



# Total shoulder surgery

A guide for patients



**Baylor Scott & White**

**MEDICAL CENTER**

**FRISCO**

*Joint ownership with physicians*

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## Dear Guest,

At Baylor Scott & White Medical Center – Frisco, we believe that health care should be about you and your family. We strive to deliver health care compassionately and to act with absolute integrity. Our team of professionals will work closely with you and your family to provide an ideal patient experience. We want to help you heal quickly and get back to the life you enjoy.

We want to put your mind at ease by including you as an active participant in your care. If, at any time, you have questions or concerns regarding your medical treatment, please do not hesitate to ask your physician. Our nurses and staff are always available to answer your questions and to help you in any way possible.

If, at any time, you believe you are not being treated in a professional, courteous or fair manner, please dial 214.407.5015, and our administration will be on hand to help you.

We are committed to you, our patient, and want you to receive quality care during your visit here at Baylor Scott & White Medical Center – Frisco. Thank you for allowing us to care for you. It is our privilege to be your health care provider.

Sincerely,

**Trevor Castaneda, CEO**

Baylor Scott & White Medical Center – Frisco

## From your shoulder team

The physicians and staff at Baylor Scott & White Medical Center – Frisco are pleased that you are considering us for your total shoulder replacement surgery. Our mission is to provide the opportunity to every individual within Frisco and the surrounding communities the highest standard of health care services, designed with excellence, delivered with dignity and demonstrated with respect to those we serve. With that in mind, we are excited to walk alongside you during this process.

As a patient undergoing shoulder surgery with us, we want your experience to be as stress-free as possible. This shoulder surgery guide is designed to offer additional information regarding your preparation before surgery, the surgery itself, and your road to recovery. Our hope is to help reduce your anxiety around your hospital stay by helping you understand what to expect and when to expect it.

As a patient, you will play an active role during your hospitalization. Our goal is to involve you in every aspect of your care. We will rely on you to give us accurate information regarding your medical history, home medications, pain level and voice any concerns you may have during your stay with us. It is important to remember that you are in charge of your own recovery.

Your dedication to preparing for your surgery is greatly appreciated. We look forward to meeting you.

## About our hospital

### Complimentary valet service

Patients and visitors may use our complimentary valet service at the main entrance of the hospital. Valet services are available Monday – Friday from 6:30 AM – 5:00 PM.

### Guest information

Our hospital main entrance is open 24 hours/day. We do not have set visiting hours, but we ask that your family and friends be sensitive to your recovery needs. Children under 12 must be accompanied by an adult.

### Inpatient rooms

At Baylor Scott & White – Frisco, all rooms are private. Each room is equipped with a couch that folds into a bed if an adult family member would like to stay with you overnight.

### Dining

During your stay with us, you will order your food through our Dine on Demand program. One of our room ambassadors will take your order, or you may place an order at any time by dialing x5757 on your hospital room phone. Each patient meal also comes with a complimentary guest meal if your family would like to eat with you.

### Tobacco-free campus

In order to promote a healthy lifestyle, Baylor Scott & White – Frisco is a tobacco-free campus without designated smoking areas.

## Resources

### Useful Phone Numbers

Registration.....	214.407.5271
Pre-Admission Testing .....	214.407.5166
Social Services.....	214.407.5437
Director -Center of Excellence.....	214.407.5128
Center of Excellence Coordinator ....	214.407.5168
Total Joint Nurse.....	214.407.5169
Manager-Post Surgical Unit.....	214.407.5250
Director-Post Surgical Unit.....	214.407.5188
Chief Nursing Officer.....	214.407.5190
Associate Administrator .....	214.407.5050
Clinical Services	
House Supervisor (after hours) .....	972.369.2947

## Comments/compliments

We appreciate your comments. The employees at Baylor Scott & White – Frisco believe your feedback allows us the opportunity to grow. You will receive a survey about your hospital stay after you return home. Please fill this survey out and return it as indicated. We value your input.

### Comments

Baylor Scott & White – Frisco prides itself in the customer service we provide for our patients and their families. If at any time you are not satisfied with the care you received, room environment, etc., please let us know immediately.

You may contact any of the following personnel:

- Post- Surgical Unit Director..... ext. 5250
- Director-Center of Excellence..... ext. 5128
- Total Joint Nurse .....
- Chief Nursing Officer .....

