



Total Shoulder Repair



Welcome to South Florida Baptist Hospital

This booklet will provide guidelines to help prepare you for surgery at South Florida Baptist Hospital and let you know what to expect before, during and after your operation. Because every patient has special needs, you will also receive detailed instructions from your doctor and health care team related to your individual health care needs.



Before Admission

- South Florida Baptist Hospital is tobacco-free. Smoking and/or tobacco use by team members, physicians, patients, volunteers or visitors is not allowed anywhere on campus.
- Complete all tests and doctor visits as requested by your orthopedic surgeon.
- Attend the preoperative joint replacement education class prior to your surgery.
- Complete checklist (see page 4).

To schedule an Education Class, call (813) 757-8034.

Getting Ready for Surgery

Take steps ahead of time to make your recovery at home as easy and safe as possible.

Remember that your mobility will be limited in the days and weeks after your surgery. Take some time before surgery to make some easy changes to reduce your risk for falls and remove possible hazards that may get in your way.

Here are a few simple ideas:

Move furniture: You may need to move furniture to create wide traffic paths and remove walking hazards that may be in the way. Make it as easy and safe as possible to move around your home during your recovery.

Put items you use often within easy reach: You will want to avoid using a stool or bending over. A rolling cart may be helpful.

Buy a firm pillow: Putting a firm pillow on a low chair or sofa before sitting down may be more comfortable for you.

Wear safe shoes: Wear well-fitting, rubber-soled shoes to prevent slipping, no flip flops.

Move electrical cords out of the way: To reduce your risk of tripping over loose cords, move them out of the way if possible or tape them securely to the floor.

Pick up clutter and remove throw rugs: Rugs can shift or bunch, causing you to slip or trip. Don't take chances - remove all of them before your surgery. Move extra clutter out of the way while you recover to allow you more space to move around with a walker.

Watch for small pets or objects on the floor: After your surgery, always keep an eye on the floor as you walk to avoid tripping over pets or small objects.

Stock up on food: It's a good idea to stock up or prepare simple meals to have on hand when you get home. Simple prepared or frozen foods may be helpful. To prevent having to bend over or use a stool or stepladder, store as many supplies as possible between your waist and shoulder level so that they will be easy to reach.

Prepare a room on the main living level to sleep in, if you usually sleep upstairs.

Get help with household chores: For the first few weeks after surgery, you will need some help with typical household chores like cooking, cleaning, shopping, bathing and doing laundry. If your insurance provides an allowance and you don't have a spouse, relative or friend who can help with these tasks, your health care team can assist with arrangements ahead of time for someone to help you around the house.

Before Surgery

Staff will call to review your preoperative assessment/health history. Important: Bring picture ID, insurance card, papers from surgeon, medication bottles, and advance directive or living will with you to class and/or the pre-op area the day of surgery.

Day of Surgery

When you arrive at the hospital, report to the Same Day Surgery waiting area. Once all of your paperwork is completed, you will be directed to the Pre-op Unit. When it is time for your surgery, you will be taken by stretcher to the operating room. Your family can wait for you in the surgery waiting room. Shoulder replacement surgery usually takes about two to four hours.

After Surgery

- You will wake up slowly in the recovery room, where you will spend the first hour or two after surgery. Your nurses will monitor your progress closely. Family cannot visit you in the recovery room, but can see you after you have been moved to your hospital room.
- You will have an I.V. line to receive medicine and fluids. You may receive an antibiotic and other medicine to ease any symptoms you may have, such as pain or nausea. Be sure to tell your nurse if you are in pain or feeling sick.
- When you fully recover from the effects of anesthesia, you will be taken to your hospital room on the orthopedic floor.
- Depending on your medical history, surgery experience and recovery room stay, you may spend the night in the Intensive Care Unit (ICU) for closer monitoring. The surgeon or nursing staff will inform you and your family if this is necessary.

What can I expect after leaving the recovery room?

