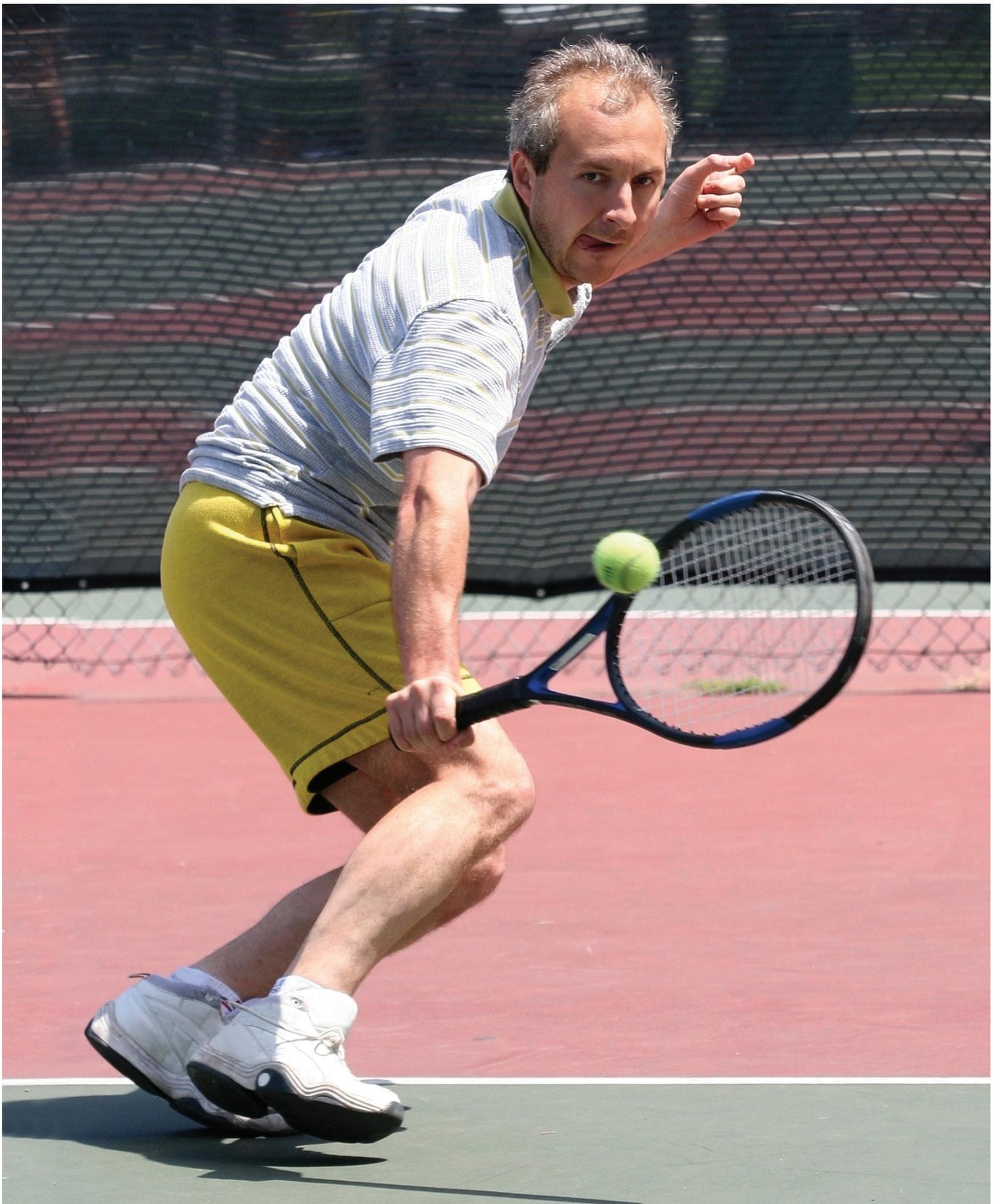


# Total Shoulder Replacement





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# General Information



## Chapter One: General Information

**Welcome to the Total Shoulder Replacement Program**

**Your Total Shoulder Team**

**Tobacco-Free Campus**

**Campus Map**

# General Information



## Welcome to the Total Shoulder Replacement Program

Learning as much as you can about total shoulder replacement in the days before your surgery will help you play a more active role in your recovery. That's why our health care professionals developed this book. It's our hope that it will increase your general knowledge of total shoulder replacement. This book will also help you prepare for surgery, and guide you through recovery.

Because we wanted to give you as much information as possible, you may find this book a little overwhelming at first glance. We suggest you read it at a leisurely pace. But try to read the entire manual before arriving for surgery.

**Bring this book with you when you come to the hospital for your total shoulder replacement.** Review any questions you may have with your doctors, nurses, physical therapists, case managers/social workers and occupational therapists. They will address your concerns, guide you through the surgery itself, and help you and your family to create a recovery plan.

***This book has been prepared only for your information. It shouldn't be considered a substitute for medical advice.***

# General Information

## Your Total Shoulder Team

Your orthopedic surgeon is supported by a strong and talented team. These team members will help you prepare for surgery, make your hospital stay as comfortable as possible, and help you recover as quickly as possible. Members of your team include:

### Nurses

Nurses will coordinate your activities while at the hospital. They will help you learn how to move your body after surgery. They will also take charge of your personal care, pain management and discharge planning.

### Nurse Navigator

The Nurse Navigator is a registered nurse who will help coordinate your care and guide you and your family during your hospital stay to ensure a positive experience.

### Physical Therapists and Occupational Therapists

After surgery, you may find daily tasks have become difficult. Getting in and out of bed, dressing yourself, showering and washing the dishes may all seem challenging in the days immediately following your surgery. An occupational therapist will be requested to teach you simple techniques to make activities of daily living easier. The therapist will develop an exercise program specifically designed to strengthen your new joint and the muscles surrounding it.

### Patient Care Tech

The Patient Care Tech (PCT) works under the direction of an RN or LPN. They take your vital signs and assist you with activities such as bathing or getting to the bathroom.

### Social Workers

Social workers will help you plan your release from the hospital. They will also communicate with your family and friends. During these discussions, social workers identify the support that your relatives and friends can provide during your recovery period, and educate them (and you) on the community resources available to help you until you regain your complete independence. These professionals will also help you understand your insurance benefits.

While staying in the hospital, you may also meet other health care professionals. These include home health, dietary and respiratory care staff.

# General Information

## Tobacco-Free Campus

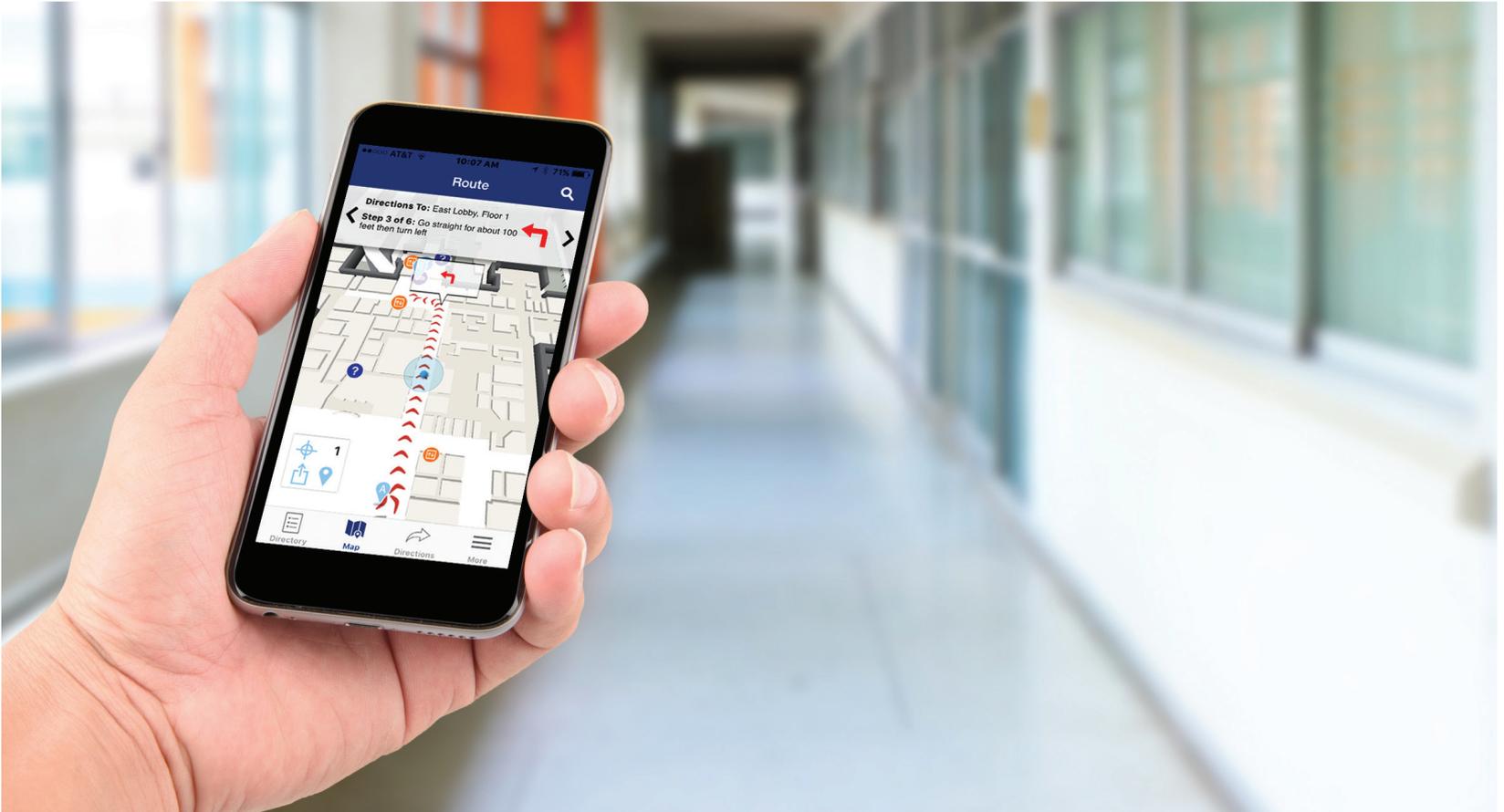
To promote a healthy lifestyle, BayCare hospitals are tobacco-free campuses and there are no designated smoking areas. Studies have shown that smoking negatively impacts bone health. If you or a loved one smoke, you might want to consider stopping prior to your surgery. If you need a nicotine patch for your stay, please let your physician know and one will be ordered.



