

Total Shoulder Replacement

Surgery Guidebook



Using This Guide

This guide is designed to educate you and your family about what to expect throughout your surgical experience. It seeks to prepare you for what's ahead and to help you understand some of the steps that can be taken to improve your odds for a successful recovery. We encourage you and your caregivers to use this book as a source for pre-surgical preparedness and post-surgical rehabilitation.

This total shoulder replacement surgical guide belongs to

Table of Contents

5 Your Guide to a Successful Recovery

6 The Care Navigator

8 Pre-Operative Care

- 9 Pre-Operative Care Checklist
- 9 Scheduling Your Surgery
- 11 Three to Six Weeks Before Surgery
- 12 One to Two Weeks Before Surgery
- 13 Suggested Environments to Consider
- 14 Night Before and Day of Surgery
- 14 What to Bring to the Hospital
- 15 Showering/Preparing Your Skin Before Surgery

16 Hospital Care/Discharge Planning

- 17 Day of Surgery
- 18 Controlling Your Pain
- 19 Day After Surgery: Post-Op Day One
- 19 Criteria for Discharge
- 19 Coach's Discharge Checklist
- 20 Know Your Zone
- 21 Discharge Instructions

22 Post-Operative/Home Care

- 23 What You Can Do at Home
- 23 Dressings
- 23 Caring for Your Incision
- 23 Control Your Discomfort
- 23 Body Changes
- 23 Total Shoulder Replacement (TSA)
- 24 Blood Clots in Legs or Arms (DVT)
- 24 Blood Clots in Lungs
- 24 Decrease Your Risk of Falls
- 25 Post-Op Exercises and Goals

26 Appendix A—MedBridge GO Overview

- 27 MedBridge GO Overview

28 Appendix B—How to Move After Surgery

- 29 After Surgery Shoulder Precautions
- 30 Applying and Removing Your Sling
- 30 Transferring In and Out of Bed
- 31 Lying in Bed
- 31 Standing Up from a Chair
- 32 Getting Dressed
- 32 Surgical Arm
- 33 Bra
- 33 Showering After Your Total Shoulder Replacement
- 33 Using a Cane

34 Appendix C—Advance Directives

- 35 Exercise Your Right to Put Your Health Care Decisions in Writing
- 35 What Are Advance Medical Directives?
- 35 Types of Advance Directives

36 Appendix D—Medications

- 37 Anesthesia
- 37 Blood Thinners

38 Appendix E—Nutrition

42 Our Health Equity Promise

Your Guide to a Successful Recovery

Preparation, education and a pre-planned discharge are very important for joint replacement surgery.

This guidebook was made to help you understand:

- What to expect through every step of your surgery process
- What you will need to do before and after surgery
- How to care for your new joint

Remember, this is just a guide. Your care navigator, physician, physician's assistant, nurses or therapists may add to or make changes to any of the suggested care plans. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guide as a handy reference for at least the first year after your surgery.

Patient Name _____

Surgery Date _____

Post-Surgical Appointment Date _____

Please bring this book with you to:

- Every office visit
- Your hospital pre-op class
- The hospital upon admission
- All outpatient rehab appointments, home health visits or nursing home



The Care Navigator

Your care navigator is dedicated to guiding patients through their journey to orthopedic health. Our whole-person approach to care is designed to help you take your health — and your happiness — into your own hands. It's not just about healing what's wrong, it's about celebrating what's right and helping you create a life of better health, more joy and less stress. Through each new challenge and triumph, your navigator is there for you and your loved ones — dedicated to your whole recovery.

What is an orthopedic care navigator?

An orthopedic care navigator is a specially trained, registered nurse who provides expert clinical assistance and support to patients who are receiving care at AdventHealth. This confidential service is free of charge and available to all orthopedic patients.

You're not alone. We're here to help.

The orthopedic care navigator is here to ensure you receive the care you need when you need it. They are an advocate during your orthopedic health journey and will guide you through the diagnosis and treatment of your orthopedic issues. Your navigator provides the following services tailored to your individual needs.

- Serves as the clinical liaison between you and your health care team
- Acts as a patient advocate through the surgical process and hospitalization
- Coordinates the pre-surgical joint replacement class
- Educates the patient on their diagnosis and treatment options
- Oversees the entire care process to help answer questions and ease patient concerns after surgery
- Provides education on the process and expectations of recovery



Pre-Operative Care

9 PRE-OPERATIVE CARE CHECKLIST

9 SCHEDULING YOUR SURGERY

- 9 Obtain Medical Clearance
- 9 Pre-operative Testing

11 THREE TO SIX WEEKS BEFORE SURGERY

- 11 Stop Smoking
- 11 Eat Right
- 11 Pre-Registration

12 ONE TO TWO WEEKS BEFORE SURGERY

- 12 Pre-Admission Testing
- 12 Pre-Operative Visit to Surgeon
- 12 Stop Medications that Increase Bleeding
- 12 Prepare Your Home for Your Return from the Hospital

13 SUGGESTED ENVIRONMENTS TO CONSIDER

14 NIGHT BEFORE AND DAY OF SURGERY

- 14 Special Instructions
- 14 Night Before Surgery
- 14 Morning of Surgery

14 WHAT TO BRING TO THE HOSPITAL

15 SHOWERING/PREPARING YOUR SKIN BEFORE SURGERY

- 15 Instructions for Pre-Operative Showers with a Chlorhexidine Prep Solution (Hibiclens)

Pre-Operative Care Checklist

Before your surgery will be scheduled:

- Obtain medical clearance from primary care physician and any specialist as required. Please provide all clearance information to the orthopedic surgeon's office. Also, please keep a copy for your own records.

Within 1 to 2 weeks after receiving your surgery date:

- Practice using just your non-operative arm before surgery, so you get used to using only one arm for activities.
- Attend a pre-operative education class with your care navigator. It is recommended that you also have your coach attend this education class with you.

3 to 6 weeks prior to surgery:

- Stop smoking.
- Maintain good oral hygiene.

1 to 2 weeks prior to surgery:

- Stop all medications that can increase bleeding as instructed by your physician.
- Attend your pre-operative appointment with the surgeon's office, if applicable.
- During the pre-operative testing/pre-registration appointment with the hospital, please have your insurance cards and your prescription card available, if it is different from your insurance card.
- Prepare your home for your return from the hospital.

