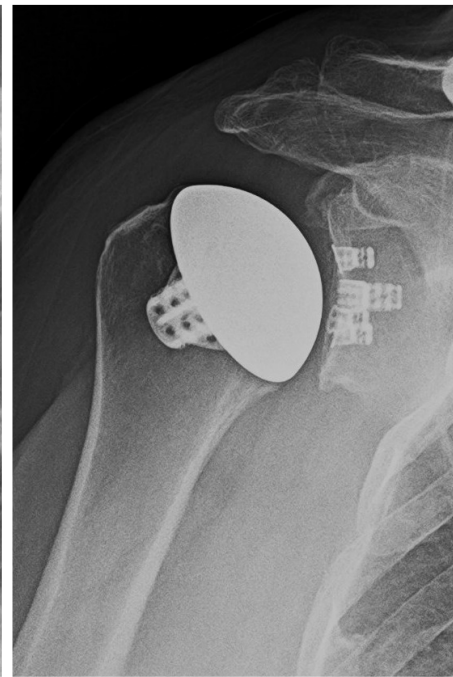


Shoulder Replacement Surgery Patient Information Manual

Maximizing Your New Shoulder



UFHealth
UNIVERSITY OF FLORIDA HEALTH



**UF HEALTH REHAB CENTER
– SHANDS HOSPITAL**

www.ortho.ufl.edu

INTRODUCTION

Congratulations!

You have chosen a premier orthopaedic team to conduct your shoulder replacement!

The University of Florida Orthopaedic Surgery program first began in 1960 as a division of the Department of Surgery. In 1975, the Division of Orthopaedic Surgery achieved full departmental status. From our beginning in 1960, the University of Florida Orthopaedics and Rehabilitation program has earned a reputation for excellence in research, teaching, and clinical care. Our commitment to patient health care motivates every aspect of our efforts, from the bedside, to the classroom, to the research lab. The foundation of our department is built on two outstanding institutions: The University of Florida, a top-five public university, and UF Health Shands Hospital, one of the Southeast's premier health systems.

Your doctor has explained your procedure and what to expect post-surgery. The purpose of this guide is to provide you with more information as to what to expect along the road to recovery and what you can do to prevent any complications and maximize your outcomes. Although the health care team will assist you in your recovery, **YOU AND YOUR FAMILY** are the most important members of the team. We believe knowledge and preparation pre-operatively and post-operatively will make your recovery smoother. If you have questions along the way, be sure to ask them. We are here to help you achieve your goals and want you to be satisfied with your entire experience. Our goal is **EXCELLENT** service, from start to finish.

So, let's begin.

BACKGROUND

Shoulder Arthritis

In a healthy shoulder joint, the surfaces of the humerus and scapula are very smooth where they come together to form the joint. They are covered with a tough protective tissue called cartilage. Arthritis causes damage first to the cartilage and then to the underlying bone. These damaged surfaces become rough where they articulate, or rub together, causing inflammation of the surrounding tissue and resulting in pain.

Arthritis can be treated non-operatively in the following ways:

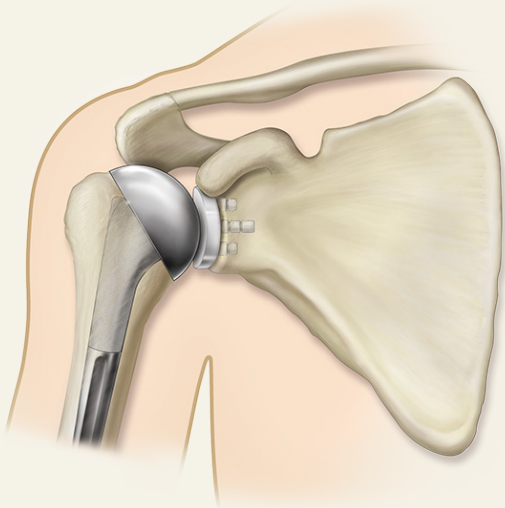
- Therapy for stretching and strengthening
- Modalities such as ice, heat, and topical anti-inflammatory creams
- Anti-inflammatory medications
- Steroid injections

Shoulder replacement is another way to treat arthritis that causes significant pain and disrupts your normal daily activities, typically when non-operative options no longer provide sufficient relief. Your orthopaedic surgeon will help you to determine when shoulder replacement may be the best choice for you.

