

A Patient's Guide to Total Shoulder Replacement Surgery



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WHAT IS ARTHRITIS?

There are several types of arthritis. The two most common types are osteoarthritis and rheumatoid arthritis.

Osteoarthritis is the accelerated breakdown of joint cartilage caused by the wear and tear of daily activities. The layers of cartilage become damaged, wear away and in many cases, the surface of the bones begin to rub together.

Rheumatoid arthritis is an inflammatory joint disease caused by chronic inflammation of the membrane (synovium), which surrounds and lubricates the joint. Once inflamed, the membrane causes joint swelling and stiffness, as well as wearing away of joint cartilage.

Arthritis can also occur from injury or trauma to the joint, or loss of bone due to a decreased blood supply to the bone.

The end result of all types of arthritis is the same: the wearing away of cartilage between the bones, leaving the joint without necessary cushioning. Without this cushioning, patients begin to experience a decreased range of motion, increased pain and a limitation in their daily activities.

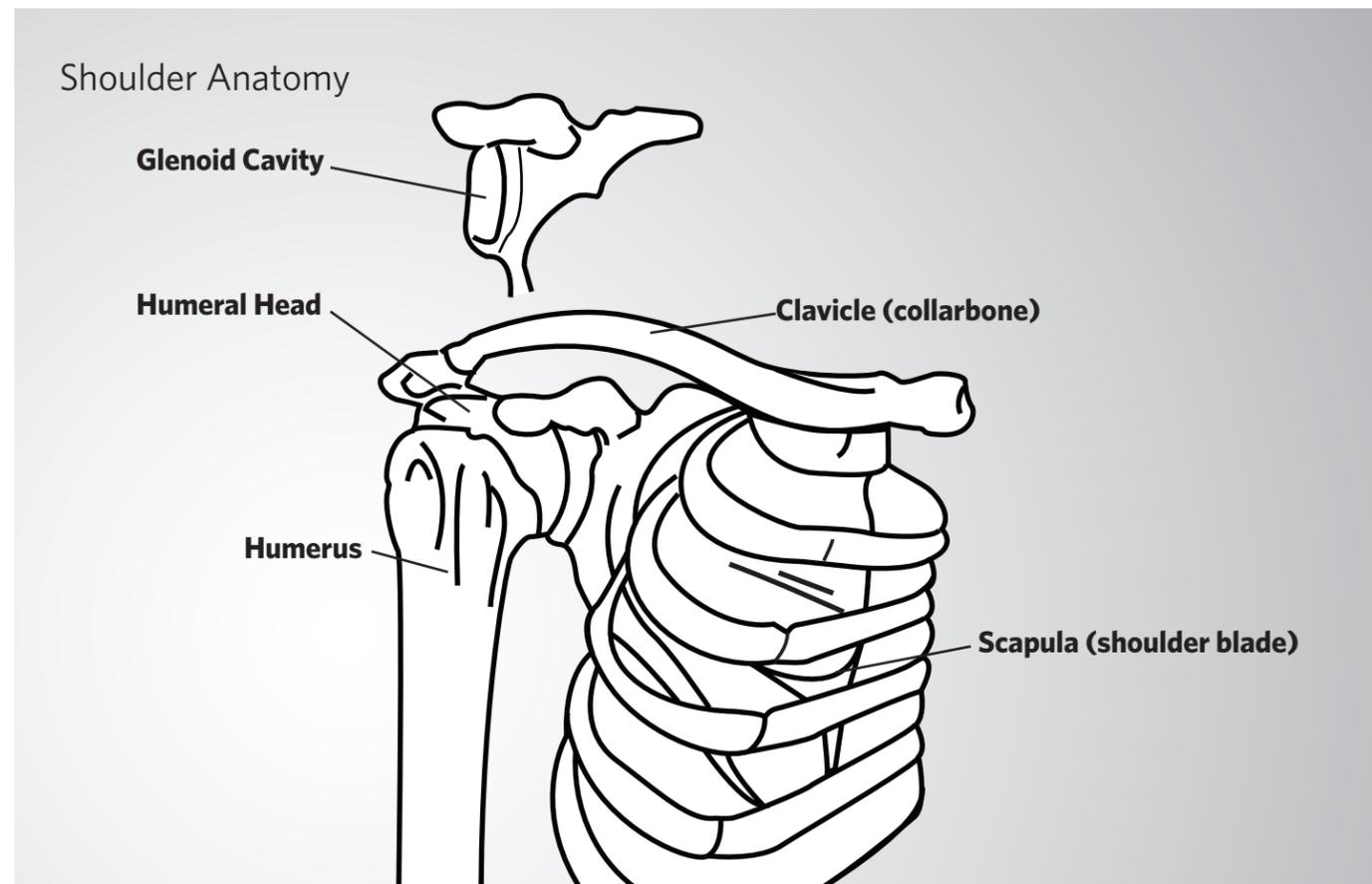
When all other treatments, such as arthritis medication, physical therapy, injections, modification of activities or bracing fail to bring relief, total joint replacement surgery may become necessary.