### Compliments

Our nurses and hospital staff strive to make your stay a pleasant experience. If you feel someone has gone above and beyond to care for you or your family member, please take the time to fill out an EXCEL card.

EXCEL cards are located in the front lobby, outside the cafeteria, the nurse’s stations, or may be obtained by asking one of our staff members. EXCEL cards are read by senior administration, department director/manager and the employee.



## Preparing for surgery

### ❑ Find your support person

Shoulder surgery is a journey and it is important to have someone walk along with you during this time. Your support person can be your spouse, family member, friend or relative that will help you in the recovery time. At Baylor Scott & White Medical Center-Frisco, each patient room has a couch that folds out into a bed if your support person would like to stay with you overnight. Your support person will also be provided a complimentary meal tray for each meal.

### ❑ Precertification and authorization

- Many insurance companies require precertification or preauthorization for surgery. Please contact your insurance company or notify them of your upcoming surgery. They will then contact your surgeon for clinical information.
- Workman's Compensation and some managed care plans require approval for surgery before a surgical date can be selected.
- Visit [BaylorFrisco.com](http://BaylorFrisco.com) for a current list of contracts with insurance plans along with contact phone numbers for individual departments throughout the hospital.
- If you work, remember to notify your employer and have your surgeon's office complete any FMLA or short-term disability paperwork prior to your surgery.

### ❑ Registration: Surgery

You may register for your surgery online at [BaylorFrisco.com](http://BaylorFrisco.com). Registration is located under "Patients/Visitors" and is called "Patient Pre-Registration".

### ❑ Pre-admission testing and appointments

To make sure you are healthy prior to surgery, your surgeon may require you to be seen by an Internal Medicine physician prior to your surgery. At this appointment, you may have tests completed such as blood, urine or an electrocardiogram (EKG) to evaluate your heart. You will discuss your medical history with the pre-admission nurse and the Internal Medicine physician. The results of this appointment will let us decide if you are ready for surgery. If necessary, you may be required to see another physician specialist specific to your medical history as well. Baylor Frisco offers pre-surgical assessments which your physician can schedule in advance of your surgery.

### ❑ Home modifications

To make your home safer and more practical after your surgery, a number of simple changes can be made. Your physical therapist may have additional suggestions for you during your hospitalization.

- Remove any trip hazards around your home (rugs, cords) and move frequently used items to places you can easily reach them.
- It will be hard to reach high shelves for the first few weeks after surgery. Go through your home and place items you may need after surgery on lower shelves.
- Arrange for assistance with household chores, driving, and errands.
- Arrange for help with childcare and pets.
- Purchase groceries and prepare meals in advance.

## Surgery checklist

Use this checklist to help prepare you for surgery.

- Medical clearance appointment date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Specialist appointment (if applicable) date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Call received from Pre-Admission Nurse
- Call received from Registration
- Quit Smoking. For help, call 1.800.NO.BUTTS (662.8887)
- Medical equipment received (if applicable) \_\_\_\_\_
- Discuss my Discharge Plan with my family and friends
- Surgery date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Arrival time: \_\_\_\_\_ AM / PM

## Your home medications

Please fill out the list below. The Pre-Admission nurse will want to discuss these medications with you either during your pre-admission appointment or via phone.

Medicine	Dose (How much do you take?)	Frequency (How often do you take it?)	Indication (What is it for?)	OK to take the morning of surgery?	Stop this medication
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N
				Y / N	Y / N

My allergies: \_\_\_\_\_

Medications I am allergic to: \_\_\_\_\_

My reaction to those medications: \_\_\_\_\_

## Your surgical timeline

### One month prior to surgery

- ❑ Ensure all medical leave of absence paperwork is submitted to your surgeon's office.

### Two-Three weeks prior to surgery

- ❑ Pre-admission testing completed (if applicable)

### 7-10 days prior to surgery

**Medications:** Follow your surgeon's specific instructions regarding your home medication. However, it is important to **stop all blood thinning medications 7-10 days prior to surgery**. This includes aspirin, aspirin-containing products, ibuprofen or certain anti-inflammatory drugs (Celebrex, Meloxicam, Aleve). It is also important to discontinue the use of over the counter supplements at this time. Please refer to your surgeon for questions. If you take prescription blood thinners (Lovenox, Coumadin, Eliquis), please get specific instructions from your surgeon.