As with any surgical procedure, patients considering a shoulder replacement should understand the potential risks of surgery and understand that the main goal of joint replacement is to alleviate arthritic pain. Patients generally find improved motion after surgery as well as pain relief, but the main goal is always pain relief first.

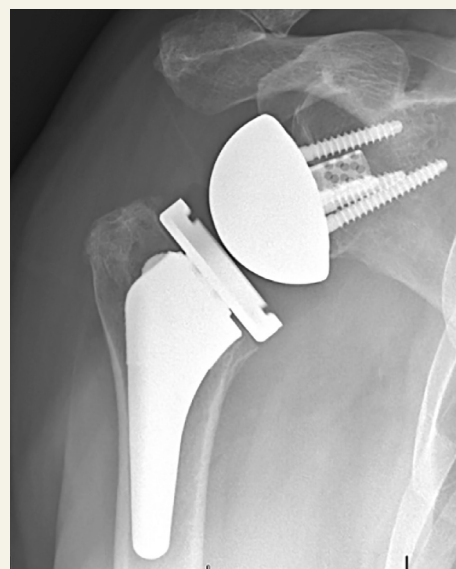
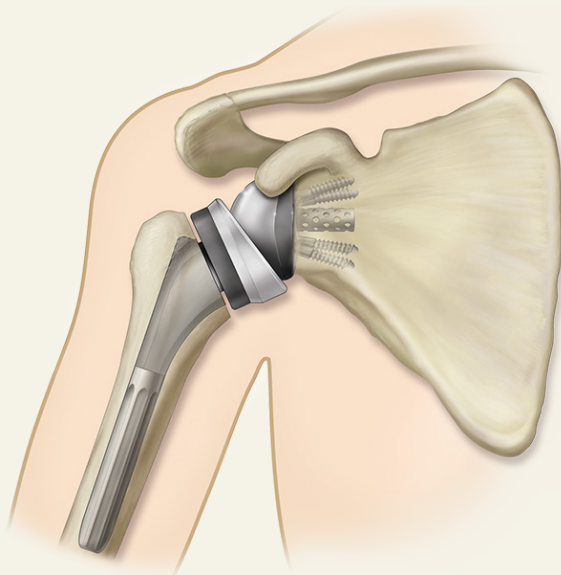
ANATOMIC TOTAL SHOULDER ARTHROPLASTY

When anatomic total shoulder arthroplasty is performed, the joint surface is removed from the top of the humerus, your upper arm bone, and replaced with a metal implant. This is shaped like a half-moon and attached to a stem inserted into the humerus. The socket portion of the joint, the glenoid, is shaved clean and replaced with a plastic socket on the scapula, your shoulder blade. These implants are shaped so that the shoulder joint will move in a way that is very similar to the way the joint moved when it was healthy.



REVERSE TOTAL SHOULDER ARTHROPLASTY

Reverse shoulder arthroplasty is used for patients with a poorly functioning or torn rotator cuff and for patients with significant bone loss. The reverse shoulder prosthesis is designed so that the deltoid can hold the joint in place and lift the arm without a functioning rotator cuff. In addition, the screws in the socket allow improved shoulder blade fixation.



PREPARING FOR SURGERY

- ▶ Arrange for a caregiver to assist you at home for daily activities, sling positioning, exercises, medication management, and meal preparation. We recommend that you should not be home along longer than 3 hours at a time for 1-2 weeks following surgery.
- ▶ This caregiver should be present at the hospital after surgery for education and training on how to assist you at home.
- ▶ If you live alone or feel you need more assistance than your care coach can provide you, **PLEASE** notify your physician so that a social worker can help you with your planning.
- ▶ Arrange transportation home from hospital. (You will not be able to drive until you are out of your sling, typically after 4-6 weeks).
- ▶ Remove all throw-rugs and tripping hazards in your home environment.
- ▶ Have a plan for your pets

WHAT SHOULD I BRING TO THE HOSPITAL?

