Shoulder Replacement Guide

Patient Guide to Surgery and Recovery

Ann Arbor • Brighton • Chelsea • Livingston

Trinity Health

What is Enhanced Recovery?

Enhanced Recovery is a program for surgical recovery based on the most current research findings. The program focuses on providing patients with tools to ensure they are prepared for their surgery and actively involved in their recovery.

Goals of Enhanced Recovery

- Prepare you physically and emotionally for surgery
- Provide better pain control with fewer side effects
- Help to increase early movement after surgery
- Shorten hospital stay and quicker return to normal activities

Team of Health Care Providers

A team of health care providers is ready to help you during your hospitalization. **An important member of this team is the nurse navigator.** The navigator is your point of contact for any questions or concerns you have before or after your surgery.

- **Ann Arbor Orthopedic Nurse Navigator**: 734-712-2392
- **Brighton/Livingston Orthopedic Nurse Navigator:** 810-844-7614
- **Chelsea Nurse Navigator**: 734-593-5811

This handbook will help you better understand shoulder replacement surgery. It will also help you to know how to prepare for your surgery, what to expect during your hospitalization and how to care for yourself when you go home.

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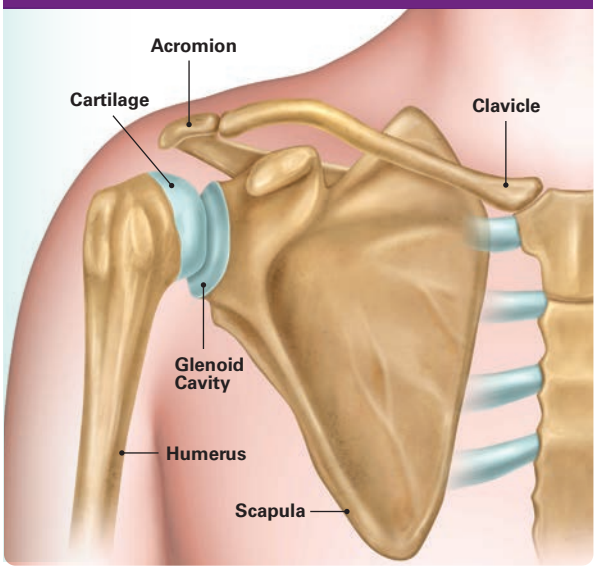
How the Normal Shoulder Works

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.

