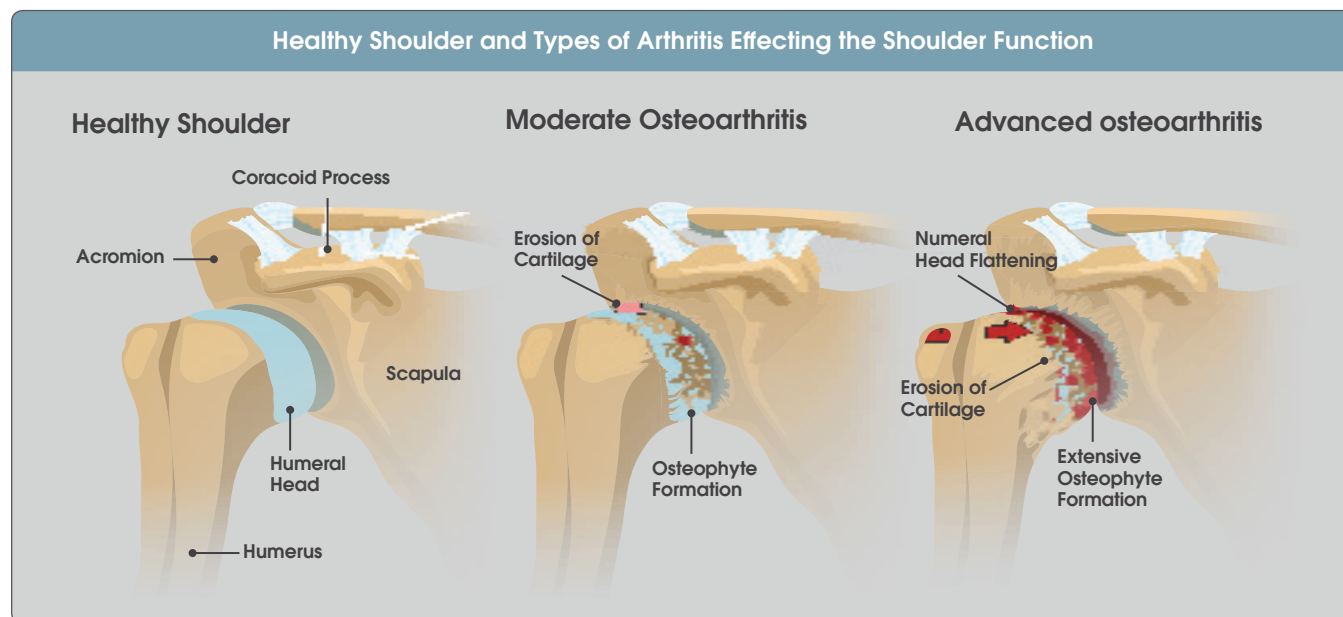
The shoulder joint is the most flexible of all the body's joints. When it is functioning normally, this flexibility allows movement of the arm in almost every direction through a full range of motion. When there is damage to any of the structures in the shoulder, movement is difficult and painful.

The shoulder is a ball and socket joint. The ball portion is found at the top of the arm bone, which is called the head of the humerus. This fits into the socket, which is called the glenoid. This ball and socket makes up the glenohumeral joint. The glenoid composes part of the shoulder blade, which is called the scapula. This area is a common site for arthritis to form. Arthritis results in narrowing of the joint space and causes stiffness and pain. Shoulder replacement may be an option for pain management and improving movement.



Common Causes of Shoulder Pain and Loss of Function

- **Severe arthritis in combination with large rotator cuff tears** that cannot be repaired
- **Various types of arthritis:** degenerative joint disease (osteoarthritis), rheumatoid or post-traumatic
- **Disruption of the blood supply** to the head of the humerus (avascular necrosis)
- **Severe fractures**



Types of Total Shoulder Replacements

The type of shoulder replacement your surgeon performs depends upon the extent of the abnormality affecting the shoulder.