Night before and the day of surgery:

- Wash with surgical soap (chlorhexidine) using the instructions in this guide.
- **Do NOT eat or drink anything after midnight, unless instructed by your surgeon.**
- **Arrive at the hospital on time and report to surgical check-in.**

Scheduling Your Surgery

Obtain Medical Clearance

If medical clearance is required, you must obtain it **before your surgery**. Also, if recommended by the surgeon or primary care physician, you may be required to obtain clearance from a specialist, such as your cardiologist, pulmonologist, etc., prior to your surgery being scheduled.

Pre-Operative Testing

If your pre-operative testing was completed with your primary care physician, please bring a copy of your test results to your pre-operative appointment. If the lab tests were performed more than 30 days before your surgery date, new labs must be drawn at the pre-operative testing appointment.



Three to Six Weeks Before Surgery

Stop Smoking

It is very important to stop smoking before your surgery. Smoking makes it harder to get oxygen to your repaired joint, which is vital in the healing process. All products that contain nicotine should be stopped, including cigarettes, nicotine gum, patches and vaporizers. Smoking is not allowed in the hospital or anywhere on hospital property. If you are a smoker, now is the time to stop to ensure the best possible outcome from your surgery.

Tips for Quitting Smoking

- Make a list of reasons why you want to quit smoking. Keep it handy and look at it often.
- Stick to the date you decide to quit smoking.
- Make a list of things that make you want to smoke.
- Think of ways to change the triggers that make you smoke.
- Set goals for yourself, such as going for a day, a week or more without smoking. Reward yourself when you are successful.
- Join a quit smoking group.

The state of Florida has many tips and resources to help you quit smoking at TobaccoFreeFlorida.com.

If you do not quit the first time, keep trying. Many people have to try more than once before they stop smoking for good. If you need help to quit smoking, please contact your care navigator. They will be able to guide you to the best resources.

Eat Right

See **Appendix E** for a guide on eating healthy and preparing for surgery.

Pre-Registration

You will need to pre-register for your hospital visit.

During pre-registration you may be asked for:

- Driver's license or photo I.D.
- Insurance cards and prescription insurance card
- Employer address and phone number
- Any co-payment required by the insurance company
- Emergency contact phone number and address

One to Two Weeks Before Surgery

Pre-Admission Testing

- You will have a pre-operative testing appointment before your surgery.
- Please note that you must pre-register before this appointment.
- The pre-operative testing department will complete lab work or tests ordered by your surgeon and review your medication information.
- During this appointment, please be prepared to answer questions about your past medical history and current medications.

Pre-Operative Visit to Surgeon

You may be scheduled for an appointment in your surgeon's office before your surgery. This will serve as a final check-up and a time to ask any questions that you might have.

Stop Medications that Increase Bleeding*

Stop all anti-inflammatory medications such as aspirin, Motrin, Naproxen, Vitamin E, fish oil, etc., as your doctor instructs. These medications may cause an increased risk of bleeding.

***If you are taking a blood thinner, you will need special instructions for stopping the medication by the prescribing physician.**

Prepare Your Home for Your Return from the Hospital

1. Preparing you and your home prior to surgery

- Remove any nail polish and acrylic nails from your hands and feet.
- Prepare meals and freeze them in single-serving containers. Keep all food and utensils you will need at your hip or shoulder height.
- Clean, do laundry and put it away.
- Put clean linens on the bed.
- Cut the grass, tend to the garden, and finish any other yard work.
- Install night lights in bathrooms, bedrooms and hallways.

2. Arrangements

- Arrange for someone to collect your mail, empty trash and take trash to/from curb.
- Arrange for someone to care for pets (i.e. walk the dog, empty litter boxes, give food/water).
- Arrange for someone to help complete heavy housework (vacuuming, mopping) and general housework.
- Arrange for someone to do your grocery shopping.

3. Check your home for obstacles

- Remove throw rugs and tack down loose carpet.
- Remove electrical cords and other obstructions from walkways/hallways.
- Check to see if your bathroom needs grab bars. **DO NOT USE SUCTION BARS** as these may dislodge from the wall and cause you to fall.
- Assess stairs — if there is more than one step with no railing, consider having one installed.
- Find appropriate chairs in which you can sit. The chairs you choose should be firm. The seat should be higher than the back of your knee. It should also have armrests to help you get up and down using your non-operative arm, and should not have casters or wheels that swivel.
- Check the height of your bed. Is it too high? Too low? Is there enough space around the bed to maneuver?
- Look at the layout of your bathroom. Will the space around your toilet accommodate a 3:1 commode approximately 19" x 28"? (Measure the interior of your tub, if there is no other shower available, and also take into account the "curvature" of the tub. The chair needs to sit flat in the tub for safety.)

Suggested Environments to Consider

Work

What does your job require your body to do (standing for too long, lifting, bending, etc.)? What body positions does it put you in? What type of chair do you have (casters/wheels)?

Places of worship

Pews or theater-style seats may be too low and may not have handicap-accessible bathroom stalls. Are there other chair options?

Favorite restaurants

Seats, chairs with casters/wheels, chairs vs. booths, accessibility of toilets

Homes of friends or family members' home you frequently visit

Do they have stairs/steps, even if you don't? Are there appropriate chairs to sit in? What about a secondary residence to which you might be returning or vacationing?

Fitness centers (or home gyms)

What type of work-out routine do you do? What machines/equipment are used?

Movie theatres, concert halls, hair dresser/barber shop, and more



Night Before and Day of Surgery

Special Instructions

You will be instructed by your physician about medications, skin care, showering, etc.

- **DO NOT take medication for diabetes on the day of surgery.**
- Please take medications the morning of surgery only as directed by your physician or pre-admission nurse.
- Pack a suitcase with clothes for your hospital stay. Loose-fitting clothing is preferred; no long pants.
- Please leave jewelry, valuables and large amounts of money at home.
- Do not shave your arms or arm pits within 48 hours of surgery on the surgical arm.

Night Before Surgery

Do Not Eat or Drink

- Do not eat or drink anything after midnight, unless instructed by your surgeon.
- No chewing gum, hard candy or mints after midnight.

Showering

- You will need to shower with Chlorhexidine Prep/Hibiclens as instructed by your surgeon.
See next page for instructions.

Morning of Surgery

Do Not Eat or Drink

- Do not eat or drink anything after midnight, unless instructed by your surgeon. You cannot have chewing gum, hard candy or mints.
- Arrive on time. If you are late, it could result in having to move your surgery to a much later time.