In addition to talking to your doctor about options, free resources include:

- Florida Department of Health Quit Line: (877) 822-6669  
[QuitNow.net/Florida](http://QuitNow.net/Florida)
- Freedom from Smoking® Online American Lung Association  
[FFSOnline.org](http://FFSOnline.org)
- Florida Area Health Education Centers: (877) 848-6696  
[AHECTobacco.com](http://AHECTobacco.com)  
[SmokeFree.gov](http://SmokeFree.gov)

# General Information



## BayCare Compass helps get you where you're going.

BayCare Compass is a free mobile app that will help guide you to wherever you want to go in the hospital. It's as easy as typing in where you want to go and following the instructions.

### BayCare Compass features:

- Detailed maps of hospital floors
- Directory listings of departments
- Real-time location
- Points of interest around the hospital
- Driving and parking directions



Download  
BayCare Compass  
today.



## General Information



# Meet Your Shoulder

**The Normal Shoulder**

**The Problem Shoulder**

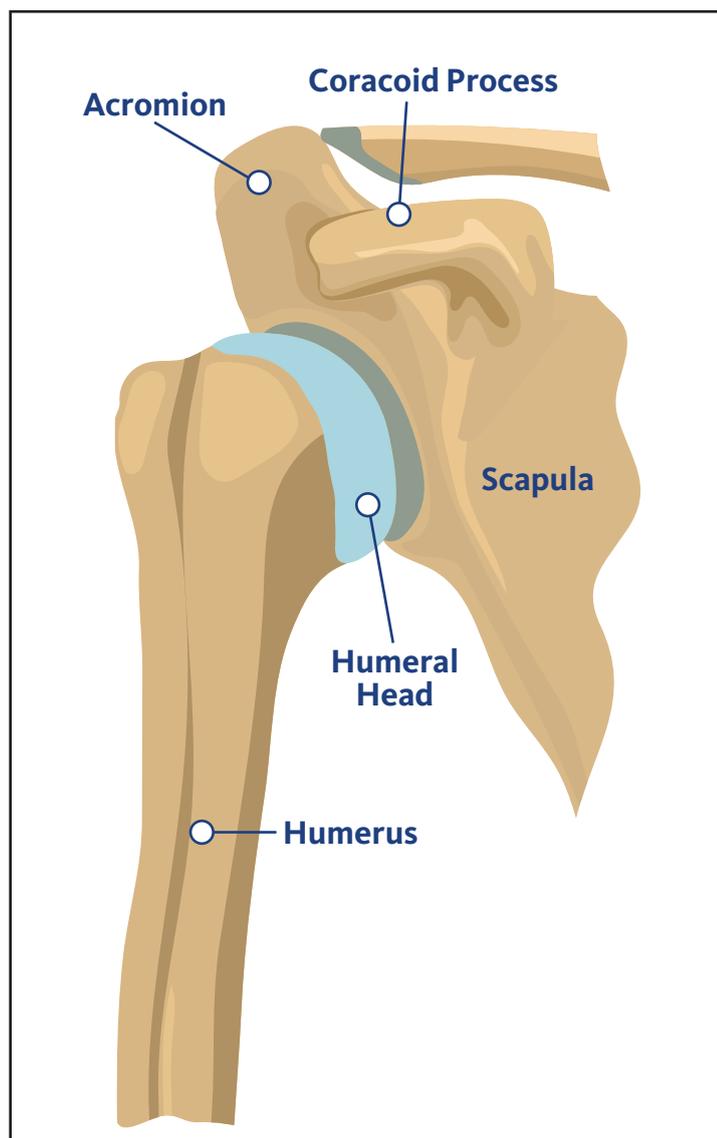
**The New Shoulder**

Chapter Two: Meet Your Shoulder

# Meet Your Shoulder

## The Normal Shoulder

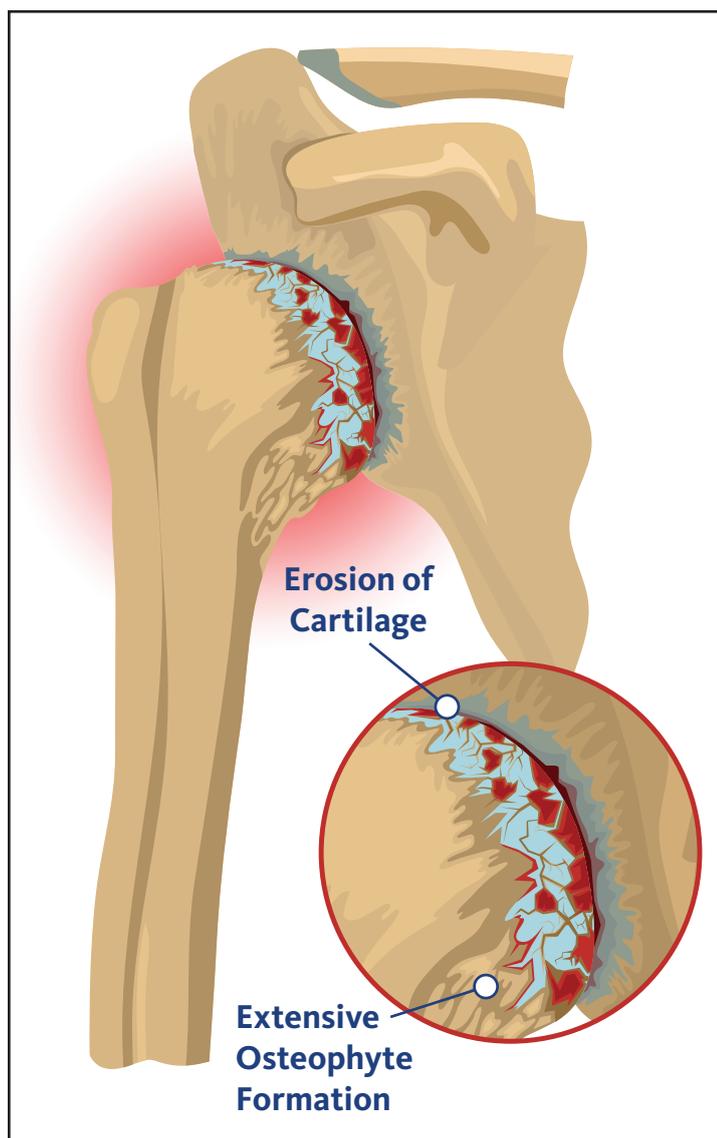
Your shoulder consists of a ball and socket. The ball portion is found at the top of the arm bone, which is called the head of the humerus. This fits into the socket, which is the glenoid. This ball and socket makes up the glenohumeral joint. The shoulder joint is the most flexible of all the body's joints. When it functions normally, this flexibility allows movement of the arm in almost every direction through a full range of motion.



# Meet Your Shoulder

## The Problem Shoulder

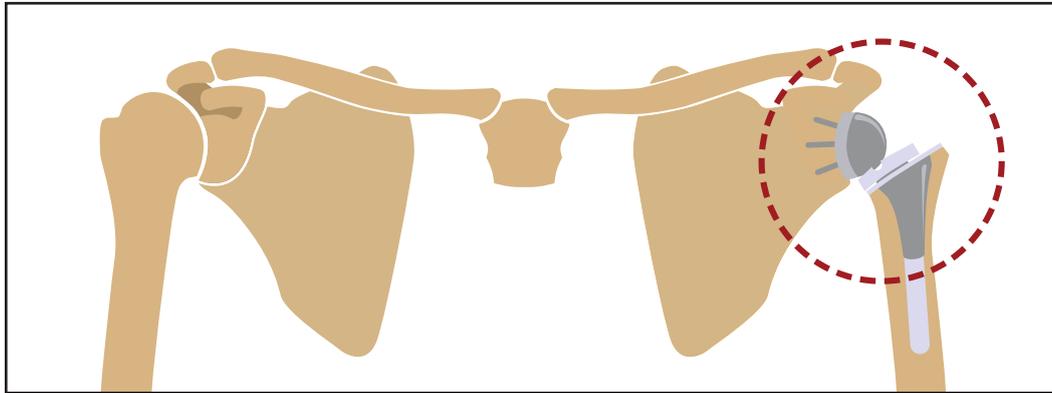
Sometimes, cartilage wears out. It no longer cushions the shoulder ball and socket and the shoulder joint can't move smoothly. This condition causes pain and decreases the function of the joint. Shoulder joint replacement surgery can often relieve pain, stiffness and the decreased ability to function normally.



# Meet Your Shoulder

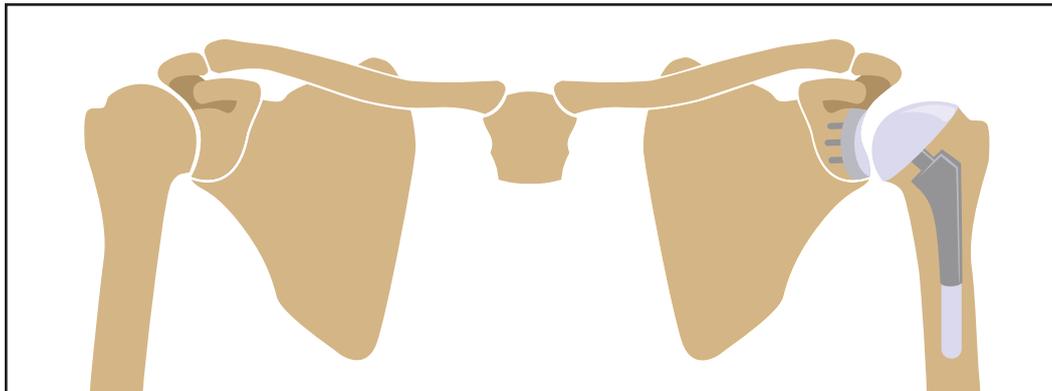
## The New Shoulder

The type of shoulder replacement your surgeon performs depends on the extent of the abnormality affecting the shoulder. Either an anatomic total shoulder replacement or a reverse total shoulder replacement can be performed.



