Gritman MEDICAL CENTER

Total Joint Shoulder Replacement Guide

Your Guide to Preparing for Surgery and Recovery

Important Phone Numbers and Locations

Gritman Medical Center 700 S. Main St. Moscow, ID 83843	208-882-4511
Gritman Orthopedic Surgeons 2301 W. A St. Moscow, ID 83843	208-883-1135
Inland Orthopaedic Surgery & Sports Medicine 2500 W. A St., Suite 201 Moscow, ID 83843	208-883-2828 509-332-2828
Pre-Surgery Clinic	208-883-6259
Medical/Surgical Unit	208-883-6352
Same-Day Surgery Department	208-883-6261
Total Joint Program Coordinator	208-883-1356
Case Management	208-883-6355
Pharmacy	208-883-2236
Gritman Therapy Solutions	208-883-1522

Plan your stay with us. Learn more about lodging and nearby amenities by visiting our website at **gritman.org/visitor.**

Welcome to the orthopedic program at Gritman Medical Center. We are honored to care for you. We hope the information on these pages helps you prepare for your surgery and recovery.

Our orthopedic care program is designed to assist you in meeting your goals before, during and after your surgery. This book will provide you with information on how you and your coach/loved ones can be involved in your care and surgical process. We monitor our patient outcomes and program closely and work continuously to achieve a smooth process with excellence and safety to our patients.

Our program is built around best clinical practice guidelines and standards of care developed by the American Academy of Orthopedic Surgeons. Our program is governed by a multi-disciplinary team with a Medical Director. We are committed to bringing you an excellent, safe and high-quality experience. We believe the best way to bring this to you is through empowerment, encouragement and support. Our program is designed to engage patients and incorporate shared decision-making. We have a highly trained and specialized staff that provides an environment of compassion, expertise, comfort and teamwork.

Please be aware that your Primary Care Provider may require medical clearance before your case is approved for surgery. Please ask your surgeon if medical clearance is required in your individual case. Please don't hesitate to contact a member of our health care team if you have questions about your procedure.

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Total Joint Recovery Quick Reference Guide

Green Zone | Optimal Recovery

What this Means:

- Your incision is healing well: no redness, warmth, swelling, drainage, or odor.
- Your dressing is clean and dry.
- Your pain is controlled – it may still be present and increase with activity, but it decreases with rest, ice, and elevation.
- You're eating balanced meals, staying hydrated, and taking protein supplements.
- You're having regular bowel movements.

Actions to Take:

- Follow your doctor's care plan and take medications as prescribed.
- Stay consistent with your appointments and therapy routine.
- Avoid sitting for more than an hour at a time. Take short walks around the house.
- Rest between therapy sessions.
- Prioritize 7-8 hours of sleep each night.

Yellow Zone | Call Your Provider Now

What this Means:

- You have a fever (101°F+), chills, cough, weakness, or body aches.
- You have a significant increase in pain and/or swelling in your operative arm.
- You have a sudden change in your ability to move or do your exercises.
- Your skin is itchy, swollen or has a rash, either around your incision, or generally on your body.

Actions to Take:

- Call your surgeon as soon as possible if you experience any of these symptoms.
- Don't wait – seek prompt medical attention.
- Call your Primary Care Provider if you're constipated, having trouble urinating, or experiencing pain or burning when urinating.

Red Zone | Emergency Care Needed | Dial 911

Seek medical treatment immediately if you have any of the following symptoms:

- One or both legs or calves suddenly feel warm, tender, painful, red, and/or swollen.
  DO NOT RUB YOUR LEG(S) IF YOU HAVE THESE SYMPTOMS.
- Chest pain, difficulty breathing, light-headedness, or coughing up blood.
- Major change in alertness, confusion, or difficulty waking up.
- Sudden weakness, numbness, or paralysis in your face, arm, or leg (especially on one side), slurred speech, trouble speaking, or vision changes.
- Sudden significant increase in swelling, redness, pus drainage, or incision separation.

Questions? Contact the Total Joint Coordinator at 208-883-1356 | gritman.org/orthopedic

Your Orthopedic Health Care Team

Your health care team helps get you back on your feet by preparing you for surgery and recovery. You and your family are important members of the care team. We have many team members who work with you and your coach for a successful recovery. It is imperative that you identify who will be your coach(s) throughout your entire journey. Please let us know if you need anything.

Your team may include the following:

- **Orthopedic Surgeon:** Performs your shoulder surgery and manages your care.
- **Nurse Practitioner and/or Physician Assistant:** Assists the Orthopedic Surgeon with your surgery and helps in managing your care.
- **Anesthesia Team/Nurse Anesthetist:** Administers medicine during surgery to prevent you from feeling pain.
- **Medical Doctor/Hospitalist:** May help in managing your care after surgery.
- **Coach:** A person you choose to support you in preparing for and recovering from your joint replacement surgery. This person can be a spouse, friend or family member. Your coach will provide support and encouragement throughout your experience.
- **Nursing Staff:** Caring for you before, during, and after your surgery. Nurses and others will help keep you comfortable and safe while you are with us.
- **Case Management Team:** Help with discharge planning.
- **Pharmacist:** Oversees your home and hospital medicine.

