



Your
pathway
to shoulder
surgery
recovery



SSMHealth[®]
Orthopedics

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Contact numbers

SSM Health Orthopedics Clinic

920-745-3500

SSM Health Ripon Community Hospital

845 Parkside Street

Ripon, WI 54971

920-748-3101

Surgery/Anesthesia Department

920-745-3220

Surgical Inpatient Unit

920-745-3720

Case Manager

920-745-3763

Therapy Department

920-745-3630

Billing and Customer Service

855-989-6789

8 am - 5 pm

Surgery Check In

You will receive a phone call the week before your surgery to review the time to arrive and where to go in the hospital on the day of surgery.

Please enter through the main entrance of SSM Health Ripon Community Hospital, from the Parkside Street entrance.

If you have any problems on the day of surgery, please call **920-745-3231**.

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SSMHealth®

Ripon Community Hospital

Welcome

Welcome to SSM Health Orthopedics, a first-class experience in patient care! We are committed to the highest quality clinical outcomes and patient satisfaction. We have a dedicated service line of surgeons, physician assistants, nurses, therapists, and support staff. We will provide education to you and your family to help maximize your recovery and rehabilitation.

Our goal is to prepare you to go home where you can return to a healthy and active lifestyle as quickly as possible. This booklet provides an overview of what you need to know about your total joint replacement.

Thank you for choosing SSM Health Orthopedics. We look forward to working with you!

Our Mission

Through our exceptional health care services, we reveal the healing presence of God.

Vision

Peace, hope, and health for every person, family, and community, especially those most in need.

Values

Compassion | Respect | Excellence | Stewardship | Community

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Introduction

Patients have better results when they are educated about their surgery and the expectations before and after surgery. Read this booklet to help you prepare for your surgery.

Basic anatomy of the shoulder

A joint is where two bones come together. The shoulder is the most flexible of all the joints in the body. The shoulder is a ball-and-socket joint where the rounded head or ball of the upper arm bone (humerus) and the cup-like formation of the shoulder blade (scapula) meet.

The rotator cuff is a group of muscles and tendons in the shoulder, connecting the upper arm to the shoulder blade. The rotator cuff helps lift the arm over the head and also helps hold the ball (humeral head) in the socket (glenoid) of the shoulder.

A healthy shoulder has smooth cartilage covering the ends of the upper arm and shoulder. Cartilage can wear over time from arthritis or injury. This causes the ends of bones to rub against each other and leads to pain, stiffness, limited movement, and a decreased ability to perform normal daily activities.

The main reason to have a shoulder replacement is to relieve pain. Your surgeon will choose one of the following procedures to repair your shoulder arthritis: either anatomic total shoulder or reverse total shoulder replacement.

The surgical procedure will take approximately one to two hours. Your surgeon will determine when you will be discharged. Most patients go home the day of surgery, but some patients may need an overnight stay.



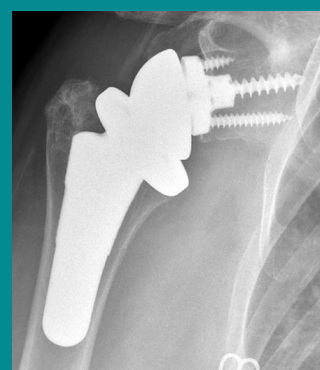
Normal shoulder



Arthritic shoulder



Anatomic shoulder replacement



Reverse shoulder replacement

Anatomic total shoulder replacement

Total shoulder replacement is a surgical procedure that involves replacing the arthritic or “worn out” cartilage. It is selected for patients that have a normal or intact rotator cuff muscle. Your surgeon will make an incision on the front of your shoulder and remove cartilage and some bone damaged by arthritis or injury. The upper arm bone and socket is resurfaced with metal (titanium, cobalt chrome) and plastic (polyethylene) parts. These specially designed metal and plastic parts are called prostheses.

Reverse total shoulder replacement

Reverse total shoulder replacement is a surgical procedure for patients who have arthritis and damage to their rotator cuff muscles that cannot be repaired. Reverse shoulder replacement also can be used to treat shoulder fractures. Your surgeon will make an incision on the front of your shoulder. The upper arm bone is resurfaced with a plastic cup and a metal ball is placed in the shoulder socket.

Complications

When considering total shoulder replacement surgery, you should be aware of potential complications associated with the procedure and the precautions that are taken to prevent them.

Infection

- Although the risk of infection is low, it can be a major complication of surgery.

- Some activities to help prevent infection may include: pre-surgical testing, antibacterial soap showers, frequent hand washing by patients, staff, and visitors, following infection prevention instructions after discharge, and proper nutritional intake.
- Contact your surgeon’s office if you develop a fever, flu/cold-like symptoms, or any open sores on your skin before the day of your surgery.

Blood clots

- Development of blood clots, called deep vein thrombosis (DVT) is another complication, but this risk is small when precautions are taken.
- Precautions may include the use of medications to thin the blood, mechanical devices to help circulate blood in your legs, and ankle exercises.
- Regular activity and frequent movement is the best prevention of blood clot formation.

Other complications

- Nerve or vessel damage can occur, but these complications are extremely rare.
- Blood loss may occur during surgery, but blood replacement/transfusion rarely is required.
- Dislocation

A successful recovery requires your active participation in therapy and following all instructions from your care team before and after your surgery.

Preparing for surgery

Surgery scheduling

The staff at your surgeon's office will schedule your surgery and will instruct you about any preoperative testing required before surgery. You will receive a call the business day before your surgery with the information about the time of your surgery and when to arrive the day of your surgery.

You should plan to go home with the help of an adult family member or friend. Your surgeon will determine when you will be discharged home.