### Reverse Shoulder Replacement

Reverse total shoulder replacement is generally performed when there is damage to the rotator cuff, or severe bony deformity. During the surgery, a metal ball is attached to the shoulder socket. The prosthetic components of the reverse total shoulder are switched in relation to how they're implanted in the anatomical total shoulder surgery.



### Anatomical Total Shoulder Replacement

Conventional total shoulder replacement is generally performed when your cartilage has totally worn away, but the rotator cuff tendons are in good condition. During this surgery, the arthritic head of the arm is replaced using a metal stem and a polished metal ball. The socket is replaced with a durable plastic material. This type of replacement relies on the rotator cuff to move the arm.

# Getting Ready for Surgery

**Medical History, Physical Exam**

**Insurance Coverage**

**Discharge Planning**

**Health Care Directives**

**Chapter Three: Getting Ready for Surgery**

# Getting Ready for Surgery

## Medical History, Physical Exam

No surgical procedure can take place without us first taking a good look at your overall health. In order for your orthopedic surgeon to do his or her job to the best of his or her ability, he or she needs to know about your medical history. The surgeon also needs to ensure that you're healthy enough to undergo shoulder replacement. Your primary care physician or surgeon will examine you to determine your current health status.

You may be directed to continue taking any general health medications up until the day of your surgery. Conversely, you may need to stop taking certain medications before checking into the hospital. Please talk with your doctor about which medications to take, and which to stop, before your surgery.

It's very important that you tell your primary care physician about any medication you may be taking, prescription or over-the-counter. **Aspirin products and anti-inflammatory medications such as ibuprofen (the active ingredient in Advil and Motrin), naproxen (Aleve), piroxicam (Feldene), nabumetone (Relafen) and oxaprozin (Daypro) will need to be stopped several days before your surgery.** This may also be true for diet pills, vitamin E and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava and St. John's Wort.

## Insurance Coverage

Health care benefits are constantly changing. It's important for you to understand your benefits before undergoing surgery.

## Discharge Planning

Our goal is to have you ready to go home after your hospital stay. However, there may be occasions when you need to have further rehabilitation. Planning for discharge is important. We'll work with you and your family to develop a discharge plan that'll help you make discharge arrangements before surgery.

## Discharge to a Skilled Nursing Facility

Very few patients need more help than home health can provide. They may need skilled nursing care. In a skilled nursing facility, you can continue your rehabilitation before returning home. Therapy helps you build strength and endurance, with a goal of returning home as soon as possible.

Talk with your surgeon prior to surgery if you feel that you'd benefit from a skilled nursing facility. Your surgeon can help you choose a facility that's right for you. There are many to choose from, and your Nurse Navigator can also help with this conversation before surgery.

# Getting Ready for Surgery

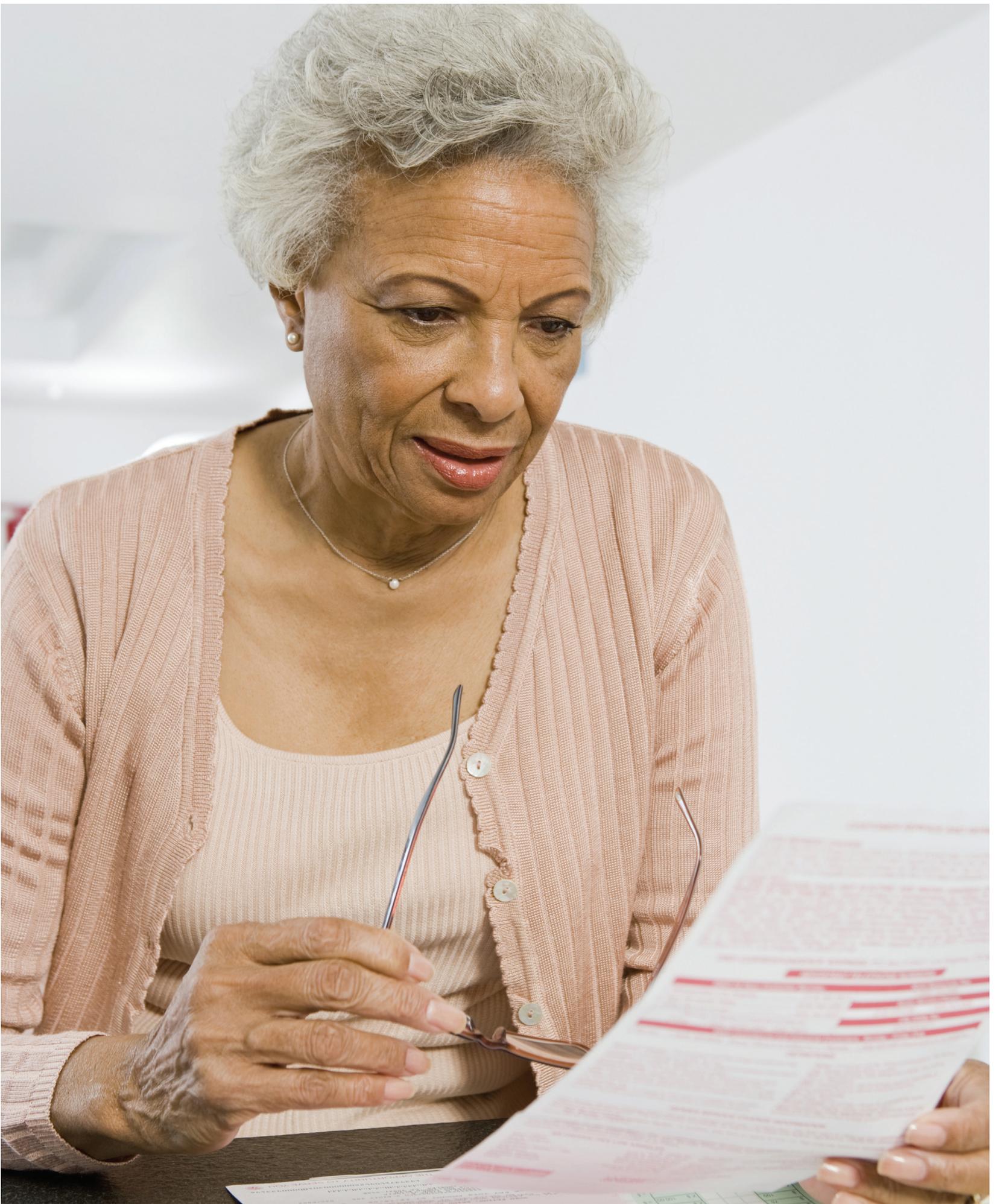
## Health Care Directives

Advance directives are forms that detail your choices for health care and treatment, should you become unable to talk to your doctors or make your own health care decisions, due to being sick or hurt. The best time to prepare an advance directive is while you're able to consider your wishes carefully and can discuss them with your doctor and the people close to you. In Florida, the two main types of advance directives are designation of health care surrogate and a living will.

- A designation of health care surrogate lets you choose someone to make medical decisions, based on your wishes, if you're not able to make your own decisions. You select one person and designate an additional person as a backup.
- A living will lets you choose the kind of health care you do and don't want if you have any of the conditions below. It only goes into effect if you're no longer able to make decisions or communicate your wishes yourself and are in one of these conditions.
  - A terminal or end-stage condition, and there is little or no chance of meaningful recovery
  - A condition of permanent and irreversible unconsciousness, such as coma or vegetative state
  - An irreversible and severe mental or physical illness that prevents you from communicating with others, recognizing family and friends, or caring for yourself in any way

We recommend all our patients fill out advance directives. For additional information on advance directives, copies of our forms, a step-by-step guide to filling them out and more, visit [BayCare.org/AdvanceDirectives](http://BayCare.org/AdvanceDirectives).

Before your procedure, please ensure your health care surrogate has copies of your forms, and bring a copy of these documents with you to the hospital. These forms will become a copy of your medical record.



# Caring for Yourself – Presurgical Preparations

**Preparing Your Home for Your Return**

**If You Live Alone**

**What to Pack**

**Bring to the Hospital**

**The Day Before Your Surgery**

**The Morning of Your Surgery**

**Chapter Four: Caring for Yourself – Presurgical Preparations**

# Caring for Yourself – Presurgical Preparations

## Preparing Your Home for Your Return

Homecoming should be a joyful experience for you. To make the transition from the hospital or a skilled nursing facility to home as happy, and as safe, as possible, you may want to rearrange some of the items in your house. Consider the following:

- Move frequently used items in the kitchen, bathroom, bedroom and workshop to tabletops, or to any surfaces sitting roughly at waist level. The items you'll probably move include shoes, clothing, food, medications, toiletries and toilet paper.
- Move low tables away from your couch and your chairs
- Make sure there are clear pathways leading from your bedroom to your kitchen, and from your bedroom to your bathroom. Eliminate clutter around the house.
- Remove all throw rugs from your floors
- Are your stair railings secure? If not, fix them. If you're constructing a new railing on your stairs, make sure it extends a few inches past the end of the staircase.
- Install grab bars in your bathtub or shower. You may also want to place them by the toilet.
- Purchase a tub bench, if needed
- Apply adhesive slip strips to your tub or shower
- Consider using liquid soap (in a dispenser) rather than bar soap
- Place a phone in your primary sitting area, and near your bed. You'll find cordless phones or cell phones very convenient.
- Use a rolling kitchen cart to move heavy or hot items
- Select a chair that you'll use when you come home. The best chair for those recovering from shoulder replacement surgery will be firm and not too short (recommended seat height of 18 inches from the floor). This will make it easier to rise from the chair using only one arm.
- Install nightlights in each room. Try to buy the type with sensors that automatically turn the lights on at sundown.
- Some people find sleeping in a recliner the first few days after surgery is the most comfortable. You may want to consider this if you have access to one.
- If possible, purchase an electric toothbrush to use after your surgery.

# Caring for Yourself – Presurgical Preparations

## If You Live Alone

Those living alone will face special challenges after total shoulder replacement surgery. To make your homecoming as easy as possible, you may want to complete the following tasks before checking into the hospital:

- Find someone to do your yard work and/or your laundry.
- Arrange to have your newspaper and mail delivered to your door rather than to your curb or mailbox.
- Arrange for transportation to the grocery store, community events, your place of worship, family get-togethers, and to appointments with your physician and therapist.
- Find someone to help care for your pet.
- Prepare and freeze a few meals before your surgery.

## What to Pack

Bringing a few items from home can make your stay in the hospital or rehabilitation center more comfortable. The majority of these items are available at the hospital, but you may bring your own if you choose.