Other team members may include dietitians, physical therapists, occupational therapists, chaplains, lab technicians, transporters, environmental services and respiratory therapists. The health care team works together to help you recover as quickly as possible.

Your Role

When it comes to preparing for and recovering from surgery, much of the work is up to you. Your health care team will help as much as they can, but you have the biggest role in making your surgery successful. You will need to get your home and body ready for surgery. Following your doctor's orders before and after surgery will make a big difference in your recovery.

Coach Responsibilities

Your coach also plays an important part in your surgery and recovery. This person should be a spouse, relative, significant other or friend who will be able to support you before, during and after your hospital stay. Your coach will not be expected to lift or carry you.

They should plan to:

- Help you with your exercises
- Give you directions and reminders
- Stay with you and be available to help for at least 2-3 days after you leave the hospital and then be available for 1 to 2 weeks, depending on your recovery. They will need to drive you to and from your physical therapy and doctor's appointments.

About Your Surgery

What is a Total Shoulder Replacement?

A total shoulder replacement is a surgery where the damaged parts of the shoulder joint are removed and replaced with artificial components. This procedure is typically recommended when pain, stiffness, or loss of motion in the shoulder becomes severe and other treatments, like medications or physical therapy, no longer help. The goal is to relieve pain and improve mobility so you can return to daily activities.

Types of Shoulder Replacement Surgery

Anatomic Shoulder Replacement

An anatomic shoulder replacement mimics the natural shape and movement of your shoulder. The surgeon replaces the ball at the top of the upper arm bone with a metal piece and may smooth and cap the socket in your shoulder blade with a plastic or metal-and-plastic implant. This type of surgery works best when the rotator cuff—the group of muscles and tendons that stabilize your shoulder—is healthy and functioning.

Reverse Total Shoulder Replacement

A reverse shoulder replacement is designed for people who have shoulder joint damage and a torn or non-functioning rotator cuff. In this surgery, the positions of the ball and socket are switched: the ball is placed on the shoulder blade, and the socket is placed at the top of the upper arm bone. This design allows other muscles, like the deltoid, to take over the work of lifting and rotating the arm.

Which Surgery is Right for You?

The best type of shoulder replacement depends on the condition of your shoulder joint and surrounding muscles. Your surgeon will help you decide based on your age, anatomy, symptoms, overall health, and activities and responsibilities you manage.

Preparing for Your Surgery

Preparing Your Home

Make your home safer and more comfortable for your recovery. Ask a friend or family member to help you. Do as much as you can before your surgery.

Home Safety

Prevent falls and other injuries by making a few simple changes around your home.

- Remove throw rugs and tripping hazards.
- Illuminate hallways with nightlights.
- Avoid chairs that rock or swivel.
- Keep things within easy reach.
- Make sure smoke alarms are in good working condition and the batteries changed recently.
- Move furniture and clear clutter from pathways so you do not fall.
- Ask someone to help clean up spills.
- Always keep your cellphone or cordless phone with you.
- Tape down electric cords or tuck them behind furniture.
- Use a night-light or have a light source in every room.
- Move the items you use most often to counter height.
- Do your laundry before having surgery.
- Clean your house and vacuum carpets, rugs, and the floor. A clean house reduces bacteria and chance of infection.
- Wear shoes that fit and will not fall off your feet when you walk. Do not walk around in socks.

Kitchen

- Plan some easy-meal menus and shop in advance.
- Make and freeze meals ahead of time. After surgery, you may want bland/comfort foods.
- Stock up on foods that are easy to prepare.
- Many grocery stores have curbside pickup or delivery. Contact your local grocery store.

Bedroom

- Sleep on a bed that you can get in and out of easily.
- Consider installing a bedrail to make getting in and out easier.
- Consider having a bedroom on the main level.
- Arrange clothing for easy access.

Bathroom Tips

- Prevent slips and falls by installing railings and applying non-slip surface decals directly to shower/tub floors.
- The route to the bathroom should be well-lit. Use nightlights.
- Check existing grab bars for strength and stability, and repair if needed.
- Make bathing easier by using a shower hose, liquid soap, a long-handled sponge, and a bath bench or shower chair without a back.
- Watch out for hazards, such as wet floors.
- Dry off in the shower to prevent bringing water out onto the floor. Use a new, non-skid water absorbent rug outside the tub/shower.
- Stock up on toiletries and other items you will need during recovery.

Stairs

- Make sure stairs have handrails that are securely fastened to the wall.
- Fix loose or uneven steps.
- Cover bare wood stairs with nonskid strips. If there is carpet, be sure it is firmly attached.
- In case of low vision, mark edges of steps and thresholds with bright carpet tape.

Outdoors

- Try not to walk on uneven sidewalks or ground.
- When stepping off a curb, be aware of its height.
- You may want to use your cane or walker if the weather is bad, such as on windy or rainy days or when there is snow on the ground.
- Add more outdoor lighting if needed.
- Watch for pets that could trip your feet, jump on you, or lie in your walking path (indoors also).
- Plan for a pet sitter or dog walker if needed.
- Arrange for help with yardwork or snow removal ahead of time.
- Decide which of your vehicles you can get in and out of the easiest. Taller vehicles such as SUVs, are easier to get in and out of.

Special Equipment

These items may or may not be covered by insurance.

