



Shoulder Surgery Guide

Hoag
Orthopedic
Institute.

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At Hoag Orthopedic Institute, We Get You Back to You.

You have selected one of the leading orthopedic care teams for your procedure. Our goal is to restore, improve, and enhance the health and mobility of individuals with musculoskeletal conditions and diseases through excellence in care and outcomes, clinical innovation, research and advocacy.

Hoag Orthopedic Institute (HOI) brings together a comprehensive team of orthopedic surgeons, sports medicine doctors, physiatrists, and other specialists. All our orthopedic surgeons are fellowship-trained in their orthopedic areas of expertise. HOI consistently performs the highest number of joint replacement procedures in the Western Region.

We are a specialty orthopedic institute, founded in partnership with our premier physicians, and dedicated to our patients with orthopedic conditions and sports-related injuries. We are committed to getting you back to your daily activities by restoring mobility through innovative and evidence-based treatment options. Our team provides excellent patient care with superior outcomes.



To learn more about our world-class outcomes, please visit our Outcomes Report online at hoioutcomes.com or scan the QR code.



The information in this booklet is designed as a general guide. Information provided by your physician is specific to your individual needs.

Frequently Used Numbers

Hoag Orthopedic Institute Hospital Main Line

949-727-5010

Pre Admission Screening (PAS)

949-727-5010, option 3

Fax: 949-764-8810

Registration

949-727-5060

Care Management Department

949-727-5439

Hoag Orthopedic Institute Billing

949-764-8404

Financial Assistance

949-764-5564

Hoag Orthopedic Institute – Nursing Floors

Second Floor 949-727-5200

Third Floor 949-727-5300

Website to schedule an Orientation class:

HOIExperts.com/ShoulderPreop

Your electronic medical record is available in MyChart at hoagconnect.org/mychart/

Accessing MyChart will provide you with your pre-operative and post-operative information.

You can access your MyChart by visiting: hoagorthopedicinstitute.com and selecting “Patient Portal” on the top navigation.



Total Shoulder Replacement Class



This is a pre-op education class for patients scheduled for or who are planning to have total shoulder replacement surgery, reverse total shoulder replacement surgery, or rotator cuff repair surgery at Hoag Orthopedic Institute. Classes are for patients and caregivers.

Please note you only need to attend one class. Please attend 3-4 weeks in advance of your surgery date or when scheduled for surgery. Caregivers are encouraged to attend. The class time allows for questions.

Shoulder Classes are the 1st and 3rd Wednesday from 1 – 3 p.m. and the 2nd and 4th Wednesdays from 9 – 11 a.m. Check website for exact times and date exceptions due to holidays. Classes are located at Hoag Health Center, Healy Conference Room, 1st floor, 16105 Sand Canyon, Irvine, CA 92618.

To Register: visit HOIExperts.com/ShoulderPreop, or scan the QR code.





Introduction

There are many reasons for shoulder pain and loss of function. Osteoarthritis, Rheumatoid Arthritis and Acromioclavicular (AC) Joint Arthritis are the most common forms of shoulder dysfunction.

Total Shoulder Arthroplasty (TSA)

This is a brief overview of what you, the patient, should know about getting a Total Shoulder Arthroplasty (TSA).

Why do I need a total shoulder arthroplasty?

Arthroplasty is the medical term for the reconstruction or replacement of a joint. There are different types of shoulder arthroplasty procedures. The underlying issue(s) and the extent of the damage to the shoulder joint help determine if a Total Shoulder Arthroplasty (TSA) is best suited for you and your goals.

Shoulder Arthritis

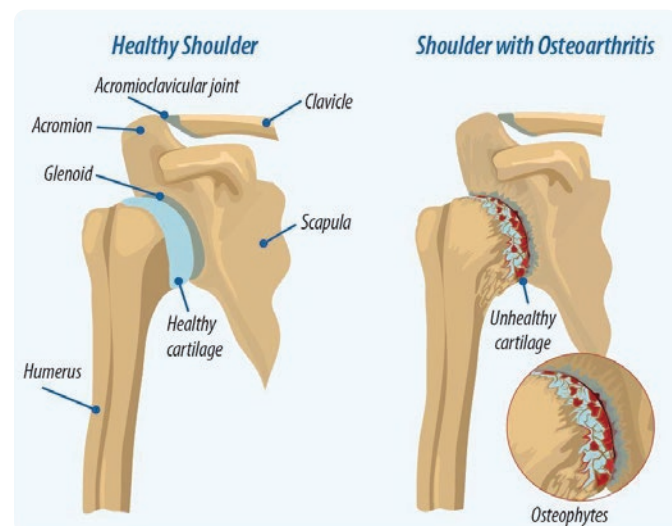
Arthritis is the progressive destruction of joint cartilage. There are different types of arthritis, such as osteoarthritis which can be thought of as “wear and tear” of the joint, and rheumatoid arthritis which is often caused by medical or autoimmune disease.

Normal cartilage covers the ends of bones to create a low-friction environment and cushion at the joint surface which helps maintain pain-free motion.

When the cartilage in the shoulder wears down, the space between the ball-and-socket joint becomes smaller. Without the cartilage lining, bone on one side of the joint begins to rub

on the other side of the joint. This can cause pain, deformity, swelling, and can decrease your range of motion. Patients may also get a sensation of “loose pieces” or “crackling and popping” in the joint.

Shoulder arthritis is the most common reason for a Total Shoulder Arthroplasty (TSA). This procedure will not work without a functional rotator cuff or if the damage to the joint is caused by a fracture. In those cases, procedures such as a Reverse Total Shoulder Arthroplasty (RTSA) or Hemi-Arthroplasty are better suited to restore function and ease pain.



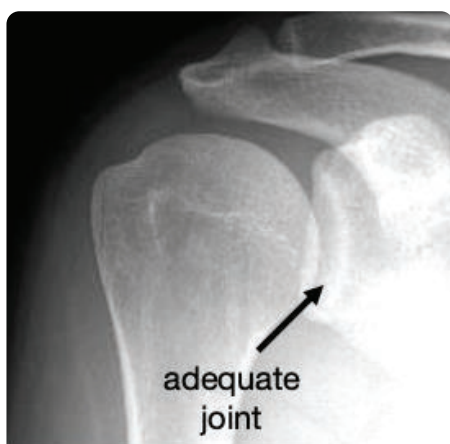
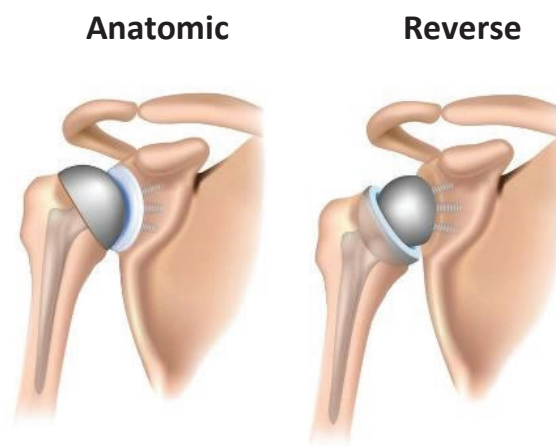
What is a total shoulder arthroplasty?

A Total Shoulder Arthroplasty (TSA) is often referred to as an “Anatomic”. This is because the implant is designed to mimic the natural anatomy and position of the ball-and-socket joint. Since the implant functions in a similar way to a normal joint, it is necessary that all other shoulder components, such as tendons, nerves, and the rotator cuff, function properly. If this is not the case, you may require a different type of replacement such as a Reverse Total Shoulder Arthroplasty (RTSA).

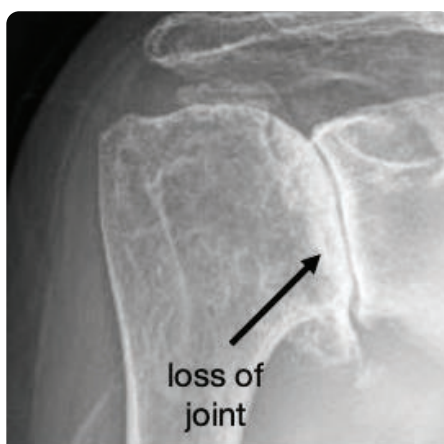
In a typical Total Shoulder Arthroplasty, the arthritic humeral head (ball) is replaced with a rounded metal implant and the glenoid cavity (socket) is replaced with a plastic insert.

The metal “ball” can either have a stem (an extension of metal that goes down the humerus) or be stemless. A variety of factors such as age, disease severity, and the probability of future surgeries can help determine which type of implant is best suited to you.

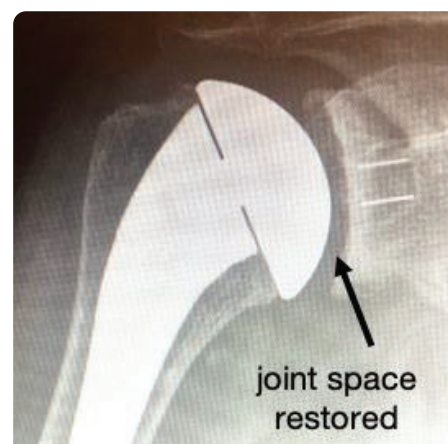
The “socket” is replaced with highly durable plastic that is cemented into the bone of your socket. In cases of severe osteoarthritis where a significant portion of the socket bone is lost or worn away, you may require a special type of socket replacement known as an “augment” to help replace the worn bone. In some severe cases of bone loss, a Total Shoulder Arthroplasty may not be possible, and you may require a Reverse Total Shoulder (RTSA), despite having healthy rotator cuff tendons.



Normal Shoulder



Shoulder Arthritis



Shoulder Replacement

Reverse Total Shoulder Arthroplasty (RTSA)

This is a brief overview of what you, the patient, should know about getting a Reverse Total Shoulder Arthroplasty.

Why do I need a reverse total shoulder arthroplasty?

Arthroplasty is the medical term for the reconstruction or replacement of a joint. There are different types of shoulder arthroplasty procedures. The underlying issue(s) and the extent of the damage to the shoulder joint help determine which type is best suited for you and your goals.

Advanced Shoulder Arthritis

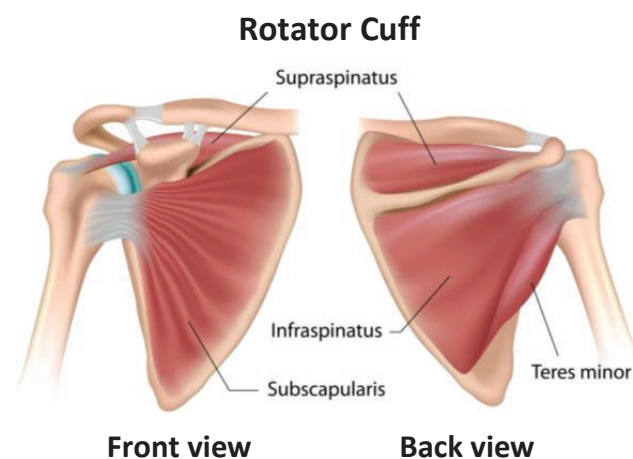
Arthritis is the progressive destruction of joint cartilage. There are different types of arthritis, such as osteoarthritis which can be thought of as “wear and tear” of the joint, and rheumatoid arthritis which is often caused by medical or autoimmune disease. Normal cartilage covers the ends of bones to create a low-friction environment and cushion at the joint surface which helps maintain pain-free motion. When the cartilage in the shoulder wears down, the space between the ball-and-socket joint becomes smaller. Without the cartilage lining, bone on one side of the joint begins to rub on the other side of the joint. This can cause pain, deformity, swelling, and can decrease your range of motion. Patients may also get a sensation of “loose pieces” or “crackling and popping” in the joint. Patients with very

advanced osteoarthritis or severe rheumatoid arthritis often require a Reverse Total Shoulder Arthroplasty (RTSA).

