



**YOUR GUIDE FOR OUTPATIENT**

# Total Shoulder

**REPLACEMENT**



# Locations

SCAN QR CODES  
FOR DIRECTIONS



**DMOS Orthopaedic Centers**

515.224.1414  
6001 Westown Pkwy,  
West Des Moines, IA 50266



**Methodist West Hospital**

515.343.1000  
1660 60th St,  
West Des Moines, IA 50266



**Iowa Lutheran Hospital**

515.263.5612  
700 E University Ave,  
Des Moines, IA 50316



**Ankeny Medical Park  
Surgery Center**

515.965.2200  
3625 N Ankeny Blvd Suite J,  
Ankeny, IA 50023



**Orthopaedic Outpatient  
Surgery Center**

515.224.5232  
1600 60th St,  
West Des Moines, IA 50266

# Important Numbers

**DMOS Orthopaedic Centers**

515.224.1414

**Sara Landholm, RN**

*Total Joint Coordinator*

515.224.4220

**Katie Buss, RN**

*Total Joint Coordinator*

515.224.4221

## IF YOU HAVE CONCERNS RELATED TO YOUR TOTAL JOINT

### WHEN TO CALL YOUR SURGEON FIRST

- Drainage from your incision site
- Concerns about your incision or skin around incision
- Fever greater than 101.0°F
- Severe nausea, vomiting, or diarrhea

**Joint replacement infection symptoms will typically not present themselves within the first 3 days into your recovery. Warning signs of possible infection include:**

- Persistent fever (higher than 101.0°F orally)
- Shaking, chills
- Increasing redness, tenderness, or swelling of the surgical wound
- Increasing drainage that is purulent (pus-like)
- Increasing joint pain with both activity and rest

*\*\*\*Notify your surgeon immediately if you develop any of these symptoms\*\*\**

### WHEN TO CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

- Sudden onset of chest pain
  - Sudden unexplained shortness of breath
  - Localized chest pain with coughing
  - Blood with vomiting or coughing
-

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# Outpatient Joint Replacement

## **Selecting Your Support Person:**

All patients undergoing Total Joint Replacement must have a designated home support “Coach” after the procedure. This person is commonly a family member, friend or loved one that is capable and willing to care for you while you are in the acute period of recovery (3-4 days). Please note: if you do not have someone willing or able to do this at the time of your surgery, please advise the Total Joint Coordinator, as this may delay your surgery.

## **Common Pre-Operative Clearance:**

Your surgeon will request that your primary care provider complete a history and physical and pre-operative clearance prior to surgery. All your information will be carefully reviewed by your surgeon and an anesthesiologist. These clearances may include:

- Standard Labs
- Pre-Operative EKG (electrocardiogram)
- Chest X-ray
- Surgical clearance by any specialist you see (Cardiologist, Pulmonologist, Endocrinologist, etc.)

## **The Outpatient Experience:**

- Prior to your procedure, you will have attended a pre-operative education class. This class is led by a registered nurse and is a required part of this program.
- The class discusses all the elements of this booklet and your surgical experience.
- Please have your dedicated Recovery Coach attend this class with you.
- The plan for medications, equipment and post-operative support will be clearly outlined and you will be well prepared for a successful recovery.
- You will be scheduled to see your surgeon 7 – 14 days after surgery unless other wise directed.

## Preventing Infection BEFORE surgery

Remaining free from infection is a significant factor to the success of your operation. The most effective way to reduce your risk is to practice good hygiene. This means that you and your caregivers are making a conscious effort to wash hands frequently. Please notify your surgeon if you have ever had a serious skin infection such as MRSA so appropriate measures can be put in place to reduce your risk for a surgical site infection.

Some of the infection prevention factors to follow prior to surgery are listed below:

1. Daily showers with Chlorhexidine/betasept starting 5 days prior to surgery.
2. Nasal application of Mupirocin twice daily starting 5 days prior to surgery.
3. Do NOT shave your surgical area starting 7 days prior to your surgery.

