

Supporting your health through shoulder replacement surgery

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Welcome

Preparing and planning for your total joint replacement surgery is important for a successful outcome. The staff at the Legacy Total Joint Center–Salmon Creek is here to help, and we are committed to doing everything we can to make your surgery and recovery a success.

This guide provides vital information about total joint replacement surgery. We hope this notebook will be a useful organizational tool to guide you “step by step” through your experience.

Feel free to write notes, add personal information or mark important pages where you can easily reference them. We encourage you to keep additional material you receive from your providers in this notebook. Please bring this notebook to all your appointments and to the hospital on the day of surgery.

Please contact us if you have any questions or concerns along the way. Our team is excited to be your partner in this process, and we hope we can assist you in approaching your surgery with knowledge and confidence.

This publication is a general guide to your experience, but remember to always follow the instructions of your medical team, even when they are different from what you read.

Total Joint class

We look forward to seeing you at one of our Total Joint classes. The classes are an opportunity for you to gain the knowledge and confidence you need to achieve your best possible results.

The classes are organized by our coordinators. You will also have an opportunity to meet with staff from nursing, physical therapy and discharge planning. We encourage a family member or other support person to attend with you.

Please remember to bring this notebook to the class.

Important phone numbers

Rebound Orthopedics

Main number360-254-6161
 Surgery scheduling360-449-1063
 Appointment line360-254-6165

Legacy Salmon Creek Medical Center

Main hospital number360-487-1000
 Total Joint Center coordinators 360-487-5341 or 360-487-5225
 Pre-admission screening360-487-1830
 Nurse practitioner (*for pre-surgical clearance*)360-487-1830
 Financial Services360-487-1080
 Clinical Resource Coordinator360-487-5050

www.legacyhealth.org/totaljointcenter



Appointments checklist

Before Surgery

Dental exam

Day _____ Date _____ Time _____

Location _____

Total Joint class

Day _____ Date _____ Time _____

Location: **Legacy Salmon Creek Medical Center**

6th floor classroom

Medical clearance

If done at Legacy Salmon Creek Medical Center, it will be coordinated with Lab and Pre-Admission

Day _____ Date _____ Time _____

Location _____

Nurse pre-assessment (PAS)

Day _____ Date _____ Time _____

Location _____

Lab work/EKG

Day _____ Date _____ Time _____

Location _____

Pre-op physical exam with surgeon

Day _____ Date _____ Time _____

Location _____

Surgery

Day _____

Date _____

Check-in time _____

Location: **Legacy Salmon Creek Medical Center**

After Surgery

Post-op physical exam with surgeon

Day _____ Date _____ Time _____

Location _____

Outpatient physical therapy

Day _____ Date _____ Time _____

Location _____

Anticoagulation lab work

Day _____ Date _____ Time _____

Location _____

Locations

Legacy Salmon Creek Medical Center — 360-487-1000
 2211 N.E. 139th St.
 Vancouver, WA 98686

Rebound Orthopedics — 360-254-6161

Legacy Salmon Creek Medical Center
 Medical Office Building, Suite 300
 2121 N.E. 139th St.
 Vancouver, WA 98686

Physicians Pavilion by Southwest

200 N.E. Mother Joseph Place, Suite 110
 Vancouver, WA 98664

Rose Quarter

One Center Court, Suite 110
 Portland, OR 97227

Anatomy overview

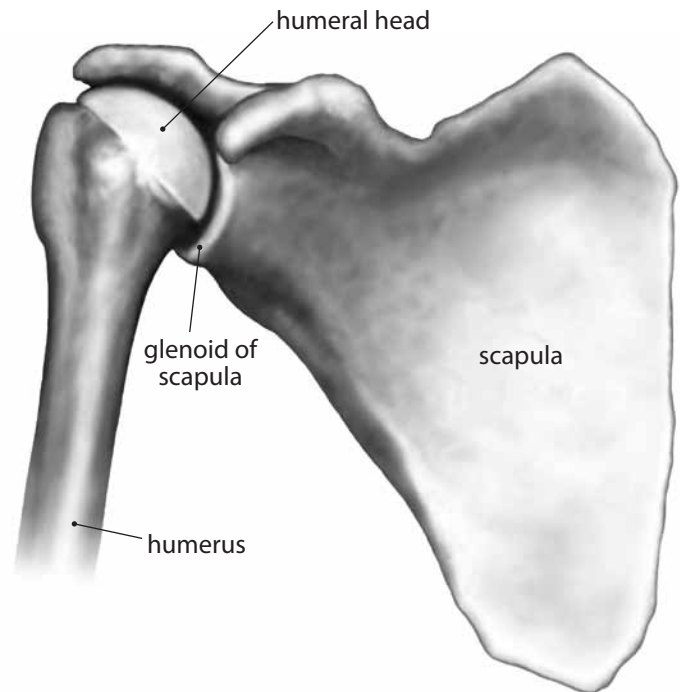
Healthy shoulder joint

The shoulder is a ball and socket joint, made up of three bones, the humerus (upper arm bone), the scapula (shoulder blade) and the clavicle (collar bone). The ball at the top end of the humerus (humeral head) fits into the socket (glenoid) of the scapula to form the shoulder joint. The humeral head and glenoid are covered with cartilage, which allows for smooth joint motion.

