

YOUR GUIDE TO SHOULDER REPLACEMENT SURGERY



midwest orthopedic
SPECIALTY HOSPITAL

Founded by the physician owners and Ascension Wisconsin

Please bring this
booklet with you
to your pre-op
class, and also when
you are admitted
to the hospital.

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Welcome!

Joint Effort is based on the shared effort between you and your healthcare team. As a part of this program, you are encouraged to improve your level of wellness before surgery.

It also means you, as well as our staff, share the responsibility for the outcome of the surgery.

The information in this booklet is designed to help you feel more confident about how to prepare for your surgery, what to expect in the hospital, and what you must do once you are at home. While you are at Midwest Orthopedic Specialty Hospital, our goal is to provide you with the highest quality of care.

Please bring this booklet with you to all your pre-operative appointments, and to the hospital when you come for surgery.

In the hospital we have created a unique atmosphere by combining important parts of the wellness philosophy into our patient care. Our staff’s commitment to you is that throughout your hospital stay, they will teach you how to manage your pain, how to do your exercise program, and how to care for yourself at home. You and your coach are expected to take part in daily Joint Effort activities.

Commitment to quality

Thank you for allowing the staff and doctors of Midwest Orthopedic Specialty Hospital (MOSH) to help you work toward your goal of improved joint health! At MOSH, we are dedicated to continuous improvement in every aspect of our practice. In addition, we strive to contribute to the development of techniques and treatments associated with joint surgery throughout the nation.

To help us achieve continuous quality improvement, we are asking for you to complete several short surveys that will monitor your progress over time, starting with how you are functioning right now, before your surgery even takes place. The surveys ask about your pain, function and well-being before and after treatment, and at regular intervals (at least three more times at six months, one year, and two years after surgery).

This information is used for quality improvement and for entry into national registries that collect data from patients who have had the same procedure you are about to undergo. With this, we will be able to share information about artificial joint performance and patient experiences, to help joint replacement procedures become safer nationwide.

Things you should know about your participation:

- All personal information remains confidential to protect your privacy.
- These registries do not influence your doctor’s selection of medical devices or how you are taken care of while you are here.
- Registries *may* ask for your email address for you to complete the surveys online. This is for your convenience and to allow your doctor to monitor your progress remotely. This information is kept confidential and is not shared.
- Surveys take approximately 5-10 minutes to complete.

Once again, on behalf of the staff and doctors of Midwest Orthopedic Specialty Hospital, thank you for allowing us to help you get back to the life you want to lead. Together, we will make the most of your surgical outcome and contribute to the advancement of joint replacement surgery in the future.

Registry information

Total shoulder replacement –
American Joint Replacement Registry
(AJRR is an affiliate of The American Academy of Orthopedic Surgeons)
AJRR.net



Preparing for surgery

Before your joint surgery, you must know more about what to expect. The more informed you are, the better your stay will be. You will be less anxious and more willing to take an active role in your recovery and rehabilitation after surgery.

You need to:

- Start with a positive attitude.
- Ask a family member or friend to be your coach.
- Read through the booklet. ***Please bring this booklet with you to all appointments.***

- ***Attend Joint Replacement class prior to surgery.***
- Follow the exercises taught in the Joint Replacement class.
- Prepare your home ahead of time to make it safe and easy to do everyday activities.
- Begin thinking about/anticipating discharge needs.



What is a coach?

A coach is a family member or friend whose role is to encourage and support you as you prepare for surgery and during your recovery.

What are a coach's responsibilities?

- Attend Joint Effort class.
- Attend daily Joint Effort activities during the hospital stay.
- Prior to leaving the hospital, make sure you have arranged for your follow-up visits with your surgeon and therapy.
- Participate in various education activities and ask questions to learn how to best assist with your recovery.

Parking?

No problem. Valet service is available.

Now you can leave the parking to us. Whether you are visiting a patient or coming in for an appointment or procedure, simply pull up to the main entrance and we'll take it from there.

Professional valet drivers will safely park your car and retrieve it upon your return.

Available Monday through Friday, excluding holidays.

Additional amenities include:

- Wireless internet service
- Room service
- Free daily newspaper delivered to your room
- Cable TV