## For FIVE days before your surgery

- Wash your hair and face as you normally would.
- Use the liquid soap, Chlorhexidine (CHG), once a day for five days, preferably at bedtime. (This is available at your pharmacy without a prescription)
  - a. Let your skin get completely wet in the shower, then turn water off.
  - b. Apply the soap from your neck down to your toes using a clean washcloth.  
KEEP AWAY FROM YOUR EARS AND EYES.
  - c. Scrub your body with the soap and clean washcloth. **\*\*This soap DOES NOT suds up like normal soap\*\***
  - d. Focus on the area of your surgery, under your arms, and your groin.
  - e. Keep the soap on for at least 2 minutes.
  - f. Rinse off the soap and use a clean towel.

· Apply mupirocin ointment in your nose, twice a day (morning and evening) for five days.

- a. Place a pea-sized amount of ointment on a cotton swab.
- b. Apply the ointment in one side of your nose.
- c. Repeat steps a) and b) for the other side of your nose.
- d. Pinch together and release the sides of your nose many times for one minute to spread throughout your nose.
- e. If your nose starts to sting, remove the ointment with a soft cloth and water. This is very rare.





# Checklist: Preparing for Total Shoulder Surgery

- Recovery Coach Chosen: \_\_\_\_\_
- Appointment for Primary Care physical and lab work scheduled:  
Date \_\_\_\_\_
- Pick up prescription for soap and nasal ointment from your pharmacy.  
Date \_\_\_\_\_
- Total Joint Education Video Completed: \_\_\_\_\_

Daily showers with Chlorhexidine (CHG) starting 5 days prior to surgery:

- Date \_\_\_\_\_
- Date \_\_\_\_\_
- Date \_\_\_\_\_
- Date \_\_\_\_\_
- Date \_\_\_\_\_

Twice Daily applications of Mupirocin in each nostril starting 5 days prior to surgery:

- Date \_\_\_\_\_ (AM) (PM)
- Date \_\_\_\_\_ (AM) (PM)
- Date \_\_\_\_\_ (AM) (PM)
- Date \_\_\_\_\_ (AM) (PM)
- Date \_\_\_\_\_ (AM) (PM)

### Start Tylenol:

Tylenol (acetaminophen) is safe to take prior to surgery and is recommended as follows. 1000 mg acetaminophen 4 times a day starting 3 days prior to surgery, unless otherwise directed:

- Date \_\_\_\_\_ (AM) (NOON) (PM) (BEDTIME)
- Date \_\_\_\_\_ (AM) (NOON) (PM) (BEDTIME)
- Date \_\_\_\_\_ (AM) (NOON) (PM) (BEDTIME)

\*Last dose must be taken prior to midnight the night before surgery.

# Total Shoulder Replacement Overview

## Definition

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 the circular depression (glenoid) in the shoulder blade (scapula) is the socket. The head of the humerus and the surface of the glenoid are 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 muscles and tendons that provide stability, support and function to the shoulder.



## Total Joint Replacement

Conditions such as arthritis, as well as certain diseases, can affect the shoulder joint structure and function. The word "arthritis" means inflammation of the joint. Over time, this inflammation can cause cartilage loss and exposed bone within the shoulder joint, leading to pain and limited mobility. Advanced arthritis is the most common reason for shoulder replacement surgery. Shoulder replacement surgery is performed when the shoulder joint reaches the point when pain can no longer be controlled with non-operative treatments. Total shoulder replacement is a surgery that removes the damaged joint surfaces and replaces them with artificial implants. Shoulder replacement implants have been designed to provide the best possible function with long-lasting results. Metal, plastic or ceramic materials may be used. Your surgeon will determine the most compatible and durable implant for you.

## Types of Shoulder Replacements

### 1. Total Shoulder Replacement

The total shoulder replacement involves replacing the arthritic joint surface with a metal ball attached to a stem and a polyethylene (hard plastic) socket. This is used for patients that have a functioning rotator cuff.

### 2. Reverse Total Shoulder Replacement

The reverse shoulder replacement is used for patients without a functioning rotator cuff, inability to lift hand to head, and for those who have had a previous shoulder replacement that has failed. A reverse total shoulder replacement involves replacing the socket with a ball, and the ball with a new socket attached to a stem.

# Realistic Expectations About Joint Replacement Surgery

An important factor in deciding to have total joint replacement surgery is understanding what the procedure can and cannot do.

