



# Good Shepherd Health Care System

**A Patients Journey Guide for Shoulder Replacement**



## **Our Mission Statement**

*We provide compassionate and exceptional care, close to home, that meets the needs of our growing community.*

**Thank you for choosing us!**

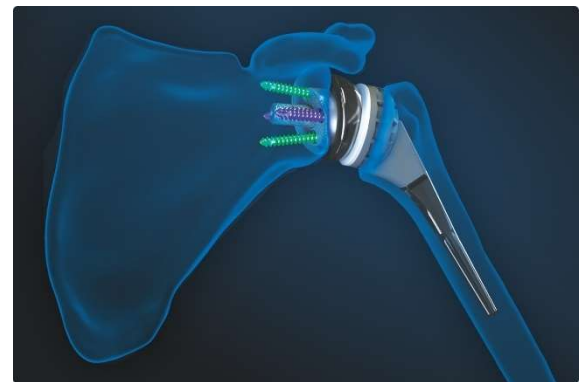
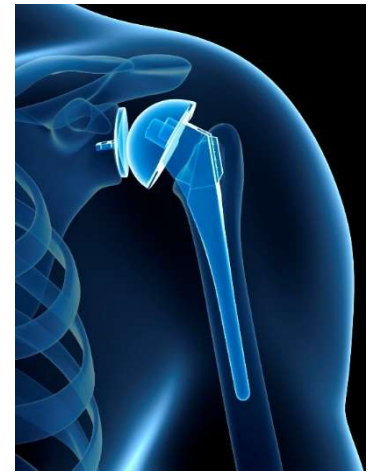
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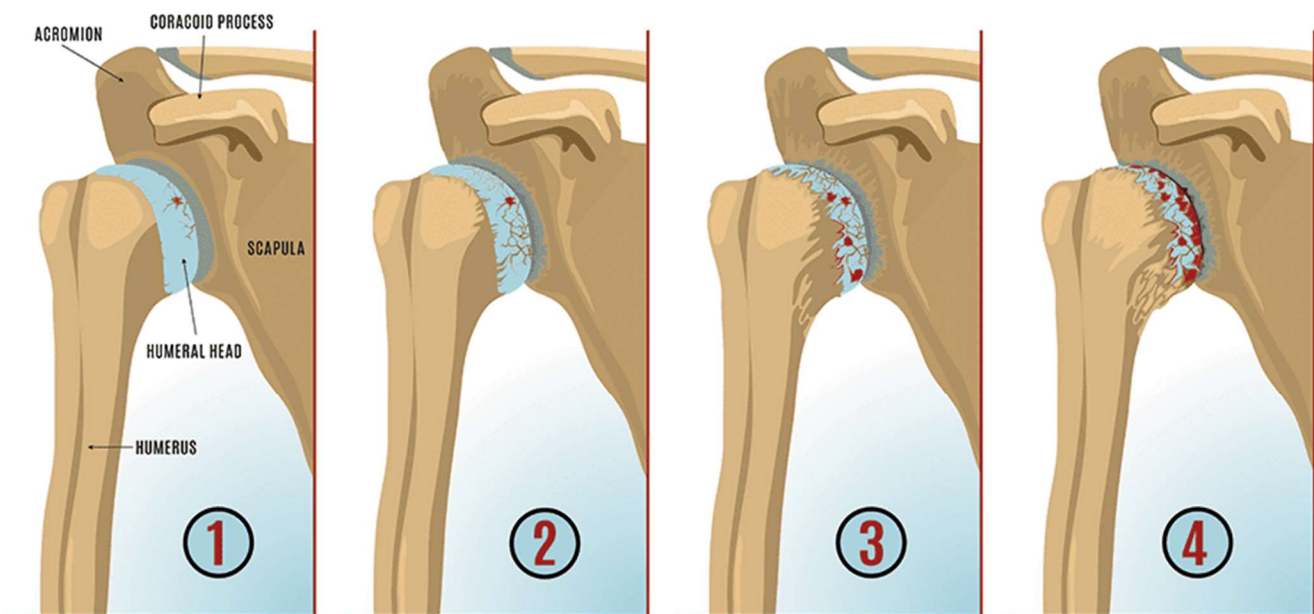
This handbook is intended to help you prepare for a successful shoulder joint replacement and recovery. It will help guide you through your journey and act as a reference for your recovery. It is important that you understand the information in this handbook and bring this handbook to your appointments and Joints Class. Good Shepherd Health Care System thanks you for choosing us and looks forward to helping you achieve your goals.

## DECISION FOR SHOULDER REPLACEMENT SURGERY

The shoulder joint, a highly mobile ball-and-socket joint, is one of the most flexible joints in your body. It connects the humerus (upper arm bone) to the scapula (shoulder blade) at the glenoid cavity and is supported by muscles, tendons, and ligaments—including the rotator cuff—which help stabilize and move the arm. The surfaces of the joint are covered with cartilage, which allows for smooth, pain-free movement. This joint plays a critical role in lifting, reaching, and performing overhead activities. In cases of arthritis, the cartilage deteriorates, reducing the joint space and causing painful bone-on-bone contact. Injuries, such as rotator cuff tears or instability, can further compromise the joint's function, leading to weakness, limited range of motion, and chronic pain. When conservative treatments no longer provide relief and pain significantly affects daily life—such as dressing, lifting, or sleeping—shoulder joint replacement (partial or total) may be recommended. In this procedure, the damaged bone and cartilage are removed and replaced with metal and plastic components, which are either cemented or press-fit into the reshaped surfaces of the joint.



## SHOULDER OSTEOARTHRITIS STAGES



# DECISION FOR SHOULDER REPLACEMENT SURGERY (continued)

## Benefits of Surgery

Although not guaranteed, you should expect to have:

- ❖ **Pain Relief:** The primary benefit is significant and often complete relief from chronic shoulder pain.
- ❖ **Improved Range of Motion:** Patients typically experience increased mobility in the shoulder joint, which can make everyday tasks easier.
- ❖ **Enhanced Strength and Function:** As pain decreases and movement improves, shoulder strength and function generally return, allowing for better arm use.
- ❖ **Improved Quality of Life:** Many patients regain the ability to participate in hobbies, sports, and daily activities that were previously limited or impossible.
- ❖ **Correction of Joint Deformity:** In cases of severe arthritis or trauma, surgery can restore proper alignment and anatomy.



# DECISION FOR SHOULDER REPLACEMENT SURGERY (continued)

## Risks of Surgery

As with all surgeries, joint replacements come with risks. Your care team will work with you to help prevent and minimize these risks. Prevention strategies are discussed throughout this handbook. Risks include:

- **Pain:** Sometimes, even after surgery, pain may not go away, especially if the pain comes from different problems, not just the joint.
- **Chronic Pain:** Rarely, some people might feel new or ongoing pain after surgery that can't be explained. This can be treated with therapy.
- **Bleeding:** Some bleeding is normal during the surgery, but it's rare to need a blood transfusion unless you have certain health problems.
- **Infection:** Any surgery carries a small risk of infection. If this happens, it could need more treatments, including more surgery.
- **Stiffness:** After surgery, some people may feel stiffness. Doing physical therapy helps a lot.
- **Damage to Arteries or Nerves:** In rare cases, the surgery might harm blood vessels or nerves, which could lead to swelling or weakness.
- **Fracture:** Sometimes, a bone might break during surgery, but it's usually treated right away.
- **Dislocation:** In some cases, the joint parts might come apart after surgery. If this happens, your doctor may need to help put it back in place.
- **Wound Problems:** The cut from the surgery may take longer to heal, or it might get infected.
- **Implant Issues:** While most implants work well, sometimes they fracture, wear out, or loosen, which may need more surgery.
- **Blood Clots:** Blood clots can happen after surgery, but there are ways to reduce this risk, like doing special exercises after surgery.
- **Other Health Problems:** Surgery can sometimes cause problems like heart issues, so it's important to make sure your overall health is good before surgery.

# ORTHOPEDIC SURGERY JOURNEY CHECKLIST

## Pre-Surgical Appointments & Requirements

✓	Appointment / Task	Date	Time	Notes
<input type="checkbox"/>	Labs			
<input type="checkbox"/>	EKG			
<input type="checkbox"/>	CT: _____			
<input type="checkbox"/>	X-rays			
<input type="checkbox"/>	Medical Clearance - PCP			
<input type="checkbox"/>	Medical Clearance - PAS Clinic			
<input type="checkbox"/>	Medical Clearance - Cardiology			
<input type="checkbox"/>	Medical Clearance - Other			
<input type="checkbox"/>	Dental Exam / Clearance			
<input type="checkbox"/>	Joint Replacement Education Class			
<input type="checkbox"/>	Preop Education - Occupational Therapy			
<input type="checkbox"/>	Preop - Physical Therapy			
<input type="checkbox"/>	Discharge Planning Discussion			
<input type="checkbox"/>	Preop Visit with Surgeon			
<input type="checkbox"/>	Followed Skin Prep Instructions			
<input type="checkbox"/>	Filled prescriptions for after surgery			
<input type="checkbox"/>	Followed instructions for "Blood Thinners" before surgery			
<input type="checkbox"/>	Book read and understood			

## Surgical Date

✓	Event	Date	Time	Notes
<input type="checkbox"/>	Surgery			
<input type="checkbox"/>	Plan for Ride Home Arranged			
<input type="checkbox"/>	Home Recovery Instructions Reviewed (Discharge Instructions)			
<input type="checkbox"/>				
<input type="checkbox"/>				

## Post-Surgery Recovery

✓	Follow-Up Task	Date	Time	Notes
<input type="checkbox"/>	Postop Physical Therapy Begins			
<input type="checkbox"/>	Postop Visit with Surgeon			
<input type="checkbox"/>	Follow-up Appointments			
<input type="checkbox"/>				
<input type="checkbox"/>				

# GETTING TO KNOW YOUR CARE TEAM

## Orthopedic Surgeon



Patrick Dawson, MD



James Whittum, MD



Zhiqing Xing, MD

## Nurse Navigator

This individual will help guide you through your journey of your joint replacement. They will help teach you and your care partner how to stay safe and healthy during your journey.