Showering

- Do not bathe with soap or shampoo. Use the Chlorhexidine Prep again. See following page for instructions.
- Do not wear any powder, deodorant or lotion. You may wear light makeup if you choose.

What to Bring to the Hospital

- Personal hygiene items are available at the hospital.
- Please make sure you pack shorts, tops and non-skid flat shoes or tennis shoes. Bring tops that button or zip in the front; pants with an elastic waistband are also preferred because they are easier to get on and off.
- You may bring a laptop, iPad/tablet, e-reader and cell phone to your inpatient room after surgery. However, staff cannot be held responsible for valuables during your stay.
- Bring any available assistive devices (such as a cane) to the hospital so we may inspect them for safety and adjust them to fit your height.
- You must also bring the following to the hospital:
 - A copy of your Advance Directives (See **Appendix C** for information)
 - Your insurance card, prescription card, driver's license or photo I.D., and any co-payment required by your insurance company.
 - A list of any medications you have taken within the last 30 days including prescription, over the counter, and any herbal supplements.
 - CPAP or Bi-PAP machine if needed

Note: Please leave your suitcase, tote bag and/or personal belongings in the car.

Your family/friend can retrieve these once you are admitted to your inpatient room after your surgery.

Showering/Preparing Your Skin Before Surgery

Instructions for Pre-Operative Showers with a Chlorhexidine Prep Solution (Hibiclens)

Evidence shows that pre-operative showers with an antiseptic solution can reduce the risk of infection at the surgical site. These showers decrease the amount of normal bacteria on your skin, thus reducing the risk of infection.

You will perform these showers as instructed by your surgeon.

Take a shower and wash your entire body in the following manner:

- For the first shower, wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body. Do not wash your hair with your last shower and any additional showers.
- Wash your face with your regular soap or cleanser and rinse completely.
- Turn the shower off.
- Apply the antiseptic solution to a wet, clean washcloth and lather your entire body from the neck down.
- Never use the antiseptic solution near your eyes or ears. DO NOT apply to your face, hair or groin area.
- Gently wash your body and focus on the areas where the incision(s) will be located for three minutes. Avoid scrubbing your skin too hard.
- Once you have completed the scrub, wait three minutes. Turn the shower on and rinse the antiseptic solution off of your body completely.
- Do not wash with regular soap and shampoo after you have used the antiseptic solution.
- Pat yourself dry with a clean, freshly washed towel.
- After the last shower before surgery, DO NOT apply powders, deodorants or lotions.
- Dress in freshly washed clothes. Sleep in freshly washed sheets and linens the night before surgery.

Hibiclens can be purchased from the following stores: Walgreens, CVS, Walmart.



Hospital Care/ Discharge Planning

17 DAY OF SURGERY

- 17 Before Surgery, in the Pre-Op Unit
- 17 Immediately After Surgery
- 17 After Surgery

18 CONTROLLING YOUR PAIN

- 18 Local Anesthetic
- 18 Type of Pain Medication
- 18 Alternative Pain Measures
- 18 Pain Scale

19 DAY AFTER SURGERY: POST-OP DAY ONE

19 CRITERIA FOR DISCHARGE

19 COACH'S DISCHARGE CHECKLIST

20 KNOW YOUR ZONE

21 DISCHARGE INSTRUCTIONS

Day of Surgery

Before Surgery, in the Pre-Op Unit

You will be asked to put on a hospital gown and your clothes and shoes will be placed in a belongings bag.

We will check your temperature, blood pressure, heart rate and breathing rate, as well as conduct safety checks including verifying your site of surgery and evaluating your risk for falls.

You may be provided additional skin preparation.

For information about the different types of anesthesia and what to expect before, during and after your surgery, please refer to **Appendix D**.

Immediately After Surgery

You will be taken to a recovery area (PACU — Post Anesthesia Care Unit). During this time, pain control is typically established, and your vital signs are monitored. You can expect to have the following equipment:

- **Sequential compression devices (SCD)** — used to prevent blood clots
- **TED hose** — used to prevent blood clots and minimize swelling
- **Incentive spirometer** — used to prevent pneumonia
- **Cold therapy compress** — used to prevent swelling
- **Sling or shoulder immobilizer** — will be in place to protect and support your shoulder

Family visitation is limited in the recovery room, but the recovery team will keep your family updated on your progress. The recovery time can vary for every patient. During this time, your surgeon will speak to your family member to update them on your surgery.

After Surgery

- You should also begin using your incentive spirometer and doing the deep breathing exercises that you learned in class.
- You can expect to be assisted out of bed and walk with assistance.
- You will be receiving medication for pain, as needed.
- **It is very important that you begin ankle pumps on this first day.** This will help prevent blood clots from forming in your legs.



Ankle pumps: Flex foot. Point toes. Repeat.

Controlling Your Pain

Having pain is normal when recovering from surgery. Your dedicated health care team is here to control your pain so you can actively participate in your recovery through breathing exercises, getting out of bed and physical exercise.

Everyone feels pain differently. Your nurses will ask you to rate your pain on a scale from zero to 10, with zero being no pain and 10 being the worst pain you can imagine. Your nurse will also ask you to identify a goal for pain for you to participate in your recovery and daily activities like bathing, eating and talking with your family and friends.

Remember, some pain is normal during recovery; zero is not an achievable goal.

Your nurses and care team are very dedicated to keeping you comfortable and controlling your pain during your stay. Nurses will check on you hourly during their rounds from 6 am to 10 pm and every two hours between 10 pm and 6 am. If you have any questions, please talk to your nurse.

Local Anesthetic

A local numbing medicine may be utilized by your doctor during surgery. This will reduce your pain and ensure that you are able to do your exercises. The effects of this numbing medicine will wear off.

Type of Pain Medication

You may receive a combination of medications that work together to provide maximum pain relief. Your nurses will describe any new medications to you, including what they are for and any side effects you may experience. Tell your nurse if you experience any side effects from your medications.

Oral medication is medicine given in pill form. Your surgeon may prescribe pain pills on a scheduled basis around the clock or they may be prescribed as needed.