- ▶ The sling that was fitted to you at your pre-operative appointment.
 - Bring the sling with you into the hospital – do not leave it at home or in your car. You will be placed into it in the operating room after the surgery is completed.
- ▶ A large/loose-fitting button-up shirt.
- ▶ Easy to pull-up undergarments/shorts/pants (i.e. athletic wear or pajamas).
- ▶ Good walking shoes with a back and rubber sole.
- ▶ A list of current medications/allergies.
- ▶ A cane, if used for mobility prior to surgery. (You will not be able to use a walker).

ANESTHESIA

- ▶ You will see an anesthesiologist and/or an anesthesia nurse practitioner before your surgery. He/she will review your medical history and perform a brief physical exam. The anesthesiologist will discuss with you the options you have for anesthesia during your surgery.
- ▶ Keep in mind your anesthesiologist, based on your history, physical exam, type of surgery, and other factors, may suggest different anesthetic techniques.
- ▶ The type of anesthesia used will be based on your anatomy, care team decision, and your personal preference.
- ▶ The goal is to manage your pain. This is not a pain-free procedure, so you should expect some level of pain post-operatively.

Cervical plexus block and cervical paravertebral blocks:

Nerve blocks are commonly used as part of the plan to manage your pain during surgery. The most common nerve block used for shoulder replacement surgeries are cervical blocks. These blocks have revolutionized early shoulder mobility and pain control for shoulder replacement procedures. Blocks allow for post-operative movement of the shoulder the day of surgery if the procedure allows for shoulder activity.

Side effects from a nerve block are expected but almost always temporary. Possible side effects include:

- Numbness, tingling, and weakness in the operative extremity.
- Horner's syndrome (a condition with unequal pupil sizes, dry eyes, and a slight eyelid droop).
- Mild hoarseness or shortness of breath.
- Feelings of a stuffy nose.

PATIENT INSTRUCTIONS: UPPER EXTREMITY CATHETERS

Typically, while performing the block, your anesthesiologist will also place a pain catheter. This is a small tube placed at the site of the block along the nerves, allowing you to receive local anesthetic after surgery that will help control your pain for three to four days.

About this technique of pain control:

- ▶ The local anesthetic medicine usually will not take away all of your pain. It is expected that you will use some of the pain pills prescribed by your doctor while you have the catheter in place.
- ▶ About 10 to 15 hours after surgery, the intense numbness you initially feel from the block will wear off, and you typically will experience some pain.
- ▶ You will be receiving about a teaspoon of local anesthetic continuously every hour through the catheter. Once you start to experience pain, you can give yourself additional medicine by pushing the "bolus" button located on the front of the pump. You can press the bolus button as often as you want to, but it will only give you extra medicine once every 30-60 minutes. If you still have pain 20 minutes after pressing the bolus button, you may take your oral pain medication as prescribed.
- ▶ After the dense nerve block goes away, most patients describe their fingers as feeling "fat." You should be able to move your fingers and have some feeling in them, but your fingers may not feel normal to you while the catheter is in place. The thumb is usually the digit that feels the numbest for the longest time.
- ▶ Communication is essential to making this therapy work. Your anesthesiologist will call you the day after your surgery and each day you have the catheter in place. It is important to speak to you each day to make sure you are doing well and see if you need any adjustments to your infusion.



An example of a portable pain catheter pump

WHAT TO EXPECT ON THE DAY OF SURGERY

BEFORE SURGERY

- ▶ Arrive 2 hours before your scheduled surgery time.
- ▶ Check in at Admissions with your driver's license and insurance card.
- ▶ You will be taken to a pre-operative area to get ready for your procedure.
- ▶ Anesthesia will meet with you to discuss options for anesthesia as noted in the previous pages.
- ▶ If a nerve block is chosen, your anesthesiologist will discuss risks and benefits of this type of pain control.
- ▶ Please let your care team know if you have any bladder or prostate concerns.

