

GUIDEBOOK

for Shoulder Replacement Patients



 **Deaconess**
BONE & JOINT CARE
IN ASSOCIATION WITH **ORTHOPAEDIC ASSOCIATES**

www.deaconess.com/joint | www.oaevansville.com

WELCOME TO THE JOINT REPLACEMENT PROGRAM

for Shoulders



PATIENT

PROCEDURE

SURGERY DATE

SURGEON

Thank you for choosing the Joint Replacement Program to help restore you to a higher quality of living with your new shoulder joint. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

The Joint Replacement Program is a comprehensive planned course of treatment that began in March 2006 with the mission of providing our community with a dedicated joint replacement program that will give our patients high quality care in a unique healing environment. Our orthopaedic surgeons are Board Certified and actively take part in this efficient, state-of-the art surgical program that best utilizes resources and delivers a higher quality, efficient experience for our patients.

In addition, our surgeons are all specially trained in many different types of total joint replacement surgery and are leaders in their professional organizations. They have collectively published many articles on a variety of joint replacement and orthopaedic topics in nationally respected medical journals.

More than 1,200 total joint replacements are performed annually within the Joint Replacement Program. Our inter-disciplinary team receives ongoing, state of the art training in the area of joint care. This expertise has earned the Joint Replacement Program designations as a Center of Excellence for Joint Replacements.

We believe that you play a key role in promoting a successful recovery. Our goal is to involve you and your coach in your treatment through each step of the program successfully.

Your team includes:

- You and your coach
- Your orthopaedic surgeon
- Internal medicine specialist
- The anesthesiologist
- The program coordinator
- The case manager
- The nursing staff
- The dietician
- The physical therapy staff
- The occupational therapy staff
- The discharge planner/social services
- The ancillary staff
- Advanced practice providers for medical management

*All specializing in total joint care at a location convenient for you.
Visit our web site: www.deaconess.com/joint or www.oaevansville.com*



Gateway Campus
4011 Gateway Blvd
Newburgh, IN 47630

PROGRAM CERTIFICATIONS

Blue Distinction Center for Knee and Hip ReplacementSM Anthem Blue Cross Blue Shield

Blue Distinction designation is awarded by the Blue Cross Blue Shield companies to medical facilities that have demonstrated expertise in delivering quality healthcare in the area of knee and hip replacement. The program is part of The Blues® efforts to collaborate with physicians and medical facilities to improve the overall quality and safety of specialty care. Designation as Blue Distinction Center means this facility's overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations recommendations. Our patient-focused approach to joint replacement services we provide means we are continually seeking ways to improve the quality and outcomes of our care. It's an honor to have our hard work and commitment recognized by Anthem Blue Cross and Blue Shield, and it's fulfilling to know that our patients are receiving care that meets their strict criteria.

AETNA

Deaconess Hospital has been designated an Aetna Institutes of Quality® (IOQ) for Orthopaedic Surgery for 2016 Total Joint Replacement. This means that Deaconess has demonstrated excellence in care, a commitment to continuous improvement, and represents exceptional value to Aetna members. The Aetna Institutes of Quality goal is to assist their members in choosing facilities that provide consistent high-quality and high-value care.

TABLE OF CONTENTS

I. Instructions for Guidebook Use	2
II. Joint Replacement Program Overview	3
III. Preparing Preoperatively	5-9
IV. While you are in the Hospital	10-17
V. Caring for Yourself at Home	18
VI. Recognizing and Preventing Potential Complications	19-20
VII. Exercises, Goals, and Activity Guidelines	21-23
VIII. Activities of Daily Living	24-28
IX. Resource List	29
X. "Keep in Touch" List.....	30
XI. Coach's Checklist.....	31
XII. Important Numbers	32
XIII. Appendices	33-35
XIV. FAQ	36-39

This Book is Only a Guide

Your care will vary according to your individual needs. Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in shoulder replacement. Communication is essential to this process. The guidebook is a communication and education tool for patients, physicians, advanced practice providers, physical and occupational therapists, and nurses. It is designed to be used in conjunction with the preoperative class to educate you so that you know:

- What to expect every step of the way
- What you need to do to prepare
- How to care for your new joint

Remember, this is just a guide. Your physician, advanced practice provider, therapist, or nurse may add to or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for at least the first year after your surgery.