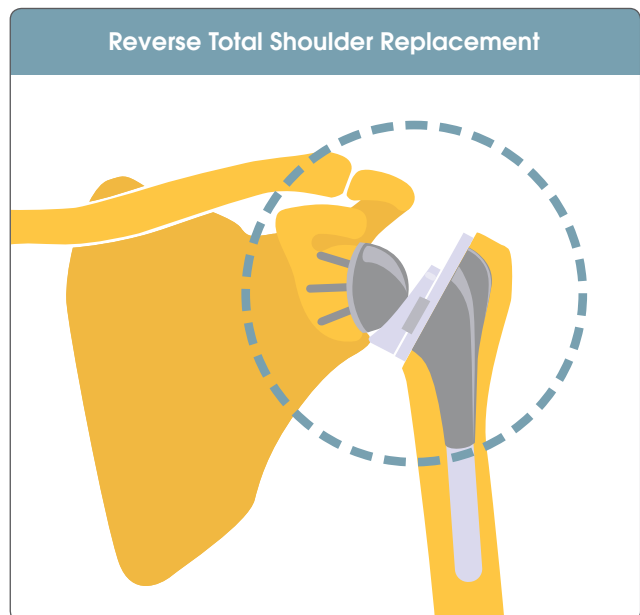
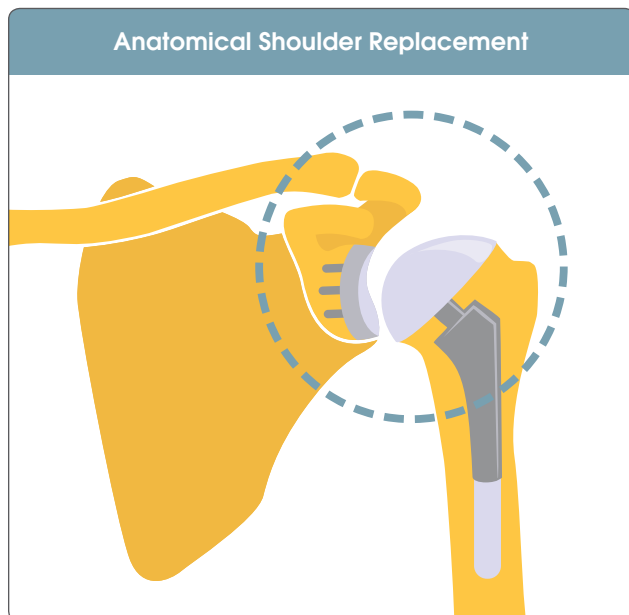
Anatomical Total Shoulder Replacement

Conventional total shoulder replacement is generally performed when cartilage is totally worn away, yet the rotator cuff tendons are in good condition. This type of shoulder replacement also relies on the rotator cuff muscles to move the arm. The system is modular, which allows the best fit possible. The arthritic head of the humerus bone is replaced using a metal stem and highly polished metal ball. The socket is replaced with a plastic durable material.

There are various types of implants available. Your surgeon will determine the appropriate type for you with the goal of eliminating shoulder pain, improving movement, and allowing a return to normal activities.

Reverse Total Shoulder Replacement

Reverse Total Shoulder Replacement is performed when there is damage to the rotator cuff, resulting in inability of these muscles to help move the arm properly. The positions of the components of the reverse total shoulder prosthesis are switched, in relation to how they are implanted in the conventional total shoulder procedure. The pieces include a durable plastic socket that is connected to the upper part of the arm bone and a metal ball that is attached to the shoulder bone. The goal of this surgery is to alleviate pain and to improve the ability to lift the arm up. The reverse total shoulder replacement relies on the deltoid muscle to provide movement to the arm, rather than the torn rotator cuff muscles.



The Orthopedic Evaluation

Most patients who undergo total shoulder replacement are age 60 to 80, but orthopedic surgeons evaluate patients individually. Recommendations for surgery are based on a patient's pain and disability, not age.

The orthopedic evaluation consists of several components:

- **Medical History.** Your orthopedic surgeon will gather information about your general health and ask about the extent of your shoulder pain and your ability to function.
- **Physical Examination.** This will assess your shoulder motion, stability and strength.
- **X-rays.** These images help to determine the extent of damage and deformity in your shoulder.
- **Other Tests.** Occasionally blood tests, a magnetic resonance imaging (MRI) scan, or a bone scan may be needed to determine the condition of the bone and soft tissues of your shoulder.

Your orthopedic surgeon will review the results of your evaluation with you and discuss whether total shoulder replacement would be the best method to relieve your pain and improve your function. Other treatment options including medications, injections, physical therapy, or other types of surgery also will be discussed and considered. Your orthopedic surgeon also will explain the potential risks and complications of total shoulder replacement, including those related to the surgery itself and those that can occur over time after your surgery.

Possible complications after surgery

The complication rate following shoulder replacement is low. Serious complications occur in less than two percent of patients. Major medical complications, such as heart attack or stroke, occur even less frequently. Chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit your full recovery.

Blood clots. Your orthopedic surgeon will outline a prevention program, which may include lower leg exercises to increase circulation and medication to thin your blood.

Dislocation. Your new shoulder may dislocate from the new socket or glenoid. This risk decreases as the muscles around the shoulder joint are strengthened through physical therapy.

Implant problems. Although implant designs and materials, as well as surgical techniques, have been optimized, wear of the bearing surfaces or loosening of the components may occur.

Infection. Infection may occur in the wound or deep around the prosthesis. Minor infections in the wound area are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis.

Nerve injury. While rare, injury to the nerves or blood vessels around the shoulder can occur during surgery.

Preparing for Surgery

Tests. Several tests such as blood samples, an electrocardiogram, chest X-rays and urine samples may be needed to help plan your surgery.

Medications. Tell your orthopedic surgeon about the medications you are taking. Your orthopedist or your primary care doctor will advise you about which medications you should stop or can continue taking before surgery.