## PAS Clinic Registered Nurses (RN) & Nurse Practitioner (NP)

This group of individuals will see you preoperatively for a PAS appointment. They will address your past medical history and current medications. The NP will complete your physical examination, clearing you for your upcoming surgery.

## Case Manager

This individual will help create a plan that will best assist your needs regarding discharge, home equipment, and answer insurance questions that you may have.

## Occupational Therapist (OT)

This individual will help you with determining the best plan to safely complete your daily activities such as bathing and dressing. They will help teach you how to be independent at home.

## Physical Therapist (PT)

This individual will help teach you important strength training exercises for after surgery.

## Certified Registered Nurse Anesthetist (CRNA)

You will meet an individual from this team on your day of surgery. They will evaluate your needs and provide specific care to help keep you safe during your surgery and recovery. They are key team members to manage your pain.

## Day of Surgery Surgical Team: RN's, CNA's, and Surgical Technologist (ST)

Your Day Surgery RN and CNA will admit you to the hospital. Your Circulating RN will take you to the operating room where a ST will be setting up your room for surgery. These individuals will assist your surgeon during your procedure. After your procedure, you will move once again to Day Surgery and then discharge home.

# GETTING HEALTHY FOR SURGERY

## Choose a Care Partner

Involving a friend or relative as your care partner is very important. Your care partner should go with you to attend preoperative education, provide support during therapy and keep you focused while healing. Please choose a care partner based on the following:

### Your care partner must:

- Attend your Total Joint Class with you.
- Be in good physical health.
- Provide transportation for appointments & surgery.
- Stay with you for 24 hours after surgery and up to 1 week.

### Your care partner will assist you with:

- Bathing, dressing and bathroom needs
- Position changes such as sit-to stand or getting out of bed.
- Pain and medication management
- Helping you follow the instructions provided by your surgeon.
- Helping you with your exercises and restrictions

### Your care partner will:

- Help you stay on track and meet your goals for recovery.
- Reinforce and encourage the proper way to do home exercises.
- Be a second set of ears for all the information you will receive.
- Be your biggest supporter to help you become independent again.



## GETTING HEALTHY FOR SURGERY (continued)



### Stop Smoking / Vaping / Tobacco /

**Nicotine** As you're preparing for your upcoming surgery, we want to help you have the smoothest, safest recovery possible. One important step you can take is stopping all tobacco, vaping, and nicotine products at least 4–6 weeks before your procedure. Here's why it matters:

#### Did You Know?

Stopping smoking for 4–6 weeks before surgery and staying smoke-free for at least 4 weeks after can reduce your risk of complications by up to 50%. That's a huge benefit to your recovery!

#### How Smoking, Vaping, and Nicotine Affect Surgery:

- Reduces oxygen in your blood – This can slow down healing and increase the risk of infections.
- Constricts blood vessels – Nicotine makes it harder for your body to deliver blood and nutrients to surgical wounds.
- Increases anesthesia risks – Smokers may have more complications with breathing during and after surgery.
- Raises the risk of complications – Including poor wound healing, pneumonia, blood clots, and longer hospital stays.

#### Benefits of Quitting Before Surgery:

- Faster healing and fewer complications
- Better oxygen levels during recovery
- Stronger immune system
- Improved heart and lung function
- Less pain and better overall outcomes

#### Tips to Help You Quit:

- Set a quit date – Try to stop at least 4-6 weeks before your surgery.
- Talk to your doctor – They can offer medications or nicotine replacement therapy (like patches or lozenges) that are safer than smoking or vaping.
- Get support – Counseling, quit lines, and mobile apps can boost your chances of success.
- Remove triggers – Clean out lighters, ashtrays, or vape pens, and avoid places where you usually smoke or vape.

#### Need Help?

We're here to support you. Let us know if you'd like help creating a quit plan or connecting with resources. You can also call the free Oregon Tobacco Quit Line at 1-800-QUIT-NOW or visit [www.quitnow.net/oregon](http://www.quitnow.net/oregon) or [www.smokefree.gov](http://www.smokefree.gov).

# GETTING HEALTHY FOR SURGERY (continued)

## Healthy Eating

What you eat and how you treat your body in the weeks leading to surgery can impact how well and quickly you heal. A little preparation now can make a big difference in recovery later.

- A well-balanced diet consists of making ½ your plate fruit and vegetables, ¼ of your plate grains and ¼ protein.
- Eat a diet rich in iron, Vitamin C and calcium.
- Avoid alcohol, especially in the 48 hours before surgery.

**If you are diabetic or on any type of restricted diet, you should consult your doctor prior to changing your diet regimen.**



### BENEFITS OF PROTEIN, IRON AND VITAMIN C

- Protein is needed for repair after surgery for damaged tissues, fighting infections and making collagen for tissue growth.
- Try to get protein with every meal.
- Iron is needed to build red blood cells and Vitamin C helps with the absorption of iron.
- During surgery, some blood loss is expected, therefore ample levels of iron and vitamin C will help with the replacement of red blood cells lost.

#### Recommended Foods Include:

Eggs	Nut and seeds
Steak	Cheese
Chicken breast	Greek Yogurt
Roasted turkey	Broccoli
Salmon/tuna	Spinach
Shrimp	Kiwi
Pork	Oranges
Beans	Strawberries
Peanut Butter	Tomato Juice

### CALCIUM AND VITAMIN D

- Calcium is an important mineral needed for building new bone as well as maintaining existing strength.
- Vitamin D helps your body absorb calcium and regulate it within the blood stream.
- During joint replacement surgery, the bone is removed, and an implant is put in its place.
- Eventually, new bone will grow around parts of the implant and help make it more stable. A diet rich in calcium and vitamin D can help with this process.
- Calcium and Vitamin D also assist with nerve communication, immune system response, and blood flow.

#### Recommended Foods Include:

Almonds	Salmon
Tuna	Mushrooms
Milk	Orange Juice
Sardines	Tofu
Yogurt	

## GETTING HEALTHY FOR SURGERY (continued)



### Attend the Total Joints Class

- ❖ Remember to bring your care partner.

### Attend Your PAS Appointment

### Clearance from your Cardiologist

- ❖ A healthy heart is important.
- ❖ *If you have abnormal EKG results or are taking anticoagulants due to a medical condition, your surgeon may request clearance from your cardiologist.*

### If you are Immunocompromised

- ❖ If you are currently taking immunosuppressive medications, your care team will obtain guidance from your doctor regarding your medication.

### Clearance from your Dentist

- ❖ Healthy teeth are important. They help reduce the chance of infection after surgery.
- ❖ *If your surgeon requires dental screening for your surgery, you will be instructed to make an appointment with your dentist.*

### Diabetes Control

- ❖ It is important to control your blood sugar levels during your joint replacement journey. Control will help your wound heal and prevent complications that could lead to infections.
- ❖ *If your A1C is higher than 7.5, your surgeon will refer you back to your regular doctor for stabilization & optimization.*

# HOME CHECKLIST

## Flooring and Obstacles

- Clear all walkways and hallways of clutter (rugs, cords, low furniture).
- Use non-slip mats on tile or hardwood floors to prevent slipping.
- Eliminate tripping hazards such as raised thresholds or uneven flooring.

## Furniture and Layout

- Arrange furniture to allow one-handed navigation with a sling in place.
- Use firm chairs with armrests to aid in standing without using the surgical arm.
- Ensure easy access to key areas: bathroom, kitchen, and sleeping space.

## Bathroom Modifications

- Install grab bars in the shower, tub, and near the toilet for one-handed use.
- Consider a raised toilet seat to reduce strain during transfers.
- Use a shower chair or bench (if needed); avoid lifting arm overhead while bathing.
- Place non-slip mats in and outside the shower/tub.



## Lighting

- Ensure all hallways, bathrooms, and stairways are well-lit.
- Install nightlights for safe nighttime mobility.
- Consider motion-sensor lights for added convenience.