Support after surgery

Your surgeon requires that you have a responsible adult family member or friend who will be willing and able to:

- Drive you home when you are discharged after surgery.
- Stay with you for a few days at your home, or their home if needed, after discharge.
- Help you with meals, errands, and transportation for the first few weeks you are home after surgery.
- Help you with your therapy exercises as well as activities of daily living (dressing and bathing).
- Drive you to any therapy appointments and to your first postoperative clinic appointment.
- Be a contact for you, if needed, during the first 90 days after your surgery.



Preoperative evaluation

When you are scheduled for joint replacement surgery, you will be directed to see a provider **14-30 days before your surgery date** to allow enough time to review your testing results and avoid possible cancellation of your surgery.

Preoperative testing may include laboratory tests. Surgeons may require medical, cardiac, or dental clearances before your surgery.

Nasal screening

Exposure to bacteria or germs can cause infection in your joint. Your surgeon may test for two types of bacteria: Methicillin Resistant Staphylococcus Aureus (MRSA) and Methicillin Sensitive Staphylococcus Aureus (MSSA).

These common types of bacteria are often found on your skin and may be present in your nose. To identify and properly manage staph bacteria, we may need to obtain a nasal swab before surgery.

Uncontrolled diabetes

If you have been diagnosed with diabetes (or told you are pre-diabetic or borderline diabetic but are not on medication or under medical supervision), you have a higher risk of complications during and after surgery. Your surgeon may delay your surgery date to allow time for you to improve your blood sugar control.

You should monitor your blood sugar before and after surgery to maintain an acceptable range to promote optimal healing. If you need assistance with diabetic meal planning, ask your provider for a referral to an outpatient dietitian near you.

Dental work

Any necessary minor dental work, routine cleaning, or a dental checkup should be completed at least 7 days before your joint replacement surgery.

If you need MAJOR dental work, please discuss this with your surgeon, including treatment for an infected or abscessed tooth. Scheduling a date for surgery will be delayed to allow time for sufficient healing.

It is usually recommended that you avoid dental work for 3 months after your joint replacement.

After your surgery, please check with your surgeon about the necessity for taking antibiotics before going to the dentist after your surgery.

Medications

If you currently take any blood-thinning medications, you will receive specific instructions about how to safely stop before your surgery.

All blood thinning medications need to be discontinued before surgery including, but not limited to: Coumadin® (warfarin), Plavix® (clopidogrel), Pradaxa® (dabigatran), Eliquis® (apixaban), Savaysa® (edoxaban), Xarelto® (rivaroxaban), Effient® (prasugrel), and Brilinta® (ticagrelor).

Aspirin or aspirin-containing products such as Excedrin® should be stopped 7 days before surgery. If a provider prescribed the aspirin, please call that provider for specific instructions about stopping it before surgery.

Your prescribing provider does not need to be contacted, but the following medications also thin your blood and should be stopped before surgery:

- **Prescription anti-inflammatory** drugs such as Clinoril® (sulindac), Feldene® (piroxicam), Mobic® (meloxicam), Celebrex® (celecoxib), Naprosyn® (naproxen), Arthrotec® (diclofenac sodium), or rheumatoid arthritis medications such as Trexall® (methotrexate)
- **Non-prescription anti-inflammatory drugs (NSAIDs)** such as Advil®, Aleve®, ibuprofen, or naproxen

All **herbal medications** need to be stopped 7 days before surgery including, but not limited to: fish oil, flaxseed oil, primrose oil, ginkgo, echinacea, St. John's Wort, melatonin, turmeric, glucosamine and chondroitin, vitamin E capsules, weight-loss medications, and CBD oil.



You may take **Tylenol®** (acetaminophen) medications for pain or headache any time before surgery, if you are not allergic or sensitive to Tylenol®. Do NOT take if you have a history of liver disease, allergy, or instructions to avoid it.

All your other prescription medications, unless otherwise instructed should not be stopped and should be taken exactly as prescribed until midnight, the night before surgery.

If you have diabetes, please talk to your provider about eating instructions and taking your diabetic medication the night before and the morning of your surgery.

You will need to bring your inhaler and prescription eyedrops on the day of surgery. **Unless instructed, do not bring any of your other medications with you.** Your provider will order appropriate home medications to be given to you after surgery.

Nutrition guidelines for surgery recovery

Good nutrition is important before and after surgery to support your body's response to surgery and recovery, to maintain lean muscle and strength, and to reduce the risk of complications and hospital readmission. Starting now and for 4 weeks after surgery, eat 5-6 small meals with protein in each meal (unless your doctor restricts high protein).

We recommend a high-protein, anti-inflammatory diet to optimize recovery. Some suggestions include:

- Eat fruits and vegetables.
- Snack on nuts every day.
- Choose lean proteins such as fish, poultry, and beans more often than red meat.
- Choose heart-healthy fats such as olive oil, canola oil, or avocado oil.
- Use herbs and spices instead of salt.
- Switch to whole grains rather than foods with refined (white) flour. If you are unable to eat food for a meal, drink a nutritional supplement.

Nutritional supplements

When you don't feel well, which may happen before or after surgery, it can be difficult to get all the nutrients you need from food.

Nutritional supplements can provide the protein, vitamins, and minerals you need to prepare for surgery, and to help your body recover after surgery.

You may wish to try over-the-counter products such as Premier Protein®, Ensure®, Boost®, Carnation Breakfast Essentials®, or store-brand versions at a reduced cost.



Avoiding and relieving constipation

Many factors contribute to constipation, including a sedentary lifestyle, use of pain medication, and poor nutrition. Physical activity, hydration, and a diet high in fruits and vegetables that naturally contain fiber and a high-water content will assist bowel health.