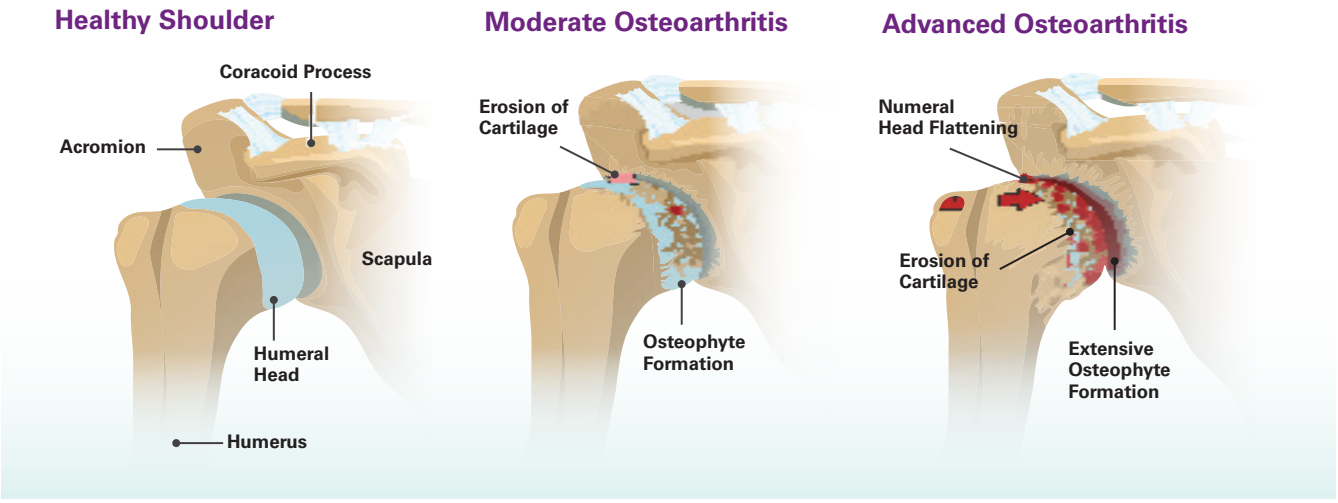
Shoulder Anatomy



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**

Healthy Shoulder and Types of Arthritis Effecting the Shoulder Function



Types of Total Shoulder Replacements

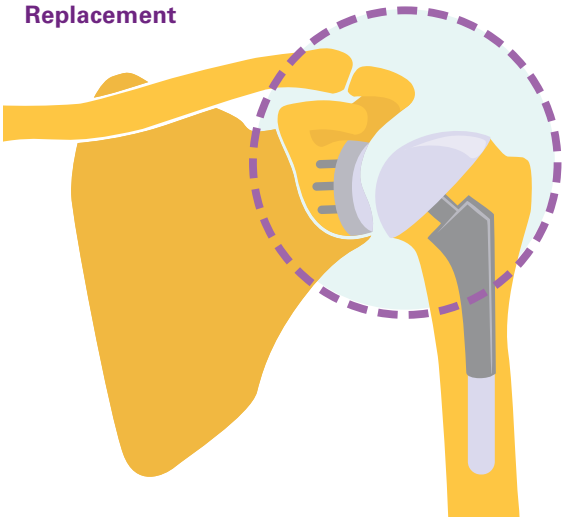
The type of shoulder replacement your surgeon performs depends upon the extent of the abnormality affecting the shoulder.

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.

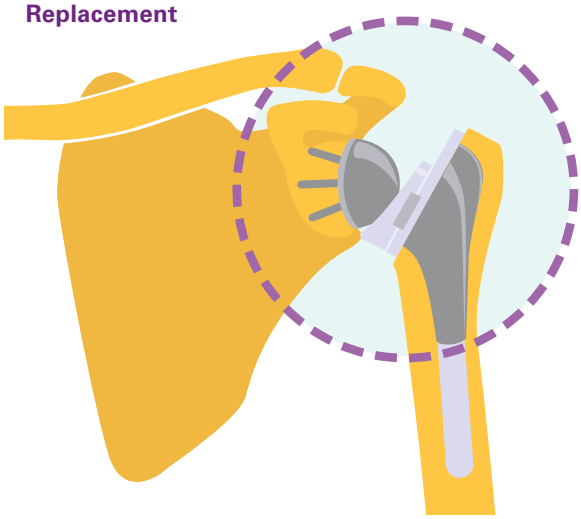
Anatomical Shoulder Replacement



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.

Reverse Total Shoulder Replacement



Lower Your Risk, Improve Your Outcome

Certain health conditions/risk factors increase your chance of complications from surgery. Total Joint replacement is an elective surgery, therefore we want you in the best health possible for the best outcome.

- A risk factor is something that increases your chance of having complications from surgery. The more risk factors you have, the greater your chance of complications.
- Some risk factors are modifiable, because you can do something about them by making changes in your lifestyle.
- Your orthopedic surgeon may delay scheduling your surgery while you work on modifying any risk factors you have. We may ask you to return to your primary care physician (PCP) or other provider for assistance before your surgery is scheduled.

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 strangthened 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.

Strategies to help reduce your risk of complications

De-stress

Research has shown a daily practice of ten 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. For others, it could be reading a novel.

Increase activity

Please follow the recommendations on **pages 9-10** to help you increase your activity. Slowly increase your activity every day leading up to your day of surgery. This may include walking by increasing the number of steps you take every day.

Pre-Surgery Checklist

Your surgery may be cancelled if these steps are not completed:

Scan the QR Code to register for class.

- [ ] **Register for pre-operative class as soon as possible.**

  Register for class at the location of your surgery by scanning the QR code or visiting: **trinityhealthmichigan.org/ortho-help** and review the information on this website.