## Assistive Devices

- Ensure any mobility aid (if needed) is appropriate for one-handed use.
- Consider a reacher/grabber tool for picking up items.
- Have a sling or immobilizer as prescribed, and understand proper use.
- Avoid leaning or pulling with the surgical arm.

## Stairs and Steps

- Ensure handrails are secure—especially helpful for one-handed balance.
- Mark step edges with contrasting tape for visibility.
- Limit stair use if possible; arrange a temporary sleeping area on the main floor.

## Emergency Access and Communication

- Keep a phone nearby and easily accessible (preferably mobile).
- Post emergency contacts in visible locations.
- Know how to call for help with one hand.

## HOME CHECKLIST (continued)

### Bedroom Setup

- Make sure the bed is at a height that allows easy entry/exit without using surgical arm.
- Place a sturdy chair or bench next to the bed for dressing or rest.
- If needed, install a bedside grab bar (not to be used with surgical arm).

### Kitchen Adjustments

- Move frequently used items to waist or counter level—avoid overhead reaching.
- Set up an area for one-handed food prep.
- Prepare easy-to-reheat meals in advance.

### Safe Exercise Area

- Designate a clear, open space to perform physical therapy as instructed.
- Follow prescribed exercises only—no active lifting of surgical arm unless allowed.
- Maintain a consistent therapy schedule to support recovery.

### Caregiver Support










- Identify a support person to assist with dressing, bathing, or cooking if needed.
- Ensure caregivers understand shoulder precautions (e.g., no pulling on arm).
- Review proper techniques for assistance with transfers or clothing.

### Environmental Adjustments

- Maintain a comfortable, well-ventilated home environment.
- Avoid extreme temperatures—cold can increase joint stiffness.
- Have pillows available to prop the surgical arm comfortably when sitting or sleeping (as advised).

## HOW TO STAY SAFE AND AVOID FALLING

Protect your shoulder and avoid falls with these simple steps:

-  **Wear non-slip shoes** or grip socks—avoid slippers or slick soles.
-  **Move cords and clutter** out of walkways.
-  **Keep walkways clear**—wide enough for steady footing.
-  **Remove loose rugs** or secure them with non-slip backing.
-  **Use night lights** in halls, bathrooms, and dark areas.
-  **Fix uneven flooring** or threshold bumps.
-  **Watch for pets** underfoot—ask someone to keep them nearby but out of your path.
-  **Keep hands free**—don't carry items while walking.
-  **Wipe up spills right away** to avoid slippery floors.

These small steps make a big difference in keeping you and your shoulder safe!



# WHEN TO STOP YOUR MEDICATION

**7 days before surgery**, you will stop taking herbal supplements such as:

***Fish Oil***

***Ginseng***

***Ginkgo Biloba***

***Turmeric***

***Ginger***

***Garlic***

***Vitamin E***

If you take a GLP-1 medicine (like for diabetes or weight loss) and often have constipation, it can slow down how your stomach empties and make it hard to get the right nutrition.

## **Before surgery:**

- ❖ Tell your surgeon you're taking a GLP-1.
- ❖ Your eating and fasting instructions might be different.

## **To help your body get ready:**

- ❖ Drink plenty of water.
- ❖ Eat more fiber (like fruits, veggies, and whole grains).
- ❖ Eat enough protein (like eggs, chicken, beans, or protein shakes).

**7 days before surgery**, you will stop taking your GLP-1 (if applicable):

***Exenatide (Bydureon)***

***tirzepatide (Mounjaro)***

***semaglutide (Ozempic,  
Wegovy, Rybelsus)***

***Dulaglutide (Trulicity)***

**There are some medications that you should take and some that you should hold before your surgery.** You will be given these instructions for all your medications at your Pre-Admission Services (PAS) appointment.

**IMPORTANT:** Some medications may need to be held for several days prior to your procedure. Examples include:

- Insulin/diabetes medications
- weight loss medications
- diuretics “Water Pills”
- anticoagulants or antiplatelets “blood thinners”



Please be sure to let the Pre-Admission Services team know about all the medications and supplements that you take. It is also **important to alert us if your medication list changes** as we are planning for your surgery so that we can also update your instructions.

# PREPARING YOUR SKIN FOR SURGERY

The Ready. Set. Prep. Kit is a five day, five shower kit.

## 4 Nights before Surgery

1. Rinse your body with warm water.
2. Wash your hair with regular shampoo. Rinse your hair with water.
3. Wet your shower mitt provided. Turn off the water. Use half the bottle of CHG solution to wash your body. (The CHG solution will NOT foam). Be careful not to get CHG solution in your eyes, nose, ear canals, and mouth. CHG is for use below the chin only. Do not use any other soaps or body wash when using CHG solution.
4. Firmly massage all areas: neck, arms, chest, back, abdomen, hips, groin, genitals (external only) and buttocks. Clean your legs and feet and between your fingers and toes. Pay attention to your surgery site and all surrounding skin.
5. Wait 3 minutes using the sand timer.
6. Turn on the water and rinse CHG off your body.
7. Dry off with a clean towel.
8. Dress in clean clothes and use freshly laundered bed linens.

## 3 Nights before Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel, clean clothes, and fresh linen.

## 2 Nights before Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel, clean clothes, and fresh linen.

## The Night before Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel, clean clothes, and fresh linen.

## The Morning of Surgery

- ❖ Repeat steps 1-8. Make sure you use a fresh towel and dress in clean clothes.

## IMPORTANT REMINDERS:

- ❖ After showering, do not apply any lotions, creams, powder, deodorant, or hair conditioner.
- ❖ Allergic reactions are rare but may occur. If you are allergic to CHG soap, stop using it and follow the bathing instructions above using your regular soap. Call your doctor if you have skin irritation.
- ❖ Do not shave your surgical site.



# EXPECT A PREOP PHONE CALL

**A Day Surgery nurse will call with instructions for your arrival. She/He will tell you:**

1. What time to arrive in day surgery
2. When to stop eating & drinking and remind you not to consume sugar, creamer, gum or candy, and no chewing tobacco or smoking.
3. Which medications to take at least 2 hours before arriving to day surgery.
4. Reminding you to have a ride home. Do you have someone to stay with you after surgery?
5. They will review special soap bathing.
  - Total joints will shower for 4 nights and morning of surgery.
6. Wear loose-fitting clothing to help with comfort and bandages.
7. Leave all valuables at home, remove all jewelry and body piercing at home.
8. You may have one adult person to sit with you while in the surgery department.
9. If you become ill, please call the hospital's nursing supervisor to cancel at 541-667-3404 if after day surgery hours.
10. If female and of childbearing age, we will need urine for a pregnancy test upon arrival.



# CARBOHYDRATE LOADING BEFORE SURGERY

Drinking extra carbohydrates before your surgery helps your body better handle the stress of the procedure. This simple step can improve your recovery and overall outcome.

## How to Carbohydrate Load:

1. The night before surgery:  
Drink 1 bottle before bedtime.
2. The morning of surgery:  
Drink 1 bottle 4 hours before your scheduled surgery time.

## Benefits of Carbohydrate Loading:

Drinking a clear carbohydrate drink such as Ensure Pre-Surgery:

- Gives your body energy for surgery.
- Helps you feel less tired after surgery.
- May help you feel less sick or dizzy.
- Helps your muscles heal better
- Can lower stress on your body.



## I Have Diabetes — Is This Safe?

Yes! Drinking Ensure Pre-Surgery is safe for most diabetics, especially if your A1C is less than 7. It gives your body gentle, easy-to-use sugar and usually does not cause a big spike in blood sugar.

*If your A1C is above 7.0, you will not drink the Ensure Pre-Surgery beverage.*

## WHAT TO BRING TO THE HOSPITAL ON THE DAY OF SURGERY

### ❖ *An attitude of success!*

- ❖ Comfortable, loose-fitting clothes for discharge.
- ❖ Your CPAP machine mask & settings if you use one.
- ❖ Phone numbers of people you may want to call during your stay.
- ❖ A copy of your Advance Medical Directives (if you have one)
  - Advance Medical Directives are printed instructions that communicate your wishes regarding healthcare. As there are different directives, it is a good idea to consult your attorney regarding the legal implications of each. For example:
    - A Living Will explains your wishes if you have a terminal condition, irreversible coma, or are unable to communicate.
    - Appointment of a Healthcare Agent (Medical power of attorney) lets you name a person to make medical decisions if you become unable to do so.
    - Healthcare instructions are your choices regarding the use of life sustaining equipment, hydration, nutrition and pain medications.

## WHAT NOT TO BRING TO THE HOSPITAL

- ❖ Your home medications.
- ❖ Any valuables such as purses, wallets, money, or jewelry.



# SPECIAL EQUIPMENT YOU'LL SEE ON THE DAY OF SURGERY

As part of your care before, during, and after surgery, several pieces of equipment will be used to keep you safe, comfortable, and help you recover. Here's what to expect:

## IV (Intravenous Line)

An IV is a small, flexible tube placed into a vein, usually in your hand or arm. It allows your care team to give you fluids, medications, and anesthesia during surgery and recovery.