Consider borrowing from others. Your therapists will talk with you during your hospital stay about what equipment you may need to use after surgery.

Some of these may include:

- Walker or cane.
- Toilet riser or commode.
- Wooden furniture raisers for your favorite chair.
- Handheld shower and long-handled sponge.
- Shower stool, shower chair or tub-transfer bench.
- Grab bars.
- Reacher, dressing stick, long-handled shoehorn and a sock-aid.
  These items are often sold together in a packet called a Total Hip Kit.
- Elastic shoelaces or slip-on shoes. All shoes must have heel support - no flip-flops.

Many of these items can be purchased ahead of time.

Things to Bring to the Hospital

Night Before Surgery

Pack your bags. You will want to bring:

- Most current list of medications
- Clean, loose-fitting clothing
- Clean underwear and socks
- Cellphone with important numbers and charger
- This education book
- CPAP breathing machine (if you use one), clearly labeled with your name and phone number
- Driver's license or photo ID and insurance cards
- A copy of your Health Care Directive or Durable Power of Attorney for Health Care if you have one. If you do not have one of these and would like more information, talk with your health care team.

To Do:

- Put on clean, newly laundered pajamas
- Sleep on freshly laundered linen
- Remove ALL fingernail polish
- Remove all jewelry
- Take pain medicine before you go to sleep (if needed).
- Do not eat anything after midnight, unless specifically instructed to do so by the pre-surgery nurse or your doctor (This can cause life-threatening complications).
- You may drink clear liquids up until 2 hours prior to arrival.

Do Not:

- ✕ Bring money (no more than a few dollars), jewelry, valuables, your own medication from home (unless instructed to do so)
- ✕ Smoke, use chewing tobacco or chew gum

Your Surgery

Being prepared will help your joint replacement surgery go more smoothly. Make a checklist of things you need to know. Then write down your questions. Your health care team will answer your questions.

Before Surgery

There are tasks that must be done before your surgery:

- If you have not had a physical for at least one year, schedule an appointment for your physical exam with your primary care provider. **YOU MUST** have a primary care provider to proceed with surgery.
- You may have more appointments with specialists as needed. It is important to talk with your provider about the risks and benefits of having joint replacement surgery. Report any injuries or signs of infection to your Orthopedic care team right away. Surgery may need to be rescheduled until any possible source of infection is treated.
- Follow your provider or nurse's advice for taking medicine.
- Talk to your health care team about needed dental care. Schedule an appointment with your dentist as directed by your doctor. Your mouth could have bacteria that would be harmful to a new joint.
- Complete tests as ordered by your provider.
- Review this book.
- Begin your exercise program as instructed.
- Start preparing your home.
- Talk to your family about the care you will need when you return home. You should have someone with you for at least 3 days after you return home.

  Have the following information ready for pre-registration:

  - Your Social Security Number.
  - Name of insurance company, mailing address, policy and group number.
  - Your employer, address and phone number.

Gritman Medical Center will be obtaining surgical pre-authorization for your procedure.

Quitting Tobacco Use

Tobacco use, whether in cigarette, e-cigarette, pipe, cigar, or chew form, greatly increases the risk of complications from surgery. If you are a smoker, now is the time to quit. Your immune system, your circulation, your airways, and your lungs are damaged by smoking.

Smoking is the leading preventable cause of premature death in the United States.

Reasons to Quit

- Nicotine is a vasoconstrictor. This means that your blood vessels spasm with every exposure (smoking one cigarette). This reduces healing of your surgical tissues.
- You will lower your risks of heart attack, stroke, many forms of cancer and lung disease.
- You will feel better and breathe easier.
- Your recovery may go better. Smoking raises your chances of having problems after total joint replacement surgery. Those who smoke have an increased risk of:
    - Bones not healing
    - Total joint failure
    - Pain, requiring more narcotic use
    - Medical complications after surgery (Examples: Blood clots, increased blood pressure, increased heart rate)

Resources to Help You Quit

Quitting is hard, but do not give up. It may take more than one try to quit for good. It is important to have a plan. Ask your provider, nurse, respiratory therapist or pharmacist for help.

- National Quit Line (800) QUITNOW (784-8669) For Deaf and Hard of Hearing Callers: Relay 7-1-1
- Freedom from Smoking Online: www.ffsonline.org
- National online website: www.smokefree.gov
- Guide to Quitting Smoking: www.cancer.org

Alcohol

Before your surgery, you may need to stop or reduce the amount of alcohol you drink

- Alcohol can impair your vision or your ability to walk.
- Alcohol may impair healing and increase the risk for infection.
- Alcohol may interact with the medication you are prescribed after surgery.
- Ask your provider if you need to quit or limit alcohol intake.

Maintaining Healthy Bones

Nutrition

Good nutrition helps wound healing. Vitamins in fruits and vegetables and protein in meat and fish will build new tissue and prevent infection. It is important to get enough calories and protein in your diet to heal.

Your Appetite

For a few weeks after surgery, you may notice that you do not have an appetite or that food tastes different. Your appetite will improve over time. Calories are needed for healing and for energy. Your recovery is not a time to try to lose weight. If needed, a weight loss program can be started after you have recovered from your surgery.

