

Guidebook for Shoulders



 **St Peter's Hospital**
Joint Replacement Center

ST PETER'S HEALTH PARTNERS



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SECTION ONE:

General Information

Welcome

We are pleased you have chosen the St. Peter's Hospital Joint Replacement Center.

Each year, more than one million people in the United States make the decision to undergo joint replacement surgery. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle. Our program is designed to return you to an active lifestyle as quickly as possible.

Your health care is a cooperative effort among you, your doctor, and the hospital staff. Your team includes physicians, physician assistants, patient care technicians, nurses, clinical care coordinators, and physical and occupational therapists specially trained in total joint care.



A comprehensive course of treatment has been planned for you. We believe you play a key role in promoting a successful recovery. The long-term benefit of your surgery depends very much on the success of your continued rehabilitation at home. Therefore, we hope you will continue to practice what the team has taught you long after you return home.

Using the Guidebook

The information in this guidebook is designed to help you through your shoulder replacement surgery and recovery process by teaching you:

- How to be prepared for your surgery and hospital experience
- What you will need to do during your recovery
- How to live with a joint replacement and be as independent as possible

Please bring this book to the hospital with you. You should refer to this guide while you are in therapy and during your hospital stay. The information in the guidebook covers many details, so it may look overwhelming. You and your support team should carefully read this entire book at a comfortable pace for you. Refer to it as needed throughout your recovery process. You should keep your guidebook as a handy reference for at least the first year after your surgery.

Your physician, physician assistant, nurse, or therapist may add to or change any of the recommendations in this guidebook. Always use their recommendations first and ask questions if you are unsure of any information.

Overview of the St. Peter's Hospital Joint Replacement Center

We offer a unique program. Each step is designed to encourage the best results after surgery. Features of the program include:

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private and semi-private rooms
- Family and friends participating as "coaches" in the recovery process
- A comprehensive patient guide
- Brochures and education seminars about shoulder pain



Your Joint Replacement Team

Orthopedic Surgeon – The orthopedic surgeon is the specially trained doctor who will perform the procedure to repair your damaged joint.

Physician Assistant (PA) – The PA works with your doctor to prescribe, diagnose, and treat health care problems. Physician assistants often see you before, during or after joint replacement surgery.

Registered Nurse (RN) – The RN is a professional nurse who is responsible for managing your nursing care following your surgery while using the surgeon's instructions to guide your care. RNs offer educational information to you and your family about health and safety needs – before and after surgery. RNs also provide care and education in your surgeon's office.

Clinical Care Coordinator (C3) – This registered nurse works closely with your surgeon and the other team members to understand your needs, plan for your care in the hospital, and help you prepare for discharge. Your plan may include outpatient therapy, home equipment, and/or any skilled nursing care, if needed.



Occupational Therapist (OT) – The occupational therapist will teach you about performing daily tasks such as bathing and dressing with your new joint. This includes getting your sling/immobilizer on and off. Your OT will also teach you how to use special equipment that can assist you with such tasks after you receive your replacement. You will learn ways to safely do daily activities and exercises to help you heal.

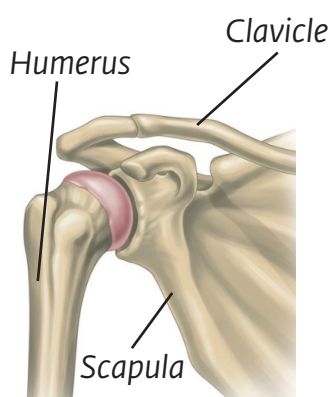
Physical Therapist (PT) – The physical therapist will be consulted to address ambulation concerns, if needed. Your PT will train you and your coach how to use assistive equipment as well as how to go up and down stairs safely.

Introduction to Total Shoulder Replacement/ Reverse Total Shoulder Replacement

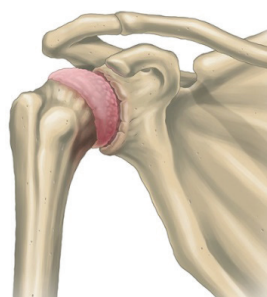
The term “total shoulder replacement” does not mean your shoulder will be replaced, as is commonly thought. It means an implant is used to re-cap the worn bone ends.

Total Shoulder Replacement – The head of the humerus is removed. A metal stem is then inserted into the humerus shaft and topped with a metal ball. The worn shoulder socket is smoothed and lined with a plastic cup. No longer does bone rub on bone, causing pain and stiffness.

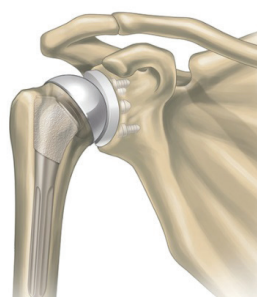
Reverse Total Shoulder Replacement – The anatomy, or structure, of the healthy shoulder is reversed. The implant is designed so the ball portion is attached to the scapula and the socket is placed at the upper end of the humerus. Patients use their deltoid muscles to help with the shoulder’s range of motion. This procedure is commonly used when the patient’s rotator cuff muscles have degenerated or weakened to a point where they can no longer hold the shoulder joint intact or allow it to function normally. This procedure can also be used in revision surgery for failed shoulder replacements and shoulder fractures.



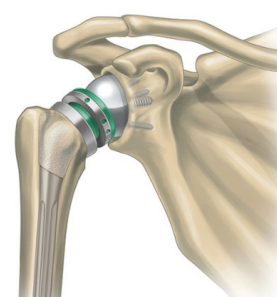
Healthy Shoulder



Arthritic Shoulder



Total Shoulder Replacement



Reverse Total Shoulder Replacement

SECTION TWO:

Getting Ready for Surgery

The information in this section explains everything you need to know and do before you arrive at the hospital for your surgery.

Your Coach and Support Team

Your friends and family who are involved in your daily life are important to you. Choosing a family member or friend to act as a coach will help you through your shoulder replacement surgery and recovery process. This person will be with you from making preparations for surgery through your stay in the hospital to your discharge to home. Your coach will give support during therapy sessions and keep you focused on healing. He or she will encourage you to continue exercising when you return home and ensure your home remains safe during your recovery. A coach's checklist is located on Page 45.



Pre-Admission Testing

The pre-admission testing process is an essential part of the preparation for your surgery. Our Pre-Admission Testing (PAT) staff will assist you through this process.

They will help you prepare for surgery by:

- Acting as a liaison for the coordination of your pre-surgery care between the doctor's office, the hospital, and the testing facilities, if necessary
- Confirming your appointments for medical testing
- Confirming you have made an appointment, if necessary, with your medical doctor and/or cardiologist and have obtained the pre-surgery tests your doctor has ordered
- Answering questions and directing you to specific resources within the hospital

NYS Caregiver Advise, Record and Enable (CARE) Act

The CARE Act allows a hospital patient to list a family caregiver in his or her medical records. This designated caregiver is someone who will help you take care of yourself after you go home. He or she must be given information before you are discharged including instructions for tasks you may need. For more information, ask your nurse.

After your surgeon's office has scheduled you for joint surgery, please call the PAT department at (518) 525-1545 to schedule two appointments:

1. An appointment for any tests your surgeon or anesthesiologist has ordered, AND
2. A pre-anesthesia telephone assessment/ interview with a nurse.

THIS TELEPHONE INTERVIEW IS A VERY IMPORTANT PART OF THE PREPARATION FOR YOUR SURGERY.

The nurse will review your medical and surgical history, inform you of the things you will need to do in preparation for your surgery (such as fasting), and tell you which medications to take (or **NOT** take) the morning of surgery.

Please have the following information ready for this telephone interview:

- A list of medications, vitamins, and herbal supplements you are taking (both prescription and over-the-counter), including the dose and spelling of each medication (See Page 7 for a place to write down your medications.)
- Your neck size (This information is needed to complete the pre-anesthesia assessment. Please measure around the base of your neck.)
- The name and phone number of your primary care doctor and any other physician specialist you routinely visit
- The name and phone number of your pharmacy

To help us be sure we have all the reports required for your medical record, please tell the PAT staff if you have had any blood work, electrocardiograms (EKG) or pre-surgical evaluations within the last 30 days. Please note your doctor **must have completed** a history and physical exam within 30 days prior to your surgery and faxed that form to (518) 944-2505.

If you have any questions, call (518) 525-1545 between the hours of 8:30 am and 4:30 pm.

Please use the space provided to record your appointment times.

Telephone Interview Appointment

Date _____ Time _____

Pre-Admission Testing Appointment

Date _____ Time _____

Medical Pre-Surgery Evaluation

Date _____ Time _____

Cardiac Pre-Surgery Evaluation

Date _____ Time _____

History/Physical Exam

Date _____ Time _____

Medical and Anesthesia Evaluations

When you were scheduled for surgery, you should have received a medical evaluation letter from your surgeon. The letter will tell you whether you need to see your primary care doctor and/or a specialist.

Please follow the instructions in the letter. If you need to see your primary care doctor, it will be for medical evaluation before surgery. (This is in addition to seeing your surgeon before surgery.) The PAT team may order additional physician consults after discussing your medical history with the anesthesiologist.