TOTAL SHOULDER JOINT REPLACEMENT

Here is an overview of total shoulder replacement surgery. Because each patient is unique, please be assured that certain aspects of your care may be altered, according to your needs and the wishes of your orthopedic surgeon.

Shoulder Anatomy

The shoulder is a ball and socket joint similar to the hip joint, but with much greater mobility. It is composed of bones, muscles, tendons and ligaments, which all work together to provide stability and movement. The clavicle (collar bone) attaches the shoulder to the ribcage and helps hold the shoulder out, away from the mid-body. The clavicle connects with the large, flat triangular bone called the scapula (shoulder blade) at the acromion. The rounded head of the humerus (arm bone) rests against the socket in the scapula.

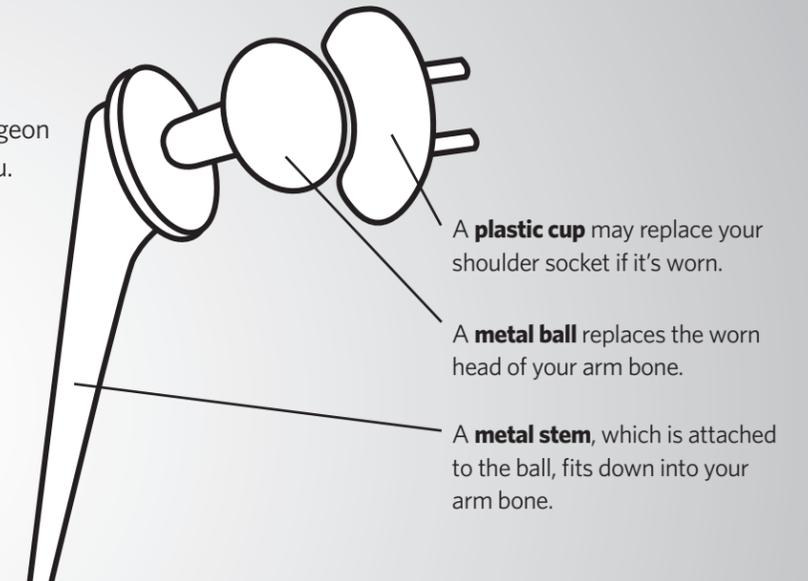


Replacement Surgery

In a total shoulder replacement, a metal ball replaces the humeral head and a polyethylene cup replaces the glenoid socket. The primary indication for a total shoulder replacement is pain that does not respond to conservative treatment. Pain may be due to abnormalities and changes in the joint surfaces as a result of arthritis, avascular necrosis, or abnormalities due to trauma or fractures. The primary goal of total shoulder replacement surgery is to relieve pain with secondary goals of improving motion, strength and function.

Your New Shoulder

Your artificial shoulder will have the same parts as your own shoulder joint. Your surgeon picks the design that will work best for you.



HOW TO PREPARE FOR SURGERY WHILE AT HOME

Numerous factors can affect the successful outcome of your shoulder replacement surgery, such as those described below.