Shoulder joint replacement surgery

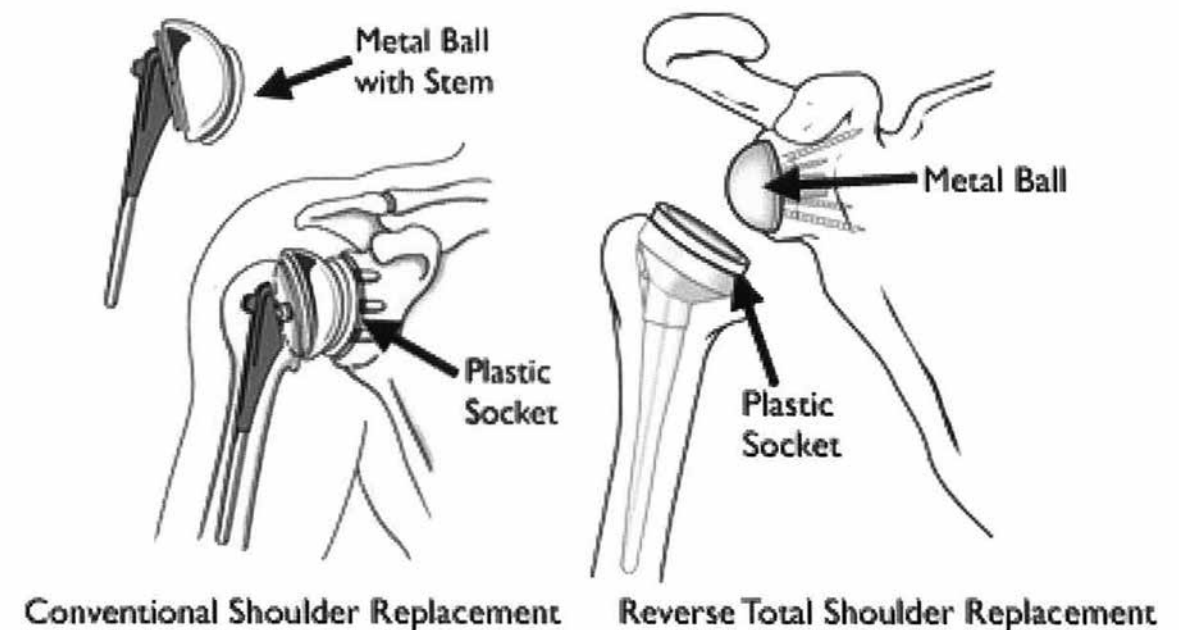
Surgeons are able to replace a problem joint with a *prosthesis* or artificial joint. The prosthetic material is designed to function much like a natural joint, **with certain precautions.**

Total shoulder replacement

Each prosthesis (artificial joint) is made up of two parts. The humeral component replaces the humeral head, or the ball of the joint. The

glenoid component replaces the socket of the shoulder, which is usually part of the scapula.

The humeral component is made of metal. The glenoid component is usually made of plastic and forms the socket. The plastic is very tough and very slick, much like the articular cartilage it is replacing.



Conventional Shoulder Replacement

Reverse Total Shoulder Replacement



Exercises

Beginning your pre-surgical exercise program

The purpose of this exercise program is to build up your muscle strength. This starts before your surgery and continues until the day of surgery. You will need about 30 minutes each day to complete the exercises. Follow the guidelines below.

General guidelines

- Read through the exercise directions to make sure you understand how to do each exercise.
- The first week, begin with 10 repetitions for each exercise. Gradually increase the repetitions by five each week until you reach two sets of 20.
- Every person reacts differently to exercise; you need to decide if the exercise and the number of repetitions are comfortable for

you to do each day. If an exercise causes an increase in pain in any of your joints, either decrease the number of repetitions or stop doing the exercise.

- Do not hold your breath while doing the exercises.
- Do not rush through the exercises.
- Rest as needed between exercises.

Arm strengthening exercises

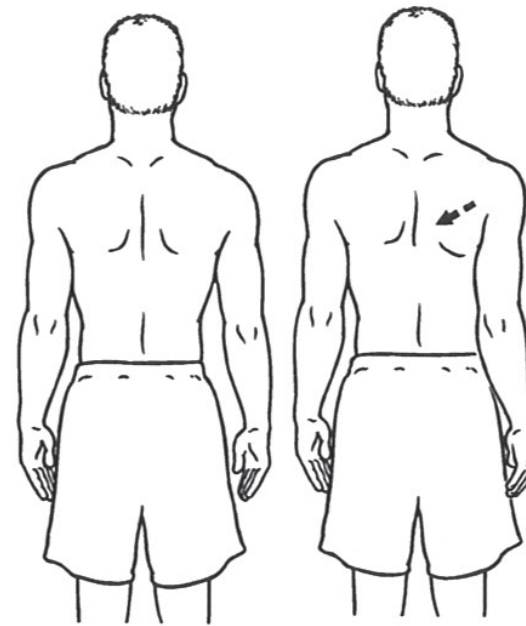
Scapula clocks

- Roll your shoulder up and back, then down and forward to complete a circle.
- Initiate the movement with your shoulder blade, not your arm.
- Let your arm relax by your side.
- You may do this exercise while wearing your sling.



Shoulder blade pinches

With your arms relaxed or wearing your sling, pinch your shoulder blades down and back, toward your opposite hip.



Elbow flexion and extension

- Bend and straighten your elbow each direction as far as possible.
- Keep your shoulder relaxed.



Wrist flexion and extension

Bend your wrist up and down as far as possible, in each direction.



Wrist pronation and supination

- Turn your palm upward and downward, while your elbow is supported.
- Avoid moving your shoulder.



Towel squeeze

With your forearm resting on a flat surface, gently squeeze a rolled-up towel.



Arm range of motion exercises

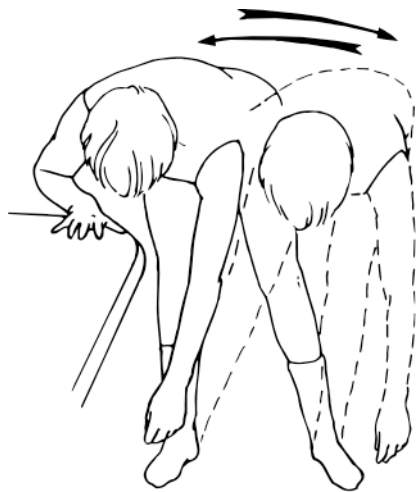
Pendulum exercises

- Bend forward at your waist so your chest is parallel with the floor, while supporting your weight with your good arm on a countertop.
- Rock your body in a circular pattern to move your arm clockwise and then counterclockwise.
- Let your arm relax and respond to your body's motion.
- Do not use your arm muscles to move your arm.