Irreparable Rotator Cuff Tear / Rotator Cuff Arthropathy

A rotator cuff is a group of four muscles and tendons that hold the shoulder joint in place and allow you to move your arm and shoulder. Rotator cuff tears are sometimes either so large or chronic that they can no longer be repaired.

When the tendons no longer stabilize the ball-and-socket joint, it causes friction and deterioration known as rotator cuff arthropathy. In older patients with irreparable rotator cuff tears, a Reverse Total Shoulder Arthroplasty (RTSA) is often required.



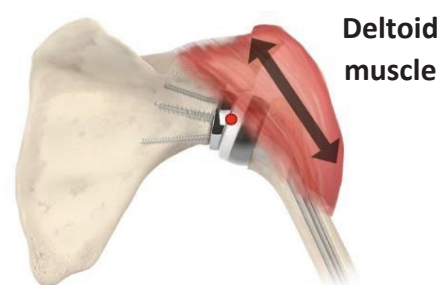
Fracture

Shoulder fractures can sometimes be fixed with plates and screws. However, if someone has a fracture that is beyond repair, is of advanced age, or has a medical condition that can affect bone healing, a shoulder replacement can be a good option. This will allow for better function and decrease the likelihood of needing multiple surgeries in the future. Age and type of fracture are the most important factors in deciding if a reverse replacement is the most suitable.

How is a reverse total shoulder arthroplasty performed?

This type of shoulder replacement is referred to as a “reverse” because the implant is designed to reverse the position of your original ball-and-socket joint. In a Total Shoulder Arthroplasty (TSA), the implant mimics the natural anatomy of the shoulder. Whereas in a Reverse Total Shoulder Arthroplasty (RTSA), the “ball” is placed on the socket side and the “socket” is placed on the ball side.

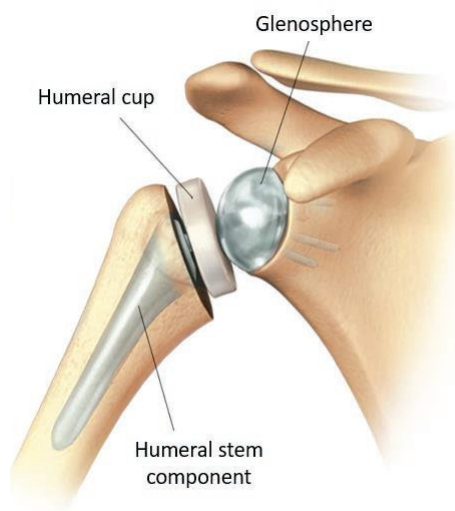
A reverse arthroplasty allows the shoulder to function without the presence of an intact rotator cuff. Instead, the reconstructed joint relies on a major shoulder muscle called the deltoid to help move the shoulder.



Generally, the glenosphere (artificial ball) is made of metal and is fixed to the glenoid cavity (natural socket) with screws and posts. The humeral cup (artificial socket) is made of plastic and is attached to a metal stem (an extension that goes down the arm bone). This stem can either be cemented into the arm bone or be cement-less. A variety of factors such as age, disease severity, and the possibility of future operations can help determine which type of fixation is best for you.



Total Shoulder Arthroplasty (TSA)



Reverse Total Shoulder Arthroplasty (RTSA)

Frequently Asked Questions: Anesthesia

What is anesthesia?

Anesthesia is a medical intervention to keep patients from feeling pain during and after surgery.

What is general anesthesia?

General anesthesia allows for patients to be unconscious and insensitive to pain during surgery. It is administered as either an inhaled gas, through a vein or both. The anesthesia medications used are individualized based upon a patient's medical conditions and the surgical procedure.

What are the risks/side effects of anesthesia?

You may have a higher or lower risk of side effects based on your health. Your anesthesia team will do everything possible to manage your risks and keep you safe and comfortable during the surgery.

- **Nausea and vomiting**
- **Sore throat**
- **Postoperative delirium** – Confusion when regaining consciousness after surgery is common, but for some people – particularly older patients – the confusion can come and go for about a week.
- **Muscle aches**
- **Itching**
- **Chills and shivering (hypothermia)**

Rarely, general anesthesia can cause more serious complications, including:

- **Cognitive dysfunction** – A condition called postoperative cognitive dysfunction can result in long-term memory and learning problems

in certain patients. It's more common in older people and those who have conditions such as heart disease, especially congestive heart failure, Parkinson's disease or Alzheimer's disease. People who have had a stroke in the past are also more at risk. It's important to tell your physician and anesthesiologist if you have any of these conditions.

- **Malignant hyperthermia** – Some people inherit this serious, potentially deadly reaction to anesthesia that can occur during surgery, causing a quick fever and muscle contractions. If you or your family member has ever had heat stroke or suffered from malignant hyperthermia during a previous surgery, be sure to tell the physician anesthesiologist.

Will I receive any sedatives before surgery?

You and your anesthesiologist will develop an anesthetic care plan that may include preoperative sedation which will relieve your anxiety and pain.

Will I have a breathing tube or be intubated?

You will usually have some sort of breathing tube if you are having general anesthesia. The two most common devices used are an endotracheal tube which goes into the windpipe (trachea), or a laryngeal mask airway which sits in the back of the throat just above the windpipe.

What is a nerve block and what should I expect?

Nerve blocks affect many types of nerves, including nerves that control pain, movement, and normal sensation. It generally can last for

12-24 hours, though effects may continue for up to 72 hours depending on the medication used. Nerve blocks can temporarily make your extremity feel numbness, tingling, heaviness, weakness or inability to move, a feeling that it has “fallen asleep.” You will receive sedation before your anesthesiologist administers the nerve block.

Who should I talk to about my medical conditions, if I have a pacemaker, and past side effects after anesthesia?

Your anesthesiologist will review your medical records and test results before talking with you prior to surgery. They will discuss your past experiences and medical conditions with you preoperatively and every effort will be made to minimize your chances of unpleasant side effects. Please convey any history of nausea and vomiting following surgery or a history of motion sickness to your anesthesiologist. Also, provide any information regarding your pacemaker to your surgeon and the anesthesiologist including the type and the last time it was checked. They will make necessary adjustments to your anesthesia plan to ensure the best approach to keep you comfortable and safe.

Will my sleep apnea impact anesthesia?

Patients with sleep apnea may have an exaggerated response to the medications used for anesthesia and pain relief. Please discuss your concerns with your anesthesiologist.

Will I wake up during surgery?

Awareness under anesthesia is extraordinarily rare during routine elective surgery. Our anesthesiologists use many techniques to prevent this rare event from occurring.

Why do I need to fast the night before my surgery?

Your stomach must be empty of solid food and most liquids due to the rare risk of aspiration.

When should I stop drinking alcohol before surgery?

It is ideal to stop drinking alcohol **at least 4 weeks before surgery to reduce complications and support recovery**. Any time without alcohol before surgery is better than drinking up to surgery – talk with your care team and do not stop suddenly without medical guidance.

Can I use marijuana or nicotine products before my surgery?

For your safety during anesthesia and recovery, please stop all marijuana and nicotine use before surgery. Stop smoking or vaping at least 4 weeks before and stop edible products at least 72 hours before your procedure. Marijuana can affect anesthesia and increase risks such as nausea and breathing problems. If you have any questions or use marijuana for medical reasons, please talk with your care team so we can help you plan safely.

Why am I being asked to stop my GLP-1 agonist medication?

Current recommendations are to hold GLP-1 medications for at least a week pre-operatively, unless otherwise directed by your physician. GLP-1 agonist medications can slow down how quickly food leaves your stomach. Even if you haven't eaten for hours before surgery, your stomach might still have food in it, and this can be dangerous during anesthesia. It may raise the risk of vomiting or aspiration (inhaling stomach contents into your lungs) which can cause serious complications (see medications to stop on page 25).

Frequently Asked Questions About Surgical Site Infection (SSI)

What is a Surgical Site Infection (SSI)?

A surgical site infection (SSI) can occur after surgery either directly at the site of the incision or in the region of the body where the surgery took place. Microorganisms from your own body, or from the environment, can enter the body through the incision during or after the operation. Most patients who have surgery do not develop an infection. Some of the common symptoms of a surgical site infection are:

- High Fever
- Redness and pain around the area where you had surgery
- Increased swelling that goes past the wound area and does not go away after five days
- Drainage of cloudy fluid from your surgical wound (It is normal to have a small amount of draining from the wound for the first day or two after surgery.)

Can SSIs be treated?

Some surgical site infections can be treated with antibiotics. The antibiotic prescribed depends on the bacteria causing the infection, since different antibiotics are active against different organisms. A patient's health care team will likely take samples from the infected wound to determine what antibiotic should be used. In some cases, the infection may require additional surgery, particularly if deeper tissue is affected by the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, physicians and other health care providers:

- Clean their hands and arms up to their elbows with an antiseptic agent directly before starting the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- If it is necessary to remove hair at the surgical site, electric clippers with a disposable head should be used – not a razor.
- Health care professionals must wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean. Our operating rooms are also uniquely designed to reduce bacterial counts in the room through the use of high flow air exchange technology, UV light filters, and isolation suits for the surgical team to minimize surgical site contamination.
- Patients are given antibiotics before surgery starts. In most cases, the patient should get antibiotics within 60 minutes before the surgery starts.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent an infection?

Before your surgery

- Tell your doctor about other medical problems you may have. Health problems such as

allergies, diabetes and obesity could affect your surgery and your treatment. Bring an up-to-date list of all your medications and talk with your surgeon about why you take each medication.

- **Quitting smoking at least 4 weeks before surgery is one of the most important steps you can take to improve your recovery.** Smoking significantly increases the risk of poor wound healing, surgical site infections, and complications with anesthesia and lung function. Talk to your doctor about safe and effective ways to quit smoking.
- If possible, any existing infections should be treated prior to undergoing surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Ask if you will get antibiotics before surgery.

After your surgery

- Keep incision dressing clean, dry and intact as instructed.
- Continue post-hospital instructions for skin and nasal decolonization as instructed (see pages 22-23).
- Wash hands regularly especially before touching the wound dressing or incision area.
- Your surgeon may prescribe oral antibiotics after surgery if you have preexisting medical conditions that require them.
- Bathe or shower as instructed.
- Keep away from people that are ill or sick as long as possible.