Pain medications that cause constipation include: Norco® (hydrocodone with Tylenol®), Percocet® (oxycodone with or without Tylenol®), Oxy-IR® or OxyContin® (oxycodone), Tylenol® with codeine, Ultram® (tramadol), and Ultracet® (tramadol with Tylenol®).

Signs of constipation

- Bowel movements are less often than normal.
- Stools are small, dry, and hard to pass.
- Prolonged constipation can cause stomach pain, nausea, or vomiting, and feelings of confusion.
- Call your doctor if any of these symptoms occur.

Suggestions to relieve constipation

- Drink at least 8 glasses of water every day (unless your fluid intake is restricted by your doctor).
- When you feel the urge to use the bathroom, don't hold it.
- Avoid using bulk laxatives (Metamucil®, psyllium).
- Do not eat foods with high fat or sugar content.
- Eat foods to get 25-30 grams of fiber every day (e.g. black beans, All-Bran® cereal, peas, bananas).

The following medications are recommended to prevent constipation while taking opioid medications:

- Take a stool softener twice daily while on opioid pain medication.
- Take a stimulant laxative twice daily (Senna S®, dulcolax tablets, milk of magnesia or cascara with or without Colace®). If diarrhea develops, take only at bedtime.
- If the above treatments are unsuccessful, try an over-the-counter rectal intervention (first, a glycerin suppository; if unsuccessful, an enema).
- To help avoid problems after surgery, make sure you are not constipated when you arrive for surgery.

Lifestyle changes

Smoking

If you currently use tobacco products, now is the ideal time to stop. Research studies suggest that people who stop smoking at least 4 weeks before surgery have a faster recovery time and heal with fewer complications.

Resources are available to help you with a smoking cessation plan. Please talk with your provider or nurse, or call the free coaching hotline at 1-800-QUIT-NOW.

Long-term use of opioid pain medication

If you have been using opioid (narcotic) pain medication for your joint pain or other chronic pain condition, talk with your surgeon about ways to reduce opioid use before surgery.

Pain control is one of our top priorities, but people who use opioids for pain before surgery have more difficulty managing postoperative pain.

It would be ideal to gradually reduce the amount of opioid you currently take before your surgery.

Preparations for going home

Before you go home, your care team will help to make sure you are ready and able to take care of yourself. You will be able to go up and down a few steps, go to and from the bathroom, and move around your house.

Most patients are ready to be discharged directly home after surgery. If you live alone, it is best to plan to have family members and/or friends help you with meals, laundry, errands, etc., for at least a few days after you are home. You also may need help with simple daily tasks like dressing, bathing, and managing your sling.

You cannot drive for at least 6 weeks after surgery. Plan ahead for someone to drive you as needed.

Equipment

Your therapy team will help to decide if adaptive equipment is needed for you during your recovery. Adaptive equipment is not typically necessary after surgery although some items may allow you to be more independent with dressing and bathing. To make taking a shower safer and easier, a shower chair or tub bench may be recommended.

Your surgeon will order the specific type of sling you will need to wear during your recovery.

Avoid a fall with these precautions

Prepare your home before surgery to avoid hazards that could cause a fall after surgery:

- Clear walkways, remove throw rugs and clutter, fasten loose carpet or flooring, and move electrical and phone cords.
- Make sure lighting is bright at the entrance to your home and where you will be walking, and that light switches are accessible at room entrances and at the top and bottom of stairs. Replace light bulbs in overhead lights or lamps and place a flashlight near your bed and chair for emergency.
- Check that handrails are sturdy along stairs, and that steps are marked and clearly visible.
- Remember, some medications can make you dizzy, drowsy, or unsteady. Take medications as directed and eat as instructed with medications.
- Use a sturdy shower chair on top of a rubber mat in your tub/shower, and if you have grab bars, make sure they are secure. Use a nonskid rug on the floor.
- Wear supportive shoes and use your assistive device as needed.
- Avoid sitting in chairs that rock, swivel, or roll. If a seat is too low or has a soft cushion, use a foam cushion to firm and raise the seat height.
- Use a cordless phone and keep a list of emergency phone numbers available.



Preoperative skin preparation

Do not shave your surgical area as instructed by your surgeon.

Follow instructions for skin cleansing provided by your surgeon to decrease bacteria on your skin and help prevent infection. If you are allergic to chlorhexidine, use liquid Dial® antibacterial soap.

After you shower, do not use any lotions, deodorants, makeup, powders, or cream unless instructed by your surgeon.

Change your bed sheets the night before surgery and wear clean clothing to bed.

DO NOT

Eat anything after midnight the night before surgery.

DO NOT

Drink alcoholic beverages for 24 hours before surgery.

Preoperative clear liquids

Certain liquids are allowed before your scheduled surgery time. Studies have shown that drinking liquids before your surgery can help your recovery after surgery. Your surgeon's office will give instructions for hydration before surgery.

Medications the morning of surgery

If you are instructed to take any medications the morning of your surgery, please swallow these with a clear liquid.

Diabetic patient instructions

If you are a diabetic patient, please talk to your primary care provider or your endocrinologist about eating instructions and taking your diabetic medications the morning of your surgery.

Checklist

What to bring the day of surgery

❑ **Driver's license and medical insurance card**

You will need to bring your driver's license for identification and your insurance cards for check-in the day of surgery.

❑ **Clothing**

Please bring a change of clothing, including a large button-down or loose-fitting shirt, elastic waist shorts or slacks, socks, and underclothes. Bring a pair of sturdy shoes for walking.

❑ **Miscellaneous items**

Please bring your dentures, hearing aids, and glasses/contact lenses. Hearing aids, dentures, and contact lenses will be removed before you go to surgery, and will be returned to you after surgery.