Shoulder CPM

- Your doctor will arrange for you to have a shoulder continuous passive motion machine (CPM).
- Plan on spending 3-4 hours a day in the machine.
- Increase your range of motion numbers as instructed each day to your tolerance.



Preparing your home

There are many things you and your coach can do before surgery to make your recovery less stressful and safer. Think ahead to how you will manage when you return home from the hospital. Use this checklist to help you get ready.

Home planning checklist

- ☐ Recruit family or friends to assist with laundry, grocery shopping, and transportation for appointments and errands.
- ☐ Pick up throw rugs, tack down loose carpeting, and remove electrical cords and other obstructions from walkways.
- ☐ Provide good lighting throughout the house.
- ☐ Install nightlights in bathrooms, bedrooms and hallways.

- ☐ Keep electric cords, telephone cords, newspapers, magazines and other clutter away from walking areas.
- ☐ Have comfortable clothes that you can get on and off easily.
- ☐ Move frequently used items in the kitchen, bathroom and bedroom to countertop level or to middle shelves for easy access.
- ☐ Prepare and freeze meals in advance.
- ☐ Consider buying a portable cordless phone if you do not already have one.
- ☐ Make arrangements for someone to take care of your yard and pets. Initially, pushing, pulling and lifting will be limited.
- ☐ Store commonly used items within easy reach to avoid bending or reaching.



Mobility

After your surgery, your arm mobility will be limited. Please ask your doctor about activity after surgery. Planning ahead before your surgery to secure assistance with daily activities, if needed, and preparing your home for your return will make your recovery less stressful and safer. It may help to practice activities before your day of surgery.

Please consider the following:

- Plan how you will get around your home with one arm. You will not be able to bear weight through your surgical arm. (Note: If you tend to hold onto furniture when walking in your home, this will be limited after surgery.)
- If you use a walker or cane on your surgical side, you will not be able to use it after your surgery. Consider the use of a different device or limiting your distance. For example, if you

use a walker, are you able to use a cane on the non-surgical side? You may want to practice this before your surgery.

- Plan entry into your home and car, including opening and closing doors with one arm.
- Consider how you will transport items in your home with one hand, especially if you use a cane or device.
- Consider what side of the bed you enter and if you can still enter from that side without placing weight on your surgical shoulder, elbow or hand.
- If you have stairs in your home and require railings for safety, make sure you have a railing on your good side. You will not be able to hold the railing with your surgical arm.

Tips for safer surgery

Millions of people have surgery each year. Every surgery has risks, but research has shown that some risks can be decreased. What does this mean for you as a patient? It means that your doctors and nurses follow steps for your care to give you a shorter and safer hospital stay. One way you can help lower your risks for surgery is to talk with your surgeon about your care before your surgery. Several questions to ask your surgeon before surgery are:

If I need antibiotics before surgery, when will I receive the antibiotic and for how long?

Antibiotics are given within 60 minutes before surgery and stopped within 24 hours in most cases. When given properly, antibiotics can greatly lower your chances of getting an infection after surgery.

If hair needs to be removed from the part of my body that is having surgery, how will that be done?

Your surgeon or nurse should use clippers to remove hair, if needed, at the site of your surgery. Using a razor to remove hair before surgery can cause infections because of the risk of leaving small cuts on the skin.

What will you do to prevent blood clots?

Blood clots can lead to heart attacks and strokes. When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. The more complicated your surgery, the higher your risk. Your surgeon will know your risk for blood clots and the care that will help prevent them, such as giving you the right medicine before surgery.

If I take medicine for heart disease, should I keep taking it?

Taking certain medicines together can cause problems. Tell your surgeon about all the medicines you are taking, including over-the-counter products like aspirin and herbs. Your surgeon or nurse will tell you which medicines you should continue to take and which medicines you should stop taking before surgery.

Other information

- Tell your surgeon about your other medical problems, such as allergies or diabetes. These problems could affect your surgery and treatment.
- Patients who smoke are at a greater risk for developing infections. Talk to your surgeon about how you can quit smoking.
- If you do not see them do it, ask your caregivers to wash their hands before examining you.
- Speak up if you have questions or concerns. If you don't understand, ask again. It is your body and you have a right to know.



Showering before surgery

You can play an important role in your health. We need to be sure your skin is as free of germs as possible before surgery. **You will need to use an antibacterial skin cleanser at home before coming to the hospital.** This will clean and protect your skin to help prevent an infection. **The antibacterial skin cleanser contains chlorhexidine (CHG). Do not shave your legs for three days before surgery to prevent infection.** You may receive additional instructions at the hospital once you arrive.

Directions for your surgical scrub
Wash yourself the night before AND the morning of your surgery. It is best to do this in the shower, but a good sponge bath can be done if you are not able to shower.