Important precautions:

- It is essential to keep pets away from the incision area for at least 6 weeks after surgery. Pets can carry bacteria on their fur, paws, and saliva that may contaminate healing wounds. In addition, create a clean, pet free recovery space where you can rest and sleep, wash hands after pet contact, and avoid letting pets lick your skin especially near dressing or incision.
- Make sure that your health care providers clean their hands before and after examining you, with either soap and water or an alcohol-based hand sanitizer.
- Health care providers must take extra precautions when changing and cleaning the wound dressing.
- Family and friends should clean their hands with soap and water or an alcohol-based hand sanitizer before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Before you go home, your doctor or nurse should explain how to take care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, **call your doctor immediately.**

Risks and Possible Complications

The following is a list of potential complications and risks associated with major surgeries such as your shoulder surgery. Your physician will explain risks that are pertinent to your specific surgery.

- Infection
- Bone Fracture
- Nerve Damage
- Injury to Blood Vessels
- Lack of Pain Relief
- Wound Complications
- Implant Wear and Tear
- Reacting to Materials

There may be potential risks that apply to you as an individual that are not listed. If you have any questions or concerns about these or other complications of surgery, please discuss them with your physician.



Getting Ready for Your Procedure

Preparing for Surgery Checklist

This checklist will assist you in completing your pre-surgery preparations. Your physician will decide which diagnostic appointments and tests they would like you to have and when to STOP certain medications, eating and drinking.

- Attend the Shoulder Surgery Class – In Person preferably four weeks prior to my surgery (go to HOIExperts.com/ShoulderPreop)
- Make arrangements for caregiver availability for support and help for surgery and recovery.
- Name of caregiver _____
- Make my appointment(s) with other physicians as requested.
- Start my pre-surgical exercise program, pages 52-54.
- Start my pre-surgical nutritional guidelines, pages 26-27.
- If I take opioids/narcotics, I will attempt to reduce amount six weeks prior to my surgery.
- Stop smoking cigarettes and nicotine products six weeks prior to my surgery.
- Complete my Pre-admission Screening four weeks prior to my surgery.
- Complete an Advance Health Care Directive, if needed, two weeks prior to my surgery.
- My doctor has advised me to STOP taking blood thinners:
(PLEASE SPECIFY MEDICATIONS) _____
Date to stop:_____
- My doctor has advised me to STOP taking anti-inflammatory medications:
(PLEASE SPECIFY MEDICATIONS) _____
Date to stop:_____
- Shower with chlorhexidine gluconate soap and nasal decolonization as instructed, 5 days before surgery.
First day of shower _____
First day of nasal swabs and time _____
- Brush my teeth/oral care before coming to the hospital/prior to surgery.
- Do NOT eat anything after (DATE) _____ and (TIME) _____ prior to surgery.
- Do NOT drink anything after (DATE) _____ and (TIME) _____ prior to surgery.
- Follow hydration instructions if recommended by my surgeon.
- Sign up for MyChart.

Pre-Op Class

You should attend Hoag Orthopedic Institute's orientation class three to four weeks in advance of your surgery date. The orientation is held regularly for your convenience. A list of class dates can be viewed at:

[HOIexperts.com/ShoulderPreop](https://www.hoag.com/HOIexperts.com/ShoulderPreop).

During this important Q&A orientation session, occupational therapist will review your pre-admission preparations, hospital stay and plans for your return home (see registration QR code on page 3.)

Preliminary Tests

You will need to have preliminary tests before your surgery such as:

- Blood tests
- Possible electrocardiogram (EKG)
- Possible chest X-ray
- Possible urine analysis
- Possible nasal swab for MRSA and MSSA

It is important that these tests be completed prior to surgery and as soon as possible.

I will bring the following items to the hospital:

- Bring THIS BOOK!
- Photo identification
- Insurance card
- Form of payment, if needed
- Advance Directive, if not already in your chart
- Toiletries
- Closed-toe/non-skid slippers or shoes (if you use an orthotic, please bring it too)
- Loose-fitting clothing including socks, shoes and undergarments
- Orthotic brace (if provided to you)
- Hearing aides
- Glasses with case
- CPAP mask and machine
- Cell phone and charger

LEAVE jewelry and valuables at home.

Pre-Admission Screening (PAS)

Process at Hoag Orthopedic Institute:

- Pre-admission coordinator will call 3-4 weeks before your surgery is scheduled to confirm your information and review your testing dates.
- You can reach PAS at 949-727-5010, option 3.
- They will assist you in planning appropriate dates for any required medical clearances.
- Schedule with your physician or specialist ASAP, as appointments may be limited.
- Complete any requested medical clearances early to avoid surgery cancellation.
- Before the call ends, you will schedule a time to speak with a nurse navigator, usually about a week before surgery. Be ready to discuss your medications and medical history.

Date: _____ Time: _____

Review Insurance & Financial Planning

Thoroughly review your insurance benefits and/or alternative plans for payment. It may be helpful to find out what your insurance plan or Medicare covers for durable medical equipment (such as walkers), home health services (home physical therapy), inpatient vs. outpatient deductibles and co-payments as well as stays at an inpatient rehab facility.

If you have any questions about your health insurance benefits, please contact the customer service number located on the back of your insurance card. Care Managers may also provide general insurance guidelines and can be reached at 949-727-5439.

Health Care Decisions

An Advance Directive or Advance Health Care Directive is a printed and written document that communicates your wishes about medical treatments if you are no longer able to make decisions for yourself. You may also complete the Advance Directive to name another individual as an agent to act for you now even though you are still capable. If you already have an Advance Directive or a Living Will, please have a copy available for your pre-admission screening appointment and bring a copy to the hospital on the day of your surgery. If you do not have one and wish to complete one, please do so prior to admission date. Hospital staff are unable to serve as witnesses to the document.

Discharge Planning

Advantages of Discharge to Home

Studies have found that patients who discharge home following their hospitalization have lower risks for infection, medical complications, and hospital readmissions.

Durable Medical Equipment (DME)

Insurance covers DME under certain criteria based on medical necessity. Some information to consider: Assistive devices such as walkers may not be covered if you have received one within the last 1-5 years. You may have a copayment if approved. Insurance does not cover adaptive equipment, such as bedside commodes, or cold therapy units. Depending on the type of equipment, you may have the option of renting or buying from a local or online store.

Transportation

Please plan for a ride home from a friend or loved one. Private non-emergency transportation options such as wheelchair van or gurney transport can be arranged at a private cost. Out of pocket costs vary based on service type and mileage.

Understanding Rehabilitation Options After Surgery

If a rehabilitation facility is recommended, a Care Manager will work with you to ensure your discharge is coordinated to a facility covered by your insurance and suited to your preferences. Please note that admission to a facility cannot be guaranteed and will depend on insurance approval and availability. **Social factors, such as lack of a caregiver or other non-medical issues, are not considered clinical criteria for authorization under Medicare and health insurance guidelines.**

Please refer to the Discharge Planning page on our website for additional resources.



Need Additional Assistance with Discharge Planning?

Care Management can be contacted by voicemail at 949-727-5439. Please leave your full name, phone number, and surgery information. We will get back to you within one business day. We look forward to speaking with you to ensure you feel confident about your discharge.

MRSA/MSSA Screening

Patient Information

What is Staphylococcus aureus?

Staphylococcus (Staph) is a bacteria commonly found on the skin and in the nose. It usually lives on the skin without causing problems. Sometimes staph can cause infections.

- Staph may cause infections after surgery.
- This happens when the staph germ from patient's skin or the hospital surroundings enters the surgery wound.

Some types of staph are hard to treat with antibiotics. This type of staph germ is called Methicillin-RESISTANT Staph aureus or **M-R-S-A** or ("mersa").

Why is Staph Testing Done Before Surgery?

Testing for Staphylococcus aureus before surgery helps identify if you are a carrier of the resistant strain of Staph aureus (MRSA) bacteria. This is important because carriers are at a higher risk of developing infections post-surgery. Identifying carriers allows for preventive measures to be taken to reduce the risk of infection.

How is the Test Performed?

- **Sample Collection:** A clean cotton swab is used to collect a sample from the inside of your nose.
- **Duration:** The test takes only a few seconds.
- **Results:** Results are typically available within a few days.

Preparation for the Test

- No special preparation is needed.
- Inform your doctor if you have recently taken antibiotics or have had a staph infection in the past.

What Happens if You Test Positive?

If you test positive for Methicillin-SENSITIVE S. aureus (MSSA):

- The surgeon may or may not treat the positive result. You will complete routine decolonization protocols and may be prescribed a nasal ointment.

If you test positive for Methicillin-RESISTANT S. aureus (MRSA):

- You will get a call saying you are positive for MRSA.
- You will be able to see your test results in MyChart.
- Your doctor will prescribe an ointment to apply inside your nose, AND
- You will use an antiseptic solution to clean your skin.
- You will be re-tested to confirm the treatment was effective. If effective, you will then continue to complete routine decolonization protocols before surgery and may also receive extra antibiotics around your surgery.

When you are in the hospital

- Wash your hands when using the bathroom, before eating, and before leaving your room.
- Do not touch any wounds or tubes sticking out of your body.
- Your guests should wash their hands each time they enter and leave your room.

Am I contagious?

MRSA can be found on your hands. It can get there from your nose, a wound, urine or blood. This can be spread by anything you touch, if you do not properly clean your hands. Hands must be washed for 15 seconds with soap and water or alcohol hand sanitizer, rubbing hands together until dry. It is important to clean your hands before eating, after using the toilet, after blowing your nose or covering a cough.

What will happen when I go home?

To prevent the spread of MRSA to others:

- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Keep any wounds clean and change bandages as instructed until healed or as instructed.

- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens using the warmest temperatures recommended on the labels.
- Tell your health care providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.

Where can I get more information about MRSA?

For additional information on MRSA, visit the Centers for Disease Control (CDC) and Prevention web site at www.cdc.gov/mrsa

Universal Decolonization

Universal Decolonization is a strategy used to help prevent health care-associated infections (MRSA/MSSA). The goal of decolonization is to lower bacterial counts on body sites (skin & nose) to reduce the risk of infection.

Your surgeon's office will provide products and instructions on how to perform the decolonization process. If you have any questions or are unable to tolerate or perform the process, please notify the surgeon's office (see Universal Decolonization on pages 22-23).

Universal Decolonization

Cleaning Your Skin Before Your Surgery

Our skin has many types of germs or bacteria on it. Washing with soap and water helps remove them. Before surgery, it is important that you take an extra step to help get rid of germs. This lowers the risk of infection at the site of your surgery. Please follow these steps to make sure your skin is as germ-free as possible.

Step 1: Facts and Warnings about CHG Product

- Read the “Drug Facts” on the bottle but follow the skin cleaning directions on this sheet.
- Do not use the shower product if you are allergic to chlorhexidine gluconate or any other ingredients in it.
- If you are allergic, or cannot wash with it for any other reason, use an anti-bacterial soap like Dial® instead.
- Do not take a bath with the CHG product.
- Do not use CHG product on the head or face. Keep it out of your eyes, ears, and mouth.
- Do not use CHG product in the genital area or deep cuts, scrapes or open wounds.
- Do not swallow the CHG product.