## Sequential Compression Devices (SCDs or "Sequentials")

These are soft wraps placed around your lower legs that gently inflate and deflate to improve blood flow and help prevent blood clots. They'll be used while you're in bed, especially right after surgery.

## Stretcher

You'll be transported to and from the operating room on a stretcher for safety and comfort. It looks like a hospital bed on wheels and helps staff move you easily.

## Call Light

This button is always within reach in your hospital bed. If you need help at any time, simply press it to call a nurse or staff member.

## TED Hose (Compression Stockings)

These tight-fitting stockings help improve circulation and reduce the risk of blood clots. Some surgeons may require you to wear them during your stay and even after you go home. Follow your specific instructions.

## Bair Hugger (Warming Blanket)

This is a special warming system that gently blows warm air through your gown to keep your body temperature normal during and after surgery. Staying warm helps with healing and reduces the risk of complications.



# ANESTHESIA AND PAIN MANAGEMENT DAY OF SURGERY

## Types of Anesthesia

Your anesthesia team will discuss the best option for you based on your health and surgical needs.

Common types include:

- ❖ Regional Anesthesia – Involves injecting a local anesthetic to block pain and sensation in specific areas of the body. Common types include:
  - Spinal block
  - Nerve block (e.g., shoulder block)
- ❖ General Anesthesia – Uses medications to place you in a temporary state of unconsciousness during surgery.
- ❖ Local anesthetics are given near the incision to numb the surrounding area.

Your anesthesia provider will explain the risks and benefits of each type. Some patients may experience side effects such as nausea or vomiting, which can be treated with medication if needed.

## Pain Management After Surgery

Pain control is one of the most common concerns for patients after joint replacement surgery. The goal is to keep your pain at a manageable level so you can begin recovery comfortably and safely. While you won't be completely pain-free, your discomfort should be tolerable.

To help understand and manage your pain, a pain scale from 0 to 10 is used:

0 = No pain

10 = The worst pain you can imagine

Your care team will ask you to rate your pain and will adjust your medications or other treatments based on your responses.

Please let your care team know if:

- ❖ Your pain is not tolerable.
- ❖ You are feeling nauseous.
- ❖ You are more drowsy or confused than expected.



Your comfort and safety are our top priorities. Open communication with your care team is key to your recovery.

# TRANEXAMIC ACID (TXA) AND YOUR SURGERY

## What is TXA?

- Tranexamic Acid (TXA) reduces bleeding during and after surgery.
- It helps your body form clots to prevent excessive blood loss.

## Why Am I Receiving TXA?

- You're having joint replacement surgery, which can cause blood loss.

## TXA helps:

- Reduce bleeding
- Lower transfusion risk
- Support quicker recovery

## How Is TXA Given?

- By mouth (tablet) before surgery
- Through an IV during surgery
- Applied directly to the joint by your surgeon

## Is TXA Safe?

- Yes, it's widely used and safe for most patients.
- When used appropriately, it does not increase clotting risk in most people.

## Who Should Not Get TXA?

- Tell your provider if you have:
  - History of blood clots, stroke, heart attack
  - Kidney issues or seizures
  - Medication allergies

## Possible Side Effects

- Most have none. Rarely:
  - Nausea or vomiting
  - Headache
  - Seizures (extremely rare, high-dose related)

## Other Key Info

- TXA improves safety and recovery.
- You'll also receive standard clot-prevention care (blood thinners, mobility).



# LENGTH OF HOSPITAL STAY AND WHAT TO EXPECT UPON DISCHARGE

Your care team will work closely with you and your family to create a personalized discharge plan that supports your recovery. This multidisciplinary team typically includes:

- ❖ A physical and/or occupational therapist (PT/OT)
- ❖ Nursing staff
- ❖ A case manager

Most patients are discharged the day of surgery, with very few spending one or more nights in the hospital. Your specific discharge plan will be based on your progress, mobility, support at home, and medical needs.

## Plans for a Safe Discharge Home

To ensure a safe and smooth transition home, please keep the following in mind:

- ❖ You must have a responsible adult to drive you home and stay with you for at least 24 hours after surgery.
- ❖ You will be asked to provide the name and contact information of this individual on your surgery day.
- ❖ If you cannot arrange transportation or assistance at home, contact your surgeon's office as soon as possible to reschedule.
- ❖ You will receive detailed discharge instructions covering medications, therapy, activity restrictions, and follow-up care.
- ❖ Your surgeon may provide prescriptions during your preoperative visit; we recommend filling these before surgery.
- ❖ Confirm that any necessary medical equipment is delivered and available at home.
- ❖ Know whether you will attend outpatient PT/OT or receive home health services.



## Planning for Alternative Post-Discharge Needs

If recovery at home is not appropriate, planning for alternative care may be required:

- ❖ Ensure transportation is arranged to the rehabilitation or skilled nursing facility.
- ❖ Nursing staff will complete the required transfer paperwork and medical orders.

# LENGTH OF HOSPITAL STAY AND WHAT TO EXPECT UPON DISCHARGE (continued)

## Medication Reconciliation with Home Regimen

Medication reconciliation is a key part of your discharge instructions:

- ❖ A thorough review of your medications will be performed prior to discharge.
- ❖ This information will be included in your discharge instructions.
- ❖ Your updated medication list will identify which medications to start, continue, adjust, or discontinue.
- ❖ Contact your care team if you have any questions or concerns about your medications.



## Special equipment needed prior to going home:

- ❖ You will have your sling and will bring this home with you.

## Post-Discharge Follow-Up:

To monitor your recovery and support your progress, the following follow-up care is planned:

- ❖ Discharge instructions: Keep these important documents and refer to them throughout your recovery.
- ❖ Phone call: Expect a follow-up call from our team within 1–2 days after surgery.
- ❖ 2–3 week follow-up: Your first appointment with your surgeon after your surgery.
- ❖ 6 week follow-up: A second visit to assess mid-term healing and mobility.
- ❖ 1 year follow-up: A final check-in to review long-term recovery and outcomes.



# BREATHING EXERCISES & INCENTIVE SPIROMETER

To help prevent pneumonia and other respiratory problems after surgery, it is important to practice breathing exercises using the muscles of your abdomen and chest. This includes deep breathing, coughing and using an incentive spirometer.

## Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for 5–10 seconds.
- Breathe out as if you were blowing out a candle for 10–20 seconds.
- Take a breath and repeat 10 times.



## Coughing

- Take a slow deep breath in through your nose and out through your mouth.
- Take another breath and hold, then cough as you exhale.
- Repeat 2 times.

## Incentive Spirometry – What You Need to Know!

### What is it?

- An incentive spirometer is a plastic device that helps you take deep breaths. It looks like a little tube with a mouthpiece and a ball or piston inside. It shows you how well your lungs are working!

### Why do I need it?

- When you're not moving around much—like after surgery or if you're sick, your lungs don't work as hard. That can make it easier to get an infection, like pneumonia. Using the spirometer keeps your lungs strong and healthy!

### How to use it:

1. Sit up straight.
2. Hold the spirometer in front of you.
3. Put the mouthpiece in your mouth and close your lips around it.
4. Take a slow, deep breath in (like you're sucking through a straw) and try to make the ball or piston rise to the smiley face.
5. Hold your breath for about 3 seconds, then breathe out normally.
6. Rest and do it again—about 10 times every hour you're awake.

### Helpful tips:

- Try to cough after using it to clear your lungs.
- Ask someone to help remind you to use it often.



# WOUND CARE

**Follow your discharge instructions:** Your discharge nurse will explain how to care for your dressing.

## Showering:

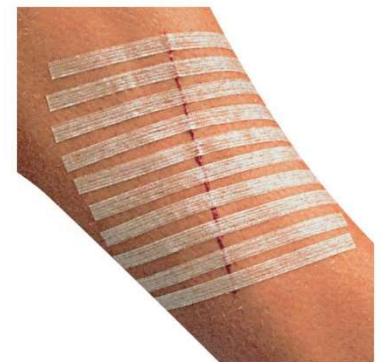
- You may shower with the waterproof dressing in place.
- If the dressing becomes loose or damaged, you may shower without it only after at least 5 days from surgery.
- If you see small white strips ("steri-strips") on your incision, leave them alone, they will fall off naturally.

## No baths or soaking:

- Do not submerge your incision in water (no baths, pools, or hot tubs) until it is fully healed and there is no scabbing—this may take up to 6 weeks.

## Surgical glue:

- You may notice clear glue on your skin. This will dissolve on its own.
- Do not pick at it.



## Watch for signs of infection:

Call your surgeon if you notice:

- Increased drainage
- Redness
- Pain
- Odor
- Warmth around the incision

## Preventing Infection:

- Wash hands frequently, especially after using the bathroom or coming into contact with pets.
- Wash your hands before completing wound care.



## Fever:

- If you feel warm or unwell, take your temperature.
- Notify your surgeon if your temperature is over 101.4°F and stays elevated.

## Need help?

- If you have any questions or concerns, contact your surgeon's office.

# WOUND CARE (continued)

## Ice Therapy Machine (Purpose of Ice Therapy)

The Ice Therapy Machine helps reduce pain and swelling after surgery or injury by delivering consistent cold therapy to the affected area.