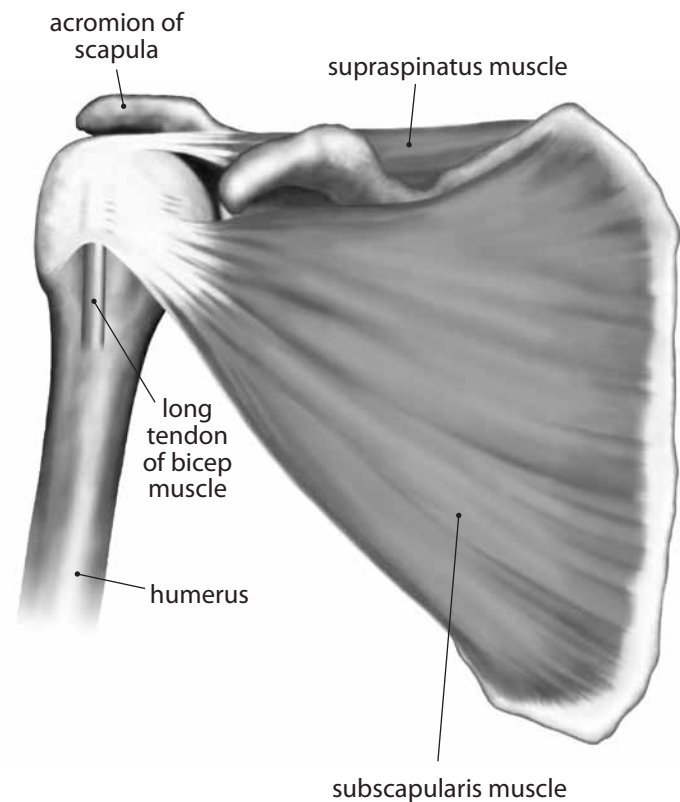
The shoulder has the greatest range of motion of any joint in the body, allowing you to position your hand anywhere in space. The coordinated activity of numerous muscles working together in set patterns is required to produce this motion.

- 30 muscles provide movement and support to the shoulder complex.
- 15 muscles move and stabilize the scapula.

The rotator cuff muscles are important to normal shoulder function. Together they act to stabilize and rotate the shoulder joint.



Healthy shoulder joint



Arthritic shoulder joint

The term “arthritis” is used to describe a condition in which there is abnormal or absent cartilage in a joint. An X-ray of an arthritic shoulder shows bone spurs and a decreased joint space between the humeral head and the glenoid (*at right, top*). This narrowed joint space represents a loss of cartilage, which can eventually progress to “bone-on-bone” arthritis. As the condition advances, some note loss of motion, weakness and increased pain.

Shoulder replacement surgery

In a shoulder replacement surgery the damaged joint is replaced with a new, artificial joint. The head of the humerus is removed and replaced with a metal prosthetic ball. The prosthesis continues down into the shaft of the humerus.

The socket portion of the shoulder is prepared by removing any damaged cartilage on the surface. The glenoid component is then fixated into the socket bone of the scapula.



Prosthetic, or artificial, components

Surgery requires moving one of the rotator cuff muscles out of the way to insert the shoulder replacement. Instead of disrupting the tendon, which does not always heal well, a piece of bone is removed where the rotator cuff muscle attaches.

When the prosthesis is in place, this bone is repaired with steel

wires. Certain activities will be restricted to allow the repair time to heal. For shoulders with severe rotator cuff problems, reverse shoulder replacements are implanted with the ball and socket reversed.



Arthritic shoulder joint



Artificial shoulder joint

Reverse total shoulder replacement

A “reverse” is a uniquely designed shoulder replacement that replaces the humeral head with a socket and replaces the glenoid socket with a hemisphere (half a ball).

Why is a “reverse” used?

A standard shoulder replacement for arthritis requires a good rotator cuff to remain stable and function effectively. While shoulders with arthritis and small rotator cuff tears may still be expected to function well with standard shoulder replacement, shoulders with large, unbalanced or dysfunctional rotator cuff tears are at a higher risk for failure with standard replacements. The design of a reverse shoulder replacement allows it to be used in patients with severe rotator cuff problems or problems in which a standard replacement would not be expected to function well.

Recovery/rehabilitation

The recovery after a reverse replacement differs from a standard shoulder replacement in several important ways. After surgery, a sling is used full time for up to four weeks. While it is still important to move the elbow and hand daily, to decrease swelling and stiffness (see the Exercise section), shoulder motion is delayed for up to one month. Therefore, the continuous passive motion (CPM) machine is not typically used and formal physical therapy for the shoulder (see the Exercise section) is usually delayed until six weeks after surgery. The reverse replacement is considered a “low-demand” replacement, meaning it is not designed for heavy use. While the activity restrictions are similar to those suggested after standard replacement, additional restrictions may apply.

Aside from these differences, the general information supplied in this guide to shoulder replacement still applies.

Look for boxes like this throughout the notebook for specific instructions for reverse total shoulder replacements.



Reverse total shoulder



Prosthetic, or artificial, components of a reverse total shoulder

Pre-surgical appointments

Your pre-surgical appointments are part of our commitment to prepare you for the best possible outcome. We will gather important information about your health so we can safely care for you. Completing these visits as scheduled will help avoid any delays or cancellations on the day of surgery.

Medical clearance

An evaluation by a medical practitioner is **required** to ensure that you are in good shape for surgery. This evaluation can be done by your primary care provider or a Legacy Internal Medical Services nurse practitioner. Your provider will review your complete medical history and discuss with you any medication changes or further testing you may need. This appointment should take place about three weeks before your surgery so we can coordinate any further tests and prevent any delays in scheduling.

What to expect at this visit:

- A review of your medical history and current medications.
- A physical exam.
- You will have blood drawn.
- You will be asked to provide a urine sample.
- You will have an EKG (wear comfortable clothing).

Pre-admission services

During this visit, you will speak with a patient access representative (admitting) and a pre-admission nurse. Your electronic medical record will be established for your hospitalization. If you are seeing a Legacy Internal Medical Services nurse practitioner for your medical clearance, we will try to schedule these on the same day for your convenience.

What to expect at this visit

- The patient access representative will verify your address, contact information and insurance.
- The nurse will review your medical history and current medications.
- The nurse will ensure all necessary steps are complete for surgical clearance.

- You may have blood work and/or an EKG performed (wear comfortable clothing).
- You will review information about the day of surgery.

Pre-surgical appointment with your surgeon

About a week before your surgery, you will see your surgeon. At this visit, your surgeon will:

- Review your blood work and information from your medical clearance appointment and ensure that you are fit for surgery.
- Check your surgical site.
- Review the benefits, risks and alternatives of your surgery and have you sign a consent form.
- Answer any questions you may have.

Take the time to write down any questions you have for your surgeon, so you will remember to ask them during your appointments.