Step 2: Before Using CHG Product

Wash in the shower daily for 5 days using these instructions:

- You may take a shower with regular soap before using CHG product.
- Wash your hair with your normal shampoo and rinse it well. Rinse any leftover shampoo from your skin.

- Wash your face and genital (private) areas with regular soap and water only.
- Rinse your body very well with warm water.
- Turn off the water so you won't rinse the CHG product off too soon.

Step 3: How to Use CHG Product

Remember: Follow these washing instructions each day for **5 days** before your surgery.

1. Apply CHG product directly on the shower mitten and wash gently from the neck down (do not use on eyes, ears, mouth, or genitals).
2. Apply the minimum amount of product necessary to cover the skin area and wash gently, using the sand timer, leave the CHG product on body for **2 minutes**.
3. Turn the water back on and rinse very well with warm water.
4. Do not use your regular soap after using and rinsing CHG product.
5. Pat yourself dry with a clean towel.
6. Use only compatible moisturizers or lotions. List of CHG-compatible moisturizers can be found on the QR code here.



7. Put on clean clothes.
8. Use clean bed linens after the first night's shower and the night before surgery.
9. If time allows, use the CHG shower product on the morning of surgery.

You can resume use of the CHG product after your surgery, when your surgeon allows you to shower, until it is finished.

Cleaning Your Nose Before Your Surgery

Our noses can carry a bacteria called *Staphylococcus aureus*. Studies show that ~30-40% of the population carry these bacteria. Using an alcohol-based nasal swab helps remove them. Before surgery, it is important that you take an extra step to help get rid of germs. This lowers the risk of infection at the site of your surgery. Please follow these steps to make sure your nose is as germ-free as possible.

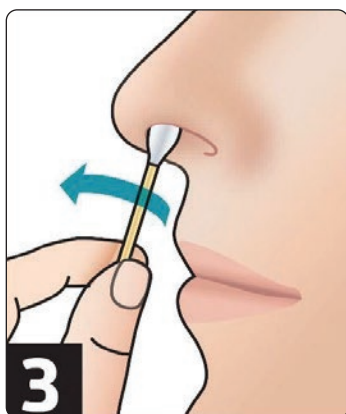
Use the nasal swab **twice a day for 5 days** before your surgery.



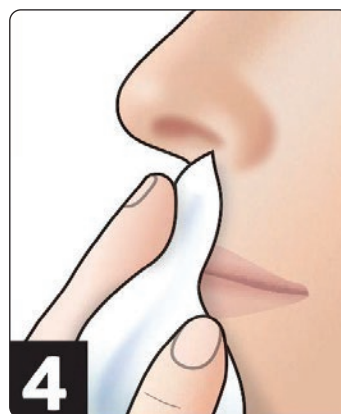
Use a tissue to clean the inside of both nostrils, including the inside tip of nostril. Discard.



Insert swab comfortably into tip of right nostril and rotate for 30 seconds, covering all surfaces.



Using same swab, repeat step 2 with tip of left nostril.



Do not blow nose. If solution drips, gently wipe with a tissue.

Medications and Supplements

Daily Prescription Medications

Review your medications with your internist/family doctor and surgeon. Some medications may need to be changed or stopped before surgery. Your doctor may adjust medications before surgery such as:

- Blood Pressure Medications
- Anti-inflammatory medications (meloxicam, celecoxib, etc.)
- Diabetic medications (insulin metformin, Januvia, glipizide, etc.)
- Pain medications (oxycodone, hydrocodone, norco, tramadol)
- Medications that affect your immune system (methotrexate, Arava, Remicade, CellCept, etc.)
- Hormone Replacement Therapy (HRT) or birth control
- Stopping GLP-1 medications for weight loss: Ozempic (semaglutide), Mounjaro (tirzepatide), Byetta (exenatide), Trulicity (dulaglutide)
- Blood thinners
- SGLT2 inhibitors (Farxiga, Steglatro, Jardiance, etc.)
- Please notify the medical team if you are on oral steroid medications, as dosing may need to be adjusted around surgery.

Your doctor will decide which medications are appropriate for you and give you specific instructions.

The nurse navigator who conducts your pre-procedure phone assessment will review your medications with you and explain what to take the morning of your surgery AND which specific medications (if any) to bring with you to the hospital.

BLOOD THINNERS

IMPORTANT: Discuss with your surgeon when to stop taking your blood thinner prior to surgery.

Fill any prescriptions before your surgery.

Over-the-Counter Medication

- Acetaminophen (e.g., Tylenol) is OK to take until surgery. 3,000 to 4,000 milligrams per day is the maximum amount of acetaminophen you are able to take per day from all sources.

Medications to Stop

PRESCRIPTION Blood Thinners

Consult your prescribing physician & surgeon for when to stop. Your surgeon will tell you when it can be resumed.

Prescription Blood Thinner Examples:

- Warfarin (Coumadin)
- Apixaban (Eliquis)
- Enoxaparin (Lovenox)
- Clopidogrel (Plavix)
- Dabigatran (Pradaxa)
- Rivaroxaban (Xarelto)
- Aspirin (aspirin can sometimes be prescribed to “thin” the blood)

NSAIDs

Stop 7-14 days prior to surgery. You may not restart them until your surgeon gives approval.

NSAID Examples:

- Aspirin (Bufferin, Ecotrin)
- Aspirin containing drugs (ex – Excedrin)
- Ibuprofen (Advil, Motrin, Nuprin)
- Naproxen (Aleve)
- Diclofenac (Voltaren)
- Meloxicam (Mobic)
- Celecoxib (Celebrex)
- Indomethacin

Hormone Replacement and Birth Control

Consult your surgeon for when to stop and restart.

GLP-1 agonist Medications

Stop at least a week preoperatively unless otherwise directed by your physician.

Examples:

- Dulaglutide (Trulicity)
- Liraglutide (Victoza, Saxenda)
- Semaglutide injection (Ozempic)
- Semaglutide tablets (Rybelsus)
- Tirzepatide (Mounjaro)

SGLT2 inhibitors

Stop 3-4 days preoperatively unless otherwise directed by your prescribing physician & surgeon.

Examples:

- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)

Stop taking herbal and dietary supplements 14 days before surgery

Herbal supplements are derived from different parts of plant.

Examples of supplements:

CBD, echinacea, ephedra, feverfew, fish oil, flaxseed, garlic, ginkgo biloba, ginseng, ginger, golden seal, green tea, kava, licorice, Omega-3, Saint John’s wort, saw palmetto, turmeric, valeria root, vitamin E

**Note, this is not a complete list of each example medication type.*

Fuel Your Recovery with Nutrition

Surgery stresses the body, increasing your need for good nutrition to heal.

Your pre and post-surgery diet should include a variety of nutrients from healthy food.

- **Eat a variety of protein.**
- **Consume whole fruit and vegetables.**
- **Include whole grains in your diet.**
- **Include dairy or alternatives in your diet.**
- **Avoid crash dieting.**
- **Cut back on junk food!**
- **Plan ahead:**
 - Prepare food ahead of time and place in the freezer to be reheated later.
 - Make sure you have plenty of water, juice, milk or other types of healthy drinks.
 - Stock up on healthy, low preparation foods such as fruit, nuts, cheese, pudding, yogurt, low-fat and low-sodium frozen dinners, and low-sodium canned foods.
 - Have a variety of take-out menus that offer healthy menu choices if you plan to have food delivered to your home.

Reach and Maintain Your Desirable Weight

Potential risks associated with obesity and joint replacement surgery exists. Obesity or a Body Mass Index (BMI) greater than 40 has been linked to surgical complications such as:

- Increase risk of surgical site infections and non-healing wounds
- Pain
- Hardware loosening

- Medical complications such as post-operative pneumonia, heart attacks, strokes, peripheral swelling, blood clots and pulmonary embolism
- Lengthy recovery periods and poor progress in rehabilitation

Your physician may recommend weight loss before and after surgery. Weight loss can be sustained over time through healthy diet, physical activity, and lifestyle behavior modifications. Check with your doctor before starting a new weight management and exercise program. Aim for a weight-loss goal of 1-2 pounds per week until reaching your desired weight. Weight loss may be recommended to reduce your risk from the surgery. A goal of 5-10% weight loss in 6 months also has shown to improve reductions in triglycerides, blood glucose, and risk of developing Type 2 diabetes.

Dietary Supplements

Be sure to inform your physician and nurse if you are taking any herbs, vitamins, minerals or other supplements.

Many of these contain blood thinners and may interfere with medications causing adverse side effects; therefore, your physician may want you to **STOP** taking supplements **2 weeks prior to the surgery** as instructed.

You may also view additional information on nutrition education at this link.



Hydration Instructions Before Surgery

The pre-surgery hydration guidelines should be followed, **unless otherwise instructed by your surgeon or hospital staff.**

Why should I drink carbohydrates (carbs) before surgery according to research?

- Patients could have better results when they drink carbohydrates (carbs) before surgery. This is also known as carb loading. Focus on **clear liquid drinks** that contain carbohydrates and NOT sugar free options. The carbohydrates will support the body to handle stress of surgery like when running a marathon.
- Research suggests you may feel more comfortable before surgery such as feeling less thirsty, hungry, and anxious. Carb loading could optimize blood sugar control after surgery. You could also have a shorter hospital stay and a rapid recovery.
- Patients with certain medical conditions **may be EXCLUDED** from hydration protocol. These conditions may be **hiatal hernia, diabetes, esophageal surgery, acid reflux disease, history of difficult intubation, chronic opioid use, neurologic disease, and obesity.**

The Night Before Surgery

Drink one of these options before your surgery:

- 2 Bottles Ensure® Pre-Surgery Carbohydrate Clear Nutrition Drink

OR

- 16 fluid ounces (2 cups) Gatorade or equivalent carb containing sports drink
- Do NOT eat any solid food after midnight unless otherwise instructed by your surgeon or hospital staff.

The Day of Surgery

Drink one of these prior to leaving the house to go to the hospital (approximately 2-3 hours before your surgery):

- 1 Bottle Ensure® Pre-Surgery Carbohydrate Clear Nutrition Drink

OR

- 16 fluid ounces (2 cups) Gatorade or equivalent carb containing sports drink

What other allowed CLEAR FLUIDS can I drink the day of surgery?

Please follow instructions carefully or your surgery may be canceled.

All clear liquids must be stopped 2 hours prior to surgery.