Additional strategies to help reduce your risk of complications, include:

- **Dental evaluation.** Although infections after shoulder replacement are not common, an infection can occur if bacteria enters your bloodstream. Because bacteria can enter the bloodstream during dental procedures, you should consider getting any dental work completed prior to one week before your shoulder replacement surgery. Dental work should be delayed for three months after surgery. Your surgeon may want you to take antibiotics prior to any dental work after your surgery. Please discuss with your surgeon.
- **De-stress.** Research has shown a daily practice of 10 minutes of a relaxing activity can improve your healing and help you recover more quickly. Choose whatever calms you. For some, this could be listening to soothing music or reading a book. Be sure to bring something with you on the day of surgery to help you relax during your hospital stay.
- **Diabetes.** If you have diabetes, be sure that your blood sugar is well controlled. Talk with your primary care doctor, endocrinologist or surgeon if you have concerns.
- **Improve nutritional status.** Many times people have poor nutrition going in to surgery. If you can improve your nutrition even a small amount. It will help with recovery after surgery. We encourage increasing your lean protein intake before surgery. Examples of lean protein are Greek yogurt, chicken, fish, eggs and lean beef. You may also drink high protein supplements such as Ensure or Boost.



Ensure pre-surgery is a supplement that you can purchase before your surgery to drink on the morning of your surgery. It can be purchased from the pharmacy in the Reichert Health Center, St Joe's Ann Arbor. Do not purchase this if you take insulin for diabetes (*see page 11 for further instructions*).

- continued on page 8

Patient financial services (registration, scheduling and billing)

Registration information, including medical insurance information, will be obtained by phone before your surgery. If a patient financial services representative is unable to reach you by phone, please call 877-791-2051 or toll-free 800-676-0437 prior to your surgery.

Preparing for Surgery - continued

- **Weight loss.** If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your new shoulder and possibly decrease the risks of surgery.
- **Exercise/Activity.** Continue any particular exercise or activity you have been doing. Working out, golfing, walking, stationary bike, swimming, etc., are all valuable. Even just a few simple exercises can make your recovery better.
- **Keep as active as you can.** Continue getting out, shopping, social activities as you are able. Both the physical activity and the social connections help you adjust to post-op recovery. Interrupt your sedentary activities! (Long periods of sitting or lying down increases your health risks.) When sitting, take a short walking break every hour or so.
- **Skin preparation.** You will be given specific instructions in how to care for your skin prior to surgery. This is important to reduce your risk of an infection. After showering and using the skin prep, it is important that you lie on clean sheets, clean nightclothes and not with your pets. Please take the time to plan for that. It is also important that you wear clean clothing to come to the hospital the following day. *(see page 10, "Preoperative Skin Preparation Instructions")*
- **Stop smoking.** This is one of the most important steps you can take to improve your post-op recovery. Numerous studies have shown that smokers have a significantly higher risk of complications and poor outcomes. Talk to your primary care doctor about starting nicotine patches. We can order the patches while you are in the hospital.

Home Planning

Home modifications can make your return home easier during your recovery.

- You will need some help for several weeks with tasks such as cooking, shopping, bathing and laundry. You will also need someone to drive for you for a few weeks.
- Make sure you have a phone available in case you need to contact anyone.
- Plan in advance, make sure you have enough groceries or ready made meals for after surgery.
- Clean up clutter around your home to help prevent falls after surgery.
- Arrange your home so you can get around safely without navigating stairs, if possible.
- Think about how you would be most comfortable sleeping. A recliner or wedge for your bed may be helpful. Which side is your chair recliner lever on? You may not be able to use after your surgery.
- Gather extra pillows to support your arm in a chair or bed.
- Have a night light in your bathroom or hallway.
- Place things you use often on a surface that is easy to reach.
- Install grab bars in the shower and have a non slip bath mat available.
- Practice these daily tasks before your surgery without using the arm you will be having surgery on - getting in and out of bed, getting up and down from a chair, getting dressed, going to the bathroom and bathing.

Day of Surgery

Anesthesia. The most common types of anesthesia are general anesthesia and local nerve blocks. The anesthesia team, with your input, will determine which type of anesthesia will be best for you.

Procedure. The procedure itself takes one to two hours. Your orthopedic surgeon will remove the damaged cartilage and bone, and then position the new metal and plastic joint surfaces to restore the alignment and function of your shoulder.