- You will be moved to a hospital room and greeted there by the nursing staff. A frame will be placed on your bed to make it easier for you to move around. You may receive oxygen through a small tube placed in your nose. An ice bag may be used to reduce swelling. You will have an I.V. in your arm or other area to receive fluids, antibiotics and other medicine as needed.
- You will be given a device called an incentive spirometer to help you with deep breathing exercises. Breathing exercises will help reduce your risk of developing pneumonia and other breathing problems. The nursing staff or respiratory therapist will teach you how to use the incentive spirometer. You will be shown how to use it regularly after surgery to take about 10 full breaths every hour when awake.
- No showers or baths until you are advised to do so by your physician.
- You may be offered ice chips to start with, then water. If you do not feel sick to your stomach or vomit (throw up), the nurses will advance your diet. Please let them know if you follow any special diet.
- Managing your pain will be very important after surgery. Each doctor manages pain to best meet your needs. Be sure to talk with your nurse or surgeon about options available to manage your pain.



Pre-op

About Your Anesthetic

The type of anesthesia used will depend on the type of surgery you have, your surgeon's preferences, your medical condition and your wishes.

- You and your family will be able to talk to your anesthesiologist before going into surgery.
- Your anesthesiologist will discuss the type of anesthesia you will have and answer questions.
- After speaking with your anesthesiologist, you may have a preoperative sedative before going into the operating room.

Pre-admit Phase

Personal Belongings You Can Bring:

- Robe which opens in front
- Non-skid slippers with backs
- Toiletries (comb/brush, toothbrush, etc.), hearing aid batteries
- Please leave all valuables at home.

Medications

- Continue routine medications.
- Stop NSAIDs/Aspirin 7-10 days prior to surgery.
- Note: If cardiologist has prescribed ASA, check with physician before discontinuing use.
- Discuss your specific medications with PCP or surgeon.

Checklist for coming to the hospital

- ☐ Prepare your home. See simple safety ideas on page 1.
- ☐ Make a list of all medicine, herbs, vitamins and supplements you are taking. Write down any allergies you may have to food or medicine. Bring the list with you to the hospital.
- ☐ Pack a bag to bring with you to the hospital. Include:
 - A pair of comfortable, sturdy nonslip shoes (no flip flops).
 - Copies of your insurance cards.
 - Copies of your advance directives (living will, health care surrogate, power of attorney).
 - You may want to pack something to read.
 - Personal care items that are not supplied by the hospital such as a hair brush, denture paste, contact lens cleaner, makeup, hearing aid batteries, eyeglasses, sleeping clothes, robe, etc.
 - Loose-fitting clothes, like shorts and t-shirts.
 - DO NOT bring jewelry, credit cards, large amounts of cash or other valuables. Leave them at home.
- ☐ Take a bath or shower the night before surgery.
- ☐ DO NOT eat or drink anything after midnight the night before surgery, except for any medicine your doctor told you to take; take with small sips of water.
- ☐ DO NOT use any lotions, powders or colognes on the day of surgery.
- ☐ DO NOT wear jewelry, makeup, lipstick or nail polish the day of surgery.

The Day of Surgery

Surgery Time and What to Expect:

- Surgery time varies with each individual patient.
- The surgery suite is cold and noisy with metal instruments being placed on metal trays.
- The staff wears “space suits.”
- Premedication makes your mind fuzzy or your imagination play tricks.



Post-op

PACU Time

- Approximately one to two hours for recovery
- Note: After the operation, your family may wait in the lobby to meet with the surgeon. Make sure they check in with the concierge who will keep them updated as to your progress and page them when the surgeon is available.

Post-op Phase

- You will return to your room in your bed.
- Vital signs are taken every two to four hours, or taken as necessary.
- Your family will be asked to step out into the hall or to the appropriate waiting area during report.
- I.V. for volume replacement, antibiotic therapy (24 hours) and blood transfusion

Pain Control

- Pain medications are available for you as needed for pain relief.
 - Changing your position can ease the pain.
 - Icing the affected area also eases pain.
 - If you breathe in deeply through your nose and exhale through your mouth, it will ease the pain as well as expand your lungs.
 - Relax as much as you can.
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Equipment and Post-op Instructions

Immobilizer

- The arm may be placed in a sling or immobilized for the first 24 hours for comfort.
- Keep a small pillow or folded blanket under affected elbow while sitting or lying to prevent arm from falling back and straining arm.
- The morning following the procedure, the sling is removed and patients are encouraged to use their arm immediately for simple tasks such as eating, brushing teeth, etc., which are performed at waist height.

Trapeze Bar

- This will be attached to the bed to help with movement.
- DO NOT USE your operated arm with trapeze.