ALLOWED	DO NOT CONSUME
Ensure® Pre-Surgery Carbohydrate Clear Nutrition Drink	Milk or Dairy Products
Gatorade or equivalent carb containing sports drink	Citrus Juices
Water	Prune Juice
Apple or Cranberry Juice (no pulp)	Juices with Pulp
Plain Coffee or Tea. No milk or creamer.	Alcoholic Beverages

Preparing to Care for Yourself after Your Shoulder Surgery

After shoulder surgery, you will have a short period of time during which you are not allowed to use your shoulder muscles at all. The following are suggestions for managing with one arm and preparing your home for you:

- **Consider practicing before surgery by strapping your arm to your chest for a few hours.**
- **Remove any trip hazards** – pick up throw rugs, be sure you have clear, well-lit paths to your chair, your bed, and your bathroom. Although shoulder surgery does not affect balance, a fall immediately after shoulder surgery could cause damage.
- **Toileting**
 - Be sure you can reach the toilet paper with your good arm.
 - Practice wiping yourself with your non-surgical arm.
- **Showering**
 - Be sure you have a non-skid surface or mat in your shower. It may be easier to have a stool to sit on while you shower.
 - Consider a long handle sponge for reaching, spatula for lotion
 - Shampoo and soap in a pump bottle may be easier to manage
 - Practice reaching under your surgical arm by leaning forward
- **Dressing**
 - Button down shirts are easiest to manage after surgery, and the larger they are, the easier to manage.
 - Elastic waist pants do not require two hands to fasten zipper/button
- It is hard to tie shoes with one hand, have some shoes without laces that are easy to slip on, or purchase elastic shoe laces
- Practice putting shirt on by leaning forward and not lifting affected arm
- **Sleeping**
 - Consider sleeping on the side of the bed so that you get out towards your good arm
 - Some people find it more comfortable to sleep in a recliner, or with upper body elevated after surgery so explore options for this
- **House Keeping**
 - Consider having family or a housekeeper assist with more complicated tasks such as laundry, vacuuming, changing linen, etc. for a few weeks
 - Prepare simple meals ahead of time and pre-open/loosen any jars
 - Use disposable plates/utensils to minimize need to wash dishes
 - Consider purchasing an under cupboard or counter top jar opener, and cutting board with an aluminum nail for stabilizing objects with one hand.
 - Consider who might be able to assist with shopping, or explore grocery delivery services as you likely won't be able to drive immediately after surgery
 - Keep scissors throughout the house for ease in opening packages
- **Working**
 - Ask your surgeon how long he thinks you will need to be off work
 - Consider a paper/book rest or holder

Fall Prevention Guidelines after Shoulder Surgery

Shoulder surgery can make your balance worse at first if you already have difficulty with balance as it limits your ability to use your arms to support yourself. In addition, catching yourself during a fall can be very dangerous to your shoulder surgery. In order to protect yourself, use the following checklist to assure that your home is safe for you.

- Be aware of uneven surfaces inside and outside of your home
- Remove throw rugs and secure extension cords out of the way.
- Keep your cell phone on your person if possible
- Provide a place for your pets to be kept while you are walking around the house
- Maintain adequate lighting in all areas
- A shower chair may be helpful in the tub or shower
- Tubs or shower must have non-skid surfaces or mats
- If you typically use your arms to help yourself off the toilet, consider a raised toilet seat
- Select footwear that stays securely on your feet and has non-skid soles

Walkers

If you typically use a walker for safety, please be aware that this cannot be safely done after shoulder surgery until you are cleared by your surgeon to do so. Please consider purchasing a hemi-walker that is designed for use with one arm. These are also sturdier than a cane of any kind. Hemi-walkers can be found online, through medical supply stores, or at most drug stores. If you feel you need practice using one, ask your surgeon for a referral to therapy before your surgery.

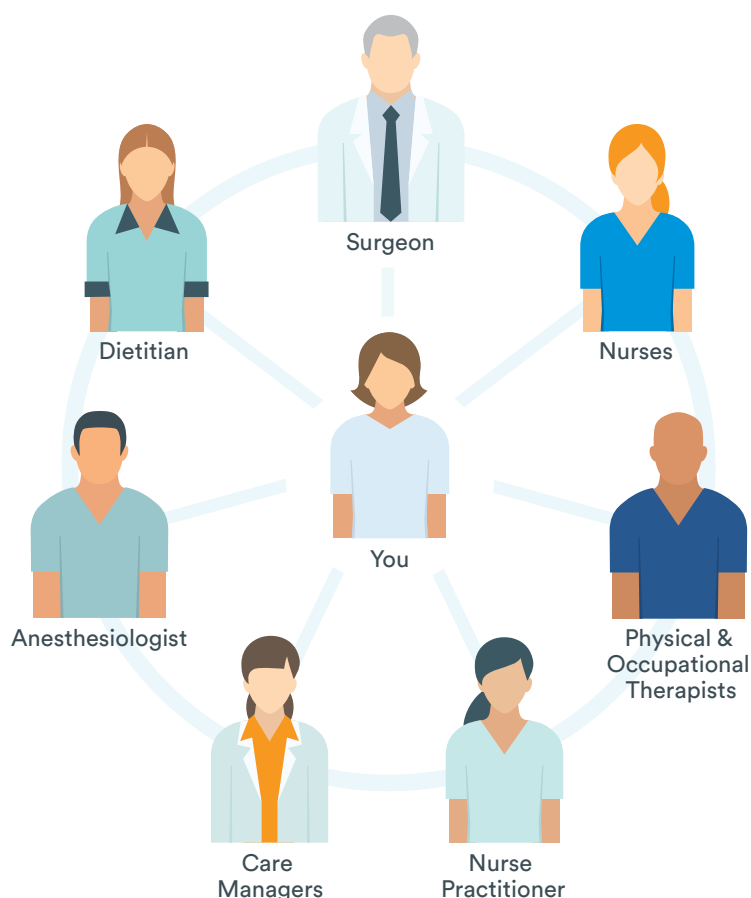




Your Care
in the Hospital

Patient Centric Care: Medical and Professional Staff Who May Be Caring for You

You are now part of our team of professionals working together to meet your goals.



Anesthesiologist

A physician that is responsible for your anesthesia (putting you to sleep) throughout your surgery.

Orthopedic Surgeon

A physician/surgeon that performs your orthopedic surgery and directs your care. This doctor guides your rehabilitation and follows you through office visits.

Advanced Practice Providers (APPs)

APPs include **Nurse Practitioners (NPs)** and **Physician Assistants (PAs)**. They are highly trained professionals who work closely with your surgeon to provide care before, during, and after surgery.

In the Office and Operating Room

NPs and PAs work with your surgeon before surgery to help with diagnosis, treatment planning, and prescriptions. They assist in the operating room during your procedure. After discharge, they continue to support your recovery by answering questions, managing medications, and coordinating follow-up care.

In the Hospital (HOI NPs)

Once you are admitted, HOI Nurse Practitioners join your care team. They act as an extension of your surgeon, focusing on your recovery during your hospital stay. They monitor your progress, prescribe medications, order and interpret tests, and make sure you receive the highest quality care.

Registered Nurses (RNs)

Professional nurses that are responsible for managing your care throughout your time at HOI. RNs use the surgeon's instructions to guide your care. RNs provide education to you and your family about your health and safety needs. This includes information before and after surgery and helps you plan for your discharge from the hospital. RNs also provide care and education in your surgeon's office.

Nurse Navigator

A registered nurse that follows prescriptive guidelines to transition the patient through the continuum of care, providing education, care coordination, and pre-optimization to prepare the patient and improve patient outcomes.

Physical Therapist (PT)

A therapist that plans your physical rehabilitation after your joint surgery. This therapist will help you learn to move properly and walk safely. You will learn how to use

assistive devices such as a walker or cane, if necessary, which will be needed temporarily after your surgery. Sometimes patients will attend physical therapy after surgery to learn exercises to build strength and flexibility.

Occupational Therapist (OT)

A healthcare professional that is responsible for planning safe ways for you to complete your daily activities, such as bathroom hygiene. The OT may partner with the physical therapist (PT) to complete your exercise routine. The OT offers ideas to assist you in creating a safe home environment. Adaptive equipment is used to simplify self-care tasks and protect your shoulder while conserving energy.

Care Manager/ Discharge Planner

A registered nurse or social worker who works closely with your surgeon and the other team members to help you make decisions about your discharge plan. This may include home health physical therapy, outpatient therapy, home equipment, and/or any skilled nursing care or Acute Rehabilitation Unit placement if needed. The care manager/discharge planner can also answer your questions about insurance coverage for services and equipment.

Registered Dietitian (RD)

Dietitians are credentialed health professionals who are food and nutrition experts and administer evidence-based medical nutrition therapy. The RD works with the multidisciplinary care team to help patients meet their nutritional goals. Specialized nutrition considerations may be needed for surgery to optimize healing, and the RD is available to provide recommendations and nutrition education after surgery.

What to Expect On Day of Surgery

Hospital Experience

Pre-op

- Patient registration
- IV inserted for fluids for surgery
- Speak with anesthesiologist and surgeon

Operating Room

- Continuous monitoring of your blood pressure, heart rate and breathing status.
- Surgery performed

PACU/Recovery Room

- Continuously monitor the effects of anesthesia, blood pressure, heart rate, breathing and pain

Post Surgery Care

- Oral pain medications
- Occupational therapy evaluation for brace management and daily skills
- Physical therapy evaluation for safety if necessary
- Transition to healthy meals as tolerated
- Able to urinate on own
- Arrangement of home equipment/care needs

Discharge

- Verbal and written instructions for discharge

The Day of Surgery

Pre-operative Admission Area

- It is important that you arrive at the requested time.
- You will meet with a staff member who will escort you to pre-operative area.
- Your family will wait in the surgical waiting area until you have completed the necessary pre-op steps before surgery.
- Once you are prepared for surgery, a family member may join you until you are taken to the operating room.
- Registration will verify your support person's contact information so your surgeon may call on completion of your surgery.
- Please leave your belongings and valuables with a family member or friend while you're in surgery and have them bring them to you once you are in the post surgery care unit or day of surgery lounge.
- Do not take any medications the day of surgery unless directed to do so by your physician.
- If your surgeon or anesthesiologist has instructed you to take your routine medications, please take them with a small sip of water.
- Only bring medications you are instructed to use by your nurse navigator in an original pharmacy bottle.
- Leave valuables and jewelry at home.
- Bring your dentures, hearing aids and/or eye glasses but note they will likely be removed prior to surgery.
- Remove contact lenses and wear eye glasses if needed.

Pre-operative Area

- Preparations for your surgery are completed in the pre-op room.
- Your anesthesiologist and or nurse will meet you here to review your chart, complete the physical examination and talk to you about the anesthesia plan and some medications that might be used. They will also discuss any concerns or questions you might have regarding anesthesia.
- An intravenous line will be started and you may receive some sedation.
- You will then be transferred to the Operating Room by a nurse.

Operating Room

When you arrive in the Operating Room you will be given an anesthetic. You will be positioned on a bed that is specially designed for joint replacement surgery, your surgical site will be scrubbed and the surgery will begin. After surgery you will be transferred by bed to the Post Anesthesia Care Unit (PACU).

Post Anesthesia Care Unit (PACU)

After surgery, you will be closely monitored until you are recovered from anesthesia in PACU. You may shiver or feel cool when you first wake up from surgery, this is very normal. You will be medicated for the shivering and warm blankets will be provided. You will be given pain medication as needed. When you are ready to leave the PACU, you will be transferred to the nursing unit or discharged home.