Items to BRING with you:

- This book
- CPAP machine (if you have one)
- Copy of your advance directive/living will (if you have one)
- Drivers license/photo identification
- Insurance information/card
- Home medication list
- List of all allergies to medications
- List of important phone numbers (family or close friends)
- Toiletries
- Loose and comfortable clothing
- Good fitting slippers/shoes

Items to REMOVE BEFORE SURGERY

- Dentures or any removable dental work
- Glasses and contact lenses
- Hairclips, hairpins
- Jewelry, including all piercings
- Make-up
- Nail polish
- Tampons
- Wigs

Items NOT to bring

- Large sums of money
- Jewelry
- Home medications
- Opioid prescriptions

The hospital is not responsible for lost items

Preoperative Skin Preparation Instructions

Night before surgery

- Shower or bathe with antibacterial soap (example: Dial®)
- Wash hair with any shampoo
- Towel dry with a clean towel
- DO NOT apply any makeup, lotions, oil, powders or deodorant on your skin
- Dress in clean clothes/sleepwear
- Place clean sheets on bed
- Wait two hours, until skin is cool and dry

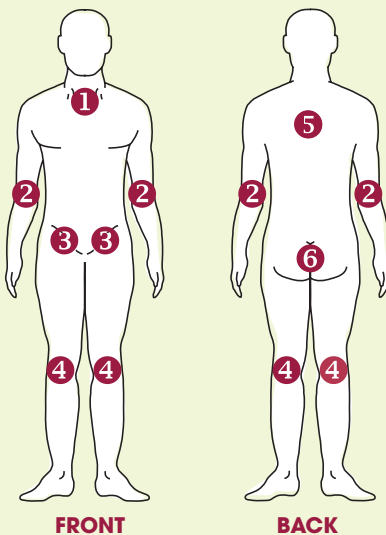
Morning of surgery

- DO NOT shower, bathe or shampoo hair
- Wash face and private areas
- Brush teeth and rinse mouth
- Wear loose comfortable clothing to hospital

Proceed with using Chlorhexidine Gluconate cloths

- Wash and dry hands prior to use. Open the packages and remove the cellophane film and discard. Using scissors cut off the end seal of all three packages.
- Use one clean cloth to prep each area of the body in order as shown below.
- Wipe each area in a back-and-forth motion and thoroughly. Assistance may be required.
- Use all cloths in the packages and discard in trash.
- Allow your skin to air dry. Skin will feel sticky/tacky – DO NOT WIPE OFF
- Cloths will not stain fabrics
- Keep pets out of bed
- Relax or sleep

Note: Do not use chlorhexidine wipes on your face or private areas.



- 1 Wipe your neck and chest.
- 2 Wipe both arms, starting each with the shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas.
- 3 Wipe your abdomen and right and left hip including thigh creases.
- 4 Wipe both legs, starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.
- 5 Wipe your back starting at the base of your neck and ending at your waist line. Cover as much area as possible. Assistance may be required.
- 6 Wipe the buttocks.

Surgery Day

Arriving at the hospital

- **Illness.** Notify your surgeon’s office immediately if you develop any kind of illness the morning of your surgery or within ten days before surgery (cold, flu, fever, herpes outbreak, skin rash or infection, or “flare-up” of a health problem). Sometimes, even minor health problems can be quite serious when combined with the stress of surgery.
- **Eating.** Do not eat anything after midnight the night before your surgery.
- **Drinking.** On the day of surgery, you will arrive at the hospital two hours before your scheduled surgery. You will drink a bottle of **Ensure® Pre-Surgery Clear Nutrition Drink** (10 ounce bottle) on your drive to the hospital. It needs to be finished two hours before your surgery which is your arrival time.

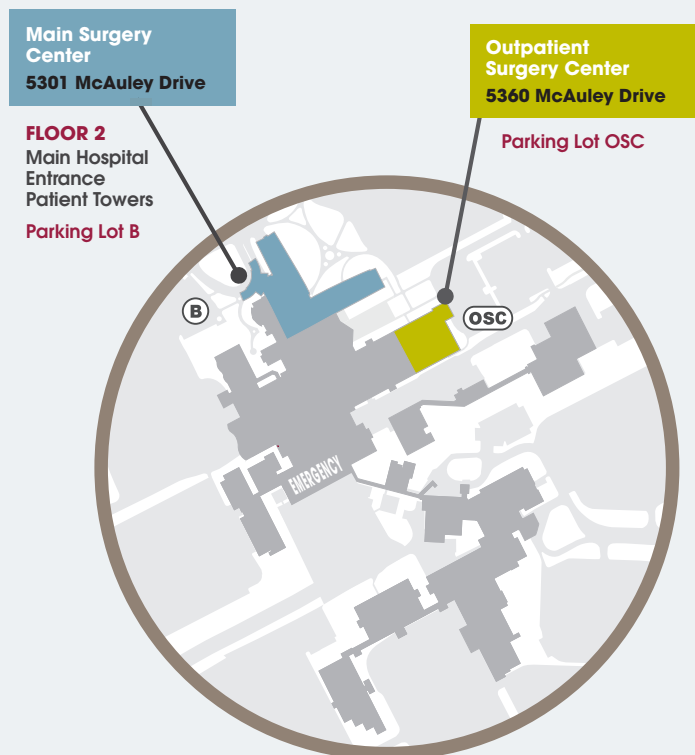
Ensure Pre-Surgery is a carbohydrate rich beverage, with added supplements that you will drink the day of your surgery - no substitutions. It improves your comfort, hydration, hunger and thirst and provides nutrients to aide in your post-op recovery. You may purchase this drink at the Reichert Heath Center Pharmacy on the St Joe’s Ann Arbor Campus.