More than 90% of individuals who undergo total joint replacement experience a dramatic reduction of joint pain and significant improvement in the ability to perform common activities of daily living after their surgical recovery. However, total joint replacement will not make you a super-athlete or allow you to do more than you could before you developed arthritis. Following surgery, you will be advised to avoid some types of activities.

With normal use and activity, every joint replacement slowly develops some wear in the plastic components. Excessive activity or weight may accelerate this normal wear and cause the joint replacement to loosen and become painful. With appropriate activity modification, joint replacements can last for many years.

Not recommended after surgery	Contact sports and repetitive lifting of 25 lbs or greater over head
Expected Activity After Surgery	Most low impact activities including tennis, swimming, and golf.

### Will my joint be different after surgery?

Yes. You will have a scar from the surgical site, and you will likely have some numbness around the incision. It is important to understand that your joint replacement may never feel like a “normal” joint. You can expect to have less pain and more function after recovering from your joint replacement. It can be normal to hear a “clicking” noise from your new joint following your surgery. This is plastic hitting against metal within your new shoulder replacement.

# Safety and Preparation of your Home

Making your home “recovery friendly” is easy. A good rule of thumb is to think safety first and then comfort. Avoid Falls!

## Entryways, stairs, and halls

- Keep well-lit and clutter-free.
- Install night-lights and illuminated switches.
- Make sure carpets/loose rugs are firmly anchored to the floor.
- Avoid throw rugs especially near stairs.
- Install nonskid pads on uncarpeted steps
- Have TWO different escape routes in case of fire.
- Check and repair all loose handrails/banisters. You may want to have handrails installed where necessary.

## The Kitchen

- Move the most used items within easy reach.
- Never stack objects to stand on to reach high places.
- Keep the floors dry.
- Buy easy to prepare meals, such as frozen foods.

## The Bathroom

- Place non-skid adhesive strips on the floor of bathtubs/showers.
- Turn on lights in addition to a night-light when getting up at night to use the bathroom.
- Keep floor dry in bathroom.

## General Safety Tips

- Sit on the side of the bed a few minutes to wake up before getting out of bed.
- Remove furniture from walkways.
- Place emergency phone numbers near phone.
- Be aware of changes in surface levels (ex. Curbs, stairs, carpet vs linoleum, uneven surfaces outside, ice). If necessary, use stable objects for extra support.
- Watch for pets in the home to avoid collisions.
- Relax in firm chairs that have armrests and are at appropriate heights. Using pillows will help. This will make it easier to get up.

### **Prepare your shower**

Someone may need to be readily available to help with showering. Place your soap, shampoo and other shower items in a spot that allows you to avoid reaching with your surgery arm.

## **What to Expect the Day/Evening Before Surgery**

A nurse from the surgery center will contact you the day before surgery (or on Friday if your operation is on Monday) and will discuss the following:

- NO solid food at midnight the night before surgery.
- Which medications to take the morning of surgery.
- What time you should plan to arrive at the surgery center.
- The need to leave ALL jewelry, piercings, and other valuables at home.
- You may enjoy a light dinner. Remember to drink plenty of fluids but to avoid alcohol. Consider drinking 16 oz of an electrolyte replacement drink such as Gatorade, Powerade or Pedialyte as your last drink.
- Bring your device (BiPAP, CPAP or mouthguard) if you use one, even rarely, for obstructive sleep apnea.

### **Pack and bring important documents:**

- ✔ Photo ID
- ✔ Insurance Card
- ✔ Durable Power of Attorney papers (if you have this)
- ✔ Patient Education Book

## Check-in Process

### Before Leaving Home

- Do not apply makeup, lotion, perfume, or deodorant
- Do not shave surgical area
- You may brush your teeth and rinse your mouth but do not swallow the water

### Registration

When you arrive at the surgery center, proceed to the desk and our staff will assist you. You will be asked to verify the spelling of your name, date of birth, and insurance information. Copies of your photo ID and insurance card will be taken. You will be asked to sign various consents during registration; there will be plenty of time to ask questions. After the registration process is complete, you will be asked to take a seat until one of the surgery center nurses calls you to accompany them. At this time, your coach/family members will remain in the waiting room while you change into a gown and an IV is started. The nurse will then call for your coach/family to come to your pre-op room.