### 3-5 Days prior to surgery

**Pre-operative Bathing/Benzoyl Peroxide Gel Instructions:** Good personal hygiene is very important before and after your surgery to reduce the risk of complications. Your skin is not a sterile surface; that is, there are normal bacteria (germs) that live on the surface of your skin. These bacteria are typically harmless as long as they stay on the surface. However, during surgery, we cut through the skin surface and potentially allow bacteria to enter the surgical incision, thereby increasing your risk of infection. Prior to surgery, we like to reduce the number of bacteria that are living on the skin's surface to help prevent surgical infections. Please follow these guidelines for cleaning your skin before surgery:

- ❑ Purchase a 4oz. bottle of any **chlorhexidine gluconate soap**, also called CHG. You can find this soap at most pharmacies and major retailers. No prescription required. This special soap works to decrease the number of germs on your skin.

- ❑ Do not shave your arm/armpit within 3 days of surgery.

- ❑ Remove any body piercings prior to showering and do not replace them until after surgery.

#### ❑ Shower schedule (no baths):

- 3 Days prior to surgery - **cleanse the operative site only.**
- 2 Days prior to surgery - **cleanse the operative site only.**
- Night prior to surgery - **cleanse from neck to waist.**
- Morning of surgery - **cleanse from neck to waist.**
- Shower as normal, be sure to shampoo your hair with your normal shampoo. Rinse off completely.
- Gently wash the entire shoulder/armpit/arm with the chlorhexidine gluconate soap and leave on the skin for 3 minutes (turn off water to prevent rinsing off chlorhexidine gluconate soap too soon). Do not scrub your skin as this could cause a rash or irritation. After 3 minutes, rinse off. Do not use any other soaps or body washes on your skin after this step.
- Pat your skin dry with a clean, dry towel.

- ❑ Do not use lotion, powder or any other creams on the shoulder/armpit/arm after using the chlorhexidine gluconate soap **except for the benzoyl peroxide gel.**

- ❑ **Apply benzoyl peroxide gel over the front of the shoulder and armpit 2 times/day for 2 days prior to surgery. Please apply on the morning of surgery.**



- Try to avoid getting chlorohexidine gluconate soap in your eyes, mouth, ears or genitals. If this happens, rinse the area thoroughly with water.

**Benzoyl peroxide 10% cream or gel** – can be purchased from CVS, Walgreens, Target or Walmart. Generic brands are preferred and usually cost less than \$15. Stop using the benzoyl peroxide if you have any skin rash or adverse reaction.



### Night before surgery

- Shower as instructed above.**
- Do not eat or drink anything after midnight **except**:
  - 3 hours prior to surgery:
    - Drink 12 ounces of a sports drink (any color but red).
    - If you are diabetic, drink sugar-free or low sugar sports drink.

### Day of surgery

- Shower and cleanse as instructed above.
- Arrive to the hospital at your scheduled time and report to the front desk in the main lobby.
- Wear loose-fitting clothes and a button-front shirt when you go to the hospital for your surgery. After surgery, you will be wearing a sling and will have limited use of your arm.
- Do not wear makeup or nail polish.

## Packing list

### Medical items:

- C-Pap or BIPAP machine (if applicable)
- Home medications in the original bottles **excluding**:
  - Anxiety or sleep medication: *Lorazepam, Alprazolam, Ambien*
  - Pain medications: *Oxycodone, Hydrocodone, Morphine, Tramadol, Lyrica*
  - Supplements or over the counter medications
- Medical equipment as instructed by your surgeon

### Paperwork:

- Copy of Advanced Health Directive (if applicable)
- Power of Attorney (if applicable)
- Driver's license or photo ID
- Insurance card

### Personal items:

- Loose-fitting clothes (e.g. shorts, sweats, etc.), tops that button
- Underwear and socks
- Personal toiletries
- Eyeglasses, contact lenses with case and solution (if preferred after surgery)
- Hearing aids or dentures with working batteries
- Phone charger

### Do NOT bring:

- Valuables/jewelry
- Credit/debit cards

## Keeping you safe

Keeping you safe is our top priority. We will ask you numerous times throughout your hospital stay to state your name and date of birth and compare it to your identification armband. This assures that we are providing the right treatment, medication or test during your stay with us.