Alternative Pain Measures

The pain after your surgery will lessen as you recover. Additional therapies may be used to help control your pain:

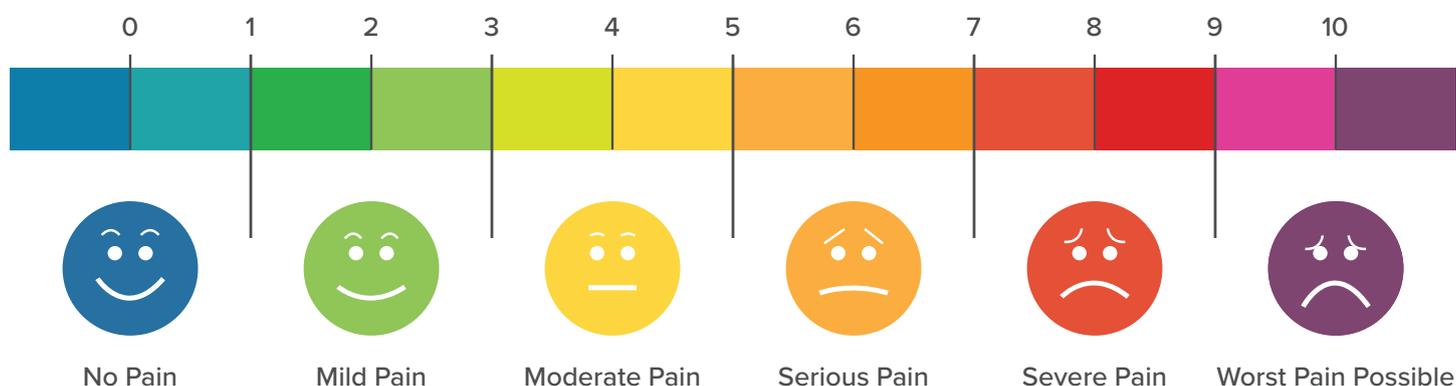
- Cold therapy is used to lessen pain and also decrease swelling.
- Positioning you for comfort.
- Providing distractions like soothing music, prayer, deep breathing or relaxation.

Your nurses can assist you in using these therapies to reach maximum comfort.

Members of your care team will ask you to describe your pain. You can use a pain scale of 0–10 with 0 being no pain and 10 being unbearable pain. You may also choose a “face” that matches how you are feeling.

Important: You must let your nurse know early if you are having pain so they can intervene early to provide you the best relief.

Pain Scale



Day After Surgery: Post-Op Day One

Your morning will start early with preparations to discharge home.

- Labs will be drawn
- Vital signs taken
- Bathing/dressing with help
- Help out of bed and into a chair
- Visit from surgeon or physician's assistant
- Occupational therapy
- Walking with your therapist
- Physical therapy assessment when indicated

Criteria for Discharge

Patients are discharged once medically and surgically cleared.

Please make sure that your coach is available to provide transportation home.

You will be able to go home when you have met the following criteria:

- Cleared by your therapist for safety
- Cleared by the orthopedic team
- Pain is managed
- Cleared by the medical doctor

Coach's Discharge Checklist

Coaches, are you ready for discharge day?

Before patient discharge, we want to make sure you know how to help the person you are coaching.

Check if you feel comfortable with the following:

- What blood thinner is your loved one going home on? Does it need monitoring? If so, when and where? (See **Appendix D**)
- Is there a surgical dressing?
If so, when does it need to be changed?
- What are the signs and symptoms of infection?
- Do you know how to put on the TED hose?
- Do you have the instructions for the On-Q pump, if the patient has one?
- How should you assist the patient in and out of bed?
- What exercise program should the patient follow at home?
- How should you assist the patient up and down stairs?

If you have any questions or concerns, please do not hesitate to ask a member of the Joint Care Team prior to discharge.

Know Your Zone

Daily Check

- Continue to take your medications as prescribed, such as blood thinners, pain medications and stool softeners.
- Eat a balanced diet.
- Do your exercises as prescribed by your therapist.
- Walk several times a day, using a cane if needed or instructed by your therapist.
- Continue doing your breathing exercises.
- Apply cold therapy as directed by your surgeon.

Green Zone

Your symptoms are under control if:

- Incision is clean and there is minimal to no drainage
- Have mild pain controlled with medications
- Can complete exercises and activities of daily living
- Are not experiencing shortness of breath, chest pain or fever
- Have regular frequency in bowel movements

Yellow Zone

Call your surgeon's office if:

- Have more swelling or pain than normal since surgery (It is not unusual to have swelling for up to six months after surgery.)
- Have a fever greater than 101°F
- Have drainage, redness or odor at the incision site
- Experience calf tenderness, swelling or warmth in either leg

Call your health care provider if:

- You notice excessive bruising or bleeding
- You are having nose bleeds
- You are bleeding from the gums or see blood in your urine or stool
- It's difficult to urinate or you are unable to have a bowel movement for three consecutive days or longer
- Severe uncontrolled pain in arm, deformity in the shoulder and/or lengthening of the arm
- New numbness or tingling in your fingers

Red Zone

If you experience any of the following:

- Severe shortness of breath at rest or sudden wheezing
- Pale, gray or blue skin color
- Chest pain
- Coughing up blood
- Rapid heart rate
- Trouble speaking
- Numbness or weakness in face, arm or leg
- Severe headache
- Sudden vision trouble and/or confusion

Call 911 immediately. DO NOT DRIVE YOURSELF TO THE EMERGENCY DEPARTMENT.

Discharge Instructions

Congratulations, you have just received a new joint!

Here is a list of things that should be in place or in your possession prior to your discharge:

1. You will get prescriptions for any new medications started in the hospital.
2. Your care manager should help in getting any equipment you may need at home, including a 3:1 commode, cane, etc.
3. You should continue taking a stool softener as recommended by your surgeon (ex. Colace, Senokot S).
It is important to maintain a good bowel program since constipation can occur as a result of the pain medications and decrease in mobility. Constipation lasting longer than 3 days should be reported to your physician.
4. You will need a follow-up appointment in the surgeon's office. If you are unsure of your follow-up appointment, please contact the surgeon's office after discharge.
5. You may need occupational therapy after your discharge per your physician's instruction.

Post-Operative/Home Care

23 WHAT YOU CAN DO AT HOME

23 DRESSINGS

23 CARING FOR YOUR INCISION

23 CONTROL YOUR DISCOMFORT

23 BODY CHANGES

23 TOTAL SHOULDER REPLACEMENT (TSA)

24 BLOOD CLOTS IN LEGS OR ARMS (DVT)

24 Signs of Blood Clots in Legs or Arms

24 How to Prevent Blood Clots

24 BLOOD CLOTS IN LUNGS

24 Signs of Pulmonary Embolus (PE)

24 How to Prevent Pulmonary Embolus

24 DECREASE YOUR RISK OF FALLS

25 POST-OP EXERCISES AND GOALS

25 Activity Guidelines

When you go home, there are a variety of things you need to know for your safety, recovery and comfort.