Patients with Diabetes

Ensure® Pre-Surgery Clear Nutrition Drink is not for patients who take insulin.

If you take insulin, you may drink 16 ounces of clear fluid up to four hours before surgery.



Hospital Parking

If your surgery is scheduled at the Main Operating Department, go to the Patient Towers Area (parking lot B) and check in at the front desk in the lobby of the main hospital. Once you are checked in, you will be given directions to the Preoperative Holding Area (Main Surgery Center).

If your surgery is scheduled in the Outpatient Surgery Center, go to the Outpatient Surgery Center parking lot OSC and check in at the front desk. Once you are checked in, you will be given directions to the Preoperative Holding Area (Surgery Waiting Area).

Shuttle Service | 734-712-3344

Main Hospital: 7 a.m. - 6 p.m.

Reichert Health Center: 7 a.m. - 5 p.m.

Surgery Day - continued

Preoperative Holding

In the preoperative holding area, you will meet your surgical team and complete mandatory surgical and anesthesia consent authorization forms. A family member or companion may be invited to stay with you in this area until it is time to go to the operating room. Family or companions are limited to two at any given time.

Surgery Family Room

Your family or companions will be asked to provide a cell phone number so they can be notified when to return to the surgery family room. After surgery, your doctor will talk to your family or companions in the surgery family room. Your family will be informed when you are assigned a hospital room. They can meet you in your hospital room after you come out of recovery.

The Operating Room

The lights will be bright and the room temperature will seem cool. Small sticky pads will be placed on your chest to monitor your heart throughout the procedure. A blood pressure cuff will be placed on your arm to check your blood pressure every few minutes. A probe will be placed on your finger to check how much oxygen is in your blood. You will be given extra oxygen to breathe through a mask. The anesthesiologist will give you medicine through your IV that will make you go into a deep sleep. Your nurse will be near you as you go to sleep. Warm blankets are available for your comfort.

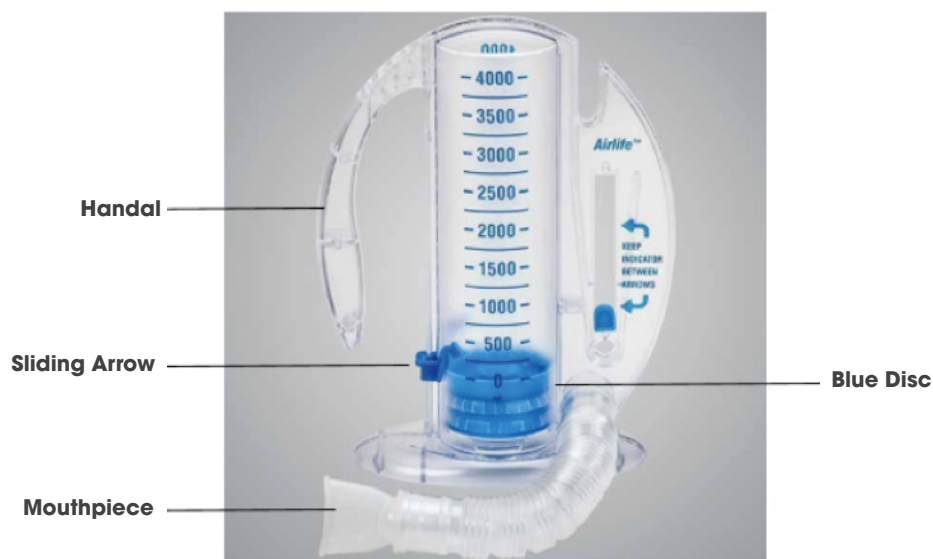


Incentive Spirometer

Read these instructions before your surgery so that you will be prepared to start these exercises as soon as possible after your surgery. Take at least 10 breaths every hour, resting after each breath. Continue using the Incentive Spirometer for one to two weeks after your surgery.

Incentive Spirometer

- **Deep breathing is very important after surgery.** It expands the lungs, helps circulation and helps prevent pneumonia. Your surgeon wants you to perform deep breathing exercises after surgery. You will also use an incentive spirometer to help you meet goals for deep breathing.
- The incentive spirometer is a plastic device that helps you to breathe deeply. It encourages you to take deep breaths and gives you instant feedback on how well you are doing.
- **How Do I Use the Incentive Spirometer?** Sit up as straight as possible so that your lungs can fully expand. Hold the spirometer's mouthpiece with one hand and the spirometer's handle with your other hand. Keep the spirometer level with your mouth.
 - Exhale normally, and then place your lips tightly around the spirometer's mouthpiece.
 - Slowly inhale through the mouthpiece as much air as you can. Give this your best effort! Watch the blue disc in the spirometer rise to see how deeply you inhaled. The deeper you breathe, the higher the blue disc rises. Hold your breath and count to five. Try to keep the disc elevated in the spirometer if you can.
 - Finally, remove the mouthpiece from your mouth and exhale normally. Rest for a moment and then repeat the exercise. Rest in between each deep breath. As you fully expand your lungs you will see the disc rise higher. You can track your progress on the spirometer with the sliding arrows. As you master one level, aim to move the disc higher with the next set of deep breaths.