We want to ensure that we perform the correct procedure on the correct patient at the correct site every time. You will play an active role in this process by verifying your surgery and surgical site with your surgeon as he marks your surgery site in the pre-operative waiting area.

Preventing the spread of germs is of utmost importance. Your healthcare team will wash their hands with soap and water or use gel hand sanitizer every time they enter or exit your room. This should also be done by your family members and visitors. If you have concerns that your healthcare provider or family have not washed their hands, please voice your concerns. You will also be provided with hand sanitizing wipes that may be kept at your bedside.

## Your care team

The following team of healthcare providers are dedicated to helping you have a successful outcome with your surgery:

- Your **Surgeon** and **Physician Assistant** will direct your surgical care and will check on you daily to monitor your progress.
- Your **Internal Medicine Physician / Nurse Practitioner** will direct your medical care and will check on you daily to monitor your progress.
- Your **Anesthesiologist** or **Certified Registered Nurse Anesthetist (CRNA)** will provide your anesthesia throughout your operation
- Your **Circulating Nurse** and **Surgical Scrub Tech** will assist your surgeon during your operation.
- Your **Registered Nurses (RN)** will assess your progress, assist with any needs, give you medication and provide education before your surgery, in the recovery room and on the surgical floor.
- Your **Patient Care Technicians (PCT)** will assist with needs, help you walk to the bathroom and take your vital signs.
- Your **Respiratory Therapists** will monitor your breathing and oxygenation and provide education/assistance as needed.
- Your **Physical Therapists** will evaluate your needs and help you learn how to safely walk around after your surgery.
- Your **Room Ambassador** will visit you around mealtimes and take orders for your meals for both you and your support person.

## Arriving for surgery

- Please report to the front desk in the main lobby. When you check in at the desk, you will receive a pager. Staff will use the pager to communicate with you and your family throughout the day.
- A staff member will escort you to your pre-operative room. You will change into a gown and a nurse will start your IV.
- You will meet your anesthesiologist and they will discuss the anesthesia options available to you and determine the best anesthesia technique for your medical history.
- You will meet with your surgeon. He/She will talk with you and will answer any final questions you may have.
- 2 family members may wait with you before your surgery.

## During surgery

While you are in surgery, your family will wait in the front lobby with the pager. Complimentary refreshments and coffee are available in the waiting area. Surgery times vary depending on the type of surgical procedure. If at any time your family would like an update on your status, they can request that information from our team at the front desk.

When your surgery is complete, the staff will escort your family to a consultation room where your surgeon will discuss your progress.

## After surgery

You will wake up in the Post Anesthesia Care Unit (PACU) and typically will remain here for 1-2 hours. During this time, you will be closely monitored until you wake up and your heart rate, blood pressure, and breathing are normal.

Because this is a small area, your family will remain in the lobby area until you are transferred to your inpatient room.

### In the PACU:

- You will have an IV in your arm so you can receive medication and fluid.
- You will have oxygen delivered through a mask or tube in your nose.
- You will have a blood pressure cuff on your arm to monitor your blood pressure and a monitor on your finger to watch your oxygen levels.
- You may have a drainage tube from your surgery site to help drain away excess fluid.
- You may have tight, elastic stockings and a compression device on your legs to help prevent blood clots.
- You may be in a sling or immobilizer.

- Your nurse will frequently ask you about your pain and will manage your pain as indicated.

When you meet discharge criteria from the PACU, you will be transferred to your Inpatient room if you are spending the night. A member of the staff will notify your family and they will be escorted to your room soon after.

### In your inpatient room:

When you arrive at your inpatient room, your nurse will be monitoring your vital signs (heart rate, temperature, blood pressure, and breathing) frequently. You will be placed on a monitor to continuously watch your heart rate and oxygen levels.

Our staff will notify your family members of your arrival to the surgical floor and they will soon join you in your room.

## Your care plan

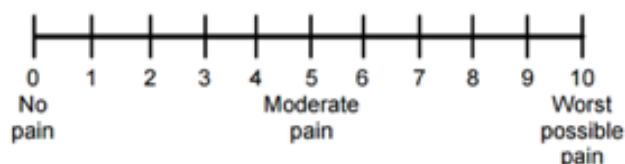
The following is an example of what to expect the first few days after your surgery.