### Pre-Operative Admission Process

1. We will weigh you as walk to your room. All females of childbearing age will be asked for a urine sample.
2. You will be asked to put on a patient gown, hair covering, and socks.
3. The nurse will check your heart rate, blood pressure, and temperature.
4. A nurse will place an IV in your hand or arm.
5. A nurse will inspect the surgical site and use a clipper to remove any hair present.
6. A nurse will cleanse the surgical site with an antiseptic cloth.
7. You and your surgeon will mark the joint you are having replaced with a special pen.
8. An anesthesiologist will meet with you to discuss an anesthesia plan.
9. You will be asked to remove dentures/partial plates, contact lenses and eyeglasses, jewelry, and piercings, if any remain. It is preferred you remove these and leave them at home.
10. You will receive a dose of antibiotics per your surgeon's orders.
11. You will then be taken to the operating room. At this time, your coach/family will return to the waiting room

## What will my time at the Surgery Center be like?

After your surgery is done, you will be taken to the recovery room, also known as the Post-Anesthesia Care Unit (PACU). As you are recovering from your anesthesia, your surgeon will talk to your Recovery Coach/Family to let them know that your surgery is over and how the procedure went.

You will most likely be groggy initially after the surgery due to the medication you received in the Operating Room (OR). In PACU your vital signs (blood pressure, temperature, and pulse) will be monitored closely by your nurse. The nurse will also evaluate your dressing for drainage. Once your surgeon and anesthesiologist deem it safe, you will move into your final recovery location (Post-Op) where your Recovery Coach/Family can visit. You will be prepared for discharge.

### **Am I going to have pain?**

It is important that you understand that we cannot take away all of your pain. Your pain will be evaluated with words like; mild, moderate, severe, controlled, and tolerable. Some pain is normal after surgery and we will keep you as comfortable as possible. Controlling your pain is a very important part of your recovery.

### **Be sure to let your nurse know:**

If your pain medication seems to wear off too quickly or if you start to feel nauseated. The earlier the healthcare team intervenes, the more comfortable we can make you. Please feel free to speak with your nurse about any concerns.

### **How long will I be at the surgery center?**

You and your surgeon have chosen an expedited recovery pathway, so you will be able to be discharged the same day as your surgery. Typically, your time of stay (from admit to discharge) will be approximately 5-6 hours.

### **When can I leave?**

You will be able to go home when:

- Your healthcare team feels that you are safely moving around, and you can get in and out of bed with assistance.
- You can get to the bathroom with assistance and empty your bladder.
- Your incision has no signs of excessive bleeding.
- Your vital signs are stable.
- You can control your pain with oral medications.

## **Regional Anesthesia**

Regional anesthesia (peripheral nerve blocks) is a common option for orthopedic surgery. It numbs only the area of the body that requires surgery. You remain awake and aware during the block procedure, but rarely does a patient remember the event. Regional anesthetics are used in addition to general anesthesia for this procedure. Both are administered and monitored by your anesthesiologist before and during surgery. Some research has found that regional anesthesia can provide better pain control and lead to faster rehabilitation and fewer complications than general anesthesia alone.

### **PAIN MANAGEMENT**

Managing your pain following surgery is a priority for you and your healthcare team.

#### **Pain after surgery: What should I expect?**

- You should expect to have some pain after surgery.
- Your care team will work with you to help you achieve a pain level that is “functional” for you. This means your pain level is controlled enough that you can do your exercises and rest.
- Treating pain will be specific for each patient. The plan should include both medication and non-medication options to provide you the best pain management experience. Healing occurs faster when pain is under control.



## **Different types of pain you may feel after surgery**

You may be surprised at where you experience pain after surgery. Often times the incision itself is not the only area of discomfort. You may or may not feel the following:

- Muscle pain – You may feel muscle pain in the neck, shoulders, back, leg, feet, or chest from lying on the operating table.
- Throat pain – Your throat may feel sore or scratchy.
- Movement pain – Sitting up, walking, and coughing are all important activities after surgery, but they may cause increased pain at or around the surgical site

## **Some helpful ways to manage your pain:**

- Icing your surgical incision can help manage swelling from your surgery. This can help keep your pain level down. Ice at least 4-6 times a day for about 20-30 minutes at a time.
- Change your position. Your joint will get stiff staying in one position too long. Moving your arm (pendulum exercise, as well as elbow, wrist, hand ROM) may be advised, depending on your surgeon's instructions.
- Relaxation tapes or Guided Imagery is a proven form of focused relaxation that coaches you in creating calm, peaceful images in your mind -- a "mental escape." There are many apps and programs available that you can use.
- Listening to your favorite music or tuning in to your favorite television show can provide a distraction from your pain or discomfort.
- Go outside if the weather allows you to. Getting some fresh air can help when you are feeling down or having a hard time managing your pain.
- Plan a social connection with your family or friends. Getting together with those you love can help lift your mood, and also distract you if you are having a hard time with your recovery. Please stay safe and avoid those that are sick or have been ill.