Using this Guidebook

Instruction for use:

- Read entire book prior to surgery
- Review Preoperative checklist and check each item as you complete them
- Review Surgical and Postoperative information
- Review Coach's Checklist before discharge from hospital
- Bring this book with you to the hospital to use as a reference

OVERVIEW OF THE PROGRAM

The Joint Replacement Program is unique. All Joint Replacement Program patients will receive education, therapy, team support and have the goal to be discharged to home on Post-Operative Day 2. However, some patients may require additional length of stay.

The Joint Replacement Program features:

- Staff who specialize in the care of shoulder replacement patients
- Private rooms
- Coaches to learn and assist the patient with therapy
- A Joint Replacement Program Coordinator throughout your experience
- Comprehensive guidebook for you to follow from beginning to end
- Coordinated discharge planning via Case Management/Social Services

ROLE OF THE JOINT PROGRAM COORDINATOR

The Joint Replacement Program Coordinator acts as your liaison throughout your joint replacement experience from the preoperative course, hospitalization through discharge, and post-discharge follow-up.

The Joint Replacement Program Coordinator will:

- Assist you as needed with planning for your specific care and discharge needs
- Assist you in getting answers to insurance questions
- Be available to answer questions and address concerns through the course of treatment from preoperative through postoperative discharge
- Coordinate your hospital care with the Joint Replacement Program staff

You may call the Joint Replacement Program Coordinator at any time to ask questions or raise concerns about your surgery. You may leave a message to call you back if the Coordinator is not available.

Joint Replacement Program Office
812-842-3990

BEFORE YOUR SURGERY

Choose a Coach

Choose a family member or friend who can act as your coach throughout your surgery and recovery period. A coach is an invaluable part of your surgery as they are there to help motivate you and provide moral support. They will learn the exercises along with you to help you do them at home as well as how to take care of your incision as it heals.

Smoking

If you smoke or use tobacco products, you may want to consider quitting before your surgery. The nicotine in the tobacco slows down healing time which can delay your recovery. Smoking also makes it harder for your lungs to work, increasing the risk of complications with surgery.

Contact Your Insurance Company

As a general rule, Medicare does not require pre-certification prior to surgery and you would not need a pre-certification from them. However, most private insurances do require pre-certification prior to surgery. Your surgeon's office typically completes this pre-certification for you. You should verify your coverage and limits, verify need for pre-authorization, pre-certification, referrals, and/or second opinions. It is very important to make this call because failure to clarify these questions may result in a reduction of benefits or delay of surgery. After your procedure, you will receive separate bills from the anesthesiologist, the hospital, the radiology and pathology departments, and surgeon. If your insurance carrier has specific requirements regarding participation status, please contact your carrier.

If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed. You will need to contact your insurance for a list of home care and equipment providers in your network.

If you do not have insurance, please notify the registration staff that you will need help in making payment arrangements.

Pre-Admission Screening

You will be contacted by our Pre-Admission Department. Please be sure to have your medication list available to expedite your admission day of surgery.

Attend Joint Class/Pre-Testing

A special class designed for patients scheduled for joint replacement surgery is presented every week. Your surgeon's office will schedule this class for you, usually three to six weeks prior to your surgery.

It is strongly suggested that you bring your "coach" to your appointment with pre-admission testing. Topics we will cover include:

- Discharge Planning/Insurance/Obtaining Equipment
- What to Expect
- How to Prepare for Surgery
- You may be scheduled for additional clearances (i.e. Cardiology, Pulmonology, Rheumatology, etc.) if needed. *It is very important to keep these appointments as scheduled.*
- Importance of Staying Active After Surgery
- Role of your "Coach" or Caregiver
- Medication instructions
- Recognizing and preventing complications post-operatively
- Learn About Assistive Devices and Joint Protection
- What is Joint Replacement
- Questions and Answers
- Complete required pre-op testing

The information you will receive in the pre-operative class is an overview of information in this Guidebook. It is important that you read this entire book. As you read, if you have questions or clarifications, you may call the Joint Replacement Program Office for guidance at 812-842-3990 .

Advance Directive

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance Directives are not a requirement for hospital admission.