	Day of surgery	First day after surgery
Surgical care	<ul style="list-style-type: none"> <li>• Use the incentive spirometer 10 times every hour while awake.</li> <li>• Do 10 ankle pumps every hour while awake.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan to sit in a chair for all meals.</li> <li>• Use the incentive spirometer 10 times every hour while awake.</li> <li>• Do 10 ankle pumps every hour while awake.</li> </ul>
Physical therapy	<ul style="list-style-type: none"> <li>• Sit on the edge of the bed or get into a chair.</li> <li>• Walk a short distance with a nurse.</li> <li>• Avoid reaching out to the side.</li> <li>• Avoid turning the arm in or putting your hand across your body.</li> <li>• Do not use the arm to push yourself up in the bed or from a chair-this requires forceful contraction of muscles and may cause you to re-injure your joint.</li> <li>• Do not lift anything heavier than a glass of water, until allowed by your surgeon.</li> <li>• Avoid placing your arm in an extreme position, such as straight out to the side, or behind your body.</li> <li>• Avoid bending, lifting, twisting as instructed by your surgeon.</li> <li>• Do not get out of bed by yourself.</li> <li>• You may use hand/wrist/elbow range of motion as instructed by your physician.</li> </ul>	<ul style="list-style-type: none"> <li>• Get out of bed or up to the chair with help.</li> <li>• Practice activities of daily living, i.e. showering, dressing, toileting.</li> <li>• Sit on the edge of the bed or get into a chair.</li> <li>• Walk a short distance with a nurse or physical therapist.</li> <li>• Avoid reaching out to the side.</li> <li>• Avoid turning the arm in or putting your hand across your body.</li> <li>• Do not use the arm to push yourself up in the bed or from a chair-this requires forceful contraction of muscles and may cause you to re-injure your joint.</li> <li>• Do not lift anything heavier than a glass of water, until allowed by your surgeon.</li> <li>• Avoid placing your arm in an extreme position, such as straight out to the side, or behind your body.</li> <li>• Avoid bending, lifting, twisting as instructed by your surgeon.</li> <li>• You may use hand/wrist/elbow range of motion as instructed by your physician.</li> <li>• Do not get out of bed by yourself.</li> </ul>

	<b>Day of surgery</b>	<b>First day after surgery</b>
Diet	<ul style="list-style-type: none"> <li>• When it is time to start eating, you will start with clear liquids (chicken broth, juice, jello).</li> <li>• If you are doing well, your diet may be advanced to a regular diet if instructed by your surgeon.</li> </ul>	<ul style="list-style-type: none"> <li>• If your surgeon approves, you may eat your usual diet. Drink plenty of fluids and include fresh fruits and vegetables.</li> </ul>
Medication	<ul style="list-style-type: none"> <li>• Begin oral pain medication. IV pain medication may be given if needed. Notify your nurse if your pain is not under control.</li> <li>• Your home medications will be restarted as approved by your doctor and will be given to you by your nurse.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue the home medications that are given to you by your nurse.</li> <li>• Continue to manage your pain with oral pain pills.</li> </ul>
Bathroom	<ul style="list-style-type: none"> <li>• If you have a catheter it may be removed in the recovery room. Call your nurse when needing to get up to the bathroom.</li> </ul>	<ul style="list-style-type: none"> <li>• Call your nurse when needing to get up to the bathroom.</li> </ul>
Dressing	<ul style="list-style-type: none"> <li>• You will have a bandage over your incision.</li> </ul>	<ul style="list-style-type: none"> <li>• You will be instructed on how to care for your bandage at home.</li> </ul>
Drainage tube	<ul style="list-style-type: none"> <li>• You may have a drainage tube to drain fluid from your surgery site.</li> </ul>	<ul style="list-style-type: none"> <li>• Your drainage tube may be removed today.</li> </ul>
Discharge planning		<ul style="list-style-type: none"> <li>• Arrange to have someone take you home when you leave the hospital.</li> </ul>

## Pain

It is important to realize that pain is a part of the surgical process. Post-surgical pain helps us to understand your limits when working with Physical Therapy or when you are ambulating with your nurse. An increase in pain medication can result in decreased breathing and drowsiness. Because of this, it is important that you are not over-sedated with pain medication. We will do our best to keep your pain at a tolerable level; however, **it is likely that you will experience some pain after surgery.** Your doctor will prescribe different types of pain medications depending on your type of surgery, medical history, and pain level.