Tooth and gum problems are a common source of infection because they permit bacteria to enter the blood stream. It is very important to keep your teeth and mouth clean before surgery by continuing to brush and floss regularly.

Smoking may increase lung complications during or after surgery. Therefore, we advise you to stop smoking before surgery. Smoking impairs oxygen circulation, which is vital to the healing process. Additionally, you will not be able to smoke after the procedure since our hospital is a non-smoking facility.

Proper nutrition contributes to a successful surgery and recovery. If you are overweight, you may be prone to complications, such as blood clots, infection or a reduced chance for a good recovery. If advised to lose weight, remember that crash dieting is unhealthy and will not reduce your weight risk factor. Follow a nutritionally sound diet in moderate amounts, including the five major food groups of fruits and vegetables, dairy products, whole grains and cereals, as well as meat, poultry and fish.

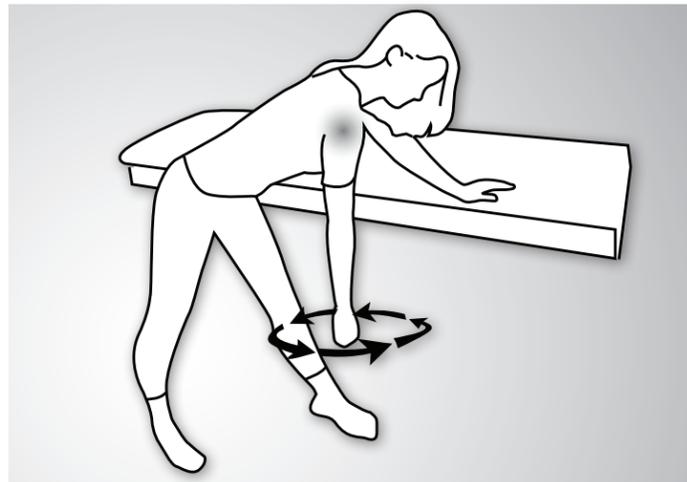
Exercise helps you feel better physically and emotionally, and improves your overall health. It also can help to reduce everyday tension and stress. Daily exercise helps control your weight by burning calories. You may begin to stretch and strengthen your muscles by performing the following illustrated exercises at home.

STRETCHING EXERCISES

These exercises are designed to increase motion. While performing them, the stiff shoulder will be assisted by the normal arm, by gravity or by a pulley.

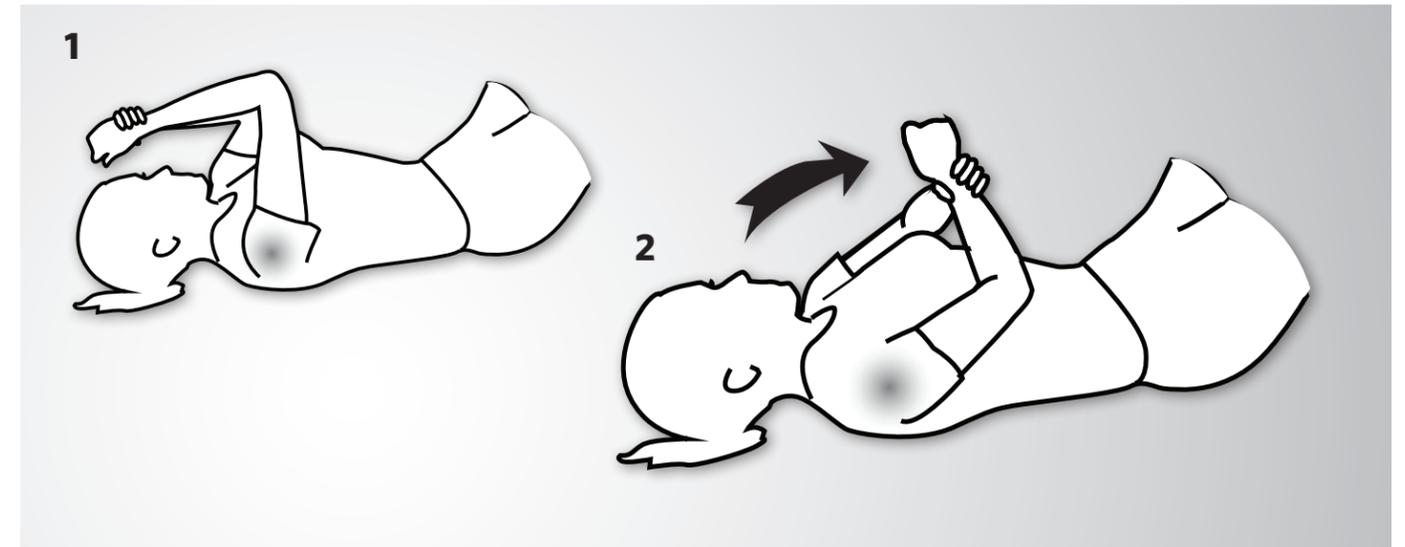
Be sure to:

- Apply moist heat and take your pain medication a half hour prior to exercising.
- Perform 3-5 repetitions of each exercise.
- Do this set of exercises 2-3 times a day, each session lasting no more than 5 minutes.
- Do not exercise within 2 hours before going to bed.



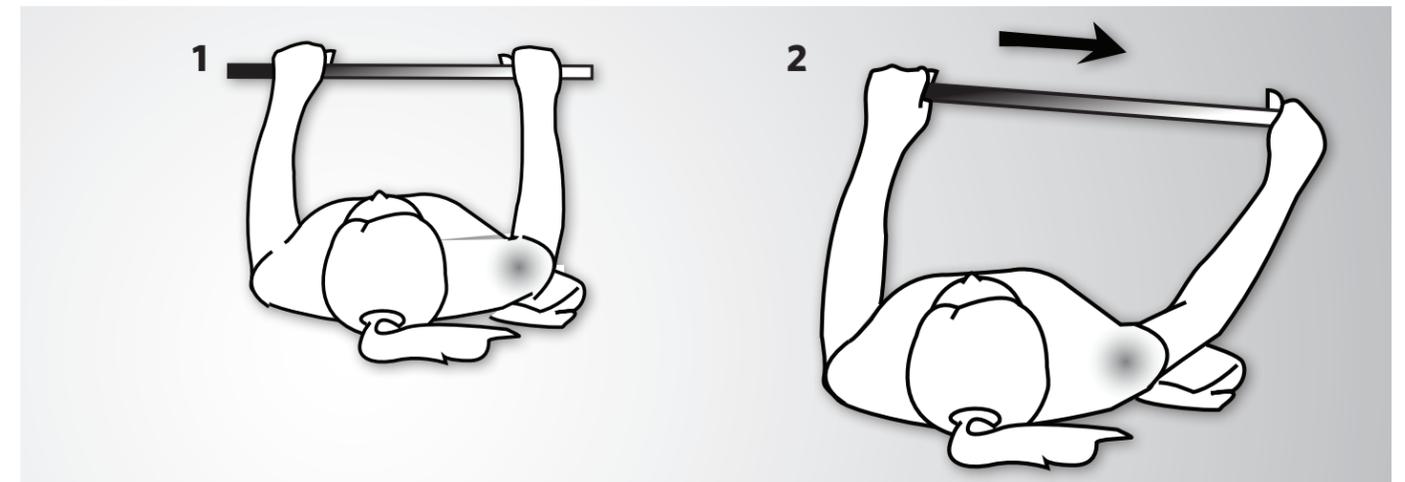
Pendulum

1. Use your normal arm to hold the side of a table or bed for balance
2. Bend over at the waist, bringing your back parallel to the floor
3. Let the stiff arm relax and dangle like a pendulum
4. Gently swing it in a small circle, parallel to the floor, for 10-15 seconds
5. Then allow the arm to swing back and forth (as if you were bowling) for 10-15 seconds