## Bring to the Hospital

- Nonskid closed toe-to-heel slippers, sneakers or walking shoes
- A toothbrush, toothpaste, mouthwash or denture supplies
- A comb or hairbrush
- Shaving supplies and cosmetics
- Loose fitting clothing and a button down shirt

Please leave your jewelry and other valuables at home. After surgery, a hospital gown will be provided, but you may wish to wear shorts and shirts during your recovery. This helps you feel like you're returning to your normal life more quickly.

You'll have access to free wireless internet in your hospital room. You're welcome to bring your electronic devices (for example, tablet or laptop) to the hospital. The hospital isn't responsible for any lost or stolen items.

# Caring for Yourself – Presurgical Preparations

## The Day Before Your Surgery

- Don't eat solid foods after midnight the night before your surgery. Don't drink anything, not even water, after midnight. Please know that your surgery can be delayed if you don't follow these instructions.
- Report any changes in your physical condition to your physicians. A number of problems may require the postponement of your surgery. These include a sore throat, a cold, a fever, dental problems, difficulty urinating, and skin conditions such as rashes or abrasions.

## The Morning of Your Surgery

If you have any questions about whether you're healthy enough to undergo surgery, please ask a member of your health care team.

- If you've been instructed to take medications in the morning, swallow them with only a small sip of water. Don't drink or eat anything else unless instructed by your doctor.
- Shower per instructions given to you in pre-admission testing (i.e. no lotions, powders or colognes).
- Leave yourself plenty of time to arrive at the hospital as directed.

# Therapy After Surgery

**Exercises**

**Precautions and Activity Guidelines**

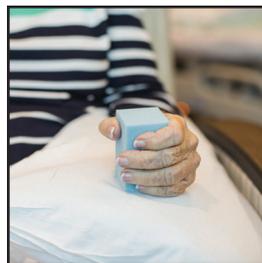
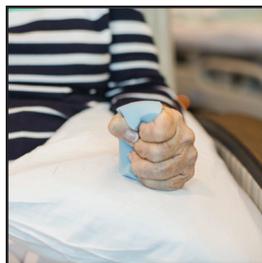
**Activity Restrictions**

Chapter Five: Therapy Before and After Surgery

# Therapy After Surgery

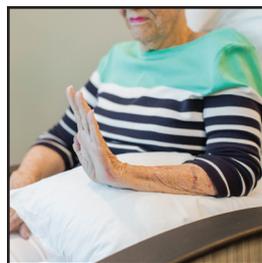
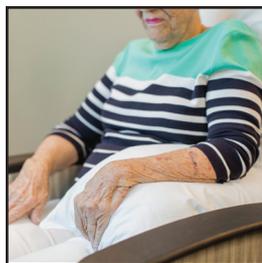
Therapy will be prescribed according to your surgeon's recommendations. During the immediate postsurgical phase (generally one to four weeks after surgery), the goal of therapy is to promote soft tissue healing, increase the range of motion in the elbow, wrist and hand, and reduce pain and inflammation. The strengthening phase will happen between weeks four and six, and will focus on restoring full range of motion and stabilizing movement of your shoulder. Weeks six through 12 will focus on improving muscular strength, stability and endurance. After week 12, the goals of therapy will be pain-free movement and increase the ability to use your arm for all your daily activities.

Your surgeon will have you start these exercises after surgery and they'll be part of your postoperative home exercise program. These will be reviewed with you by your occupational and/or physical therapist. Perform the exercises two to three times a day, 10–15 times each, gently and slowly.



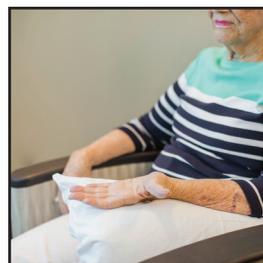
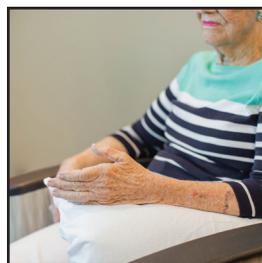
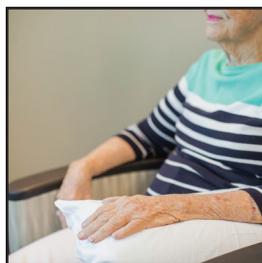
## Hand

Continued use of your hand is encouraged for functional activities, grasping light objects and performing gentle squeezes to maintain strength in your affected arm.



## Wrist

Continued use of your wrist is encouraged for functional activities by moving it up, down and side to side.



## Forearm Pronation/Supination

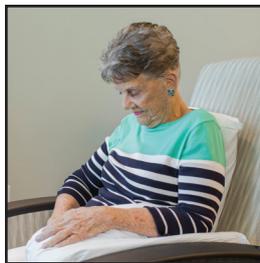
Start with arm in hand-shaking position and slowly rotate palm down until a stretch is felt. Hold for three seconds, relax, then rotate palm up until a stretch is felt.

# Therapy After Surgery



## Elbow

Your therapist will guide you on the proper exercises for your elbow as they may vary depending on your surgical procedure. In a sitting position, support your elbow on a pillow close to your body. Start by assisting your operative arm by the wrist to gently bend and lower your forearm without moving the shoulder.



## Neck

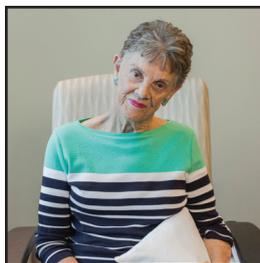
### ■ Head Nod

In a sitting position, bend your head slowly forward, then return to the starting position. Keep both shoulders down in a neutral position to avoid elevation of the operative shoulder during neck exercises.



### ■ Head Turn

In a sitting position, turn your head slowly to look over one shoulder, then the other.



### ■ Head Tilt

In a sitting position, tilt your head slowly toward one shoulder, then the other.

# Therapy After Surgery



## Passive shoulder flexion

*This exercise should only be performed with your therapist and per your surgeon's discretion.*

While lying down, your therapist will support your operative arm gently and gradually begin to raise your arm toward the ceiling. Your therapist will move your arm through a comfortable range of motion and will hold at the end position for two to three seconds. Your therapist will move your arm back to the starting position. This will be repeated 10 times.



## Ice Application

After surgery, you'll receive an ice wrap to apply to your shoulder immediately. A strap wraps around your chest and back to secure the ice on your shoulder. Ice should be applied as frequently as possible when resting in bed or in the chair.

## Precautions/Activity Guidelines

The sling should be worn as advised by your surgeon. Your activities will be increased under the supervision of your surgeon and therapist, according to your progress, healing and comfort level. Therapy will be prescribed by your surgeon's office. Gentle hand, wrist and elbow range-of-motion and pendulum exercises, if appropriate, should be done two to three times a day. For approximately six to eight weeks after surgery, while lying on your back, a small pillow or towel roll should be placed behind your arm. This prevents you from extending the shoulder joint and stretching the underlying muscles. You should be able to see your elbow when lying flat.

## Activity Restrictions

- Don't lift anything heavier than a 6 oz. glass of water until allowed by your surgeon.
- Don't use the arm to push yourself up.
- Avoid reaching over to the opposite shoulder.
- Avoid reaching out to the side.
- Don't place your arm in any extreme positions (i.e. putting your arm straight up and out to the side or behind your body).
- Avoid movements that would simulate tucking in your shirt behind your back, putting on a bra, toilet hygiene, washing the opposite arm and putting on a belt.
- Don't apply deodorant to the operative arm.

Some exercises may be contraindicated for a reverse shoulder surgery. See above exercises.

# Therapy After Surgery

## Activities of Daily Living with a Shoulder Immobilizer or Sling

### Wearing a Shoulder Immobilizer or Sling

A shoulder sling is used to support your arm after injury or surgery. It may also be used to limit movement or protect against raising the arm, to reduce pain and swelling.

### When to Wear the Sling

- Your therapist will review when you should wear your sling.
- Remove your sling each day during self-care activities such as dressing and bathing or to do your exercises as instructed by your therapist.

### Putting on the Sling

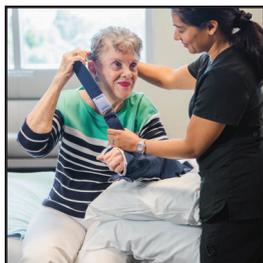
Your sling will have a strap that fits over your shoulder and back, a pouch or pocket to hold your elbow and lower arm. Your sling may have a removable waist strap and thumb hook.

#### How to put on the sling:

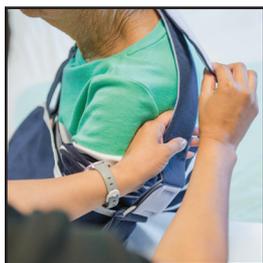
*Place the arm on pillows or have assistance to support the arm when applying and removing the sling. Don't move your shoulder.*



- Start by sliding the closed end of the sling over your hand on the operative side.
- Fit the sling on your arm so that your elbow is in the pocket as far as it can go.



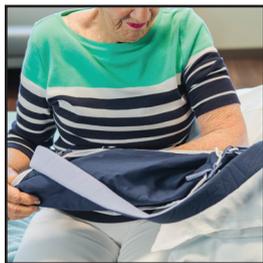
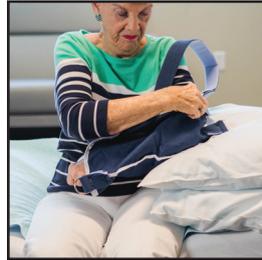
- The long strap of the sling should go from the back of your operative arm, across your back to your other shoulder and down your chest. You may also attach the strap to the fastener and then lift the strap over your head to the opposite shoulder.



- Attach the long strap to the fastener that's near your wrist.
- Adjust the length of the strap so that your hand is slightly higher than your elbow.
- Move the pad on the shoulder strap near your neck so it feels comfortable.

# Therapy After Surgery

## Taking off the sling:



- Keep your arm by your side across your abdomen or resting on a pillow.
- Loosen the fastener and take the strap out or attach the velcro strap onto itself when loosened all the way.
- Gently remove the sling by sliding it down the arm or pulling it over the head if strapped onto itself.