### Getting Started

#### 1. Supplies You'll Receive:

- Ice Machine
- Power adapter
- Cold therapy pad
- Insulated cooler with lid
- Ice and water

#### 2. Setup Instructions:

- Fill the cooler with ice to the top line, then add cold water to the fill line.
- Attach the cold therapy pad to the hose on the cooler until you hear a click.
- Plug the machine into a wall outlet.
- Wrap the therapy pad around your shoulder, using the straps provided. Always place a thin barrier (like a pillowcase or cloth) between your skin and the pad to prevent frostbite.
- Turn the unit ON. Cold water will circulate through the pad.



### Usage Guidelines

Use the machine as directed by your surgeon or care team.

#### Typical use is:

- 20 minutes per hour while awake, for the first 48–72 hours after surgery.
- Do not sleep with the machine running.
- Always check your skin for excessive redness, numbness, or blisters—signs of overexposure.

### Cleaning & Maintenance

- After each use:
  - Unplug the unit.
  - Drain the water.
  - Wipe the pad and hoses with a clean, dry cloth.
  - Allow all components to air dry completely before storing.

### When to Call Your Provider

Call your surgeon or healthcare provider if you notice:

- Increased swelling or pain.
- Numbness, tingling, or changes in skin color.
- Leaking or malfunctioning equipment.

### Safety Reminders

- Never apply pad directly to skin.
- Do not use on areas with poor circulation or open wounds unless approved by your provider.
- Keep cords and machine away from water sources when plugged in.



## WOUND CARE (continued)

### Prevena™ 125 Therapy

In certain cases, your surgeon may determine that placing a wound vacuum (wound vac) is the best option to support healing and reduce the risk of infection.



### What is Prevena™ Therapy?

Prevena™ 125 is a portable, battery-powered wound therapy device that uses continuous negative pressure (-125 mmHg) to help protect your surgical incision and promote healing. It's commonly used after orthopedic, vascular, abdominal, and other surgeries where there's a risk of infection or delayed healing.

### How It Works:

- Gently pulls fluid and infectious materials away from the incision.
- Helps hold incision edges together.
- Provides a barrier from external contamination.
- Promotes a closed environment that supports healing.

### What to Expect:

- The device runs quietly and continuously.
- It's usually worn for up to 7 days.
- The dressing is not changed during this period.
- The therapy is single-use.

### Patient Instructions:

#### ⚠ Do Not:

- ❖ Remove or tamper with the dressing or tubing.
- ❖ Get the dressing wet (avoid showering unless cleared by your provider).
- ❖ Ignore device alarms.

#### ✅ Do:

- ❖ Keep the device on at all times.
- ❖ Make sure tubing isn't kinked or blocked.
- ❖ Charge the device if needed (some versions are rechargeable).
- ❖ Monitor for signs of complications like increased pain, swelling, redness, or unusual drainage.



### When to Call Your Provider:

- ❖ Device alarms and you cannot resolve it.
- ❖ You see signs of infection (fever, foul odor, warmth, excessive drainage).
- ❖ The dressing becomes loose or falls off.
- ❖ You experience increased discomfort or pain.

### Mobility and Daily Life:

- ❖ The Prevena™ 125 unit is lightweight and portable.
- ❖ It can be worn in a pouch or clipped to clothing.
- ❖ Most patients can resume light daily activities with clearance from their provider.

# WAYS TO MANAGE PAIN AT HOME

## Preventing and Understanding the Pain Cycle

Pain can sometimes turn into a tricky cycle. It might start out small but get worse over time if it's not treated the right way. The best way to stop this is by using a good plan to manage the pain early. One smart tip: take your pain medicine about 30 to 45 minutes before you do any exercise or physical therapy. That way, you can stay ahead of the pain and feel better while you move.

## Methods to Help Decrease Pain

- Relaxation: Listening to calming or favorite music can ease tension and promote relaxation.
- Position Changes: Change your position often to avoid stiffness and reduce pressure on sore areas.
- Cold Therapy: Use ice or a cold pack for 20 minutes at a time, several times a day. This helps reduce swelling and numb the area.
- Elevation: Elevating the affected area above the level of your heart can help decrease swelling and improve comfort. Use pillows to support the area comfortably.



## Non-Drug Pain Relief Techniques

- Deep breathing exercises
- Regular rest breaks
- Controlled movement: Move slowly and with purpose.
- Stay active: Gentle movement will get easier over time.

## Types of Pain Medications

### • Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Examples: Aspirin, Ibuprofen (Advil, Motrin)  
Use: Light to moderate pain, swelling, and soreness  
Possible side effects: Nausea, bleeding, kidney problems

### • Acetaminophen

Brand example: Tylenol  
Use: Light to moderate pain  
Note: Does not reduce inflammation  
Possible side effects: Rash, hives, liver damage

### • Opioids

Examples: Oxycodone, Hydrocodone  
Use: Moderate to severe pain  
Possible side effects: Drowsiness, nausea, constipation, itching  
Important: You may be asked to sign a medication agreement when these are prescribed for post-surgical pain.

## Remember

Pain control is part of your recovery. Managing it well helps you move more, heal faster, and feel better overall. Always talk with your care team if you have any concerns or questions about your pain management plan.

# REDUCING SWELLING AND DISCOMFORT AFTER SURGERY

Recovering from total shoulder replacement involves a careful balance of rest, supported movement, and consistent care. The following strategies can help manage swelling and discomfort, promote healing, and support a safe recovery:

## 1. Elevate the Surgical Arm

- Keep your surgical arm elevated (at or slightly above heart level) while sitting or lying down.
- Use pillows or an elevation wedge under the elbow and wrist—do not place pillows directly under the shoulder.
- Proper elevation promotes drainage of fluid and reduces swelling.
- Avoid lying flat without support for the arm; maintain the position recommended by your surgeon.

## 2. Apply Ice Regularly

- Use a cold pack on the shoulder for 20 minutes at a time, every hour while awake.
- Always place a thin towel between your skin and the ice to prevent frostbite.
- Icing helps reduce inflammation, manage pain, and control swelling.

## 3. Use a Shoulder Sling or Immobilizer as Directed

- Wear your sling or immobilizer as prescribed to support healing and prevent strain.
- Keeping the arm still (as instructed) can reduce swelling and avoid unnecessary discomfort.
- Remove the sling only when performing approved exercises or for hygiene, per instructions.

## 4. Engage in Gentle Movement

- Perform only surgeon- or therapist-approved passive or assisted movements.
- Short walks are encouraged to improve circulation, but do not swing the surgical arm.
- Avoid lifting, pushing, or pulling with the operative arm.

## 5. Follow Your Physical Therapy/Occupational Therapy Plan

- Begin physical therapy/occupational therapy at the time your surgeon recommends—not before.
- Follow instructions precisely; incorrect movement can impair healing or increase swelling.

## 6. Stay Hydrated

- Drink plenty of water to support circulation and tissue healing.
- Hydration also helps flush out byproducts of inflammation and medications.
- Limit caffeine and sugary drinks, which may dehydrate you.

## 7. Take Medications as Prescribed

- Use pain medications and anti-inflammatories exactly as directed.
- These help manage discomfort and support early mobility.

## 8. Avoid Prolonged Static Positions

- Change your position at least every 30–60 minutes to promote circulation.
- When sitting, ensure the surgical arm is supported and not hanging unsupported.
- Avoid prolonged use of recliners or lying flat without sling support unless cleared to do so.



Elevate Arm

## PREVENTING NAUSEA

- Avoid common triggers such as car rides, alcohol, strong smells, and overeating.
- Try early interventions: light walking, hydration, cool cloths, aromatherapy, acupressure bands, or prescribed anti-nausea medications/patches.
- Always take pain medication with a snack to reduce stomach irritation.
- Use non-narcotic pain relievers when possible and combine with non-medication strategies.



## CONSTIPATION MANAGEMENT

### Prevention Tips:

- Stay hydrated: Drink 6–8 glasses of water daily (8 oz each).
- Eat a high-fiber diet with fruits, vegetables, and whole grains (bran, oats, whole wheat).
- Walk as often as tolerated.
- Reduce or stop narcotic pain medications as soon as possible.
- Use stool softeners (e.g., Docusate) or laxatives (e.g., Senna) as directed.
- Avoid caffeine, as it can cause dehydration and harder stools.

### If Constipation Occurs:

- Try natural remedies like prune juice or dried fruits (prunes, apricots).
- If needed, use an over-the-counter remedy such as Milk of Magnesia (follow label instructions).



# UNDERSTANDING POSTOPERATIVE BRUISING

## What Causes Bruising?

- ❖ After shoulder replacement surgery, bruising is common and can appear in the shoulder, upper arm, chest, side, or even down to the elbow.
- ❖ This occurs because:
  - Small blood vessels (capillaries) are disrupted during surgery.
  - Gravity causes blood to track through tissue and settle in lower areas over time.