What You Can Do at Home

- Ankle pumps (See **Appendix A**).
- Deep breathing with an incentive spirometer — you will take this home.
- You may shower per the instructions in the “Caring for Your Incision” section below.
- You should continue taking a stool softener (i.e. Senokot S, Colace) until you are no longer on prescription pain medication. It is important to maintain a good bowel program since constipation can occur.
- See **Appendix B** for information and examples on proper body positioning when sitting down, standing up and lying down.

Dressings

- Follow physician-specific instructions for dressing changes included in your discharge paperwork.
- If you notice any drainage after the dressing has been removed, please call your surgeon’s office.

Caring for Your Incision

- Keep your incision dry.
- Keep your incision covered as instructed by your physician.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
- Do not get in a bathtub, swimming pool, lake or ocean until cleared by your surgeon.

Control Your Discomfort

- Take your medications as prescribed by your physician.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control as directed.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be lower than normal for at least the first month.
- Narcotic pain medication can cause constipation. Use stool softeners or laxatives if necessary.

Total Shoulder Replacement (TSA)

- Ice should be used after activity, exercise or physical therapy. In addition, it may be used at any other time to assist in reducing pain and swelling.
- Remember, most of your success depends upon the effort you put into therapy after your discharge.

Blood Clots in Legs or Arms (DVT)

Surgery may cause the blood to slow and thicken in the veins, creating a blood clot in a condition called deep vein thrombosis or DVT. This is why blood thinners are prescribed after surgery. If a clot occurs despite these measures, you need to contact your surgeon immediately. (See **Appendix D** for more information about blood thinners.)

Signs of Blood Clots in Legs or Arms

- Swelling in thigh, calf or ankle that does not go down when raised above heart level
- Pain, heat and tenderness in calf, back of the knee or groin area (NOTE: blood clots can form in either leg)

How to Prevent Blood Clots

- Ankle pumps (right and left sides)
- Walking
- Compression stockings
- Blood thinners

Blood Clots in Lungs

An unrecognized blood clot could break away from the vein in the leg and travel to the lungs and is called a pulmonary embolus. This is an emergency and you should **CALL 911** if suspected.

Signs of Pulmonary Embolus (PE)

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

How to Prevent Pulmonary Embolus

- Prevent blood clot in legs
- Recognize a blood clot in the leg and call physician promptly

Decrease Your Risk of Falls

Falls are a leading cause of injury for older adults. These falls usually happen on a level surface from a standing or sitting position. Often the fall results in a fracture.

Please closely review these fall prevention strategies:

- Have regular medical physical exams.
- Review your medications each time you visit your medical doctor. Some medications or combinations of medications can cause one to be lightheaded, dizzy and weak - all potential risks for falling.
- Have routine eye exams. You may be wearing incorrect glasses or develop cataracts without realizing it.
- See the section on preparing your home for additional tips.

Post-Op Exercises and Goals

Activity Guidelines

Exercising is important to obtain the best results from total shoulder surgery. You may receive additional exercises from a therapist as you progress through your recovery.

For the first few weeks after surgery, it is very important to allow your shoulder to rest. This allows the soft tissue around your shoulder to heal. You may be more prone to shoulder dislocation at this time. It is important to support your arm, wear your sling, and only do the exercises prescribed to you by your surgeon.

You may be instructed to wear your shoulder sling or immobilizer for 4 to 6 weeks after surgery. It will help protect your shoulder from any unexpected movements, especially while sleeping. Your surgeon may instruct you to wear it less or more than this time period. Always go by the instruction given to you by your surgeon. It is very helpful to start practicing only using your non-operative arm before surgery so you get used to using only one arm for activities.

Many people are able to do simple activities after surgery like eating, dressing, brushing teeth and showering. Driving will not be allowed until you are cleared by your surgeon and are not taking pain medications. After a one-night stay in the hospital, you most likely will be ready for discharge to home. Typically, you will be discharged to home and instructed to follow the exercises discussed with your surgeon and therapist. Outpatient therapy typically will not start until after your follow-up appointment with your surgeon after surgery.

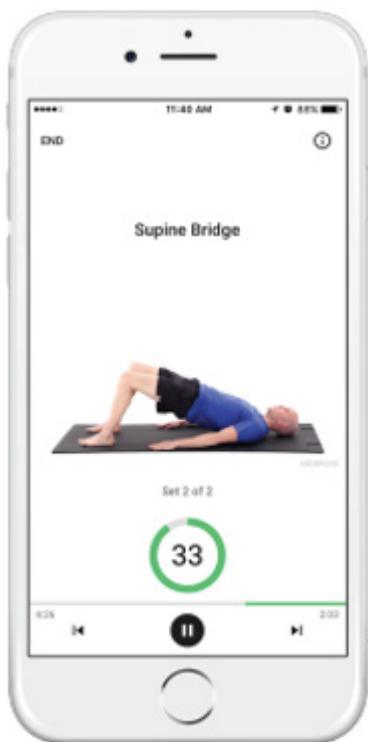
Until instructed by your surgeon, do not bear any weight through your operative arm. This includes using it to assist you out of bed. Do not attempt to lift anything heavier than a glass of water with that arm.

Although your surgeon may give you some light exercises to do during this period, never force any shoulder motions such as reaching back, reaching out to the side or reaching across your body. Do not allow a family member to assist you in extreme motions of your arm past your level of comfort.