❑ **CPAP/BiPAP machine**

If you use a CPAP or BiPAP machine at home, please bring your machine on the day of your surgery.

❑ **Medications**

Please bring your prescription eye drops and inhalers. Bring a complete list of your current medications but do not bring the medications.

❑ **Advance directives**

Please bring your Durable Power of Attorney and Living Will on the day of surgery.

❑ **Education booklet**

Please bring this education booklet with you. Your care team may use it to review information before you are discharged.



What **not** to bring the day of surgery

❑ **No wallet or money except copayments**

Please do **not** bring a wallet, money, or any other valuables with you except for necessary copayments.

❑ **No jewelry**

Please remove all jewelry including wedding bands and earrings or any other piercings and leave them at home.

Day of surgery

Preparation

Do not wear nail polish or artificial nails or they will be removed before surgery.

If you wear contact lenses, dentures, or hearing aids, you will be asked to remove them before surgery.

Anesthesia

A staff member from the Anesthesia Department will review your medical history and recommend the best anesthesia type for you on the day of your surgery. The types of anesthesia for total shoulder replacement surgery are general anesthesia and interscalene block.

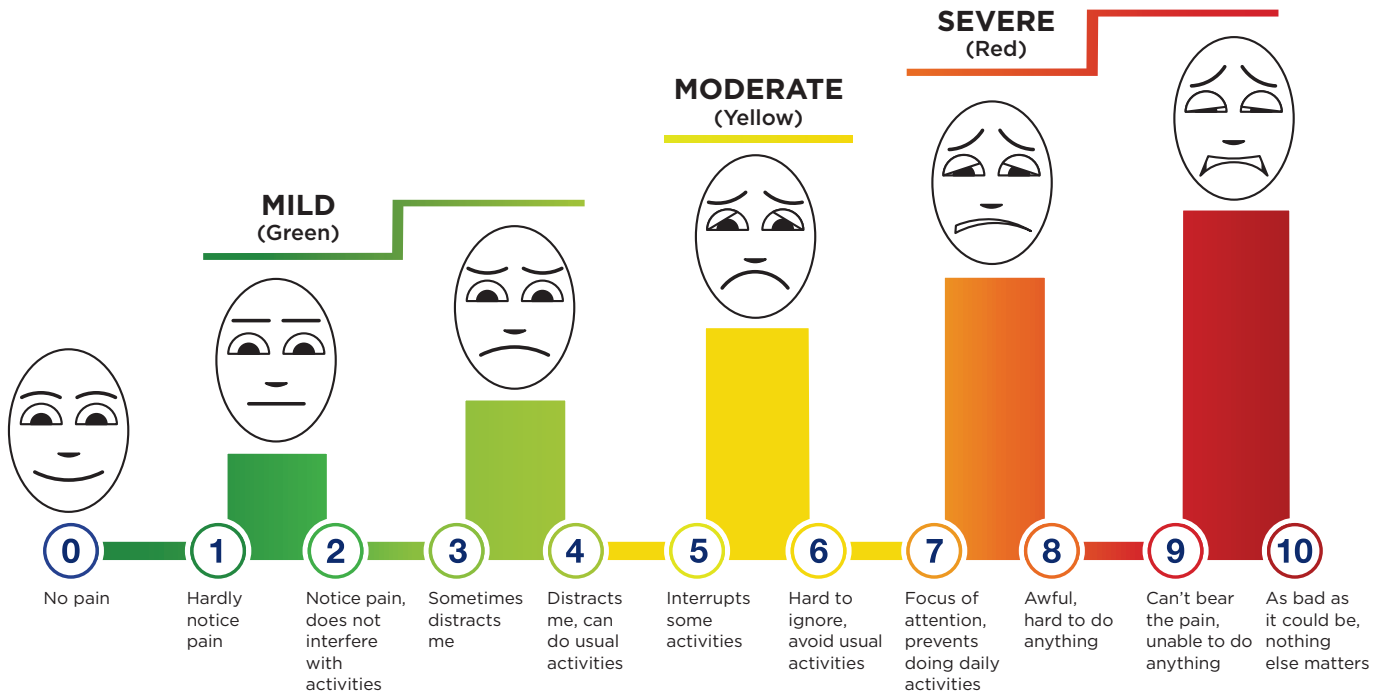
General anesthesia is medications administered through your intravenous (IV) site and from anesthesia gases. After you are asleep, a tube is placed in your throat to assist with your breathing and it is removed before you wake up. Your throat may be slightly sore and you may experience a hoarse voice for a short time following surgery.

An **interscalene block** is medications injected into your shoulder to produce numbness during your surgery. The block can also provide some postoperative pain relief.

Procedure

- Surgery usually takes 1-2 hours
Your surgeon will talk to your family members or friends after the procedure.
- After surgery, you will be taken to the Post Anesthesia Care Unit (PACU).
- You may experience blurred vision, dry mouth, chills, or nausea when you wake up from anesthesia. You may also have a sore throat if a breathing tube was placed in your throat.
- Expect to have your shoulder bandaged and in a sling.
- Family members and friends may visit with you once you are moved out of the PACU.





Pain medication and pain control

- After surgery, your nurse will ask you to describe your pain on a scale of 0-10 using the diagram shown.
- You will receive medication and cold therapy to help control your pain after surgery.
- Additional ways to manage discomfort include deep breathing, elevation, and muscle relaxation.
- Our goal is to keep your pain at a tolerable level, but you should expect some degree of pain at the surgical site.
- The amount and intensity of pain that a person feels differs from one person to another since patients respond differently to pain medications.
- Ask your nurse for medication when your pain is present and before it gets severe or out of control.
- Different types of medicine are given based upon the degree of pain.