## Care While Wearing the Sling

Unless you've been instructed otherwise, follow these general care guidelines:

- Adjust the strap on the sling so that your hand is slightly higher than your elbow. This helps reduce swelling.
- Be sure your elbow is all the way back into the pocket of the sling.
- Smooth the sling so there are no wrinkles along your arm that may cause sore spots.
- Remove the sling each day to wash your arm and shoulder.
- Use a damp washcloth to wash your armpit and skin. Dry well with a towel. Limit the movement of your operative arm.
- Your sling can be hand washed and air dried. You may need to purchase another sling to wear while one is being cleaned.
- Talk to your doctor, nurse or therapist if you have any questions or concerns.



## Bed Entry/Exit

- Don't push or pull with your operative arm. Get in or out of bed toward your nonoperative side.

# Therapy After Surgery

## Bathing and Dressing

- **Getting washed** – For the first three weeks, you may still feel sore from the surgery and you’ll probably need assistance washing your operative arm. If possible, use a shower with a hand extension. Keep the surgical wounds dry and protected while washing.
- **Bra – Putting it on:** To put on a bra, fasten it in front, using both hands. Turn the bra around your body using your nonoperative arm. Insert your operative arm into a strap and then your nonoperative arm. A larger sports bra is another option. Step into it, pull it up over your chest and place your operative arm in first.

*Taking it off:* Use your nonoperative arm to remove strap on same side and then remove operative arm strap. Turn bra around to front using nonoperative arm. Use both hands to unfasten without moving operative shoulder, or follow same method as removing sports bra. For removing a sports bra, use your nonoperative arm to remove strap on same side and then remove operative arm strap. Slide the bra down towards feet and remove with nonoperative arm.
- **Button-Down Shirt – Getting dressed:** While dressing, keep your operative arm supported by a pillow at all times. Sit on the edge of a bed or chair. Dress your operative arm first. Slide the shirt sleeve onto your arm using your nonoperative arm. Once your operative arm is fully in the sleeve, bring the garment around your back, and put your nonoperative arm in. Your operative arm may assist with buttons as long as you’re not moving the shoulder. Once you’ve dressed your upper body, place your arm back in the sling.

*Getting undressed:* While seated, unbutton the shirt. Buttons can be undone with your operative arm as long as you’re not moving the shoulder and only bending the elbow. Undress your nonoperative arm first. Bring the garment around your back, then use your nonoperative arm to remove the sleeve from your operative arm.
- **Pullover Shirt – Getting dressed:** For large pullover shirts, dress your operative arm first. Using your nonoperative arm to pull the shirt over your head, put your arm through the sleeve. Reach and pull down the shirt with your nonoperative arm only.

*Getting undressed:* Reach overhead to remove the neck opening with your nonoperative arm and continue to undress the sleeve of your nonoperative arm. Then move your operative arm out of the shirt..

# Therapy After Surgery

- Grooming** – Your therapist will train you on the proper techniques in order to perform these self-care tasks appropriately.
- Feeding** – It's preferable to use your nonoperative arm; however if this is difficult, refer to your therapist for alternate methods.
- Transferring** – Use only your nonoperative arm to help you get up from chair, bed, toilet or out of the shower. Continue using your sling as recommended by your surgeon and therapist.
- Sleeping** – You may find it easier to sleep on your back with a pillow under your operative arm for support. You might find it comfortable sleeping sitting up in a recliner with a pillow under your operative arm, especially if you're unable to get in and out of bed toward your nonoperative side.
- Toilet Hygiene** – Use your nonoperative arm for adjusting clothing and hygiene. Talk to your therapist about alternate methods.

# Surgery and Recovery

## Chapter Six: Surgery and Recovery

**At the Hospital**

**Pre-Op Surgical Unit**

**Keeping You Safe**

**Holding Room**

**About Anesthesia**

**Operating Room**

**Recovery Room**

**Patient Unit**

**Managing Your Pain**

**Pain Management Feedback**

**Other Pain Management Treatments**

**Importance of Controlling Pain**

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**Patient Care Plan**

**A Word About Visitors**

**Discharge**

# Surgery and Recovery

## At the Hospital

Being in the hospital is probably an unusual experience for you. Read this list of procedures to help acquaint yourself with the hospital routine.

## Pre-Op Surgical Unit

- When you first arrive at the hospital, you'll meet with a nurse. The nurse will ask for your name and birthdate. A white hospital band printed with a bar code will be placed around your wrist. If you're allergic to any medications or food, a red wristband will also be applied to your wrist with a list of your allergies.
- You'll be admitted into the presurgical area and be asked to change into a hospital gown.
- Your vital signs (temperature, heart rate, blood pressure and respiration rate) will be assessed. You'll also be asked to rate your pain on the pain scale.
- Your chart will be reviewed and any additional testing that needs to be done prior to surgery will take place.
- An intravenous line (I.V.) will be started here (or possibly in the holding room) to give you fluids.

## Keeping You Safe

Keeping you safe is our top priority. We'll regularly ask you to identify yourself by stating your name and birth date and comparing it to your identification armband. This ensures we provide the right treatment, tests and medications during your stay with us.

Your identification bracelet will contain a barcode. That barcode will be scanned prior to any medication administration.

One of our goals is to prevent the spread of infection to our patients. Your health care team will wash their hands with soap and water or use alcohol gel before and after each patient encounter. If you have concerns that your health care provider hasn't washed his or her hands, please speak up and ask them. Your physician will also order I.V. antibiotics before surgery and possibly following your surgery to help prevent surgical site infections.

We want to perform the right procedure, on the right patient, at the right site every time. We'll ask you to be involved in the process by identifying your surgical site and confirming the site that your surgeon marks.



# Surgery and Recovery

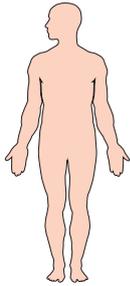
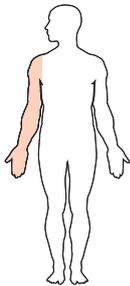
## Holding Room

- Approximately one hour prior to surgery, you'll be taken to the holding area and your family will be shown to the waiting area. You'll be assigned a number, which will be given to your family. In the waiting room, we have a tracking board in which your family can track your number through the surgical process.
- You'll receive antibiotics and fluids through your I.V.
- An anesthesiologist will meet with you and you may be given medication to help you relax.
- You'll meet your surgical team and the surgeon will mark the correct surgical site.

## About Anesthesia

Anesthesia is a type of medication that causes you to lose sensation, therefore, you feel no pain after anesthesia is administered. This loss of sensation may or may not be accompanied by the loss of consciousness.

At the hospital, an anesthesiologist or certified registered nurse anesthetist takes responsibility for giving you anesthesia. The doctor or nurse will evaluate your medical status and talk with you to decide which type of anesthesia is best suited for your surgery.

Type	Definition	Advantages	Side Effects
<b>General Anesthesia</b> 	General anesthesia acts primarily on the brain and nervous system. It not only eliminates sensations of pain during surgery, it also allows you to sleep during the procedure. General anesthesia is administered by injection or by inhaling it into your respiratory system.	Allows patients to sleep through extensive surgical procedures	Side effects include a sore throat, headache, hoarseness and nausea.
<b>Nerve Block</b> 	The nerve block is a regional anesthetic technique. This type is given by injecting a local anesthetic into the operative arm. Once the nerve block is performed, the local anesthetic blocks transmission of signals that cause the sensation of pain. The block will last 24-48 hours.	It's a safe and effective way to provide excellent post-op pain control for your surgery. It also reduces the amount of narcotic pain medication that may be necessary to control pain. It can also lead to earlier ambulation and potentially an earlier discharge from the hospital.	

# Surgery and Recovery

## Operating Room

- The anesthesiologist will administer a nerve block. This will numb you and help with pain control after surgery.
- Surgery time varies. Your family will be updated while you're in surgery.
- After surgery, you'll go to the recovery room.

## Recovery Room (Post-Anesthesia Care Unit – PACU)

- Your nurse will assess you frequently including your dressing, vital signs and symptoms.
- Our goal is to decrease your pain. If you're having any pain, please let the nurse know and you can get pain medication.
- You'll be in the recovery room for approximately two hours or until your room is ready. Once you're discharged from the recovery room, you'll be taken to your patient unit. Your family will be notified of the room number.

## Patient Unit

- Upon arrival to the floor, the nurse will assess you and monitor your progress throughout your stay.
- You'll continue to have an I.V. and will be encouraged to drink fluids. The I.V. fluids will be discontinued when you're able to drink enough.
- You may have a catheter in your bladder, which is to monitor your urine.
- Sometimes a drain is placed in the wound after surgery to drain excess fluid. It'll be removed when there's decreased drainage.
- You'll also possibly have TED stockings on and/or sequential compression devices (SCDs). These help prevent blood clots. It's also important to get out of bed. Please call for assistance.
- Notify your nurse of any discomfort (rate on a scale of 0-10).
- Please ask the staff any questions you may have.

# Surgery and Recovery

## Managing Your Pain

All patients have the right to pain management. Treating pain is an important part of your care and recovery.

Only you can describe the type and degree of pain you experience after surgery. The pain caused by surgery may be severe at first, but it'll ease as your body heals. Be sure to report any pain to your doctor or nurse.

As a patient, we expect that you'll:

- Assist your health care professional in assessing your pain. Your nurses will ask you to "rate" your pain on a scale in addition to assessing your level of sedation (sleepiness), vital signs, etc.
- Discuss pain relief options with your health care professional to develop a pain management plan.
- Tell your health care professional about any worries you have about taking pain medications.

## Measuring Your Pain

To help us measure your pain, we'll ask you to rate it before and after a dose of pain medication. Rate your pain on the 0-10 point scale below.

### Standard Pain Scale

0	1	2	3	4	5	6	7	8	9	10
No pain		Mild pain		Moderate pain		Severe pain		Very severe pain		Worst possible pain

### Modified Wong-Baker Faces

					
0	2	4	6	8	10
Very happy, no hurt	Hurts just a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine

# Surgery and Recovery

## Pain Management Feedback

People experience pain in different ways; therefore, it's important that you give members of your health care team feedback on how you rate your pain before and after being medicated. Important points to remember include:

- Our goal is to reduce your pain and make it manageable so you can effectively work with physical and occupational therapy to regain some independence during your hospital stay.
- Be specific when describing the pain (throbbing, aching, shooting, cramping, etc.).
- You won't be totally pain-free after surgery and during the recovery period.