Home equipment

You may use a machine for passive (relaxed, with no muscles helping) motion of your arm both at the hospital and when you get home after surgery. This machine is called a shoulder CPM (continuous passive motion). You will be contacted before your surgery by a representative of the company that will provide the CPM. This company will deliver the machine and instruct you how to use it. The company will also bill your insurance.

CPM machines are not typically used after a reverse total shoulder replacement. You may be prescribed a cold compression sleeve for use after surgery.

Checklist for medical clearance and pre-admission appointments

Please bring the following with you:

- This notebook
- List of all medication and the doses, or your medication bottles. Please include any over-the-counter medications, vitamins and herbal or other supplements.
- Primary care provider's name and phone number
- List of your past surgeries
- Be ready to discuss any medical problems including:
 - Heart trouble
 - Kidney trouble
 - Diabetes
 - Cancer
 - Blood clots or bleeding problems
 - Reactions to anesthesia
- Picture ID
- Insurance card(s)
- Advance Directives (if you have any)
- Any paperwork you received at previous appointments. These can be stored in the pocket in the back of this book.
- List of questions/concerns you would like to discuss. Feel free to list these below or in the Notes section.

Notes

Preparing for surgery

There are many steps you can take in the days and weeks before your surgery to help you recover successfully.

Mobilize your support system

Legacy Health is dedicated to “family-centered care.” However you define family, we believe their involvement is an important part of your experience.

We encourage a family member or friend to come with you to your appointments before surgery. You will also want to start thinking about your support system after discharge from the hospital.

We think the optimal discharge location is your home, with a support system to assist you. Every patient recovers at varying speeds. How much care you will need will depend on how you feel and how well you are moving.

We expect you to have someone to help care for you for a week or two after the surgery. You will also need help with meal preparation, shopping and laundry, and someone to drive you to therapy and doctor appointments. It is helpful to have your support person present during your therapy in the hospital. This will allow the therapist time to teach the person how to provide the support you will need at home.

If you have concerns about returning home after your hospital stay, please let your surgeon and care team know so we can discuss this with you. For a small number of patients, a short stay at a nursing facility may be needed. If necessary, we can assist you in making these arrangements in conjunction with your insurance company. However, we believe most patients do better, feel better and have fewer complications when they return to a home setting after their hospital stay. We highly encourage you to explore all of your options for assistance at home.

Prepare your body

- Good nutrition is important in the healing process. It is important to eat a well-balanced diet including fruits, vegetables and lean protein.
- Be sure to drink at least six 8-ounce glasses of fluid each day. These can be water, juice or non-caffeinated soda.
- In the time leading up to your surgery, try to keep your bowels regular. This will help prevent problems with constipation after surgery. Constipation is often a side effect of pain medications.
- Make sure all necessary dental work is completed before surgery. For any dental work done after surgery, you must take antibiotics before a procedure to help prevent infection. You will need to do this for at least two years or longer after your surgery. Please consult your surgeon. (See information on discharge checklist in the Home and Beyond section.)
- Smoking increases the risks of complications during surgery and recovery. If you need information about how to quit, please ask.
- Remaining as active as your pain will allow before surgery will keep your muscles strong. Your muscles provide support that you will need to recover after surgery. We will provide some exercises that will help target those muscles most important to your recovery.
- Please take good care of the skin on the shoulder set for the operation. Any scratches from things like yard work or pets could lead to a canceled surgery. If you do develop any abrasions or rashes, please contact your surgeon’s office.

Create a recovery environment at home

- You may need a raised toilet seat. If it is difficult for you to stand up from the toilet now, it will be difficult after surgery. For the first three months after surgery you should not use the surgical arm to pull or push up from chairs or the toilet.
- Practice bathroom hygiene with your non-surgical arm before surgery to make toileting easier afterward. If you are having surgery on your dominant arm, you may need to get some adaptive equipment to make things easier.
- Prepare some meals ahead of time and have them in the freezer to make mealtime less stressful.
- Fill any necessary prescriptions so you have enough of your daily medications to last several weeks after your surgery.

- Anticipate what you will be using for ice packs and have them ready (gel packs, ice in a bag, large bag of frozen peas).
- Store frequently used items in an easy-to-reach place, below shoulder height.

About the hospital

You'll find information about services available at Legacy Health in the hospital brochure.

Parking

Parking is available in the parking structure. The skybridge from the parking structure leads directly to the second floor of the hospital.

Notes

Preparation checklist

Medications

- Do not take anti-inflammatory medications for seven days before surgery, e.g., ibuprofen, Aleve, Naproxen, etc.

- Medications to stop taking, and when**

Date and time of last dose

_____	_____
_____	_____

If you take blood thinners on a regular basis, such as aspirin, Coumadin/warfarin, Plavix, Lovenox, etc., make sure you have directions about when to stop taking them before surgery.

- Medications to take the morning of surgery**

Time taken

_____	_____
_____	_____

If you take medication for diabetes or high blood pressure, make sure you have directions on how to take them prior to surgery.

What to take to the hospital

- This notebook.
- Comfortable, loose-fitting clothing. Large, button-up shirts may be easiest to put on and take off.
- Your walker or cane if you use them regularly at home.
- Toiletries.
- Glasses, contact lenses, hearing aids and/or dentures with the necessary storage containers.
- Any inhalers, eye drops or CPAP machine. Please alert the staff if you bring these items to the hospital.

The day before surgery

- Do not eat or drink anything after midnight** (unless instructed otherwise by your doctor). This includes water, gum, hard candy, lozenges and chewing tobacco.
- Limit alcohol intake and do not smoke for 24 hours before surgery.
- The night before surgery, shower with the special soap provided.
- Notify your surgeon if you develop a sore throat or fever.
- Get a good night's sleep. Set your alarm!

The morning of surgery

- If instructed, scrub your surgical site with the special soap provided. Do not apply body lotion, deodorant or makeup, or wear contact lenses.
- Do not take jewelry or valuables to the hospital.
- Please come to the hospital at the instructed time.