Leg Exercises After Surgery

These exercises will help return blood from your legs to your heart. This improves circulation and helps prevent blood clots. You should do these exercises when you are in bed after your operation. You can practice these at home as well.

Doing the Leg Exercises

- Push toes of both feet toward the end of the bed. Relax both feet. Pull toes of both feet toward your chin. Relax both feet.
- Point your toes and draw a circle with them, first to the right and then to the left.
- **It is important that you exercise your legs every hour while you are awake.**

Walking

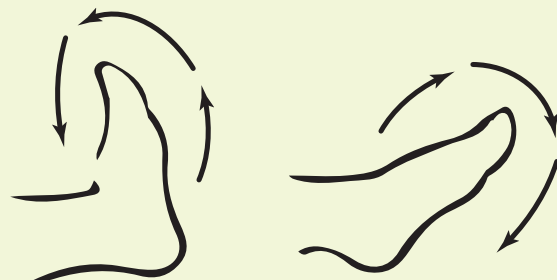
- Walking involves all your systems, promotes normal body functions, helps you take deep breaths, improves your circulation and helps relieve any gas pains or muscle spasms you might have. Ask for help getting out of your bed until your nurse tells you it is safe for you to do this alone or with a family member.
- **You should take a short walk with help on day of surgery.** Starting the day after surgery you should take a walk out in the hall at least five times each day. Try to walk a little farther each time you walk.



Leg Exercises | It is important that you exercise your legs every hour while you are awake.



Push toes of both feet toward the end of the bed. Relax both feet. Pull toes of both feet toward your chin. Relax both feet.



Point your toes and draw a circle with them, first to the right and then to the left.

After Your Surgery

You may expect the following:

- **Diet.** You may eat your normal diet after surgery. It may take several days before your appetite returns to normal. Some patients will experience nausea, and medications will be used to prevent this. You will receive fluids intravenously to prevent dehydration.
- **Medications.** Your doctor and nurses will review your home medications and start these if needed. You will receive antibiotics through your IV to help reduce the risk of infection. If you feel nauseated, medications will be given through your IV or by injection.
- **Lung congestion prevention.** To avoid lung congestion after surgery you should breathe deeply and cough frequently to clear your lungs and use your incentive spirometer (*see page 13*).
- **Blood clot prevention.** Your orthopedic surgeon may prescribe one or more measures to prevent blood clots and decrease leg swelling, such as inflatable leg coverings (compression devices) and blood thinners. Foot and ankle exercises will also help prevent leg swelling and blood clots (*see page 14*).
- **Numbness.** You may feel some numbness in the skin around your incision. This will improve over time following your surgery.
- **Pain management.** You may have a **nerve block** placed after your surgery. This is a tiny soft tube to help with pain relief after your surgery it will be placed near your shoulder. It is connected to a portable pump that delivers numbing pain medication around the bundle of nerves that leads to your operative shoulder and arm. Depending on the dose you need, the pump will run for three to four days. You may still have pain with a nerve block and need to take additional pain pills.
- **Your new shoulder may activate metal detectors required for security in airports and some buildings.** Tell the security agent about your shoulder replacement if the alarm is activated.

Continue to do the following:

- Elevation and cold therapy are important to help control pain and swelling. Elevate your hand above your elbow using a pillow or sling. Cold therapy may include ice packs, gel packs or cold machine.
- Take special precautions to avoid falls and injuries. Individuals who have undergone total shoulder replacement surgery and suffer a fracture may require more surgery.
- Tell your dentist that you have had a shoulder replacement. You may need to take antibiotics before any dental surgical procedure to prevent possible infection. Please ask your surgeon for their recommendations.
- You will have regular follow-up appointments orthopedic surgeon.