Coughing and Deep Breathing

- To keep lungs clear
- Every two hours
- Spirometer every hour while awake - 10 breaths

Oral Fluids

- Due to the possibility of postoperative nausea, fluids will be provided gradually and increased as tolerated.

Voiding

- Within 8-10 hours post op
- Possible straight catheter every six to eight hours until voiding on your own



AM Lab Work

Intake and Output (I & O)

- Started on admission
- Continued 24 hours after I.V. and/or catheter is removed; beyond if recommended by doctor
- To monitor fluid balance

Confusion

- Some patients become confused and disoriented after surgery.
- Confusion is secondary to anesthesia, trauma, pain medication, withdraw of alcohol or electrolyte imbalance.
- Confusion will usually pass within 24 to 48 hours.
- The nursing staff will re-orient you as needed.

Physical Therapy

- It is important to exercise properly to recover your strength and range of motion. Your doctor will tell you when to begin exercising, usually the day after surgery and what exercises you should perform. You will receive physical therapy in the hospital and as an outpatient. Follow your doctor's instructions regarding the type and frequency of your activity and exercises. Some of the simple exercises Physical Therapy may give you are an arm pendulum swing, grip strengthening and/or retracting the shoulder blade.

- Includes stretching exercises and normal gentle daily activities
- The physical therapist will teach you how to safely get in and out of the bed into the chair and vice versa.

Toileting and Dressing

- No showers or baths until you are advised to do so by your doctor.
- Dress the affected arm first.

Discharge

Discharge Goals

- Out of bed in a chair twice daily
- Physical therapy activities twice daily
- Bedside commode/bathroom use
 - No bedpan
- Perform activities of daily living
- Safe bed to chair transfers
- The first six to eight weeks are devoted to home exercises that improve motion of the arm above the head, to the side and behind the back. Subsequently, home therapy is advanced to strengthen muscles.
- Some patients may require the additional assistance of outpatient therapy interaction. Activities such as golf may resume in as little as six weeks.



Your Patient Care Coordinator will arrange discharge planning and home health.

- Placement may be at home, with family/friends, or in a rehabilitation center.
- Your surgeon will order medications and education will be provided while in hospital.

Is Your Home Safe? Home Safety Checklist

Read each item in this checklist carefully. Correct any items you think are a problem in your home. Remember, only you can prevent accidents that will prolong your recovery.

Help at Home

- Light housekeeping/shopping
- Driving
- Meal preparation

Pre-prepared meals

- Frozen dinners, canned foods, simple meals
- Two to three week supply

Pets

- Be aware that pets like to jump up and get underfoot.
- Keep pets confined when you are up and about.
- Enjoy your pet while you are sitting and in a less vulnerable position.

Walkways

- Remove throw rugs to avoid tripping.
- If you cannot remove throw rugs, use rugs with non-skid backing to avoid slipping.
- Make the transition between types of flooring (i.e. wood floor to carpet) as even and secure as possible.
- Avoid waxing wood or linoleum floors.

Stairs

- The rise between steps should be no more than five inches.
- Make sure handrails are well anchored (or install handrails) on both sides of the stairway.
- Non-skid treads can be placed on wooden stairs to prevent slipping.
- Make sure carpeting on stairs is secure.

Furniture Layout

- Arrange furniture to keep pathways clear and uncluttered.
- Chairs and tables need to be sturdy and stable enough to support a person leaning on them.
- Avoid furniture with sharp edges and corners.



- If furniture does have sharp edges or corners, pad them.
- Chairs with arm rests and high backs provide more support when sitting and more leverage when getting in and out of the chair.

Lighting

- Be sure that you have ample lighting to prevent falls and to assure that you can read medication labels and instructions easily.
- Light switches should be immediately accessible upon entering a room.
- Good lighting for hallways, stairs and bathrooms is especially important.

Medication

- Keep medicines out of the reach of children.
- Dispose of expired medicines properly

Sliding Glass Doors

- Mark sliding glass doors with stickers to prevent someone from walking through them.

Bathroom Safety

Toilet

- Use an elevated toilet seat or commode if you need support getting on and off the toilet.
- Install grab bars around the toilet if you need more leverage to get off the toilet.

Bathtub

- Install skid-resistant strips or a rubber mat.
- Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- Install hand-held shower.
- Do not use the soap dish or towel bar for balance – these can pull out of the wall easily.
- Remove sliding shower door.



Doors

- Avoid locking bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom.