At the hospital

Check in at the surgery desk, located on the second floor of the hospital. From there, you will be escorted to a room in our Short Stay unit. A friend or family member is welcome to accompany you to this area.

While you are in Short Stay you will:

- Meet the nurse who will coordinate your pre-operative care.
- Change into a hospital gown.
- Have an IV (intravenous catheter) started to give you fluids and antibiotics.
- Have your surgical site prepared: the hair around your shoulder, including the upper chest and axilla (armpit), will be removed with clippers and the area will be scrubbed again.
- Confirm your surgery with your surgeon and have your surgical site marked.
- Speak with the anesthesiologist and surgical nurse about your surgery.
- Take your first pain medication.

Surgery

The procedure usually takes two to three hours in the operating room.

While you are in surgery, your friend or family member can wait in our waiting lounge. The surgeon will want to talk with them when your surgery is finished.

Your friend or family member should check in at the volunteer desk. If he or she wishes to go to the cafeteria or for a short walk, the volunteers will give them a pager so they can be notified when they need to return.



After surgery

After surgery you will be transported to the recovery room. The specially trained staff will care for you as you awaken from anesthesia.

- Your heart rate, blood pressure, respiratory status and temperature will be monitored closely.
- Nurses will assess and treat your pain and any nausea you may experience.
- You may have a tube (Foley catheter) that collects your urine.
- Your surgical site will be covered with a dressing.
- You may have a tube for drainage from your surgical site.

When you are ready to leave the recovery room, you will be transported to your room on the surgical unit. Your friend or family member will be able to join you in your room.

What happens to your belongings?

Your belongings will be locked up until you have been assigned a room on the surgical unit. Our staff will transport your belongings to your new room. If you wish, your family member can keep your belongings and take them to your room.

The road to recovery

Pain management

Joint replacement surgery is designed to reduce the amount of pain you are currently experiencing. However, you will have some discomfort following surgery as your incision heals and you get used to your new joint. Our medical staff will do everything possible to attend to your comfort. Although not all pain can be eliminated, pain relief medications can safely lessen the pain you feel after surgery. You should be comfortable enough to participate in your rehabilitation as well as rest effectively. As you progress, you can expect the pain to be less intense.

Communication with your health care team is essential. Tell your care providers how you feel and how well pain relief measures are working for you. We need to know how much pain you are having when you are moving your joint, not just at rest. In turn, we will discuss options for pain relief and what you can expect from different interventions.

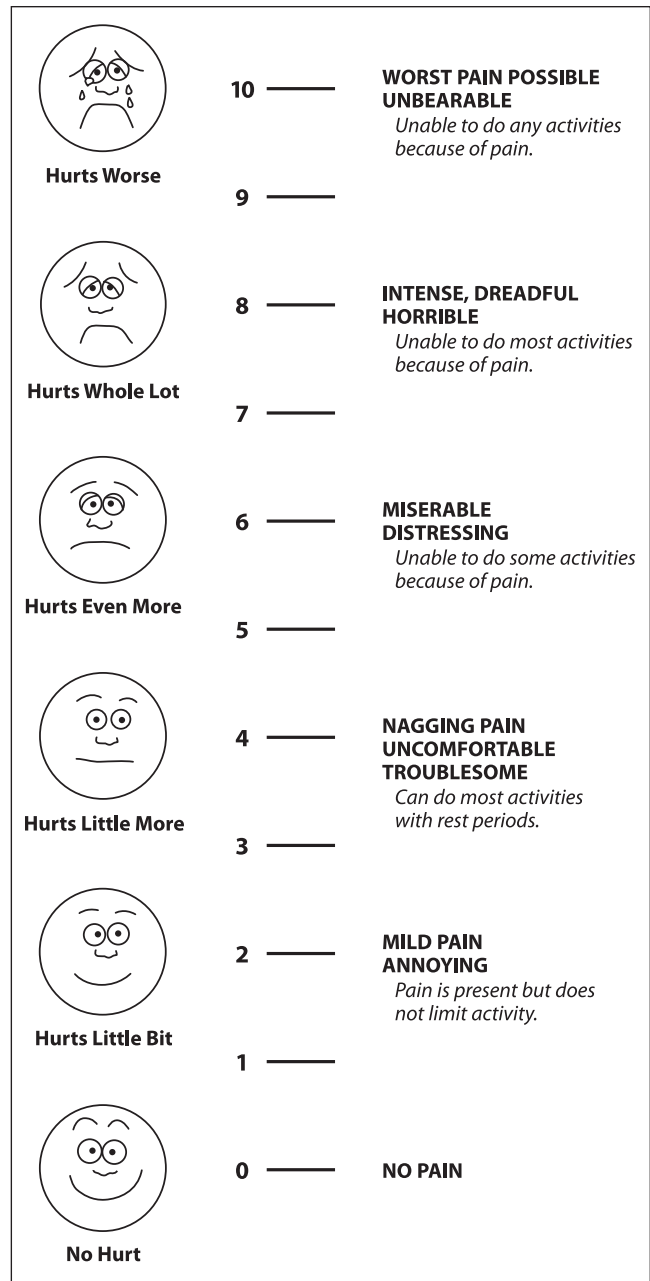
This communication is especially important in the first 24 hours after surgery. When you first return from surgery you may be surprised at how little pain you are experiencing. This pain relief is a residual effect of the anesthesia you received. How long this lasts depends on the method of anesthesia provided and can vary from person to person. Please let your nurse know as soon as you begin to feel discomfort so we can continue to provide effective pain control.

Pain medications can be delivered in different ways. Medications delivered through an intravenous line, or IV, begin to work quickly but generally do not provide prolonged relief. Oral medications, or pain pills, provide longer lasting pain control. These drugs are most effective when taken as soon as pain begins. In the beginning you may require a combination of IV and oral pain pills. By the time you leave the hospital, you will take only oral pain medications.

Other effective ways you can help manage your pain include simple relaxation techniques, ice therapy, repositioning and movement. Practicing slow focused breathing *before* surgery can help this become an effective tool during your recovery.