- If your appetite is poor, eat smaller meals instead of large ones. Eating smaller portions 5 or 6 times a day may help you get the nutrition that you need. Aim for 3 meals and 2 snacks every day.
- Try a nutritional supplement, such as protein bars or protein shakes, for a snack.
- Eat something before physical therapy.

Eat a Balanced Diet

The My Plate website can help you choose the best types and right amounts of foods to eat. Your nutrition needs may be different depending on your gender, age and activity level. Visit www.choosemyplate.gov to find specific guidelines for you.

Day of Surgery

- Please follow the exact instructions from your pre-surgery clinic nurse for showering and skin preparation. If you have additional questions please call: 208-883-6259.
- DO NOT SHAVE AT OR NEAR YOUR OPERATIVE SHOULDER. (Staff will shave with special clippers to protect your skin after you arrive at Gritman Medical Center). Shaving may cause your surgery to be canceled.
- Brush your teeth.
- Do not use any perfume, deodorant, cream or lotion.
- Put on clean, comfortable, loose-fitting clothes.
- Take whatever morning medications the pre-surgery nurse instructed you to take.
- Arrive at the Same-Day Surgery department (2nd floor of Gritman Medical Center) at your predetermined time.
- You will be shown to your room in Same-Day Surgery, where preparations for surgery (including signing of consent forms and surgical site marking) will occur. If you desire, your coach may stay with you at this time. You may be in Same-Day Surgery for several hours before your surgery. You will change into a hospital gown. Your personal items and clothing will stay in your room during surgery. We can provide a denture cup and/or eyeglass case if needed.
- Two nurses will conduct a head-to-toe skin check to make sure your skin is safe for you to have surgery.
- An Intravenous (IV) line will be placed by skilled staff, so that medications and fluids can be given through your IV.
- A member of our anesthesia team will talk with you and answer questions regarding your anesthesia care. The anesthesia staff will work with you and decide what type of anesthesia will be needed. This will be based on many factors, including: your physical condition, the nature of your surgery, the preference of your surgeon, and the nature of your surgery.
- The types of anesthesia most often used for total shoulder replacement includes one of a combination of the following:

    1. General Anesthesia: Produces an unconscious state (the whole body is affected).
    2. Regional Anesthesia: This is a local nerve block.

Day of Surgery

- Please notify your anesthesia team if you have ever had a complication from anesthesia in the past. This would include nausea, vomiting or difficulty waking up. It is also very important to notify the anesthesia team if you or any of your blood relatives have ever been diagnosed with a medical condition called Malignant Hyperthermia (MH).

- When your surgical team is ready, you will be taken to the Operating Room (OR). You will be given a preventative antibiotic during your hospital stay to help prevent infection. You will be continuously monitored throughout your surgery. Your safety is our top priority and you will receive excellent care by our highly-trained staff throughout your operative time. Most surgeries last between 1 and 2 hours.

- After surgery you will be taken to the Post-Anesthesia Care Unit (Recovery Room). At this time, your surgeon will update your coach.

- You may or may not remember your time in the recovery room, as you will be waking up from anesthesia. On average, patients stay in the recovery room for 1 to 1 ½ hours. Once you are awake and your anesthesia team has given the OK, your recovery room nurse will transfer you back to your room, where you will stay until you are discharged from Gritman Medical Center.

Post-Operative Care

All patients will have pain after surgery. Our goal is to help manage your pain. You will be asked to rate your pain on a scale of 0 to 10 (10 being the worst). Your surgeon will decide which type of pain medicine is best for you. You will be given pain medicine that has been ordered by your surgeon. When your pain is well-managed, you are better able to perform your daily activities. Tell your nurse if your pain is not controlled well by these medicines.

Pain Scale

0 = No Pain

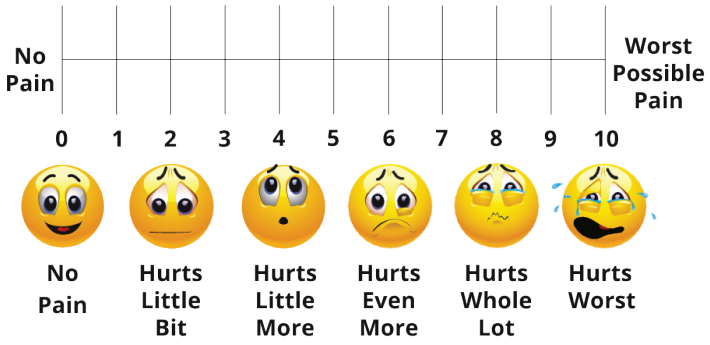
2 = Mild Pain

4 = Nagging and Annoying Pain

6 = Quite a Lot of Pain

8 = Severe Pain

10 = Worst Possible Pain That You Can Imagine (severe trauma, etc.)



Expect assistance with getting up and standing/walking after surgery. This is an important part of your recovery process for same-day discharge. Depending on your arrival to the Medical-Surgical floor, you may have one Physical Therapy visit the same afternoon as your surgery.

Pain Medicine After Surgery

- It is important to work with your health care team for good pain management. When you begin therapy, your nurse will give you a pain pill about a half-hour before your session.
- If your pain is not controlled, it will be difficult to participate in therapy. Tell your nurse or surgeon about:
    - Your pain. Do not wait until your pain becomes severe.
    - The pain control methods or medicines that have helped you in the past.
    - Any concerns you have about taking pain medicines.