- Please tell your nurse if your pain medication is not providing enough relief, or if you don't like the way it makes you feel.
- Opioid medications may cause itching, nausea, constipation, and confusion. We will try to minimize these normal side effects.
- If you use opioid medication for pain control before surgery, your pain will be more difficult to control after surgery. Please discuss this with your surgeon.

Breathing exercises

- Your doctor will order breathing exercises for you after surgery.
- Bed rest, drowsiness, anesthesia, and pain can make it more difficult for you to take normal deep breaths.
- It is important for you to breathe deeply to help keep your lungs clear and avoid complications such as pneumonia.

Therapy and activity guidelines

Therapy exercises will help rebuild your shoulder strength and ability to move.

Your therapy team will instruct and show you how to do your exercises and activities safely.

Activity guidelines

Your therapist will help you add everyday activities back slowly with guidance for a full recovery after surgery.

DO NOT

- **Do not** actively reach with or move your surgical shoulder.
- **Do not** put any weight on your surgical arm.
- **Do not** move your surgical arm behind your body (extension). (Figure 1)
- **Do not** lift, carry, pull, or push objects with your surgical arm. (Figure 2)

DO

Wear your sling

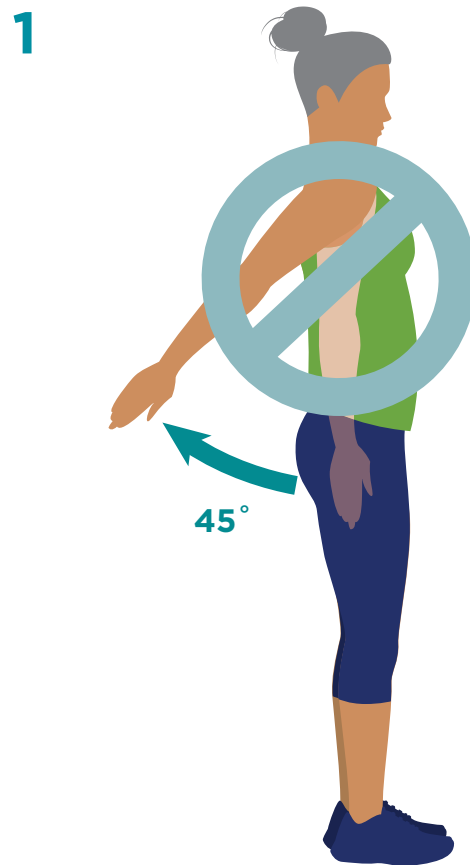
- Your surgeon or therapist will discuss how long to wear your sling.
- Most surgeons require you to wear a sling for 4-6 weeks after surgery.
- You may remove the sling when performing therapy exercises, dressing, and bathing.
- You must wear your sling while sleeping.

Protect your arm and shoulder

- Use a pillow to support your arm when sitting or lying down.
- When washing under your arm or putting on a shirt, lean over to allow surgical arm to hang away from your body. Put surgical arm into shirt sleeve first.
- Drape jacket over your shoulder when wearing the sling. Do not hesitate to ask for help.

Apply ice or cold pack for 20-30 minutes, four times a day or more, as needed.

Perform therapy exercises every day.



Elbow, wrist, and hand range of motion exercises

Do 4 times a day. Do each exercise 10 times, pause, and do 3 sets.

Active range of motion (AROM) Elbow flexion/extension (Figure 1)

- Sit in a chair.
- Rest your surgical arm with your palm up on your lap or on the seat of the chair.
- Move your hand toward your shoulder as far as you can tolerate.
- You may use your non-surgical hand to assist.
- Slowly lower your hand until your elbow is straight, or as close to straight as tolerable, as pictured.

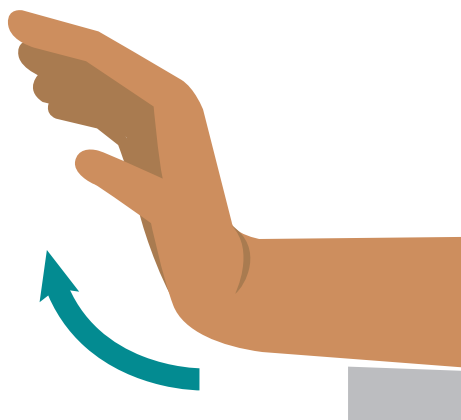
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Active wrist flex/extend (Figure 2)

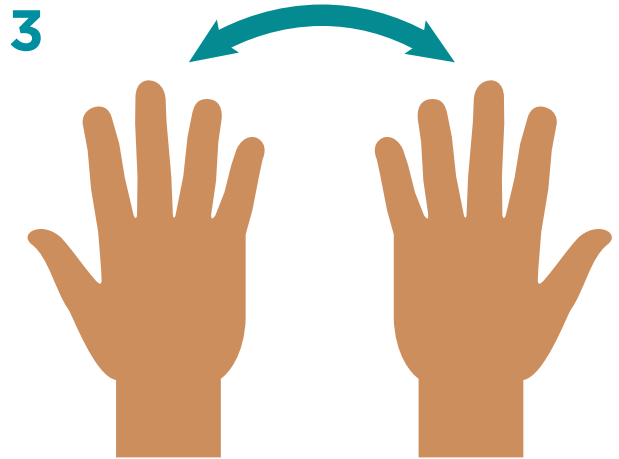
- Sit with your surgical arm at your side.
- Support forearm with nonsurgical hand or rest forearm on your lap.
- Move wrist up and down.