1. Wash your hair with regular shampoo.
2. Wash your face, ears and genital/private area with your usual soap.
3. Put a large amount of the special CHG soap on a washcloth and wash your entire body

- from the neck down. **Do not use on your face, ears or genital/private area.**
4. Apply the soap to the rest of your body, such as arms, stomach, legs, **front and back groin areas**, and wash for five minutes. Do not scrub your skin too hard.
 5. Wash the part of your body that is having surgery for **at least one minute.**
 6. **Do not wash with your regular soap after using the special CHG soap.**
 7. Rinse your entire body very well and dry off with a clean towel.
 8. Do not use any lotions, deodorant, powder or perfume after using the CHG soap.
 9. Dress in clean clothes.
 10. Change your bed sheets to sleep in after your shower or bath.
 11. Do not allow your pets to sleep in bed with you for one week before surgery and one week after.

If you are given antibacterial skin cleanser wipes to use at home, follow the instructions.

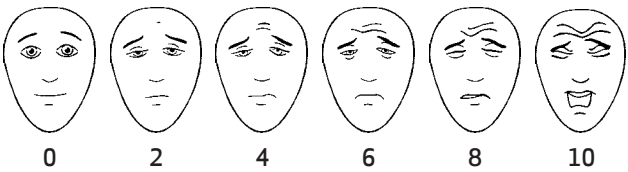
Managing your pain

Pain is to be expected after surgery. The pain medication given to you will not take all of your pain away, but should help to make it possible for you to participate in your recovery.

Pain management is a joint effort between you, your nurses, your anesthesiologist or certified nurse anesthetist, and your surgeon. Unrelieved pain can have harmful effects. Pain can make it difficult for you to take deep breaths, move, walk, sleep, eat, and visit with family or friends. Do not let your pain get out of control, as severe pain is more difficult to treat. It's important for you to stay on top of your pain. Put on your call light and ask for assistance when your pain starts to increase, or you are feeling more discomfort.

Pain medicines come in a variety of forms. You may take a combination of pain medications. This allows the medicines to work together and at dosages that minimize side effects. You can also use alternative pain control measures such as ice, repositioning and relaxation. These can improve the pain-relieving effects of your pain medication. You may want to use a combination of measures to get the best pain relief.

How to help us manage your pain in the hospital



Faces Pain Scale-Revised (FPS-R)—CCC Ref: Reprinted from Pediatrics Vol. 126 No. 5; Deborah Tomlinson, MN; Carl L. von Baeyer, PhD; Jennifer N. Stinson, PhD; and Lillian Sung, PhD. Systematic Review of Faces Scales for the Self-report of Pain Intensity in Children, page nos. e1168-e1198, 2010. Reproduced with Permission from copyright holder.

You will be asked to rate your pain on a 0-10 scale. A rating of 0 means you feel no pain at all, 5 means you feel a moderate amount of pain, and 10 means you feel the worst pain you can imagine.

- Be sure to let your nurse and therapists know where your pain is located. The staff needs to know if your pain is from your incision or surgical pain, a headache, a backache, etc.
- Use words such as aching, throbbing, burning, stabbing or pressure to describe your pain. This will help your nurses and surgeon decide which medications are best for you.
- Your nurses and therapists will ask you to rate your pain at rest, with activity, as well as during and after therapy sessions.

You will also be asked what number, between 0 and 10, is your goal for pain management while you are in the hospital. This helps us manage your pain. You will have discomfort after surgery. Many arthritis patients feel a goal of 4-5 is realistic for them after total shoulder surgery.



Facts you should know

- It is easier to control pain when it is mild rather than when it is severe.
- You may not experience total pain relief but you should have a pain rating that you consider acceptable and allows you to rest, deep breathe, do your therapy, and just feel better in general.
- Surgical pain lessens each day as your incision begins to heal.

What about side effects from pain medications?

- The anesthesia and pain medicines that you may take during and after surgery are strong medicines. Sometimes people experience side effects like nausea, constipation, light-headedness, itching or feeling very sleepy.
- Tell your nurses and surgeon if you are experiencing any side effects. Medications are available to help with side effects, or adjustments can be made to your pain medications.

Medications to manage your pain

Managing your pain after surgery is very important to us. During your stay, we will be giving you a combination of medicines that treat pain in different ways. By using this special combination, we can help decrease the amount of strong pain medicines that you will need. By doing this, we can try to help decrease the side effects of the stronger pain medicines.

Numbing medication options

- **Nerve block for shoulder replacement:** Using an ultrasound machine, we can safely see the major nerves to your shoulder. This allows us to inject numbing medicine (either a single shot or small IV), which helps control postoperative pain.
- **Injection of long-acting local anesthetic around the joint tissues:** Multiple injections of time-released local anesthetic can be placed around the shoulder during your surgery.

- **Injection of long-acting local anesthetic near the incision.**

You and your surgeon will determine which type of numbing medication you will receive.

Around-the-clock (scheduled) medications

These medications will be determined according to your age and health, for your safety. These medicines include acetaminophen (Tylenol), anti-inflammatory medications that will not interact with your blood thinner; and a pill that will help decrease nerve pain and irritation. Your surgeon and anesthesiologist will work together very closely to determine which combination of these medications, is best for your pain management and recovery.

What other medicines can I receive?

In addition to your scheduled medications, you will have (as needed) intravenous (IV) medication and oral (by mouth) pain pills. It is normal to need these pain medications in between your scheduled medications to help control your pain.

IV pain medications will be given either by your nurse when you ask for them, or you will have a “patient-controlled analgesia” pump that allows you to give yourself a dose of medication, if needed. These two options will be determined by your surgeon.