## Pain Relief from Medication

Your doctor will choose a pain control to best suit your needs. Some patients will be given pain medication — pills, shots, I.V.s — as needed. Doctors will specify that other patients be given pain medication at certain times during the day.

## Easing Your Pain

We want to work with you to lessen or relieve any pain you feel after your shoulder replacement surgery. Keeping pain under control will help you heal faster.

The keys to optimal pain control are:

- Taking pain medication as soon as the pain starts
- Taking pain medication **before** occupational or physical therapy
- Taking pain medication before you start doing anything that'll cause pain. These activities include walking, dressing or sitting.

## Other Pain Management Treatments – Nonmedication Measures to Treat Pain

While medications may help control some of your pain, there are other methods you will find helpful to assist in making you more relaxed and comfortable, including:

- **Ice:** Ice serves several purposes after surgery including reducing the swelling and helping to control pain. You may request an ice pack for icing near the surgical area.
- **Exercise:** To increase blood flow and prevent increased pain, swelling and blood clots, you'll be encouraged to do simple exercises such as ankle pumps (move ankles up and down in circles in both directions). You'll be walking with the physical therapy and nursing staff each day during your recovery, which will help decrease your pain. Remember to take slow, deep breaths as you change your position and get out of a bed or chair.

# Surgery and Recovery

- **Progressive Relaxation:** Progressive relaxation involves tensing and relaxing each part of your body. Following progressive relaxation, imagine a pleasant or happy scene. Or, you can tune to our hospital channel on TV where you'll find pleasant scenes and music to help with your relaxation exercise. As the mind is occupied by the scene, stress levels diminish as your muscles and mind relax. This has been proven to greatly reduce pain.
- **Music:** The use of medication is often accompanied by unwanted side effects. Research has proven that music can be used to decrease the pain response. While studies found that medication was number one for pain reduction, music came in a solid second. It was found that music reduces intensity of pain as well as the amount of medication needed in acute postsurgical pain. And, it's noninvasive, so give it a try. Please feel free to bring your favorite music with you and listen as you recover.
- **Pet Therapy:** Pet therapy has been shown to increase pain tolerance, reduce stress, lower blood pressure and bring a happy and relaxed feeling to those experiencing pain (see hospital pet visitation policy).
- **Distraction:** No, the pain isn't in your head. However, YOU are still in control. Focusing on your pain alone may make the sensation seem more intense. Instead, try to focus on something else, like reading a book or watching television.

## Importance of Controlling Pain

One of the myths about pain is that it shouldn't be treated but experienced. However, pain offers no known benefits. If it's not treated, pain can affect many different areas of your body, such as the heart, stomach and lungs. Sometimes patients try to deal with pain after surgery by taking short breaths, or by holding back coughs to prevent hurting their incision sites. These actions can cause postoperative complications such as pneumonia. Also, undertreated pain may result in increased fear, anxiety or lack of sleep.

**Remember:** Pain prevention and control brings short- and long-term relief and healing benefits. Be sure to report any pain to your doctor or nurse.

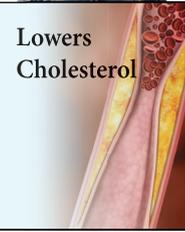
### At-Home Pain Control — *Know your pain control plan.*

- Before leaving the hospital, you'll be given a prescription for pain medication. Have it filled. If you're given a prescription by your doctor before surgery, have it filled before you come to the hospital. Take as ordered.
- Follow directions carefully. Some pain medications cause nausea if not taken with food. If you suffer from nausea even when taking the medication as directed, call your doctor.
- If your pain doesn't go away after taking your medicine, or if it gets worse, call your doctor.
- When your pain lessens, you may switch to over-the-counter pain medication.
- Many prescription pain medications cause constipation. Increase your intake of water, fruits and vegetables to avoid this. See Chapter 6 for more information on postsurgical nutrition.

# Surgery and Recovery

## Medication Side Effects

The following chart contains information about the most common side effects of medication you may be taking during your hospital stay. If you have questions or concerns, please ask your nurse.

Reason for Medicine	Medicine Names: Generic (Brand)	Possible Side Effects
 <p><b>Pain Relief</b></p>	<ul style="list-style-type: none"> <li>• Fentanyl (Actiq®, Duragesic®, Sublimaze®)</li> <li>• Hydrocodone/Acetaminophen (Lortab®, Norco®, Vicodin®)</li> <li>• Hydromorphone (Dilaudid®)</li> <li>• Morphine (Kadian®, MS Contin®, Oramorph SR®, Roxanol®)</li> <li>• Oxycodone (Oxycontin®, Roxicodone®)</li> <li>• Oxycodone/Acetaminophen (Percocet®, Roxicet®, Tylox®)</li> <li>• Tramadol (Ultram®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness/drowsiness</li> <li>• Constipation</li> <li>• Queasiness/vomiting</li> <li>• Rash</li> <li>• Confusion</li> </ul>
 <p><b>Queasiness or Vomiting</b></p>	<ul style="list-style-type: none"> <li>• Metoclopramide (Reglan®)</li> <li>• Promethazine (Phenergan®)</li> <li>• Ondansetron (Zofran®)</li> <li>• Scopolamine patch (Transderm-Scop®)</li> <li>• Prochlorperazine (Compazine®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Constipation</li> <li>• Tiredness/drowsiness</li> </ul>
 <p><b>Heartburn or Reflux</b></p>	<ul style="list-style-type: none"> <li>• Esomeprazole (Nexium®)</li> <li>• Famotidine (Pepcid®)</li> <li>• Lansoprazole (Prevacid®)</li> <li>• Omeprazole (Prilosec®)</li> <li>• Pantoprazole (Protonix®)</li> <li>• Ranitidine (Zantac®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Diarrhea</li> </ul>
 <p><b>Lowers Cholesterol</b></p>	<ul style="list-style-type: none"> <li>• Atorvastatin (Lipitor®)</li> <li>• Lovastatin (Mevacor®)</li> <li>• Pravastatin (Pravachol®)</li> <li>• Rosuvastatin (Crestor®)</li> <li>• Simvastatin (Zocor®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Upset stomach</li> <li>• Headache</li> <li>• Muscle pain (with muscle pain, tell nurse/physician right away)</li> </ul>
 <p><b>Blood Thinner (to prevent or break down blood clots)</b></p>	<ul style="list-style-type: none"> <li>• Aspirin</li> <li>• Apixaban (Eliquis)</li> <li>• Betrixaban (Bevyxxa)</li> <li>• Edoxaban (Savaysa)</li> <li>• Enoxaparin (Lovenox®)</li> <li>• Dabigatran (Pradaxa®)</li> <li>• Fondaparinux (Arixtra®)</li> <li>• Heparin</li> <li>• Rivaroxaban (Xarelto®)</li> <li>• Warfarin (Coumadin®, Jantoven®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of bleeding</li> </ul>
 <p><b>Stops Blood Clots from Forming</b></p>	<ul style="list-style-type: none"> <li>• Aspirin</li> <li>• Clopidogrel (Plavix®)</li> <li>• Prasugrel (Effient®)</li> <li>• Ticagrelor (Brilinta®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Upset stomach</li> <li>• Risk of bleeding</li> </ul>
 <p><b>Heart Rhythm Problems</b></p>	<ul style="list-style-type: none"> <li>• Amiodarone (Cordarone®, Pacerone®)</li> <li>• Digoxin (Digitek®, Lanoxin®)</li> <li>• Propafenone (Rythmol®)</li> <li>• Flecainide (Tambocor®)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Headache</li> </ul>

# Surgery and Recovery

<p><b>Lowers Blood Pressure and Heart Rate</b></p> 	<p><i>Calcium Channel Blockers</i></p> <ul style="list-style-type: none"> <li>• Diltiazem (Cardizem CD<sup>®</sup>, Cartia XT<sup>®</sup>, Dilacor XT<sup>®</sup>, Tiazac<sup>®</sup>)</li> </ul> <p><i>Beta Blockers</i></p> <ul style="list-style-type: none"> <li>• Atenolol (Tenormin<sup>®</sup>)</li> <li>• Carvedilol (Coreg<sup>®</sup>)</li> <li>• Metoprolol (Lopressor<sup>®</sup>, Toprol XL<sup>®</sup>)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness/drowsiness</li> </ul>
<p><b>Lowers Blood Pressure</b></p> 	<p><i>ACE Inhibitors/Angiotensin Receptor Blockers (ARB)</i></p> <ul style="list-style-type: none"> <li>• Benazepril (Lotensin<sup>®</sup>)</li> <li>• Captopril (Capoten<sup>®</sup>)</li> <li>• Enalapril (Vasotec<sup>®</sup>)</li> <li>• Irbesartan (Avapro<sup>®</sup>)</li> <li>• Lisinopril (Prinivil<sup>®</sup>, Zestril<sup>®</sup>)</li> <li>• Olmesartan (Benicar<sup>®</sup>)</li> <li>• Ramipril (Altace<sup>®</sup>)</li> <li>• Quinapril (Accupril<sup>®</sup>)</li> <li>• Valsartan (Diovan<sup>®</sup>)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Cough</li> </ul>
<p><b>Antibiotic for Bacterial Infections</b></p> 	<ul style="list-style-type: none"> <li>• Amoxicillin/Clavulanate (Augmentin<sup>®</sup>)</li> <li>• Ertapenem (Invanz<sup>®</sup>)</li> <li>• Azithromycin (Zithromax<sup>®</sup>)</li> <li>• Levofloxacin (Levaquin<sup>®</sup>)</li> <li>• Cefazolin (Ancef<sup>®</sup>, Kefzol<sup>®</sup>)</li> <li>• Meropenem (Merrem<sup>®</sup>)</li> <li>• Ceftriaxone (Rocephin<sup>®</sup>)</li> <li>• Metronidazole (Flagyl<sup>®</sup>)</li> <li>• Cefuroxime (Ceftin<sup>®</sup>)</li> <li>• Piperacillin/Tazobactam (Zosyn<sup>®</sup>)</li> <li>• Ciprofloxacin (Cipro<sup>®</sup>)</li> <li>• Vancomycin (Vancocin<sup>®</sup>)</li> <li>• Clindamycin (Cleocin<sup>®</sup>)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Upset stomach</li> <li>• Diarrhea</li> <li>• Rash/flushing</li> <li>• Headache</li> </ul>
<p><b>Helps with Inflammation</b></p> 	<ul style="list-style-type: none"> <li>• Celecoxib (Celebrex<sup>®</sup>)</li> <li>• Dexamethasone (Decadron<sup>®</sup>)</li> <li>• Hydrocortisone (Cortef<sup>®</sup>, Hytone<sup>®</sup>, Solu-Cortef<sup>®</sup>)</li> <li>• Ibuprofen (Advil<sup>®</sup>, Motrin<sup>®</sup>)</li> <li>• Ketorolac (Toradol<sup>®</sup>)</li> <li>• Methylprednisolone (Depo-Medrol<sup>®</sup>, Medrol<sup>®</sup>, Solu-Medrol<sup>®</sup>)</li> <li>• Naproxen (Aleve<sup>®</sup>, Anaprox<sup>®</sup>, Naprosyn<sup>®</sup>)</li> <li>• Prednisone (Deltasone<sup>®</sup>)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Upset stomach</li> <li>• Sleeplessness</li> </ul>
<p><b>Calms Nerves or Induces Sleep</b></p> 	<ul style="list-style-type: none"> <li>• Alprazolam (Xanax<sup>®</sup>)</li> <li>• Oxazepam (Serax<sup>®</sup>)</li> <li>• Diazepam (Valium<sup>®</sup>)</li> <li>• Temazepam (Restoril<sup>®</sup>)</li> <li>• Lorazepam (Ativan<sup>®</sup>)</li> <li>• Zolpidem (Ambien<sup>®</sup>)</li> <li>• Midazolam (Versed<sup>®</sup>)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness/drowsiness</li> <li>• Headache</li> <li>• Confusion</li> <li>• Weakness</li> </ul>
<p><b>Helps with Mood</b></p> 	<ul style="list-style-type: none"> <li>• Bupropion (Wellbutrin<sup>®</sup>, Wellbutrin XL<sup>®</sup>)</li> <li>• Citalopram (Celexa<sup>®</sup>)</li> <li>• Desvenlafaxine (Pristiq<sup>®</sup>)</li> <li>• Duloxetine (Cymbalta<sup>®</sup>)</li> <li>• Escitalopram (Lexapro<sup>®</sup>)</li> <li>• Fluoxetine (Prozac<sup>®</sup>, Sarafem<sup>®</sup>)</li> <li>• Fluvoxamine (Luvox CR<sup>®</sup>)</li> <li>• Paroxetine (Paxil<sup>®</sup>)</li> <li>• Sertraline (Zoloft<sup>®</sup>)</li> <li>• Venlafaxine (Effexor<sup>®</sup>)</li> <li>• Other:</li> </ul>	<ul style="list-style-type: none"> <li>• Drowsiness</li> <li>• Headache</li> <li>• Upset stomach</li> </ul>