Medications

Before surgery, our pre-testing staff will need to obtain a complete medication list from you including prescription medications, over-the-counter medications, herbal supplements, and vitamins. Your surgeon or our pre-testing staff will review these medications prior to surgery. As a general guide, you should stop taking:

Medications that Increase Bleeding

Certain medications, such as aspirin-containing products, NSAID's (non-steroidal anti-inflammatory drugs) and other antiplatelets or anticoagulants can increase your risk of bleeding and need to be stopped before surgery. Generally, any NSAID's and aspirin-containing products should be stopped 7-10 days prior to surgery. Some common examples of NSAID's are ibuprofen, naproxen, ketorolac, oxaprozin, etc. Some common examples of aspirin-containing products are Midol®, Bufferin®, Percodan®, Norgesic®, Fiorinal®, and some over-the-counter cold and flu medicines. This is not an all-inclusive list. If you have any questions about the medications you take, speak with your pharmacist or physician. If you take Coumadin®, Plavix®, Aggrenox®, Persantine®, Effient®, or Ticlid®, speak to your physician for specific instructions about stopping these medications. Your surgeon will instruct you about what to do with your other medications. To learn more about these medications, turn to the appendix beginning on page 32.

Herbal Medications

There are certain herbal medications that can interfere with medical procedures, so you should let the Nursing staff know if you are taking any. As a general rule, these medications should be stopped 2-3 weeks before surgery. The following is a list of common herbal products that may cause problems in surgery:

- Diet aids
- Dong quai
- Echinacea
- Ephedra
- Garlic
- Feverfew
- Ginseng
- Ginger
- Gingko
- Goldenseal
- Kava
- Licorice
- Metabolife
- St. John's Wort
- Valerian
- Willow Bark

Some warnings say you may need to taper off of valerian in a few weeks before surgery, rather than abruptly stopping it. Speak with your physician about this. This is merely a list of commonly used products and is by no means all-inclusive. If you have specific questions about any of these or other herbal products you may use, you can speak with your physician, pharmacist, or the Nursing staff.

Do not take medications for diabetes the morning of your surgery (i.e. insulin or hypoglycemic medications such as Glucophage), unless otherwise instructed to do so.

If you take heart medications, beta blockers and/or thyroid medications, and you normally take these in the morning, take them with just a sip of water (only enough to swallow the pills) the morning of your surgery.

Final Preparations

Obtain any adaptive equipment you may need for your return to home. If you need assistance in obtaining these items after your surgery, Social Services can assist you. There is a list of suggested vendors that carry these items in stock in the “Resource List” section of this book. The following equipment can be purchased to help you complete your personal care after surgery.

Note: *These items are not typically covered by insurance. See Resource List on page 28 for a list of local vendors that carry medical and adaptive equipment.*

Begin Iron Supplement

Prior to your surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood supply, which is especially important to prevent the need for a transfusion (although blood transfusions are rare).

Prepare Your Home



Have your house ready for your arrival back home. Clean your home and do the laundry. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden, and finish any other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms, and hallways. Arrange to have someone collect your mail and take care of pets or loved-ones, if necessary.

Packing for the Hospital – What to bring:

- Clothing - (Please note that your clothes may get dirty during your stay.)
 - T-Shirts, sweat pants, cotton shorts, sweater, button-up shirts
 - Well-fitting shoes
- Personal Care Items
 - Hygiene items (toothbrush, deodorant, electric razor, etc.)
 - Cases and supplies for dentures, contacts, glasses, or hearing aids
- C-pap machine if used at home
- Other items
 - This guidebook
 - Advance directives
 - Insurance card, photo ID, and co-payment (if any)
 - Sling received from your physician's office
 - Current medication list with time of last dose
(You may find it helpful to go to your local pharmacy and have them print out a list, with proper dosages, of what you currently take.)

Packing for the Hospital – What NOT to bring:

- Large amounts of money
- Jewelry
- Prescription medications
- Open-backed shoes including slippers, sandals, or flip flops

Do NOT report to surgery wearing the following:

- Makeup
- Self tanner
- Nail polish/Acrylic nails
- Lotion
- Perfumes
- Deodorant

The Night Before Surgery

- Bathe with the anti-bacterial soap hibiclens the night before surgery and the morning of your surgery
- **Do not eat or drink anything after midnight prior to your surgery**

WHILE IN THE HOSPITAL

What to Expect

Day of Surgery (DOS)

When you arrive to the Hospital, enter through the Main Entrance and stop at the Information Desk just inside the door. Your admission will be expedited and you will be escorted to the Same Day Care Center (SDCC) for your admission and preparation for surgery. At SDCC, you will be prepared for surgery. This includes checking your height/weight/vital signs, signing consents, starting an IV, washing your operative site, drawing blood for any lab work needed and for a Type and Cross to have blood ready for your surgery, if needed, review of current medications, and review of health history. If any changes have occurred since your visit with your surgeon, inform SDCC staff. You will be sent to surgery from SDCC.