Common worries about pain medicine

Many people are worried about certain pain medications. Talk with your doctor or nurse about any concerns you have. Here are some common worries and the facts about them.

Worry: If I take pain medicines (such as narcotics) regularly, I will get addicted.

Fact: The chance of addiction is very rare (less than one in 10,000 people) when taking narcotics regularly to manage pain. Addiction is the regular use of drugs to satisfy emotional or psychological needs, rather than for pain relief. Unless you have a problem with drug abuse, you will be able to stop your pain medicine when your pain is reduced.

Worry: If I get sweaty or jittery after I stop a narcotic, it means that I’m addicted.

Fact: After you have been taking narcotics for more than several days, your body may be used to the drug. This is physical dependence, not addiction. Withdrawal symptoms, such as sweating or abdominal cramps, can be prevented by gradually lowering the dose of the pain medicine over several days.

Worry: If I take my pain medicine before I hurt, I will end up taking too much medicine. It’s better to hang in there or tough it out.

Fact: If you wait to take pain medicine until your pain gets worse, you might need a larger dose to manage your pain. It’s always best to take pain medicines as soon as you feel pain. Do not wait or try to “tough it out.”



Worry: If I start taking pain medicines now, the medicines might not work for me later when I might have more pain.

Fact: Sometimes, not often, after taking the same medicine for a very long time, your body may become used to that medicine. You may have to take more of it to get the same effect. This does not mean that you are addicted or that you cannot get pain relief. Talk with your doctor or nurse. Some choices are to increase the dose; add another medicine to give more pain relief; or change to another medicine (there are many choices). This is not a problem for most people who take medicine for pain.

Remember that pain is different for everyone. If you feel that you are not getting good pain relief, ask for help. Your doctor, nurse and pharmacist will work with you. You have a right to expect good pain management.

Managing your pain at home

Use a combination of methods such as: change your position; apply an ice pack; rest; or take your medication. The different management measures that you learn in the hospital can also work for you at home.

What is the best time to take pain medicine?

It's always best to take pain medicine as soon as you feel pain. Do not wait or try to "tough it out." For pain that is constant, or expected (such as right after surgery), it is best to take pain medicines on a schedule to prevent pain. For pain that comes and goes, you can take pain medicine "as needed."

How can I manage side effects of pain medicines?

If you have a side effect, it does not mean you have to stop the medicine. You will get more information about the side effects of your pain medicine. Talk with your doctor or nurse if you have questions.

Common side effects are:

- **Constipation:** This can be prevented or treated with stool softeners and bowel stimulants. Drink plenty of fluids (8-10 glasses daily); eat foods high in fiber such as fruit, bran and cereals; and increase your walking.
- **Nausea or vomiting:** This can be reduced by taking pain medication with food, or treated with other medicine.
- **Drowsiness:** For your safety and the safety of others, do not drive or use machinery if you are drowsy.

How can I take pain medication safely?

The most important thing you can do is to talk with your doctor, nurse and pharmacist about your pain medicine.

- Tell us about previous drug reactions and allergies.
- Tell us about conditions such as stomach ulcers, kidney or liver problems, and bleeding problems.
- Tell us about all other medicines you're taking.
- Take your medicine exactly as it is prescribed. If the pain medicine does not work as you want it to, talk to your doctor, nurse or pharmacist.
- Do not drink alcohol or take other drugs that cause drowsiness without telling your doctor or nurse.
- Tell us about side effects right away and get treatment for them.

What are ways other than medicine to help manage pain?

There are many ways to help manage your pain. These other methods may give comfort, reduce fears, or control the pain.

Some of these methods are:

- Distraction: Activities such as watching TV or talking with friends
- Music
- Heat or cold
- Massage
- Rest
- Relaxation exercises: Breathing methods and muscle exercises
- Guided imagery: Using mental exercises or images for relaxation
- Exercise
- Education: Preparation for expected discomfort, like injections or surgery

Aromatherapy

There are research studies that have shown smelling certain therapeutic essential oils may be helpful with managing pain and anxiety. Examples of essential oils used in our aromatherapy program are lavender, ginger and orange. Please tell your nurse if you are interested in trying aromatherapy. Your nurse will then assess your symptoms and talk with you more about this option. Aromatherapy is used along with your pain medicine to assist your pain management.

Cold therapy/slush cold pack

A slush cold pack is helpful to relieve pain and decrease swelling.

Materials

- Zippered freezer bag
- Rubbing alcohol
- Water
- Towels

Directions

1. Mix 3 cups water and 1 cup rubbing alcohol in zippered freezer bag.
2. Remove as much air as possible from bag; then seal.
3. Place in freezer overnight.
4. Place towel over surgical area and then place cold pack over it, followed by additional towel over all.
5. Leave on for 10–15 minutes or to your comfort (maximum of 15 minutes).

Caution

- Do not use cold pack if you have an undiagnosed or contagious skin disease.
- Do not use if you are hypersensitive to cold.
- If the area to be treated has been frostbitten at any time, use extreme caution or do not use at all.
- If any unexpected reaction occurs, inform your nurse, therapist or doctor immediately.