Recovery at Home

- **Activity.** You should be able to resume most normal activities of daily living within three to six weeks following surgery. Some pain with activity and at night is common for several weeks after surgery.
- **Constipation.** Opioid induced constipation is a side effect that is common when taking opioid medications. To prevent this, drink 8 - 10 (8 oz.) glasses of water or fluids each day unless told to limit your fluids by your health care provider. Warm liquid can also help bowels to move. Unless you have dietary restrictions, increase the amount of fiber in your diet such as dried/fresh fruit, popcorn, berries, wholegrain breads/cereals. Take an over-the-counter stool softener (Colace) and laxative (Miralax and Senna) each day you are taking opioid pain medication
- **Diet.** Some loss of appetite is common for several weeks after surgery. Small frequent meals can be helpful to regain your appetite. A balanced diet is important to promote proper tissue healing and restore muscle strength.
- **Driving.** You will not be able to drive after surgery until approved by your surgeon. On average this can take up to four weeks while you recover. You will also not be able to drive while taking opioids.
- **Hand washing.** It is very important that you and anyone that is helping you care for your incision, wash your hands often and thoroughly. Bacteria carried on our skin and hands can lead to a wound infection. Do not use the same soap and/or cloth you use on your body on your incision. Use an anti-bacterial soap once it is okay for you to wash your incision. Your nurse will give you more incisional instructions before you are discharged.
- **Pain control.** You will be given a prescription for pain medications when you leave the hospital. These medications can cause constipation (your ability to have a bowel movement is slowed down). Do not drink alcohol or drive while taking opioid pain medication. Never take more than your prescribed dose. Some pain medications can have serious side effects including slowed or stopped breathing, confusion or changes in blood pressure. Others include dizziness, nausea or vomiting. If your pain is not relieved, contact your surgeon's office. Do not take more than prescribed or combine medications without first talking to your surgeon. Caution must also be taken when you are taking other medications for other conditions such as anti-depressants, sedatives, etc., as the side effects can become more noticeable. After discharge, unless told otherwise, a plan will be made to help you safely stop your opioid medication. This plan will decrease the amount of opioids you take. It is important that you follow this plan and do not quickly stop these medications as they can cause symptoms of withdrawal.



- **Prescriptions.** Consider having your prescriptions filled at one of our on-site pharmacies before you leave. If you want to have your prescriptions filled at the pharmacy you use frequently, you should call and ask them before you are discharged to see if they carry your medications to ensure you have the medications you need.
- **Incision care.** You will have a dressing over your incision that will remain in place until you remove it on day seven after your surgery. Avoid submerging your incision in water until your incision has completely healed. You will be given instructions about removing your dressing and showering before you leave the hospital.
- **Swelling management.** Elevation and cold therapy are important to help control pain and swelling. Elevate your hand above your elbow using a pillow or sling. Cold therapy may include ice packs, gel packs or cold machine.



Post-Operative Guide

Preventing Blood Clots

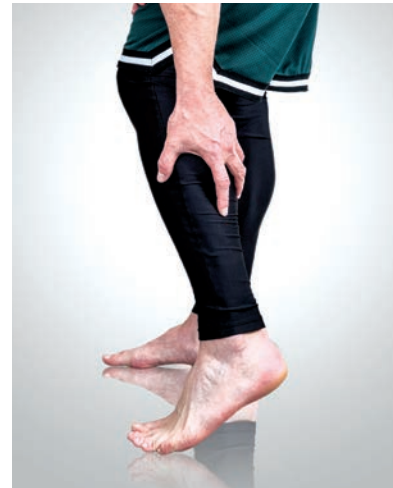
Follow your orthopedic care team's instructions carefully to minimize the potential of blood clots that can occur during the first several weeks of your recovery.

Warning signs of possible blood clots in your leg include:

- Increasing pain in your calf
- Tenderness or redness above or below your knee
- Increasing swelling in your calf, ankle and foot

Warning signs a blood clot has traveled to your lung include:

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



Avoiding Falls

A fall during the first few weeks after surgery can damage your new shoulder and may result in a need for further surgery. Your surgeon and physical therapist will help you decide which assistive aides will be required following surgery, and when those aides can safely be discontinued.

Managing Swelling and Pain

- **Expect swelling and bruising on your shoulder and hand.** Wear your sling as instructed by your surgeon and keep your hand higher than your elbow to prevent swelling.
- **Ice your shoulder.** You can use different options for cold therapy. Whether you are using a cold machine, gel bag or ice bag, you can use it continuously. Ensure you have some protection between the cold and your skin. Using cold therapy can help with pain, swelling and bruising.
- **Take your pain medicine as soon as you begin to feel pain.** It helps to take it before exercise and at bedtime. Take the pain medicine with food.
- **Watch for side effects of pain medicine** such as dizziness, nausea, sleepiness or constipation. If you become dizzy when standing, sit back down, so that you will not fall.

Managing Constipation

- **Drink fluids.** It is important to drink water frequently during the day. Your water intake is important to help prevent constipation. Avoid alcohol or drinks with caffeine.
- **Eat plenty of fiber-rich fruits and vegetables,** such as berries, carrots, beans and peas.
- **Take an over-the-counter stool softener** (Colace) **and laxative** (Miralax and Senna) each day you are taking opioid pain medication.
- **If you have not had a bowel movement within three days after discharge** and you have been taking the above bowel medications call your surgeons office for further instructions.
- **Constipation recipe:** 2 oz. prune juice + 2 oz. clear soda + 2 oz. milk of magnesia. Mix and drink, follow with 8 oz. of warm water.