Flu/Pneumonia Vaccines

When scheduling joint replacement surgery, it is important to choose the right time to be vaccinated. **Your surgeon requests you receive either vaccine 2 to 3 weeks before or 2 to 3 weeks after your surgery in your non-operated arm.** Low grade fever and flu-like symptoms are common after vaccination. Your surgeon would like to decrease these symptoms during your surgery period.

Medications

Discuss which medications should be stopped and when with your surgeon. This includes Plavix®, Coumadin®, Pradaxa®, Eliquis®, Xarelto®, and pain medications. Medications that are often stopped prior to surgery include:

- Aspirin
- Some anti-inflammatory medicines (like Motrin®, Aleve®, etc.)
- Some vitamins
- Fish oils
- Herbal supplements (such as ginseng, ginkgo biloba and garlic pills)
- Herbal teas
- Fortified cereals that contain vitamin E
- Pain medications that contain aspirin

Some over-the-counter and prescription pain medications can continue until the time of surgery.

Please be honest about your drug and alcohol use. It is important to know as it can relate to your anesthesia and pain management.



Diet and Nutrition

A healthy diet is important before and after surgery. A balanced diet includes lean meats, fruit, vegetables, healthy fats, and low sugar. Improving your nutritional health can lessen your risk of wound infection and improve healing after surgery.

Smoking

It is recommended to stop smoking four weeks before surgery. Your anesthesiologist requires no smoking beginning at 6 pm on the evening prior to surgery. (To learn more about an anesthesiologist, see Page 37.) Smoking raises your blood pressure and heart rate. It delays your healing process by limiting the size of your blood vessels and the amount of oxygen circulated in your blood. Smoking can also increase blood clotting which can cause problems with your heart, brain, and lungs.

If you quit smoking before you have surgery, you will improve your ability to heal. If you need help quitting, St. Peter's Health Partners offers excellent programming for smoking cessation. For more information, contact our smoking cessation program, "The Butt Stops Here," at (518) 459-2550 or visit www.healthprograms.org/quit-now. You may also contact the New York State Smokers' Quitline at 1 (866) NY-QUITS (697-8487).

Weight

Maintain a healthy weight. If you are overweight, losing weight will lessen stress on your joint and your risk for problems with your surgery. If you are too heavy, your surgeon may delay your surgery and ask you to lose weight. If your weight is normal, keep it that way.

Diabetes

Patients with diabetes have a higher risk of problems with surgery, including infection, following joint replacement. The A1C is a blood test that shows your average blood sugar over the past three months. If your A1C is greater than 8, your surgeon may delay your surgery and ask you to see a doctor who specializes in treating diabetes. If you do not know your hemoglobin A1C level, ask your doctor.

Alcohol/Drug Use

Research shows that stopping use of alcohol or illegal drugs two weeks prior to surgery will improve your ability to heal. Your anesthesiologist requires that you do not use alcohol or illegal drugs after 6 pm on the evening before surgery.

Advance Directives

An advance directive is a written or verbal statement that explains your wishes about your health care. If you become unable to express your wishes to the doctor, family, or hospital staff, an advance directive can help ensure that your wishes are followed.

There are different types of advance directives. You may wish to talk to your attorney or your doctor about which is the most appropriate for you.

- **Living Wills** are written instructions that explain your wishes for health care if you are unable to speak for yourself. Although they are not legal documents in New York state, they do provide what the court calls “clear and convincing” proof of your wishes about your health care.
- A **Health Care Proxy** is a form which names a person (your agent) to make medical decisions for you, if you become unable to do so. This person’s role is to represent your wishes for care and treatment if you cannot speak for yourself. In New York state, your agent must know your wishes about artificial nutrition and hydration (tube fluids and feedings) in order to be allowed to make those decisions.
- **Do Not Resuscitate (DNR)** forms are used to explain that you do not wish to be resuscitated (brought back to life) if your heart stops or if your breathing stops. Many doctors will advise their patients to suspend their DNR/DNI during the time period just before and after surgery. If you are having surgery, you should discuss this with your doctor.

- **Medical Orders for Life-Sustaining Treatment (MOLST)** are intended for use with people who are at the end of their lives or dealing with life-threatening illnesses. These forms may include your decisions about resuscitation, breathing assistance, hydration and nutrition, and use of pain medications. These orders are in place as soon as they are signed by a doctor.

During your pre-admission testing process and on admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents with you so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.

Planning for Leaving the Hospital

Understanding your plan for discharge from the Joint Replacement Center is an important task in the recovery process. You can expect help from your joint care team to develop a plan that meets your particular needs. You should expect to be able to go directly home to recover in the privacy and comfort of your home.

See checklist on next page.

Preparing Your Home for Your Return from the Hospital

It is important to have your house ready for your arrival back home. Use this checklist as you complete each task.

- Put things you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach with your non-operated arm.
- Check railings to make sure they are not loose.
- Clean your home.
- Do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in appropriately sized serving containers.
- Loosen lids on commonly used jars.
- Cut the grass, tend to the garden, and finish any other yard work (not within 7 days of surgery).
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other possible dangers from walkways.
- Install night-lights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.

Exercising Before Surgery

Consult your doctor before starting pre-operative exercises. Listed below are eight exercises your doctor may instruct you to start doing and continue until your surgery. Take 15 to 20 minutes, twice a day to do your exercises. Perform exercises on both arms.

It is also important to strengthen your entire body, not just your arms before surgery. You should perform light endurance activities for your heart and lungs, for example walking for 10 to 15 minutes each day.

If you use a cane or walker, ask your doctor about a referral to outpatient physical therapy to strengthen your legs and improve your balance.

Shoulder Exercises

We recommend doing these exercises 3 to 4 times per day. **(Do not do any exercise that is too painful.)** See Page 30.

- Hand Pumps
- Grip Squeeze
- Neck Range of Motion
- Scapular Isolation Exercises
- Assistive Bicep Curls
- Pendulum Exercises
- Pendulum Circles
- Ankle Pumps

Pre-Surgery Instructions

Keeping you safe and free from infection is important to our staff. You can play a very important role in your health by preparing your body for surgery before you arrive at the hospital. To do this you will need mupirocin ointment, benzoyl peroxide and chlorhexidine gluconate (CHG) soap. Studies show that using these products can lessen your risk for an infection after surgery.

Seven Days Before Surgery

DO NOT shave or remove hair below the neck for seven days before surgery. Avoid cutting grass, gardening, and other outdoor work.

Five Days Before Surgery

Mupirocin

Mupirocin ointment is used before surgery to kill the bacteria located inside the nose. It is used to reduce the risk of wound infections after surgery. You may be given a prescription for mupirocin ointment in your surgeon's office along with directions on when to start and how to apply the medication. See Page 39 to follow directions for using mupirocin.

Benzoyl Peroxide

Benzoyl peroxide is used before surgery to kill the bacteria on your skin. This medicine also reduces the risk of wound infections after surgery. You may be given a prescription for benzoyl peroxide in your surgeon's office along with directions on when to start and how to apply the medication. See Page 41 to follow directions for using benzoyl peroxide.

The Day Before Surgery

Confirming Your Surgery Arrival Time

You will need to confirm when to arrive and where to report the day of surgery. **If your surgery is on a Monday, you need to call the operating room scheduling office on the Friday before the surgery.** If you are having surgery Tuesday through Saturday, you need to call the day before your surgery. The number to call is (518) 525-1113 between 1 and 4 pm.

If you are unable to call during that time, you may call the Pre-Admission Testing office at (518) 525-1545 between 4 and 6 pm.

Plan to arrive to the hospital on time. Your surgery time could be moved to an earlier time with little notice. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

The Night Before Surgery

Shower Prep Before Surgery

You will be given a 4-ounce bottle of antibacterial soap at the time of your pre-admission testing (PAT) appointment. Studies have shown that using an antibacterial soap (chlorhexidine gluconate) for two showers before surgery reduces the risk of infections. If you do not come in to PAT for your blood work, you will need to purchase this soap. Ask for chlorhexidine gluconate 2 percent at your local pharmacy. A 4-ounce bottle is enough.

Because skin is not sterile, we need to be sure your skin is as clean as possible. Your skin will be prepared with antiseptic before your surgery, but the antiseptic can work better if your skin is clean.

See Page 40 to follow the directions for your showers.

Wash hair with your own shampoo the night before or morning of surgery. **DO NOT** apply any products after washing such as hairspray, gel or mousse.

DO NOT use lotion, powder, deodorant, makeup, or perfumes/colognes after your shower the night before and morning of surgery.

Use clean bed linen.

Stop Eating at Midnight

It is necessary to have an empty stomach so that you do not vomit during anesthesia. Vomiting during anesthesia may cause food to enter the lungs and increase your chances of developing pneumonia.

- **DO NOT eat anything (including milk, coffee creamer, chewing gum, candies, lifesavers, etc.) after midnight the night before your surgery.**

- It is encouraged to drink clear liquids up until 2 hours before your scheduled time to report to the hospital. Some examples of clear liquids include water or clear carbonated beverages, transparent fruit juice with no pulp, clear tea (no cream/ no sugar/ no honey) and black coffee (no cream/ no sugar).