Breathing relaxation exercise

Relaxation exercises are used to help you control discomfort, anxiety or restlessness. You can learn this simple breathing exercise and use it when you feel stressed.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax. Feel the tension leave your body.
3. Now breathe in and out slowly and regularly. Breathe so you are comfortable.
4. To help you focus on your breathing and to breathe slowly and rhythmically, try the following exercise.
 - Breathe in as you say silently to yourself, "In, two, three."
 - Breathe out as you say silently to yourself, "Out, two, three, four, five."
5. Imagine doing this exercise in a place you find calming and relaxing.



Your hospital stay

Pre-operative: day of surgery

Arrive at the hospital 2 1/2 hours before your scheduled surgery time or as instructed by your surgeon. The nursing staff needs this amount of time to complete your preparations for surgery and answer any questions. Your family will be able to stay with you until you are taken to surgery.

Anesthesia and you

The type of anesthesia used is based on your preference and your health. The anesthesiologist will discuss the types of anesthesia and the risks and benefits of each type to you.

General anesthesia involves receiving medications intravenously (IV) that cause you to fall asleep before surgery. You are then given additional IV medications to maintain the anesthetic until the surgery is over.

Surgery will take approximately 1 1/2 – 2 hours. After the operation is completed, you will be taken to the recovery room, where you will stay for an additional hour or until discharge criteria are met.

In the recovery room, your vital signs will be checked (e.g. blood pressure, pulse), and medications may be given to help lessen your pain. Once you are alert and your vital signs are stable, you will be taken to your room on the Orthopedic Unit. Your family and/or coach will be able to see you at this time.

Daily care guidelines – day of surgery

Tests

- Blood work

Nurses will:

- Closely watch your vital signs (blood pressure, pulse, respirations and temperature). Vital signs are checked throughout the first night.
- Check your hand and arm for circulation, motion and sensation.
- Check your surgical dressing.
- Frequently check your level of pain by asking you to rate your pain on a scale of 0 to 10 (0 = no pain, 10 = worst pain possible).
- Turn or reposition you in bed. Pillows will be used for support when turning.
- Ask you to cough and breathe deeply every 1-2 hours to keep your lungs clear.

Equipment

- A sling will be applied to your surgical arm to provide support.
- Oxygen
- A breathing exerciser is used every two hours to keep your lungs clear.
- Elastic stockings (TEDs) may be used to help prevent blood clots from forming in your legs.
- External compression devices may be used on your legs and feet to help prevent blood clots.
- Ice packs or cold therapy pads on your surgical site help reduce pain and swelling.
- If you cannot urinate, a tube called a catheter may be placed in the bladder to drain urine.

Medications

- An intravenous (IV) line is placed in your vein so you can receive fluids and antibiotics.
- Pain medication – Let your nurse know if your level of pain will not allow you to rest, cough and breathe deeply.
- The medications you were taking at home may be restarted.
- Laxatives may be used to help you return to your normal bowel habit.
- Start taking a blood thinner.

Nutrition

You will be given a diet that you can tolerate, starting with liquids.

You will:

- Limit your visitors so that you may rest.
- Do your foot and ankle exercises every hour while awake. This will help prevent blood clots from forming in your legs.
- Use the breathing exerciser, cough, and breathe deeply every 1-2 hours until you are discharged.

Physical therapy

Your doctor may have the physical therapist see you today to start exercises, helping you to stand safely and walk on the unit.

Daily care guidelines – day of discharge

Until you go home, nurses will:

- Continue to watch your vital signs and check the circulation, motion and sensation of your surgical arm at regular intervals.
- Check your incision and teach you what to look for at home.
- Continue teaching home care/discharge instructions.
- Ask you to cough and breathe deeply every 1-2 hours to keep your lungs clear.

Equipment

- Elastic stockings or TEDs
- External compression devices on your legs or feet to help prevent blood clots
- Ice packs or cold therapy
- Arm sling

Medications

- Pain medication – Let your nurse know if your level of pain will not allow you to rest, cough, breathe deeply, and/or do your therapy.
- Continue taking the medications you take at home, laxatives and blood thinners.

Nutrition

- You will be given a diet that you can tolerate.
- Drink plenty of water and juice.
- Select high-fiber foods from your menu.
- Your appetite may be poor.

You will:

- Receive education on how to care for and discontinue your nerve block, if one has been placed.
- Do your foot and ankle exercises every hour while awake.

- Use the breathing exerciser, cough, and breathe deeply every 1-2 hours until you are discharged.
- Get dressed in comfortable, loose-fitting clothing.
- Walk with assistive device and with help.
- Ask any questions you have about how to continue care and recovery at home.
- If needed, use the CPM machine at intervals.

Physical therapy and occupational therapy

- Both therapies will continue to teach you advanced mobility techniques.
- The occupational therapist will continue to work with you to complete your ADLs with the use of assistive devices as needed.

The average hospital stay is one day. Read through the discharge information and write down any questions or concerns you have. Make sure you have the answers to your questions before you leave the hospital. The long-range benefit of your surgery depends very much on you and your understanding of how to care for your new joint at home.

To be able to go home you need to:

- Get in and out of bed without help
- Have your pain controlled with pain pills
- Get on and off the toilet independently
- Urinate
- Bathe and dress yourself
- Eat and drink
- Walk independently and safely
- Go up and down stairs safely

Discharge information

Short-term changes after surgery

Appetite: Your appetite may be poor for several weeks after surgery. If three meals a day are too much, try eating smaller, well-balanced meals spaced throughout the day.

