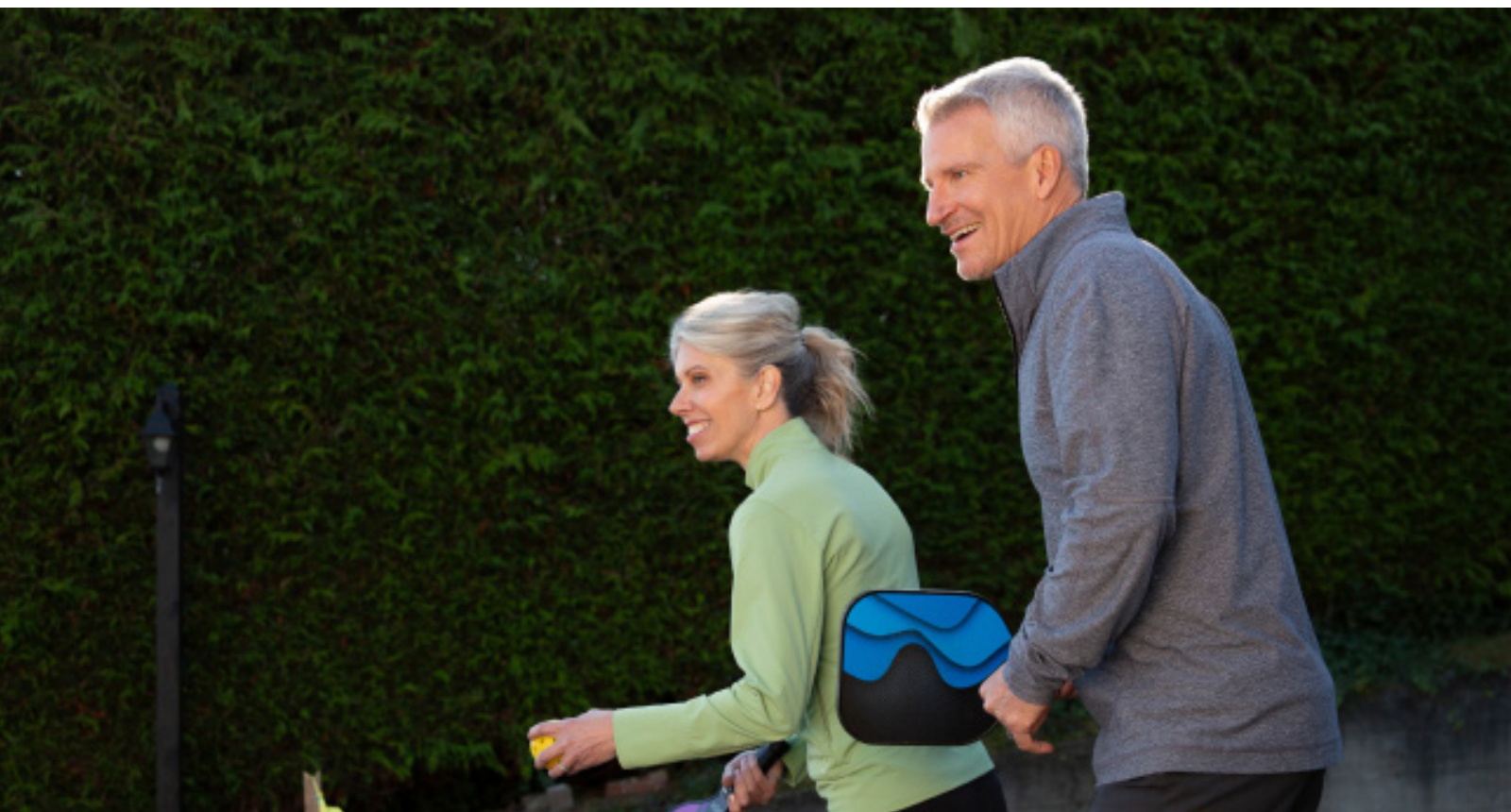


Shoulder Replacement Guidebook



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Physical Therapy, Travel and Preventive Antibiotics

Now that you have decided to have shoulder replacement surgery, we want to help answer some questions that patients often have. Our goal is to provide you with information about what you can expect day of surgery and during recovery after surgery.