- [ ] **Watch Nerve Block Video.**

  You will find the video on the above website or by scanning the above QR code.

- [ ] **Choose a coach.**

  A coach is a person who can help support you in your recovery both in the hospital and at home. Your coach is someone who will help you stay motivated and succeed.

- [ ] **Create a post-operative plan for your recovery:**

  • Prepare your home following the guidelines discussed in class (e.g. remove throw rugs).

  • Arrange to have assistance at home (24-hour assistance is not required).

  • Arrange for a driver for your appointments and discharge from the hospital.

- [ ] **Attend your history and physical appointment (Pre-admission testing).**

  This appointment is mandatory. If you are unable to attend, you must cancel 48 hours prior to the appointment time, by calling **734-712-1313** to reschedule.

  Date _____

- [ ] Please follow the infection prevention guidelines given to you regarding the body wipes, washing your bed linen, changing your pajamas and the restrictions on pets on page 13.

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. There are some medications you may need to stop taking prior to your surgery. You will receive more information about this at your pre-operative testing visit.

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 get any needed 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 ***(see pages 11-12).***

- **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 at Trinity Health Ann Arbor Hospital: Reichert Medical Center pharmacy or Joe's Java, main hospital; Trinity Health Medical Center - Brighton: Joe's Java or Genoa Medical Center Pharmacy; Trinity Health Livingston Hospital, Joe's Java or Chelsea Hospital, Joe's Java. Do not purchase this if you take insulin for diabetes ***(see page 14 for further instructions).***

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.

- **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 13, "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.
- **Manicure/Pedicure.** Do not get a manicure or pedicure during the week prior to your surgery and do not apply any nail polish prior to surgery.

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.

Improve Your Nutritional Status

Excellent nutrition for at least two to four weeks leading up to your surgery can help improve healing and recovery time. It is very important to eat a healthy, balanced diet. Look for fresh, whole foods with minimal or no processing to fuel your body. Complex carbohydrates include whole grain pasta, brown and black rice, oatmeal, ancient grains, quinoa, couscous and whole grain bread. Make your noon time meal the largest meal of the day to help optimize your energy stores.

Water

Your body uses water in all its cells, organs and tissues to help regulate your temperature and maintain other bodily functions. Drink a minimum of 64 ounces of water or fluid daily unless your doctor has advised otherwise.

Protein

Eating more protein before surgery can help improve your recovery after surgery as your protein needs can double after surgery. Include protein with each meal. Protein is found in a variety of foods including fish, poultry, meat, eggs, dairy, Greek yogurt, cheese, beans, nuts (almonds, walnuts, nut butters) and seeds. If you are a vegetarian, you can meet your protein needs by eating plenty of vegetables, tofu, legumes, nuts, seeds and nut butters. If you prefer a nutrition bar, choose one that provides at least 10 grams of protein and less than 10 grams of sugar per bar.

- continued on page 12

Improve Your Nutritional Status - continued

Calories

To meet your high calorie needs after surgery, eat many small meals throughout the day. Choose foods packed with nutrients to help improve your intake.

Antioxidants

Antioxidants boost your immune system and remove harmful toxins from your body. Most fruits and vegetables are rich in antioxidants and can be identified by their bright red, yellow or orange colors. Apples, berries, broccoli, carrots, cranberries, red grapes, spinach, tomatoes and walnuts are rich in antioxidants.

Foods to Avoid

Avoid foods that increase inflammation in your body, such as sugar and white flour; saturated fats from high fat meats and organ meats; trans fats from commercially baked goods; and alcohol. Limit processed foods and foods from a box. Focus on fresh foods, including fresh fruits, vegetables and nuts.

High Protein Snack Ideas

Read the label and aim for at least 7-10 grams of protein per serving. If you are following a special diet, consult with your registered dietitian for a custom list of high protein snacks.