- If your pre-admission testing nurse told you to take certain medications with a small amount of water during your fasting time, it is OK to do so.

- **DO NOT smoke tobacco products, drink any alcoholic beverages or use illegal drugs after 6 pm the night before surgery.**

Your surgery will be cancelled if the fasting instructions are not followed. Please call the Pre-Admission Testing office at (518) 525-1545 between the hours of 8:30 am and 6 pm if you have any questions about what medications to take the morning of surgery.

The Day of Surgery (Before Your Arrival)

- Take any medications your physician or nurse told you to take before surgery.
- Remove makeup, and fingernail and toenail polish.
- Take a shower with antibacterial soap as instructed. Be sure to wear clean clothes following this shower.
- You will be asked to arrive two to three hours before your surgery. However, if your surgery is at 7:30 am, please report at 5:45 am unless told otherwise.
- **Special note for patients with insulin-dependent diabetes:** Report to the hospital no later than 8 am. **DO NOT** take your insulin the morning of surgery unless otherwise directed by your doctor.

For Your Information

You will be asked to remove the following on day of the surgery:

- All jewelry, eyeglasses, hearing aids, wigs, and toupees (This helps to avoid loss or damage while in the operating room.)
- Contact lenses (This will prevent damage to your eyes while under anesthesia.)

- Dentures (This helps prevent damage to the teeth.)
- Tampons (It is best to wear a sanitary napkin.)

What to Bring to the Hospital

Use the following list to help you pack for your hospital stay.

Clothing

- Loose** pajamas or short nightgown and short robe, if desired
- Underwear or incontinence briefs, if used before admission
- Loose** tops, either button-front or oversized pullovers or tanks
- Loose** bottoms such as shorts, jogging suit pants, and sweats
- Slippers with backs and rubberized sole or walking sneakers/shoes with Velcro® closures or elastic shoe laces
- Socks (thin)

Personal Care Items

- Toiletries (toothbrush, toothpaste, denture cleanser/cup, deodorant, electric or other razor, shaving cream and comb; avoid powders)
- Eyeglasses
- Make-up or hand mirror, if desired
- Hearing aid and batteries
- CPAP machine settings, tubing, and machine
- Insulin pump, supplies

Important Papers

- Your most current list of medications and supplements, noting which ones have been stopped and when
- Driver's license or photo ID, insurance card, Medicare/Medicaid card
- Copy of your advance health care directive
- If insured through workers' compensation, bring all paperwork, case number, date of injury and your caseworker's name and phone number
- Important telephone numbers (include person bringing you home)
- Your guidebook

Other Items

- Long-distance calling card or cell phone and charger
- Reading material or music; you will need to bring your own headphones and personal music player
- Small amount of cash and a credit card for phone and television purchase, and to buy any needed equipment

What NOT to Bring to the Hospital

- DO NOT bring valuables (jewelry, laptops, personal handheld devices, etc.) with you the day of surgery. Any personal belongings you bring, including wedding bands, should be left with a family member until you have a permanent room assignment.
- DO NOT bring electrical appliances (radio, hair dryer, portable TV). Battery operated appliances may be used. Men may use electric razors to shave their faces.

SECTION THREE:

At the Hospital

Day of Surgery

After you arrive to the hospital, you will be registered. You will then be taken to the pre-surgery area where nurses will prepare you for surgery. You will put on a hospital gown and sign consent forms. Your support team may be with you on the day of surgery; however, we ask that there be no more than two visitors at your bedside. Please do not bring small children.

There may be times where visitors are asked to leave you while the joint care team is working with you. We appreciate your patience and cooperation at these times.

Intravenous (IV) infusion will be started by putting a needle in your hand or arm. You will receive fluids, nourishment and medications through the IV. You will discuss your anesthesia with an anesthesiologist or nurse anesthetist. Most shoulder replacement surgeries are performed with general anesthesia and a regional nerve block. You may be given medication to relax. You will then be taken to the operating room for your surgery.

After you are taken into surgery, your loved ones will need to go to the surgical waiting area and get a beeper from the receptionist. A surgeon will update your family at the end of your surgery. One family member should be in the waiting area at all times to receive an update from the surgeon.

When your surgery has ended, you will be taken to the Post-Anesthesia Care Unit (PACU). It is normal to feel a little “hazy” when you wake up from anesthesia. A nurse will give you some oxygen either through your nose or through a face mask. The usual length of stay in the PACU is 1 to 2 hours.

You will receive medicine to help relieve any pain and your vital signs will be monitored. If you experience any symptoms, talk to your nurse. Nurses will monitor you closely until you are stable and then move you to a hospital room on the orthopedic unit.

Activity

It is very important you begin the ankle pumps and hand squeeze exercise on the first day. This will help prevent blood clots from forming in your arms and legs. You should also begin using your incentive spirometer and doing the deep breathing exercises on Page 15.

A nurse or therapist will help you in and out of bed and give you instructions on walking after surgery. It is important to get out of bed and walk as soon as possible **with staff**. You will be asked to sit up in a special chair for meals and throughout the day.

Therapists will teach you movements that you need to avoid, exercises to perform, and how to walk safely.

EQUIPMENT

You will be wearing a sling/immobilizer after surgery. Most patients will wear the sling/immobilizer nearly 24 hours per day. Follow your doctor's instructions. Most patients are instructed to only remove sling/immobilizer while dressing and to perform exercises.

Special equipment to help you care for yourself after surgery is available through Northeast Home Medical Equipment (a member of St. Peter's Health Partners) and other local vendors. Your therapist can answer any questions you have about the equipment. He or she can also help you to order equipment through Northeast Home Medical Equipment before you are discharged from the hospital (see Page 43 for contact information). Equipment costs may be covered by insurance or you may have to pay out-of-pocket.

Breathing Exercises

You will do deep breathing and coughing exercises for several days after surgery. You will be asked to use a breathing device called an incentive spirometer. This is done to expand your lungs and help get oxygen to your tissues. Techniques such as deep breathing and coughing may also help you recover more quickly.

DEEP BREATHING

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called "pursed lip breathing"). When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

COUGHING

To help you cough:

- Take a slow deep breath. Breathe in through your nose and focus on filling your lungs completely.
- Breathe out through your mouth and focus on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Circulation

It is important to perform the ankle pump exercises taught by your therapists to help your blood circulate. Sometimes snug stockings and/or sleeves wrapped around your legs or feet can help the blood flow in your legs. If present, the sleeves fill with air and then relax. The foot of your bed will be flat. It is okay to have a pillow under both ankles.

You may be given medication to reduce the chance of a blood clot. These medications are known as blood thinners (anticoagulants).

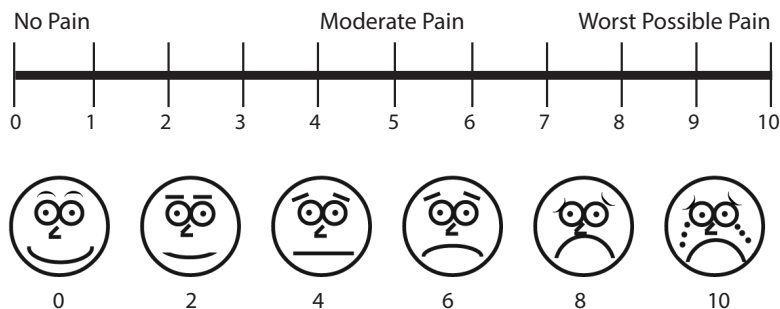
Discomfort

We will partner with you to manage your pain. The goal is to manage your pain so you can rest and take part in therapy. Ask your nurse for pain medication when your pain is a 3 to 4 out of 10. **DO NOT WAIT.**

You may receive pain medication through your IV and/or you may be given pain pills. An ice pack is used to lessen pain and swelling. If you need more help with your pain management, talk to your nurse.

PAIN SCALE

Using a number to rate your pain can help the joint care team understand the severity of your pain and help them make the best decision to help manage it.



Food/Fluids

You will have fluids going through your IV. Your nurse will help you decide when you can eat solid food. Increasing food slowly can help to avoid nausea that sometimes happens after anesthesia or use of pain medication. You may not be very hungry for some time. It is important that you eat as best you can in order to heal well.

Going to the Bathroom

Your team will help get you out of bed and go to the bathroom. It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help normal bowel function to return.

Preventing Falls

DO NOT get up without help from staff. Ask for help going to the bathroom or walking around the room or in hallways.



You are at a higher risk of falling when you try to get out of bed either to go to the bathroom or walk around the room by yourself. Follow the tips below to prevent falling in the hospital:

- **Use your call button to ask for help getting out of bed.**
- Wear your glasses, if needed for seeing to walk.
- Use canes, walkers, or other equipment, as needed.
- Wear non-slip slippers/socks or shoes when walking.
- Avoid areas with spills or clutter.
- Tell us if your medicine is making you sleepy, light-headed, sluggish, or confused.

You will need to wear a yellow wrist band and yellow socks. This identifies your risk for falling to the staff.