This guidebook is divided into sections to make it easy for you to find the information you need. Many of these topics will also be discussed at your pre-operative visit.

Date of your surgery:

Your surgeon:

Date of first follow-up appointment:

1. Getting Ready for Surgery



You probably have many questions about how to prepare yourself for surgery. The information in this guide is designed to help you through this preparation process.

For general information, you may also find our web site helpful:

<https://www.dartmouth-hitchcock.org/orthopaedics/shoulder-elbow-surgery>

Getting Ready for Surgery

Within 30 days of surgery you will have a preoperative physical exam. This exam can be done by either your primary care provider or one of our team members. This will be scheduled for you as a part of your preoperative appointments.

Use these tips to help you get ready before you head into the operating room:

- Rest, eat healthy: fruits, vegetables, lean meats, whole grains.
- Reduce or quit smoking.
- Reduce or stop drinking alcohol.
- Exercise as much as your body can tolerate to improve and/or maintain your muscle strength.
- If you need a dental appointment, if possible delay until after surgery or talk to your clinical care team **(see page 21)**.
- Schedule physical therapy if you are having anatomic shoulder replacement. If you need physical therapy/PT, make sure you have PT set up to start after surgery.
- You will receive instructions on how to pick up a sling at the supplier. Pick up your sling at Orthocare (located in the DHMC hospital or another durable medical equipment store). you should bring it with you on the day of your surgery.
- Please speak with the clinical team member you meet in preoperative clearance about medication you may need to stop taking before your surgery.

If you have questions or concerns please reach out to our office at **603-650-5133**.

Practice dressing yourself because after surgery

it may be difficult. Oversized shirts or shirts with zippers/buttons can help for easy on and off. Practice using the arm that will not be operated on for the following:


- Getting out of a chair. If this is difficult, consider a raised toilet seat or elevate other seats in your home.
- Practice getting in and out of the shower. You can also consider a tub bench and/or bedside commode.
- Practicing completing activities, such as grooming, bathing and going to the bathroom.

IMPORTANT NOTES:

If you happen to become ill within the weeks or days before your surgery, even if it is a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again.

Pre-Surgery Washing

Pre-surgery washing steps will help decrease your chance of infection.

- Please do not shave your underarms for seven days before your surgery. If you get skin cuts, breaks or rashes on your hand or arm that will be operated on, you may be at risk of developing an infection. Please let us know immediately. Skin breaks could cause your surgery to be rescheduled.
 - Start your Mupirocin® 5 days before surgery.
 - Start your Benzoyl peroxide® 2 days before surgery (**see page 6**).
 - You will be given a bottle of Chlorohexadine® scrub, Wash with Chlorohexadine® scrub or alternative the night before and morning of your surgery
 - If you do not receive a bottle of soap to wash with or if you misplaced it, you can use another anti-bacterial soap, such as Dial®.
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Before Shoulder Surgery: Benzoyl Peroxide Cream Instructions

This handout explains how to use Benzoyl Peroxide cream on your skin before your shoulder surgery. This is a step that helps to reduce the risk of infection.

Please follow these instructions carefully. If you have any questions or concerns please call your Orthopaedic Care Team at 603-650-5133.

You will be given 5% benzoyl peroxide gel/cream to use before surgery. You can also buy this over-the-counter at your local pharmacy. Start using the cream 2 days before your surgery, use it in the morning and at night.

Follow the instructions below:

1. Wash and dry your hands.
2. Make sure the skin on your shoulder is dry. Place a quarter sized amount of the cream on to the front and back of your shoulder and your armpit. Do not rinse the cream off.
3. Wash your hands with soap and water.
4. Put on a clean loose-fitting shirt.

Note: the peroxide may stain your clothing.

Checklist

2 days before your surgery

- Apply benzoyl peroxide in morning.
- Apply benzoyl peroxide at night.

1 day before surgery

- Apply benzoyl peroxide in morning.
- Wash at night with the body wash you were given (instructions on separate sheet).
- Apply benzoyl peroxide at night after using the body wash.