2



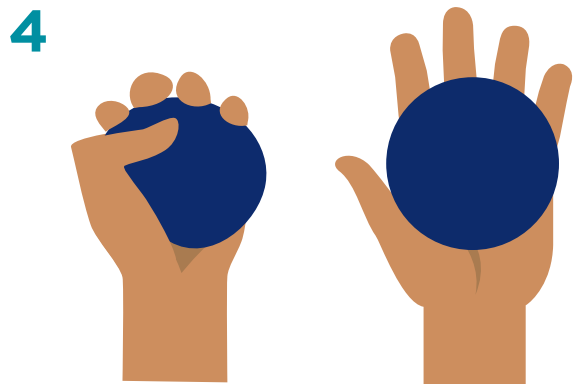
**Assisted active range of motion (AAROM)
Wrist supination/pronation (Figure 3)**

- Support forearm with nonsurgical hand or rest forearm on your lap with your palm down.
- Rotate forearm so that palm faces up.
- Return to palm down position.



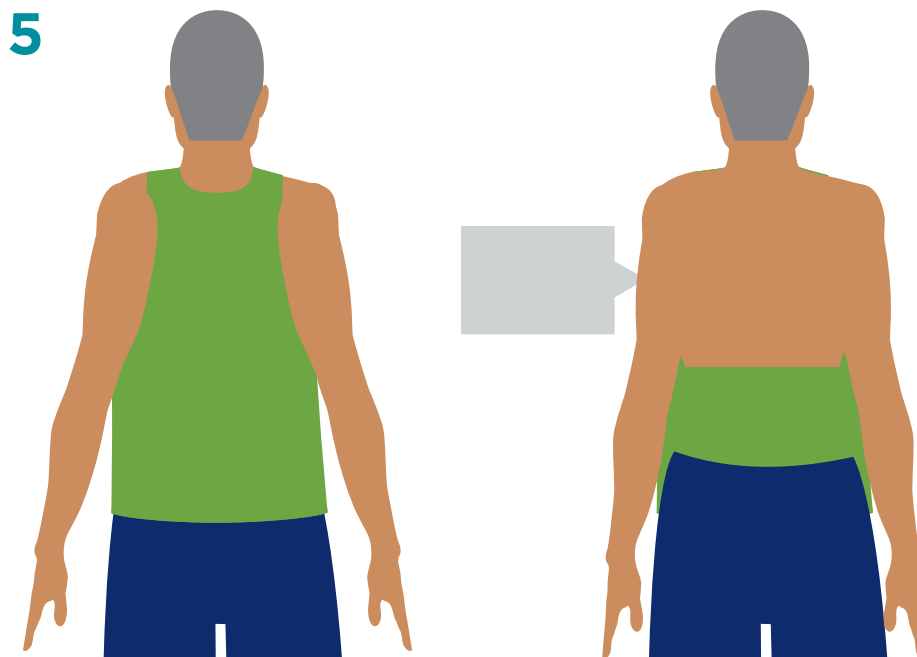
Sponge ball squeeze (Figure 4)

- Support forearm with nonsurgical hand or rest forearm on your lap.
- Hold sponge in the hand of your surgical arm.
- Squeeze the sponge with your fingers.
- Relax your fingers and repeat.



Scapular squeeze (Figure 5)

- Stand with arms at sides.
- Pinch shoulder blades together.
- Hold for 10 seconds.
- Do 20 repetitions, 2 times per day.



Codman's (pendulum) shoulder exercises

Do 4 times a day. Do each exercise 10 times, pause, and do 3 sets.

For the following three exercises, **only move your body** to allow your surgical arm to swing freely.

- Stand next to a large piece of furniture such as a table or sofa that does not slide. Hold on to the furniture with your unaffected arm for support.
- Bend forward at the waist and bend your knees slightly.
- Allow your surgical arm to dangle freely and keep your shoulder relaxed.

Forward and back (Figure 1)

- Stand with one foot about 8 inches in front of the other foot.
- Shift your body weight from the front foot to the back foot.
- Allow your surgical arm to swing freely.

Side to side (Figure 2)

- Stand with your feet about shoulder width apart.
- Shift your body weight from side to side.
- Allow your surgical arm to swing freely.

Circular (Figure 3)

- Keep your feet about shoulder width apart.
- Move your body around in a circle pattern, allowing your surgical arm to swing freely.

Your positive attitude and dedication to these exercises are very important for a successful recovery!

1



2



3



Discharge

Discharge instructions

- Arrange for someone to drive you home when you are discharged.

Medications

- Patients usually take some kind of pain medication for one to two weeks after shoulder replacement surgery. Every week you should decrease the amount of pain medication used.
- Prescriptions and instructions for pain and blood-thinning medications will be given to you when you are discharged.
- All medication refills, including pain medication, will only be handled during regular office hours.
- Please contact your surgeon's office two to three days before you need a prescription refill.
- Your surgeon will determine the type of blood-thinning medication you need, based on your medical history, and the length of time to take it.

Constipation

- Pain medications and lack of activity may cause constipation after surgery. You will be given instructions about medications to help with constipation.
- Drink plenty of fluids and choose foods high in fiber, such as fruits and vegetables, during your recovery. Refer to the recommendations on page 7.

Dressing after surgery

- Always sit while dressing.
- Wear loose-fitting clothing.
- Wear a button-up shirt or a shirt with a loose, large neck opening to avoid excessive movement of your shoulder.

- Wear elastic waistband bottoms for ease with dressing and toileting.
- Dress the arm on the surgical side first and undress the surgical arm last.

Care for your incision

- Sutures will be used to close your incision.
- A bandage is applied to protect the incision.
- Please follow all instructions from your surgeon on how to care for your incision.
- You will be given instructions when it is safe to take a shower after surgery.
- Do not use lotion on your incision until you check with your surgeon.

