

TOTAL SHOULDER REPLACEMENT



St. Elizabeth
HEALTHCARE



WELCOME TO THE ST. ELIZABETH HEALTHCARE TOTAL JOINT CENTER

On behalf of St. Elizabeth Healthcare, your orthopaedic surgeon and your entire care team, we would like to offer you a warm welcome into our total joint family.

This booklet has been designed to assist you in gaining an understanding of the total shoulder replacement process. With the assistance of the St. Elizabeth Healthcare team, you will feel better prepared for your surgery, discharge, and post-discharge care. This booklet answers many questions about total shoulder replacement surgery and will help to ensure you understand the steps necessary to have a successful experience.

Our team is dedicated to providing compassionate care and outstanding patient education material to guide you. Physicians, physical therapists, occupational therapists, care coordinators, nurse managers, and many others will be available should you need assistance in any way. A list of important telephone numbers is also located in the back of this booklet for quick reference.

We hope that you find this booklet valuable while preparing for your surgical experience. Shoulder replacement should provide years of use without the pain and stiffness you may have experienced prior to surgery. By following the advice of your surgeon, therapists and other healthcare professionals, your total shoulder replacement should put you back on the road to a more active lifestyle. Please refer to the St. Elizabeth Healthcare website for current COVID restrictions.

Your care team at St. Elizabeth Healthcare

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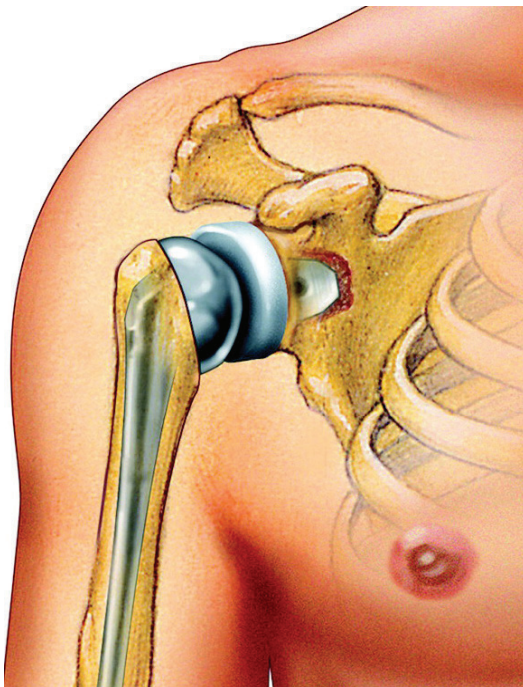
TYPES OF TOTAL SHOULDER REPLACEMENTS

Total Shoulder Replacement with Anterior Approach

In order for you to understand what a total shoulder replacement is, it is necessary for you to understand how a healthy shoulder works. A healthy shoulder is a ball and socket joint that is made up of three bones: the humerus (upper arm bone), the scapula (shoulder blade), and the clavicle (collar bone). The shoulder functions through the ligaments and tendons. The rotator cuff is a group of muscles and tendons that allow the arm to be lifted above the head and allows activities such as throwing a ball.

A shoulder replacement is commonly performed when the joint becomes stiff and painful from arthritis and joint disease. It involves replacing the end of the humerus (arm bone) and the glenoid (socket). A plastic component is cemented into the socket. A metal component is placed into the humerus (arm bone), and these new components allow for smoother non-painful motion in the shoulder joint.

With a standard total shoulder replacement the surgeon first makes an incision in the front of the shoulder. To gain access to the diseased ball and socket joint, the doctor must peel off one of the rotator cuff attachments and pull it out of the way.

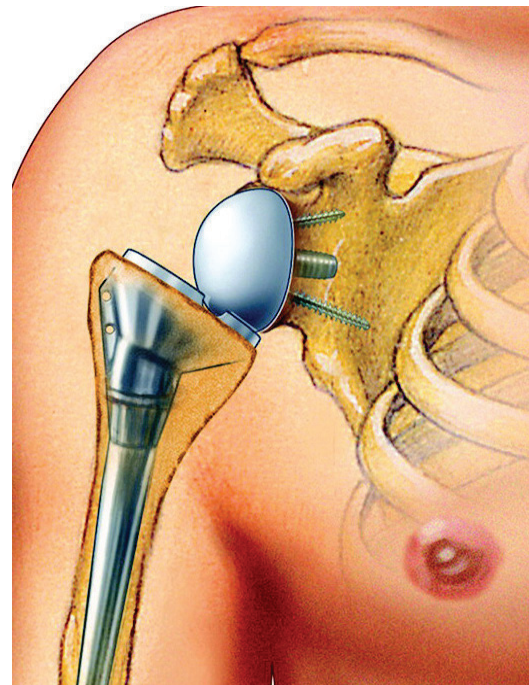


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Rotator Cuff Sparing Method for Total Shoulder Replacement

St. Elizabeth Healthcare is the first in the world to offer this revolutionary new shoulder replacement surgery. It allows you to heal much faster and with less pain than you might experience with other techniques. The Rotator Cuff Sparing Method for Total Shoulder Replacement was developed by R. Michael Greiwe, MD, an affiliated orthopaedic surgeon with OrthoCincy Orthopaedics & Sports Medicine, who practices at St. Elizabeth Healthcare.