Following surgery, you will be taken to the Post-Op Anesthesia Care Unit (PACU) where you will stay for approximately 45 minutes to an hour. During this time, your vital signs will be monitored closely, you may have an X-ray taken of your new joint, and measures to augment your comfort and prevent complications will be implemented as necessary. You will then be taken to the Joint Replacement Care Center where a joint replacement nurse will care for you.

Anesthesia and You

You will meet your anesthesiologist the day of your admission prior to your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you as an individual. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed.

The Operating Room, PACU, and Intensive Care Units at the hospital are staffed by board certified and board eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

Decisions regarding your anesthesia are tailored to your personal needs. A few of the types available are:

- General Anesthesia
- IV Sedation
- Exparel
- Regional Anesthesia
involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body
- A combination of anesthesia types
- Pain and nausea control

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can help relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0-10) to assess your pain level. The goal is to keep your pain managed at a '5' or less on that pain scale.

Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety. At this point, you will be ready for anesthesia.

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary. After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery.

Your Physician may be sending you home with your On-Q Pain Pump

- Please refrain from showering until your On-Q pain pump has been removed to decrease the chances of dislodgement.
- You will remove your ON-Q pain pump at home when it is empty. You will be able to tell it is empty by its shape. Instead of looking like a round ball, it will resemble a completely deflated plastic bag with a core running down the center of it. The core looks similar to an apple core.
- At this time you may remove the occlusive dressing that is holding the catheter down tight to your skin. You will take gauze and place it over the site where the catheter enters the skin. Pull the catheter completely out of your skin and put tape over the gauze that is in place.
- A black tip should be present on the end of your catheter. A small amount of drainage is to be expected from the site.
- For additional questions regarding removal of your On-Q pain pump, please refer to the On-Q Catheter Removal sheet (in your discharge packet).
- If you do not feel comfortable pulling out your ON-Q catheter please phone our charge nurse at 812-842-4050.

On-Q Pump Functions

- The pump automatically delivers your medicine that blocks the area of your procedure very slowly, the tubing will look clear and you will not see the medicine moving through the tubing
- Place the pump on a bedside table or on top of bed covers while you are sleeping, do not place on floor or hang pump from a bed post
- Do not submerge the pump in water, your doctor will tell you when it's ok for you to bathe or shower
- Do not change the flow rate on the dial unless instructed by your doctor. Changing the rate without your doctor's instruction may result in the wrong dose of medicine delivered which could cause serious injury.

Troubleshooting

- If you do not see the black tip when you remove the catheter, phone your surgeon.
- If the pump tubing accidentally becomes disconnected from your catheter, DO NOT reconnect it. Close the clamp on your pump tubing and call your doctor for instructions.
- If leaking from the pump or pump tubing occurs: close the clamp on the tubing and call your doctor, please save the pump for your doctor.

Close the Clamp and phone your physician if any of the following occur:

- Numbness and/or tingling around your mouth, fingers or toes
- Redness, warmth, discharge or excessive bleeding from the catheter site
- Pain, swelling or a large bruise around the catheter site
- Increase in pain
- Fever, chills, sweats
- Bowel or bladder changes
- Difficulty breathing
- Metal taste in your mouth
- Confusion, drowsiness
- Blurred vision
- Ringing, buzzing in your ears

After Surgery

Below is a sample schedule of your activities while you're in the hospital. As you can see, you will be very busy during your stay. Sometimes the schedule may vary, depending on the number of patient groups, but our staff will keep you up to date with changes to the schedule.