Prevent infection

- Do not touch or pick at your surgical dressing. Follow all wound care instructions.
- If you are instructed to change your surgical dressing, wash your hands before and after dressing changes.
- Use proper hand washing after toileting, after blowing your nose, and before and after eating.
- Do not allow pets near your surgical site or surgical dressing.
- Wear clean clothes and wash your bedding frequently. Replace any soiled bedding immediately.
- Ask your surgeon if antibiotics should be taken before any dental work after your surgery.
- Shower as instructed, NO TUB baths.

Swelling

- Swelling is a normal part of healing.
- Swelling may occur in your shoulder, chest, down your arm, and into your hand.
- Swelling may continue for several months while you are regaining movement.
- To manage swelling:
 - **Ice** – apply ice for 20–30 minutes, four times a day, or more as needed. Ice after exercise. Avoid icing 30 minutes before therapy exercises to allow your arm to warm up before moving.
 - **Elevation** – use pillows to prop up the surgical arm whenever you are seated or lying down. This helps move fluid in your arm back toward your heart.
- When in a seated position, elevate your surgical arm by placing one pillow under your elbow and one pillow under your forearm.
- When in bed or lying on your back, rest your surgical arm at or above the level of your heart. To do this when lying down roll toward your non-surgical side and have someone place two pillows under your surgical arm and shoulder while you are lying flat.



When to call your provider

We want to help you avoid an unnecessary ER visit or hospital readmission. Call your surgeon's office immediately if any of the following signs or symptoms occur after surgery.

- Shortness of breath with no known cause
- **Wound concerns:**
 - Increase in redness, separation, or gap along the edges of incision
 - Drainage that is increasing, foul smelling, or an unusual color
- **Signs of a blood clot:**
 - Pain, redness, or excessive tenderness in your leg or calf
 - Excessive swelling in your arm, thigh, calf, ankle, or foot
 - Pain that does not improve with medication, ice, and elevation
- Fever higher than 101° F
- Blood in the stool or urine; burning feeling when urinating
- Constipation not relieved by use of over-the-counter laxatives or stool softener
- Nausea or vomiting caused by pain medication
- Trouble tolerating physical therapy or your exercises

Call the phone number provided in your discharge information if you have questions after surgery.

When to call 911

A blood clot in the leg can move to the lung, which can be very serious.

Call 911 if you have any of these symptoms:

- Shortness of breath
- Chest pain
- Coughing up blood
- Unexplained anxiety, especially with breathing

Call 911 for any symptom of stroke:

- Sudden numbness or weakness of face, arm, or leg, especially on one side.
 - Sudden confusion or trouble speaking or understanding speech.
 - Sudden trouble seeing in one or both eyes.
 - Sudden trouble walking, dizziness, or loss of balance or coordination.
 - Sudden severe headache with no known cause.
-

Return to driving

- Do not drive for at least six weeks after surgery.

Exercise

- Specific exercises are essential for successful shoulder replacement recovery and a healthy lifestyle. Some movements of your arm and shoulder are not allowed after surgery.
- Your surgeon will tell you when you can be more active.

Dental work after surgery

- You may need to take antibiotics before dental work after your surgery. Please check with your surgeon about the need to take antibiotics before going to the dentist.
- You should not have dental work of any kind for 3 months after your surgery.
- Call your surgeon's office if you have a dental concern during the first 3 months following your surgery.

Please remember to tell your dentist or surgeon if you are allergic to penicillin as this type of drug is usually ordered before any dental procedures.

Traveling after total joint replacement surgery

- Your surgeon will tell you when it is safe to travel.
- It is recommended that you get up to stretch or walk at least once an hour when taking long trips. This is important to help prevent blood clots in your legs.
- It is likely that you will set off metal detectors in airports, bus stations, or government buildings after shoulder replacement surgery.
- You may need to inform the security staff that you have had a shoulder replacement. Security staff will use a hand wand over your shoulder if needed.

Frequently asked questions

How long will I wear a sling?

- Your surgeon or therapist will discuss how long to wear your sling.
- Most surgeons require a sling for 4-6 weeks after surgery.
- You may remove the sling for therapy exercises, dressing, and bathing.
- You must wear your sling when sleeping.

How long will my shoulder be numb?

- Your shoulder numbness will slowly wear off several hours after surgery, depending on the type of nerve block that was used by anesthesia. Refer to your discharge instructions.
- Do not remove your sling while your shoulder is numb.
- It is normal to feel some tingling in your fingers after shoulder numbness is gone.

How long do I need to maintain shoulder precautions?

- It depends on your surgeon's preference, but generally shoulder precautions are for 6-12 weeks after surgery.

When will I start therapy after surgery?

- A therapist will help you start your therapy exercises.
- Most people go to outpatient therapy starting about one to two weeks after surgery.
- You will continue therapy as instructed by your surgeon and your therapist.

I feel depressed, is this normal?

- It is not uncommon to have feelings of depression after surgery.
- This may be caused by several things, such as limited mobility, discomfort, increased dependency on others, and medication side effects.
- Feelings of depression typically will decrease as you begin to return to regular activities.
- Contact your primary care provider if you or your family are concerned, or if these feelings do not resolve.

When can I take a shower?

- Your care team will tell you when you are able to shower after surgery. Most people go home with a waterproof dressing. Check the seal of the waterproof dressing before you shower.



I have difficulty sleeping (insomnia), is this normal?

- Difficulty sleeping is a common complaint after shoulder replacement surgery. Some people find it easier to sleep in a recliner initially after surgery. Please check with your primary care provider about medication to help you sleep.

Can I sleep on my side?

- You may only sleep on your non-surgical side after surgery. Your surgeon will instruct you when you can lay or sleep on your surgical side. For many patients, it may take 3-6 months to feel comfortable sleeping on the surgical shoulder.