Assisted Elevation (Do not use pillow)

1. Lay down flat on a bed or a couch facing the ceiling
2. Grasp the wrist of your stiff shoulder with your normal hand, pulling it toward the ceiling and then gently overhead
3. Hold this position for 5 seconds



Assisted External Rotation (Do not use pillow)

1. Lay down flat on your back on a bed or couch
2. Place a folded towel under the elbow of your stiff arm (the upper arm should be parallel to the floor while your elbow is bent at a 90 degree angle)
3. With both hands, grasp a stick approximately 1-½ feet long
4. Letting the nonoperative arm do the work, allow the stiff arm to rotate left and right
5. Keeping the elbow bent at a 90 degree angle, move your elbow no more than 2-4 inches from side to side

SPECIAL INSTRUCTIONS PRIOR TO SURGERY

The following instructions are very important and should be followed exactly or your surgery may be canceled.

- Do not drink alcoholic beverages or take recreational drugs 48 hours prior to surgery.
- Do not smoke during the 24 hours before surgery. Smoking may cause problems with anesthesia.
- If you are diabetic, do not take diabetic medications or insulin on the morning of surgery, unless otherwise instructed by your physician.
- Do not eat or drink anything (including water) after midnight the morning of your surgery. If certain medications have been approved, you may take them with a sip of water.

Your Orthopedic Case Coordinator

Valerie Nicholson, Orthopedic Case Coordinator

Phone: 865-545-8343 Fax: 865-545-7044

The orthopedic case coordinator will call you the day before your surgery. If your surgery is on a Monday, she will call you on Friday. She will ask you a few questions and tell you what time to arrive at the hospital. If you have not heard from her by 3:00 p.m. on the day before your surgery, please call your orthopedic case coordinator at the above number.

Be very careful with the extremity having the joint replacement. If you get any cuts, scratches, rashes, animal scratches, animal bites or blisters on the extremity, please call your orthopedic case coordinator that day. If it occurs over a weekend, please call her on Monday morning.

These medications should NOT be taken 7-10 days before your surgery: Stop all products containing aspirin, non-steroidal anti-inflammatory (NSAID) medications, vitamin E (this does not include a multiple vitamin with vitamin E), and herbal medications (ex: Omega 3 fish oils, glucosamine, echinacea, garlic, ephedra, ginkgo biloba, ginseng, kava, St. John's Wort, valerian root). If you are on blood thinners, such as Coumadin®, Xarelto®, Effient®, Pradaxa® or Plavix®, make sure to check with the physician who prescribed these medications about stopping them prior to surgery. Coumadin and Plavix are generally stopped 5-7 days prior to surgery.

Stop all products containing aspirin, such as:

- Alka-Seltzer®
- Aspirin
- BC Powder
- Bufferin®
- Disalcid® (Salsalate)
- Dolobid® (Diflunisal)
- Ecotrin®
- Excedrin®
- Goody's® Powder
- Norgesic®
- Pepto-Bismol®
- Percodan®

Stop all non-steroidal anti-inflammatory (NASID) medications, such as:

- Advil®
- Aleve®
- Anaprox®
- Ansaid®
- Arthrotec®
- Cataflam®

- Clinoril®
- Daypro®
- Diclofenac (Voltaren)
- Feldene®
- Ibuprofen
- Indocin® (Indomethacin)
- Lodine®
- Meclomen
- Medipren®
- Motrin®
- Naprelan®
- Naprosyn®
- Nuprin®
- Orudis®
- Oruvail®
- Relafen®
- Tolectin®

If you take the following medications, contact your physician for instructions about stopping them:

- Enbrel®
- Imuran®
- Methotrexate
- Remicade®

DAY OF ADMISSION/DAY OF SURGERY

What to Bring:

- Please bring this booklet with you on surgery day.
- Non-skid slippers or comfortable shoes you normally wear for walking.
- Do not bring tight-fitting shoes or new shoes as your feet may swell.
- Loose fitting, comfortable clothes, including a shirt that buttons up the front.
- Personal care items, such as a toothbrush and toothpaste, shaving items, and any other hygiene items you normally use.
- A copy of your advance directive (living will).
- Bring back the plastic breathing device/lung exerciser (incentive spirometer) given to you in the Pre-Admission Clinic.
- If you have sleep apnea, bring your CPAP or BiPAP equipment.