Time	Activity	Location
3:00 a.m. – 4:00 a.m.	Assessments Vital Signs	Your Room
5:30 a.m. – 6:30 a.m.	You may use this time to take your bath	Your Room
6:30 a.m.	Breakfast Shift change & bed side report	Your Room
7:00 a.m. – 8:00 a.m.	Assessments Vital Signs Daily Medications Baths	Your Room
Sometime between 7:00 a.m. – 12:00 p.m.	Occupational Therapy (if your physician requests it) Physical Therapy Session	Your Room
11:00 a.m. – 12:00 p.m.	Vital Signs	Your Room
12:00 p.m. – 1:00 p.m.	Dessert Bar	Your Room
Sometime between 1:00 p.m. – 3:00 p.m.	Occupational Therapy (if your physician requests it) Physical Therapy Session (if indicated)	Your Room
2:00 p.m. – 10:00 p.m.	Baths - you may receive a bath at any time during this time period	Your Room
3:00 p.m. – 4:00 p.m.	Vital Signs	Your Room
5:00 p.m. – 6:00 p.m.	Dinner	Your Room
6:30 p.m.	Shift change & bed side report	Your Room
7:00 p.m. – 8:00 p.m.	Assessments Vital Signs Daily Medications	Your Room
10:30 p.m. – 12:00 a.m.	Assessments Vital Signs	Your Room

Each day will begin around 5-5:30 a.m. starting with your daily lab work, checking your vital signs, and serving your breakfast all by 6:30 a.m. If you have surgery in the morning you may be assessed by a physical therapist this afternoon and most patients will begin therapy on the day of surgery.

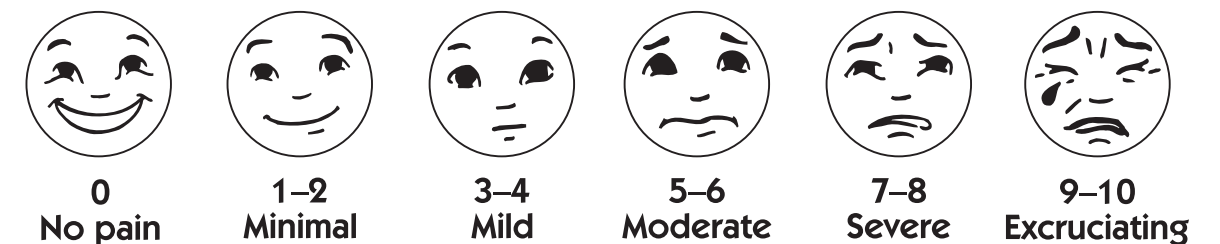
We will be in your room frequently to check on you. You may feel very sleepy from your anesthesia and/or pain medications. Sleep when you have the opportunity. If it is necessary, staff will wake you. However, **DO NOT SLEEP DURING THERAPY SESSIONS**. Doing your therapy is key to your successful joint replacement experience.

Discharges typically occur anything between 8:00am – 6:00pm depending on your status.

Post-Op Pain Control

As expected, **you will experience post-operative pain and discomfort**. This means you will not be pain free. The goal is to keep you at a tolerable level. We will help you manage your pain and **keep your pain level at a five or less on the pain scale**. It is important to communicate your pain level and the effectiveness of the pain control method with staff so we may help you to manage your pain. If your current pain control method doesn't seem to be working effectively, there are often other measures that can be implemented to help. Controlling your pain is a key factor to effectively doing your therapy, which is key to a successful joint replacement. So, communicate often with your nurse on how well your pain is being controlled. Your method of pain control will be determined by your surgeon's orders and your individually assessed needs for pain control. Several options may be available.

Note: Please see *Pain Scale Description in the Appendix* for a brief explanation of each of the six categories.



Itching Control

Some patients also experience severe itching after surgery, which can be a result of the anesthesia. This itching is intense and can hinder your therapy progress. If you do experience this, please let your nurse know immediately so we can give you some medicine to get it under control.

Diet

You may eat whatever you feel like after surgery. Some patients do not have much of an appetite after surgery for a week or two. Only eat what you feel like eating and do not force yourself or allow friends or family to influence you to eat just like you did prior to surgery. Doing so could cause you to become very nauseated. It is important, however, to drink plenty of fluids to keep you from becoming dehydrated. Should you have any nausea, notify your nurse right away so we can quickly get it under control. It is a good idea to order breakfast for the next morning in the evening by 6:30 p.m.

Bladder Issues

Some patients experience difficulty with emptying their bladder for a short period of time after surgery. If this occurs, you may need a catheter placed to help empty your bladder.

Fall Risk

Due to your medications and anesthesia after effects, you will be listed as a fall risk during your stay in the hospital. If you need something or would like to get out of bed or your chair, it is important that you ask for assistance from a staff member. We are here to help and prevent any injury to your new joint.