You will be asked to rate your pain level on a scale of 0-10 multiple times throughout your hospital stay. Please familiarize yourself with the pain scale below.

Do not hesitate to ask for pain medication at the first sign of discomfort. Asking for the medication early is better than letting the pain become more severe. The nurse may also change your position, turn your pillow or try other alternatives to make you more comfortable.

The type and amount of pain medication you will receive will be determined by your surgeon based on your medication history and pain level. The different methods in which we will give you pain medications are:

- To help with pain control after your surgery, you will receive a nerve block with a local anesthetic to numb the area around your shoulder. The nerve block usually lasts 24-36 hours.
- Oral: After your surgery, oral pain medication will be available and continued throughout your hospital stay. You will need to request pain medication, as needed. Common pain pills include Norco (Hydrocodone) and Percocet (Oxycodone).

Common side effects of pain medication include: decreased respirations/breathing, drowsiness, nausea, vomiting, dizziness, constipation, rash, itching, decreased appetite, dizziness, drowsiness, constipation, nausea, vomiting, or dry mouth.

## Equipment

Some patients may require medical equipment after their surgery. Your surgeon and physical therapist will evaluate your needs and determine what equipment, if any, will assist in your recovery.

Your surgeon may require you to wear a sling or immobilizer after your surgery. Typically, this is provided in your surgeon's office before your surgery. Before you are discharged home, our physical therapists will ensure you are comfortable with putting your sling or immobilizer on/taking it off and how to keep it clean at home. It is important to wear your sling or immobilizer exactly as ordered by your surgeon.



## Activity

After your surgery, you will be evaluated by our Physical Therapy department. They will focus on safe movements and keeping you as active as possible within the limits of your surgery. Our Physical Therapy team will teach how to:

- Work on activities of daily living with the sling.
- Donning the sling on/off
- Hand/wrist/elbow range of motion exercises



**DO NOT REMOVE SLING OR START EXERCISES UNTIL INSTRUCTED BY YOUR SURGEON.**

- The sling/shoulder immobilizer should be worn as advised by your surgeon. When your arm is out of the sling, just let it hang by your side. Do not use it.
- Your activities will be advanced under the supervision of your surgeon and therapist according to our progress, healing and comfort level.
- Therapy will be prescribed by your surgeon's office. When instructed to begin, Pendulum exercises and gentle elbow range of motion (ROM) should be done several times daily.
- For approximately 6-8 weeks after surgery, while lying on your back, a small pillow or towel roll should be placed behind the elbow. This prevents you from extending the shoulder joint and stretching the underlying muscles. You should be able to see your elbow when lying flat.

## Our nursing team will teach you how to:

- Dress yourself
- Shower
- Complete activities of daily living (combing your hair or brushing your teeth)
- Toileting

*Please do not attempt to get out of bed by yourself. After surgery, you have a greater risk of falling. If you would like to get out of your bed, please call your nurse.*

## Total shoulder precautions

You may be instructed to avoid these certain movements after your surgery. The length of time for these restrictions varies depending on your surgery and your surgeon's instructions.

- Keep sling on at all times until instructed to remove by your physician.
- Avoid reaching out to the side.
- Avoid turning the arm in or putting your hand across your body.
- Do not use the arm to push yourself up in the bed or from a chair-this requires forceful contraction of muscles and may cause you to re-injure your joint.
- Do not lift anything heavier than a glass of water, until allowed by your surgeon.
- Avoid placing your arm in an extreme position, such as straight out to the side, or behind your body.

## Prevention of blood clots

### Ankle pumps

Step 1: Lie on your back with your legs straight.

Step 2: With your heels flat on the bed, pull your toes toward your head then point them away from you.

Step 3: Repeat 10x every hour while awake.



With a straight leg, press your knee down into the bed and tighten the muscle on the front of your thigh. Hold for 5 seconds. Relax. Repeat 10 times.

## Returning home

When you meet discharge criteria, your surgeon will discharge you from the hospital. This decision is made between you, your surgeon and physical therapist. For further questions regarding care at home, please call your surgeon's office.