## **Oral Pain Medication**

We use a multi-modal pain management approach. That means we use many different types of medications and therapies to work together to control your pain. Your nurse will help you form a plan that is just for you. The nurse will also help you with a plan for managing your pain when you go home.

- Your plan may include non-narcotic medications such as Acetaminophen, or anti-inflammatories like Ibuprofen or Naproxen. It can be helpful to alternate these medications so that you are not taking everything all at once.
- Make sure to continue to use other ways to manage your pain while you are using medications. Together, they will work to provide you with a better pain management experience than just medications by themselves.
- Narcotic medications are sometimes prescribed after surgery. Examples include oxycodone, Percocet or Norco.
- Take narcotic medications when you need them. Do not plan ahead and take these medications to keep the pain from getting too bad. You may end up taking more narcotic medications and experience more side effects.

**IMPORTANT:** *If you feel your pain is not being controlled, please talk with RN joint coordinator. It's important to find a pain management plan that will work for you and make sure you can participate in your recovery.*

**\*No refills provided over the weekend. Please call before 12:00pm on Friday for a pain medication refill.\***

## Shoulder Recovery Guidelines

### Coming Home:

1. Make yourself as comfortable as possible by taking pain medications exactly as prescribed. For pain that is not controlled by your medication, do not increase the dosage: rather, call your joint coordinator. If you have mild pain, use a medications Like Advil® (ibuprofen), Aleve® (naproxen) or Tylenol® (acetaminophen) instead of the prescription pain medication.
2. Your arm will be in a sling or an immobilizer after surgery. You will be able to remove the sling or immobilizer for showering, dressing, and exercises as prescribed by your surgeon
3. No driving until directed by your surgeon. Never drive while taking opioid pain medication.

4. Cold therapy - Apply ice or use your cooling machine 20 min. per hour or at least four times daily.
5. Take proper care of your incision with appropriate dressing changes and wound care as directed by your surgeon.
6. Do not deviate from the post-operative regimen outlined by your surgeon.
7. Keep your follow-up appointments with your surgeon.

**Tips:**

- Be patient during your recovery since your progress will be gradual.
- A successful outcome depends on your positive attitude. Trust your surgeon; minimize anxiety by maintaining open communication.

**Will I Need Assistance for Personal Care?**

You will need someone with you for 3-4 days at home. Depending on your healing process, you may need someone on-call to assist you for 2-4 weeks after surgery.

**Recovery Weeks 1-4**

- After your initial follow-up visit (1-2 weeks after surgery), Your surgeon may instruct you to attend physical therapy to gradually work on your range of motion and strength. Depending on your surgeon and your recovery, your physical therapy may start between week 1-4.
- If you feel like you will need it, take pain medications about 45 minutes before your physical therapy appointment.
- Continue to do your home exercises as instructed, even if you are working with a physical therapist. Doing your exercises at home is very important to getting your strength and range of motion back.
- Take time to rest and ice your arm throughout the day. It's important to move throughout the day, but you can overdo it.

## Showering/Sleeping

### When can I shower?

You are able to shower within a few days of surgery. It is recommended that you have someone to help you in/out of the shower for the first several days following surgery. Depending on the type of dressing covering your incision, you will receive instructions on how to care for your incision, showering restrictions and any needed dressing changes. Please do not submerge your incision area in water until cleared by your surgeon; this includes a bathtub, hot tub, swimming pool, etc.

### Sleep

Disturbances in sleep are normal following surgery and should improve with time. If you are unable to sleep due to pain, take pain medicine with some crackers or food before bed. If you are unable to sleep on your back, sleep whichever way is most comfortable for you. If needed, you can try over-the-counter Benadryl (diphenhydramine) or melatonin; these do not cause dependence or rebound insomnia like prescription sleep aides. Restoration of healthy sleep habits (ideally 7-8 hours per night) is important in maintaining overall physical and mental health.