Day of surgery

- Wash in the morning with the body wash you were given (instructions on separate sheet).
- Apply benzoyl peroxide in morning after the body wash.

Tips

- Do not use this cream if you are allergic to benzoyl peroxide or any other ingredients in these products.
- If you notice a rash, redness, or itching please rinse the area off with water and contact our office. Do not continue to use the product.
- Avoid getting the product on your face, eyes, or genitals.



Surgery Support

Before surgery, consider identifying your support system, someone to drive you to your appointments. The following list may help determine if you will need special assistance following your surgery:

- Do you live alone?
- Do you need help with daily living?
- Do you have any concerns about going home after surgery?
- Have you had a history of limited mobility, poor balance or limitations with the use of the arm that is not being operated on?
- Is it hard to get in and out of your home because of stairs, walkways, etc.?
- Would you like to learn about facilities that can give you care and rehabilitation before you go home?

If any of these apply to you and you have concerns about home support after surgery please contact our clinical care team at **603-650-5133**. We may also refer you to talk with the Office of Care Management.

The Office of Care Management can help you:

- Review your insurance coverage, including Medicare and Medicaid.
- Consider if added care after surgery is right for you.
- Cope with emotional stress.
- Find lodging (or transportation) for your family.
- With after surgery plans that fit you and your family's needs.

For assistance you can call: Office of Care Management at **(603) 650-5758**.

Preparing for Life After Surgery

- You will be in a sling for six weeks.
- Plan to use ice to help you with your pain. You can use an ice pack, a bag of ice, or cryocuff. A cryocuff can be purchased online. They are not given to you at the hospital.
- Sleeping flat on your back in a bed after surgery can be uncomfortable for some people. You can sleep in a reclining chair or you can prop yourself up on pillows in bed to find a comfortable position.

Showering after surgery:

- You will be allowed to shower after surgery, please review your discharge instructions carefully. These will be given to you after surgery.
- To be safe while showering some people do find purchasing or renting a shower chair to be helpful.

Same Day Program Nurse

A nurse from the Same Day Program will call you on the day before surgery (or on Friday if your operation is on Monday) to remind you of the instructions as well as:

- When to stop having anything to eat or drink (usually midnight).
- Which medications to take the morning of surgery.
- What time you should plan to arrive at the hospital.

If you are not at home to take the call, the nurse will leave you a message with this information. You can call **(603) 650-2273**.



2. What to Expect the Day of Surgery



Do you have questions about our billing policy?

You can call Patient Financial Services with your questions about insurance, financial assistance or charges for healthcare services at (844) 808-0730.

They can also help patients who do not have insurance.

<https://www.dartmouth-hitchcock.org/orthopaedics/shoulder-elbow-surgery>

What to Expect the Day of Surgery

1. Arrive to your scheduled surgery on time.
2. Once there, you will be asked to remove:
 - All jewelery including rings. If you cannot remove rings they will need to be removed by our team on your day of surgery.
 - Dentures or partial plates.
 - Contact lenses and eyeglasses.
 - Hair pieces.
 - Cosmetics and nail polish (it is best to remove these the night before).
3. You will be asked to put on a hospital gown and remove all other clothing.
4. A nurse will check your:
 - Heart rate
 - Blood pressure
 - Temperature
 - Breathing
5. A nurse will place an IV in your arm.
6. Your surgeon will mark the joint you are having replaced with a green marker.
7. An anesthesiologist will meet with you to talk about the general anesthesia.
8. A nurse may give you medication to help you relax and feel more comfortable.
9. You will then be taken to the operating room on a stretcher.

What to Expect After Surgery

After your surgery is done, you will be taken to the recovery room or Post-Anesthesia Care Unit (PACU).

While you are recovering from your surgery, your surgeon will talk with the person who accompanies you. The doctor will let them know that your surgery is over and how things went.

Am I going to have pain?

You will be asked what your pain level is on a scale of 0 to 10 (0 being no pain and 10 being the worst pain you can imagine). It is important that you know that we cannot take away all of your pain. We would like to keep you at or below a 2 or 3 on the pain level scale. Controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy. These are important for getting you back on your feet sooner.