- Stay active! Continue the exercises that were taught to you while in the hospital and walk frequently during the day.
- Follow any restrictions given to you by your surgeon.
- Keep an eye on your food and fluid intake. Remember to drink plenty of fluids and eat a well-balanced diet.
- Be aware of constipation. This is a common side effect of your pain medication and can cause many problems. Increase fiber and fluids in your diet. You may also take an over-the-counter stool softener.

### Goals for going home:

- Communicate understanding of shoulder precautions and positioning in bed
- Get in and out of bed without assistance
- Walk 200 feet without assistance
- Move from the bed to a chair and walk to the bathroom, Climb and descend curbs/ stairs with the aid of an assistive device and supervision
- Be able to dress yourself with supervision or with minimal assist from family
- Be able to perform your bathing and toileting with supervision or minimal assist from family

*\*Goals may change based on individual patient needs.*



**DO NOT START SHOULDER EXERCISES  
UNTIL INSTRUCTED BY YOUR SURGEON.  
IT MAY BE 4-6 WEEKS.**

## Recognizing and preventing complications

Complication	Signs and symptoms	What do I do?	Prevention
Blood clot in your leg (Deep Vein Thrombosis, DVT)	(Signs and symptoms are usually located in the calf of <b>either</b> leg) <ul style="list-style-type: none"> <li>• Swelling</li> <li>• Warmth/redness</li> <li>• Pain</li> </ul>	Call your surgeon.	<ul style="list-style-type: none"> <li>• Short, frequent walks during the day</li> <li>• Take your blood thinner (if ordered).</li> <li>• Rest with your legs elevated.</li> </ul>
Blood clot in your lungs (Pulmonary Embolism, PE)	<ul style="list-style-type: none"> <li>• Shortness of breath</li> <li>• Coughing</li> <li>• Chest pain or chest pain with deep breaths</li> <li>• Rapid heartbeat</li> </ul>	<b>Call 911.</b>	<ul style="list-style-type: none"> <li>• Short, frequent walks</li> <li>• Take your blood thinner (if ordered by your surgeon).</li> <li>• Rest with your legs elevated.</li> </ul>
Infection	<ul style="list-style-type: none"> <li>• Temperature &gt;101.5° *It is common to run a low-grade temperature (&lt;101.5°) after surgery</li> <li>• Bright red color around your incision</li> <li>• Increased pain or swelling around your incision</li> <li>• Drainage from your incision site</li> </ul>	Call your surgeon.	<ul style="list-style-type: none"> <li>• Keep your incision clean.</li> <li>• Follow your surgeon's instructions regarding care of your dressing.</li> <li>• Keep pets away from your incision.</li> </ul>
UTI (Urinary Tract Infection) *If you had a catheter while in the hospital	<ul style="list-style-type: none"> <li>• Burning upon urination</li> <li>• The urge to urinate frequently</li> <li>• Urine that appears cloudy or bloody</li> </ul>	Call your surgeon or primary care physician.	<ul style="list-style-type: none"> <li>• Drink lots of fluids</li> <li>• Use the restroom when you feel the urge</li> <li>• Continue with proper hygiene</li> </ul>
Constipation	<ul style="list-style-type: none"> <li>• Having fewer than 3 bowel movements in one week</li> <li>• Straining to have a bowel movement</li> <li>• Stools that are hard, dry or larger than normal</li> <li>• Pain in the lower abdomen</li> </ul>	Call your surgeon or primary care physician.	<ul style="list-style-type: none"> <li>• Drink lots of fluid</li> <li>• Eat high fiber foods (fruits, vegetables, whole grains)</li> <li>• Walk frequently</li> <li>• Take constipation medication as ordered by your surgeon</li> </ul>

## Activities of daily living with a sling or immobilizer

### Wearing a shoulder immobilizer or sling

A shoulder sling is used to support your arm after injury or surgery. It may also be used to limit movement or to raise the arm to reduce pain or swelling.

