



# SHOULDER REPLACEMENT SURGERY

*Your Personal Handbook*

# Welcome to the



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# Contact Information

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Orthopaedic and Spine Institute.....	760.940.3000
Clinical Care Coordinator.....	760.940.3795
Pre-operative Education Center.....	760.940.5701
Register for Total Joint Replacement Class..... (Toll Free Number)	855.222.8262
Total Joint Replacement Class - Questions.....	760.940.7628
Surgery Customer Relations..... (Day of Surgery)	760.940.7466
Pre-operative Holding Area.....	760.940.7445
Orthopaedic and Spine Institute Nursing Station.....	760.940.3238
Case Management/Discharge Planning.....	760.940.7628

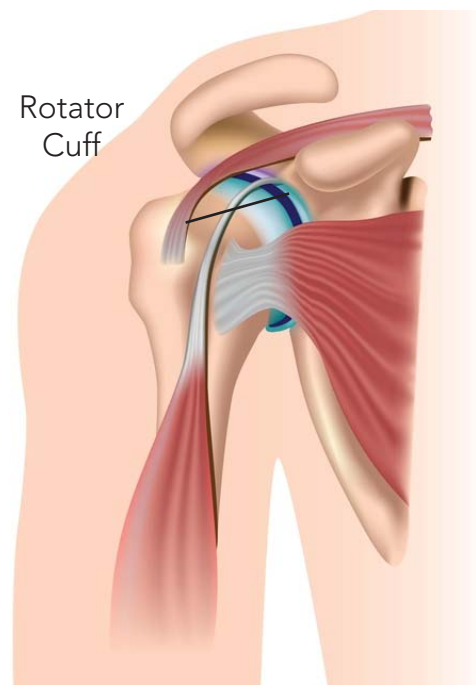
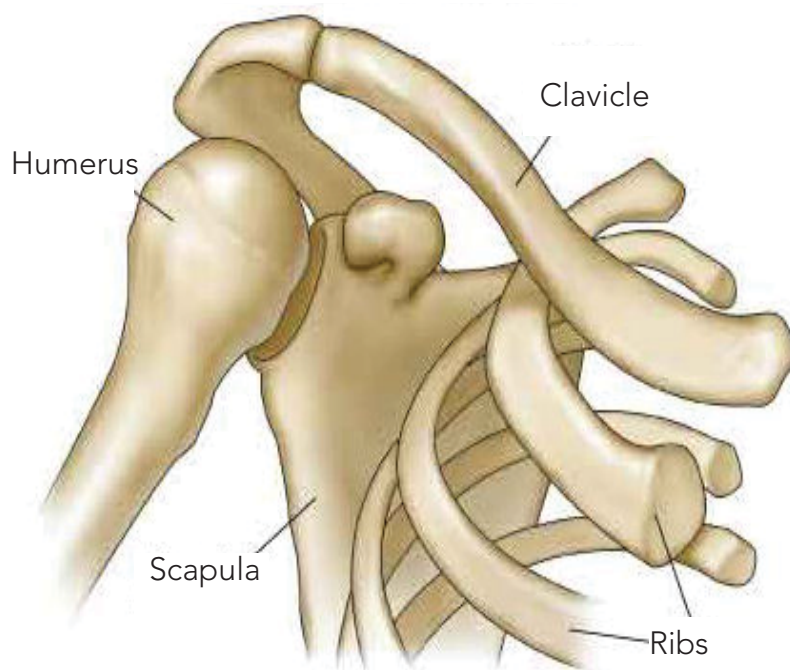
# Shoulder Joint Replacement

Joint replacement surgery helps people of all ages live pain-free, active lives. Shoulder replacement (arthroplasty) is a procedure that may be recommended if joint disease (arthritis) makes your shoulder stiff and painful, or if the upper arm bone is badly damaged from an accident. It is a safe and effective procedure to relieve pain and help you resume everyday activities.

There are different types of shoulder replacements. Your surgeon will evaluate your situation and discuss surgical options with you. The total shoulder replacement involves replacing the arthritic joint surface with a metal ball attached to a stem and a polyethylene (hard plastic material) socket. The reverse total shoulder replacement is used for patients without a functioning rotator cuff, pseudoparalysis (inability to lift hand to head), and for those who have had a previous shoulder replacement that has failed. For a reverse total shoulder replacement your surgeon replaces the socket with the ball, and the ball with a new socket.