Dr. Greiwe developed a novel way to access your shoulder joint from the back, rather than the front. This approach eliminates the need to cut muscles or tendons in the rotator cuff, greatly reducing your pain and recovery time.



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Reverse Total Shoulder Replacement

Your physician may suggest a reverse total shoulder replacement should your rotator cuff be damaged. The reverse total shoulder replacement involves replacing both the head of the humerus and the socket (glenoid), however the prosthesis is reversed to improve muscle function. In other words, the plastic component is attached to the humeral head, and “the ball” is attached to the socket area.

PREPARING FOR YOUR SHOULDER SURGERY

With the help of your surgeon, you have decided to have a total shoulder replacement. It is important to realize that you will be responsible for a major portion of your rehabilitation. However, rest assured there will be many healthcare professionals to guide you step-by-step. Modern medicine has made it possible for a stiff and painful shoulder to be replaced with one that functions nearly the same as a normal, healthy shoulder. If you follow the instructions of your doctors, therapists and nurses, and are an active participant in your rehabilitation process, you will soon be on your way to a more active lifestyle.

This booklet is designed to provide helpful information on what to expect with a total shoulder replacement. If you have any questions on subjects that are not covered, please ask your doctor or therapist for further information.

This booklet will cover:

- Nutrition.
- The surgical replacement of a shoulder.
- What to expect throughout your hospital stay.
- Orthopaedic equipment needs.
- Possible complications.
- Frequently asked questions.
- Restrictions after the surgery is complete.
- Physical therapy, including an exercise program/ occupational therapy if indicated.
- Precautions at home.
- Follow-up care.

Nutrition

Good nutrition is vital for life and even more important before and after joint replacement surgery. Being prepared for your surgery takes some planning. Putting some time and thought into your nutrition before and after surgery can help you be better prepared for your procedure and support the healing process. Loading up on nutrient dense food before and after surgery can help aid in your recovery. Here are some points to consider:

Hydrate

- Make sure you drink plenty of liquids, preferably water.
- Drink nothing at least 2 hours prior to arriving for your surgery.
- Increased fluid intake after surgery can also help to minimize constipation. Limit caffeine if possible.

Fruits and vegetables

- Work on increasing your intake of fruits and vegetables.
- Fruits and vegetables help with the healing process to deliver antioxidants, vitamins, minerals, water, and fiber.
- Try to eat at least 5 or more servings of fruits and vegetables each day.
- Fruits and vegetables provide Vitamin C, magnesium, and potassium to strengthen bones.
- They also help maintain normal bowel movements due to their fiber content.
- There are health benefits to eating not only green, but also blue-purple, yellow, orange, and red vegetables.



Protein

- Eat enough protein. At least 2 weeks prior to surgery be sure to eat enough protein.
- The amount of protein you need varies on an individual basis, but research does support 65-100 grams per day.
- Protein is a key building block for muscles, bones, and the healing process as it helps to build and repair tissue.
- Eating enough protein also helps support a strong immune system. Some excellent sources of protein include lean meat, seafood, eggs, nuts, seeds, and legumes.

Iron, Vitamin C, and Vitamin D

- Foods higher in iron, vitamin C, and vitamin D are also important for healing and strong bones.
- Iron helps to transport oxygen throughout the body and to your muscles.
- Vitamin C rich foods help with iron absorption.
- Vitamin D is important for bone growth, bone remodeling, and calcium absorption. Getting enough vitamin D supports good immune function and helps reduce inflammation. The recommended intake of Vitamin D₃ is 2000 - 4000 international units per day.

Finally, it is important to limit processed foods and foods high in processed sugars. These types of foods increase inflammation.

***You should speak with your physician before starting a new diet.*



WHAT TO EXPECT THROUGHOUT YOUR HOSPITAL STAY

In the weeks leading up to surgery your well-being is our primary concern at St. Elizabeth Healthcare. We want your total shoulder replacement experience to be the best it can be. Following these instructions will help ensure a safe and smooth transition to a more active lifestyle.

Important instructions to follow in the weeks prior to your surgery:

- Be sure to stop any medications as instructed by your physician at the appropriate time.
- You must bring a list of your home medications with you on the day of surgery. This list must include the name of the medication, dosage and how often you take it.
- If you have a Living Will or Durable Power of Attorney, please make a copy and bring that with you on your day of surgery.
- If you receive a blood bracelet from pre-admission testing, please bring that with you on the day of surgery.
- It would be helpful if you could bring loose, comfortable clothing to wear at discharge.