Sleeping: Sleeping through the night may be difficult when you first return home. You may find it more comfortable to sleep in a recliner. Try not to nap or sleep too much during the day. Stop drinking caffeine 4-6 hours before bedtime.

Energy: You will find that you tire more easily during the first month or two following surgery. Be flexible, stop and rest when you are tired. Delegate tasks. Don't try to complete a large task all at one time.

Constipation: Pain medication may contain narcotics, which can cause constipation. Eat a diet high in fiber (e.g. bran or oatmeal cereal, prunes, fresh fruits, vegetables and beans).

Drink 8 glasses of water a day. This should help you to avoid problems with constipation.

Exercise program: Your therapist will give you a set of exercises to do at home. As you continue to heal, your therapist will tell you when to progress your exercise program. The exercises are intended to help you regain muscle strength and range of motion in your new joint. You must do these exercises faithfully each day, if you are to get the maximum benefit from your joint surgery.

You may need to take a pain pill 30-45 minutes before you start exercising. Some amount of discomfort is expected. See the guidelines below for managing pain.

Managing pain: If your pain level is greater than your pain goal, begin to use one or more methods to control your pain; for example, change your position, apply ice pack(s), rest and/or use pain medication as prescribed by your surgeon. Your pain level should decrease as you continue to heal.

Check your dressing daily

Check your dressing daily and notify your surgeon if you experience any increase or change in appearance of drainage from when you left the hospital.

Follow your surgeon's instructions about when to change your dressing once you are at home.

TEDs or elastic stockings

- Wear your TEDs or elastic stockings daily as instructed by your surgeon.
- Ask your surgeon when you can stop wearing your elastic stockings.

Possible complications

The occurrence of complications after surgery is low, but serious complications such as infection or blood clots can occur. Call your surgeon or primary care doctor if you notice any of these symptoms.



Signs of possible infection

- Increased redness or swelling, increased drainage, and odor from the incision
- A change in the color of the drainage from pinkish clear to bloody or yellow-white (pus-like in appearance)
- Increase in body temperature over 101 degrees and/or chills that last for more than 2 days
- Increased pain at rest and with movement, which is not controlled with your pain medication and other non-drug methods

Ways to prevent infection

- Take proper care of your incision. Keep it dry by taking sponge baths until your doctor says you can shower.
- Avoid skin breakdown on common pressure points (buttocks, tailbone and heels).
- Prolonged sitting can cause soreness, burning, redness and blisters on your buttocks or tailbone. To prevent irritation when sitting, change your position often (every 30

minutes), and use a cushion to sit on.

It is recommended that you do not sleep in a sitting position.

- Antibiotic protection—Tell all your doctors, nurses and dentists that you had joint replacement surgery and the date. You may need to take antibiotics before dental work such as having your teeth cleaned, genito-urinary procedures, or other surgery to prevent infection in your new joint. It is suggested that you wait 3-6 months after your surgery before scheduling any routine procedures. Check with your surgeon first.

Travel

Total joint replacements may set off airport metal detectors. Tell security you have a joint replacement and they will use a wand device to check you through.

Driving

You cannot drive right after surgery. Do not drive until told it is OK by your doctor. Ask your doctor about a handicap parking permit.



Infections

If you develop an open sore or infection (skin infections, sinus infections, tooth abscess, etc.), call your surgeon or primary care doctor at once. All infections need to be treated promptly. Bacteria can travel from one area in the body to another through the bloodstream, and cause an infection in your new joint.

Signs of possible blood clots

- Swelling of the thigh, calf or ankle that does not decrease with elevating your legs. A clot can occur in either leg.
- Pain, tenderness, warmth, and/or redness in either calf or your arm on the side of your surgery

If a blood clot develops, you may need to be readmitted to the hospital for treatment. Prompt treatment is important to prevent the more serious problem of pulmonary embolus (a clot that has traveled to the lung).

Ways to prevent blood clots

- Wear your elastic stockings.
- Take your blood thinning medication, if prescribed.
- Walk around.
- Avoid sitting for long periods of time.
- Continue doing your ankle pump exercises.

When to call your surgeon

Call your surgeon right away if you have any of the following:

- Increasing shoulder pain
- Pain that is not relieved by medication
- Pain or swelling in the arm on the side of your surgery
- Numbness, tingling or blue-gray color in your arm or fingers on the side of your surgery
- Trouble breathing
- Chest pains
- Fever above 101.5°F or shaking chills
- Drainage, oozing or increased swelling or redness around the incision
- Unrelieved nausea or vomiting

Blood thinner medicine

While on your blood thinner medicine

There are different types of medications available to help prevent blood clots. While these medications all work in different ways, they all slow the blood's ability to coagulate or clot. In general, these are known as anticoagulants or blood thinners.

The most common blood thinners prescribed after surgery are: warfarin (Coumadin®), enoxaparin (Lovenox®), heparin, rivaroxaban (Xarelto®), and aspirin.

These medications are available as either a pill or an injection. Some also require laboratory monitoring and have diet restrictions.

Your surgeon will help decide which blood thinner is right for you, based on your medical history and the medications you are currently taking.

Most patients continue to take blood thinners for several weeks after surgery to continue to prevent the risk of blood clots.