Wound Care

You may have a big dressing on your shoulder. You may have a tube connected to a container coming out of your shoulder. That drain will likely be removed when your dressing is changed the first time. Your incision may have sutures, staples, steri-strips, or surgical glue.

Discharge

A clinical care coordinator (C3) may meet with you to help you plan for going home. Your discharge date is based on several factors including the recommendations of your therapists. Patients typically are discharged home the day after surgery. Some patients may be able to discharge to home on the same day as surgery. You will need to have someone present who will be responsible for driving you home.

You will receive written discharge instructions concerning medications, exercises to perform, activity, etc. Your therapist will arrange for any needed equipment. Be sure to keep your guidebook with you.

Going Home

Most patients go directly home and perform a home exercise program for the first couple of weeks. At your follow-up doctor visit, you will receive more instructions about outpatient physical therapy, if needed. If you are going home, you must arrange for someone to drive you home from the hospital. You should also arrange for someone to drive you to your follow-up doctor visit about 10 days after your discharge.

For information about outpatient therapy services available with St. Peter's Health Partners, see Page 43.

Your need for home health services will be determined by your joint care team. If you are going home needing these services, please be aware these services are provided based on your insurance coverage. If these services are needed, your C3 will make arrangements for you.



SECTION FOUR:

Living with Your Joint Replacement

The information in this section will help you be more comfortable and safe during your recovery at home.

Caring for Yourself at Home

For Comfort

- Take your pain medicine as needed at least 30 minutes before doing exercises.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever as directed by your doctor.
- Change your position every 1 to 2 hours.
- Use ice for pain control. Applying ice to your operated joint will lessen discomfort. It is recommended to use ice for at least 20 minutes each hour and especially after your exercise program.
- An ice pack that is flexible and will easily mold around your shoulder is recommended. Some options include:
 - DonJoy® IceMan® Machine
 - Gel ice packs
 - Frozen vegetables
 - Homemade recipe using alcohol and water. Search for recipes online by typing "home ice pack recipe."

For Rest

Try not to nap too much. While you are recovering, try not to nap during the day so you sleep better at night.

Changes in Your Body

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Your energy level will be lower for at least the first month.
- Narcotic pain medication can lead to constipation. Use stool softeners or laxatives as directed.
- You may have difficulty sleeping for up to two months after your surgery.

Caring for Your Incision

Follow your surgeon's instructions for caring for your incision. In general:

- Usually your incision is covered with a waterproof dressing. Do not remove the dressing.
- The dressing will be removed at your first appointment with your surgeon after your operation.
- You may shower immediately after you are discharged home. Important note: **No** baths or soaking.

Recognizing and Preventing Potential Complications

Infection

Signs of Infection (notify your surgeon when the signs are present):

- Increased drainage, redness, pain, odor, or heat around the incision
- Increased pain in shoulder
- Fever greater than 100.5 degrees (Take your temperature if you feel warm or sick.)

To Prevent Infection:

- Take proper care of your incision as explained.
- Notify your doctor(s) and dentist that you have a joint replacement.
- You will need to take special antibiotics when having dental work or other potentially contaminating procedures.



Blood Clots in the Arms and Legs

Surgery may cause the blood to slow and pool in the veins of your arms or legs, creating a blood clot. You may be given a prescription for a blood thinner (anticoagulant) medication after surgery. Blood thinners help to prevent clots from forming in the blood. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Taking Blood Thinners

- The most commonly used blood thinner is aspirin.
- Blood thinners may be in pill or shot form (a tiny needle that goes into the abdomen).
- You may also need lab work done to make sure your medication is working properly.
- Take this medication for as long as directed by your doctor.

Signs of Blood Clots in Arms and Legs

- Swelling in arm, thigh, calf, or ankle that does not go down with elevation
- Pain, heat and tenderness in arm, calf, back of knee or groin area

NOTE: Blood clots can form in either arm or leg.

To Help Prevent Blood Clots:

- Perform ankle pumps, hand pumps, and grip squeezes. (See exercises on Pages 30 and 32.)
- Walk several times a day.
- Wear your compression stockings, if indicated.
- If prescribed, take your blood thinners as directed.



Dislocation

Care must be taken to prevent your new shoulder from coming out of the socket or dislocating from the shoulder socket. Practice the exercises taught to you to strengthen the muscles around your new shoulder.

Following simple shoulder precautions taught by your therapists will help you lessen your risk of a dislocation. Your surgeon will advise you on how long you may need to follow shoulder precautions.

SHOULDER PRECAUTIONS

Shoulder precautions protect the healing muscle and lower the chance of shoulder injury. Your therapist will talk to you about which precautions are best for you.

Your surgeon recommends you observe the following precautions:

- Do not bear weight on the operated arm. (Do not lean on it or lift objects with it.)
- Avoid lifting anything greater than 1 pound until allowed by surgeon.
- Avoid excessive outward and inward rotation. (For example, do not put your hands in front or back pockets, tuck in your shirt, or wash your buttocks.)
- It is important to move your shoulder gently and stop arm movements if it causes pain.
- Use your sling/immobilizer for protection and comfort as instructed by your therapist and surgeon.



After Surgery Activity Goals

Exercise is very important after a total shoulder replacement. Exercise will help you lessen your pain after surgery and improve your shoulder motion. Continue with your exercise program. The more you are active and exercise, the more mobile you will become.

Day of Surgery to Six Weeks After Surgery

Goal: Protect the healing structures by following postsurgical precautions.

- Continue wearing your sling/immobilizer as directed by your therapists/doctor.
- Only perform the stretches and exercises provided by your therapists/doctor.
- Shower and dress each day.
- Take your pain medication as needed for pain.
- Do your home exercises program 3 to 4 times per day as recommended by your therapists.
- Attend outpatient physical therapy as directed by your surgeon.
- Ice your shoulder for about 20 minutes several times a day, especially following exercise.
- Remember not to lift anything heavier than a glass of water.
- Take a daily walk.
- Find a comfortable sleeping position. (Many patients find sleeping in a recliner to be more comfortable.)

Weeks Six to 12 After Surgery

Goal: Gain more independence. Follow home exercise program to achieve the best results.

- Achieve goals from Day of Surgery to Six Weeks After Surgery.
- Follow home exercise plan to increase mobility and begin strengthening.
- Shower and dress.
- Continue to restrict your lifting. Do not lift anything heavier than a glass of water.
- Resume homemaking tasks only if you can maintain your shoulder precautions.
- Do 20 minutes of home exercises three times a day.
- Attend outpatient physical therapy as directed by your surgeon.
- Take a daily walk.
- Begin driving if you have stopped taking prescription pain medication and have been approved by your surgeon.

Weeks 13 and Beyond After Surgery

Goal: Recovery to return to daily activities and full independence.

Goal of Physical Therapy: Improve strength in your operated arm. Home exercise program is important as you receive less supervised therapy.

- Achieve goals from Weeks Six to 12 After Surgery.
- Prescribed exercises will increase movement of your shoulder to achieve optimal range of motion.
- Resistance and weight bearing exercises will be introduced.
- Perform home exercise program 3 to 4 times a day or as directed by your physical therapist to improve movement, function, and strength.

Activities of Daily Living

Standing and Sitting

Standing from Chair in Sling

Be sure to sit in a chair with armrests.

1. Do not lean on your operated arm.
2. Hold the armrest with the unaffected hand.
3. Scoot toward the front of the chair.
4. Only use non-operated hand to push off armrest while affected arm is immobilized in sling. If a chair doesn't have an armrest, place non-operated hand on the seat while pushing off. Have someone stand by you for support until you are balanced.
5. Reverse to sit down.



Seated Position with Sling

1. Pillows are used to keep proper position of your shoulder and spine, easing strain on your neck.
2. Place pillows under sling, behind the elbow and upper arm.



Bed Transfers

When Getting into Bed

1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with non-operated hand, sit down on edge of bed and slowly scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Scoot hips around so you are facing the foot of the bed.
4. Do not use your operated arm to balance or reposition.



Note: It may be easier to get in and out bed with your operated arm toward the foot of the bed.

When Getting Out of Bed

1. Scoot hips to edge of bed.
2. Sit up while lowering legs to floor using your non-operated hand.
3. Scoot to edge of bed.
4. Use non-operated hand to push off bed.
5. Balance before walking.
6. Do not use your operated arm to balance or reposition.

Lying in Bed with Sling

1. Lying on your back may be the most comfortable position. Keep a pillow under the operated shoulder to prevent it from falling backwards.
2. Initially, avoid lying on the operated shoulder. When permitted, you may sleep on your non-operated side and prop the operated arm on a pillow so it does not fall forward.



Bathing and Showering

During the early stages of recovery, it may be helpful to use a shower chair and have someone help you with showering. Grab bars, long-handled bath brushes, and hand-held showers can also make bathing easier and safer. Note, these items are typically not covered by insurance. A mesh sling may be helpful for comfort and protection of the operated arm while performing showering tasks. Follow these tips:

- You may shower immediately after you are discharged home. However, no baths or soaking.
- Showering is allowed with a plastic waterproof bandage covering the wound.
- Avoid getting the bandage excessively wet.
- **Do not** immerse incision in water.