Report any of the following to your physician should they arise:

- Fever.
- Respiratory problems (breathing problems).
- Open cuts/abrasions/rashes.
- Changes in your medications.
- Tooth pain or infection.
- Bug bites.
- Urinary infections.
- Any change in your current health status.

Please inform your physician if you have been taking any antibiotics prior to surgery. You will need to have a follow-up visit with your prescribing physician.



WHAT TO EXPECT ON THE DAY OF YOUR SURGERY

The day you have been waiting for has finally arrived. It is important to understand what will occur from the time of arrival at the hospital until you are discharged. Being knowledgeable and prepared for your total shoulder experience will help to alleviate your fears and anxiety. Be assured that we are dedicated to assisting you every step of the way.

What to expect on the day of your surgery:

- Follow instructions given to you by anesthesia during pre admissions testing.
- You may brush your teeth on the morning of surgery but **DO NOT SWALLOW WATER**.
- Do not chew gum or tobacco on the day of surgery.
- Avoid all alcoholic beverages and stop or reduce smoking for 24 hours prior to surgery.
- Do not wear jewelry, nail polish or makeup on the day of surgery. Dentures can be removed before going to surgery, and we will provide a container for them.
- Do not remove hearing aids; you will need to wear them to surgery.
- Please note that there are occasions when the time of your surgery may change. We ask that you be available two hours before and after your scheduled surgery time to accommodate for these changes should they occur. You will be asked to arrive two hours prior to your scheduled surgery time. This is to allow our personnel time to adequately prepare you for surgery.
- Your Partner in Care must remain in the waiting area at all times during your surgery if possible. Family must comply with current COVID restrictions as applicable.

When you arrive to the hospital

You will report to the Same-Day-Surgery unit. While in this unit, you can expect the following to occur:

- The paperwork you were asked to bring will be collected by the nurse.
- You will be dressed in hospital attire.
- You will have an intravenous catheter placed for administration of medications.
- You will speak to a physician regarding your past medical history.
- Your Partner in Care may be with you in this area of the hospital. When you move to the holding area in preparation for surgery, your family must return to the waiting area until your surgery is complete.

Please refer to the St. Elizabeth Healthcare Website for current COVID information and guidelines regarding family members/friends.

In the holding area

You will experience the following:

- A visit by the physician.
- A visit by the anesthesiologist.
- Marking of the operative site.
- Medication will be given to you to help you relax prior to being taken to the operating room.
- You will be given an opportunity to ask any questions that you may still have.
- If your physician has ordered a local anesthetic (nerve block), you will receive that while in this area. Our staff will be present to assure your comfort until your surgery.



IMMEDIATELY FOLLOWING SURGERY

Immediately following surgery, you will still be drowsy from the medications given to you. The physician will speak to your partner in care regarding the details of your surgery and will update them on your condition.

When surgery is complete, you will be transported to the Post Anesthesia Care Unit (PACU). While in the PACU, you will be closely monitored. Most patients go home day of surgery. A few patients who undergo total shoulder replacement spend the night in the hospital. Those who do, will stay on the orthopaedic unit for one to two nights.

On the Orthopaedic Unit

Welcome to the orthopaedic unit. This is the area in which you will spend the remainder of your surgical experience at St. Elizabeth Healthcare. The staff is totally committed to giving outstanding patient care to our family of orthopaedic patients. While on the orthopaedic unit, you will be cared for by our many highly trained healthcare professionals. These individuals include our orthopaedic nurses and nursing assistants, nurse manager and assistant nurse manager, physical/occupational therapists, care coordination and many more. Please let us know if you have any concerns. Our goal is to make your stay at St. Elizabeth Healthcare the best it can be.

Things to Remember after Total Shoulder Replacement Surgery

When to Pre-dose with Antibiotic:

If you are planning any dental work or any invasive procedures, including but not limited to the ones listed below, you **MUST** take an antibiotic before the procedure. Inform the physician doing the procedure that you have a total shoulder prosthesis so that his/her office may call in the antibiotic prescription to your pharmacy. You may also contact your primary care physician at least one week before the procedure.

- Any dental procedure.
- Surgery.
- Exams.
- Procedures.

Hints for Your Hospital Stay

- Actively participate in your recovery. No one can do this for you, but we will guide and assist you.
- Communicate your pain levels regularly so adequate medication can be used to help you. Your physician may order you several medications that will routinely be brought to you. However, you will need to ask for pain and nausea medication as you need them.
- Set personal goals to maximize your potential and reduce recovery time.
- Follow doctors' orders so that complication risks are lessened.
- Medications, blood clot prevention devices, blood tests and potential transfusions, exercise, etc. are prescribed to maximize the safety of your surgery and recovery.
- Clearly communicate concerns about any aspect of your care and recovery so they can be addressed.
- Completely read your discharge instructions and keep them handy at home to reference as needed.
- Closely read your medication labels to ensure you are taking them correctly.