DURING SURGERY

- ▶ Surgery time is between 2-3 hours.
- ▶ A urinary catheter may be placed after you are asleep to aide in urination during surgery. This catheter will be removed immediately after your surgery is complete. Catheter placement is surgeon- and procedure-dependent; not everyone will receive a catheter.
- ▶ You will not have memory of your procedure or feel your procedure during the operation.

AFTER SURGERY

- ▶ You will go to the PACU (Post-operative Anesthesia Care Unit or Recovery Room).
- ▶ You will have decreased feeling in your operative arm and hand if you received a nerve block. This will resolve within 24 hours.
- ▶ You will be in a sling that was likely fitted to you at your pre-operative visit. The therapy team will check your sling for proper fit.
- ▶ If you are being discharged to home the same day as surgery, therapy will work with you before you leave. If you are being admitted to the hospital overnight, therapy will see you either the afternoon after surgery or the next day. Therapy will:
 - Check your sling for fit and comfort.
 - Provide post-operative instructions and restrictions for shoulder movement.
 - Assist you with getting out of bed, walking and dressing.
 - Teach you about safety with mobility and functional tasks.
 - Encourage mobility with assistance to prevent slips, trips or falls.
 - Instruct your care coach on how best to help you when you go home.

GENERAL DISCHARGE INSTRUCTIONS

Sling

- ▶ Except when you are doing therapy several times each day, you should wear sling at all times, even when sleeping.
- ▶ You will wear your sling for 6 weeks.

Dressing

- ▶ Move the clothing to your arm, not your arm to the clothing.
- ▶ Wear clothing that is baggy or larger than normal.
- ▶ Front-buttoning shirts are ideal if you have them.
- ▶ Occupational Therapy can instruct you on how to get dressed safely and with minimal discomfort.

Sleeping

- ▶ You may be more comfortable sleeping in a recliner for a few days.
- ▶ You cannot use your operative shoulder to push up in or out of bed. Use your other arm.
- ▶ Do not place pillows behind your upper arm or shoulder, but rather place a pillow behind your elbow to prevent overstretching or poor alignment.

Hygiene

- ▶ Discuss bathing and your surgical dressing with your care team.
- ▶ Do not apply creams, ointments, or powders near your surgical site.
- ▶ If you have a waterproof dressing, your surgeon may let you shower – just ask!
- ▶ Do not shave under your arms before the two-week follow-up. Rashes and micro-cuts can occur, which could increase the risk of infection.

Assistance and rules for mobility

- ▶ Do not use a walker or cane on your surgical side.
- ▶ Do not drive for 6 weeks.
- ▶ Do not carry groceries or a purse with your operative arm.
- ▶ Do not move or lift your arm out to the side.
- ▶ Do not initiate motion behind your back.
- ▶ Do not use your operative arm to push, pull, or lift yourself.

Swelling

- ▶ Ice may be used 6-8 times a day for 20 minutes at a time to help with pain and swelling. However, do not use ice until the nerve block has been removed.

DISCHARGE CONSIDERATIONS

Typically, you will be discharged home either the afternoon after surgery or the next day. **YOU NEED TO HAVE A GOOD SUPPORT SYSTEM AT HOME TO HAVE SHOULDER REPLACEMENT SURGERY.** You will need the help of a care coach for at least 1 week. **PLAN ON THIS.** People heal faster and have less complications when they recover at home.

In certain instances, your care team may recommend extra therapy if you are not ready to go directly home. Your physical health and amount of assistance needed can play a role in need for additional services. Of particular note, you should not use a walker ideally for 3 months after shoulder replacement.

DIFFERENT TYPES OF POST-HOSPITAL CARE OPTIONS:

Outpatient Rehabilitation:

- ▶ You will receive this therapy in an outpatient clinic.
- ▶ Most insurances cover this service, although you may have limited choices based on coverage.
- ▶ This therapy typically begins after your two-week follow-up appointment with your surgeon.

Home Care:

- ▶ Home care is a visit by a medical professional including a visit by a nurse, physical therapist or occupational therapist.
- ▶ It is typically not needed although it may be recommended by Occupational or Physical Therapy for certain patients.