What is the recovery time?

- People heal from surgery at different rates.
- Total rehabilitation time is 4-6 months, but most people can return to daily activities by 6-12 weeks after surgery. Many people continue to improve and progress for a year after their surgical procedure.

When can I return to work?

- If your work is sedentary, such as an office job, you may return to work about 3-4 weeks after surgery.
- If your work requires heavier lifting, pushing, or pulling, it may be 6 months or longer before you can return to full duty.
- You can discuss a date to return to work with your surgeon at your postoperative visits.

Can I drink alcoholic beverages during my recovery?

- If you are taking a blood-thinning medication, you should avoid alcoholic beverages because it can change the effect of this medication.
- You also should avoid alcohol if you are taking opioid medications.

What activities am I permitted to do following surgery?

- You may return to most activities as tolerated after 12 weeks.
- You typically can return to light non-contact sports such as golf, bowling, or tennis at 4 months if you have no complications during your recovery.

When can I resume sexual intercourse?

- Sexual activity may be resumed 6-8 weeks after surgery if you are not having significant pain or stiffness.
- Avoid prolonged weight-bearing on the surgical arm.

Remember!

Follow-up appointments with your surgeon after surgery are an important part of a successful joint replacement recovery.

Total shoulder arthroplasty

Manual edema mobilization

These exercises will help move fluid and decrease swelling after surgery.

Use the arm you did not have surgery on to perform the motions.

Do this 5 times a day while sitting or lying down.

Do this before your other therapy exercises.

DO NOT perform these swelling control exercises if you have an infection, a blood clot, an acute heart condition, untreated cancer, or if you have had complete removal of lymph nodes on the non-surgical side.

1



Deep breathing (Figure 1)

Take a deep breath through your nose, allow your belly to rise. Blow breath out through your mouth. Place your non-surgical hand on your belly and rub in a circle shape two times. **Repeat 10 times.** Push lightly, just enough to stretch the skin, but not cause pain.

2



Stomach/leg crunch (Figure 2)

While lying on your back, keep your surgical arm supported on your stomach, bend your knees. Slowly raise one leg at a time, bringing your knee toward your chest. Switch to opposite leg as if marching. **Complete 10 times.**

3



Massage lymph nodes in armpit (Figure 3)

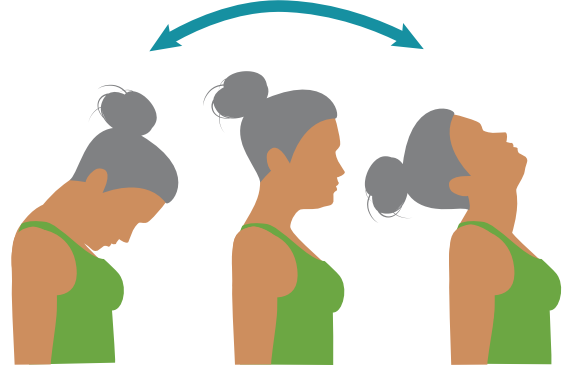
Massage lymph nodes under non-surgical arm in scooping motion using same hand or while holding an object if needed. **Complete 10 times.**

4



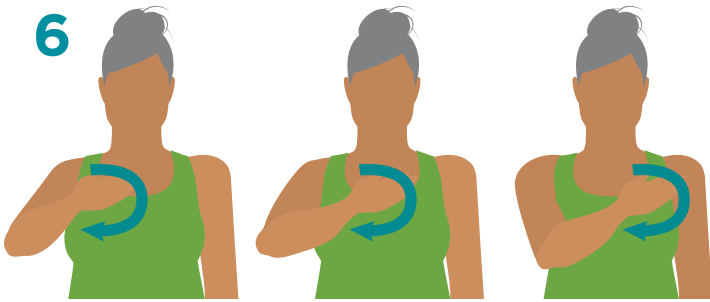
Massage lymph nodes scoop (Figure 4)

Lean forward at your waist to allow your arm to hang forward. Massage lymph nodes under surgical arm in scooping motion. **Repeat 10 times.**



Head and neck rotation (Figure 5)

Slowly turn your head to the left, return to center and then slowly turn your head to the right, return to center. Slowly tilt your head forward, then slowly tilt your head back and return to your starting position. **Repeat each 10 times.**

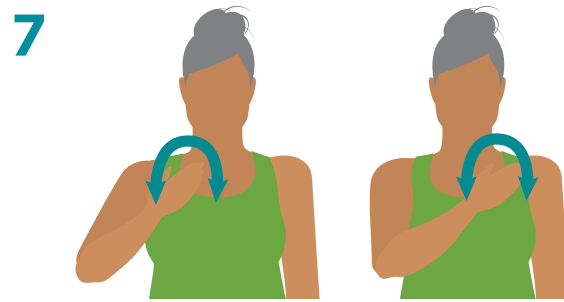


Lymph scoop (Figure 6)

Starting at the non-surgical shoulder, make five C's moving the skin with just enough pressure to stretch the skin, not massaging deeply near the shoulder.

- Move your hand to the middle of your chest and complete five additional C's.
- Move your hand near the surgical shoulder and complete five additional C's.
- Lastly complete one C in each position starting at the surgical shoulder and moving towards the non-surgical shoulder. **Complete five times.**

For all of the above, the C should face toward the non-surgical shoulder.



Collar bone rub (Figure 7)

Place your non-surgical hand in the hollow above the collar bone and rub in an arch motion. **Complete 10 times.** Switch to opposite side and complete an additional 10 times.



Massage upper arm (Figure 8)

Place non-surgical hand on upper surgical arm.

Complete 10 U's using light pressure to move the skin.