What you can do:

- Call for staff to assist you in getting out of bed. **CALL...DON'T FALL!!!**
- Do your breathing exercises.
- Remember the joint precautions you were taught.
- Be as active as possible in your therapy.
- Move your ankles and feet often.
- Take pain medicine before therapy.
- Have a list of any questions or concerns ready.
- Bring up any concerns you have about going home.
- Let the staff know if you do not understand any instructions for your care at home.
- Understand that you may have some good and some bad days.
- Keep a positive attitude.



MEDICATION SIDE EFFECTS

Below is a list of common side effects of the medications we will administer during your hospital stay.

- **Antibiotics:** nausea, sore throat, sensitivity to sun, yeast infection, diarrhea, constipation or dizziness.
- **Anticoagulant (blood thinner):** dizziness or muscle pain.
- **Iron:** constipation, nausea, vomiting, abdominal pain, dark stool, or other GI complaints.
- **Stool softener:** diarrhea, throat irritation, or stomach cramps.
- **Pain medication:** constipation, dry mouth, itching, nausea, vomiting, or upset stomach.
- **Anti-nausea medication:** dry mouth, constipation, drowsiness, or dizziness.

IF YOU EXPERIENCE ANY OF THE FOLLOWING SIDE EFFECTS, CONTACT YOUR NURSE OR DOCTOR IMMEDIATELY:

Rash, itching, irregular heartbeat, yellowing of the skin or eyes, difficulty breathing, seizures, bloody stool, vision changes, confusion, red or dark urine, trouble passing urine, severe headaches, unusual bleeding, or swelling of the face, lips, or tongue.



AFTER SURGERY

Moving Around

Physical therapy will be an important part of rehabilitation after your total shoulder replacement. You will begin limited therapy the morning after surgery. You may need help with your daily activities, so it is a good idea to have family or friends prepared to help you.

Getting Out of Bed

- Do not use your affected arm to get up from a chair or out of the bed.
- The amount of weight you can lift using your surgical arm will be limited. This will be indicated by your surgeon.
- It is usually easier to get out of bed on the side closest to your affected arm.
- Gently pivot on your hips so that your feet are over the side of the bed.
- Once you are sitting on the side of the bed, push off the bed with your unaffected arm in order to stand. Once up, hold on to the cane or hemi-walker (if needed).

Walking

Your physical therapist will remind you that you are not allowed to put any weight through your operative arm, as ordered by your surgeon. If you need a cane or hemi-walker before you go home, a care coordinator will assist you.

The correct way to use a cane/hemi-walker is as follows:

- Always keep your cane/hemi-walker in your unaffected arm to the side of you.
- Place your cane approximately an arm's length in front of you.
- Place your leg that is on the same side as the operative arm approximately to the location of the cane.
- Place your leg that is on the same side as the unaffected arm approximately in line with the cane and your other leg.

Stairs

There are several ways to go up and down stairs. Your therapist will instruct you on which technique is best for you.

To go up the stairs:

- If you are using a cane or hemi-walker, walk up and face the steps. Place the leg on the same side as the operative/affected arm, as well as the cane/hemi-walker on the step. Bring the leg on the opposite side as the affected arm up to the step you are on.

Repeat until you are at the top of the stairs.

To go down the stairs:

- Place the cane on the step below you. Step down with the leg on the same side as the operative arm, then your leg on the same side as your unaffected arm. Repeat until you are at the bottom of the stairs.
- If you are not using an assistive device, walk up and face the steps. If a handrail is available, use the handrail located on the same side as the unaffected arm. Hold on to the handrail as you go up and down the stairs.

Remember to maintain the weight bearing status of your arm even while you are on the stairs. This means you will not use the handrail with the operative/affected arm.

NOTE: Your therapist may recommend that you need assistance when going up and down the stairs.

Activities of Daily Living

Bathing

It is important to keep your surgical dressing dry. If you have a hand-held shower handle and a shower chair you may shower if the dressing remains dry. If you do not have these items, then you will be advised to take a sponge bath until you go back to the doctor for your follow-up appointment.

It is important to follow your precautions while bathing. Depending on the type of surgery and the precautions you have been given you may only be permitted to move your surgical arm out to the side far enough for the use of a washcloth and deodorant. Use soap and shampoo bottles with a pump. Use a long-handled sponge for bathing.

Dressing

- Wear larger button down or pull over shirts.
- Put your surgical arm in first.
- No bra straps over the incision line.
- Elastic shoe laces rather than ties make tennis shoes easier to put on.

Sling

- Always wear unless otherwise indicated. (This will depend on the type of surgery you have had).
- Can be removed for bathing and dressing.
- Needs to be reapplied over your clothes to prevent skin integrity issues.
- You may wake up from your operation with only the sling and not the pillow portion. The therapist will evaluate the sling and based on your individual needs and surgery type the pillow may be added. Once the sling and/or pillow has been fitted appropriately you should not have to readjust further.



DISCHARGE FROM THE HOSPITAL



Preparing Early for Your Hospital Discharge

It is important to plan ahead for your discharge from the hospital. It is also important for you to think ahead about your needs and sources of support after your hospital stay.