After Your Surgery

When you arrive on the nursing unit, a nurse will take your vital signs (blood pressure, pulse and respirations). These will be monitored until you are discharged from the hospital. Your nurse will check your extremities for numbness or tingling. The circulation in your extremities will also be monitored and you will be instructed to exercise your ankles and feet 10 times every hour while

awake. These exercises are very important to help increase circulation and reduce the risk of blood clot formation in your legs. Your physician may also recommend “pump-activated” stockings to help improve your circulation. During your stay, the nurse will also check your surgical dressing.



Fall Prevention Guidelines While in the Hospital

Each year, one out of three older adults in the United States experiences a fall. Hoag Orthopedic Institute (HOI) would like to partner with you to keep you safe during your recovery here and at home.

Unfortunately, many falls result in a serious injury, such as hip fractures and head trauma which may require a surgery to fix the injury. Even if additional surgery is not required, your recovery time may be significantly increased if you suffer a fall.

The increased risk for falls is due to many reasons, such as:

- New medications
- Decreased mobility
- Weakness
- Dizziness
- Confusion that was not expected

While hospitalized and during your recovery, the risk of a slip or fall increases.

Remember: HOI staff members are here to assist you and keep you safe. Let us be of service to you. Please call to have staff assist you to the restroom. If you are deemed unsafe to be left alone in the bathroom, a staff member will stay with you. Your safety is important.

**Fall Prevention
Education Video**



Most falls happen in or on the way to or from the bathroom.

Because most hospital falls are related to toileting, please call staff to assist with going to the restroom, reaching for a urinal, wiping yourself after voiding or using the commode.

We request that even patients who have been released for walking by the physical therapist please use the call button. Let the nursing staff know that you want to get up and allow us to be of assistance to you.

Also, if you have a recommended assistive device such as a walker, cane, or crutches, you should use the device each time you get out of bed, walk in the room or hallway, or transfer to and from a chair or commode and toilet. This will help support you and improve your balance.

Call, Don't Fall Program at HOI



During your recovery, the risk of a slip or fall increases due to the recent surgery and pain medication. We encourage you and your family to watch the educational video on your in-room television to learn more about how to prevent a fall. If you have any questions or comments please let us know.

Day of Discharge: Patient Discharge Checklist

Please review all items below before discharge.

- I have my prescriptions for my new home medications.
- I understand what my medications are, possible side effects and how to use them safely.
- I understand the reason for my anticoagulation (blood thinning) medication.
 - Aspirin
 - Eliquis
 - Coumadin, if taking prior to hospitalization
 - Lovenox
 - Xarelto
 - Other: _____
- I understand the signs and symptoms of blood clots and pulmonary embolus.
- I understand when I should notify my doctor.
- I know when to see the doctor for a follow-up appointment. Date: _____
- I know when I can shower.
- I know when I can drive.
- I know the arrangements for my home equipment.
- I know my physical therapy arrangements if needed.
- I know how to care for my incision and dressings.
- I know my home exercises and level of activity.
- I know my shoulder precautions if needed.
- I have collected all of my belongings (Phone chargers, phone, iPad, equipment, home medications).
- I have watched the discharge video.
- I understand when to resume my regular home medications.
- Complete your outcomes surveys.**



What to Expect During Your Recovery

Post-Operative Medications

MEDICATION NAME Generic (Brand)	PURPOSE This medication is used...	SIDE EFFECTS Watch for these possible side effects...
PAIN MEDICATIONS		
<ul style="list-style-type: none"> <input type="radio"/> Tramadol (Ultram)* <input type="radio"/> Hydrocodone/Acetaminophen (Norco)* <input type="radio"/> Hydromorphone (Dilaudid)* <input type="radio"/> Morphine (Duramorph, Kadian)* <input type="radio"/> Oxycodone (OxyIR, Roxicodone)* <input type="radio"/> Oxycodone/Acetaminophen (Percocet)* <input type="radio"/> Oxycontin* 	For moderate to severe pain	<ul style="list-style-type: none"> • Drowsiness • Constipation • Nausea/Vomiting • Itching • Confusion
<ul style="list-style-type: none"> <input type="radio"/> Ketorolac (Toradol) <input type="radio"/> Ibuprofen (Motrin, Advil) <input type="radio"/> Meloxicam (Mobic) <input type="radio"/> Celebrex (Celecoxib) 	For mild to moderate pain and to decrease swelling	<ul style="list-style-type: none"> • Stomach upset • Impaired kidney function
<ul style="list-style-type: none"> <input type="radio"/> Cyclobenzaprine (Flexeril) <input type="radio"/> Baclofen (Lioresal) <input type="radio"/> Methocarbamol (Robaxin) <input type="radio"/> Soma (Carisoprodol) <input type="radio"/> Zanaflex (Tizanidine) 	For muscle relaxation and pain	<ul style="list-style-type: none"> • Dizziness • Fatigue • Drowsiness • Headache
ANTICOAGULANTS		
<ul style="list-style-type: none"> <input type="radio"/> Apixaban (Eliquis) <input type="radio"/> Aspirin (Bayer Aspirin) <input type="radio"/> Clopidogrel (Plavix) <input type="radio"/> Enoxaparin (Lovenox) <input type="radio"/> Rivaroxaban (Xarelto) <input type="radio"/> Warfarin (Coumadin) 	To thin blood and prevent blood clots	<ul style="list-style-type: none"> • Risk for bleeding • Bruising • Stomach upset
GASTROINTESTINAL		
<ul style="list-style-type: none"> <input type="radio"/> Bisacodyl (Biscolax, Dulcolax) <input type="radio"/> Docusate sodium (Colace) <input type="radio"/> Magnesium hydroxide (Milk of Magnesia) <input type="radio"/> Polyethylene Glycol 3350 (Miralax) <input type="radio"/> Sennoside (Senna) 	For constipation	<ul style="list-style-type: none"> • Nausea • Cramping • Gas • Diarrhea
<ul style="list-style-type: none"> <input type="radio"/> Famotidine (Pepcid) <input type="radio"/> Pantoprazole (Protonix) <input type="radio"/> Omeprazole (Prilosec) 	For heartburn or reflux	<ul style="list-style-type: none"> • Nausea • Cramping • Diarrhea • Gas
<ul style="list-style-type: none"> <input type="radio"/> Metoclopramide (Reglan) <input type="radio"/> Ondansetron (Zofran) <input type="radio"/> Prochlorperazine (Compazine) <input type="radio"/> Scopalamine Patch 	For nausea	<ul style="list-style-type: none"> • Drowsiness • Dizziness • Headache

* Indicates opioid pain medication

Note: Before Surgery, your nurse and anesthesiologist will review your pre-operative medication's side effects with you, but because of side effects, you may not remember. Your nurse will review these side effects again at the time of your discharge.

How to Manage Your Pain

It is common for people to worry about taking pain medication after surgery due to concerns about side effects or addiction. However, avoiding pain medication entirely may lead to increased discomfort and slower recovery. Research shows that patients who use pain medication appropriately to manage post-surgical pain often end up needing less medication overall than those who delay or avoid it. Follow the guide below. This multi-modal approach is intended as a flexible guide. Always communicate openly with your care team about your pain levels and any side effects so your plan can be personalized to your needs.

1. Select your pain level
2. Under the level selected, take only prescribed medications as instructed
3. Re-evaluate your pain and adjust the medications as needed

MILD	MODERATE	SEVERE
TYLENOL (acetaminophen)	TYLENOL (acetaminophen)	TYLENOL (acetaminophen)
+	+	+
CELEBREX (celecoxib) or TORADOL (ketorolac) or MOBIC (meloxicam) or	CELEBREX (celecoxib) or TORADOL (ketorolac) or MOBIC (meloxicam) or	CELEBREX (celecoxib) or TORADOL (ketorolac) or MOBIC (meloxicam) or
+	+	+
Comfort Measures	LIORESAL (baclofen) or FLEXERIL (cyclobenzaprine hydrochloride) or ZANAFLEX (tizanidine) or SOMA (carisoprodol) or ROBAXIN (methocarbamol)	LIORESAL (baclofen) or FLEXERIL (cyclobenzaprine hydrochloride) or ZANAFLEX (tizanidine) or SOMA (carisoprodol) or ROBAXIN (methocarbamol)
	+	+
	ULTRAM (tramadol)*	ULTRAM (tramadol)*
	+	+
	Comfort Measures	ROXICODONE (oxycodone)* or PERCOCET (oxycodone with acetaminophen)* or NORCO (acetaminophen and hydrocodone)*
		+
		Comfort Measures

Comfort Measures:
To support healing and pain management, use these comfort measures to help you explore various ways you can manage your pain.

- Rest
- Ice
- Elevation
- Relaxing Music
- Pray/Meditate
- Walk

Non-Opioid Pain Medications

Depending on your pain level, use these regularly around the clock, and/or all together.

Opioid Pain Medications*

- Opioids are effective for treating pain but also have a risk for addiction and abuse.
- A few side effects of opioid use include constipation, over-sedation and nausea/vomiting.
- Use these for moderate to severe pain OR prior to physical therapy.
- Minimize use and stop as soon as you are able.

CAUTION: Over sedation may occur if pain medication, sleep aids and muscle relaxants are taken together. In addition, do not consume alcohol while taking these medications.

How to Manage Nausea and Vomiting

Nausea is the feeling of being queasy or sick to your stomach. It may happen with or without vomiting. Nausea may be caused by your anesthesia or may be a side effect of medication. 30% of patients may still experience symptoms that can last up to 48 hours after surgery.

Treatment Options

The best treatment for nausea or vomiting will depend on what is causing the problem.

- If you have nausea due to anesthesia, you may need to take prescription anti-nausea medication on a certain schedule to control your symptoms and better tolerate meals and specific foods.
- If your nausea is a side effect of medications or supplements, you may feel better when you take it with food instead of on an empty stomach, or when you make other changes to your eating or medication plan.
- If one anti-nausea treatment does not work for you, another one might. Your health care team can help you find a treatment that makes you feel better.

CAUTION: Seek immediate medical care if you cannot take care of yourself, cannot stop vomiting, see blood in your vomit or cannot keep liquids down.

Tips for Managing Nausea and Vomiting

- Having food in your stomach will help lessen stomach irritations. Eat before taking medications!
- Eat small meals throughout the day instead of 3 large meals and stay hydrated.
- Try eating dry, starchy, salty, or bland foods. Avoid fatty, greasy, or spicy foods.
- Suck on hard, tart candies (like sugar-free lemon drops) to relieve nausea and freshen your mouth. Try ginger candies or ginger root tea, which may help to decrease nausea.

Food Choices for Periods of Nausea and Vomiting

Use the list below to choose foods for times when you have nausea and vomiting. This is only a guide.

FOODS	LIQUIDS
Dry toast	Clear, high-calorie, high-protein nutritional drinks
Saltine or soda crackers	Apple, cranberry or grape juice
White rice, potatoes, noodles	Ginger ale
Pretzels	Non-carbonated drinks, such as fruit punch or sports drinks
Bread	Ginger tea or chamomile tea
Bananas	Ice pops, popsicles, or sherbert
Applesauce	Bouillon or broth

Opioids and Pain Management

Why is there a limit to the number of opioid pain pills that my doctor can prescribe?

