

Total Shoulder Arthroplasty Pre-Op Education

Healthy Driven[™]
Edward-Elmhurst
HEALTH

Role of Clinical Care Coordinator

- Assist with patient concerns



Objectives

- Understanding your procedure
- What to expect during your hospital stay
- Physical/occupational therapy
- Pain management
- How to care for yourself at home
- Role of the support person/caregiver
- Discharge planning

Surgery Goal:

Lessen pain and restore function

Total shoulder replacement

- Damaged parts of the shoulder are replaced with artificial components called prostheses.

Two treatment options

- Replacement of the head of the humerus bone (ball) -or-
- Replacement of both the ball and the glenoid (socket)

Preparation for surgery

To prepare for surgery your physician(s) want you to be in optimal health to enhance your recovery.

Things to Do

- Schedule an appointment to see your **Primary Care Physician (PCP)** two to three weeks before surgery.
- Schedule additional appointments to see any **specialist(s)**, if needed, two to three weeks before surgery.
- Schedule a **follow-up appointment** with your **PCP** for one (1) week after discharge from the hospital to review your recovery and optimize your well-being. Your **follow-up appointment** with your **surgeon** is two to three weeks after surgery.

Preparation for surgery

- At this time you will be scheduled for blood tests, or diagnostic studies (for example EKG).
- Pre-admission testing (PAT) will determine if there are medications that need to be stopped prior to your surgery.

Things to do

- Practice using your non-surgical arm for daily activities such as brushing your teeth, bathing, and combing your hair.
- Remove throw rugs from your home; they are a tripping hazard.
- Prepare frozen meals in advance that are easy to handle.
- If you have pets, arrange in advance for someone to care for them while you recover.

Hibiclens® Bathing

- Hibiclens® is a special soap that helps to protect you from infection by reducing the amount of germs on your skin.

Things to do

- Purchase Hibiclens(generic: chlorhexidine gluconate) in an 8 oz. bottle. This can be found in most pharmacies in the First Aid supplies.
- Shower with this daily for the five (5) days before surgery, using the entire bottle over the five (5) days.



Steps to bathing with Hibiclens®

- **Do not** use Hibiclens® on your hair, face or private areas.
- Wash your hair and face as normal with your usual cleansers.
- Rinse your body well to remove any soap from your skin.
- Step away from the shower stream.
- Using a clean, wet washcloth apply 20 percent of the Hibiclens to your body
 - Wash from the neck down avoiding the genital (private) areas and concentrating on the surgical area.
- Rinse off very thoroughly.
- Dry yourself with a clean, dry towel.
- Put on clean clothes.
- **Do not** use any powders, creams, lotions or sprays on your body as these attract bacteria (germs).
- Deodorant and facial creams are acceptable.

If you are sensitive to Hibiclens®

- If you are sensitive to Hibiclens®, the alternative is to shower for five (5) days prior to surgery with an antibacterial soap
- Use a ***fresh bar*** every day
- Dry yourself with a fresh, clean towel
- Put on clean clothes after showering
- No powders, creams, lotions or sprays as these attract bacteria (germs)
- Deodorants and facial creams are acceptable



Phone call from Pre-Admission Testing Team

- You will receive a call from Pre-admission Testing (PAT) between 2-7 pm the one to two days before surgery

The staff will explain:

- **What time** you need to arrive at the hospital
- **Where** to park
- **What** to bring with you
- **When** to stop eating and drinking

If surgery is on Monday, you should receive a call from PAT on the *Thursday or Friday* prior to surgery.

Gatorade® for your safety



- **Drink** 12 ounces of regular Gatorade (not Red). Must be completed 12 hours and 4 hours prior to your scheduled surgery time.
- **Do Not** eat any solid foods after 11 PM the night before your surgery.
- **Do Not** drink any other liquids (including water) after 11 PM.
- **Do Not** chew gum or eat candy prior to surgery.
- This is now required by anesthesiology to:
 - increase your comfort
 - minimize the risk of nausea after surgery
 - minimize your body's stress response

Day of Surgery

Perioperative Area (PREOP)

Surgery: Pre-op holding

- One to two people can remain with you while you wait
 - A nurse will prepare you for your procedure
 - You will meet with your surgeon who will initial your arm that is to be operated
 - You will meet with the anesthesiologist who will provide your anesthesia and control your pain
 - From here you are taken to surgery. Family/friends can wait in the Surgical Waiting Room