# Surgery and Recovery

## Patient Care Plan

The chart below lists some of the activities you should perform for optimal health and pain management in the days following your surgery. Please note that your individual care plan may vary from what's listed here.

Day of Surgery	Remainder of Stay
<p>Vital signs (blood pressure, heart rate, temperature) taken every four hours</p> <p>I.V. fluids will continue until you're able to take things orally.</p> <ul style="list-style-type: none"> <li>■ Finish antibiotics from surgery</li> </ul> <p><b>Tubes/Drains</b></p> <ul style="list-style-type: none"> <li>■ Drain – may be placed near incision site; drain will be removed when you have decreased output</li> </ul> <p><b>Therapy/Activity</b></p> <ul style="list-style-type: none"> <li>■ Stand at bedside and take a few steps with physical therapy</li> <li>■ Reposition in bed</li> </ul> <p><b>Diet</b></p> <ul style="list-style-type: none"> <li>■ Small sips of water and ice chips (immediately after surgery)</li> <li>■ Clear liquids</li> <li>■ Advance diet as tolerated</li> </ul> <p><b>Pain Control</b></p> <ul style="list-style-type: none"> <li>■ Use pain scale to rate pain</li> <li>■ Pain medication may be administered through either I.V. or oral form</li> <li>■ Apply ice (20 minutes on, off for an hour)</li> </ul> <p><b>DVT Prevention (as ordered by doctor)</b></p> <ul style="list-style-type: none"> <li>■ Sequential compression devices</li> </ul>	<p>I.V. fluids will be discontinued on day one or day two</p> <p><b>Tubes/Drains</b></p> <ul style="list-style-type: none"> <li>■ Drain – will be removed when you have decreased output</li> </ul> <p><b>Therapy/Activity</b></p> <ul style="list-style-type: none"> <li>■ Subsequent visits – transfers, exercises, increase walking distance, stairs (if you have stairs at home)</li> <li>■ Sit up in chair for meals</li> <li>■ Activities of daily living and self-care</li> </ul> <p><b>Diet</b></p> <ul style="list-style-type: none"> <li>■ Diet as ordered by your physician (as long as you have no nausea/vomiting)</li> </ul> <p><b>Pain Control</b></p> <ul style="list-style-type: none"> <li>■ Use pain scale to rate pain</li> <li>■ Pain medication may be administered either through I.V. or oral form</li> <li>■ Apply ice (on 20 times off for an hour)</li> </ul> <p><b>DVT Prevention (as ordered by doctor)</b></p> <ul style="list-style-type: none"> <li>■ Sequential compression devices</li> </ul> <p><b>Discharge Planning</b></p> <ul style="list-style-type: none"> <li>■ Home health or rehab team – will see you on day after surgery after your initial therapy session (if needed).</li> <li>■ Durable medical equipment (walker, bedside commode, etc.) – may be ordered and delivered to hospital room</li> </ul>

# Surgery and Recovery

## A Word About Visitors

The first few days after your surgery, you'll spend much time learning how to use your new shoulder. Your health care team will balance this activity with your need for rest. The hospital is often the best place to get the rest you need to regain your strength. For this reason, we ask that you please verify the visiting hours on the orthopedic unit, and ask that your visitors respect them.

## Discharge

- Please arrange for transportation prior to discharge. You won't be allowed to drive until you discuss it with your doctor on your first postoperative visit.
- On discharge day, your surgeon generally will see you in the morning and put orders in the computer for discharge. The surgeon will have you do your morning physical/occupational therapy session and the nurse will start completing your paperwork for discharge. Normal discharge time from the hospital is between 11am and 1pm. Specific arrangements for discharge can be made with your nurse on the day of discharge.
- The nurse will provide you with educational material for home care. Please ask questions at this time.

# Nutrition



# Nutrition

**What You Need to Know About Nutrition**

**Nutrients to Help You Heal**

**Nutrition Supplements and Other Medications**

# Nutrition



## Nutrition

### Nutrition During Hospitalization

Soon after surgery, you'll be given small sips of water and a few ice chips. Once you can tolerate clear fluids without nausea and/or vomiting, you can begin to eat. A team member will discuss with you how to order your meals. Once you're allowed to eat solid foods, you may order anything from the menu that fits into your dietary plan ordered by your doctor. We encourage family members to bring in your favorite foods if nothing sounds good on the menu. It's important to eat foods high in protein and carbohydrates to promote the healing process.

### Preventing Constipation

Prior to surgery, during your hospitalization and postoperatively, you'll be prone to constipation. The first way to prevent constipation is to eat a high fiber diet and drink at least six 8 oz. glasses of water each day. Walking is an important part of your recovery and will also help you avoid constipation. During hospitalization, you'll be given stool softeners daily. Again, it's important to continue your fluid intake to help the stool softeners work effectively. We also advise that you continue to take stool softeners following your discharge (you can buy these over the counter) until you're weaned off the narcotics.

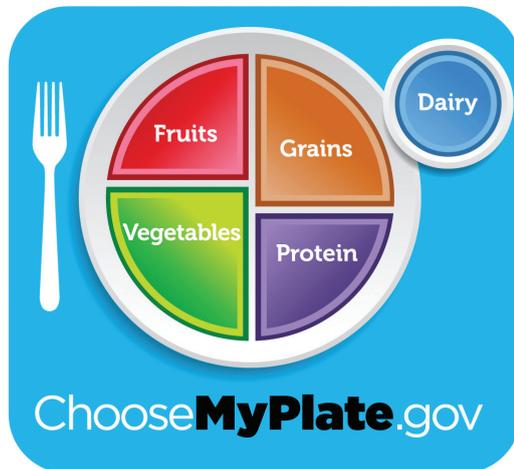
### Nutrition After Hospitalization

After you leave the hospital, your diet will continue to be one of the most important factors in the healing process.

# Nutrition

## What You Need to Know About Nutrition

”MyPlate” is based on the 2010 Dietary Guidelines for Americans to help consumers make better food choices.



MyPlate illustrates the five food groups that are the building blocks for a healthy diet, using a familiar image — a place setting for a meal. Before you eat, think about what goes on your plate or in your cup or bowl. Here’s just a snapshot of how you can eat healthy.

- Make half your plate fruits and vegetables.
- Fruits: Any fruit (fresh, canned, frozen or dried) or 100 percent fruit juice.
- Vegetables: Vary your veggies.
- Grains: Make at least half your grains whole grains.
- Protein: Choose lean protein and keep it lean as you prepare it.
- Dairy: Get your calcium-rich foods.

## Nutrients to Help You Heal

Nutrients can be found in many sources and can contribute to speeding your recovery, including:

### Protein

Meat, poultry, seafood, eggs, dairy products and peanut butter

### Zinc

Seafood, meat and poultry (best source), whole-grain cereals and breads, dairy products

### Fluids

Water, juice and gelatin

# Nutrition

## Calcium

For your bone health and general well-being, plan on getting a minimum of 1,200 to 1,500mg of calcium every day. The best food sources include:

- Milk—whole, reduced-fat or nonfat
- Yogurt
- Hard cheese or cottage cheese
- Salmon, mackerel or sardines (canned with bones)
- Broccoli
- Greens—collard, turnip, mustard, spinach and kale
- Calcium-fortified foods—read the labels

## Tips:

- Drinking too many soft drinks may keep your body from using the calcium found in foods.
- You can meet your day's requirement for calcium by consuming three 8-ounce glasses of milk, 1 ounce of reduced-fat cheese and one serving of leafy green vegetables.