## How the Shoulder Works

The shoulder is made up of three bones: the upper arm bone (humerus), the shoulder blade (scapula), and the collarbone (clavicle). It is a ball-and-socket joint that allows for a wide range of motion. The head of the upper arm bone (humerus) is the ball, and a circular depression (glenoid) in the shoulder bone (scapula) is the socket. The head of the upper arm bone is coated with a smooth, durable covering called cartilage that protects the bones and enables them to move easily. The rotator cuff is the collective set of surrounding muscles and tendons that provide stability, support, and work together with the deltoid muscle to move the shoulder.



## Common Causes of Joint Pain

The most frequent cause of debilitating joint pain is arthritis. The term “arthritis” literally means inflammation of a joint, but is generally used to describe any condition in which there is damage to the cartilage. Of the more than 100 types of arthritis, two are the most common: osteoarthritis and rheumatoid arthritis.

**Osteoarthritis** is a disease which involves wearing away of the normal, smooth joint surfaces. This results in bone-on-bone contact producing pain and stiffness.

Unlike osteoarthritis, **rheumatoid arthritis** causes severe inflammation. The body’s immune system attacks and destroys the joint surface, causing pain, swelling, joint damage, and loss of mobility.



## Implant Design

Shoulder replacement surgery replaces damaged surfaces with artificial parts (prostheses). When only a portion of the joint is damaged, a surgeon may be able to repair or replace just the damaged parts. Depending on the damage to your shoulder, your surgeon may replace just the humeral head (a hemiarthroplasty) or both the humeral head and the glenoid (total shoulder replacement).

The shoulder replacement components come in various sizes and shapes to fit the patient. They are held in place with either bone cement (cemented) or bone ingrowth (cementless). The surrounding muscles and tendons hold the prosthetic parts in place, same as the original shoulder. Each case is individual and your surgeon will study your situation carefully before making any decisions. Ask what type of implant will be used and why that choice is appropriate for you.



## Preoperative Appointment

The Orthopaedic and Spine Institute is committed to providing an exceptional experience for your total joint replacement. As a requirement for your surgery, we ask that you attend a **preoperative appointment** at least 2 weeks before the date of your surgery. This appointment will include all of the necessary pre-operative testing (ie: lab work, chest x-ray, urinalysis, etc...). Compile and bring with you a list of all medications you are currently taking, including vitamins and over the counter medications.



## Total Joint Replacement Class



In addition to the pre-operative appointment, you will also be scheduled to attend a 120-minute **Total Joint Replacement Class**. This interactive, one-time session is packed with information that will help ease any anxiety you may have, as well as offer education about how to best prepare for surgery and how to help expedite your recovery. Your surgeon will provide information on scheduling both your pre-operative appointment and the Total Joint Replacement Class.

# Pre-operative Checklist

Date and time of my surgery: \_\_\_\_\_

Medications to take on the day of surgery: \_\_\_\_\_

Date and time of hospital pre-operative appointment: \_\_\_\_\_

Date and time of Total Joint Replacement Class: \_\_\_\_\_

Please have a family member or friend to help you upon discharge home for at least the first 2-3 days. If at all possible, please have this person attend the joint class with you.

If your surgeon recommends discharge to a Skilled Nursing Facility (SNF) for short-term rehab prior to returning home, we suggest contacting and/or visiting at least 3 facilities before surgery. This will help you select a facility when the time comes to be transferred out of the hospital. Our Discharge Planner/Case Manager can assist you by advising which SNF is covered by your insurance.

## How to Prepare Before the Procedure

- If taking aspirin, anti-inflammatory medications, or prescription anticoagulants daily, stop these medications at least one week before surgery. Consult your primary care physician before stopping any prescription blood thinners such as Coumadin, Pradaxa, Xarelto, or Plavix.
- Stop taking Vitamin E and any oil-based dietary supplements such as fish oil, grape seed oil, resveratrol, etcetera, as these supplements may thin the blood and can lead to increased bleeding.
- If you smoke, stop at least 2 weeks before the procedure. Smoking slows bone growth to nearly half that of a non-smoker, slows down the healing process, and increases the risk of complications.
- Hibiclens bath/scrub begins 3 days prior to surgery. Specific instructions and cleansing materials will be provided at your pre-operative appointment.