## Diet/Constipation

### When can I eat?

Most patients do not feel hungry right after surgery and some loss of appetite is common for several weeks following surgery. Eat light, easily digestible foods the day and evening of surgery. Please always eat before taking your prescription pain medication

A balanced diet with foods high in protein, fiber and iron is important to promote proper tissue healing and restore muscle strength. Add lean protein such as fish, poultry, lean cuts of red meat, eggs, nuts, legumes (beans), vegetables, and protein drinks (high protein/low sugar) to your diet. Adding soluble fiber will also help decrease post-op constipation. Examples include black beans, Brussels sprouts, broccoli, avocado, sweet potatoes, carrots, and apricots.

### Constipation

Constipation is a common side effect of opioid pain medication if you are taking one. This can cause pain and discomfort if the proper precautions are not taken. Another cause of constipation following surgery is lack of activity. You can reduce your risk of becoming constipated by staying hydrated, eating a good diet high in fiber, and using over-the-counter stool softeners. Staying active even with walking alone can lower the risk of constipation.

## **Over-the-counter treatment options for constipation**

**include** (list starts with the least aggressive to the most aggressive)

### **Docusate (COLACE) – a stool softener**

- Usual dose: take 1 tablet by mouth two times a day

### **Polyethylene Glycol 3350 (MIRALAX) – a gentle laxative**

- Usual dose: Add 17 grams (fill to cap line) to 4-8 ounces of beverage. Drink once a day

### **Senna (SENOKOT) – a natural stimulant**

- Usual dose: take 1-2 tablets by mouth two times a day

### **Senna-Docusate (SENOKOT-S) – A combination of a stool softener with a natural stimulant**

- Usual dose: take 1 tablet by mouth two times a day

### **Magnesium Hydroxide (MILK OF MAGNESIA) – a laxative**

- Usual dose: 2-4 tablespoons at bedtime

### **Bisacodyl (DULCOLAX) tablet – a stronger stimulant laxative**

- Usual dose: take 1 tablet by mouth daily

### **Bisacodyl (DULCOLAX) suppository – a stronger stimulant laxative**

- Usual dose: insert 1 suppository into the rectum daily

### **Magnesium Citrate (CITROMA) – a stronger laxative that usually works within several hours**

- Usual dose: drink 1/2 - 1 bottle once a day

### **Other things you can do to prevent and treat constipation:**

- Drink non-caffeinated fluids like water, juices, especially prune juice
- Eat high-fiber foods like popcorn, crunchy vegetables, and fruit
- Take a high-fiber supplement like Psyllium Husk (METAMUCIL).
  - Usual dose: add 1 teaspoon to 8 ounces of beverage. Drink once a day.

## Preventing Difficulties After Surgery

### To Avoid Breathing Problems

- Stop smoking 4 weeks before surgery and refrain from smoking after surgery.
- Use your Incentive Spirometer or deep breathing exercises to help exercise your breathing muscles and prevent pneumonia after surgery

### Instructions for using the Incentive Spirometer:

- Using the mouthpiece, inhale slowly and deeply to raise the indicator.
- When you cannot inhale any longer, remove the mouthpiece and hold your breath for at least 3 seconds.
- Exhale normally.
- Repeat this at least 10 times every hour while awake.

### To Avoid Blood Clots

- A blood thinner, typically aspirin, may be prescribed for you after surgery.

**\*\*\*Notify your surgeon immediately if you develop any of these symptoms\*\*\***

- Increasing or severe pain
- Increasing swelling

**\*\*\*Call 911 or proceed directly to ER if any of these symptoms occur\*\*\***

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

### Dental Treatments

NO dental work for at least 3 months after a total joint replacement.

When you make a dental appointment, tell your dentist you have had a joint replacement. You will need to take an antibiotic prior to your appointment. Antibiotics will need to be taken prior to each dental visit for at least 2 years following a joint replacement. This is because bacteria from the mouth, teeth, or gums can travel through

the bloodstream and settle in an artificial joint. You may need to pre-medicate with an antibiotic for any GI procedures for at least 2 years following surgery. Procedures done in the first 3 months after surgery could increase your risk for infection, please consult with your surgeon prior to scheduling any of these procedures.