Mobility

Getting up and moving is probably the most important part of your recovery and the most effective way



This is one tool your nurse may use to better understand your pain.

to decrease your risk of developing a complication after surgery. Mobility aids digestion, improves circulation and lung health, and decreases pain.

Most people's instinct is to stop doing something when it causes pain. However, moving and using your new joint is very effective in decreasing your overall pain. Being immobile causes your joint to become stiff, achy and painful. Each time you use it, it will get easier and you will be one step closer to your

goal of a functional joint. Do not be afraid to use your new joint. Motion as instructed promotes healing and will not cause any harm.

Nursing and therapy staff will work together to get you moving. Until given permission by your therapist, always have a member of your health care team assist with activity.

Although shoulder motion may be delayed for patients with reverse total shoulder replacements, mobility remains a key part of your recovery. Elbow, wrist and hand exercises (see the Exercise section) can improve circulation, decrease swelling and decrease pain.

Bladder care

If you have a urine catheter, it will be removed in the recovery room or the morning after your surgery. Removing the catheter as soon as possible decreases the risk of getting a bladder infection. While you may be nervous about getting up and going to the bathroom, this is actually an important step in your recovery. Our staff will be able to assist you to the bathroom, or we can provide a bedside commode until you are able to walk to your bathroom.

Bowel care

The narcotics you are taking for pain control can cause constipation. You may be on a stool softener to avoid this. Other ways to keep your bowels regular include drinking water, including fiber in your diet and being active (getting out of bed, sitting up in a chair or going for a walk). If you have any concerns, please let your doctor or nurse know.

Respiratory care

Following surgery, congestion in your lungs may occur, which can lead to pneumonia. To prevent pneumonia, your nurse will instruct you on coughing and deep breathing as well as using a device called an incentive spirometer (IS). Getting out of bed also helps your lungs work properly.

Getting rest

It is important to find time to rest in order to participate effectively in your rehabilitation. During the day, you should create a balance between hard work and restorative down time. Resting in bed without



distractions is the best way to recharge yourself. We encourage you to limit your visitors during your initial recovery.

Circulatory care

Blood clots can form when circulation is impaired. There are several ways we will work together to promote circulation.

- Early mobility can decrease the risk of blood clots.
- Sequential compression devices (SCDs) are worn on your legs. They provide gentle, intermittent compression to your calves. SCDs should be worn at all times except when you are walking or exercising. If the SCDs are not compressing while in bed or sitting in a chair, please tell your nurse.

The following may be signs of a blood clot and should be reported to your doctor immediately:

- Calf pain in either leg.
- Warmth, redness or tenderness of calf.
- Difficulty breathing or chest pain.

Physical therapy

Physical therapy (PT) staff will begin working with you the day of surgery to gradually increase your activity. The therapists will teach you an exercise program and how to get around and perform activities safely. Expect to feel tired, but remember that activity is vital to your recovery.

Your surgeon may prescribe a continuous passive motion (CPM) device. Movement after surgery can help minimize pain, and one way to do this is with a CPM. Most patients find this gentle, continuous movement prevents stiffness while resting in bed or while up in a chair. The degree of motion can gradually be increased to help you maintain greater range of motion in your new shoulder. The CPM will be placed upon your arrival to the surgical unit. If the CPM is uncomfortable, please tell your nurse or physical therapist.

Here are the activities you can expect:

- **Day of surgery**—You will have a sling on your arm after surgery. This sling will be removed for therapy and to use the CPM. You will be out of bed and sitting in a chair for dinner.
- **Day one after surgery**—Your sling can be removed or worn when needed for comfort. Physical therapy will continue to work with you. You should use the



Physical therapy staff work with patients daily



Continuous passive motion device in use

CPM at least 3–5 times a day to start. You should take a 15-minute break after every hour in the CPM. You will be out of bed for all meals. Some patients will have met their goals for discharge and will be able to go home on this day.

- **Day two after surgery**—If you are still in the hospital, you will continue to work with your therapist and use your CPM.

Reverse total shoulder physical therapy

- **Day of surgery** — You will have a sling on your arm after surgery. You will be out of bed and sitting in a chair for dinner.
- **Day one after surgery** — You will continue to wear your sling except during elbow exercises. Physical therapy will work with you on general mobility. Your therapist will teach you how to take your sling on and off and how to perform activities of daily living without the use of your operated shoulder. You will be out of bed for all meals. Some patients will have met their goals for discharge and will be able to go home on this day.
- **Day two after surgery** — If you are still in the hospital, you will continue to work with your therapist.

Total shoulder replacement precautions

To promote a good healing process with your new shoulder, your surgeon recommends that you avoid certain movements for several weeks after your surgery.

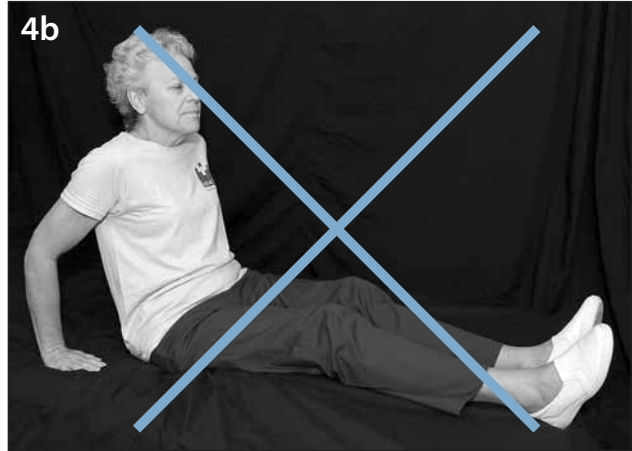
- No driving (six weeks).
- No lifting greater than a pound (six weeks).
- Take care pulling up your pants/socks and get help tucking in your shirt with your operated arm (six weeks).
- If you use a walker, rest the hand of the operated arm on the walker for balance only. Do not lean on the operated arm for the first two months.
- No pushing yourself up out of a chair, wheelchair or toilet seat with operated arm (three months) — see photo 4a.