- Greek yogurt (no sugar added)
- Cheese - string cheese, cottage cheese, cubed or sliced cheese
- Peanut/nut butter with apple slices, vegetables or crackers
- Sliced, lean deli meat and/or cheese with bread or crackers
- Nuts and seeds
- Hard boiled eggs
- Hummus with veggies or crackers
- Edamame
- Kefir, milk, protein supplements
- Meat jerky
- Grains: quinoa, beans, lentils, faro, millet
- Soup, bone broth
- Canned tuna, salmon or sardines
- Protein bar - at least 10 grams of protein and less than 10 grams of sugar
- Protein powder - choose an organic grass fed protein powder without any artificial ingredients or flavorings

Surgery Preparation

Showering the Evening Before Surgery

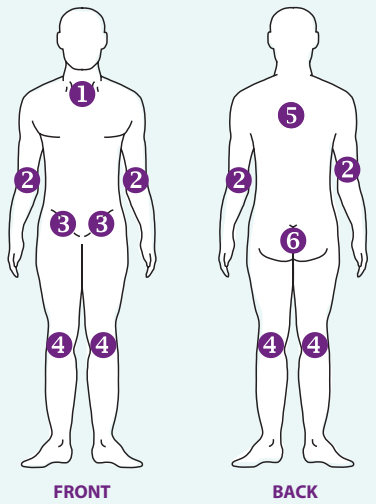
- Shower or bathe with antibacterial soap (example: Dial) the evening before surgery.
- Wash your hair with any shampoo and towel dry with a clean towel. Wait for two hours before using the chlorhexidine gluconate cloths.
- Follow the Preoperative Skin Preparation instructions below if you have been given Chlorhexidine Gluconate Cloths to use.
- Paying attention to personal hygiene before and after your surgery is critical to preventing infections.
- DO NOT shave your surgical site for at least five days before surgery.
- DO NOT apply any makeup, lotions, oil, powders or deodorant on your skin.
- After showering, dry off with a clean towel and put on clean clothes. Place clean sheets on your bed.
- DO NOT sleep with your pets. Pet hair can adhere to your skin, increasing your risk for infection.

Preoperative Skin Preparation Instructions

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

Surgery Preparation

- **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.

- **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. Your health care provider will give you further instructions.

  It can be purchased at Trinity Health Ann Arbor Hospital: Reichert Medical Center Pharmacy or Joe's Java, main hospital; Trinity Health Medical Center - Brighton: Joe's Java or Genoa Medical Center Pharmacy: Trinity Health Livingston Hospital, Joe's Java or Chelsea Hospital: Joe's Java.

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.

Morning of Surgery

- **Wash your face and private areas.**

Do not shower after using the Chlorhexidine wipes.

- **Brush teeth and rinse your mouth.**
- **Wear loose comfortable clothing to hospital.**

DO NOT:

- Apply any makeup, lotions, oil, powders or deodorant on your skin
- Suck on candy, breath mints or cough drops
- Chew gum
- Smoke, vape or chew tobacco

Items to BRING & REMOVE

Items to BRING

- Belongings keep in the car, your family can bring them to your room after surgery
- Check or credit card to pay for medical equipment and prescription co-pays at discharge
- Copy of your advanced directive/ living will (if you have one)
- CPAP/BiPAP machine, if you have for sleep apnea
- Driver's license/photo identification
- Home medication list
- Insurance information card
- List of all allergies to medications
- Personal toiletries
- Phone charger
- Slippers

Items to REMOVE

- Contact lenses, please wear glasses and bring a case
- Dentures or any removable dental work
- Hair clips, hair pins
- Jewelry including all piercings
- Nail polish
- Wigs