Be sure to let your nurse know if your pain medications seem to wear off too quickly or if you start to feel nauseated. The sooner the team can help, the better you will feel. Please feel free to talk with your nurse about any other concerns you have.

Using your sling:

You will wake up after surgery with your operated arm in a sling. There is a "pillow" that is part of the sling. This pillow is between your arm and body to help hold your arm in the correct position. The straps on the sling can be moved and adjusted for your comfort.

Your elbow should be fully supported by the sling and you should not "shrug" your shoulder or "hold" your shoulder in place; relax your arm to let the sling work. You should wear your sling at all times except when bathing, dressing and doing exercises for the next six weeks (unless otherwise directed by your care team). Be sure to wear your sling even when you sleep.

Q. When can I eat?

A. You are able to eat and drink as soon as you feel comfortable doing so. There are no restrictions after surgery on what you can eat.

Q. When do I start rehabilitation?

A. You may need physical therapy depending on the type of surgery you have, ask your clinical care team when to schedule your physical therapy.

Q. When can I shower?

A. Please refer to your discharge instructions given to you day of surgery as this will state when you can shower. Most patients are able to shower after 72 hours

Q. When can I drive?

A. We do not recommend driving for the first 6 weeks while you are in your sling.

Q. What pain medications will I receive?

A. Everyone is different with how they experience pain and what medications they can take. Your team will talk with you morning of your surgery and they can prescribe medicines for you to use after your surgery.

Q. What is a discharge summary?

A. When you are ready to leave the hospital, you will receive a copy of your After Visit Summary. Read this document, it will give you important instructions from your surgeon.

Q. How long will I wear the sling?

A. You will be in your sling for 6 weeks after your surgery.

If you have questions, call our clinical staff at **(603) 650-5133**.



3. At Home After Surgery



Now that your surgery is done, your focus should be on healing. If you follow the recommendations listed in this section, you will help ensure that your new shoulder will have the best possible outcome.

<https://www.dartmouth-hitchcock.org/orthopaedics/shoulder-elbow-surgery>

After Surgery

- Take your medicine as prescribed.
- Follow the instructions on your discharge summary.

If you have questions or concerns be sure to reach out to your care team.

Showering

Likely you will be able to shower 72 hours after your surgery. You can refer to the instructions you are given after surgery.

- If you are unsteady on your feet, it is safest to sit while taking a shower.
- Pat your incision dry after showering.

Pain Medications: Prescriptions are electronically sent and can take up to 72 hours to process.

Narcotic

- Oxycodone/Hydrocodone
- Dilaudid/Hydromorphone

Non-Narcotic

- Aspirin 81 mg
- Tylenol
- Stool softeners
- Miralax
- In some cases NSAIDS. Examples of NSAIDS are: Advil®, Motrin®, Aleve®, naproxen and ibuprofen.

PLEASE NOTE:

The medications you are prescribed should not cause narcotic addiction. You are only going to use them for a brief time to relieve genuine surgical pain. However, if you are concerned about addiction, please talk to your clinical care team.

Post Operative Medications

Many patients find that taking narcotic medications as directed helps to control their pain. Be sure to always take your pain medication with food. This will help avoid nausea.

It is important to know that “no pain, no gain” is not helpful. Mild discomfort is our goal, whether during exercise, daily activities or at rest.

Be aware that pain medications cause constipation. Drink plenty of fluids, eat lots of fruits, vegetables, and foods high in fiber (whole grains, cereals, etc.) to avoid constipation. Also, take your stool softeners as directed in your After Visit Summary that you will receive before leaving the hospital. Call your care team if your constipation does not get better.

Refilling Your Pain Medication

It is very important to call the clinic three to four days before you will run out of your medicine. Prescriptions for narcotic pain medications can take up to 3 business days to be processed and electronically sent to your pharmacy. By law, they cannot be called in to the pharmacy.

Your First Follow-up Appointment

Your first check-up will happen approximately two-four weeks after your surgery. The exact time and date of your appointment will be noted on your discharge summary sheet.