Kitchen Safety

- Store frequently used items at waist level – use a reacher or grabber to avoid standing on a chair or footstool when items are out of reach.
- Mark “on” and “off” positions clearly on the dials of the stove.
- Use the front burners of the stove to avoid reaching over burners (unless there are small children in the house - in that case, use the back burners).
- Make sure pan/pot handles are not over the edge of the stove.
- Slide heavy pans across the stove instead of trying to lift them.
- Keep baking soda near the stove to extinguish small cooking fires.
- Keep a fire extinguisher in the kitchen.
- Make sure the sleeves of your clothing are not loose or dangling while cooking; they could easily catch fire.
- Tables with four legs are more stable than pedestal-style tables.



How can I save my energy?

Rest

- Sleep more; you need more sleep after surgery.
- Take a nap in the afternoon.
- Take 5-10 minute breaks during activities.
- While resting (or any activity), change your position every 20 minutes to avoid stiffness.

Reduced Effort- Remember the four P's

Planning

- Plan your schedule and follow that plan.
- Alternate heavy and light duties.
- Set priorities and schedule top priorities first.
- Plan difficult activities when you have the most energy.
- Allow for frequent rest breaks.

Positioning

- Use proper working heights whenever possible.
- Adjust ironing board and sit while ironing.
- Store supplies most frequently used within easy reach (between shoulder and knee height).
- While doing sitting activities, make sure table height is at elbows with shoulders relaxed.
- Eliminate unnecessary bending, reaching and stretching.
- Use long-handled dustpans, sponge mops, shoehorns, reachers, etc.

Preparation

- Prepare work centers before beginning an activity.
- Get all necessary materials together to avoid excess traveling.
- Use good lighting, good ventilation, comfortable shoes and loose clothing.
- Mentally and physically relax before starting activities.
- Organize work centers; eliminate excess clutter
- Store supplies near point of use.
- Sink area: Store soaps sponges, cleaning agents in a carry-all basket.
- Countertop area: Keep staples, utensils, spices, bowls, can openers, etc. near working space.
- Stove area: Have skillets, pots and pans and utensils within easy reach.

Protection

- Protect your joints from excessive strain.
- Change positions frequently.
- Use gravity whenever possible (i.e. laundry chutes or slide objects along countertops instead of carrying them).
- Use modern labor-saving devices (i.e. permanent press, dishwashers, etc.).
- Use wheels to transport (i.e. kitchen cart, laundry cart, etc.).

What to Remember Following Total Shoulder Replacement Surgery

1. Ask your doctor for guidelines on where your level of activity should be at the time of your next appointment.
2. Keep surgical area clean and dry.
3. Shower once your doctor approves.
4. Let your dentist know that you have implant before having any procedure done; antibiotics are necessary prior to these procedures to prevent infection.
5. Increase dietary fiber to avoid constipation. Drink eight glasses of water a day. Over-the-counter laxatives or stool softeners may help to relieve constipation. Eat a well balanced diet.
6. Your doctor will tell you when to resume work and when you can drive. Continue physical therapy exercises per your doctor's instructions.

When to Call the Doctor

1. When you have a temperature of more than 101°
2. When you have drainage, odor, redness or swelling around incision
3. You have calf pain or swelling around the leg
4. You have chest pain or shortness of breath
5. You have new, unusual, or increased pain not relieved by medication, elevation or rest
6. You have numbness or tingling that is new to the limb operated on



Information About Pain Control

Keeping your pain under control will help you get well faster.

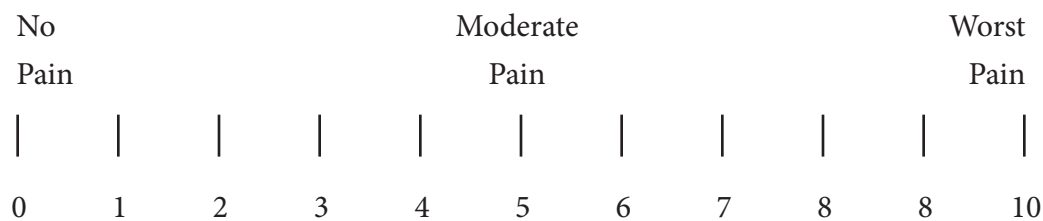
If your pain is lessened or relieved, you can more quickly:

- Return to your normal activities
- Do breathing exercises to prevent pneumonia
- Regain strength

The key to best pain control is:

- Take the pain medicine on a regular basis around the clock
- Take pain medication as soon as the pain starts; don't wait until it becomes intense
- Take pain medication before you do anything that will cause pain like walking, exercising, etc.