Items NOT to bring

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

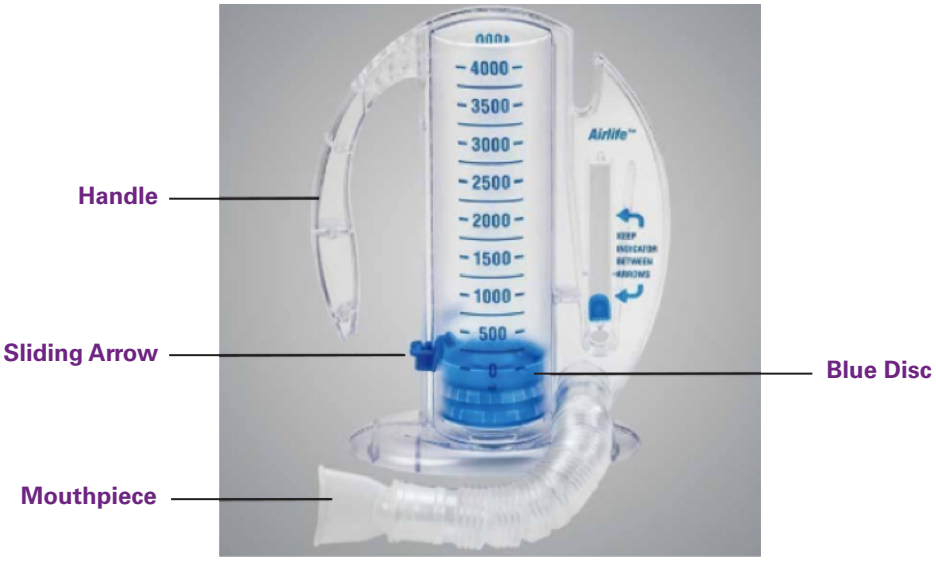
The hospital is not responsible for lost items.

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 at least one to two weeks after your surgery.

Incentive Spirometer

- **Deep breathing is very important after surgery.** It expands the lungs, helps with 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, keeping the blue disc elevated and count to five if you can.
  - Finally, remove the mouthpiece from your mouth and exhale normally. Rest for a moment and then repeat the exercise for 10 reps. Be sure to 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.
  - Following discharge, use your incentive spirometer at least four times a day until you are back to your usual activity.



Hospital Recovery

- **Bedside devices.** You will have Intermittent Pneumatic Compression Devices on your legs to reduce the risk of blood clots. These devices pump up for a few seconds on your lower legs, giving them a gentle squeeze, then release.
- **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.
- **Incentive Spirometer.** It will be important for you to cough and breathe deep after your surgery and you will be encouraged to use a device called an incentive spirometer. Your nurse will instruct you in how to do this and how often after you awaken from your anesthesia ***(see page 16)***.
- **Medications.** Your doctor and nurses will review your home medications and start these if needed. You will receive antibiotics to help reduce the risk of infection.
- **Pain control.** It is normal to have some pain after surgery. Your pain needs to be controlled so you can participate in activities that help you recover, such as walking and exercises. Your anesthesia will provide some pain relief after surgery. Frequently, your nurse will ask you to rate your pain on a scale from 0-10. Zero is no pain and 10 is the worst pain imaginable. Oral or IV pain medication may be given as needed. Ice packs or cooling machines, position changes and relaxation methods may also be used to assist with your comfort. Take action as soon as the pain starts. Ask for medication before the pain becomes severe. It can take time for certain medications to work and we want you to be comfortable.
- **Nerve Block.** Before your surgery, the anesthesiologist will perform a nerve block to help with pain after surgery. They will inject a medication above your shoulder and leave a catheter (tiny tube) in place. After your surgery, the catheter will be connected to a pain pump. This pump will deliver a medication into your shoulder for about three days to help with pain control along with pain medications prescribed by your surgeon. You will get education about the pump and its functions on the day of your surgery.

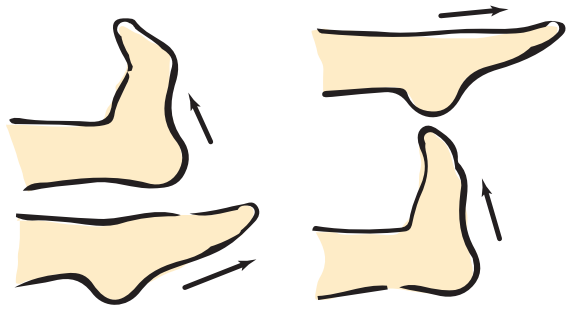
Scan for Nerve Block details.