## What Does the Bruising Look Like?

- ❖ Bruises may look dark purple, blue, green, or yellow.
- ❖ They often spread before fading and can appear on areas distant from the incision site.
- ❖ While the discoloration may look concerning, it is usually harmless and part of normal healing.

## Is It Normal?

- ❖ Yes—bruising is a common response after shoulder surgery.
- ❖ It usually peaks within the first 5–7 days after surgery and may take 2–3 weeks to completely resolve.
- ❖ If the area becomes very hard, unusually warm, or increasingly painful, notify your care team.

## What Can I Do About It?

- ❖ Rest and elevate your arm in a supported position as directed (e.g., propped with pillows at heart level).
- ❖ Apply ice to the bruised area for 20 minutes at a time, every hour while awake, during the first 48–72 hours.
- ❖ Perform only approved gentle movements to encourage circulation and minimize swelling.
- ❖ Do not massage the bruised area, as this can worsen tissue irritation.



## When to call your doctor:

- ❖ If bruising becomes severely painful, swollen, or hot to the touch.
- ❖ If you see new, rapid bruising that spreads quickly.
- ❖ If you have difficulty breathing, chest pain, or leg swelling, these could be signs of a blood clot and need immediate medical attention.

# ACTIVITIES AND MEDICATION USED TO PREVENT BLOOD CLOTS

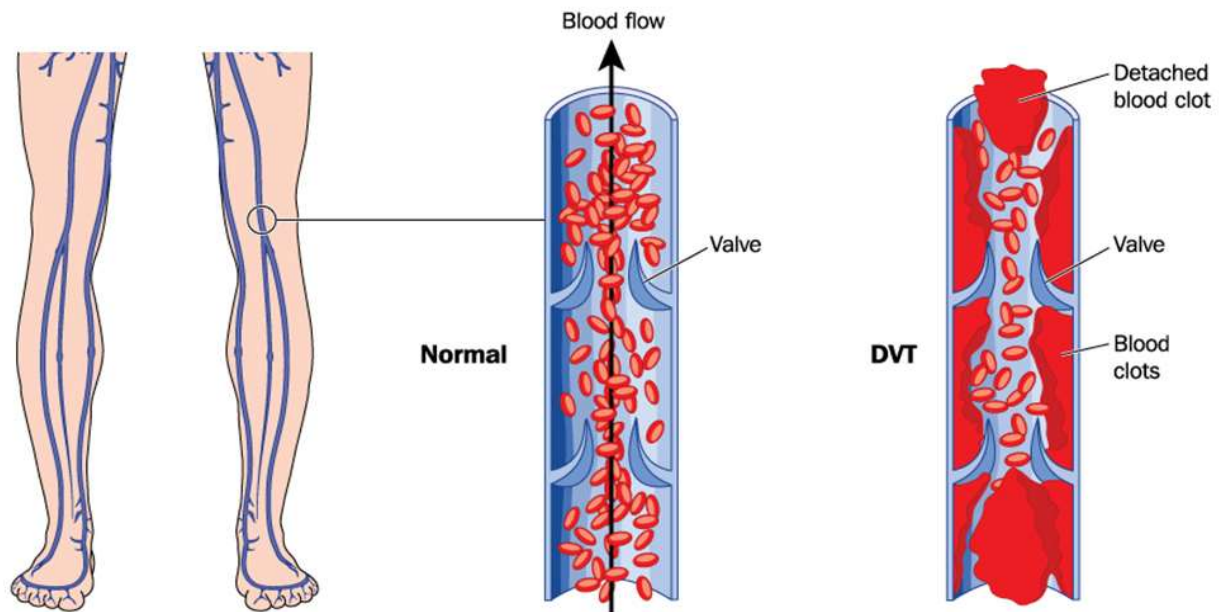
After surgery, your blood may move more slowly. This can cause clots, or clumps of blood, to form in the veins of your legs. Blood clots can be dangerous. They can happen in either leg. If a blood clot forms, you might need to go back to the hospital and take medicine to thin your blood.

The good news is there are things we can do to help stop clots from forming. Your care team will help you move around and may give you medicine or special socks to keep your blood flowing.

## PREVENTION

- ❖ If you have been prescribed an anticoagulant medication or a blood thinning medication, please take as directed by the physician.
- ❖ Remember to do your foot/ankle pumps. The goal is at least 10 times per hour while you are awake.
- ❖ Go for walks several times a day.

***Report any large amounts of bleeding and/or bruising immediately!***



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# ACTIVITIES AND MEDICATION USED TO PREVENT BLOOD CLOTS (continued)

## BLOOD THINNING MEDICATION

There are many types of blood thinning medications. Your surgeon will select the best medication for you. When on blood thinners, there are extra signs for bleeding to be aware of.

- ❖ Bleeding or oozing from surgical wound
- ❖ Nosebleeds
- ❖ Blood in urine
- ❖ Excessive bleeding when brushing teeth.
- ❖ Spontaneous bruising
- ❖ Dizziness, numbness or tingling
- ❖ Rapid or unusual heartbeat
- ❖ Chest pain or shortness of breath
- ❖ Increased swelling, tightness or pain in calf
- ❖ Vomiting, nausea, fever
- ❖ Confusion

*If you fall, call your surgeon immediately.*

## THINGS TO AVOID WHILE TAKING BLOOD THINNERS

When you are taking blood thinners, your blood does not clot as easily. This helps prevent clots, but it also means you can bleed more easily. Here are some important things to avoid:

- ❖ Don't take over-the-counter medicines unless your doctor says it's okay. Approved medication will be listed in your discharge instructions.
- ❖ Try to eat the same amount of dark green vegetables (like spinach or kale) each day. These have vitamin K, which can change how your blood thinner works.
- ❖ Don't drink alcohol.
- ❖ Wait to have dental work or other procedures that might cause bleeding.
- ❖ Stay away from anything that could cause injury, like power tools or sharp objects.
  - Always check with your surgeon or nurse if you're unsure about something.

## SIGNS TO WATCH FOR

- ❖ It's important to know the signs of a blood clot after surgery. Call your surgeon if you notice any of these:
- ❖ Swelling in your thigh, calf, or ankle that doesn't go down after resting with your leg up.
- ❖ Pain, warmth, or tenderness in your calf, behind your knee, or in your groin.
- ❖ New pain, swelling, or tenderness in your lower leg that does not get better after resting for 2–3 hours with your leg up.
- ❖ Some muscle pain is normal after surgery. But if something doesn't feel right, it's always okay to call your surgeon.

# AFTER-SURGERY PRECAUTIONS

## Activity

- No lifting, pushing, pulling, or overhead motion with surgical arm.
- Keep incision clean, dry, and protected.
- Use assistive devices as needed to prevent falls.
- Ask for help with dressing, bathing, and chores.

## Driving

- No driving while on narcotics.
- Wait 4–8 weeks or until cleared by your surgeon and able to control the wheel safely.

## Travel

- Avoid long car rides for 4–6 weeks.
- No flying for 6–12 weeks. Ask your surgeon if travel is needed sooner.

## Dental Care

- Delay non-urgent dental work for 3 months.
- Let your dentist know about your shoulder implant.



# POSSIBLE POST-SURGICAL COMPLICATIONS

## 🩸 Early Postoperative Complications

- ❖ Infection: Either at the incision or deeper around the implant. May require antibiotics or further procedures.
- ❖ Venous Thromboembolism (VTE): Blood clots can still occur, especially if you're sedentary. Prevent with walking, ankle pump exercises, and prescribed medications.
- ❖ Bleeding or Hematoma: May occur at the incision or under the skin.
- ❖ Wound Healing Problems: Such as drainage, delayed closure, or tissue breakdown.
- ❖ Nerve Injury: Particularly involving the axillary, radial, or musculocutaneous nerves, which may lead to numbness, weakness, or wrist/hand issues.
- ❖ Vascular Injury: Rare but serious, may compromise circulation in the arm.

## 🦴 Intermediate to Long-Term Complications

- ❖ Stiffness or Loss of Range of Motion: May need PT/Occupational Therapy or further procedures.
- ❖ Persistent Pain: Could result from scar tissue, implant issues, or soft tissue irritation.
- ❖ Instability or Dislocation: May happen if post-op precautions are not followed or soft tissues don't heal properly.
- ❖ Loosening or Wear of the Prosthesis: May eventually require revision surgery.
- ❖ Heterotopic Ossification: Abnormal bone formation in the soft tissues that may limit motion.

## 🧠 Systemic Complications

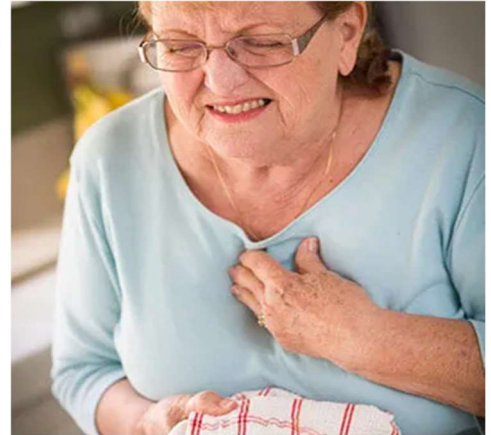
- ❖ Cardiopulmonary Events: Such as heart attack, arrhythmias, or pneumonia—especially in patients with underlying conditions.
- ❖ Urinary Retention or UTI: More common after anesthesia or catheter use.
- ❖ Delirium or Cognitive Changes: Especially in older adults post-anesthesia; typically short-term.