Due to the potential for opioid abuse, prescribers, such as surgeons, are required to adopt a safe prescribing practice for opioids. The number of opioid tablets or pills a physician may prescribe to a patient at one time is limited.

How long will I need to take opioids?

A clinical research study performed at Hoag Orthopedic Institute has provided us with insight regarding pain medication use after shoulder replacement surgery.

Following shoulder replacement surgery, the typical patient takes opioid pain medication for 5-7 days. The majority discontinue opioid use by two weeks postoperatively. 10% of patients do not take ANY opioid medication after discharge from the hospital.

Why use a Multimodal approach?

Multimodal pain management involves using a combination of medications and techniques like acetaminophen, NSAIDs, nerve blocks, and relaxation strategies to target pain from multiple angles. This approach can improve comfort, reduce the need for opioids, and support a smoother recovery.

How do I store opioids?

For the safe storage of opioids:

- Keep out of reach of children or pets
- Hide or lock up medications
- Keep your medication in its original container so you do not take it by mistake
- Keep track of the location and number of pills in the bottle

How do I get rid of my leftover opioid medications?

You may receive a drug disposal packet at the time of your discharge. These packets allow patients and caregivers to dispose of opioid medications at home when they are no longer needed to reduce the risk of an adverse drug event. You may also speak to your pharmacist about how to discard your unused opioids or find more information at <http://usdoj.gov>.

How does cold therapy help?

After your surgery, swelling is expected which can cause increased pain and limit your range of motion. Cold therapy can effectively reduce pain and inflammation. By applying cold to the affected area, it numbs the pain, reduces swelling, and decreases muscle spasms.

Make sure you continue to use cold therapy throughout your recovery. You may find it especially helpful after working with physical therapy or exercising.

Always apply with a barrier (towel/pillowcase cover/single layer of clothing) under the cold therapy device or ice pack to protect the skin.

You may also view additional information on pain management at this link.



Common Issues After Surgery

Constipation

Constipation is common after surgery due to many reasons including use of opioids, decreased activity, changes in diet, electrolyte imbalances, and general anesthesia. Constipation treatments should include drinking plenty of water and adding appropriate fiber in your diet. Also, increasing your activity to your tolerance is a way to get your bowels moving after surgery. Lastly, you should also use the stool softener prescribed by your health care provider. This is important to take as long as you are taking opioids. If severe constipation is present, you may need an additional stimulant laxative or suppository to produce a bowel movement.

Low grade temperature

A low grade fever (99-100.5 degrees F) after surgery is one of the most common complications that patients face. In fact, over half of all surgery patients will have a higher than normal temperature in the days following their procedure, for various reasons. Unless the temperature is over 102°F, you should not be concerned. Seek medical attention if your fever is accompanied by symptoms such as chills, body aches, sudden nausea/vomiting, an unexplained increase in pain, disorientation, shortness of breath, drainage or angry redness around your incision, or any other condition that suggests that your recovery is not going as planned. A fever greater than 102°F in an adult may be high enough to warrant a trip to the emergency room. Notify your surgeon of any high fever with symptoms.

Breathing Exercises

It is very important to exercise your lungs and you will be asked to perform deep-breathing

exercises every hour in the immediate post-operative period. Deep-breathing exercises help to expand your lungs fully and prevent pneumonia and high fevers. You may be given a tool known as an incentive spirometer to help you expand your lungs and take deeper breaths. The spirometer will be placed at your bedside table and a nurse will instruct you in the proper use of this device. We encourage you to use this ten times an hour as instructed while awake.

Bruising

Bruising may occur 3-5 days after surgery. The slow oozing of blood into the surgical area works its way to the surface causing bruising. The bruising will usually be re-absorbed by the body within two weeks.



Swelling

It is common for your surgical area to become swollen. However, control of the swelling will improve pain management, enhance circulation, and reduce the risk of developing a blood clot. The best method for controlling swelling is the use of ice.

Cold Therapy:

- Your surgeon will order cold therapy and may recommend a cooling device machine.
- Active Wrap gel packs will be sent home with you at time of discharge.
- Use cold therapy per surgeon's recommendation.
- Cold therapy is helpful after working with therapy or exercising.

Frequent urination/difficulty urinating

You may experience frequent urination after you are discharged home. This is common and is just the way your body removes the extra fluids you have accumulated during and after surgery. Male patients are more likely to experience difficulty urinating. If this becomes problematic, contact your physician.

Drainage

You may experience some drainage after the drain is removed in the hospital. The site may ooze or drain some bloody discharge for up to 72 hours after the drain is discontinued. Reinforce or replace the dressing to the drain site after washing your hands, as instructed.

Emotional letdown

It is common to feel a little "down" a few days after surgery. This may last for a few hours or a few days.

Sleep disturbance

Some patients experience disrupted sleep patterns for several weeks after surgery. Pain may seem more intense at night and disturb your sleep. Taking a pain pill before bedtime may help. If you are resting or napping during the daytime hours, you may have a lower sleep requirement at night.

Endurance

A loss of endurance and stamina occurs in almost every patient to some degree. Usually after about two weeks post surgery, you are able to start increasing your activities and walking further distances

Lack of concentration

You may have difficulty concentrating for up to several weeks after surgery. This may be caused by the anesthesia, side effects of medications, or from pain. It is a common occurrence that will subside in time.

Recovery period

It takes most patients three to five months to regain their strength and energy after shoulder surgery. You should see continued improvement throughout this period. Refer to your exercise plan and perform the exercises as often as your physician and physical therapist recommend. Your physician may also recommend outpatient physical therapy.

While you're encouraged to get around as much as you're able after surgery, walking or other activities are not a substitute for your exercises.

The sooner you become active, the sooner you will get back to normal. But, you also need to protect your new joint so it can heal. Plan rest periods frequently throughout the day.

REMEMBER: DO NOT overdo your activities.

Caregiver Guidelines

As a caregiver, your role is important for helping your family member or friend recover from joint replacement surgery. When at home, there are a variety of things you need to know for their safety, recovery, and comfort. This information will help you with some of the many questions and concerns as you prepare to care for your patient's surgery.

- View important education material with your family member/friend prior to their surgery.
- Read your family member/friend's discharge instructions to help them follow their recovery guidelines and know when to notify the surgeon.
- Observe occupational and physical therapy sessions, be able to safely assist the patient, and support home exercise program.
- Help to organize medications to control pain and inflammation.
- Offer gentle reminders of post-operative precautions.
- Assist with transportation to get to the doctor's office or to physical therapy.
- Prepare meals and help with pet care or other household chores.
- Keep your family member/friend on a strong routine of icing, elevation, light activity, and rest.
- Help them to elevate their surgical leg for short periods throughout the day by lying down and raising the leg above heart level.
- Help with managing an assistive device such as a walker.
- Offer encouragement and motivation to stay focused on the long-term goals and ensure a positive outcome.
- Ensure you are taking care of yourself too. Have other family members or friends stop by, spend time with the patient, or drop off food to give you time to rest.



Post Surgery Diet

Your post-surgery diet should include foods that can make it possible for a successful recovery and can help you get **Back to You**.

Surgery increases the body's needs for calories and for nutrients needed for healing.

- **Eat balanced meals.** Focus on eating for strength and recovery.
- **Continue to eat enough protein.** Consume high quality protein foods at each meal to help support your muscles, aid in wound healing, and keeps your immune system strong. Protein is found in many food sources: meat, fish, eggs, poultry, nuts, dairy products, soy products, and cooked dried beans. If you have no appetite, try eating small amounts of low fat cheese or cottage cheese, yogurt, and plain baked chicken as these are usually well tolerated in the early days after surgery. Vegetarians can get high quality protein from soy-based foods, beans and legumes.
- **Vitamin C and Zinc helps heal wounds.** While all nutrients are important for healing, vitamin C and zinc are superstars. Vitamin C is needed to make a protein called collagen and is needed to repair tendons, ligaments, and healing surgical wounds. Get vitamin C from citrus fruits, green and red peppers, collard greens, broccoli, spinach, strawberries, tomatoes and baked potatoes. Zinc is a mineral found mostly in animal foods like meat, fish, poultry, and dairy foods, as well as whole grain bread and cereals, dried beans and legumes, and nuts and seeds.
- **Include fiber and fluids.** Pain medications commonly prescribed after surgery can cause constipation. Whole grains, fruits, vegetables,

beans, legumes, nuts and seeds are some examples of fiber-rich foods. Prunes or prune juice (along with drinking plenty of water) have a natural laxative effect that can help alleviate constipation. Drink at least 6-8 cups of fluid per day; however you may need more or less depending on individual needs.

- **Eat enough iron-rich foods.** Because the body loses iron when bleeding, it's important to eat adequate amounts of lean red meat, poultry, fish, iron-fortified cereals, legumes, dark leafy greens and dried fruit. Iron is essential because it supplies oxygen to the muscle of the body. To enhance iron absorption, iron rich foods should be eaten with vitamin C rich foods.
- **Calcium and vitamin D.** Since your surgery involves the bone, be sure to get adequate amounts of calcium and vitamin D. Calcium is an important component of bone. It is a mineral that is not made in the body and our bones continuously lose small amounts of it. Dairy foods like milk, cheese, and yogurt are often sources we think of first, but consider calcium-fortified juices, spinach and kale. Vitamin D is an important vitamin for the bones. It ensures we can absorb calcium from the food we eat. Several food sources are: fortified orange juice, almond milk, and fatty fish. The sunlight is the best source.
- **Include nutrient-rich drinks/shakes.** You may lose your appetite after surgery and while taking certain medications. Oral nutritional supplements can help you get enough nutrients and calories.

Constipation Prevention

Purpose: Constipation and decreased mobility of colon and surrounding structures can not only be uncomfortable, but painful. Research shows that constipation post-surgery may be due to pain, anesthesia, medication, etc. Below are some helpful tips to improve and maximize colon mobility, manage bloating, and produce stool regularly. Please consult with your doctor if you have any questions.

General Tips:

- Maintain adequate water consumption throughout the day.
- Bowels/colon like routine – so attempting to eat around the same time with the same amount of food is best. Breakfast is especially important.
- Daily walks of at least 20 minutes most days of the week can improve peristaltic action of intestines and optimize blood flow to abdomen. You can start 5 min intervals to improve your endurance once cleared by your MD.
- Limit stress as much possible... Yes, this influences bowel health! The brain and the gut are intimately linked. When we are under a lot of stress, the brain activates the fight, flight, and freeze response, releasing hormones such as cortisol and epinephrine that directly affect digestion and gut function. The result can be a slowing down or postponing digestion to tend to the perceived threat/stressor.
- Usually, the best time of day for a bowel movement is 30 mins – 1 hour after a meal. These times are best because the body uses the gastrocolic reflex, a stimulation of bowel motion that occurs after eating, to help produce a bowel movement.
- Chew your food completely.
- A warm beverage in the morning can help to stimulate a bowel movement.

Bloating:

- Lying on the left side with hips and knees bent allows for full relaxation to the end of colon. You can use a pillow between the knees for support. This can help ease gas discomfort.
- Chewing gum can help with discomfort.
- Gentle belly breathing (see next page) can help with discomfort.