## Iron

Red meats, egg yolk, chicken, turkey

## Vitamin A

Dark green leafy vegetables, deep orange and yellow vegetables and fruits (such as spinach, winter squash, carrots, sweet potatoes, melons, peaches, pumpkins and apricots), milk and dairy products, liver, egg yolk

## Vitamin C

Citrus fruits and juices, broccoli, green pepper, spinach, Brussels sprouts, cabbage, strawberries, tomatoes, potatoes, cantaloupe

# Nutrition

## Nutrition Supplements and Other Medications

### Preventing Excessive Bleeding

There are medications and herbal supplements that you need to AVOID for at least one week prior to surgery and after surgery, until your surgeon approves their use. These medications/supplements may cause excessive bleeding prior to surgery and may interact with the blood thinner that you're prescribed after surgery.

### Medications (classified as nonsteroidal, anti-inflammatory drugs)

#### to avoid include:

- Advil®
- Aleve®
- Anacin®
- Aspirin
- Feldene®
- Daypro®
- Ibuprofen
- Indocin®
- Mobic®
- Motrin®
- Naprosyn®
- Voltaren®
- Certain cold medicines

Check with your pharmacist if you have any questions about whether or not a medication includes nonsteroidal, anti-inflammatory drugs and follow any directions from your surgeon about medications to avoid.

Also, avoid all herbal supplements one week prior to surgery, including green tea, fish oil, Omega-3 supplements, etc.



# Back at Home

**Instructions for Going Home After Surgery**

**When to Notify Your Physician**

**Discharge Equipment**

**Discharge Checklist**

**Where to Find Equipment**

**Publix Pharmacy**

**My Medical Questions**

**Notes**

## Chapter Eight: Back at Home

# Back at Home

## Instructions for Going Home After Surgery

### Dressings

Leave dressings in place. Dressings will be removed either by home health care or at your follow-up appointment.

Don't apply any lotions, creams or ointments to the incision site.

### Bathing/Showering

Pat dressing dry after you shower.

Be careful not to slip. Use a rubber mat in the shower or bathtub and safety bars. You may need a shower chair or tub transfer bench for a while until your balance and standing tolerance improve.

### Rest Periods

During the day, plan several times to lie down to rest, with your arm elevated to a position of comfort. At first, you may need two to three rest periods each day. As you recover, you'll require fewer rest periods and your activity tolerance will increase.

### Activity Restrictions

Therapy will be prescribed according to your surgeon's recommendation. This usually includes pendulum exercises and gentle elbow range of motion several times a day. Avoid reaching out to the side or turning your arm in. Don't use your operative arm to push yourself up in bed or to get up from a chair. Don't lift anything heavier than a 6 oz. glass of water, until allowed by your surgeon. Avoid placing your arm straight out the side or behind your body. Don't drive until your surgeon says you may do so. You must be off pain medication before you'll be allowed to drive.

# Back at Home

## **Pain**

It's common to have some mild to moderate discomfort at home, especially after increased or prolonged activity. You'll go home with pain medication. If pain isn't relieved by rest and pain medications, notify your surgeon. Pain medications may cause constipation. To prevent constipation, we suggest you take an over-the-counter stool softener, such as Senokot or Colace.

## **Swelling**

You may notice increased swelling in your arm or hand. Wear your sling immobilizer as advised by your surgeon. Try to avoid this by staying active and planning rest periods. Call your doctor if this continues to be a problem.

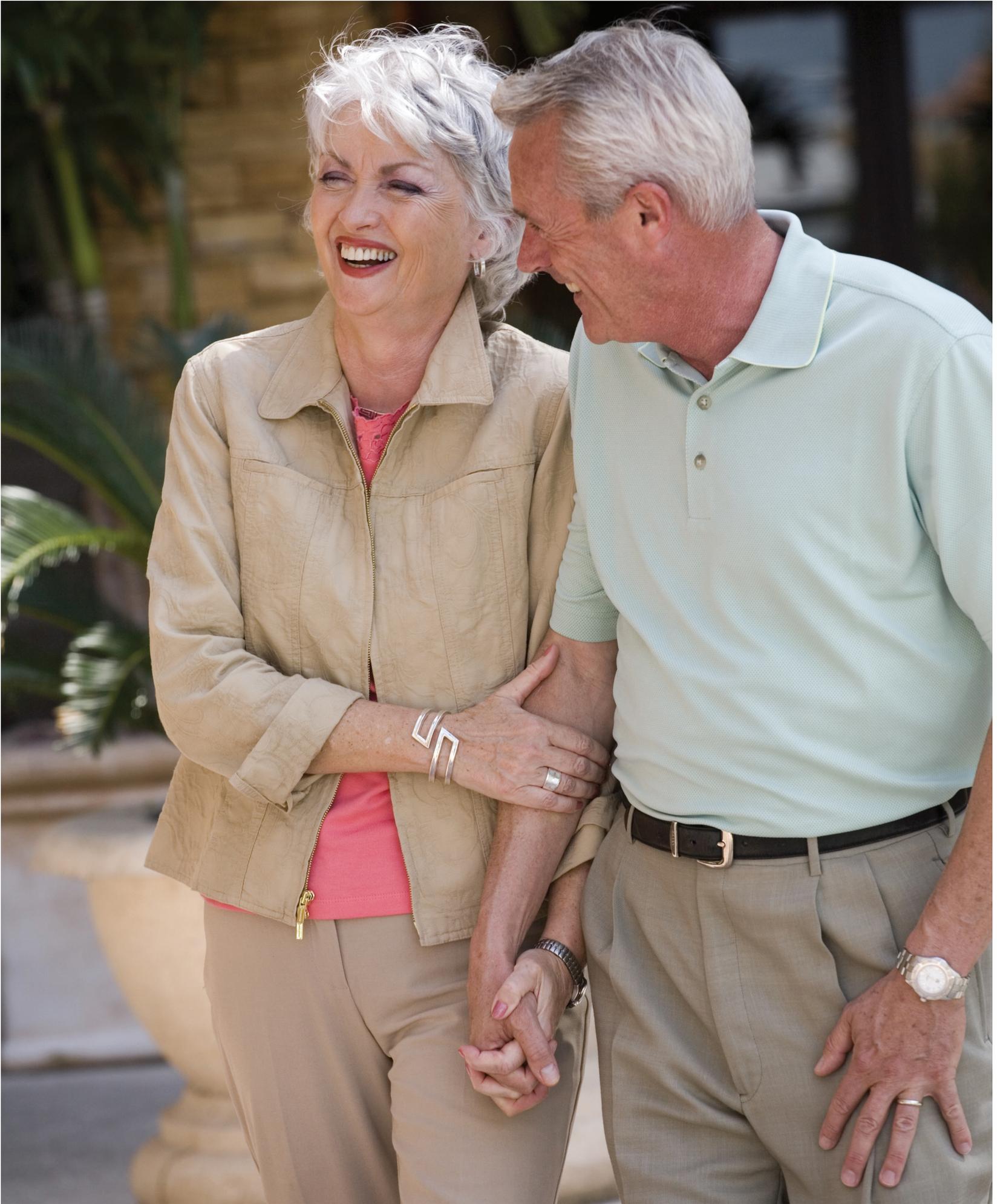
To control swelling, elevate your hand, with shoulder and elbow supported. Perform hand exercises and pumps. Don't sit for prolonged periods of time. Get up after 45–60 minutes and move around. Apply ice to your incision. Always have a towel/cloth between the ice pack and your incision. The best times to ice are after your therapy session or after performing exercises provided by the therapist.

## **Sexual Relations**

After surgery, sexual relations can be resumed when you've healed and feel more comfortable, usually around four to six weeks. Discuss resuming sexual relations with your surgeon at your postoperative follow-up appointment.

## **Return Appointments**

You may be given a return appointment to see your surgeon when you go home. **Please contact your surgeon's office if you have any questions or concerns.**



# Back at Home

## When to Notify Your Physician

Notify your physician if:

- Your involved arm is cool to the touch, a dusky color, grows numb or tingles
- You develop a temperature of 101 degrees or higher, and start experiencing chills
- Your incision starts draining or grows swollen, warm, red and painful
- Your incision bleeds a bright red
- You have discomfort that isn't relieved by prescription medications, rest or cold therapy
- You develop burning or urgency when urinating, or if your urine has a foul odor
- You develop constipation that isn't relieved with the use of laxatives

**If you develop pain in your chest or shortness of breath, call 911.**

**This is a medical emergency.**

# Back at Home

## Discharge Equipment

There is standard equipment needed for everyone who has surgery. A sling or immobilizer may be used after surgery. This is either provided to you by your surgeon's office or at the hospital. You may require a cane or other device for balance. Your therapist will work with you and determine if this is needed.



## Discharge Checklist

### Equipment Delivered

- Sling
- Medications
- Home care/Rehab arranged

# Back at Home

Your occupational therapist may recommend the following adaptive equipment for safety and ease during self-care tasks.



A hand-held showerhead lets you control the spray of water. Use it while sitting on your tub bench or shower chair.



Elastic laces let you slip in and out of your shoes easily while keeping them tied.



A long-handled shoe horn helps you guide your foot into the shoe.



A sock aid will help you put on socks without bending.



A long-handled sponge can be used to wash your feet, eliminating your need to bend.



Grab bars installed in the bathtub and shower will help you stay safe while climbing in and out.



A reacher will enable you to access items stored above or below waist level.



A dressing stick can be helpful to dress the lower body, eliminating the need to bend.

# Back at Home

## Where to Find Equipment

The following is a list of places where you can purchase or lease the equipment you'll need after surgery.

- Call local drugstores to see what selections of health equipment they carry.
- BayCare HomeCare is a regional corporation selling health care items, and can deliver these goods to your home. Call (800) 940-5151.

## Publix Pharmacy

When it's time to leave the hospital, most people think about getting home. The last thing they want to do is wait at a pharmacy for prescriptions to be filled. Now you can have your prescriptions filled at the pharmacy and get the personalized care you deserve. Pharmacy services include:

- Walk-in service
- Inpatient bedside delivery
- Home care infusion pharmacy services

Ask your nurse for additional information about Publix Pharmacy services.

## Important Phone Numbers

### On the Internet

Visit [TampaBayOrtho.org](http://TampaBayOrtho.org) for all your joint replacement health information needs.

# Back at Home

## My Medical Questions

Use this page to jot down questions to ask your doctor, nurse, physical therapist or any member of your medical team.

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## Notes

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