We strongly encourage you to designate one person to act as your Partner in Care. This individual should accompany you through each step of the joint replacement process. One of the most important responsibilities of the Partner in Care is to be available following discharge for five to seven days, until you can function more independently.

Planning for Discharge Transportation

Don't forget to arrange for transportation home from the hospital. Most patients can travel by car. If your healthcare team feels it is medically necessary to travel by ambulance or wheelchair van, they will help you make these arrangements. If you have concerns about transportation, please tell the care coordinator as soon as possible after surgery.

Discharge Planning Questions

As you investigate your insurance benefits and decide on your tentative plan for each level of care, please call the Care Coordination Department at St. Elizabeth Florence with any questions at (859) 301-2275 (Florence/Dearborn).

Insurance Benefits

We suggest you call your insurance company regarding any questions about your benefits and providers covered. If you learn that your insurance does not cover outpatient physical therapy, home health, skilled nursing, or acute rehabilitation, please call the Care Coordination Office at (859) 301-2275.

The following options are available to those who qualify:

Return Home with Outpatient Therapy

- Provides one to three days per week of progressive exercise to improve range of motion and strength.

Return Home with Home Health Care

- Provides one hour, two to three times per week of therapy.
- Provides skilled nursing and home health aide services, if medically appropriate.
- Private-Duty nursing services may be available, but not generally covered by insurance.

Transfer to a Skilled Nursing Facility

- Provides 60 to 90 minutes of therapy five to six days per week.
- The average length of stay varies based on medical necessity guidelines.
- Most continued stays are done at a skilled nursing level of care.

Transfer to Acute Inpatient Rehabilitation

- Provides three hours of therapy five to seven days per week.
- Average length of stay is seven to 10 days
- Individuals require at least two of the three therapies to qualify for this service.

Please note that there are Strict Medical Necessity Guidelines to qualify for this level of care, such as multiple medical issues and ability to participate in intensive therapy.

PRECAUTIONS AT HOME

Your doctor and medical team will determine when you will be allowed to go home. The decision is based on how well your new shoulder is healing and on how you are getting around. In the hospital, the nurses, therapists and physicians keep a close eye on you to make sure you are doing everything safely and correctly so you do not injure your shoulder. Once you are home, there will be different obstacles to overcome.

General do's and don'ts for going home

- Remove all throw rugs.
- Use disposable plates, cups, and utensils to avoid washing dishes.
- Use a cordless phone and keep it close to you.
- Buy lightweight and smaller items from the grocery store.
- Prepare meals ahead of time to freeze or purchase simple microwavable meals.
- It is strongly recommended that your Partner in Care be available to assist you for the first five to seven days after you return home.
- Pay close attention to any weight bearing restrictions that your surgeon may have ordered for your arm.
- If you have a dog or cat, have someone place your pet in another room and close the door. Once you are in the house, sit down, and then allow your pet to come in and visit with you. This will prevent any unexpected falls caused by your pet jumping on you.
- It is important to be careful in selecting the type of chair you sit in. Avoid sitting in low or overstuffed chairs or sofas. Also avoid sitting in a rocking chair.
- If you cannot find a chair that sits high enough off the ground, it may be necessary to place a pillow in the seat of the chair. Using a chair with arms is recommended to push yourself up.
- Bathrooms are often a place where accidents happen. Be very careful of water that may have spilled or splashed out in front of the sink.
- Continue your physical therapy as scheduled.
- Be sure to have good lighting, especially at night.
- Do not wear open-toed shoes, shoes without backs or socks by themselves without non-skid bottoms.
- Be aware of loose carpeting or floor boards and uneven floor surfaces.
- Place frequently used items where they can be easily reached.
- Create an unobstructed path between each essential place in your home. Remove extension cords, phone cords, etc.
- Set up a living area on one floor if possible.
- Use your sling as instructed.



Toileting

- The bedside commode can sit next to your bed at night or sit on top of your commode as a raised toilet seat.
- A raised toilet seat can be placed on top of your commode to raise the overall height of the seat. Please ensure the raised toilet seat is secure, as not all commodes are the same size.
- A handicap commode sits higher to make it easier to transfer.
- Wall mounted grab bars can help with standing from your commode.



Bathing

Shower stall:

- A bedside commode or shower chair can be placed in a shower stall for seated bathing.

Bathtub:

- An extended tub bench sits inside and outside of the tub, therefore you can scoot on the bench to safely transfer in and out of the tub. A shower chair can be used in a walk-in shower or tub once you can safely step over the tub wall.
- Wall mounted grab bars placed in and around the tub or shower will increase safety.
- A hand held shower head makes seated bathing easier as you can remain seated throughout the shower.
- Use a long handled bath sponge to reach your back and lower body.



ANTERIOR APPROACH AND REVERSE TOTAL SHOULDER REPLACEMENT TIMELINE FOR RECOVERY

The pace of recovery varies from person to person, depending on your health and activity level before surgery. This timeline is based on average recoveries and to be used only as a guideline for your progress.