Subacute Rehabilitation Facilities (PLEASE NOTE that discharge to a facility is rare. Home is the preferred discharge):

- ▶ Patients who have inadequate support at home or who may have difficulty caring for themselves post-operatively are occasionally discharged to one of these facilities.
- ▶ To be admitted to these types of facilities, you need a recommendation from therapy services, and this determination will be made when the therapists work with you post-operatively.
- ▶ These facilities are most like residing in the hospital.
- ▶ Most orthopaedic, planned joint replacements do not discharge to these types of facilities.

FOLLOW-UP AFTER SURGERY:

- ▶ Our team will schedule regular follow-up visits following surgery. These appointments will be with your surgeon or one of the division's associate providers.
- ▶ These associate providers know your medical history and individual situation as well as your surgeon, so please feel confident that they will provide you with excellent care.
- ▶ You can expect to come back for follow-up visits at these intervals:
 - Two weeks
 - Six weeks
 - Twelve weeks
 - Six months
 - And then ongoing visits every one to two years for life for routine surveillance
- ▶ It is important to attend the ongoing care appointments every one to two years to be sure your joint replacement is performing properly. By conducting a regular physical exam and a review of x-rays, your care team can identify any problems that may be developing even though you may not have any physical symptoms.

SPECIFIC DISCHARGE INSTRUCTIONS

ANATOMIC TOTAL SHOULDER ARTHROPLASTY

Movement/Exercises:

- ▶ Passive shoulder range of motion with caregiver assistance will be reviewed.
- ▶ Elbow assisted movement without shoulder movement, as instructed by therapist.
- ▶ Wrist/finger exercises with sling on.
- ▶ Squeezing the exercise ball for circulation and hand grasp.

Precautions:

- ▶ Wear your sling at all times except for exercises or getting dressed/hygiene, as instructed by therapist.
- ▶ The waist strap should be snug and secure to prevent excessive shoulder movement.
- ▶ Avoid shoulder elevation/hike.
- ▶ No active shoulder movement is allowed!

REVERSE TOTAL SHOULDER ARTHROPLASTY

Movement/Exercises:

- ▶ Elbow assisted movement without shoulder movement, as instructed by therapist.
- ▶ Wrist/finger exercises with sling on.
- ▶ Squeezing the exercise ball for circulation and hand grasp.

Precautions:

- ▶ Wear your sling at all times except for exercises or getting dressed/hygiene, as instructed by therapist.
- ▶ The waist strap should be snug and secure to prevent excessive shoulder movement.
- ▶ Avoid shoulder elevation/hike.
- ▶ No shoulder movement allowed at all!

POST SURGERY ELBOW, WRIST AND HAND EXERCISES FOR ALL PATIENTS

Complete the following exercises 2-3 times a day for at least 10 repetitions each.

Exercise 1: Make a fist



Straighten all your fingers, curl your fingers to form a fist (without the thumb), and then straighten your hand and fingers back to the starting position and repeat.

You may use an exercise ball for circulation and hand grasp during this exercise.

Exercise 2: Wrist flexion and extension



Begin with the forearm of your affected arm in the sling with your palm down. With fingers curled, move your wrist slowly in an up and down motion and in clockwise circles 10 times.

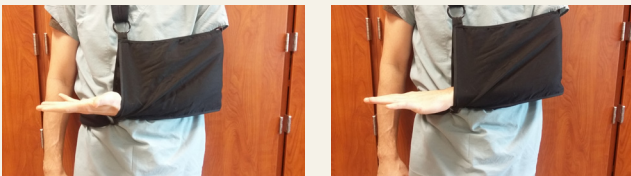
Exercise 3: Wrist Radial/Ulnar Deviation



Begin with the forearm of your affected arm in the sling with your palm facing your body. With your hand straight, move the wrist up and down, alternately.

Your forearm should not move at all from its original position. Only your wrist should move.

Exercise 4: Pronation and Supination



Begin with the forearm of your affected arm in the sling with your palm down. Position your elbow close at your side.

Turn your palm downward and then upward, alternating between these two positions.

Exercise 5: Assisted elbow flexion and extension



Bend your elbow up until a stretch is felt then down along your stomach to straighten your elbow. You may need assistance from a caregiver/family member.