Remember, you must follow directions for all limitations of movement or precautions when performing self-care tasks.

Getting Dressed

Always dress the operated arm first. Loose fitting shirts and pants along with elastic waistbands are recommended.

Putting on shirt:

1. From dangle position, put your operated arm into the sleeve first.
2. Do not use your operated arm to assist.
3. Once your arm is in the sleeve, bring the garment around your back and put the other arm in.
4. Do NOT reach behind with the operated arm.
5. Replace sling.

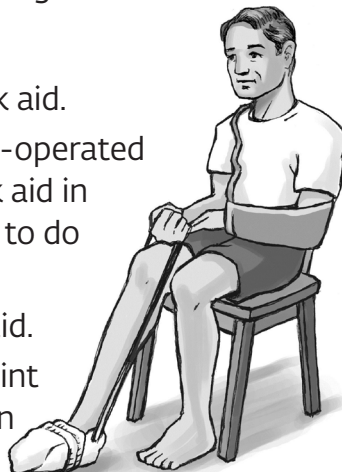


Taking off shirt:

1. Remove the sling.
2. Remove non-operated arm from sleeve first.
3. From dangle position, use non-operated arm to help remove affected arm from sleeve.
4. Put arm back into sling.

Using sock aid:

1. Slide sock onto sock aid.
2. Hold cord with non-operated hand and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on with non-operated hand. Keep pulling until sock aid pulls out.



Using long-handled shoehorn:

1. While seated, with non-operated hand, use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
2. Place shoehorn inside shoe against back of heel.
3. Step down into shoe, sliding heel down shoehorn.



Toileting Activities

Tips for Using the Toilet

- Do not reach behind back for toilet hygiene with your operated arm. If this causes difficulty, consider using a toileting aid. These may be found online, in drug stores, or medical supply stores. Hygiene wipes also make this task easier.
- If you used your arms to push up from toilet before surgery, using a raised toilet seat may be necessary after surgery.

Car Transfers

Getting In and Out of the Car

1. Push car seat all the way back; recline seat back for room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – with your non-operated arm. Watch your head as you sit down. Slowly lower yourself to car seat.



Intimacy

Generally, most people wait to return to sexual activity for a few weeks after surgery. Your incision, muscles, and ligaments need time to heal. You can return to sexual activity when you feel ready. Do follow the shoulder precautions taught to you to protect your new shoulder.

Around the House

Saving Energy and Protecting Your Joints

In the Kitchen:

- Keep sling on while performing chores and do not use operated arm.
- Packaging that can be opened easily, with one hand would be best.
- Remember DO NOT lift anything heavier than a cup of coffee or glass of water.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meals.
- Place frequently used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.



Safety and Avoiding Falls:

- Your arm swing actually adds balance while walking. You may feel slightly off balance with your arm in a sling. A therapist may suggest you use a cane initially if you are at all unsteady while walking.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install night-lights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.

In the Bathroom:

Remember NO reaching, pushing, or pulling with your operated arm. You may perform light cleaning with non-operated hand only. Keep arm in sling while doing any light chores.

Dos and Don'ts for the Rest of Your Life

- Notify your doctor(s) and dentist that you have a joint replacement. You may need to take special antibiotics when having dental work or other potentially contaminating procedures.
- Although the risks are very low for infections after surgery, it is important to realize the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it, and contact your doctor. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if you develop a fever of more than 100.5 degrees, or if the area is painful or reddened.
- See your surgeon yearly unless otherwise recommended.
- Consult with your surgeon or physical therapist about returning to specific sport activities.

Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program 3 to 4 times per week, lasting 20 to 30 minutes.

- Inappropriate activity with your shoulder may cause damage. Always review exercises with your surgeon before starting.
- Walking regularly is an excellent way to stay active as your shoulder is healing.

Exercise – Dos

- Choose low impact activity.
- Recommended exercise classes.
- Home program outlined in guidebook.
- Regular one- to three-mile walks.
- Treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.

Exercise – Don'ts

- Do not run or engage in high-impact or jarring activities.
- Do not participate in high-risk activities such as contact sports.
- No heavy or repetitive shoulder lifting.
- Do not take up sports requiring strength/ agility until you discuss with your surgeon or PT.

The Importance of Lifetime Follow-Up Visits

Over the past several years, orthopedic surgeons have discovered that many patients are not following up with their surgeons on a regular basis. The reason for this may be patients do not realize they are supposed to, or they do not understand why it is important.

When to Follow Up with Your Surgeon

In general, follow up:

- As directed by your doctor
- Anytime you have mild pain for more than a week
- Anytime you have moderate or severe pain

It is important for you to continue to receive the quality care and advice you need long after your joint replacement surgery. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



SECTION FIVE:

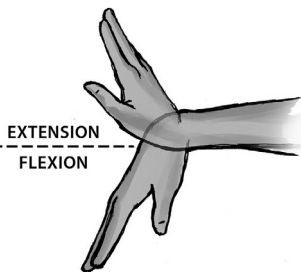
Exercises

Before Surgery Exercises

We recommend doing these exercises 3 to 4 times per day. (Do not do any exercise that is too painful.)

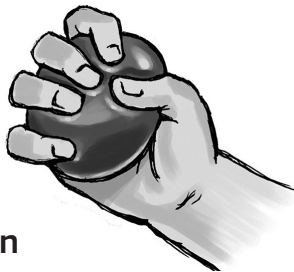
1. Hand Pumps

While seated, rest arm on chair or table with the palm of your hand toward the floor. Bend your wrist up and then down. **Perform 30 reps.**



2. Grip Squeeze

While seated, rest arm on chair or table. Grip hand-size ball firmly, squeeze then release. **Perform 30 reps.**



3. Neck Range of Motion

Up and down motion:

Sit up straight with your shoulders back and down, keeping your eyes and chin level. Move your head back and up tall as if you were being pulled by a string from the top of your head. Hold for five seconds. Slowly bend your head forward, hold for five seconds. Return to the starting position. **Perform 10 sets.**



Side to side motion:

Slowly tilt your head toward one shoulder. Hold five seconds. Slowly repeat to the opposite side while keeping your face straight ahead, hold five seconds. Return to the starting position. **Perform 10 sets.**



4. Scapular Isolation

A. Elevation -

With your arms resting by your side, move your shoulder blades up toward your ears, and then slowly return to the starting position.

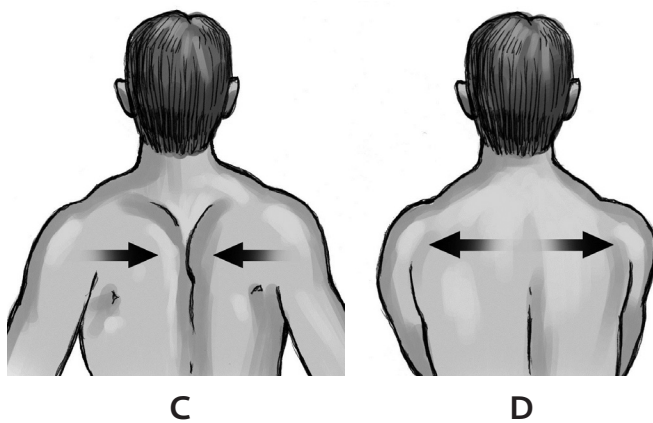
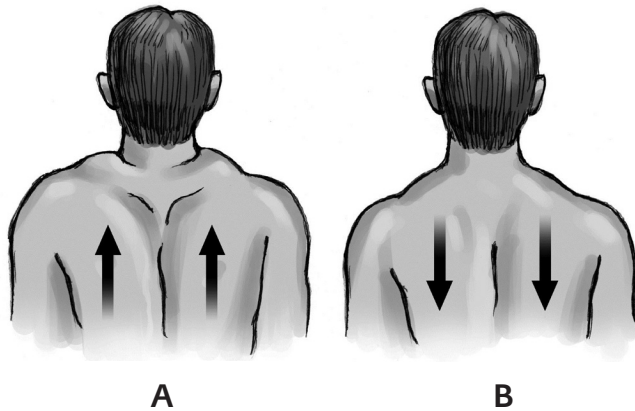
B. Depression -

With your arms resting by your side, move your shoulder blades down, and then slowly return to the starting position.

C. Retraction -

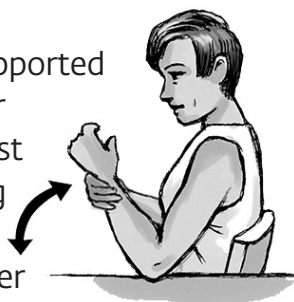
With your arms resting by your side, squeeze your shoulder blades together, and then slowly return to the starting position.