Diet Considerations:

- Maintain adequate daily fiber intake. Some great options are vegetables (spinach, raw carrots, celery), beans, flaxseed, oatmeal, fruit (berries, banana, raisins, coconut, grapes), whole grains, nuts, high fiber cereals, etc. Prunes are a great snack because of the high fiber sorbitol, which helps soften stool. Gradually increase to 25-35 grams per day.
- Foods that thicken Stools (BRAT diet): Bananas, rice, apples, tea, and toast.
- Foods that loosen stool: alcohol, caffeine, spicy foods, sugar and artificial sweeteners, fried foods, carbonated beverages, dried and fresh fruit (except banana, peeled apples, and fruit juices)
- Special recipe: 1 cup apple sauce, 1/4 cup oat bran, 1/4 cup prune juice
- Foods that cause gas: apple juice, beans, cabbage, onions, beer, wine, broccoli, vinegar, carbonated beverages
- 2-3 dried prunes or 1/4 to 1/3 of a cup of prune juice can be used at night to stimulate morning bowel movement.

Proper Toileting Posture

It is best to have knees above hips, with hips open unless you have specific hip precautions. Can use large books or stool under feet.

- Leaning slightly forward on legs which is best for optimal elimination.
- Focusing on deep breathing and pelvic floor muscle relaxation.
- Self-colon massage can be performed on toilet if necessary.
- Always avoid straining. Instead use diaphragmatic/belly breathing.

Belly Breathing: Start all movement with diaphragmatic breathing for a few minutes to quiet nervous system and encourage full body awareness. Start lying on your back with knees bent. Place one hand on chest and one hand on abdomen to feel belly rise and fall.

During inhale “belly hand” should rise and during exhale “belly hand” should fall. This should be gentle – do not push your belly out as this can injure your incisions.

Repeat for at least 2x10 breaths.

Colon Massage: DO NOT try/rub over any healing incisions.

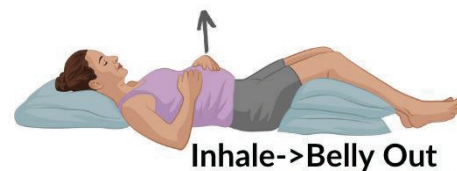
Position: Lying on your back with your knees bent or supported.

Apply sweeping “C” motions or circular motions to abdomen with hand, beginning at the lower right corner of abdomen (near hip bone), then move your way up to the top right corner (under rib cage), across to the top left corner then down to the bottom left corner (near the hip bone), and under the belly button.

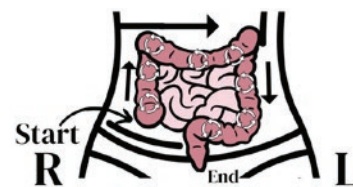
Repeat 5-10x/2-5 mins



Inhale: Belly rises gently



Exhale: Belly gently falls



Additional Resources

For more information about items addressed in this book, please scan the QR codes below.

- Anesthesia Education
- Constipation Education
- Fall Prevention Education
- Infection Prevention
- Nutrition Education
- Opioid Safety Education
- Preventing Blood Clots



- Pain Management Resources





Exercises and Activities

Exercises: Elbow, Wrist, Hand

Pre-Operative Exercises: Prior to surgery, initiate exercises as tolerated to prepare for surgery. Practicing exercises prior to surgery will prepare you mentally and physically for the exercises to be done post-surgery.

Early Stage of Rehab: The goal is to reduce pain and swelling. Gentle contraction of muscles will increase circulation to remove waste products and bring in healthy nutrients to repair tissue. Decreased pain and swelling will improve muscle control and increase mobility.

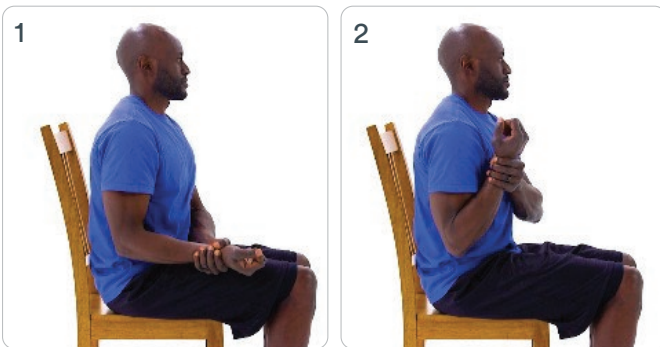
SEATED ELBOW FLEXION AAROM

Reps: **10** | Daily: **3** | Weekly: **7**

Setup: Begin sitting upright in a chair holding your affected forearm in your opposite hand.

Movement: Try bending your involved arm, using your other hand to help with the movement as needed.

Tip: Make sure to keep your shoulder relaxed during the exercise. Do not shrug your shoulder or move your arm further if you feel pain.



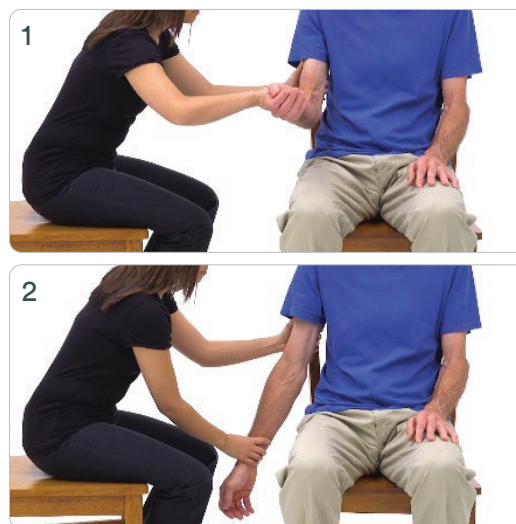
SEATED ELBOW EXTENSION AAROM WITH CAREGIVER

Reps: **10** | Daily: **3** | Weekly: **7**

Setup: Begin sitting upright with your caregiver seated facing you on your involved side. Your caregiver should support your upper arm at your side with one hand and hold your wrist with the other hand.

Movement: Try and gently straighten your elbow as much as you can. Your caregiver will gently help you as needed.

Tip: Your caregiver should make sure to only help you move your arm until light resistance is felt and should not pull on your arm. Do not move your arm further if you feel pain.



SEATED FOREARM PRONATION AND SUPINATION AROM

Reps: **10** | Daily: **3** | Weekly: **7**

Setup: Begin sitting upright in a chair with one arm bent to 90 degrees, palm facing up, and fingers straight.

Movement: Rotate your forearm inward, then outward, and repeat.

Tip: Make sure to only move your forearm, and keep your wrist straight during the exercise.



THUMB OPPOSITION

Reps: **10** | Daily: **3** | Weekly: **7**

Setup: Begin sitting with your hand in a comfortable position.

Movement: Touch the tip of your thumb together with one finger, then separate them and repeat with each of your other fingers.

Tip: Make sure to keep the rest of your arm relaxed during the movement.



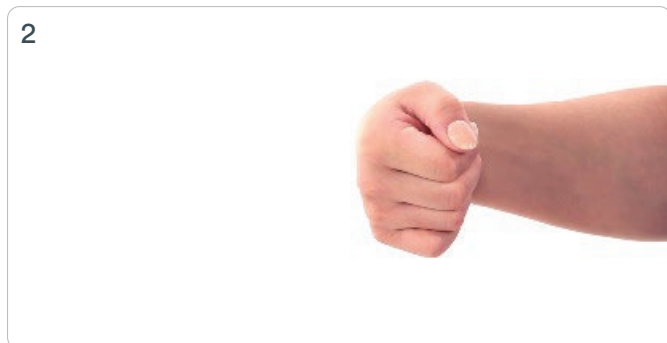
WRIST AROM FLEXION EXTENSION

Reps: **10** | Daily: **3** | Weekly: **7**

Setup: Begin this exercise with your wrist straight.

Movement: Slowly bend your wrist back and forth.

Tip: Make sure to only move through a pain-free range of motion. Try not to let your forearm rotate as you move your wrist.



FINGER SPREADING

Reps: **10** | Daily: **3** | Weekly: **7**

Setup: Begin sitting upright in a chair with your hand resting flat on a table.

Movement: Spread your fingers apart as far as is comfortable, then bring them back together and repeat.

Tip: Make sure to keep your fingers on the table during the exercise.



PUTTING ON YOUR ABDUCTION BRACE

1. Place brace open on table or next to you.
2. Use **unaffected arm** to place arm into the brace.
3. Slide elbow back so that back of elbow is touching back of the brace. Assure that “pillow” rests on the hip. Elbow should be resting directly under the shoulder.
4. Bring long strap overhead so that pad rests at the opposite side of the neck.
5. Fasten long narrow strap around waist.



6. Fasten short straps across arm to assure that arm does not slide forward in the brace.



Be sure that you do not actively lift your surgical arm at any time during the process.



For further information, please see instructional video at:



REMOVING YOUR SHOULDER ABDUCTION BRACE

There are four straps to your brace.

- A. Small strap across the top of the elbow.
- B. Small strap looping under thumb.
- C. Long strap that buckles around the waist.
- D. Long strap with a padded cushion that crosses the chest and fastens at the neck.



1. Unfasten two small straps. (Remember to hook Velcro back on itself so it doesn't get caught on your clothes.) Unbuckle waist strap.



2. Loosen Velcro at front of diagonal strap. (It is very difficult to fasten this buckle with one hand, so it is easier to bring strap overhead than to have to buckle it.)



3. Lean forward at the waist and rest arm and brace on a table or pillow. Use **unaffected** arm to lift arm out of brace.

Be sure not to actively lift affected shoulder at any point in process.



PUTTING ON A SHIRT

1



Use your strong arm to work the sleeve up your affected arm and shoulder.

2



Grasp the collar with your strong hand and pull it around your strong shoulder.

3



Place your strong arm into the other sleeve.

4



Finish by buttoning the shirt.

BATHING AND APPLYING DEODORANT

Let the arm hang down at your side and lean forward slightly. Now you can use good hand to reach under with washcloth or deodorant. Use a long handle sponge to wash your back and places you can't reach.



Weekly Medication Schedule

Patient Name: _____

Sunday		TIME OF DAY											
NAME	DOSE												

Monday		TIME OF DAY											
NAME	DOSE												

Tuesday		TIME OF DAY											
NAME	DOSE												

Wednesday		TIME OF DAY											
NAME	DOSE												

Thursday		TIME OF DAY											
NAME	DOSE												

Friday		TIME OF DAY											
NAME	DOSE												

Saturday		TIME OF DAY											
NAME	DOSE												



Weekly Medication Schedule

Patient Names: _____

Sunday		TIME OF DAY											
NAME	DOSE												

Monday		TIME OF DAY											
NAME	DOSE												

Tuesday		TIME OF DAY											
NAME	DOSE												

Wednesday		TIME OF DAY											
NAME	DOSE												

Thursday		TIME OF DAY											
NAME	DOSE												

Friday		TIME OF DAY											
NAME	DOSE												

Saturday		TIME OF DAY											
NAME	DOSE												





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