Your therapist and nursing staff will guide you through the process of finding the balance of what works best for you. Our recommendations to you will be based on surgeon's order, current scientific evidence about recovery, and general patient outcomes. We closely monitor how our patients are doing and how we can continuously improve our program for your optimal outcome after surgery. Opioid pain medication is not always our first line of defense against pain. If you have a history of chronic, debilitating pain and use opioid medication, please discuss this with your surgeon before surgery so they can work with you to find the right pain plan for you.

You will be started on the type of food that your doctor ordered for you. Once you are tolerating food with no nausea, you will be started on pain pills. You will begin to transition away from IV pain medication in anticipation of your discharge from Gritman Medical Center.

Other Methods for Pain Management

Other ways to have good pain control:

- Using cold therapy or ice.
- Changing your position or walking.
- Listening to music.
- Using integrative therapies such as aromatherapy, acupressure, guided imagery, medidation, and breathing exercises.
- Raising the swollen area. Sitting in a chair is less painful than lying in bed. Use a pillows to prop up your arm.
- Wearing sling as directed.
- Prioirize rest and relaxation.

Preventing Constipation

A side effect of taking pain medicine is constipation. Decreased activity can also lead to constipation. To avoid becoming constipated:

- Gradually increase your intake of fiber-rich foods such as fruits, vegetables and whole grains.
- Drink 8 or more 8-ounce glasses of fluids each day.
- Stay as active as you can.
- Consider drinking prune juice each day.
- Consider taking a stool softener or laxative. Many of these are available over the counter at your local store. If you have questions, ask your doctor or pharmacist.

Preventing Infection

A replacement joint is not as good at fighting germs as a natural joint. Infection can be a serious problem after joint replacement surgery. If a new joint gets infected, it is hard to cure.

Sometimes the new joint must be removed. You can help prevent infection by:

- Cleaning your hands with soap and water or hand sanitizer.

  Clean your hands:

  - Before touching your incision (surgical cut) or changing your dressing.
  - After using the toilet or blowing your nose.
  - After doing laundry, housework or yard work.
  - After petting or caring for animals.
- Making sure your health care team washes their hands before and after they take care of you.
- Making sure your family and friends wash their hands.
- Getting your teeth checked by a dentist. Bacteria from cavities or gum disease can be a source of infection. Repair any dental problems before surgery. Brush your teeth 2 times a day.
- Being aware of any cuts, scrapes, sores or redness. These could be a path for germs to get into your system.
- Recovering from colds or sinus trouble. This is another common place for germs to be in the body.
- Treating bladder infections. If you have cloudy urine, your urine smells strongly or it burns when you pass your urine, you may have a bladder infection. This will need to be treated before surgery. Tell your surgeon if you have any of these symptoms after surgery.
- Activity to help increase circulation.

Bathing After Surgery

- Do not shower alone. Have someone close by until you feel safe.
- Use grab bars for balance.
- Use non-slip bathmat on bathroom floor and in shower/tub.
- Sit on a shower seat/chair.
- Use handheld shower to wash areas more closely.
- Use a long-handled scrub brush to wash hard to reach areas.
- Use liquid soap.

Care of Your Incision

Normally, it takes about 2 weeks for your incision to heal enough to stay closed. If you have sutures, Steri-Strips, skin glue or staples, they will be removed about 2 weeks after surgery. Over the next 6 to 8 weeks, your incision may feel tight and itchy, which is part of normal healing. It is common to have more swelling and pain 4 to 7 days after surgery, which is often after you leave the hospital. After about a week, swelling and pain will get better day by day. It is expected that swelling will persist for up to 12 months. If swelling fails to improve after diligent ice and elevation, contact your provider.

To care for your incision:

- Keep your dressing clean and dry.
- You may shower.
- Do not soak or take baths until your surgeon tells you it is OK.
- Wear loose clothing that is easily washed and does not rub or irritate the incision.
- Never dab lotion, ointment, powders or perfume on the incision.

Tips for Sleeping After Shoulder Replacement

Getting enough sleep is essential for a happy and healthy life. However, sleeping after a total shoulder replacement can be challenging and painful, which makes it difficult to find rest.

Lack of sleep not only disrupts daily life but can also hinder the body's natural healing process. Therefore, it's important to prioritize sleep during recovery, as your body needs proper rest to heal effectively. The first two weeks post-surgery are often the most painful and uncomfortable. After a total shoulder replacement, you may experience limited mobility, post-surgical pain, and difficulty getting comfortable while resting.

Recommendations:

- **Sleep with a Sling:** Wearing your sling while you sleep is crucial to avoid inadvertently injuring your arm. The sling keeps your arm safe and secure.
- **Sleep in an Inclined Position:** Using a recliner is highly recommended; this is likely the best sleep you will get during your recovery. A recliner helps minimize movement, keeping your shoulder stable and comfortable. Additionally, sleeping in this position reduces the risk of rolling over onto your operative shoulder. Sleeping flat on your back can put a lot of strain on the front of your shoulder, where the surgical scar is healing. If you don't have access to a recliner, consider using pillows to keep yourself inclined while resting in bed.
- **Use Pillows to Support the Surgical Arm:** Use whatever pillows are most comfortable to you.
- **Ice, Elevate, and Activity:** Circulation promotes healing and can reduce pain. Make sure to go for small, frequent walks, and do range of motion activities with your wrist and fingers. DO NOT miss Physical Therapy appointments. Continue to ice your shoulder.