Recovery Tips

- **Walk a few minutes indoors every hour while awake to prevent blood clots.** Don't spend too much time sitting. It may be easier to rise from a higher chair with arms.
- **Do deep breathing exercises every hour while awake to help keep lungs clear.** Use your incentive spirometer.
- **Incision care remove your dressing seven days after your surgery.** You may shower with the dressing in place. You can wash your incision with soap and water after dressing removal. Don't put cream or lotion on your incision.
- **Expect your arm/shoulder to be swollen and bruised after surgery.** Your incision may also be warm and red.



Precautions

- Avoid reaching out to the side.
- Avoid turning the arm in or putting your hand across the body.
- Do not use the arm to push yourself up in bed or from a chair because this requires forceful contraction of muscles.
- Do not lift anything heavier than a glass of water, until allowed by your surgeon.

When to Seek Medical Help

If you experience any of the following after surgery:

- Increased pain or stiffness in a previously well-functioning joint
- Pain that is not controlled by your pain medication, elevation, rest and cold therapy
- Calf pain
- A fall or injury to your surgical arm/shoulder
- Swelling not controlled by elevation, rest and cold therapy
- Drainage from the incision
- Increasing warmth and redness around the incision
- Wound drainage or foul odor
- Fever over 101.0° F for one day or 100.0° F or more for three days in a row; if you develop chills or night sweats that are new for you.

It's recommended to take your temperature at the same time every day (between 3-7 p.m.). You can purchase a thermometer at any pharmacy or grocery store.

- Unexplained bleeding or bruising
- If you have not had a bowel movement by the third day after surgery

Go to an Emergency Room, if you notice the following:

- Chest pain
- Shortness of breath at rest
- Mental status changes/confusion



Daily Activities After Surgery

Please follow your restrictions as outlined by your physician.

Getting Dressed

Wear loose fitted clothing for increased ease of dressing. While getting dressed try to minimize movement at the shoulder, using your non-operated arm to do the work. It is best to sit while getting dressed to prevent losing your balance.



Thread surgical arm into sleeve. Pull up sleeve as much as you can, without moving the shoulder.



Using your non-surgical arm, pull the shirt around your back.



Thread non-surgical arm through sleeve. You may use both arms to zip or button up your shirt. If applicable, place sling to surgical arm.



Thread surgical arm through sleeve first, pull up sleeve as high to armpit as you can.



Using "good arm," pull your shirt over and through head opening.



Then feed through other arm, avoiding moving your surgical arm. Adjust shirt as needed. Re-place sling if indicated once shirt is on.

Sling Management

Please wear your sling as directed by your surgeon



Place operated arm in sling, you may need to sit and lay it on your lap to thread, making sure your elbow is all the way back in the sling.



Using your unaffected arm, bring the strap around the back of your shoulder and neck.



With Velcro side facing up, thread strap through ring and attach, until arm is elevated to at least 90 degrees at elbow.



Make sure sling is positioned correctly with elbow all the way to the back of the sling, strap is adjusted so arm is parallel to hips.

Bathing

While sitting or standing, lean forward at hips and let gravity take your surgical arm away from the body to wash under your arm, do not actively lift the arm away from the body.

Grooming and Eating

You may use your surgical arm for things like feeding your- self, however do not lift your arm to comb or brush your hair.

Household chores

Avoid lifting anything heavier than a glass of water with your operated arm and nothing heavy with your non-operated arm. Housework will also need to go on hold until after your first post-op visit.

Toileting

Use non-surgical arm to manage clothing and to wipe, if you are unable, you may need to use a reacher or bathroom aid.

Mobility After Surgery

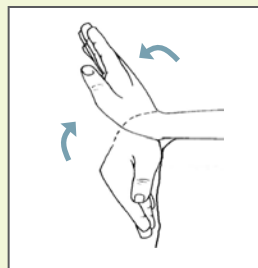
- Therapy will be prescribed per your surgeon’s recommendation-usually two weeks after surgery.
- Avoid movements at the shoulder such as reaching out to the side or reaching across your body.
- Avoid placing your arm in any extreme position, such as straight out to the side or behind your body.
- Do not use the arm to push yourself up in bed or from a chair because this requires forceful contraction of muscles.
- Do not lift anything heavier than a glass of water, until allowed by your surgeon.
- Increase your walking everyday. It is important to get up every hour when you are awake to prevent blood clots.

General Exercises

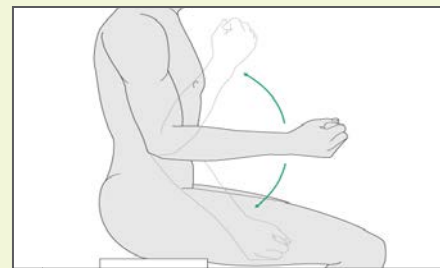
These exercises are a general guideline. Please perform exercises to your surgeon’s guidelines, if otherwise indicated.



Extend fingers and clench in fist. Helps promote circulation and prevent swelling.



Flex and extend the wrist up and down. Also assists with circulation and to prevent swelling.



Come out of the sling for this exercise. Bend and straighten at the elbow joint only with the assistance of the other arm. You may also need support at the elbow, from a hand or tabletop. Do not push past pain.