4a



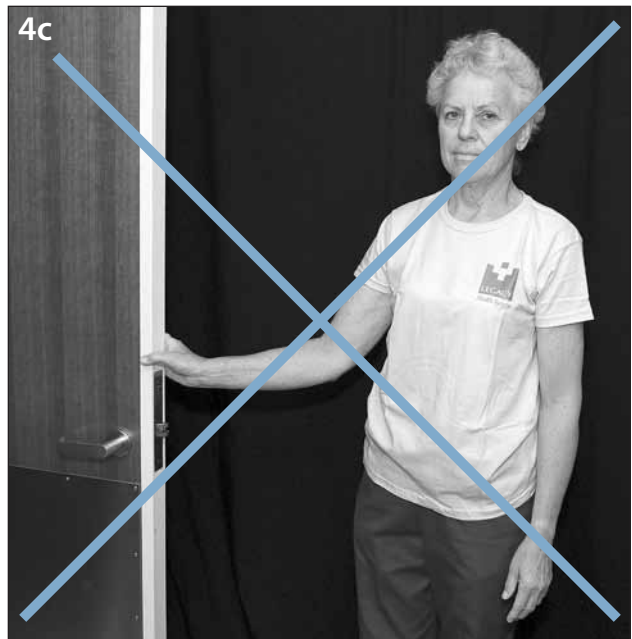
- No toileting hygiene behind your back with operated arm (three months).
- No pushing yourself up out of bed with operated arm (three months) — see photo 4b.

4b



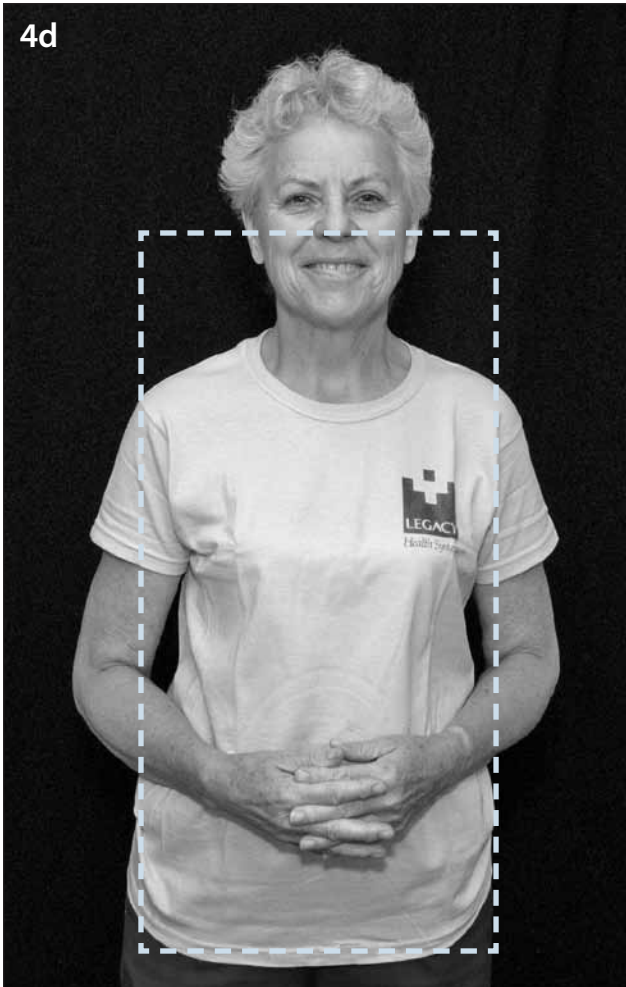
- No closing doors, especially sliding glass doors, with operated arm (three months) — see photo 4c.

4c



You can safely perform light activities within this "box of safety" (see photo 4d) without harming your new shoulder. Activities like eating, knitting and reading are acceptable.

4d



Notes

Home and beyond

Leaving the hospital

Together we will create a plan to meet your goals for a safe discharge. This plan will include assisting you in obtaining any equipment or other support you may need.

Most patients return home the first or second day after surgery. In order to go home you need to meet the following criteria:

- Be in stable medical condition.
- Be able to get in and out of bed with minimal help.
- Demonstrate safe mobility, including walking a functional distance to make you safe at home.
- Have your help at home adequately trained to assist you as needed.
- Have your pain managed by oral medications alone.

When you go home you will continue your rehabilitation with a home exercise program as instructed by the physical therapists during your stay.

In addition, your surgeon may prescribe outpatient physical therapy. This usually begins a day or two after discharge. We can assist you in setting this up if you have not already done so.

Discharge instructions

Throughout your stay, we will instruct you about how to care for yourself and your new joint after you leave the hospital. If you have any questions or concerns, please ask your surgeon or nurse as soon as possible.

Additional physical therapy is delayed for patients with reverse total shoulder replacements. This will be addressed by your surgeon when it is appropriate.

Pain medication

Everyone's needs vary as to how much and for how long narcotic pain medication is needed. Most people will need to take something the first couple of weeks, in diminishing doses. We expect you to have some pain with your therapy, but you should only take the medication you need. Also, remember to ice your shoulder periodically during the day. This will help with discomfort.



Possible complications

- Blood clot
- Fracture
- Nerve/blood vessel injury
- Stiffness
- Loosening of the artificial components
- Prolonged pain
- Infection
- Prosthetic wear

Regular follow-up appointments with your surgeon

It is very important, over the years to come, that you keep in touch with your surgeon and get periodic X-rays to make sure your shoulder continues to be healthy and the artificial components are not loosening. How often you need to be seen will be determined by your surgeon, but it will be your responsibility to make those appointments.

Discharge checklists

- I have prescriptions for my new medications including pain medications.

- I have a raised toilet seat, if needed.

- I understand how to safely use and adjust the CPM (continuous passive motion machine) and care for my incision.

- I have an outpatient physical therapy appointment scheduled for three to four days after surgery.

- I have, or know how to obtain, any necessary equipment.

- I have arranged for someone to drive me home and help care for me.

- I have a follow-up appointment with my surgeon.

Call your doctor if you notice any of the following, because it might be a sign of infection.