Up to two weeks after surgery

- Do not use your arm to push up with.
- Avoid external rotation and active shoulder motion.
- Do not rotate your arm away from you body.
- Do not move you arm behind you.
- Do not lift anything heavier than a glass of water.
- Wear the sling at all times.
- Take it easy around the house, do home exercises and/or physical therapy as instructed.
- Take your pain medication as directed.
- Taper your pain medicine as tolerated by lengthening the time between doses: instead of taking a pill every four to six hours, try every five to seven hours and so on. Try taking only one pill at a time instead of two.
- Follow discharge instructions, including monitoring for excessive swelling.

Three weeks

- Continue home exercises and/or physical therapy as instructed.
- Do not lift anything heavier than a glass of water.
- Continue to wear the sling at night and while in public as a signal to those around you.
- It is ok to use your elbow, but keep shoulder motion limited.
- Continue to taper down the pain medications as above. You may switch over to Tylenol or to a nonsteroidal such as ibuprofen, Aleve, or Motrin if able to tolerate.

Three to six weeks

- Within this time period, you may try reserving your narcotic pain medicine for nighttime and/or physical therapy sessions.
- Continue to wear the sling at night and while in public (as a signal to those around you).
- By now, most patients have decreased their use of narcotic pain medicines, reserving only for nighttime and physical therapy.

Six weeks

- Use Tylenol as needed, or a non-steroidal if able to tolerate.
- Do not lift anything heavier than a glass of water.

Up to three months

- Follow all precautions.

Six to nine month

- Completely healed; however, expect occasional, mild swelling, soft tissue discomfort and potential warmth after extra activity. These symptoms gradually diminish with time and often won't restrict activities.
- Be aware that stiffness is still common after shoulder replacement.

Once healed, you will have very few restrictions regarding your prosthesis.

ROTATOR CUFF-SPARING METHOD

TIMELINE FOR RECOVERY

The pace of recovery varies from person to person, depending on your health and activity level before surgery. This timeline is based on average recoveries and to be used only as a guide for your progress.

Days one
to two

- Ok to use sling. May remove sling for comfort.

Day three
and beyond

- Ok to remove sling and use arm as tolerated. May use sling for comfort and as a signal for others.
- Attend physical therapy as scheduled .
- Avoid aggressive cross-body adduction (do not reach over and touch your other shoulder) until six weeks.

Three
weeks

- By now, most patients have decreased their use of narcotic pain medicines, reserving only for nighttime and physical therapy. Use Tylenol as needed, or an anti-inflammatory if able to tolerate.

Three to
six months

- Completely healed; however, expect occasional, mild swelling, soft tissue discomfort and potential warmth after extra activity. These symptoms gradually diminish with time and often won't restrict activities.
- Be aware that stiffness is still common after shoulder replacement.

Once healed, you will have very few restrictions regarding your prosthesis.

EXERCISES

Exercising your new shoulder is another very important aspect of physical therapy. Each patient will have a specific exercise program geared to their needs. If you start to experience any unusual pain, stop the exercise and notify your therapist.

The following exercises should only be performed after your physical therapist has instructed you on them.

Anterior Approach, Total Shoulder Arthroplasty

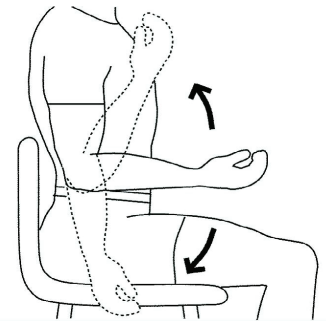
Tips to remember:

- No active range of motion.
- Do not rotate arm away from body.
- Ice for pain as often as needed per day for 20 minutes each time.
- When out of sling, let your arm hang down at your side.

AROM (Active Range of Motion) Elbow Flexion/Extension

- Sit or stand.
- Begin with arm at side, elbow straight, palm up.
- Bend elbow upward.
- Return to starting position.

Perform two sets of 20 repetitions, twice a day.

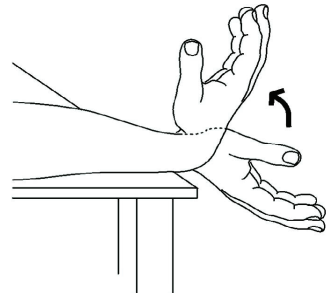


AROM Wrist Flexion/Extension Palm Up

- Place forearm on table with hand off edge of table, palm up, as shown.
- Move hand upward.
- Return to starting position.

Perform two sets of 20 repetitions, once a day.

Rest one minute between sets.