We urge you to contact us if you:

- Experience any unusual or increased shoulder pain, redness or swelling.
- Have a fever (temperature above 100.0) lasting longer than 24 hours.
- Experience increasing redness, swelling, warmth, unpleasant odor or milky liquid coming from the wound.
- Have a sudden shortness of breath or chest pain.
- Have trouble with normal bowel habits despite the use of stool softeners and increased fluids.
- Have other symptoms you are concerned about.

How you will feel after the first six to eight weeks:

It is common to feel frustrated even at six to eight weeks after surgery. You might think you are going a bit stir-crazy. You will get better. Healing takes time, so be patient with yourself.

It is normal to experience an emotional slump about three weeks after surgery. It is difficult to be confined to your house when you have been used to being on the go when you like. This slump will pass.

Many patients find that they still become tired very easily or are tired most of the time. Some patients find this is true for even longer than that (up to several months after surgery). These feelings are a normal part of your body's recovery from surgery and the healing that you have to do. Over time, as you are able to move more and have less pain, you may find that you are more tired instead of less. Allow time for an afternoon nap even when you have never needed one before.

Follow-up Visits

Our team will schedule regular follow-up visits each time you come to see us. These appointments will be with a member of your shoulder provider team.

You should expect to come back for follow-up visits approximately at these times:

Soon after your surgery:

2 weeks

6 weeks

12 weeks

Ongoing care appointments after your surgery:

year one

year three

year five

every five years

It is important to go to your ongoing care appointments to be sure your joint replacement is working properly. Sometimes you might not have any physical symptoms. Regular physical exams and x-rays can help your care team learn about any problems that may be happening.

4. Physical Therapy, Travel and Preventive Antibiotic



In this section you will find exercises to help you recover. This information will also help your physical therapist.

Physical Therapy Guidelines

The ultimate goal of your anatomic shoulder replacement is to get you back to work, functional activities and hobbies. Your success will be based on your participation. Surgery is only a small portion of how well you will do when you return to your activities.

No one should tell you that the rehabilitation portion of your recovery is easy. It will take dedication on your part to have the best possible outcome. We are with you every step of the way!

Anatomic Shoulder Replacement

If you have anatomic shoulder surgery, you will need to schedule outpatient physical therapy/PT to start two- five days after surgery. If you have questions about physical therapy or the guidelines below, please contact our clinical team at **603-650-5133**.

Reverse Shoulder Surgery

Patients who have a reverse shoulder surgery DO NOT need formal physical therapy.

General guidelines:

- Attend supervised physical therapy for 3-4 months.
- Use your sling for the first 6 weeks, including sleeping.
- Control pain and inflammation: use ice 20 minutes out of every hour you are awake and use your medication as prescribed.

Questions?

Orthopaedics: (603) 650-5133



Anatomic Shoulder Replacement

Definitions

Prone= lying with your face down.

Distal= away from your shoulder (your hand).

Supine= Lying on your back with your face upward.

Flexion= a bending movement around the joint that brings your bones together.

Extension= the action that increases the angle between your bones.

Elevation= movement in a superior direction (e.g. shoulder shrug).

Depression= movement in an inferior direction.

Protraction= reaching out movement.

Retraction= movement of picking up.

ADD= adduction muscles.

Abduction= a movement away from your body.

Adduction= movement toward your body.

Questions?

Orthopaedics:
(603) 650-5133

**Rehabilitation
Medicine:**
(603) 650-3600

Inpatient Days 1 and 2, and Outpatient Week 1

Goals:

- * Start PROM while protecting your repair.
- * Reduce pain using ice 20 minutes out of every hour you are awake and medication as prescribed.
- * Reduce distal swelling with elevation and exercises of the hand, wrist, and elbow.

Exercises:

- * Pendulums.
- * AROM of elbow, wrist, and hand.

7 Days - 3 Weeks

Goals and guidelines:

- * Increase PROM within limitations (see above). Protect your repair.
- * Continue to minimize pain and upper extremity swelling (see above).
- * You can shower 2 days after your stitches are removed.