## Home Safety Checklist

- ☐ Remove items blocking walkways such as furniture, which may cause you to trip.
- ☐ Remove throw rugs and secure extension cords so they are out of the way.
- ☐ Safety rails are suggested for the tub/shower/toilet and wherever you may need additional support. Make sure they are securely fastened.
- ☐ Pets, as much as you love them, can be a tripping hazard. Additionally, their "kisses", or dander may contaminate your surgical incisions. Always wash your hands after contact with your pet.



## Day of Surgery

When you arrive, please go to the hospital's main entrance lobby. You will be directed to Patient Relations. From there, you will be escorted to the Preoperative Holding Area.

While in the Preoperative Holding Area, your family member or significant other will be invited to sit with you until surgery. The nurse will review pre-surgical instructions and begin post-surgical teaching. Your anesthesiologist will meet with you as well to discuss anesthesia options and perform a short physical examination. Here you will also meet your operating room nurse, and have an opportunity to ask any outstanding questions. You will then be taken to the Operating Room. A shoulder replacement generally takes about 2 hours.



## Anesthesia and Pain Control

A combination of general (asleep during the procedure) and regional (numb in the shoulder area) anesthesia may be used during shoulder replacement surgery. Your surgeon will likely ask your anesthesiologist to administer a nerve block prior to the surgery for optimal pain management. This is called an *interscalene block* and it provides excellent surgical anesthesia in a safe and effective manner. The nerve block helps with pain management, and decreases the amount of narcotic pain medication needed after surgery (which in turn minimizes sedation, constipation, and the risk for feeling nauseated). Ultimately, this promotes early recovery and facilitates a faster discharge from the hospital.

On the day of surgery an anesthesiologist will advise you regarding the choices of anesthetics for the surgery, and about pain control after the surgery.



# Anesthesia and Pain Control

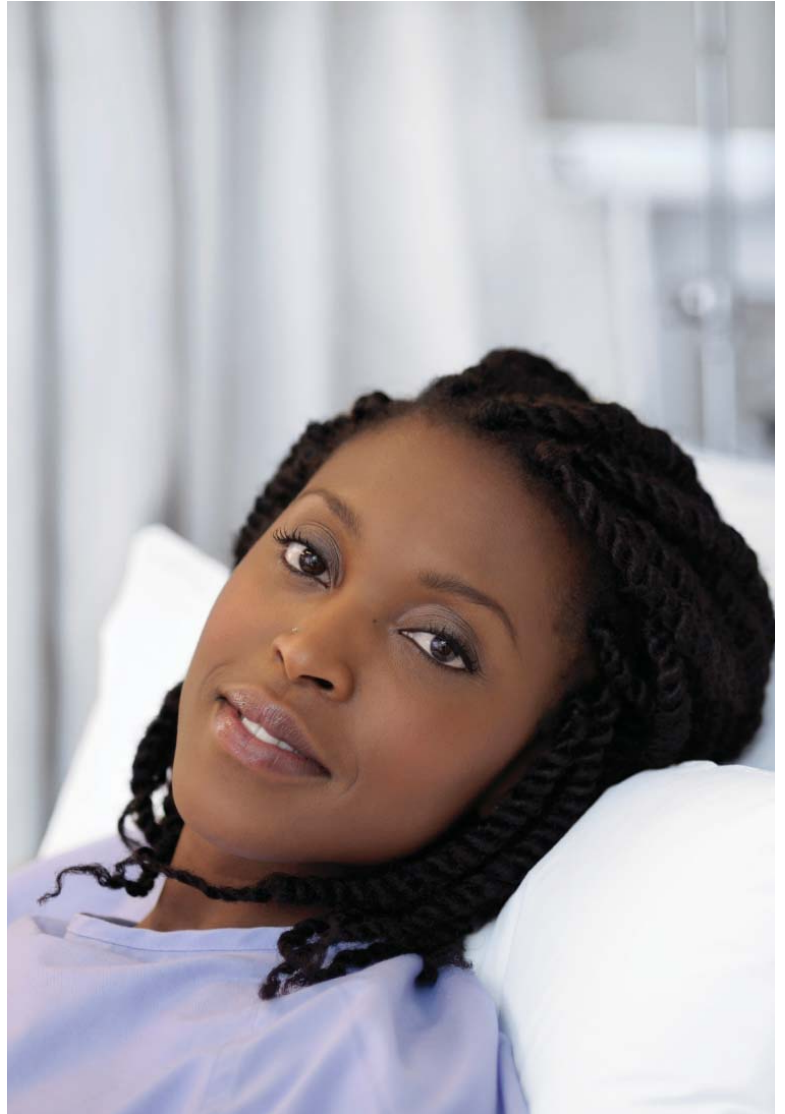
## General Anesthesia:

With general anesthesia, you are put completely to sleep and your breathing must be supported with a breathing tube. A machine will be used to breathe for you. Your heart and respiratory rate will be closely monitored during surgery. Potential side-effects of general anesthesia include a sore throat and hoarseness from the breathing tube, as well as drowsiness, headache, and nausea after surgery.