### **Infection Prevention**

The following measures may reduce your risk of exposure to germs that could cause infection after your procedure.

- Frequent showers as permitted by your surgeon.
- Follow your surgeon's instructions regarding your dressing/wound care.
- Keep your fingernails short and clean. Bacteria can grow under long nails.
- Do not share any products that come in contact with your skin such as soaps, lotions, creams, and cosmetics.
- Do not share any personal items that come in contact with your skin such as razors, nail files, toothbrushes, combs, or hairbrushes.
- Wear clean nightclothes to bed and sleep in clean sheets.
- Keep any cuts, wounds, or breaks in your skin clean and covered until they heal.

### **Frequent hand washing is the best deterrent to infection!**





# Total Shoulder Arthroplasty

## Discharge Instructions

### • Pain Medicine

- Your surgeon will customize your post-op pain management plan on your discharge instructions. This plan may include acetaminophen (Tylenol), anti-inflammatories (Aleve, ibuprofen), prescription pain medications (hydrocodone, tramadol, oxycodone), and over the counter medications. Never take more than the recommended daily dosage and remember all medications can have side effects.
- Never take pills on an empty stomach – it can make you nauseous. If you're having significant abdominal pain, please contact your PCP wwoffice.

### • Blood Thinners

- You may be on a blood thinner after surgery to decrease the risk of blood clots
- Your blood thinner may cause swelling, bruising, blisters, and wound drainage
- Bruising and swelling is normal after surgery, but if it becomes excessive or you develop blisters or persistent wound drainage, we may change your blood thinner
- Most patients take Aspirin 81 mg twice a day unless instructed otherwise
- If given Aspirin, it will be continued for 4-6 weeks after surgery as directed

### • Swelling

- It is normal to have swelling after your surgery
- Ice is very important for swelling and pain control. You can use an ice pack 20 minutes on, 20 minutes off.
- You have the option to purchase a Polar Ice machine through our office. If you don't already have one and would like one, please contact our office. This machine can be used up to 45 minutes at a time 7 times a day. Do not sleep with this on.
- If you develop sudden swelling and calf tenderness that does not improve with ice and elevation, you may have a blood clot – call your Joint Coordinator. Swelling should improve with elevation (such as sleeping at night). If it does not improve, there may be a blood clot.
- If you develop shortness of breath or chest pain, go the ER as those are signs of a blood clot in the lungs

- **Fever**

- It is common to have a low-grade fever (less than 101 degrees) after surgery
- It is rarely caused by infection but is more likely a result of atelectasis (small collapse of the base of the lungs which is common after surgery). Use the “incentive spirometer” breathing machine supplied by the surgery center, or your prescribed deep breathing exercises.
- You may have night sweats (or chills) as your body reacts to the “trauma” of surgery
- If the fever does not respond to Tylenol or you have other symptoms such as a bad cough, urinary symptoms, or wound changes (pus or generalized redness), please call the office

- **Bowel Movements**

- When you get home and are in comfortable surroundings with your normal diet – work on it!
- Start over the counter (OTC) stool softner: Colace, SENNA
- You may also try MiraLAX, which is a gentle laxative that won't cause cramping
- All of the medicines for constipation are over the counter – if what you are doing is not working, a pharmacist can suggest an alternative laxative, suppository, or enema
- Constipation is the #1 reason that patients end up back in the ER

- **Nausea**

- Never take pain pills on an empty stomach – it will make you nauseous
- If you are frequently nauseous, our office can prescribe nausea medicine
- Phenergan and Zofran are 2 good medications that we can call into your pharmacy if needed. They may cause drowsiness.

- **Diet**

- Resume your normal diet as you are able and increase your fluid intake
- You may have a decreased appetite, but you need calories to help with healing
- If you are diabetic, be sure to check your blood sugar daily as uncontrolled glucose levels is a risk for infection; if they are consistently elevated, call your diabetes doctor

- **Follow-up Appointment**

- Your first post-op appt. will be made for you at time of scheduling surgery. If it is not, call the office 515-224-1414 to schedule an appointment for 10-14 days after date of surgery
- We will remove your dressing if needed, refill pain meds, prescribe therapy, answer questions, etc.