- **Side effects of anesthesia and pain medications.** Some patients may become confused because of the effects of pain medications or anesthesia. This is called delirium. This is often temporary, but can be alarming for families. You may be asked a series of questions to help our staff know if you have developed delirium so that we can treat it. Some other side effects can include constipation, nausea or vomiting, dizziness or dry mouth. If you develop any of these symptoms notify your nurse immediately.
- **Blood clot prevention.** Your orthopedic surgeon will prescribe one or more measures to prevent blood clots and decrease leg swelling, such as inflatable leg coverings (compression devices) and blood thinners ***(see page 22)***. Circulation exercises will also help prevent leg swelling and blood clots ***(see pages 18 & 25)***.
- **Numbness.** You may feel some numbness in the skin around your incision. This will improve over time following your surgery.

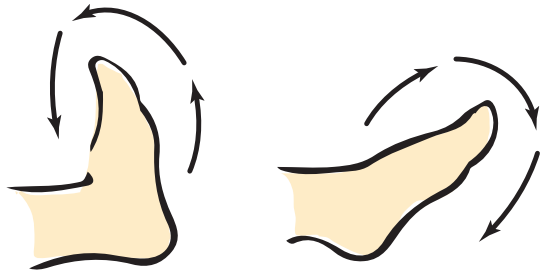
Leg Exercises After Surgery

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.

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.

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 walk at least every hour during the day. Try to walk a little farther every day.

Discharge Checklist

Completing the checklist is your ticket to discharge

Before leaving, I confirm:

- ☐ Someone has reviewed my medications with me and I understand how to take them at home. This includes my anticoagulation plan, my pain medication, any possible side effects and where to obtain my new medications.
- ☐ I understand how to manage swelling at home.
- ☐ I know it is important that I have a bowel movement within the next three days and what to do if I don't.
- ☐ My incision is covered by a dressing and I understand I need to remove this in seven days.
- ☐ I understand my post-discharge care plan (if not, please confirm with your doctor or nurse before leaving) - home exercise/ activity plan, cold therapy plan and follow-up appointment.
- ☐ **I understand that I call my surgeon's office for non-emergent issues or questions and call 911 for emergencies.**

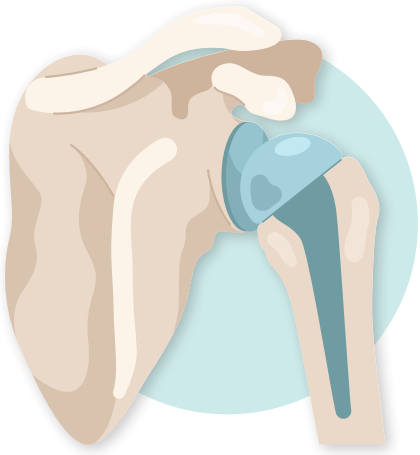
This list will keep you on track to a safe discharge:

- ☐ I can eat my normal diet
- ☐ I can urinate without difficulty
- ☐ My pain is tolerable with activity
- ☐ I have been involved in my discharge planning

If you have any questions, please ask your nurse or doctor before discharge.

Recovery at Home

Your New Shoulder



You may feel some numbness and stiffness in the skin around your incision. This often diminishes with time and most patients find these are minor compared to the pain and limited function they experienced prior to surgery. You may also have some activity precautions following your surgery. Your surgeon will review these with you.

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.

After surgery, make sure you also do the following:

- Participate in a regular exercise program to maintain proper strength and mobility of your new shoulder when directed by your surgeon..
- Take care to avoid falls and injuries. Individuals who have undergone shoulder replacement surgery and suffer a fracture may require more surgery.
- You will have regular follow-up appointments with your 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.

  Your activity program should include:

  A graduated walking program to slowly increase your mobility, initially in your home and later outside.

- **Antibiotics.** Certain procedures can cause bacteria to enter your bloodstream, which may travel to your new implant and can cause an infection. You may need to take antibiotics before having any procedure that may cause bacteria to enter the bloodstream. These procedures include dental cleaning and dental work. Discuss with your surgeon how long you should take antibiotics before having these procedures done.