To measure your pain, you will be asked to rate your pain before and after a dose of pain medication. Rate your pain on the 0-10 Pain Scale. "On a scale of 0 to 10 with 0 as no pain and 10 as the worst pain possible, how would you rate your pain?" Is this an acceptable level of pain for you?



Tell your nurse if your pain is not relieved with the medication, if you have nausea, itching, or if the relief wears off too quickly. Getting hooked on pain medication should not be a concern. It is very rare unless you have a history of drug abuse. There are several forms of pain control. Your doctor will choose the one that best suits your needs. You may have orders for pain medication (pills, shots or I.V.) to be given upon request. Pain is a personal thing; the amount or type of pain varies from person to person. It is important to report pain that is not tolerable for you.

When you go home, know your pain control plan:

- Fill your prescription for pain medication; take the medication as ordered.
- Follow directions; some medications may cause nausea if not taken with food.
- If your pain is not relieved or gets worse, call your doctor.
- Many prescription pain medications cause constipation. Increase your intake of water, fruits and vegetables. Talk to your doctor about a laxative if necessary.
- Warning: DO NOT drink alcohol while taking pain medication.

Frequently Asked Questions

"I'm afraid to take the medicine now. What if the pain gets worse and I can't get more medicine?"

Pain medication works best when taken regularly and before pain becomes severe. If pain does become worse, there are several options including a slight increase in the dose, or decreasing the time between doses, or changing medicines.

"I'm worried about the side effects of the medicine. What if I get drowsy, constipated or my stomach gets upset?"

Many medicines have side effects; some such as drowsiness or stomach upset may only last a short time. If the side effects do not go away, your doctor may have other ways to decrease the symptoms without giving up pain control.

"I'm worried that I'll get addicted to the pain medicine."

Studies show that getting addicted is very rare. When your pain goes away, your doctor can slowly and safely decrease the pain medicine.

"I don't want to complain; it's best to 'tough it out'."

Some people think it's a sign of strength to keep pain a secret and refuse to take pain medicine. Good pain control allows you to do the most you possibly can, to feel more rested and more in control of your life.





“I want to use something else to relieve my pain other than drugs. Will it work?”

For treating acute pain caused from surgery, trauma or treatments, ways to help relax and distract you may be used. Other treatments ordered by your doctor, such as cold packs or massage may be used with medicines but not in place of them.

“What if my pain medicine isn’t working?”

Tell your nurse and doctor about it. You may need changes made to your pain treatment. It is not always possible to eliminate all pain. However your pain may be reduced to a level you can tolerate.

Other Suggestions

- It’s hard to talk about pain. Most people would rather not talk about it. It is also hard to describe pain so that other people can understand what it is like. These words may describe the kind of pain you are having: dull, aching, shooting, sharp, crushing, burning, pounding.
- Tell us about your pain. Sometimes people think that we can tell they are having pain. Only you know when you are in pain. Tell us when you are in pain and what makes your pain better or worse.

Non-drug Approaches to Pain

Approach

- Relaxation and Distraction
 - Relaxation breathing
 - Guided imagery
 - Progressive muscle relaxation
 - Biofeedback
- Hypnosis
- Cutaneous Stimulation
 - Heat pack, warm compress
 - Cold packs
 - Alternating heat and cold
 - Vibration with or without a form of electric massage
- Massage

Description

- Guided Imagery: Visualize beautiful scenes or pleasant associations.
- Progressive Muscle Relaxation: Tense and relax different muscle groups to become more aware of muscle tightness and to relieve tension.
- Biofeedback: Sensitive machines help you to become aware of body tension and vital signs.
- Hypnosis: Suggestions of comfort and lack of pain are given while you are in a deeply relaxed state.
 - Includes simple rhythmic rubbing; use of pressure; electric vibrator; therapeutic touch; massage with hand lotion, powder, or menthol cream; application of heat or cold
- Cutaneous Stimulation: Most often cutaneous stimulation is applied to the site of pain; however, stimulation of other sites may also produce pain relief (above or below pain site, between pain site and brain - if right arm hurts put ice on left arm).





Notes:

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