HOME PROGRAM FOR ANATOMIC TOTAL SHOULDER SURGERIES ONLY

Phase I (0-4 weeks post-operative)

- ▶ A caregiver must assist you with these exercises.
- ▶ Use heat before exercises.
- ▶ Use ice pack after exercises and up to 6-8 times per day.
- ▶ Be careful not to overuse your surgical hand. Overuse can cause discomfort in the shoulder.

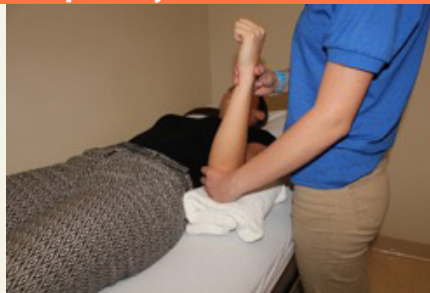
Pendulum/Codman's exercise (3-6 times per day)



Use the uninvolved arm to support body while bending over sturdy table. Let the surgical arm hang straight down. Move the surgical arm back and forth and side to side, and then in circles (one direction then the other).

Do each swing 10-20 times each direction.

Passive External Rotation (3-6 times per day)



Helper places hands at your wrist and above your elbow with the elbow bent at your side. Make sure the elbow stays in at your waist, and then your helper moves your hand out to the side.

Hold 10 seconds and repeat 10 times.

Passive Flexion (3-6 times per day)



Helper places hands on your elbow and wrist and raises your arm up over your head, keeping the thumb up and the elbow somewhat bent.

Hold 10 seconds and repeat 10 times.

SUMMARY GUIDE TO ENHANCE YOUR EXPERIENCE

<p>Prior to Surgery</p>	<ul style="list-style-type: none"> ▶ Gather all relevant information required for your surgery. This includes: <ul style="list-style-type: none"> • Lists of medications. • Lists of medication or food allergies. • Insurance card and driver's license. ▶ Bring with you: <ul style="list-style-type: none"> • Sling - YOU MUST BRING YOUR SLING WITH YOU TO THE HOSPITAL. Give it to your OR TEAM. • A large, button-down shirt (and for ladies, a front clasping bra that fits loosely). • Elastic waist pants or shorts. • Personal items including toiletries or any other comfort items if you will be admitted to the hospital. ▶ Have a plan for the care of children and pets that can possibly extend past one night. Most people are discharged the same day as surgery or the next morning, but people do sometimes require additional nights in the hospital.
<p>Following Surgery</p>	<ul style="list-style-type: none"> ▶ Watch pre-operative videos: www.ortho.ufl.edu/shoulder-arthroplasty ▶ You will have physical therapy and occupational therapy. The therapist will: <ul style="list-style-type: none"> • Check the comfort and fit of your sling. • Provide instructions and restrictions for shoulder movement. • Assist you with getting out of bed for the first time after surgery. • Provide important information to you and your care coach (your care coach should be present for this education). ▶ Goals for the afternoon on the day of surgery: <ul style="list-style-type: none"> • Work with Physical and Occupational therapy. • Walk in the hallway and to the bathroom with assistance. • Eat some food and drink plenty of fluids. ▶ Tips for comfort following surgery: <ul style="list-style-type: none"> • You will likely experience decreased sensation to your surgical arm, including your fingers, after surgery. This is normal and should resolve within 24 hours. • A pillow can be placed under your elbow to keep your shoulder in proper alignment. • The Acute Pain Service will provide training for portable home catheter if you will go home with one. It is important that your caregiver be present for this session.
<p>After Discharge from Hospital</p>	<ul style="list-style-type: none"> ▶ Remember to embrace family or caregiver support after discharge. ▶ Call Acute Pain Service as directed for instruction on removal of portable home catheter if you received one. ▶ Make a follow-up appointment in two weeks with your physician if it has not already been scheduled. ▶ Make an appointment to begin therapy 2 weeks following surgery.

Thank you for choosing UF Health for your surgery.

We are honored to participate in your medical care and wish you years of comfortable mobility.



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