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Recovery at Home - continued

- **Blood thinners.** Your surgeon may prescribe blood thinners after your surgery. These help to prevent blood clots. While you are at the hospital, we will go over these medications, their potential side effects and how to take the medications, which will vary depending on the medications ordered.

  Side effects of blood thinners. While you are on any blood thinners, you should not take any extra aspirin, Naprosyn (Aleve), Ibuprofen (Advil) or related medications that may contain these medications, such as cold or allergy products unless advised to at discharge. Some medications have other dietary restrictions and may require laboratory testing. Your nurse will go over these with you before you leave.

  While taking blood thinners, notify your surgeon immediately if you fall or if you hit your head, have prolonged bleeding from a cut or your nose, blood in your urine or stool, unusual bruising. If bleeding is severe, call 911.

- **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 or Senna) each day you are taking opioid pain medication.

- **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.

- **Handwashing.** 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.

- **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. Use an anti-bacterial soap when showering following your surgery. You do not need to wash your incision, but can allow the soap suds to run over your incision. Your nurse will give you more incisional instructions before you are discharged. Avoid submerging your incision in water until your incision has completely healed. After your nerve block is removed you are encouraged to shower, this may be done with your dressing still in place and following its removal. Do not use any lotion or cream on your incision until it is completely healed without scabs.

- **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. Your pain will get better as you begin to heal after surgery. As your pain improves, you can begin to take less opioid pain medicine. You may use the Pain Management Journal to help you monitor your pain medication administration after discharge ***(see page 29)***.

  You should gradually decrease the number of tablets you are taking a day. Space out the time between doses or take less opioid tablets (1/2 tablet or one tablet). Store your opioid pain medication in a safe place. Dispose of any unused medications as instructed by your pharmacy.

- **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.

- **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.

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. Replace sling if indicated once shirt is on.

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 yourself, 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.

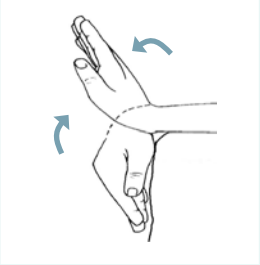
Mobility After Surgery

- 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.

Avoiding Problems After Surgery

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 include:

- Pain in your calf and leg
- Tenderness or redness of your calf
- Excessive swelling of your thigh, calf, ankle or foot that doesn't go away with leg elevation

➔ **If you experience any of these signs please call your surgeon's office.**

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

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

➔ **If you experience any of these signs please call 911 or go to an emergency room.**

Avoiding falls

A fall during the first few weeks after surgery can damage your new shoulder and may result in a need for more surgery. Using a sling can alter your balance – take care not to fall.

Preventing infection

Follow your orthopedic care team's instructions carefully to minimize the risk of infection.

Signs and symptoms of an incision or joint replacement infection include:

- Increased pain or stiffness in a previously well-functioning joint
- Swelling
- Warmth and redness around the wound
- 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

➔ **If you are experiencing any of these signs please contact your orthopedic surgeon.**

Postoperative Management Guide

Manage Swelling

- **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 including a cold machine, gel packs, or ice bags. Apply an ice/gel pack throughout the day (20 minutes on and 20 minutes off). If you are using the prescribed cold machine then you may use it continuously. Ensure you have some protection between the cold and your skin. Using cold therapy can help with pain, swelling and bruising.

Manage Pain

- **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.

Manage Constipation

- Take Miralax daily at bed time and Colace (100mg tablet) in the morning and at bed time until you are having regular bowel movements.
- If you do not have a bowel movement by day 3 after your surgery, add Senna (1 tablet) in the morning and at bed time until you are having regular bowel movements.
- If you do not have a bowel movement by day 4 add a 10mg Bisacodyl suppository or try this constipation recipe:

  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.

- Drink plenty of water to help break down the food in your stomach. Water assists with digestion.
- Add fiber in your diet to help you pass stools and stay regular. Include bran, beans, apples, pears and prunes.
- Caffeine can make you dehydrated so limit the amount, if necessary.
- Walk and move around as much as tolerated. Exercise helps move digested food through your intestines and signals your body that it's time for a bowel movement.