## Regional Anesthesia:

Once you are in the operating room and monitored, the anesthesiologist will administer medications to relax you. He/She then uses an ultrasound machine to locate a bundle of nerves, then using a very thin needle (it sounds much worse than it is) injects local anesthetic (numbing medicine like you get at the dentist office) near the nerves. Some patients will receive a one-time injection in to the side of the neck-this is called a "single shot nerve block". Some patients will receive what is called a "continuous nerve block" via a small catheter (tube) placed into the space to slowly drip local anesthetic medication after the surgery to help with pain control. The medication will be continuously delivered for at least the first 24 hours after surgery. Patients can expect varying degrees of pain control.

When your surgery is over, you may notice a few things: first, you likely will not be able to move or feel your shoulder, arm, and sometimes even your hand. Your voice may be hoarse. Your arm may feel tingly. All of these experiences are normal and will disappear as the nerve block wears off.



## Surgical Procedure

Your surgeon will make an incision (cut) over your shoulder joint to access the joint area. He will remove the head (top) of your upper arm bone (humerus) and put the new metal head and stem into place. Next, your surgeon will smooth the surface of the old socket and put the new one in place.

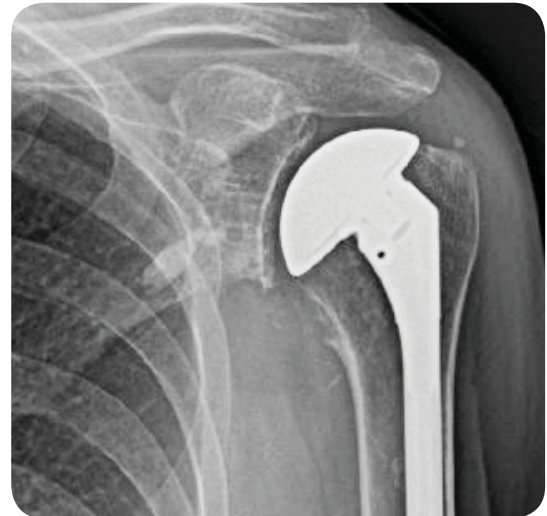
After these steps are complete, the incision will be closed with staples, sutures, or special skin glue, and a dressing (bandage) will be applied over the incision. The arm is placed in a sling and a support pillow is placed under the elbow to protect the repair. Drainage tubes may be placed to remove excess drainage. The procedure usually takes anywhere from one-and-a-half to 2 hours.

### Total Shoulder Replacement

**Before**



**After**

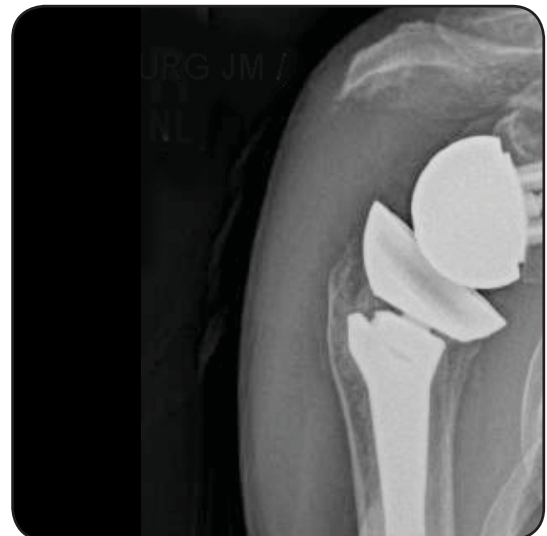


### Reverse Shoulder Replacement

**Before**



**After**





# What to Expect After the Procedure

After your surgery is complete, you will spend approximately one hour in the recovery room, also called the PACU (post-anesthesia care unit). From there, you will be transported to the orthopaedic floor (or whichever floor is determined to be the most appropriate for you if you have underlying health problems, such as a heart condition). You will likely remain on this floor until you are discharged.