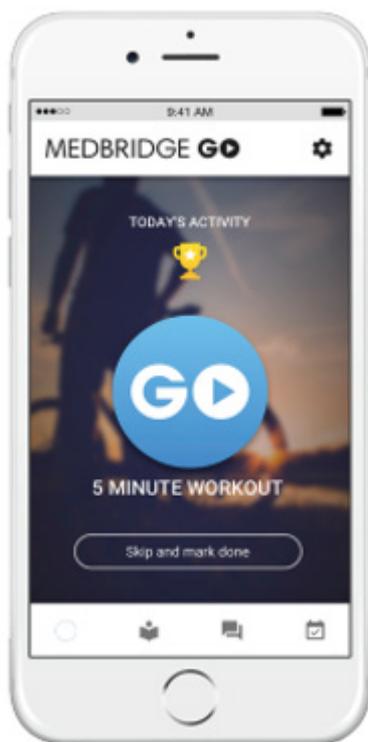
Appendix A — MedBridge GO Overview

MedBridge GO Overview

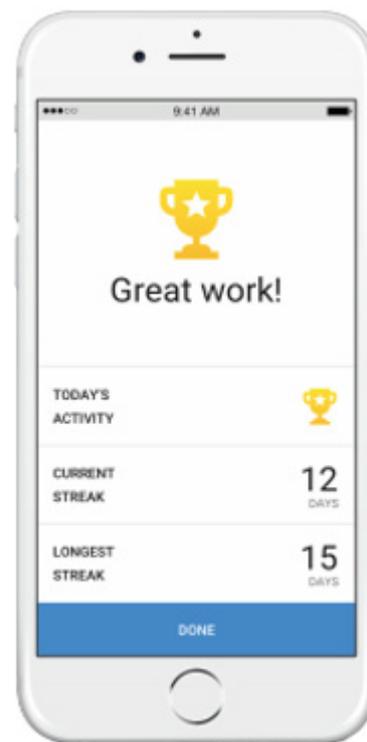
MedBridge GO is a free and comprehensive rehab recovery app that can be used across all your home devices (iPad, smart phone and laptop via app or email access). As part of your recovery from surgery, you will have access to the Home Exercise Program and Patient Education to better understand your specific condition. All classes will be assigned by your provider and are a formal component of your treatment plan.



Follow quick video demonstrations of your exercises.



Stay motivated with daily reminders and achieve goals.



Track your daily progress towards a healthy recovery.

How It Works

- You will be assigned exercises and education through the MedBridge app.
- Easy-to-follow videos with interactive 3D models and audio cues will guide you through the exercises.
- You can track your progress as you get stronger every day and celebrate your activity streaks.
- You can set automatic reminders for accountability, so you get back to doing what you love, faster.
- Exercise plans can be completed at your convenience.
- Your physical therapist will also be able to manage your progress via the app – offering feedback on your pain and the difficulty of the exercises, allowing for program revisions when needed.
- This program can be used with all AdventHealth Rehab services and is HIPAA compliant.

Follow These Few Steps to Get Moving

- Prior to attending your pre-surgical education class, you can download the Medbridge GO app from the app store or get it on Google Play.
- Tap “GO” to follow along with the exercise videos as they play on-screen.

If you attended the class, but didn't receive an access code, please contact your care navigator for assistance.

Appendix B — How to Move After Surgery

29 AFTER SURGERY SHOULDER PRECAUTIONS

30 APPLYING AND REMOVING YOUR SLING

30 Putting On Your Sling

30 Taking Off Your Sling

30 TRANSFERRING IN AND OUT OF BED

30 When Getting Into Bed

30 When Getting Out of Bed

31 LYING IN BED

31 STANDING UP FROM A CHAIR

32 GETTING DRESSED

32 SURGICAL ARM

33 BRA

33 Putting it On

33 Taking it Off

33 SHOWERING AFTER YOUR TOTAL SHOULDER REPLACEMENT

33 Getting Out of the Shower or Tub Using a Shower Chair

33 USING A CANE

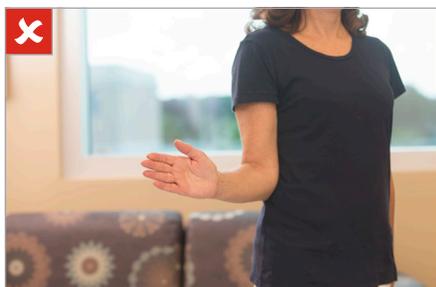
33 How to Measure a Cane for Proper Height

After Surgery Shoulder Precautions



DO NOT put any weight on or lift any weight with surgical arm.

Example: don't lean on your arm when pushing up from sitting.



When forearm is facing straight out in front of your body with elbow bent, DO NOT allow forearm to move any further out to the side.

Example: like closing a sliding door



DO NOT allow surgical elbow to move back past ribs.

Example: reaching back with operative arm for personal hygiene



When in bed, DO NOT allow your elbow to fall any further back than your body.

DO place a pillow under arm when laying down.



DO NOT actively move your shoulder.

DO use your sling at all times, except while exercising, getting dressed, or showering until your surgeon tells you to stop.

You may be able to use your hand, fingers, elbow and wrist if your surgeon allows.

Applying and Removing Your Sling

Putting On Your Sling

1. Begin by making sure the tag is on the outside.
Place your hand through the open end of the sling.
2. Fit the sling on your arm so your elbow is back in the pocket as far as it can go and your wrist/hand is well supported.
3. The long strap of the sling should go from the back of your surgical arm, across your back to your other shoulder and down your chest. (You may also attach the strap to the fastener and then lift strap over your head to the opposite shoulder.)
4. Thread the long strap through the loop on the sling near your wrist.
5. Make sure to adjust the strap so your hand is above the level of your elbow. This helps reduce swelling.
6. Be sure your elbow is positioned in front of you so you can see your elbow when you are looking straight ahead.
7. You may need to adjust the pad on the shoulder strap near your neck so it feels comfortable. If your sling does not have a pad you may need to add soft material to your sling so it does not rub against your neck.

Taking Off Your Sling

Remember to regularly release the sling to exercise and move your elbow, wrist and hand to prevent stiffness of these joints as directed by your surgeon.

1. Loosen the fastener and take the strap out.
2. Gently remove the sling from the operative arm; limit movement of your shoulder while removing the sling.
3. When your arm is out of the sling, just let it hang by your side. Do not use it until you have been told you can by your surgeon.

Transferring In and Out of Bed

When Getting Into Bed

After surgery, you may feel more comfortable sleeping in a recliner chair instead of a bed. Make sure your arm is supported with pillows in the recliner chair.

1. Make sure you have multiple pillows available to help support your head, neck and arm in bed.
2. Back up to the center of the bed, halfway between the head and foot of the bed, until you feel it on the back of your legs.
3. Reaching back with non-operative arm, sit down on the edge of the bed and then scoot back toward the center of the mattress.
4. Scoot your hips around so you are facing the foot of the bed and lift your legs into bed.
5. Slowly lower your head onto the bed.
Do not use your operative arm to assist.
6. You may feel more comfortable with your head slightly elevated in bed with pillows.

When Getting Out of Bed

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your legs to the floor.
3. Scoot to the edge of the bed.
4. Use non-operative arm to push yourself off of the bed. Make sure to not use your operative arm to help during this process.