- Warmth, redness, increased pain or swelling of incision
- Increased clear drainage from your incision
- Any thick, green or foul-smelling drainage from your incision
- Separation of the wound edges
- Temperature above 100°F

Note: Infections elsewhere in your body could cause an infection in the area of your joint replacement. Please consult with your doctor if you develop any signs of an infection.

Please refrain from having any unnecessary dental procedures, including teeth cleaning, for a period of three to four weeks after your surgery. For future dental appointments, if the dentist feels there is a possibility of bacterial contamination, we recommend taking antibiotics prior to the procedure. Your dentist can provide the appropriate prescription. For dental work that requires instrumentation, we recommend Keflex® 2 gm, one hour before the procedure. If you are unable to take Keflex, we recommend clindamycin, 600 mg.

On your way to lifelong success

We hope your experience at Legacy Health is positive. After surgery, it is up to you to take good care of your new joint and make it last. It takes most patients a few months to fully regain their energy levels and return to their regular routines after surgery. You will consult with your surgeon and physical therapist to determine how often and for how long you will attend formal physical therapy visits after surgery. It takes most patients six to nine months to regain the majority of their shoulder motion and strength after a total shoulder replacement, though much of the therapy during this time is done at home. With regular exercise and proper use, continued improvements can be noted for up to two years after surgery.

The goal for replacing the arthritic joint is to enjoy a more active lifestyle with less pain. You will need to exercise and stay fit. Keep your weight at an optimal level; the heavier you are, the greater the wear on your joints. When you are choosing activities, remember to limit sports/activities that are high impact or have excessive jarring or jamming. Excessive, repetitive lifting or regular strenuous use of the artificial shoulder can shorten the expected lifespan of the replacement parts and lead to early wear, loosening or failure.

Activities that are ideal include golf (if experienced), swimming, cycling, walking, hiking, cross-country skiing, general conditioning and traveling. (You may beep as you pass through the metal detector at the airport, so allow ample time to get through security.) Ask your doctor if you have concerns about exercise and activity.

Congratulations!

Total and reverse shoulder replacement exercises

The exercises on this page should be done frequently during the day and can be done with the sling on or off.

Hand motions

These are very important to help keep the swelling in your shoulder from settling in your lower arm and hand. Repeat these motions often throughout the day.

1. Stretch all your fingers open.
2. Squeeze all your fingers closed.

You can also hold an object to squeeze, like a stress ball, a racquetball or ball of socks or nylons.



Wrist motions

These also work the muscles all the way up to your elbow keeping your wrist mobile and improving circulation. Repeat these motions often throughout the day.

1. Bend wrist up.
2. Bend wrist down.
3. Make circles with your hand.



Elbow motions

Swelling from your shoulder surgery and keeping your arm in a sling can cause your elbow to get stiff. To prevent stiffness, you should do elbow exercises.

First, take your arm out of the sling.

1. You can sit, stand or lie on your back with your arm by your side.
2. Allow your arm to relax all the way straight at your elbow.
3. Raise your hand upward, bending at your elbow.
4. Perform 10 repetitions, five times a day.



Notes

Total shoulder replacement exercises

Pendulum exercise

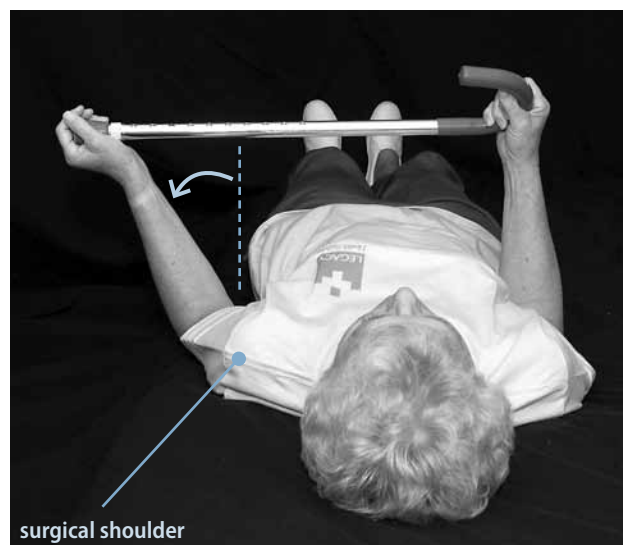
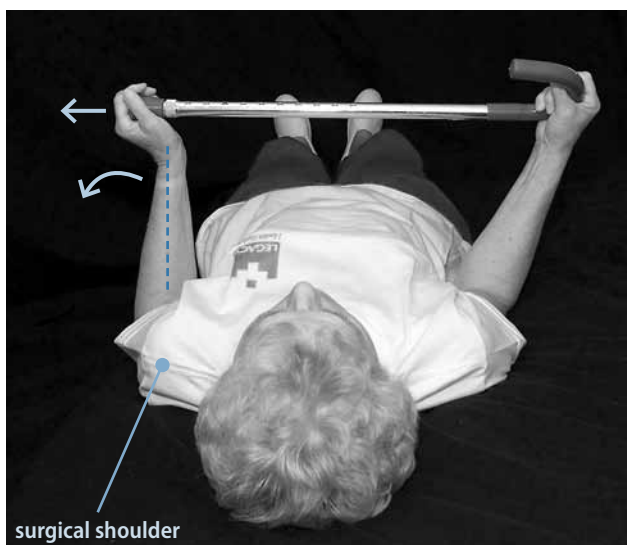
This exercise is a good way to relax *and* get good motion in your shoulder. It also comes in handy when you are trying to bathe or get a shirtsleeve on your operated arm.

1. You must have something sturdy to lean on, such as a heavy chair or counter.
2. Lean forward with feet shoulder-width apart and use your un-operated arm to support you. The farther you bend over, the farther your arm will be away from your body.
3. Allow your operated arm to hang loosely away from your body.
4. If you are able, move your body in a circular motion allowing your operated arm to swing.
5. Perform for 30–60 seconds, five times per day.