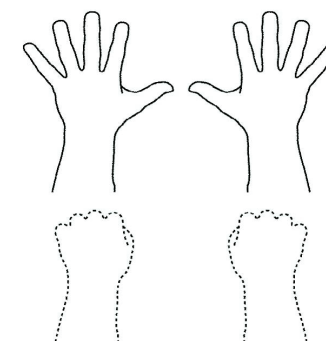


AROM Finger Flexion/Extension Hand Open/Close

- Hold hands in front.
- Begin with fingers straight and spread apart.
- Close hands into a fist.
- Open and spread fingers.
- Repeat.

Perform two sets of 20 repetitions, twice a day.

Rest one minute between sets.



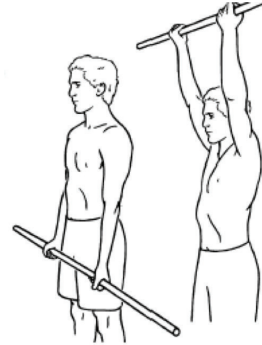
EXERCISES

For Rotator Cuff-Sparing Method in addition to the previous elbow, wrist and hand exercise.

ROM (Range of Motion): Flexion - Wand

- Bring wand directly overhead, leading with nonsurgical side.
- Reach back until stretch is felt.

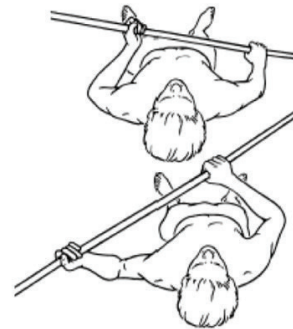
Perform two sets of 10 repetitions, twice a day.



ROM: External/Internal Rotation - Wand

- Holding wand with surgical hand, palm up, push out from body with other hand, palm down.
- Keep both elbows bent.
- Repeat to other side, leading with same hand.
- Keep elbows bent.

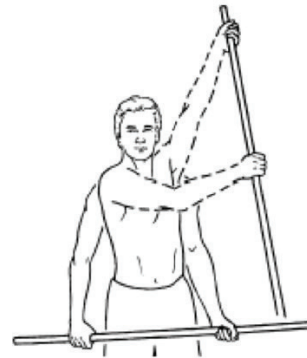
Perform two sets of 10 repetitions, twice a day.



ROM: Abduction - Wand

- Holding wand with surgical hand palm up, push wand directly out to side, leading with other hand palm down, until stretch is felt.

Perform two sets of 10 repetitions, twice a day.



EXERCISES

Reverse Total Shoulder Arthroplasty

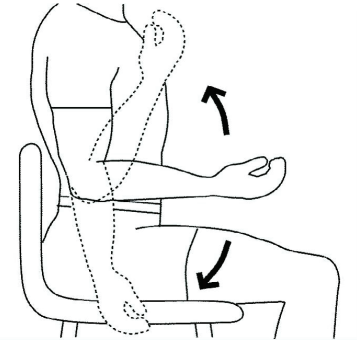
Tips to remember:

- No active range of motion.
- Do not rotate arm away from body.
- Avoid movement of the arm behind you past the midline of your body.
- Ice for pain as often as needed per day for 20 minutes each time.
- Do not put weight on your affected arm.

AROM (Active Range of Motion) Elbow Flexion/Extension

- Sit or stand.
- Begin with arm at side, elbow straight, palm up.
- Bend elbow upward.
- Return to starting position.

Perform two sets of 20 repetitions, twice a day.

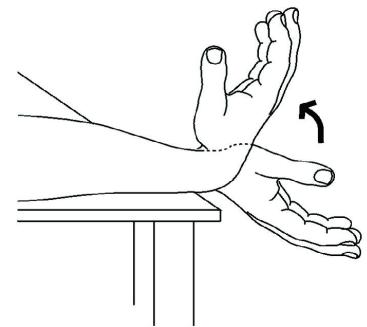


AROM Wrist (Active Range of Motion) Palm Up

- Place forearm on table with hand off edge of table, palm up, as shown.
- Move hand upward.
- Return to starting position.

Perform two sets of 20 repetitions, twice a day.

Rest one minute between sets.

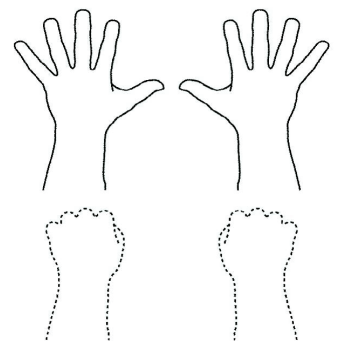


AROM Finger (Active Range of Motion) Hand Open/Close

- Hold hands in front.
- Begin with fingers straight and spread apart.
- Close hands into a fist.
- Open and spread fingers.
- Repeat.

Perform two sets of 20 repetitions, twice a day.

Rest one minute between sets.



OTHER IMPORTANT INFORMATION

Orthopaedic Equipment Needs

A-boots/Athrombic Pumps

A-boots are devices applied to lower legs to promote circulation and help prevent blood clots after surgery (in-hospital only unless prescribed by your surgeon).

Ice bag/Cooling device

Used to prevent or reduce pain and swelling of an extremity or to control bleeding after surgery.