Post-operative care

- Post-anesthesiology Care Unit (PACU) = Recovery Area
- Length of stay is one to two hours
- Pain management
- Prepare for transfer to Orthopedic Unit, unless going home same day as surgery

Things you will need to bring to the hospital

- **Insurance card and photo ID**
- **List of current medications:** name, dose and frequency of use (no need to bring any medication with you)
- **List of allergies** to medication, food, latex, skin care products
- **CPAP** mask and tubing if you use this at home, along with settings
- **Advance Directives**
- Cases for glasses, contacts, dentures, partials, and/or hearing aids (staff may recommend that family hold on to these items)
- Comfortable shoes with a back (so your feet don't slip out)
- Loose-fitting clothing, including a T-shirt and button-up shirt, loose pants with an elastic waist
- Please leave valuables and cash at home
- Day of surgery, no jewelry, makeup or adhesives on dentures

Role of the support person/caregiver during your hospital stay

- Assist with mobility, self-care, transfer and repositioning
- Assist patient in maintaining his/her shoulder precautions and monitoring performance of the patient's exercise program

We recommend that your support person participate in the therapy sessions. Both you and your support person will gain confidence during these sessions. Most total shoulder patients are discharged the day after surgery.



Will my doctor visit me in the hospital?

- Many primary care physicians (PCPs) do not visit their patients while they are in the hospital. If needed, a hospitalist (a doctor who is based at the hospital) will visit you, manage your care, follow your progress and provide updates to your PCP.
- Hospitalists are physicians who are board-certified in internal medicine. These physicians will order the appropriate maintenance medications you need while you're in the hospital
- The surgeon or one of his/her physicians assistants (PAs) will visit and communicate daily with you about your care, and will answer questions and concerns you may have.

Occupational and Physical Therapy

Physical and occupational therapy begins the day after surgery

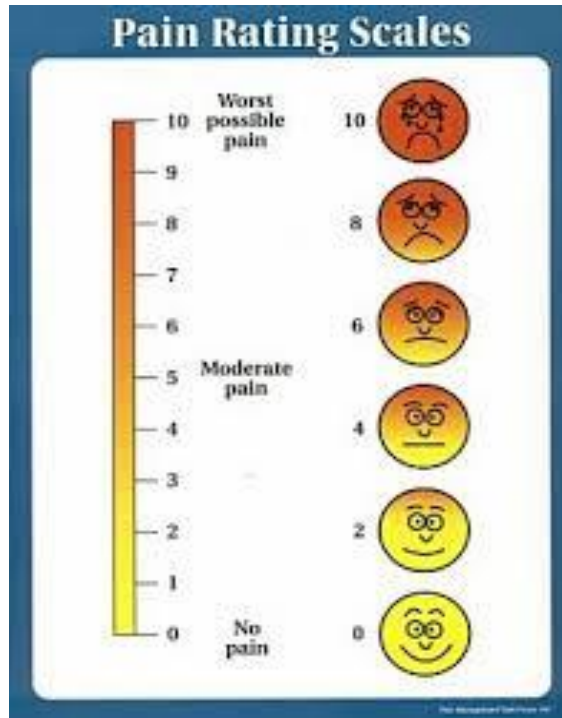
- Your physical therapists will:
 - Evaluate your gait and steadiness when walking
 - Assist with exercises as directed by your surgeon
- Your occupational therapists will:
 - Assist you with return to activities of daily living, such as
 - Bathing
 - Dressing
 - Hygiene
 - Car/tub transfers
 - Instruct on home exercise program
 - Recommend devices to help with independence in self-care if needed
 - 3:1 bedside commode
 - Reacher

SAFETY: CALL DON'T FALL

- Always call for assistance before you get out of bed or off the toilet
- Do not try to get out of bed by yourself even to use the bathroom
- You may be more unsteady than you realize
- Your safety is our number one concern



Pain: Well controlled



- Your pain will be assessed every four (4) hours or less
- A pain rating of zero (0) equals no pain while 10 is the worst pain you can imagine
- A pain rating of four (4) is usually considered tolerable; allowing a person to eat, fall asleep and participate in therapy or movement
- Pain will increase with activity and should return to a lower level when the activity is finished
- Most pain medication will be offered to you every four (4) hours in oral or pill form
- IV medication is also available. It acts quickly for severe pain, and is used when oral pain medication is not enough
- A side effect of pain medication is constipation
- While we cannot eliminate your pain, the goal is to keep it manageable with ice, medication, repositioning and distractions.