**REMEMBER – The first couple of weeks are the worst, so hang in there – it does get better!**

## Post-Op Follow-Up Communications

You should expect follow-up phone calls and emails from your total joint coordinator. We will review your pain control, medications, instructions, falls, and answer any questions you may have.

Phone calls/emails should be expected on:

- Day 1
- Day 2
- Day 7
- Day 30 - email
- Day 60 - email
- Day 90

Email follow-ups should be expected on Day 30 and Day 60. Please do not hesitate to contact your total joint coordinator at any time if you have any questions or concerns; you do not need to wait for your total joint coordinator to contact you!

# Shoulder Activity After Surgery

## Common Diagnosis

Rotator Cuff, Labrum Repair, or Reverse/Total Shoulder Replacement

## Driving

You are advised not to drive while in a sling, as a sling significantly impairs driving ability. A study showed that drivers wearing a shoulder sling were involved in significantly more crashes.

**\*Remember: DO NOT drive while taking narcotic pain medication.**

## Work

Your return to work will largely depend on the capability to work with restrictions. If restrictions are available at your job, we recommend returning once you are off pain medications and if restrictions can be followed. Discuss specific restrictions with your surgeon/physician assistant.

## Physical Therapy

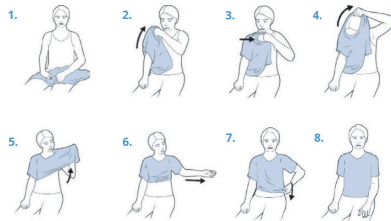
Once deemed appropriate, your surgeon/physician assistant will give you a physical therapy script at some point during your post-operative recovery. Wait to start physical therapy until you have received this script or been instructed to do so.

## Sling/Shoulder Immobilizer

- For total shoulder replacement, you will wear your sling for approximately 2-4 weeks.

## Getting Dressed

Always place the injured arm through the sleeve first. Weave the good shoulder through the sleeve and then place over the head. See the instructions and YouTube video link below for a demonstration. You may also purchase a button up shirt, magnetic shirt, or surgery specific shirt. These can be found online or at Duluth Trading Company.



View video demonstration: <https://www.youtube.com/watch?v=MGfA9eeSHsc>

# Frequently Asked Questions

## **How long before I can drive?**

- This depends upon how fast you progress through physical therapy. You may drive when you are released by your surgeon, usually 4 weeks. Do not drive at any time while you are still using opioid medications.

## **How long before I can go back to work?**

- If you primarily sit down while at work, you should be able to go back within 2-4 weeks. The specific time frame is dictated by your surgeon.

## **Will I use physical therapy after surgery?**

- Physical therapy can be an important tool to help achieve the goal of a functional joint for total shoulder replacement. The outcome of your recovery is very dependent on the commitment you must follow your therapy plan. You will be asked to complete home exercises to expedite your recovery process.

## **Will I have life-long restrictions after surgery?**

- Yes. You should avoid high impact activities like contact sports and extreme sports. If the sport could have injured your joint before surgery, it has a good chance of injuring your joint after surgery, so be careful.

## **What sports can I play after surgery?**

- Most people can comfortably play doubles tennis, golf, swim, bicycle, and hike after joint replacement surgery. Most patients can play golf about 2-3 months after surgery. You may be able to pitch and putt earlier, but taking a big swing requires that your joint is fully healed, and your strength is back to normal.

## **How long before I can have sex?**

- You can have sex as soon as you are able. Most people can have sex within 2 weeks to 1 month after surgery.

## Frequently Asked Questions Continued

### **Will I set off security sensors at the airport?**

- The implanted device placed in your joint could set off various metal security sensors. You will need to notify screeners of your implant. Implant cards will not prevent the screening process and are no longer provided.

### **My shoulder is warm and red after my surgery, is that normal?**

- Warmth and redness at your incision site is part of the normal healing process. Rest and cold therapy will help minimize these symptoms.

### **My shoulder continues to be swollen, is that normal?**

- After a total shoulder replacement, swelling is the worst 1-3 weeks after your surgery. As you increase your activities you may continue to experience swelling for 3-6 months. Rest and cold therapy can help minimize the swelling during your healing process.