## Frequently Asked Questions Following Shoulder Surgery

### *How long will I be in the hospital?*

- The hospital stay is usually 1-2 days.
- Home health staff may be a service ordered by your surgeon. They regularly assist in your care to assure your safety and compliance with therapy, safety, and medications.
- Some patients require extended convalescence and upon discharge from the hospital transfer to a skilled nursing facility or other rehabilitation facility (SNF). If this is the case, the case manager will arrange the details of your transfer as your insurance requires.

### *When can I eat after surgery?*

- You will be given ice chips and sips of water in the immediate post-operative period. Your nurse will slowly advance your diet to include clear liquids such as apple juice, Jell-O, and eventually solid foods. The slow transition to regular food is focused on minimizing post-operative nausea from anesthesia.

### *What kind of activity may I perform after shoulder surgery?*

- You may resume normal activities as directed by your surgeon.
- Wear the sling at all times for at least 6 weeks. The sling may be removed for showers & when performing home exercises. In addition, if sitting in a controlled environment (i.e. watching television or reading a book), you may remove the sling and have arm support by pillows.
- Do not use your arm to push yourself up in bed or from a chair. This requires too much force on the surgically repaired muscles.
- Sleep in your sling for 4-6 weeks post-surgery.
- Walking is good!
- Follow the program of home exercises as detailed by your surgeon. Do the exercises 2-3 times a day for a month, or as directed by your surgeon (see diagrams on pages 14-15). You can expect very light activity for the first 6 weeks.
- Most patients sleep in a recliner or propped up on pillows for the first 2-3 weeks post-surgery.

- Try not to overuse your shoulder. It is easy to do if this is the first time you have been pain free in a long time. **Early overuse of the shoulder may result in later problems.**
- Do not lift anything heavier than a cup of coffee for the first 6 weeks after surgery.
- Do not participate in contact sports or do any heavy lifting (more than 10 pounds) for at least 6 months, or as directed by your surgeon.
- You will be given a “shoulder kit” while in the hospital. This consists of a bar, a pulley system, and elastic bands. Your Physical Therapist and surgeon will instruct you on the use of the shoulder kit.
- If you receive your ultra sling before surgery, it is a good idea to practice putting it on and taking it off.



### ***When will I start rehabilitation therapy after surgery?***

- Shoulder therapy begins the first morning after the procedure.
- A physical therapist will see you on the day of surgery to get you out of bed.
- Most patients perform the exercise program directed by your surgeon at home for 4 weeks.
- A physical therapist will start gentle range of motion exercises in the hospital.
- After approximately 4 to 6 weeks your surgeon will direct an advanced plan for your continued physical therapy.

### ***How do I care for my surgical wound?***

- It is important that the **wound remains clean.**
- Keep **ice packs** (a bag of ice wrapped in a towel or pillow case) or a cold therapy wrap on the surgical area for 20 minutes, 6-8 times/day, for the first 2 days following surgery, and as desired after that. This not only helps with swelling, but discomfort as well.
- It is important to always have a washcloth, pillow case, or other skin barrier between your skin and the cold source to prevent possible “freezer burn”.
- Check the incision daily for **signs of infection.** Signs of infection may include a foul smelling, greenish or yellowish discharge; increased pain or redness over the incision site; an opening of the incision; flu-like symptoms; or a temperature above 101.5°. Should you develop drainage from the wound, fever, chills, persistent headache, nausea or vomiting, notify your physician’s office immediately.
- **Change dressings** as necessary, or as otherwise directed.
- Your surgeon may need to remove stitches or staples. This is often completed about 1-2 weeks after the operation.
- Your surgeon may use a special skin glue to close your wound. It is important to not peel or manipulate the glue.

## ***When can I take a shower?***

- You may shower 2 days after your surgery. Take a quick shower, gently pat the wound dry, and reapply a new, clean, dry dressing.
- It is ok to shower with the dressing on-it is water resistant.

## ***Will I have pain?***

- Yes. It is unrealistic to expect to be completely pain free after joint surgery. However, there are a variety of pain medications available for you, and we make every effort to keep your discomfort minimal and your pain well managed.
- You will be given a prescription for pain medication for home use prior to leaving the hospital.
- While the experience of pain is unique to each individual, most patients manage the immediate post-operative pain from shoulder replacement surgery without difficulty.
- If at any time you do not feel your pain is well managed, notify your nurse, physician, or other staff person immediately. We strive to make every effort to keep you as comfortable as possible, and we always want to know if we can do a better job.