Taking Care of Your New Joint

Once at home, it is very important that you follow the instructions given to you in the hospital. Continue these instructions until your surgeon tells you to stop. This will often take 6-8 weeks.

DO NOT:

- Do not engage in high-impact activities such as moving operative arm above shoulder height.
- Do not lift more than 5 pounds.
- Do not drive until cleared to do so by your surgeon.
- It is a crime to drive under the influence of narcotics.

DO:

- Change positions often.
- Return to activities slowly.
- Rest between therapy sessions.
- Complete your home exercise program as prescribed.
- Walk frequently throughout the day.

Returning Home

Your coach/family should plan to remain with you for a minimum of 48 hours after you arrive home. After that, depending on your progress and specific needs, you should plan to have daily help.

Someone should be available to help you for the first 1 to 2 weeks after your surgery.

You will need transportation to and from physical therapy, as well as to any medical appointments. Your follow up appointments will be scheduled.

REMEMBER: Use your cold therapy gel packs (you will be issued 2 sets in the hospital) as directed.

NO soaking in a bathtub, hot tub and no swimming until your surgeon tells you it is safe to do so.

You may shower and follow the instructions given by your nurse for caring for your incision and dressing.

Total Shoulder Replacement Restrictions

- You will most likely wear a sling for 6 weeks after surgery.
- You will be shown how to safely remove your sling so you can shower and get dressed.
- At the beginning, do not do heavy exercise. This raises your blood pressure/heart rate which may make your pain worse.
- Your surgeon or therapist will tell you when you can do some gentle, passive arm exercises. Your therapist will show how another person will move your arm for these exercises.
- You should not use your arm to lift, pull, or push weight. This includes pushing up out of a chair or bed.
- You will likely go to a physical therapy office to learn how to get your shoulder stronger and moving better.
- At this point you can try to use the arm for easy everyday activities.
- You should not lift heavy things until you get stronger from physical therapy.
- Moving or using the arm too early can prevent proper healing. This may affect how your shoulder will work.

Reverse Shoulder Replacement Restrictions

With this surgery, how you move your arm after surgery may not be the same as listed above.

Your surgeon will tell you if you:

- Need little or no time in a sling.
- Are able to use your arm sooner.
- Need physical therapy or not.

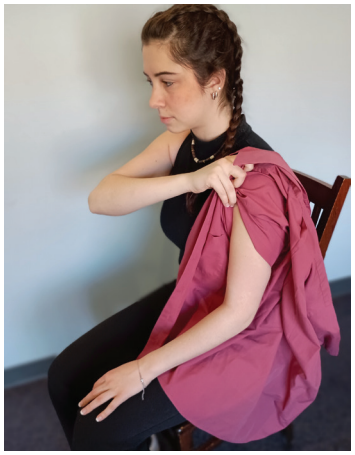
Post-Operative Shirt Wear

Front-Open Style

1. 

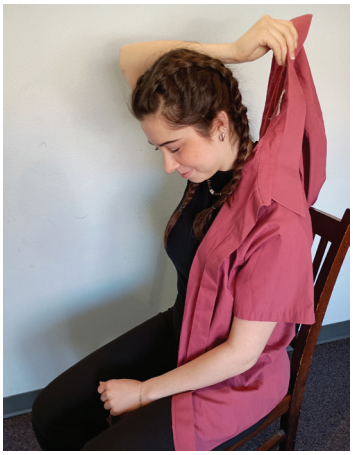
DO NOT USE THE SHOULDER MUSCLES ON THE OPERATED ARM TO HELP WITH DRESSING.

Loose-fitting shirts work best. Sit on the edge of a chair. Place the sleeve of the shirt using your non-operated arm between your knees. Slide your operated arm into the shirt by leaning forward, letting gravity help.

2. 

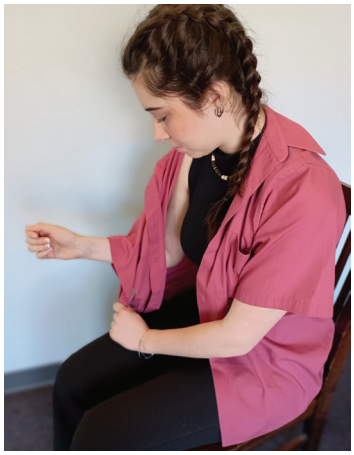
Use your non-operated arm to pull the fabric up over the shoulder and across the back of neck.

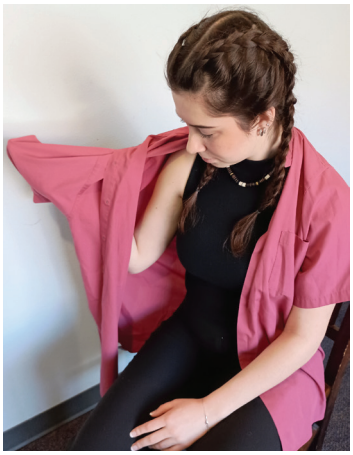
3. 