When to wear a sling:

- All the time until your follow up appointment and your surgeon directs you otherwise
- As needed for comfort
- Remove your sling each day to wash your arm or do your exercises

### Putting on the sling

Your sling will have:

- A strap that fits over your shoulder and back
- A pouch or pocket to hold your elbow and lower arm

How to put on the sling:

1. Start by sliding the closed end of the sling over your hand on the injured arm.
2. Fit the sling on your arm so your elbow is back in the pocket as far as it will go.
3. The long strap of the sling should go from the back of your injured arm, across your back to your other shoulder and down your chest. If you are not able to work the strap around, you may attach the strap to the fastener and then lift the strap over your head to the opposite shoulder.
4. Attach the long strap to the fastener on the sling near your wrist.
5. Adjust the length of the strap so your hand is always at or above the level of the elbow.
6. Move the pad on the shoulder strap near your neck so it feels comfortable.

### Taking off the sling

1. Loosen the fastener and take the strap out.
2. Gently remove the sling from the injured arm.

### Care while wearing the sling

Unless you have been instructed otherwise, follow these general care guidelines:

- Adjust the strap on the sling so your hand is slightly higher than your elbow. This helps to reduce swelling.
- Be sure your elbow is back in the pocket of the sling as far as possible.
- Smooth the sling so there are no wrinkles along your arm that may cause sore spots.
- Remove the sling each day to wash your arm and shoulder.
- Use a damp washcloth to wash your armpit and skin. Dry well with a towel. Limit movement of your injured arm.
- Ask about exercises for your fingers, wrist and elbow.
- Your sling can be hand washed and air-dried. You may need to purchase another sling to wear while one is being cleaned.
- Talk to your doctor, nurse or therapist if you have any questions or concerns.

### Bathing

It is vital that you regularly loosen and/or release the sling/immobilizer to exercise and move your elbow, wrist, and hand to prevent stiffness of these joints at least four times every day.

- **Getting washed:** For the first 3 weeks you may still be sore from the surgery, and you will probably need assistance washing your non-operative arm. You should not use your arm that just had surgery for this. It would be a good idea to use a shower with an extension for the water, please remember

to keep the surgical wounds dry and protected while washing.

- **Getting dressed:** You will find it easier to wear clothes that open in the front. Dress your operated arm first. Sit on the edge of a chair or stand with your arm “hanging” by your side. Slide your operated arm into the garment first using your un-operated arm. Once this arm is fully in the sleeve bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your un-operated arm. Once you have dressed your upper body, place your arm back in the sling.

The waist up can be washed with warm soapy water. Armpits are difficult to clean and complete regular washing is really important. Avoid using antiperspirant spray until the incision is healed. At 6 weeks your function should be closer to what is “normal” for you.

### Feeding

For the first few weeks it would be a good idea to eat only with the non-operated hand.

### Transferring

Use only your non-operated extremity to help you get out of a chair, bed, toilet, or bath. After 6 weeks, you may return to using both extremities.

### Sleeping

You may find it easier to sleep on your back for comfort, with a pillow under your arm for support. You may find it comfortable to sleep sitting up in a chair.

### Driving

Driving a car is not allowed for 2 to 4 weeks after surgery. Your physician must give approval prior to driving.

## Post-operative goals

- During the immediate post-surgical phase (post-op weeks 1-4/6) – promote soft tissue healing, maintain prosthesis position, increase passive and active range of motion, increase range of motion of elbow and wrists to reduce pain and inflammation, increase independence with daily activities.
- During the early strengthening phase (post-op after weeks 4-6) restore full range of motion and establish stable movement of the shoulder.
- During moderate strengthening phase (post-op weeks 6-12) – increase activities, improve muscular strength, stability, and endurance.
- During the advanced strengthening phase (post-op week 12 and up) – experience pain free movement, increase the ability to use the arm for all daily activities.

## Precautions/activity guidelines

- The sling should be worn as advised by your surgeon. When your arm is out of the sling, just let it hang by your side. Do not use it.
- Your activities will be advanced under the supervision of your surgeon and therapist according to your progress, healing and comfort level.
- Therapy will be prescribed by your surgeon’s office. Pendulum exercises and gentle elbow range of motion should be done several times daily.
- For approximately 6-8 weeks after surgery, while lying on your back, a small pillow or towel roll should be placed behind the elbow. This prevents you from extending the shoulder joint and stretching the underlying muscles. You should be able to see your elbow when lying down.

Thank you for allowing us to care for you. Your hospital care team will call you around 7 days after surgery to check on your progress.



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