# WHEN TO SEEK MEDICAL ATTENTION INCLUDING AFTER HOURS

## Call 911 Immediately If You Experience:

- ❖ Chest pain or tightness
- ❖ Shortness of breath or difficulty breathing
- ❖ Sudden numbness or weakness in the face, arm, or leg (especially on one side)
- ❖ Loss of consciousness
- ❖ Signs of a stroke (slurred speech, confusion, vision changes)
- ❖ Severe bleeding that doesn't stop
- ❖ Rapid or irregular heartbeat

**These symptoms may indicate life-threatening conditions such as pulmonary embolism, heart attack, or stroke.**



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## Contact Your Surgeon or Seek Medical Attention If You Experience:

- ❖ Increasing redness, warmth, or drainage at the surgical site
- ❖ Fever above 101.4°F
- ❖ Chills or night sweats
- ❖ Increased or sudden pain in the joint not relieved with prescribed medication
- ❖ Swelling in the arm that is new or significantly worse than before
- ❖ Calf pain or tenderness (may be a sign of a blood clot)
- ❖ Unusual popping, grinding, or joint instability



Fig 1



Fig 2



Fig 3

## Routine Situations – Contact Your Surgeon During Office Hours If:

- ❖ You have questions about medications, mobility, equipment or rehab exercises
- ❖ If you experience a saturated dressing (see Fig 3) or are concerned about mild swelling or bruising
- ❖ You notice mild warmth around the joint without other symptoms
- ❖ You need to schedule a follow-up or refill a prescription

## Call us anytime (24/7) to speak with your Surgeon: [541-667-3404]

- ❖ We are here for you, even outside of regular hours.
- ❖ **Helpful Tips**
  - Keep your surgery discharge instructions nearby.
  - Write down your symptoms before calling, it helps us help you faster.
  - If you're unsure, don't wait—call us.

## SLEEP DIFFICULTIES

It's completely normal to experience trouble sleeping after your surgery. This can happen for several reasons, including the effects of anesthesia, your body's natural response to the stress of surgery, and changes to your usual daily routine.

### Tips to Improve Your Sleep:

- ✓ Try to avoid taking naps during the day.
- ✓ Limit or avoid caffeine in the late afternoon and evening.
- ✓ Listen to calming or relaxing music before bed.
- ✓ Take a warm shower before bedtime if your care team has cleared you to do so.
- ✓ Be patient—your usual sleep patterns should return within a few weeks.



## CHANGES IN YOUR BODY

You may also notice some temporary changes in how your body feels and functions as you recover:

- ✓ **Appetite:** It's normal for your appetite to be reduced at first. Don't worry, your desire for solid food will return as your body heals.
- ✓ **Hydration:** Be sure to drink plenty of water throughout the day to stay hydrated.
- ✓ **Energy Levels:** Your energy level may be lower than usual. This is normal and can last for up to 4 weeks after surgery.



# SAFETY WHILE MOVING AND CHANGING POSITIONS

## General Guidelines

- Do not use your surgical arm to push, pull, or lift your body.
- Keep your arm supported in the sling as directed—remove only when cleared.
- Move slowly and deliberately to avoid falls or sudden shoulder strain.

## Getting In and Out of Bed

- Use your non-surgical arm to help push yourself up.
- Roll onto your non-surgical side first before sitting up.
- Keep your surgical arm close to your body while repositioning.
- Avoid twisting your upper body—move shoulders and hips together.

## Sitting and Standing

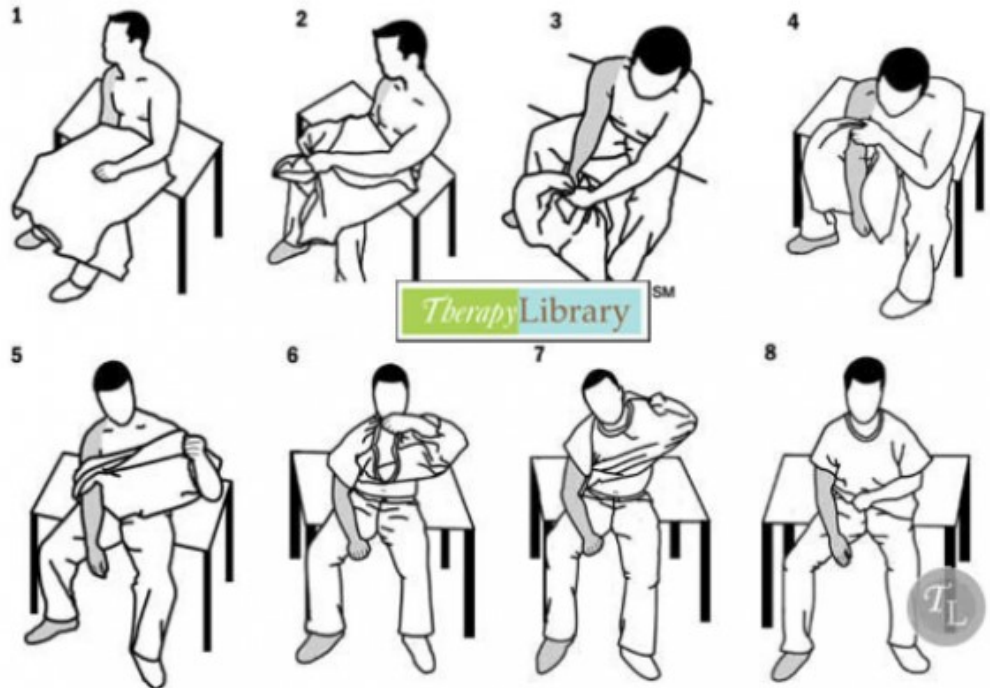
- Use a chair with armrests—use your non-surgical arm to assist.
- Do not reach back with your surgical arm to steady yourself.
- Keep feet flat and move slowly when standing to prevent dizziness.

## Walking

- Wear non-slip shoes and keep walkways clear.
- Use a walker or cane if advised—never lean on your surgical arm.
- Take small, steady steps and rest if you feel tired or unsteady.

## Dressing & Personal Care

- Dress your surgical arm first when putting clothes on, and take it out last when undressing.
- Use loose-fitting, front-opening shirts to reduce strain.
- Ask for help with tasks that require two hands or reaching overhead.



# POSTOPERATIVE GOALS & PRECAUTIONS

## Weeks 0–6: Protective Phase

### ✓ ROM Goals (Passive or Assisted Only):

Forward Flexion: 90°–120°  
External Rotation (ER): 0°–20° (arm at side)  
Abduction: Up to 90°, if allowed  
Internal Rotation (IR): *Avoid or limit*, especially if subscapularis was repaired  
Keep fingers, hand and wrist mobile

### ⚠ Precautions:

No active shoulder movement  
No lifting or pushing with surgical arm  
No internal rotation behind back or across body  
Wear sling at all times unless doing therapy  
No shoulder extension beyond neutral

## Weeks 6–12: Early Motion Phase

### ✓ ROM Goals:

Forward Flexion: 120°–140°  
External Rotation: 30°–45°  
Internal Rotation (if allowed): To abdomen or belt line  
Abduction: Gradually progress to 90°–120°

### ⚠ Precautions:

Avoid sudden, forceful motions  
Avoid weight-bearing through arm  
Avoid combined extension + Internal Rotation (especially in Reverse TSA)  
No lifting more than 1–2 pounds

## Weeks 12–16: Strengthening Phase

### ✓ ROM Goals:

Forward Flexion: 140°–160° or more  
External Rotation: 45°+  
Internal Rotation: Behind back (as tolerated)  
Abduction: Full (as tolerated)

### ⚠ Precautions:

Avoid over-stressing joint  
Use pain as a guide — avoid sharp or lingering pain  
Lifting limited to light household items (<5 lbs initially)

## Week 16+ (Advanced Function Phase)

### ✓ ROM Goals:

Near-normal or functional ROM for ADLs  
Full active movement within safe range

### ⚠ Precautions:

Avoid high-impact or contact sports unless cleared  
Limit overhead lifting if strength is not yet restored  
Gradually increase resistance and repetitions under therapist guidance

### Final Tips:

- Everyone heals at their own pace, this is just a guide.
- Stick to your physical therapy and home exercises.
- Let your care team know about pain, swelling, or concerns.

# POSTOPERATIVE STRENGTH TRAINING

## Ankle Pumps

**Purpose:** Encourages circulation and helps prevent blood clots and stiffness in the lower leg.

**Instructions:**

- Sit or lie down with your legs extended.
- Flex your foot by pulling your toes toward you (dorsiflexion), then point them away (plantarflexion).
- Move through a full range of motion in a slow, controlled manner.