When to Call Your Surgeon's Office

If you notice the following, you should contact your surgeon's office:

- More than one temperature greater than 101 degrees in 24 hours
- Worsening redness and heat around your incision
- Drainage from your incision
- Swelling not controlled by elevation, rest and cold therapy
- Calf pain
- Pain that is not controlled by your pain medication, elevation, rest and cold therapy
- A fall or injury to your surgical arm
- Unexplained bleeding or bruising
- If you have not had a bowel movement by the third day after surgery

If you notice the following, you should report to an Emergency Room:

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

For non urgent questions, you may contact:

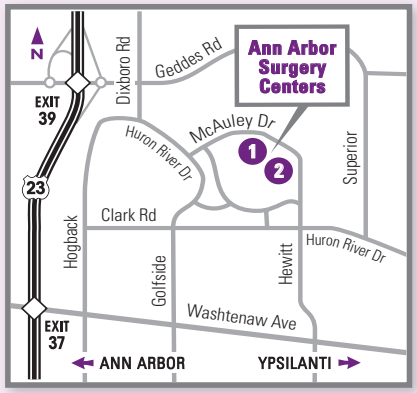
- **Ann Arbor Orthopedic Nurse Navigator**: 734-712-2392
- **Brighton/Livingston Orthopedic Nurse Navigator:** 810-844-7614
- **Chelsea Nurse Navigator**: 734-593-5811

Pain Management Journal

Record the date and time you take your pain medication, this can help you keep track of how much pain medications you have be taken.

Date / Time	Pain Rating (0 -10)	Pain Medication and Amount Taken	Pain Rating: one hour after pain medication taken

Surgery Locations



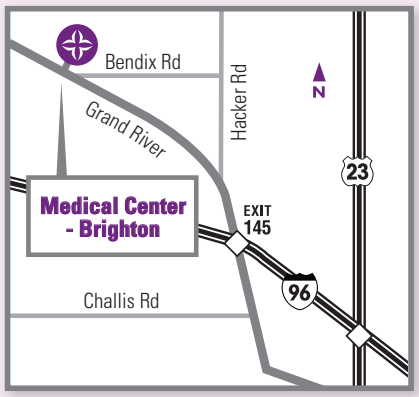
Trinity Health Ann Arbor Hospital

1 **Main Surgery Center –** 734-712-3622
5301 McAuley Drive, Ypsilanti, MI 48197

Check-In at Guest Services
Main Hospital Entrance

2 **Outpatient Surgery Center –** 734-712-5000
5360 McAuley Drive, Ypsilanti, MI 48197

Check-In at Front Desk



Trinity Health Medical Center - Brighton

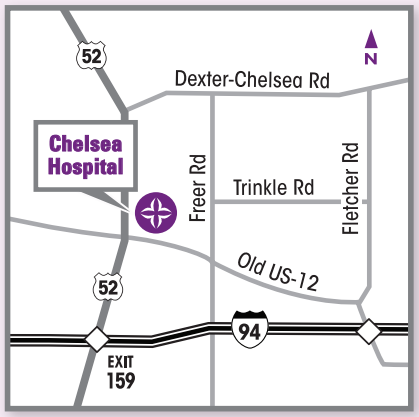
7575 Grand River, Brighton, MI 48114
810-844-7705

Check-In Second Floor
Suite 200

Trinity Health Livingston Hospital

620 Byron Road, Howell, MI 48843
517-545-6323

Check-In Second Floor
Waiting Room



Chelsea Hospital

775 S. Main Street, Chelsea, MI 48118
734-593-5819

Check-In
Surgery Patient Entrance

Notes

Trinity Health

Trinity Health Ann Arbor
5301 McAuley Drive, Ypsilanti, MI 48197

Trinity Health Livingston
620 Byron Road, Howell, MI 48843

Trinity Health Medical Center - Brighton
7575 Grand River, Brighton, MI 48114

Chelsea Hospital
775 South Main Street, Chelsea, MI 48118

TrinityHealthMichigan.org

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