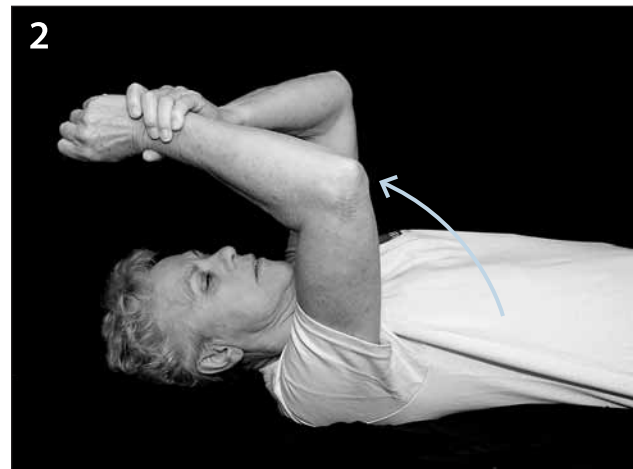
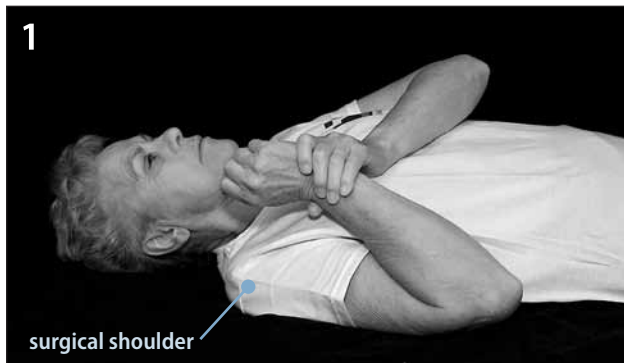
External rotation

1. Sit, stand or lie on your back. Keep your elbows at your sides. Grasp the end of a stick or cane so your palms are facing each other.
2. Move the stick/cane in the direction of your operated arm, moving your hand and forearm away from your body until a light stretch is felt. Hold 10–20 seconds. Do five repetitions, five times per day.



Shoulder flexion

1. Lie on your back and grasp the wrist of your surgical arm with the hand of your non-surgical arm.
2. Gently raise your surgical arm overhead until you feel a stretch.
3. As you raise your arms, keep your hands over your face.
4. Slide the hand of your non-surgical arm down the surgical arm to your elbow.
5. Gently apply pressure at elbow to stretch your operated arm up as far as you can tolerate. Hold 10–20 seconds.
6. Lower arm just enough to take off the tension, rest and repeat.
Do five repetitions, five times per day.



Total shoulder replacement frequently asked questions

How long do I need to wear my sling?

Use your sling for the first four weeks after surgery as needed for comfort. While it is not mandatory to wear it all the time, it may improve your comfort in the first weeks following surgery. It is recommended that you wear it during those first weeks if you are going out in public or if you are going to be in a crowd so that others remember to use care around your shoulder. If you are a very restless sleeper it is recommended that you sleep with the sling on.

Patients with a reverse total shoulder replacement should wear the sling at all times, removing it only for cleaning, dressing and prescribed exercise (see the Exercise section).

When can I go back to work?

This is very dependent upon what you do for work. For those people with a desk job or a job that requires little or no use of the operated arm, you can go back to work as soon as you feel ready. For those people with higher impact jobs requiring moderate to heavy use of the operated arm, it is necessary that you discuss this with and are cleared by your surgeon before returning to work.

When can I drive a car?

It is recommended that you do not drive for six weeks following the surgery to allow the joint to heal properly. You are considered "impaired" if you drive while wearing a sling or while taking narcotic pain medications. After six weeks, your ability to drive is dependent on multiple factors, and if you are still feeling unsafe, it is best to speak to your surgeon regarding safe return to driving recommendations.

When can I start to use my operated arm?

You can use your arm for light tasks such as eating, dressing and writing as soon as you feel ready. Please review the precautions (see the At the Hospital section) for general guidelines about appropriate progressive use of the arm and shoulder. For the first six weeks after surgery, limit the amount of weight you lift with your operated arm to no more than that of a cup of coffee.

If you have had a reverse shoulder replacement, your arm will be in a sling during the first two to four weeks after surgery. When the sling is removed, proceed with activities as described above.

Can I use my operated arm to dress myself?

Yes, but use caution. Loose-fitting clothing and button-down shirts will be the easiest and most appropriate clothing to wear for the first few weeks. Take care when pulling up pants or tucking in shirts with the operated arm for the first six weeks. Perform gently and do not cause discomfort. A therapist in the hospital will give you hints for dressing post-surgery.

If you have had a reverse shoulder replacement, your arm will be in a sling during the first two to four weeks after surgery. When the sling is removed, proceed with activities as described above.

Do I need any special equipment for my home?

A raised toilet seat is recommended for anyone who uses their arms to help raise themselves off of a toilet.

When do I start physical therapy (PT)?

You should have your first outpatient physical therapy session three or four days after your surgery (a day or two after leaving the hospital). This should be scheduled prior to your surgery.

Patients with a reverse total shoulder replacement may start supervised physical therapy for the shoulder in a delayed fashion once leaving the hospital. Your surgeon will advise when to start supervised physical therapy.

What is a CPM and how often should I use it?

CPM stands for a “continuous passive motion” machine. It is an apparatus that you will use in your hospital room and in your home for about six weeks following your surgery. This machine will assist you in regaining the range of motion in your shoulder. It should be used for 30–60 minutes at a time, three to five times per day for six weeks following surgery. A representative from the CPM company will call you prior to surgery and will visit you in the hospital to explain how to use it. The representative will then bring a CPM to your home once you leave the hospital.

A CPM may not be used if you have had a reverse total shoulder replacement.

When can I shower?

You may shower beginning day five after surgery and let the water run over the incision. Avoid soaking or submerging the incision in a tub or pool until the wound is completely healed. Avoid using any fragranced soaps and do not scrub the incision. After you shower, pat the incision dry and apply a light gauze dressing. You can stop dressing the incision when it is dry and there is no more drainage.

Notes