Put your non-operated arm into the sleeve opening.

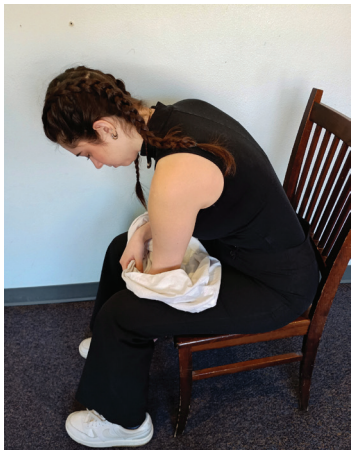
4. To straighten out the shirt, lean forward, allow your shoulder muscles to relax and loosen, reach back and pull the fabric down. Button as usual.

5. 



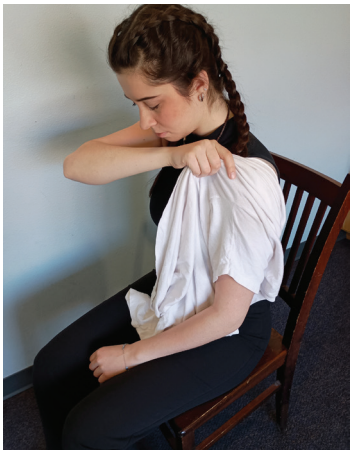
When undressing, pull the non-operated arm out of the sleeve. Can use the fingertips of operated hand to help stabilize the shirt as you pull your elbow out of the sleeve. Bring the shirt around behind your head. Lean forward while relaxing the muscles of your shoulder and pull the shirt off the arm.

T-Shirt Style

1. 

DO NOT USE THE SHOULDER MUSCLES ON THE OPERATED ARM TO HELP WITH DRESSING.

Loose-fitting shirts work best. Gather the shirt so that the sleeve opening is placed between your knees. Let gravity assist with lowering your arm into the sleeve by leaning forward.

2. 

Using your non-operated arm, pull the sleeve up the arm, above the elbow, up to the shoulder, as far as you can.

3. 

Using the non-operated arm, pull the shirt up over your head.

4. Push your arm through the sleeve.

5. Pull the shirt down with the non-operated arm only.

6. 

To take the shirt off, using your non-operated arm, pull the shirt up towards your armpits. Lean forward, RELAXING YOUR OPERATED SHOULDER, and pull the shirt over your head. Then slide the non-operated arm out of the shirt first. Undressing the operated arm last.

Notices Informing Individuals About Nondiscrimination & Accessibility Requirements

Patient Rights and Responsibilities

At Gritman Medical Center, we care about you as a patient. We believe you have the right to quality, compassionate care. Gritman Medical Center prohibits discrimination based on age, race, ethnicity, religion, culture, language, the presence of any sensory, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation and gender identity or expression.

Language Services Available

Gritman Medical Center provides free aids and services – such as sign language interpreters and written information in numerous formats and languages – to help people with disabilities and those whose primary language is not English communicate effectively with us.

If you need these services, please inform your admitting representative upon arrival. If you believe Gritman has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in person or by mail, fax or email with: Risk and Compliance Officer, 700 S. Main St.; phone: 208-883-6383; fax: 208-883-6383; email: riskandcompliance@gritman.org. You can also file a grievance by contacting the Joint Commission at 1-800-994-6610. If you need help filing a grievance, our Risk and Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

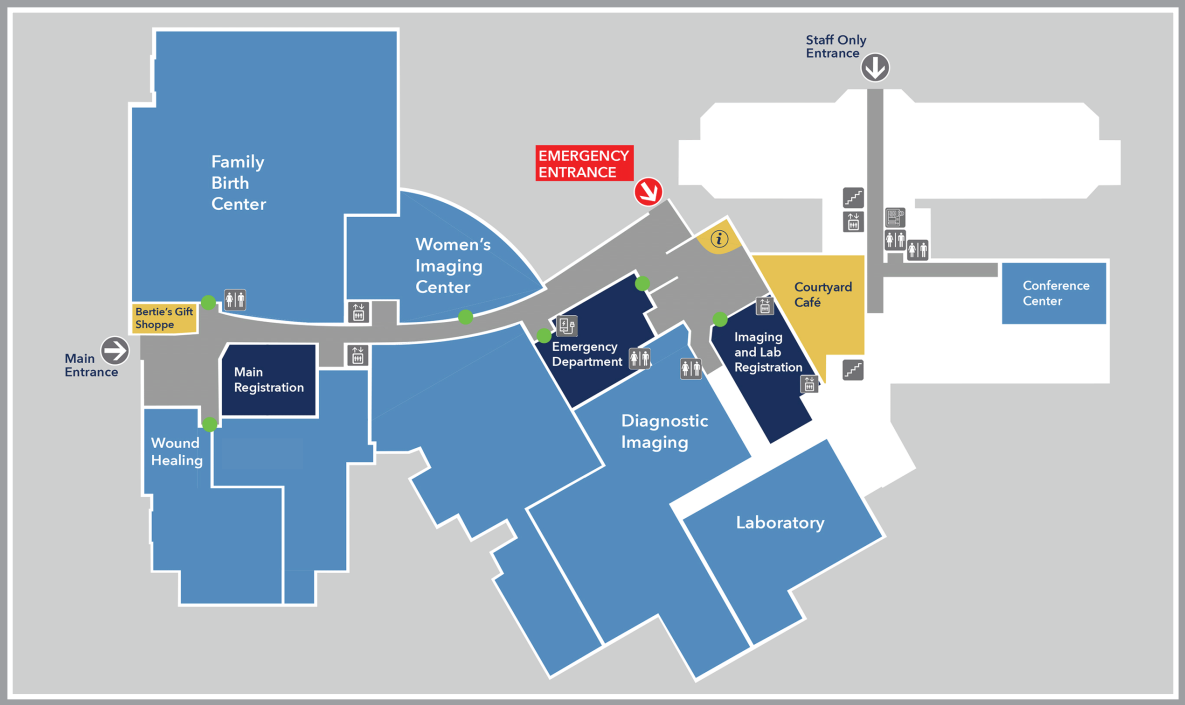
U.S. Department of Health and Human Services
200 Independence Ave., SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