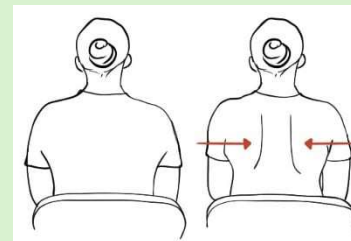
**Reps/Sets:** 10–20 reps × 2–3 sets, 2–3 times per day

## Shoulder Blade Squeeze (Scapular Retraction)

**Purpose:** Activates postural muscles; improves shoulder stability.

**Instructions:**

- Sit or stand upright with arms relaxed at your sides.
- Gently pull your shoulder blades together as if you are trying to pinch a pencil between them.
- Hold for 5 seconds, then relax.



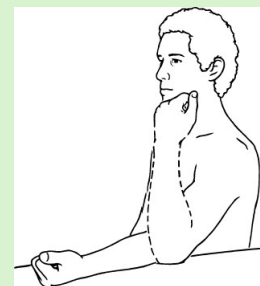
**Reps/Sets:** 10 reps × 2–3 sets, 2–3 times per day

## Elbow Flexion & Extension

**Purpose:** Maintains mobility in the elbow joint.

**Instructions:**

- Sit or stand with your arm at your side (can be supported in a sling if needed).
- Bend your elbow to bring your hand toward your shoulder (flexion), then straighten your arm fully (extension).
- Keep shoulder relaxed and avoid lifting the arm away from the body.



**Reps/Sets:** 10–15 reps × 2 sets, 2–3 times per day

## Forearm Pronation and Supination

**Purpose:** Maintains forearm rotation movement.

**Instructions:**

- Keep your elbow bent at 90°, close to your side.
- Rotate your palm up (supination), then down (pronation), like turning a doorknob.
- Move slowly and gently.



**Reps/Sets:** 10 reps × 2 sets, 2–3 times per day

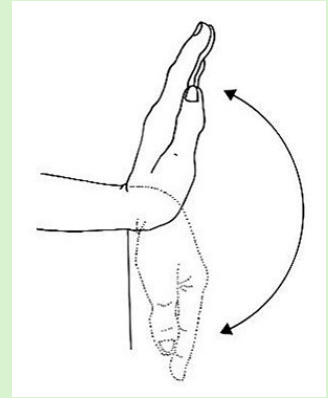
## Wrist Flexion and Extension

**Purpose:** Preserves wrist mobility and circulation.

**Instructions:**

- Rest your forearm on a table with your hand hanging off the edge, palm down.
- Gently bend your wrist up (extension), then down (flexion).
- Keep motion smooth and controlled.

**Reps/Sets:** 10 reps  $\times$  2–3 sets, 2–3 times per day



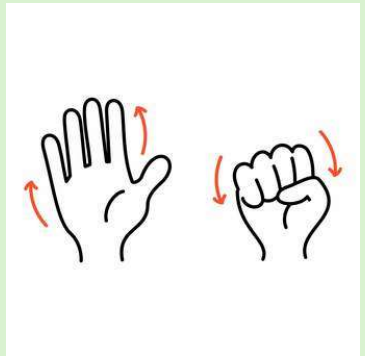
## Finger Flexion and Extension

**Purpose:** Prevents stiffness, encourages circulation.

**Instructions:**

- Open your hand fully, spreading the fingers wide (extension).
- Then make a gentle fist, wrapping fingers toward the palm (flexion).
- Hold each position for 2–3 seconds.

**Reps/Sets:** 10–15 reps  $\times$  2–3 sets, multiple times daily (especially if in a sling)



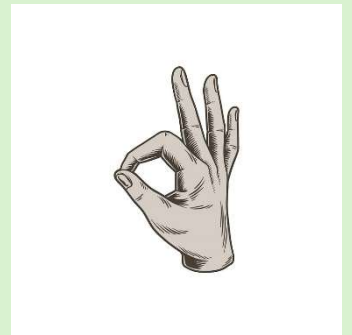
## Finger Coordination Finger Taps

**Purpose:** Maintains dexterity and tendon mobility.

**Instructions:**

- Touch the tip of each finger to your thumb, one at a time.
- Return to starting position between each tap.

**Reps/Sets:** 5–10 reps per hand  $\times$  2 sets, 2–3 times per day



## Pendulum Exercise

**Purpose:** Promotes gentle shoulder mobility and reduces stiffness.

**Instructions:**

- Stand and lean forward slightly, allowing the affected arm to hang freely.
- Use your body to gently rock, allowing your arm to move in small circles.
- Perform clockwise and counterclockwise motions.

**Reps/Sets:** 10 circles each direction  $\times$  2–3 sets, 2–3 times per day



# FREQUENTLY ASKED QUESTIONS

## What is Osteoarthritis and Why Does My Shoulder Hurt?

Osteoarthritis is a degenerative joint condition commonly caused by wear and tear. It occurs when the smooth cartilage that cushions the ends of bones breaks down, leading to bone-on-bone contact. This can cause pain, swelling, stiffness, and limited motion in the shoulder.

## What is Total or Reverse Total Shoulder Replacement?

These procedures involve replacing the damaged parts of the shoulder joint with artificial components.

- ❖ **Total Shoulder Replacement (Anatomic):** Used when the rotator cuff is intact. The ball (humeral head) and socket (glenoid) are replaced to restore natural motion.
- ❖ **Reverse Total Shoulder Replacement:** Used when the rotator cuff is torn or non-functional. The positions of the ball and socket are reversed to allow the deltoid muscle to lift the arm.

Key surgical steps include:

- ❖ Removal of damaged bone and cartilage
- ❖ Placement of metal implants
- ❖ Use of a plastic liner for smooth, low-friction joint movement

Ask your surgeon for specific details, including implant type and surgical approach.

## How Long Will My Shoulder Implant Last? Can It Be Replaced?

Shoulder implants typically last 10–20 years, though some may last longer with proper care. Longevity depends on factors like age, activity level, body weight, and medical conditions. If needed, revision surgery can be performed to replace worn implants.

## What Are the Major Risks?

Most surgeries go smoothly, but all procedures carry risks. Serious complications include:

- ❖ Infection
- ❖ Blood clots

Your care team will use antibiotics and blood thinners to help prevent these. Discuss any concerns with your surgeon.

## Will the Surgery Be Painful?

You will experience discomfort after surgery, but a personalized pain management plan—including medications and non-drug methods—will help keep you comfortable during recovery.

## How Long and Where Will My Scar Be?

Scar length and location depend on the surgical technique. A typical shoulder incision is a few inches long over the front or side of the shoulder. Some numbness around the scar is common after healing.

## Will I Need a Walker, Crutches, or a Cane?

You may use a sling after surgery. Most patients do not need crutches or a walker, but this depends on your mobility and balance. A physical or occupational therapist will assess you before discharge.

## How Long Will I Be in the Hospital?

Most patients go home the same day of surgery. Before discharge, a care provider will ensure you can safely sit, stand, and walk. If admitted, therapy will begin in the hospital to support your recovery.

# COMMUNITY RESOURCES & PHONE NUMBERS

## **Nursing Supervisor 541-667-3404**

Good Shepherd Department of Orthopedic Surgery: 541-289-7075

Good Shepherd Hospital, Hermiston

Good Shepherd Physical Therapy: 541-667-3657

Good Shepherd Occupational Therapy: 541-667-3680

Good Shepherd Home Health: 541-667-3542

Additional options for outpatient therapy and home health:

Premier Physical Therapy, Hermiston: 541-701-0708

Eastern Oregon Physical Therapy

Hermiston: 541-567-5678

Boardman: 541-481-2533

Pendleton: 541-276-4011

St. Anthony's, Pendleton

Physical Therapy: 541-278-6610

Occupational Therapy: 541-278-6610

Grande Ronde Hospital, La Grande

Physical Therapy and Occupational Therapy: 541-963-1437

Home health: 541-963-2273

Mountain Valley Therapy: 541-962-0830

Enhabit home health: 877-330-7657

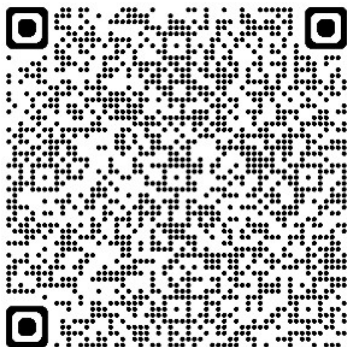
Pioneer Memorial, Heppner

Physical Therapy and Occupational Therapy: 541-676-1123

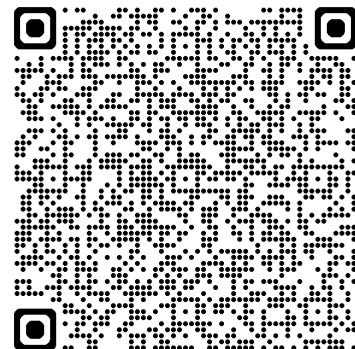
Home Health: 541-676-2946

## ADDITIONAL RESOURCES

### **AAOS Total Shoulder Replacement**



### **AAOS Reverse Total Shoulder Replacement**







541.667.3404 | [www.gshealth.org](http://www.gshealth.org)