What Not to Bring:

- Jewelry
- Large amounts of money
- Other valuables

Preparing for Surgery

- You may take a shower on the morning of your surgery, but do not use shaving lotions, skin lotions, deodorants, perfumes, powder or makeup.
- Remove all colored nail polish on your hands. You may have clear nail polish only.
- Remove all hair accessories.
- Remove all jewelry. Hospital personnel are not responsible for your valuables, so please give them to your family prior to surgery.

Admissions

Once at the hospital, report to the outpatient/admission desk to sign in. From there, you will be taken to the pre-surgical unit. The nursing staff, as well as other hospital personnel, will visit you to confirm surgery plans, answer any questions and prepare you for surgery.

The Surgical Suite

Before surgery, you will be taken to the holding area by surgery personnel. Here, you will have an intravenous line (IV) started. You will be given an antibiotic through this IV before surgery. This IV will remain in place after surgery so that fluids, antibiotics and pain medication can be given to you. Also, at this time your anesthesiologist will discuss plans for anesthesia with you. From the holding room you will be taken into the surgery suite.

The Recovery Room/Post-Anesthesia Care Unit (PACU)

After surgery, you will be taken to the recovery room where your dressings, blood pressure, respiratory rate, heart rhythms and pain level will be monitored by medical staff. Your length of stay in recovery varies from 1-2 hours, possibly longer. When you are stable, you will be transferred to your room.

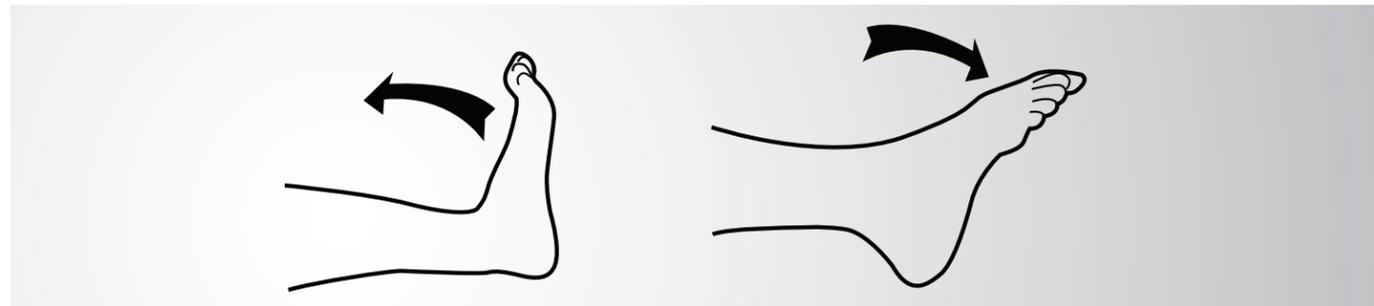
AFTER SURGERY

You will receive IV fluids until you are able to tolerate oral fluids well. You will also receive an IV antibiotic.

The nursing staff will monitor your pulse, blood pressure, respirations and physical condition frequently. Your nurse will remind you to use your plastic lung exerciser (incentive spirometer) every hour you are awake. Deep breathing and coughing are important to help expand the lungs and prevent pneumonia.

Notify your nurse if you have nausea or itching, which can be side effects of the pain medication and anesthesia. Your nurse can give you medications to alleviate these side effects.

Your nurse will check your arm frequently for a pulse, sensation and movement. You will be reminded to do your leg exercises, such as ankle pumps, while lying in bed. If you need help with position changes, ask your nurse for assistance.