## ***How long will I have pain?***

- It is difficult to give a specific answer for this. It is different for everyone. Most patients experience adequate pain relief within the first week after surgery.
- Surgical pain is usually the most intense for the first 48-72 hours. After this period of time, patients are usually more comfortable.

## ***What are the potential side effects of pain medication?***

- **Constipation.** Narcotic pain medicines may be very constipating. If you have not had a bowel movement in 1 or 2 days, consider medications like stool softeners (such as Colace or Senokot), Milk of Magnesia, or Magnesium Citrate (these are all over the counter medications). Prune juice is helpful too.
- **Drowsiness/dizziness.** You should not drive or operate dangerous equipment while taking pain medication as they often make people feel drowsy or dizzy.
- **Nausea.** It is not uncommon to feel nauseated while taking narcotic pain medicines.
- **Itching.** One of the most common side effects of narcotic pain medication is itching. If this happens, you may take Benadryl to decrease this symptom.
- Occasionally, patients have an allergic reaction to medications. If you experience fever, rash, difficulty breathing or swallowing, or generalized swelling, go directly to the Emergency Room or call 911.





### ***Will I become addicted to pain medications?***

Some patients have a fear of taking pain medications as they worry that they may become addicted (this is simply not true). Post-operatively, patients have good reason to have pain, and this is appropriately treated with pain medicines. It often takes less narcotic to control a person's pain when the medication is taken appropriately, that is, when the patient *begins* to experience real discomfort. Patients who try to "hold off" on taking pain medicine often end up needing more narcotic to control their pain than they otherwise would have needed if they had taken it earlier.



### ***When can I drive after surgery?***

You may drive when you can safely operate a vehicle. This means when you are no longer taking your narcotic pain medication and you can physically maneuver the vehicle safely. Plan on not driving for at least 2-3 weeks.

### ***What will happen when I walk through a metal detector?***

Every metal detector's sensitivity is different. It is possible your implant will set off the alarm on a metal detector. You should alert staff prior to entry of the metal detector about your implant.

### ***Are there precautions I must take prior to future medical or dental procedures?***

Yes. It is important to tell your doctors and dentists that you have had a shoulder replacement. You will likely be given antibiotics before any procedure, including dental cleanings, to avoid infection.

## Follow-Up Appointments, Etc...

- Your surgeon will see you back in the office approximately 7 days to 2 weeks after surgery. Call the office to schedule an appointment if one has not been made for you.
- Follow the directions of your surgeon and keep all appointments as directed.
- Ask for help at home. Your surgeon and/or nurse case manager can suggest an agency to assist you with this if you do not have adequate home support.
- Avoid smoking. Nicotine impairs wound healing and can increase your risk for infection.
- You should not drink alcohol while taking pain medications.
- Ask your surgeon prior to resuming driving.

## Discharge Home

**The Tri-City Medical Center's Orthopaedic and Spine Institute has one goal:  
To get patients moving again as quickly and safely as possible.**

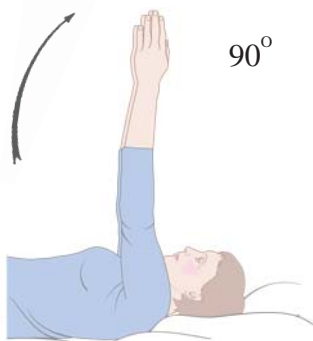
The length of time patients remain in the hospital has decreased due to advancements in surgery and postoperative care protocols. Most shoulder replacement patients go home on their first or second postoperative day. With adequate support systems in place, including home health professionals those who are able to be discharged home are found to achieve the best joint replacement outcomes. Reduced level of pain, optimum mobility, prompt return to previous level of functioning and activity, and the avoidance of surgical wound infections are all associated with discharge to home. For those patients for whom a home discharge is not an option, arrangements will be made for a temporary stay at a facility that provides short-term rehabilitation.

We are committed to ensuring that patients receive the appropriate care in the hospital for the necessary period of time, and seamlessly transition to their homes or next location of care.



# At Home Exercises

## SHOULDER Flexion Passive Range of Motion



Clasp hands together and raise arms through available range with uninvolved arm doing the work. Can be done lying or sitting.

Perform 3 sets of 10 repetitions. 2 times a day.