* People using assistive technology may not be able to fully access information in these files. For assistance, contact the HHS Office for Civil Rights at 800-368-1019, TDD toll-free: 800-537-7697, or by e-mailing OCRMail@hhs.gov.

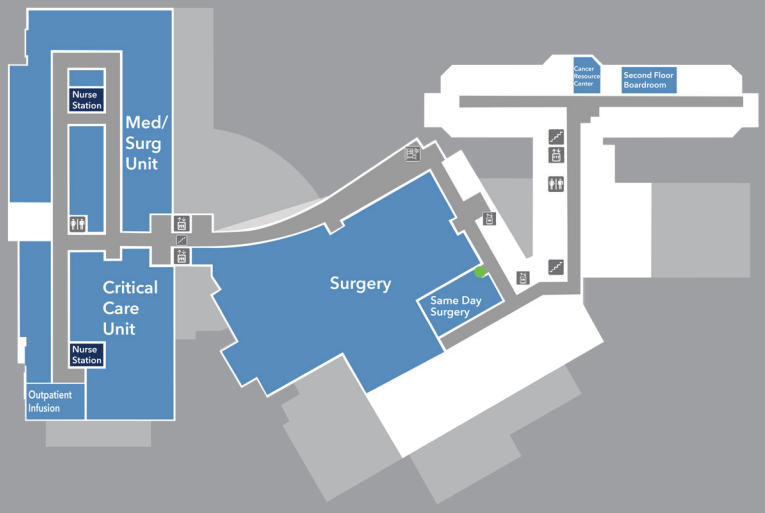
Learn more at gritman.org/online-compliancy.

Gritman Hospital Map

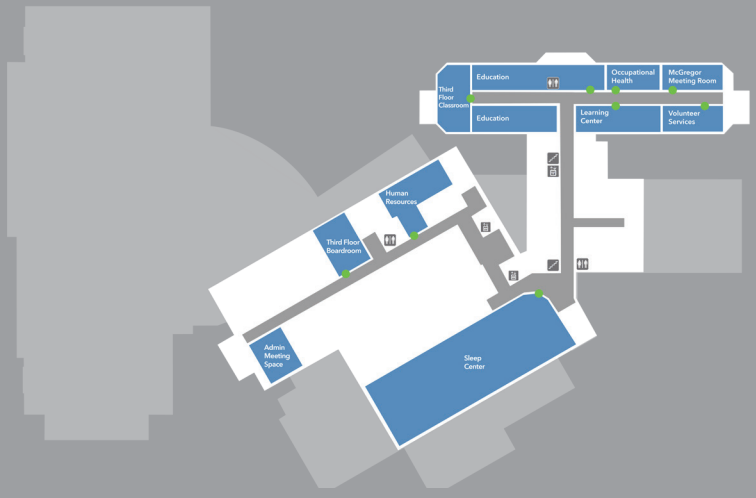
Campus and Parking



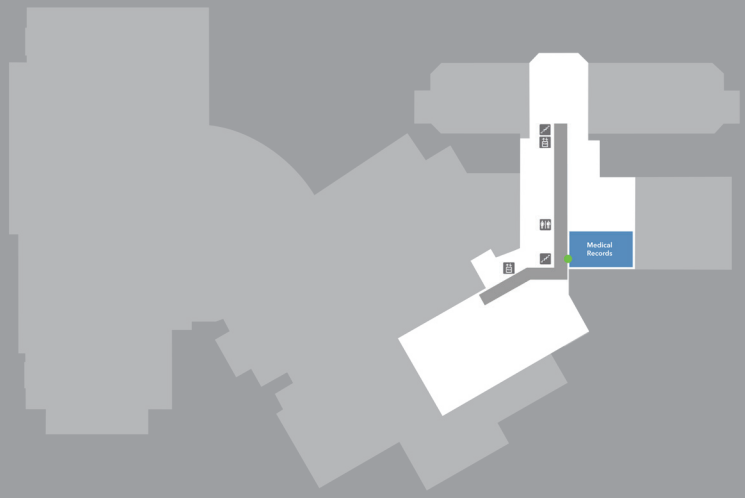
First Floor



Second Floor



Third Floor



Fourth Floor

Click this QR Code to see more information and resources about your total joint replacement.

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