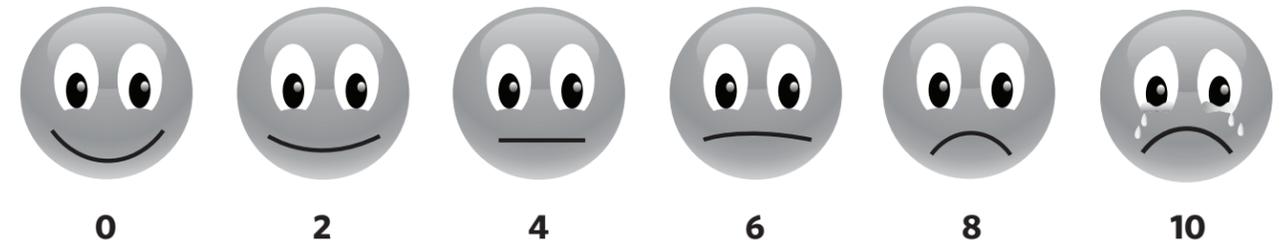
Ankle Pumps

1. Bend ankle up toward your body as far as possible
2. Hold 2-3 seconds
3. Point toe away from your body
4. Hold 2-3 seconds

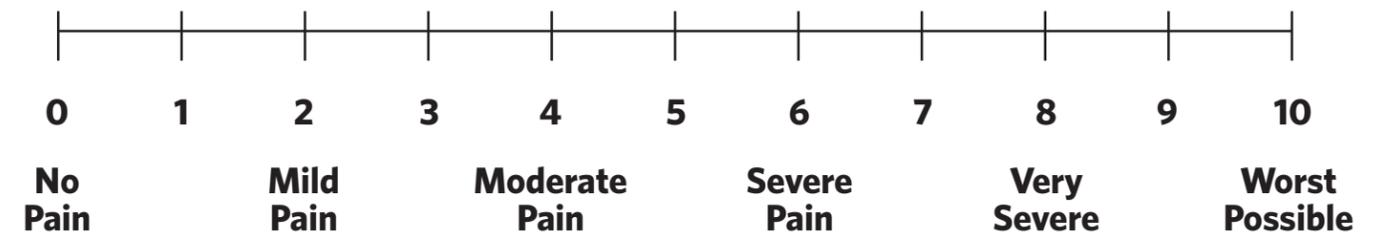
Repeat: 10 times, hourly while awake

Pain Management

Remember to notify your nurse if you have any pain or discomfort. Pain medication is NOT scheduled, it is ordered as needed, so please ask your nurse for pain medication. Physical therapy takes place after breakfast and lunch, so it is a good idea to ask for pain medication prior to physical therapy. Utilize the pain scale below to report your pain level or discomfort to the nurse.



0-10 Numeric Pain Intensity Scale



The dressing covering your incision will be changed on the first day after surgery. When the incision has stopped draining, the dressing will be removed permanently.

Your orthopedic surgeon or one of their partners, physician's assistants, nurse practitioners or nurses will visit you every day while you are in the hospital.

The average length of stay in the hospital is 1 day.

Physical Therapy Rehabilitation

Exercising is important to obtain the best result from total shoulder replacement surgery. There are two types of exercises essential for a complete recovery from joint replacement surgery:

- Range of motion
- Strengthening exercises

Physical therapy will help make your muscles strong again and will help you regain your shoulder's range of motion. An important benefit of exercise is the confidence you will gain in your ability to use your new shoulder. Exercise assists in stretching and strengthening your muscles.

You will receive a list of exercises, along with personal instructions on how to perform them and how many times a day you need to perform them.