## SHOULDER Range of Motion: Pendulum (Circular)

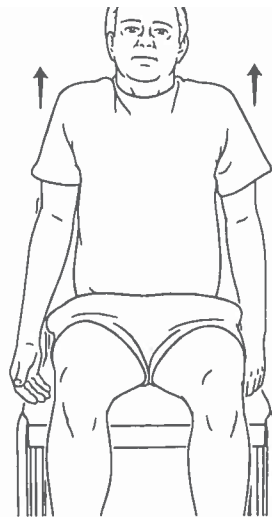
Lean over table. Involved arm hanging freely. USE TRUNK movement to swing arm in circles, side to side, and front to back.



Perform 3 sets of 10 repetitions. 2 times a day.

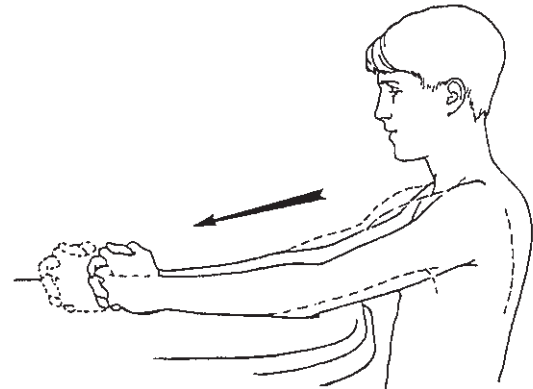
## SHOULDER Warm-Up Shrug

Sit or stand. Raise shoulders upwards towards ears. Return to start position.



Perform 3 sets of 10 repetitions. 2 times a day.

## SCAPULA Protraction

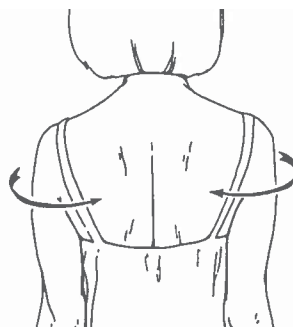


Keeping elbows straight, slide arm forward. Use table surface for support. Hold \_\_\_\_ seconds.

Repeat \_\_\_\_ times. Do \_\_\_\_ sessions per day.

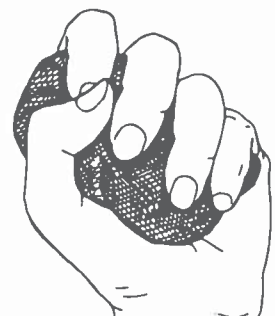
## SCAPULA Adduction (Active)

Maintaining erect posture, draw shoulders back while bringing elbows back and inward.



## FINGER Grip Strengthening

Hold rubber ball, tennis ball or putty in hand. Squeeze with fingers. Relax and repeat.



# At Home Exercises

## ELBOW Flexion (Passive)

Use other hand to bend elbow, with thumb toward same shoulder. Do NOT force this motion. Hold 10 seconds.



Repeat 5 times.  
Do 2 sessions per day.

## FOREARM Supination (Passive)

Keep elbow bent at right angle and held firmly at side. Use other hand to turn forearm until palm faces upward.

Hold 10 seconds.

Repeat 5 times.  
Do 2 sessions per day.



## FOREARM Supination (Assistive)

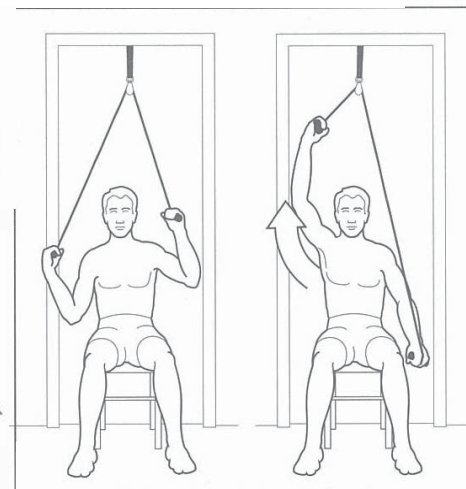
Start with forearm on table, thumb up and elbow held at side. Turn palm upward as far as possible.



Perform 3 sets of 10 repetitions. 2 times a day.

## Rope & Pulley Exercise

The following exercise requires the **Rope and Pulley Set** with **Door Strap**. Position the door strap at the top of the door jamb so that the pulley is on the **non-opening side of door**. To adjust rope length, simply move knot at rope ends.



## FOLLOW UP APPOINTMENTS

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### QUESTIONS & NOTES:

[illegible]



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