Visitors

While in the hospital, you are welcome to have guests and visitors to your room. We recommend you let them know that the best time of day for them to visit is around 3:30 in the afternoon as you will be busy with your therapy sessions earlier in the day. Coaches are welcome to stay with you continuously while you are in the hospital. Each room is private and we will make every effort to accommodate you and your coach.

Discharge

The Social Worker/Discharge Planner from the Case Management Department may visit you to discuss your discharge needs and preferences and make referrals to arrange for your discharge from the hospital. The Discharge Planner will also arrange for any equipment you may need to care for yourself at home to be delivered to you. If you are going home, someone responsible needs to drive you there. If you are going to a sub-acute rehab or skilled nursing facility (SNF) for a few more days of inpatient rehab, transportation will be arranged for you as necessary. NOTE: Bed availability at the SNF can affect your approval and transfer to these facilities. If you qualify for a SNF transfer, but your first choice in facilities does not have a bed available for you, you will need to be prepared to choose an alternative facility.

Your therapists and nurses will be reviewing the information you have learned while in the hospital, and preparing you for your return to home.

Written discharge/home care instructions will be reviewed with you by your nurse at this time. This will include telephone numbers for you to call once you get home should you have any additional questions.

Very rarely do shoulder joint replacement patients go to a SNF. However, if it is needed, please remember that SNF stays must be approved by your insurance company, and in accordance with established Medicare guidelines. Case Management will be communicating your progress with your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from SNF or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans preoperatively for care at home.

In the event SNF is not approved by your insurance company, you have the option to go to a SNF and pay privately, if you choose. The majority of the patients do so well that they do not meet the guidelines to qualify for SNF. Also, keep in mind that insurance companies do not become involved in "social issues," such as lack of caregiver, animals, etc. These are issues you will have to address before admission.

CARING FOR YOURSELF AT HOME

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy if possible.
- Gradually wean yourself from prescription medication to Tylenol®. You may take two extra-strength Tylenol®, in place of your prescription medication up to four times per day.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort but, do not use for more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day. If this persists for more than two weeks, let your doctor know.
- Your energy level will be decreased for the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives such as MiraLAX® if necessary.

Caring For Your Incision

- Keep your dressing in place after your surgery. Your incision will be assessed at your surgeon follow up appointment
- You may shower with your Aquacel dressing in place as shown on your Aquacel patient information sheet. *(Although, if you have an On-Q pain pump in place, refrain from showering until it has been removed.)*

***If your dressing comes off or becomes saturated (as shown on the Aquacel patient information sheet), please phone your surgeon for further instruction.**

RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

Infection

Due to the short duration of your hospital stay, we likely will not see signs/symptoms of an infection. So, it is very important that you watch for signs/symptoms of an infection after you leave the hospital.

Signs of infection

- Increased swelling and redness at incision site
- Persistent redness, hardness, or heat at site
- Change in color, amount, odor of drainage
- Fever greater than 100.5° F by mouth

Prevention of infection

- Take proper care of your incision as explained.
- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures. This needs to be done for your lifetime after your surgery.

Notify your physician and dentist that you have a total joint replacement before having any procedures or dental work done.

If you suspect you may have an infection or problem with your incision, DO NOT attempt to treat yourself, call your surgeon and let him/her know.

Prevention of blood clots

- Walking
- Blood thinners such as Coumadin®, Lovenox®, Xarelto®, or Aspirin

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. It is then called a pulmonary embolus or PE. If you have one, some, or all of the symptoms of a PE you should immediately CALL 911 if suspected.

Signs of a pulmonary embolus

- Sudden chest pain
- Difficult and/or rapid breathing or shortness of breath
- Unusual nervousness or anxiety
- Rapid Heart rate
- Sweating
- Cough which may produce a bloody or frothy sputum
- Confusion
- Fainting

Shoulder Precautions

After surgery, please follow these precautions until otherwise directed by your surgeon or therapist in order to prevent damage to your new joint.

- Do not use your shoulder
- Do not turn or rotate your shoulder outward
- Do not bring your arm forward above shoulder height
- Do not bring your arm out to the side above shoulder height
- Do not pull, push or lift on the arm that had surgery

EXERCISES, GOALS, AND ACTIVITY GUIDELINES AFTER SURGERY

Exercises

Exercises will be reviewed with you individually by your therapist as you progress through your rehab.