Exercises (continue those in week 1):

- * Submaximal isometrics: flexion and extension; abduction and ER with shoulder in IR.
- * Active scapular elevation/depression and protraction/retraction.
- * At 4 weeks, start pulley shoulder flexion and, if incision is completely closed, pool therapy to include PROM, pendulums, and walking.

4-6 Weeks

Goals and guidelines:

- * Full PROM, begin gentle ER stretching; progress PROM, AAROM, AROM.

Exercises:

- * Cane-assisted shoulder flexion, ER, and abduction progressing to AROM.
- * Maximal isometrics in flexion, extension, ER, and ABD; submaximal in IR and ADD.
- * Scapular stabilization and lightly resisted elbow exercises.

7-9 Weeks

Goals and guidelines:

- * Unrestricted AROM.
- * Strengthening and improving scapulohumeral mechanics.
- * Start subscapularis strengthening.

Exercises:

- * Theraband exercises for shoulder and elbow; prone Is and Ts.
- * Increase isometrics in IR and ADD as able, move to bands as able.

10-12+ Weeks

Goals and guidelines:

- * Return to normal daily activities.
- * No sports for at least 6 months. Please ask your surgeon about playing golf.

Exercises:

- * Progress resistance with prior exercises.
- * Closed chain exercises.

Travel Tips to Prevent Blood Clots

When you travel, don't let cramped conditions put you at risk of forming a blood clot. Keep your body moving, even when traveling, stop for walking breaks. Avoid dehydration by drinking plenty of water (at least 8 ounces an hour).

General Tips for Air Travel

- Try to keep your feet elevated by using the leg rest at the highest elevation.
- Rest your feet on your carry-on luggage if necessary.
- If you have the opportunity to move around, walk to the restroom and back.
- Walk for 30 minutes before boarding the plane.

Seated Exercises

- **Ankle circles:** Lift your feet off the floor and twirl your feet as if you are drawing circles with your toes. Continue this for 15 seconds, then reverse direction. Repeat.
- **Foot pumps:** Keep your heels on the floor and lift the front of your feet toward you as high as possible, keeping the balls of your feet on the floor. Continue for 30 seconds and repeat as often as you like.
- **Knee lifts:** Keeping your legs bent, lift your knee up to your chest. Bring the knee back to the normal position and repeat with your other leg. Repeat 20-30 times for each leg.

Seated Stretches

- **Knee to chest:** With both hands clasped around your right knee, bend forward slightly and pull your knee to your chest. Hold the stretch for 15 seconds, then slowly let your knee down. Repeat the same stretch with your left knee. Perform 10 stretches.
- **Neck roll:** Relax your neck and shoulders. Drop your right ear to your right shoulder and gently roll your head forward and to the other side, holding each position about five seconds. Repeat five times.

Using Antibiotics When You Go to the Dentist

In most cases:

- You can not have dental work for two weeks before your surgery.
- You can not have dental work for six months after your surgery (including cleanings).

If urgent dental work is required contact our office for an antibiotic prescription.

Talk to your orthopaedic team to make a decision that is right for you.

Your Implant and Infection

After you have orthopaedic implant surgery (joint replacement):

- Implants can cause you to have a bacterial infection.
- These bacterial infections happen in 1-3% of patients.
- These infections may need surgery and antibiotics.
- Most infections happen within one year of your surgery, but they can also happen much later.
- Infections that happen long after your surgery (beyond one year) are thought to be caused by the spread of bacteria from the bloodstream to the implant. We know that many patients with implants can have bacteria in their blood that does not spread to their implants.

Infections and Dental Procedures

- Dental procedures can introduce bacteria from your mouth into your blood.
- Eating and cleaning your teeth at home can cause oral bacteria to get into your blood.

Important:

- You can use antibiotics before your dentist visit.
- Using antibiotics before seeing your dentist might not stop you from getting an infection.
- Antibiotics can cause side effects: increase bacterial resistance, allergic reactions and diarrhea.

Each patient's needs will be considered with the following information:

- The type of dental work to be performed.
- Your current health status and health issues.
- If you have a history of infection.
- When you had your surgery.

Talk to your orthopaedic team to make a decision that is right for you..

Orthopaedics:

(603) 650-5133 | <https://www.tinyurl.com/orthodental>