Lying in Bed

For approximately 6 to 8 weeks after surgery, you will want to place a small pillow or towel roll behind the elbow when lying on your back. This will put your operative shoulder in a more comfortable position and help keep the joint supported.



Standing Up from a Chair

Do NOT put any weight on or lift any weight with your surgical arm.

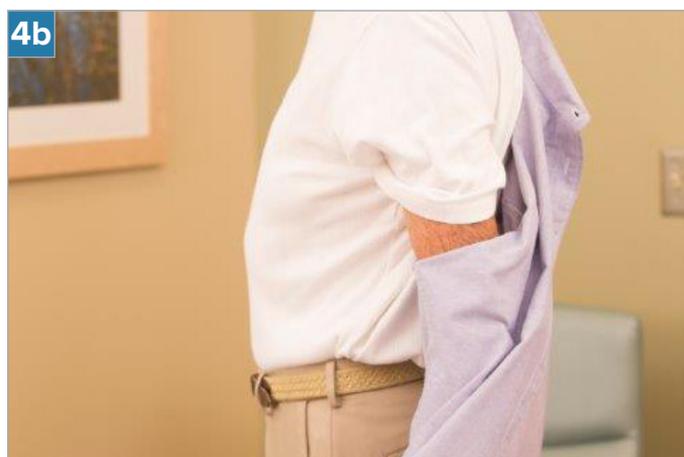
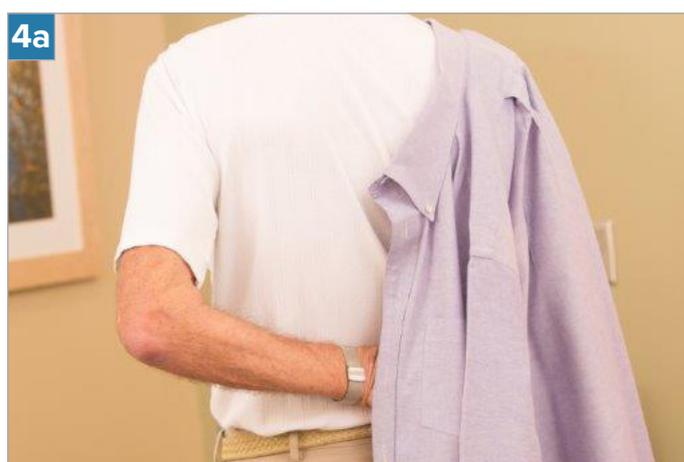
1. Sit in a chair with armrests, high seat height and firm seat when possible.
2. Push up with non-operative arm on the chair armrests. If you are sitting in a chair that does not have an armrest, push off the side of the chair with non-operative arm.



Getting Dressed

A loose t-shirt or button-down shirt will be easiest.

1. Remove sling with minimal movement of arm.
2. Allow operative arm to dangle at side, close to body. Gather sleeve for operative arm in opposite hand. Slowly slide sleeve up operative extremity all the way to armpit.
3. Make sure you use the non-operative arm to do all the work. The operative arm should just be dangling at your side or resting in your lap.
4. Reach back and use non-operative arm to bring garment across your back. Put non-operative arm into sleeve.
5. Place both legs into clothing, put on underwear and pants/shorts before you stand up to pull on pants. Pull pants/underwear up past knees; be sure to pull up pants from under feet. Helpful tip: Elastic-waste pants or shorts are easier to get on and off.
6. Stand up to pull up pants, and make sure you have your balance first. Use non-operative arm to pull up pants and underwear.



Bra

Putting it On

1. To put on a bra, fasten it in front, using both hands.
2. Turn the bra around your body using your nonoperative arm.

A larger sports bra is another option:

1. Step into it.
2. Pull it up over your chest and place your operative arm in first.

Taking it Off

1. Use your nonoperative arm to remove strap on same side and then remove operative arm strap.
2. Turn bra around to front using nonoperative arm.
3. Use both hands to unfasten without moving operative shoulder, or follow same method as removing sports bra.

For removing sports bra:

1. Use your nonoperative arm to remove strap on same side and then remove operative arm strap.
2. Slide the bra down towards feet and remove with nonoperative arm.

Showering After Your Total Shoulder Replacement

You may need a shower seat, particularly if you had trouble getting in and out of your shower before surgery. If you have a bathtub, a seat without arms is recommended; if you have a walk-in shower, you may use any type of shower seat. Make sure your seat is nonskid. A hand-held shower head may be easier to use. Place your soap, shampoo or other items needed to shower in an easy to reach place. If you have any other or specific questions regarding showering, please ask your nurse or therapist during your stay in the hospital.

Getting Out of the Shower or Tub Using a Shower Chair

1. Scoot yourself to the edge of the bench by lifting your legs over the edge of the tub as you scoot around.
2. Push up with non-operative hand on back of seat and balance yourself before walking away.

Using a Cane

A cane may be required to help assist with balance after your surgery. This will be decided by you and your therapist.

1. The cane will be held using your non-operative arm.
2. When walking, step forward first with leg opposite from arm holding cane.
3. Take a step with opposite leg and move cane forward at the same time.
4. If needed, lean weight through cane when taking a step.
5. When taking a step forward, move cane an average of one step length.

How to Measure a Cane for Proper Height

1. Make sure you are wearing regular walking shoes.
2. Stand upright and allow arms to relax down at your side.
3. The top of the cane should be level with where your wrist hits your leg.



Appendix C — Advance Directives

Exercise Your Right to Put Your Health Care Decisions in Writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What Are Advance Medical Directives?

Advance directives are a means of communicating to all caregivers the patient's wishes regarding health care. If a patient has a living will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, the medical center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.*

Types of Advance Directives

There are different types of Advance Directives, and you may wish to consult your attorney concerning the legal implications of each.

Living Wills

Living wills are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

Appointment of a Health Care Agent

Appointment of a Health Care Agent (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

Health Care Instructions

Health care instructions are your specific choices regarding use of life-sustaining equipment, hydration and nutrition, and use of pain medications.

*On admission to the hospital you will be asked if you have an advance directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.

Appendix D — Medications

Anesthesia

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available to you are listed below.

- General anesthesia provides loss of consciousness.
- Regional anesthesia involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include an interscalene block.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your pain discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to assess your pain level.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. If a regional anesthetic is to be used, it will be administered in the pre-operative area. Your anesthesiologist will also answer any further questions you may have.