GENERAL INFORMATION

- Notify your family and friends of your room number. Let them know they can reach you by telephone between the hours of 7:00 a.m. and 10:00 p.m. by dialing 865-545-8000 and giving your room number to the operator. They may also dial directly into your room by dialing 865-545-6 + your room number. Calls can be made from the room telephone at any time. To make a local call, dial 9 first and then the number you are trying to reach.
- Visiting hours are from 11:30 a.m. to 8:30 p.m. daily. Please tell your visitors to park and enter through the main entrance to the Outpatient Department on St. Mary's Street (the street that runs between Physicians Regional Medical Center and Fulton High School).
- **You will be given a pin number during the pre-admission process. In order for any family member or friends to call and inquire about your medical condition, they must know your pin number. You may give your pin number to anyone you choose. However, we will not release medical information to anyone who does not know your pin number.**
- We attempt to put all total joint patients in their own private room.
- The hospital address is:
Physicians Regional Medical Center
900 East Oak Hill Avenue
Knoxville, Tennessee 37917

DISCHARGE PLANNING

Your Discharge Planner

Kelly Spurgeon, Orthopedic Case Manager
Phone: 865-545-6560 Fax: 865-545-7044

The orthopedic case manager will assist with your discharge plans.

Ready for Discharge

By the time you are ready to go home, you should be able to do the following:

- Get out of bed without assistance.
- Get up and down from the chair and toilet.
- Walk safely.
- Go up and down stairs safely.
- Get dressed.
- Perform shoulder exercises independently.

If You Are Going Directly Home

Please make arrangements for someone responsible to drive you home. You will receive written discharge instructions concerning medications, outpatient physical therapy, activity, doctor's appointments and more. We will arrange for any equipment for your recovery. Most patients go directly to outpatient physical therapy. If you require home health services, the hospital will arrange for this, as allowed by your insurance plan.

If You Are Going to a Sub-Acute Rehab Facility (TCU, SNF or Rehab)

The decision to go home or to a sub-acute facility will be made collectively by you, the orthopedic case manager, your surgeon, physical therapist and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

During your stay, your primary care physician or a physician from the sub-acute facility will care for you in consultation with your surgeon. Expect to stay 5-7 days, based on your progress. Upon discharge home, instructions will be given to you by the sub-acute medical staff.

Sub-acute stays **must be approved by your insurance company.** A patient's stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Your insurance company will monitor your progress during your hospital stay. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab or your insurance company may recommend you return home with other care arrangements. Therefore, it is important for you to make alternate plans before surgery for care at home. In the event sub-acute rehab is not approved by your insurance company, you can go to sub-acute rehab and pay privately.

Please remember, the majority of our patients recover well and do not meet the criteria for sub-acute rehabilitation. Additionally, insurance companies do not become involved in social issues, such as lack of caregiver, pets, etc. These issues must be addressed before admission to the hospital.

If you meet the center's criteria for admission, you can expect intensive therapy monitored by your physician and staff. The major goal of the skilled nursing facility is to improve your ability to perform key activities required for daily living. While in the unit, you will be expected to:

- Do as much as possible for yourself, within safety guidelines.
- Dress in your everyday clothes and shoes. You will need non-skid socks or shoes for exercise.
- Participate in a minimum of 2 hours of therapy per day during the week.
- Schedule visits and other activities around the therapy schedule, in order to receive the maximum benefit from your sessions.

FREQUENTLY ASKED QUESTIONS

When can I shower?

You may shower 4 days after surgery, but keep your incision dry.

When can I drive?

Typically, you can drive in 2-3 weeks following surgery. Do not drive if you are taking narcotic pain medications.

How long will I be in a sling?

The sling should be worn for 6 weeks following surgery, including nighttime.

When will physical therapy begin?

Therapy usually begins the next day while in the hospital. Outpatient therapy will be arranged prior to your discharge from the hospital.

Will I set off the security monitors at the airport?

You will probably set off the alarm as you progress through the security check point. Be proactive and inform the security personnel that you have had a total shoulder replacement and will most likely set off the alarm. A letter from your physician or a wallet card is no longer of any help when passing through security check points.

How much help will I need after surgery?

Many patients are able to be up and around immediately after the procedure. Restrictions include no lifting, pulling or pushing with the operative arm. You will need someone to drive you to therapy and to office visits, prior to being able to drive yourself. After surgery, you may also need some assistance with dressing, bathing and preparing meals.

What is the recovery time?

It takes about 3-6 months to completely recover from total shoulder surgery.