Possible Complications Associated With Total Shoulder Replacement Surgery

Although shoulder replacement surgery is generally safe and predictable, you should be aware of the following potential complications:

Infection

Certain medical conditions or lifestyles can increase the risk of infection, including obesity, diabetes, nicotine or alcohol abuse, immune suppression and chronic anemia.

The following precautions should help to reduce the risk of infection:

- Intravenous antibiotics before, during and after surgery.
- Laminar airflow system in the operating room minimizes bacteria in the air.
- Completion of dental work before your surgery.
- Good nutritional intake.
- Blood sugar control for diabetics.
- Frequent hand-washing.
- Cessation of nicotine (smoking or chewing tobacco).

Blood clots in the legs and arms, Deep Vein Thrombosis (DVT)

DVT is caused by decreased activity (one to two out of 100 patients). You may be treated with a blood thinner to lower this risk. Depending on where the clot is located, you may need to be readmitted to the hospital for intravenous blood thinners.

Pulmonary Embolism (PE)

A blood clot can travel to your heart or lungs, causing a heart attack or even death. If you experience sudden shortness of breath or chest pain, go to the nearest emergency room or call 911. This complication is extremely rare, occurring in approximately one in 1,000 patients.

Blood loss requiring a transfusion

- Females over 60 years old are at a slightly higher risk.
- Your surgeon will take precautions during surgery to minimize blood loss.

Neurovascular damage

- Numbness and weakness or persistent pain in the arm and hand.
- Nerve injuries can occur to your shoulder, arm or hand.
- An area of numbness in the skin surrounding the surgical scar is normal. Over time, this area of numbness may decrease, while a small portion closer to the scar may be permanent. This “superficial” skin numbness does not interfere with the function of the shoulder.

Loosening of the prosthesis

This can happen over time and may require a revision surgery to repair.

Dislocation of the joint prosthesis

Observe all precautions to help reduce the risk of dislocation. These will be taught to you by your physical therapist/occupational therapist.

Abnormal or heavy wear

As wear over time may not cause any symptoms, routine X-rays are taken periodically to determine whether replacement of the weight-bearing surface is required.

Fracture

The humerus or glenoid can break when preparing the bone for the prostheses, or even in the years that follow.

Osteolysis

This is your bodies response to debris that can be caused by wear of the plastic component. This can cause the bone around the shoulder to weaken and lead to fracture or loosening of the components.

Complications of general anesthesia are rare, but can occur. Most common complications are dental injury, sore throat, nausea and vomiting, inadequate nerve block. Nerve injury, adverse reactions to anesthetic medication, difficulty breathing, heart attack, stroke, or even death can occur.



FREQUENTLY ASKED QUESTIONS REGARDING A TOTAL SHOULDER REPLACEMENT

When will my pain go away?

Due to the actual surgery itself, you can expect to have some pain and soreness for several weeks. Everyone is different, therefore the amount and type of pain varies from patient to patient. However, the pain you experience after surgery will be different from the type of deep/aching pain you may have experienced prior to surgery. Your new prosthesis (artificial shoulder) should relieve the pain and stiffness you had prior to surgery.

Is there anything I can do that will damage my new shoulder?

Your new shoulder will be very strong and secure after surgery. However, the muscles around the shoulder will be weak from surgery so there are some precautions that must be followed to ensure that your shoulder stays in good condition. Your physical therapist will review this with you. Quick sharp movements, falls and large amounts of stress on the joint should be avoided to prevent damage to any total shoulder replacement.

When will I get to go home?

This too will vary depending on your general health prior to surgery. The average stay is one to two nights. This of course will change if any other health problems/complications occur while in the hospital.

In order to be discharged, the following goals should be met, or nearly met and you must:

- Be able to get in and out of a chair by yourself.
- Be able to get on and off the toilet.
- Show an understanding of your exercises.

If recovery is slower than expected, it may be necessary to go to another facility (for example, a rehabilitation center or skilled nursing unit) in order to recover enough to return home.

A care coordinator can assist you in making home arrangements or in ordering any equipment that you may need. The care coordinator can also assist in making arrangements for transportation home if necessary. In some instances, it may be necessary for a healthcare professional to provide follow-up care at your home. You will also need to continue physical therapy on an outpatient basis. These options will be discussed with you when you are close to being discharged.

This booklet has reviewed and summarized the major points of a total shoulder replacement. St. Elizabeth Healthcare hopes that you will find it valuable in preparing for surgery. Your shoulder replacement should provide years of use without the pain and stiffness you may have experienced before surgery. It is important that you take care of your artificial shoulder so that you can continue to be independent in the activities you enjoy doing. If you follow the advice of your surgeon, therapists, and other healthcare professionals, your total shoulder replacement should be nearly trouble free and put you back on the road to a more active lifestyle.

We wish you the very best!

Your care team at St. Elizabeth Healthcare

If you have any questions please contact:
Total Joint Program Coordinator
(859) 301-0405