What happens during surgery/anesthesia?

Your anesthesia will be provided by an anesthesia care team. An anesthesiologist with a Certified Registered Nurse Anesthetist (CRNA) will provide your care while in the operating room. They will monitor your vital signs (blood pressure, heart rate and oxygen level) during surgery and administer any medications necessary to provide you a safe surgical procedure.

What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely.

Blood Thinners

The surgeon may place you on an anticoagulant, also called a blood thinner, in order to help prevent blood clots. Most patients will go home on a blood thinner. The specific medication will be decided on by your surgeon based on your medical history.

Blood Thinner Medication Examples: Generic (Brand)

Injectable

- Enoxparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin

Oral blood thinners

- Aspirin
- Rivaroxaban (Xarelto®)
- Warfarin (Coumadin®)
- Apixaban (Eliquis®)

Most Common Side Effects of Blood Thinners

- Risk of bleeding
- Upset stomach
- Bruising
- Burning at injection site
- Decrease in platelets
- **Tell your nurse or doctor if you notice any bleeding or black colored stools.**

Appendix E — Nutrition

Your body needs to be well-nourished to heal bones, muscles and skin that are affected by surgery. The nutrients from food provide us with the strength, energy and ability to heal. People who are well-nourished overall are less likely to develop an infection and may heal faster. Work on incorporating the following important nutrients into your diet before and after surgery.

<h3>Protein</h3>	
<p>Protein contains all the essential amino acids to aid in wound healing and keeps your immune system strong. Protein is not just for muscle building. It is a key nutrient in bone building.</p>	<p>Protein-rich food: Eggs, red and white meat, turkey, chicken, fish, cheese, low/nonfat milk, beans, nuts/seeds, soy protein</p>
<h3>Iron</h3>	
<p>Iron is an important mineral for your body to make hemoglobin. Hemoglobin is a part of the blood that carries oxygen. It is important to increase your iron intake before and after surgery. Eating foods high in Vitamin C with iron-rich food can help your body absorb iron.</p>	<p>Iron-rich food: Red meat, egg yolks, dark green leafy vegetables, iron-rich cereals, beans, lentils, dried fruit, liver, watermelon, baked potato, dark meat turkey</p>
<h3>Calcium and Vitamin D</h3>	
<p>Calcium and Vitamin D are nutrients associated with healthy bones. All milk is fortified with Vitamin D to help absorb calcium. Yogurt is also a good source of calcium, but is not always fortified with Vitamin D, so check the nutrition label.</p>	<p>Calcium- & Vitamin D-rich food: Low-fat dairy, like milk and yogurt</p>
<h3>Fiber</h3>	
<p>Make sure to consume fiber-rich foods prior to and after surgery to avoid constipation (unless directed differently by your physician). It is important to increase your fiber intake slowly to avoid gas and bloating. Adequate fluid intake is also very important if you are increasing your fiber intake to avoid adverse effects. Prunes or prune juice (along with drinking plenty of water) have a natural laxative effect that can alleviate constipation while on pain medications.</p>	<p>Fiber-rich food: Whole grains, bran, fruits, vegetables, beans, lentils</p>
<h3>Water</h3>	
<p>Drink at least 8 glasses of water or other calorie-free beverages per day to help with the prevention of constipation. Adequate hydration will also help to promote healing.</p>	
<h3>Vitamin C</h3>	
<p>Vitamin C is needed to make a protein called collagen and is needed for repairing tendons and ligaments, as well as healing surgical wounds.</p>	<p>Vitamin C-rich food: Citrus fruits, strawberries, kiwi, baked potatoes, broccoli, bell peppers</p>
<h3>Zinc</h3>	
<p>Zinc is also important for wound healing. Zinc is a mineral found mostly in animal foods. It is better to get zinc from foods than supplements.</p>	<p>Zinc-rich food: Meat, fish, poultry, dairy, whole-grain foods, breads, cereals, nuts</p>

Aim for 2 to 3 servings from each of these food groups daily.

Meat and Alternatives

1 serving equals:

- 2 to 3 oz meat, poultry or fish
- ½ cup beans
- ½ cup tofu
- 2 tablespoons peanut butter

Milk and Alternatives

1 serving equals:

- 1 cup milk or soy beverage
- 1 cup yogurt

Our Health Equity Promise

Patient Protection and Affordable Care Act: Section 1557

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

AdventHealth provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AdventHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 407-303-5600 x1106707.

If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance or request that someone assist you with filing a grievance at 407-200-1324 or fh.risk.management@adventhealth.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically, through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

The statements below direct people whose primary language is not English to translation assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi theo số điện thoại dưới đây.

注意: 如果您使用中文, 您可以免费获得语言协助服务。请拨打下面电话号码。

Atansyon: Si ou pale kreyòl Ayisyen, gen sèvis asistans nan lang ou ki disponib gratis pou ou. Rele nimewo ki anba an.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 아래의 번호로 전화하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany poniżej.

ملحوظة: اذا كنت لاتتحدث اللغة الانجليزية فان خدمات الترجمة متوفرة لك مجاناً. الرجاء الإتصال بالرقم أدناه:

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro ci-dessous.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero sa ibaba.

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Для этого позвоните по нижеуказанному номеру.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die untere Nummer an.

सुचना: जे तमे गुजराती बोवता हे, तो निःशुल्क भाषा सहायता सेवांचा तमारा माटे उपलब्ध हे. नीचेचा नंबर पर फोन करा.

ATENÇÃO: Se você fala português, disponibilizamos serviços lingüísticos gratuitos. Ligue para o número abaixo.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। नीचे लिखे नम्बर पर सम्पर्क करें।

اگر شما فارسی زبان هستید، خدمات کمکی زبان بطور مجانی در دسترس شما قرار دارد. تو شماره زیر زنگ بزنید.

توجہ فرمائیے۔ اگر آپ اردو بولتے/بولتی ہیں تو آپ کے لئے لسانی خدمات مفت میسر ہیں۔ ذیل میں دئیے گئے نمبر پر کال کریں۔

注意: 日本語でお話になりたい場合には、無料の通訳サービスをご利用いただけます。下記の番号にお電話してください。

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ນໍາເອົາບັນຊີທ່ານ

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu tus xojtooj hauv qab no.

ATTENZIONE: Se parlate italiano, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero sotto indicato.

407-303-5600  407-303-3025



Orthopedic Institute
AdventHealthOrthoInstitute.com