Contact your doctor or pharmacist before you take your blood thinner medicine if you have any of these problems:

- Bleeding that doesn't stop in 10 minutes
- A heavier-than-normal menstrual period, or bleeding between periods
- Coughing or throwing up blood
- Diarrhea or bleeding hemorrhoids
- Dark urine or black stools
- Red or black-and-blue marks on the skin that get larger
- Dizziness or fatigue
- Chest pain or trouble breathing
- A serious fall or blow to the head

General information

Blood thinner medications help prevent harmful blood clots from forming in the blood vessels. By doing this, they may also increase your risk for bleeding. Because your blood is thinner, it may not clot as easily when you bleed.

- Take your medication exactly as prescribed. Take at the same time each day. If you miss a dose, do not double the next dose.
- Don't take any other medications, vitamins or dietary supplements without first checking with your doctor or pharmacist. Let all healthcare providers know that you are taking a blood thinner medication.
- If the medication requires monitoring, get your blood tested as your doctor orders. This is the only way to check if the dosage is correct.
- Be careful when brushing or flossing your teeth, shaving or using sharp objects. Use a soft toothbrush.
- Protect yourself from injury. Don't go barefoot. Don't trim corns and calluses yourself.
- Wear a helmet when riding a bicycle.
- Limit or avoid alcohol.
- Notify your doctor if you are pregnant or planning a pregnancy.



For warfarin (Coumadin) users

Warfarin (Coumadin) takes several days to work. Your blood needs to be checked frequently to determine the right amount of medication for you. Once your medication has been adjusted, your blood may be checked less frequently.

Vitamin K works to help blood clot. Warfarin (Coumadin) does not work as well when you eat foods high in vitamin K.

Foods to limit/avoid while taking Coumadin

You should limit the serving size of these foods if possible (less than 1/2 cup cooked or less than 1 cup raw), and maintain a consistent diet.

Foods VERY high in vitamin K:

- Kale
- Natto (a Japanese dish containing seaweed)
- Parsley (other than a garnish or minor ingredient)
- Swiss chard

Foods moderately high in vitamin K:

- | | |
|------------------|---------------|
| ▪ Cabbage | ▪ Purslane |
| ▪ Coleslaw | ▪ Seaweed |
| ▪ Collard greens | ▪ Soybean oil |
| ▪ Nettle leaves | ▪ Spinach |

Vegetable oils contain very little vitamin K, with the exception of soybean oil and to a less extent, canola oil. Olive oil or peanut oil are recommended for cooking.

Herbs, herbals and herbal teas

Avoid herbal teas which contain tonka beans, melilot, and/or woodruff.

These herbs also may interact with warfarin (Coumadin) and should not be used without your doctor’s approval:

- | | |
|-------------|----------------------|
| ▪ Chamomile | ▪ Ginger |
| ▪ Dong quai | ▪ Ginkgo |
| ▪ Feverfew | ▪ Ginseng |
| ▪ Flax | ▪ St. John’s wort |
| ▪ Garlic | ▪ Wheat grass powder |
| supplements | ▪ Willow bark |

Alcohol should be avoided.

Activities of daily living

Your routine daily activities will become more challenging in the period of time your arm is immobilized or restricted. Consider practicing these tasks ahead of time with one arm.

- You will be unable to tie your shoes independently. Initially, consider using slip-on shoes, elastic shoe laces, or Velcro closure shoes.
- An extra-large shirt will be easiest when getting dressed. Please bring a large T-shirt, button-up, or zipper shirt with you on your day of surgery.
- When putting on your shirt, dress your surgical arm first, then your head, and finally your non-surgical arm.
- When undressing, you will do the reverse: undress your non-surgical arm, then head, and finally your surgical arm. Practice this prior to your surgery.
- Consider using elastic waist pants and a sports bra to eliminate reaching behind your back.
- Practice bathing and using the toilet with only one arm.
- If you have a sling before surgery, practice taking it on and off with one hand.

What to expect after surgery from therapy

- You will be asked by physical therapy or nursing staff to walk the day of your surgery.
- Physical therapy will assess your mobility, including your ability to get in and out of bed, walking, and negotiating stairs.
- Physical therapy will review your exercises with you to support your return to your prior level of functioning.
- Occupational therapy will review dressing with one arm, putting on your sling, grooming, bathing, and use of your CPM machine.

- Occupational therapy will review taking care of your home, sleeping positions, and exercises.

Discharge will be the day after surgery before 12:30 p.m. Practicing and planning these activities before your surgery will help to increase your confidence with your discharge plan.

Adaptive equipment

Occupational therapists use adaptive equipment to ease activities of daily living, and help patients avoid extremes of movement during recovery from surgery. Your therapists will work with you to determine which equipment best meets your needs.

These items are available for purchase at various locations. Your therapists will identify these locations during your pre-operative class and/or hospitalization. The following items may be recommended during your recovery:

- Feather Reach Reacher, 26-inch (trigger style)
- Pick-up Reacher Standard (hand grip style)
- EZ-slide shoehorn (metal)
- Long-handled bath sponge
- Spyrolaces (available black or white)
- Elastic shoe laces (available brown or white)

Getting in and out of a car

- It is better to sit in the front seat of most cars.
- Have the seat as far back as possible.
- To get into the car, have the front door open and back up against the front seat.
- Slide back on the seat far enough toward the steering wheel so that you have room to turn and get your legs in through the door.
- Once in the car, you can move to the desired position.
- To get out of the car, reverse the procedure used for getting into the car.

Notes

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