Other options to help control pain

- Nerve block administered by anesthesiology during surgery
- Non-medicating options
 - Deep breathing
 - Mindfulness
 - Relaxation
 - Ice
 - Repositioning and walking with staff assistance
 - Distraction: The Care channel on the TV in your room has a wide range of instrumental music, with visual or white noise options
 - Pillow support for surgical arm

Patient Responsibility

- Ask for pain medication when the pain begins to go up. Pain medicine is ordered as needed, not automatically given at a scheduled time
- Ask for a smaller dose of your pain medication on a regular basis to keep in that manageable range
- Tell your nurse if the medication is not working for you
- Ask questions so you understand the efforts that are in place for your pain management

Preventing Complications

- **Infections:** Your vital signs are taken every four (4) hours around the clock to monitor for potential infection
 - IV antibiotics are given and the bandaging on your incision will be visually inspected
- **Nausea and vomiting:** Medications are given during surgery to help prevent nausea and are also available after surgery
- **Constipation:** Pain medications can cause constipation. Drink plenty of fluids and eat a high fiber diet to prevent constipation. Activity, stool softeners and mild laxatives can help, too.
- **Blood Clots or Pulmonary Embolism:** SCD's compression sleeves on legs, TED hose, ankle pumps throughout the day, and early ambulation (walking) can help prevent blood clots and pulmonary embolism.
- **Pneumonia:** Frequent use of an incentive spirometer, deep breathing and coughing can prevent pneumonia
- **No Smoking:** Smoking is not good for us but it also prevents the healing of your incision. Try to quit ahead of time. If needed, ask for a patch for use while you heal

Sling or Immobilizer - Surgeon Specific

Shoulder support is important for a few months. Your surgeon will recommend the type of shoulder support you should use. The two types are show below:



Hand is level with elbow and wrist is inside the sling

Be aware that a second person is usually required to assist with putting on the immobilizer and in some cases, the sling.



An immobilizer is worn snug against the body. A shirt worn underneath will decrease skin irritation

Caregiver at home

The role of the caregiver at home is to:

- Assist with mobility, self care, repositioning and transfers
- Maintain ice packets to minimize swelling and provide comfort
- Ensure a pillow is placed under the elbow when patient is seated to minimize heaviness on neck or shoulder
- Change dressings and care for the incision. A nurse will teach the caregiver at the time of discharge
- Provide patient support in order to maintain shoulder precautions and when allowed encourage the patient to do exercises twice a day as directed
- Observe therapy sessions. A second pair of eyes and ears is helpful for remembering all the information given to you during your recuperation
- Assist as needed with putting on sling or immobilizer after dressing and bathing.

Most total shoulder patients are discharged home the day after surgery

Transitioning to Home

- Physical therapy/occupational therapy (PT/OT) evaluations are performed after surgery
- PT/OT evaluations help to determine length of stay in the hospital and provide recommendations for services or equipment need after you return home
- Social services will be involved in setting up any services based on need and insurance
- Discharge options are 1) home with outpatient services, 2) home with home health services and 3) sub-acute rehab at a facility
- Sub-acute rehab rarely occurs. Insurance plans require authorization with a documentation of medical necessity. It must be approved.

Helpful tips for the ride home

- The front passenger seat of your car is best place for you to sit
 - The door opens the widest and the seat slides back for comfort
 - Placing a plastic bag on the seat allows you to slide and turn more easily getting into the car



Questions or Concerns

- Outpatient Rehab Services
630-527-3375
- Inpatient Rehab Services
630-527-5371
- Discharge Planning Services
630-527-3536 or 630-527-3524
- Patient Advocate
630-527-7225
- Care Coordinator:
Karen Murphy, RN, at **630-527-3680**

Pearls of Wisdom from former patients

- **Pick a day of the week** to write down your progress, i.e.. frequency of pain medication required, distance walked daily, ease of exercises
- **Eat healthy**, as this helps with incision healing and minimizes the risk of constipation
- **Follow shoulder precautions**
- **Exercise only as instructed**
- **Use ICE** or cold therapy several times a day, for 20-30 minutes each time
- **Use stool softeners and laxatives** as needed while on the pain medications
- **Continue to wear a sling or immobilizer as directed by surgeon.** Just because you start to feel better does not mean everything is healed on the inside.
- **Follow up with all physicians** as directed.
- **Resume medications** as instructed

Thank you for choosing Edward Elmhurst Health for your shoulder surgery.

It's important to us that you have a great experience. Please let us know if you have any questions or concerns during your stay.