D. Protraction - With your arms resting by your side, move your shoulder blades apart, widening the distance between them and then slowly return to the starting position. **Perform each exercise 10 reps.**



5. Assistive Bicep Curls

Sit with operative arm supported on table or lap. Using your non-operated arm to assist with the movement, bring your hand up towards your shoulder. Slowly lower your arm back to the starting position. **Perform 30 reps.**



6. Pendulum Swings

While standing, bend 90 degrees at the waist so you're directly facing the floor, using a table or counter for support. Let your arm dangle straight down. Then rock your body forward and backward and then side-to-side, using body movement to gently swing arm. Keep arm relaxed. **Perform 10 times in each direction.**



7. Pendulum Circles

While standing, using a table or counter for support, bend at waist 90 degrees with arm hanging parallel to legs. Draw circles in the air with your dangling arm. **Perform 10 times in each direction.**



8. Ankle Pumps

While lying down, extend legs, flex, and point your feet. **Perform 30 reps.**

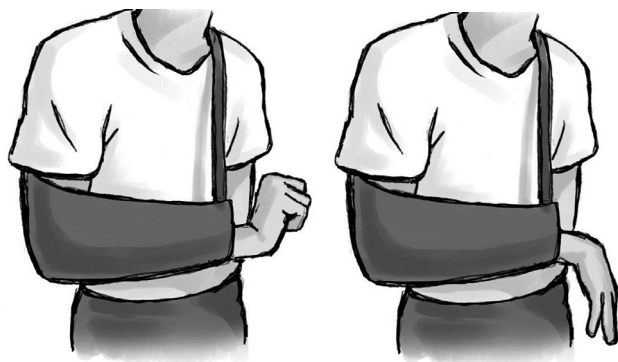


After Surgery Exercises

Exercise is important to achieve the best results from shoulder surgery. Consult your doctor or physical therapist before starting an exercise program. Soon after discharge, you may be referred for exercise from a physical therapist, at an outpatient facility, or participate in a home exercise program. When instructed to do so, perform the following exercises 3 to 4 times per day. Do not continue exercises if they are extremely painful; contact your therapist or surgeon.

1. Wrist Flexion/Extension

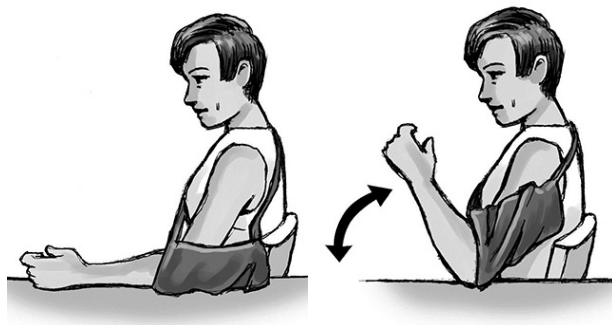
While your shoulder is comfortably and secure in your sling, bend your wrist up and then down. **Perform 15 reps.**



2. Elbow Flexion/Extension

While seated with elbow supported, bend and straighten your elbow (thumbs up). Or lie on your back and place pillow under your arm. Bend and straighten your elbow.

Perform 15 reps.



3. Elbow Supination and Pronation

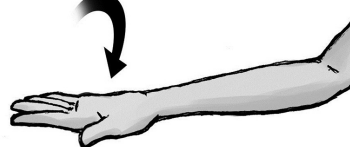
Rest your arm on a table with a slight bend in your arm. Then rotate your hand to face palm up. Return your palm to face down.

Perform 15 reps.

Supination

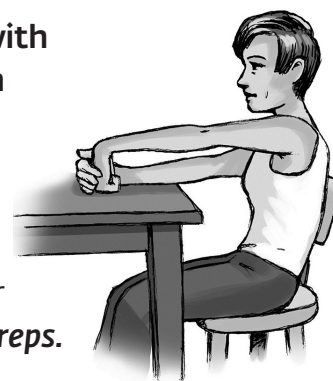


Pronation



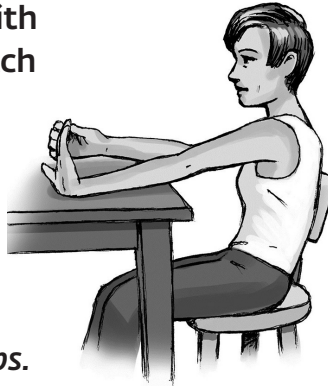
4. Elbow Extension with Wrist Flexion Stretch

While seated, extend affected arm. With opposite hand, gently push hand down to flex the wrist. Hold for 5 seconds. **Perform 15 reps.**



5. Elbow Extension with Wrist Extension Stretch

While seated, extend affected arm. With opposite hand, gently pull fingers towards you as you flex your wrist. Hold for 5 seconds. **Perform 15 reps.**



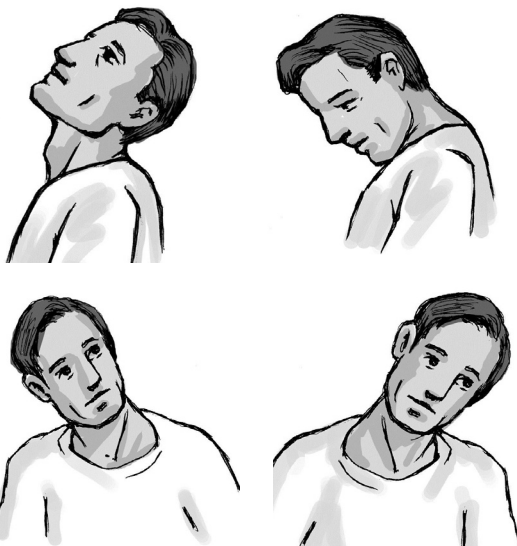
6. Grip Squeeze

While seated, rest arm on chair or table. Grip hand-size ball firmly, squeeze then release. **Perform 15 reps.**



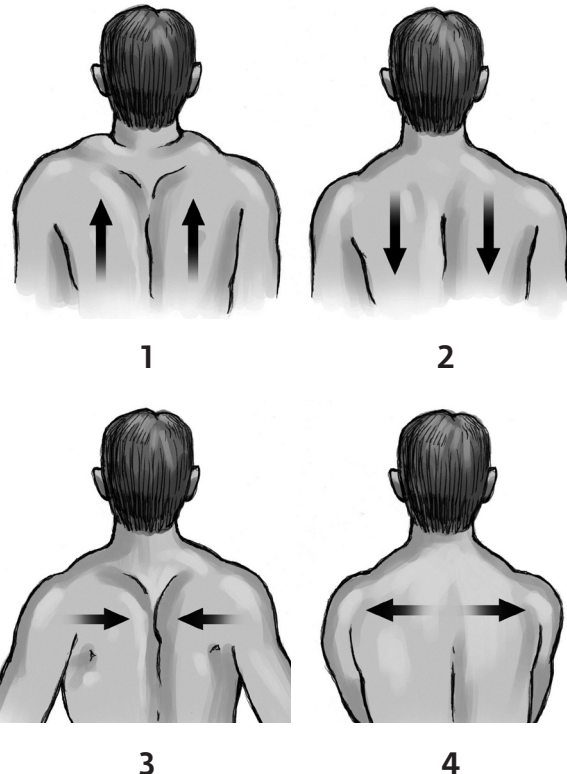
7. Neck (Active) Range of Motion

Tuck your chin to your chest and hold for five seconds. Tilt head back, looking at ceiling and hold for five seconds. Return to center. Move your head to the right while looking forward and hold for 5 seconds. Repeat to the left. **Perform 15 reps in each direction.**



8. Scapular Isolation

- 1. Elevation** - With your arms resting by your side, move your shoulder blades up toward your ears, and then slowly return to the starting position.
- 2. Depression** - With your arms resting by your side, move your shoulder blades down, and then slowly return to the starting position.
- 3. Retraction** - With your arms resting by your side, squeeze your shoulder blades together, and then slowly return to the starting position.
- 4. Protraction** - With your arms resting by your side, move your shoulder blades apart, widening the distance between them and then slowly return to the starting position. **Perform each exercise 10 reps.**



9. Pendulum Swings

While standing, bend 90 degrees at the waist so you're directly facing the floor, using a table or counter for support. Let your arm dangle straight down. Then rock your body forward and backward and then side-to-side, using body movement to gently swing arm. Keep arm relaxed.

Perform 10 times in each direction.



10. Pendulum Circles

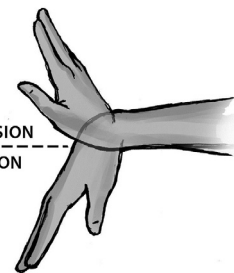
While standing, using a table or counter for support, bend at waist 90 degrees with arm hanging parallel to legs. Draw circles in the air with your dangling arm.

Perform 10 times in each direction.



11. Hand Pumps

While seated, rest arm on chair or table with the palm of your hand toward the floor. Bend your wrist up and then down. **Perform 30 reps.**



12. Ankle Pumps

Extend your legs. Flex and point your feet.

Perform 20 times.



Your physical therapist will likely prescribe additional exercises for you based on your personal needs. It is important that you follow their recommendations and continue your therapy for best results.



SECTION SIX:

Frequently Asked Questions (FAQs)

General FAQs

We are glad you have chosen St. Peter's Hospital Joint Replacement Center to care for your shoulder. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the joint care team. We are here to help.

What is osteoarthritis and why does my shoulder hurt?

Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Joint cartilage is strong, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement and because it is smooth and slippery, it allows for motion with minimal friction. Trauma and repetitive movement are reasons why the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.

What is a shoulder replacement?

The term shoulder replacement is misleading. The shoulder is not replaced, but rather an implant is used to re-cap the worn ends of the bone. There are several treatment options available. Your surgeon will choose the right procedure for you.

- Total Shoulder Replacement involves replacing the arthritic joint surfaces with a metal ball attached to a stem, and a plastic socket.
- Reverse Total Shoulder Replacement involves switching the socket and metal ball to allow different muscles to move the arm. This procedure is commonly used when the patient's rotator cuff muscles have degenerated or weakened to a point where they can no longer hold the shoulder joint intact or allow it to function normally. This procedure can also be used in revision surgery for failed shoulder replacements and shoulder fractures.

How long will my new shoulder last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A shoulder implant's longevity will vary in every patient. Current research suggests 85 percent of shoulder replacements last 15 years.

What are the major risks?

Most surgeries go well, without complications. However, infection and blood clots are two serious potential complications. To avoid these complications, you will receive antibiotics and may be prescribed blood thinners depending on your other medical risk factors.

How long will I be in the hospital?

Most patients will be hospitalized for one night after surgery. Patients are generally discharged to home once they are able to complete activities such as dressing, bathing, toileting, and their home exercise program.

What if I live alone?

- If possible, it is best to return home and receive help from a relative or friend.
- If needed, you may be eligible to have a home health nurse and physical therapist visit you at home for two or three weeks, or to stay in a sub-acute facility following your hospital stay. The majority of patients do not require a stay in a sub-acute facility. Your discharge planner will let you know if you need this option.

How do I make arrangements for surgery?

After your surgeon has scheduled surgery, you will need to call the Pre-Admission Testing (PAT) department at St. Peter's Hospital at (518) 525-1545 to schedule two appointments:

1. An appointment for any tests your surgeon or anesthesiologist has ordered, AND
2. A pre-anesthesia telephone assessment/ interview with a nurse.

What happens during the surgery?

Your surgery will be about one to two hours. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic which most people call "being put to sleep."

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We will partner with you to manage your pain. The goal is to manage your pain so you can rest and take part in therapy.

How long and where will my scar be?

The type of shoulder surgery you have will determine the exact location and length of the scar. Please note there may be some numbness around the scar after it is healed. This is normal and should not cause any concern. The numbness usually disappears with time.

Where will I go after discharge from the hospital?

Most patients go directly home and perform the recommended exercises.

Will I need help at home?

Yes. For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other tasks. Family or friends need to be available to help, if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single-portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?

Your joint care team will talk with you about your physical therapy needs. During your follow-up visit, your doctor will discuss outpatient physical therapy, if needed. For information about outpatient therapy services available with St. Peter's Health Partners, see Page 43.

Will my new shoulder set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may or may not be found when going through some security devices. Tell the security agent you have a metal implant. To share the information more privately, you can use the TSA's Notification Card available at <http://www.tsa.gov/travel/special-procedures>.

Understanding Anesthesia

Who are the anesthesiologists?

The Operating Room, Post-Anesthesia Care Unit (PACU) and Intensive Care Unit (ICU) at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at St. Peter's Hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available are:

- **General Anesthesia** causes a temporary loss of consciousness so no pain is felt during the medical procedure. General anesthesia usually uses a combination of IV drugs and inhaled gases.
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain and loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications are also given to make you relaxed and comfortable.
 - **Local anesthetics** are injected at the surgical site to numb a small area.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any problems or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given, if needed.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through the Pre-Admission Testing department.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist, with a certified registered nurse anesthetist (the anesthesia care team), will manage vital functions including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesia care team is also responsible for fluid and blood transfusions, when necessary.

What can I expect after the operation?

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) where specially trained nurses will monitor you closely. During this period, you may be given extra oxygen as you wake up. The nurse will also place an ice pack on your shoulder.

May I choose an anesthesiologist?

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.



SECTION SEVEN:

Helpful Resources

Mupirocin Ointment

What is mupirocin?

Mupirocin is an antibiotic ointment used to kill the bacteria located inside the nose.

What is mupirocin ointment used for?

Mupirocin ointment is used to reduce the risk of wound infections in patients after surgery. Infections can occur when bacteria from the nose are spread to surgical wounds. The risk of infection is reduced when nasal bacteria are killed using the ointment before and after surgery.

When should mupirocin be avoided?

Do not use this ointment if you are allergic to it. Women who are pregnant or breastfeeding should avoid using this ointment as well.

How do I use mupirocin ointment?

1. Wash your hands and unscrew the cap from the tube.
2. Squeeze a small amount of the ointment onto the tip of a finger (about the size of a pencil eraser).
3. Apply the ointment to the inside of one nostril.
4. Repeat steps two and three for the other nostril.
5. Gently pinch the nose to help spread the ointment inside each nostril.

6. Wash your hands and screw the cap back on the tube.

Note: Avoid getting the ointment into your eyes. Contact your doctor if the ointment is accidentally swallowed.

How often do I use mupirocin?

Apply to each nostril twice a day starting five days before surgery. Your last dose will be completed the night before surgery. (See *Preparing for Surgery: Patient Tracking Sheet* on Page 42.)

What if I miss a dose?

If a dose is missed, apply it as soon as you remember unless it is close to the next dose. If it is close to the next dose, skip the missed dose and apply the next dose as scheduled. Never double the dose.

What are the side effects?

Mupirocin ointment may cause stinging, burning, itching or redness around the nostrils. In rare situations, it may cause itching, redness, soreness or a rash on the face, hands or other body parts. If the side effects are not tolerable, stop using the ointment, wash the affected area and contact your doctor right away.

How do I store mupirocin ointment?

Store at room temperature in a dark, dry area away from children.

If you have any further questions, please contact your doctor or pharmacist.

Chlorhexidine Gluconate Soap

What is Chlorhexidine Gluconate (CHG) soap?

Chlorhexidine gluconate soap is used to kill bacteria located on the skin.

Why is CHG soap necessary?

CHG soap is used to reduce the risk of wound infections after surgery. Infections can occur when bacteria from the skin are spread to surgery-related wounds. The risk of infections is reduced when bacteria on the skin are killed using the soap before surgery.

When should CHG soap be avoided?

You should not use CHG soap if you are allergic to it. Women who are pregnant or breastfeeding should avoid using this soap as well.

How often do I use CHG soap?

Use CHG soap for two showers prior to surgery. Begin showers before surgery as follows:

- The day before surgery, shower in the evening and replace bed linens.
- Shower the morning of surgery.

(See *Preparing for Surgery: Patient Tracking Sheet* on Page 42.)

How do I use CHG soap?

Follow these steps with your CHG soap:

1. Wash your hair using your regular shampoo. Make sure you rinse the shampoo from your hair and body. Wash your face with your regular soap or cleanser.
2. Turn off the water.
3. Using a fresh, clean washcloth and ½ of the CHG soap, wash from the neck down, including the back and groin. **Do not use on female genitalia, tip of penis or anus.**

4. Let the soap stay on your body for two minutes before rinsing. It is normal for the skin to feel sticky or dry when the soap is drying.
5. Turn the water back on and rinse your entire body thoroughly. This is also very important.
6. Use a clean, dry towel to dry your body.
7. **Do not** use lotions, powders or creams after taking your shower.
8. Dress in freshly washed clothes.

What if I miss a shower with CHG soap?

Shower as soon as you remember, unless the missed shower is within several hours of your next scheduled shower. If the missed shower is close to your next scheduled shower, skip it. Do not use extra CHG soap in your next shower to make up for the missed shower.

What should I avoid while using CHG soap?

Avoid getting the soap in your eyes, ears, nose, mouth, rectum or vagina. If this does happen, rinse with water. Avoid using other medicines on the areas treated unless directed by your doctor.

What are the side effects?

Get medical help if you have signs of an allergic reaction such as hives; difficulty breathing; swelling of your face, lips, tongue, or throat. Stop using and call your doctor if you have severe burning, itching or redness; blistering or peeling; swelling or severe irritation of the treated skin.

How do I store CHG soap?

Store at room temperature. This product contains alcohol. Topical products with alcohol are flammable. Keep CHG soap away from flames and fire.

If you have any further questions, please contact your doctor or pharmacist.

Benzoyl Peroxide

What is benzoyl peroxide?

Benzoyl peroxide is used to kill bacteria located on the skin. It also mildly dries the skin to allow extra oils and dirt to be easily washed away from the skin.

Why is benzoyl peroxide necessary?

Benzoyl peroxide is used to reduce the risk of wound infections after surgery. Infections can occur when bacteria from the skin are spread to surgery-related wounds. The risk of infections is reduced when benzoyl peroxide is used before surgery.

When should benzoyl peroxide be avoided?

You should not use benzoyl peroxide if you are allergic to it or have very sensitive skin. If you are pregnant, breastfeeding, or have skin conditions or allergies, ask your doctor before using this medicine.

How often do I use benzoyl peroxide?

Five days before surgery, begin to use benzoyl peroxide daily after showering. (See *Preparing for Surgery: Patient Tracking Sheet* on Page 42.)

How do I use benzoyl peroxide?

Follow these steps with your benzoyl peroxide:

1. Wash your hands.
2. Apply benzoyl peroxide cream or gel to your entire shoulder area. (If you need help applying the cream or gel, ask a caregiver to follow the steps to help you.)

What if I miss a dose?

Use the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. Do not use extra medicine to make up the missed dose.

What should I avoid while using benzoyl peroxide?

Avoid getting the cream or gel in your mouth or eyes. If this does happen, rinse with water. Do not use benzoyl peroxide topical on sunburned, windburned, dry, chapped, irritated, or broken skin.

What are the side effects?

Benzoyl peroxide can cause a rare but serious allergic reaction or severe skin irritation. Stop using this medicine and get emergency medical help if you have hives; difficult breathing; light-headed feeling; swelling of your face, lips, tongue, or throat.

How do I store benzoyl peroxide?

Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light. Keep from freezing.

If you have any further questions, please contact your doctor or pharmacist.

Preparing for Surgery: Patient Tracking Sheet

Use this form to keep track of your preparations for surgery. You may remove it from the book for easier use.

Mupirocin Ointment

Begin five days before your scheduled surgery. Apply to **both nostrils twice daily** as follows:

1. Wash hands thoroughly.
2. Apply the medication to fingertip (a dab of medication - about the size of a pencil eraser).
3. Apply inside nostril by gently massaging until absorbed.
4. Repeat in other nostril.

Log Chart:

Mupirocin start date (Begin five days before surgery): _____

5 days before surgery: am pm

4 days before surgery: am pm

3 days before surgery: am pm

2 days before surgery: am pm

1 day before surgery: am pm

Day of Surgery: Do not use Mupirocin.

Benzoyl Peroxide

Begin five days before surgery:

1. Wash your hands.
2. Apply benzoyl peroxide cream or gel to your entire shoulder area once daily after shower. (If you need help applying the cream or gel, ask a caregiver to follow the steps to help you.)

Log Chart:

Benzoyl peroxide start date (Begin five days before surgery): _____

5 days before surgery:

4 days before surgery:

3 days before surgery:

2 days before surgery:

1 day before surgery:

Day of Surgery: Do not use benzoyl peroxide.

Chlorhexidine Gluconate (CHG) Showers Before Surgery

I completed the following showers/baths with CHG/Hibiclens cleanser as instructed:

1 day before surgery (at bedtime)

Morning of surgery

IMPORTANT: If for some reason you misplace the cleanser given to you or need more, all large pharmacies have this cleanser available. Check with your pharmacy, Walgreens®, Wal-Mart®, or CVS®.

Outpatient Therapy Services

Providing you with expert care in a location convenient to you, St. Peter's Health Partners Patient Therapies offers a variety of options for your outpatient therapy needs. Whether you need services in Albany, Rensselaer, Saratoga or Schenectady counties, St. Peter's has the services you need to help you in your recovery.

ALBANY COUNTY

Albany Memorial Campus Rehabilitation Services

600 Northern Boulevard
Albany, NY 12204
(518) 471-3195

Albany Memorial Campus Hand Center

600 Northern Boulevard
Albany, NY 12204
(518) 427-3373

Sunnyview Therapy Services at Carman Medical Arts

3757 Carman Road
Guilderland, NY 12303
(518) 356-3139

Sunnyview Therapy Services Latham Farms

579 Troy-Schenectady Road
Latham, NY 12110
(518) 382-4593

Sunnyview Therapy Services Western Avenue

1450 Western Avenue, Suite 101
Albany, NY 12203
(518) 525-5588

RENSELAER COUNTY

East Greenbush Physical Rehabilitation

2 Empire Drive, Suite 202
Rensselaer, NY 12144
(518) 286-4990

St. Peter's Therapy Services

Massry Center, 147 Hoosick Street
Troy, NY 12180
(518) 268-5749

Sunnyview Therapy Services Hudson Valley Plaza

75 Vandenburg Avenue
Troy, NY 12180
(518) 270-3041

SARATOGA COUNTY

Clifton Park Physical Rehabilitation

648 Plank Road, Suite 101
Clifton Park, NY 12065
(518) 268-4800

SCHENECTADY COUNTY

Sunnyview Rehabilitation Hospital

1270 Belmont Avenue
Schenectady, NY 12308
(518) 382-4530

Sunnyview Therapy Services Socha Plaza

115 Saratoga Road
Glenville, NY 12302
(518) 386-3579

Home Care

Eddy Visiting Nurse Association

433 River Street, Troy, NY 12180
(518) 274-6200

Eddy Health Alert

433 River Street, Troy, NY 12180
(518) 833-1040

Northeast Home Medical Equipment

60 Cohoes Avenue, Green Island, NY 12183
(518) 271-9600

Patient's Timeline Checklist to Prepare for Surgery

2 to 4 Weeks Before

- Select coach/caregiver.
- Begin pre-surgery exercises.
- Prepare your home.
- Quit smoking.
- Quit drinking.
- Get flu shot if surgery between 9/1 to 4/1.
- Complete pre-surgery clearance appointments (primary care and/or other specialist[s]).

1 Week Before

- Stop shaving below the neck.
- No outdoor work.
- Fill mupirocin and benzoyl peroxide prescriptions.
- Purchase CHG soap from pharmacy, if needed.
- Arrange for transportation to/from hospital.

5 Days Before

- Begin mupirocin as directed and begin logging on tracking sheet (Page 42).
- Begin benzoyl peroxide as directed and begin logging on tracking sheet (Page 42).

Days 4, 3 and 2 Before

- Continue mupirocin twice a day.
- Continue benzoyl peroxide once daily after shower.

The Day Before

- Replace bed linens.
- Continue mupirocin.
- Call Pre-Admission Testing at (518) 525-1113 between 1 and 4:30 pm.

The Evening Before

- Begin to shower and log on tracking sheet (Page 42).
- Continue mupirocin.
- Continue benzoyl peroxide.

Day of Surgery

- Do not eat, drink or smoke.
- Shower in morning.
- Bring guidebook.
- Take any medications your physician or nurse told you to take.

Coach's Checklist

A patient's coach has an important job. The person in this role will become an informed and confident caregiver to his or her loved one. As the coach, you will need to learn:

- About blood thinner (anticoagulant) medication, if prescribed: monitoring, dosing, and precautions
- Pain medication dos and don'ts
- Signs and symptoms of infection
- Signs and symptoms of a blood clot and pulmonary embolism
- How to use the incentive spirometer and how often
- How to assist with getting sling/immobilizer off
- Proper positioning of arm in sling/immobilizer
- How to coach and assist the patient with transfers, if needed
- How to supervise the patient going up and down stairs
- The exercise program to follow at home
- Diet restrictions and recommendations
- Equipment use

If you have any questions or concerns, please ask a member of the team before your loved one is discharged.

Directions and Parking

DRIVING DIRECTIONS TO ST. PETER'S HOSPITAL JOINT REPLACEMENT CENTER

The center is located at St. Peter's Hospital, 315 S. Manning Boulevard, Albany, NY.

From the North: Follow the Northway (I-87) south to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

From the South: Follow the NYS Thruway (I-87) north to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

From the East: Follow I-90 west to exit 4 (Rt. 85 Slingerlands). Follow Rt. 85 approximately two miles to the Krumkill Rd. exit. Turn left at the top of the ramp. Turn right at the immediate light onto Bender St./Krumkill Rd. and follow it to the next light. Turn left at the light onto New Scotland Ave. for approximately one mile. Turn right onto South Manning Blvd. St. Peter's entrance will be on the left.

From the West: Follow the NYS Thruway (I-90) east to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter's entrance on the left.

DIRECTIONS TO AMBULATORY SURGERY UNIT

- Enter the main entrance of the hospital (ground floor).
- Take Elevator L to the first floor. (This elevator is located inside the main entrance on the left.)
- Take a left off the elevator and enter Main Street.
- Continue down the hall until you reach the Pavilion elevators on your right. (You will pass the hospital gift shop on your left and the food court on your right.)
- Take the Pavilion elevators to the second floor.
- Check in with waiting room receptionist.

PARKING

There is a flat rate fee of \$5. If valet services parks your car, the cost of parking is \$6. Valet service is available weekdays from 5:30 am to 8 pm, from 9 am to 6 pm on Saturday, and from 10 am to 6 pm on Sunday. Contact Security at (518) 525-1522 to get your vehicle after hours. Tipping is not necessary. Parking discounts are available upon request.

Please note that on the day of your surgery you will receive two blue parking passes. These passes provide free parking for the person driving you on the day of your admission and the day of your discharge.

For Patients Who Have Special Needs

For those patients with special needs (difficulty walking, trouble with sight, etc.), please let us know of these needs before your arrival. (For example, you can do this when you make your appointment.) We are happy to help you.



St Peter's Hospital

Joint Replacement Center

ST PETER'S HEALTH PARTNERS

315 S. Manning Boulevard
Albany, NY 12208
(518) 525-1445