Goals and Activity Guidelines

Your goals, and our staff's goals, throughout the rehabilitation process are:

- To protect the healing structures
- To decrease pain and swelling
- To increase passive range of motion

Exercising is important to obtain the best results from shoulder replacement surgery. You need to continue with an ongoing home exercise program, as well as any sessions with a Physical Therapist after being discharged from the hospital. After each therapy session, review with your therapist the exercises appropriate to your individual progress. These "Goals" are intended to be general guidelines. Your individual progress may differ.

Weeks One and Two

Post-operation you should be wearing your hospital issued sling at all times, except for therapy, for the first four weeks. Your goals at the end of two weeks post-op are:

- PROM Flexion: 0-90 degrees
- PROM ER in scapular plane: 0-10 degrees
- PROM IR in scapular plane: 25-30 degrees
- Scapular elevation, retraction, protraction
- AROM hand, wrist, elbow, scapular squeezes, shoulder shrugs

Weeks Two to Four

Weeks 2-4 you should still be wearing your hospital issued sling at all times, except for therapy. You will need to be very faithful to your home exercise program to be able to achieve the best outcome.

Your goals for the period are:

- PROM Flexion: 90-120 degrees
- PROM ER in scapular plane: 10-25 degrees
- PROM IR in scapular plane: 30-60 degrees
- Initiate sub-max isometrics starting weeks three and four
- Initiate rhythmic stabilization exercises

Weeks Four to Six

Weeks 4-6 you should begin wearing your sling as needed for an additional two weeks. Your home exercise program will be even more important as you receive less supervised therapy.

Your goals for this time period are:

- Initiate cane and pulley ROM exercises
- PROM/AROM:
 - Flexion: to tolerance
 - ER: 25-60 degrees
 - IR: to tolerance
- Progress your isometric exercises
- Progress your isotonic exercises
- Emphasize scapular setting/control and mechanics

Weeks Six to Eight

During weeks 6-8 you should be able to begin resuming all your activities.

Your goals for this time period are to:

- Progress PROM/AROM as tolerated
- AROM Exercises:
 - Supine flexion
 - Side lying flexion
 - Side lying ER
- Strengthening Exercises:
 - Prone rowing
 - Prone ext
 - Tubing IR/ER

Weeks Eight to Sixteen

Your goals for this time period are to:

- Progress AROM
- Progress strength
- Improve functional skills

HOME EXERCISE PROGRAM

If requested by your surgeon, an Occupational Therapist will work with you on the exercises listed in your take-home therapy handouts .

Initially, perform 5 repetitions of each exercise four times a day. As comfortable, increase to 10 repetitions of each exercise. Perform the exercises **slowly** and within a **pain-free** range.

Use an ice pack for 15 minutes immediately following the exercises, as needed, for discomfort. Once the postoperative swelling has subsided, the therapist may recommend using a hot pad before your exercise session. A sling or abduction pillow must be worn between exercises and at night to protect the joint and rest your shoulder.

Please notify your therapist if pain persists more than two hours following the exercises.

Resources for Exercise Classes

Some facilities offer aquatic therapy programs to improve flexibility, muscular strength and endurance. In some cases, your doctor's referral may be required. Below is a list of a few local facilities that offer such classes:

Lloyd Pool	(812) 435-6085
YMCA - Downtown Evansville	(812) 423-9622
Dunigan YMCA - Evansville East	(812) 401-9622
The Rehab Center	(812) 479-1411
HealthSouth Rehab Hospital	(812) 476-9983

Things to Remember for the Rest of your Life

- You may need an antibiotic prescribed for you before any dental cleanings or procedures. This will help prevent any bacteria from dislodging and causing an infection in your new joint. Contact your surgeon's office before your dental work to discuss.
- Your surgeon will want to see you back in his/her office one year after surgery and every 2-3 years after that. It is important to attend these visits. It is much easier to catch and resolve any issues with the implant early.
- It is important to stay active. Talk with your surgeon and primary care provider before beginning any exercise programs.

ACTIVITIES OF DAILY LIVING

Precautions And Home Safety Tips

You will be living life with only one useful arm for a while, and, in some cases, you'll be without your dominant arm—the one you use for eating, writing and other daily tasks. In this case, a little pre-planning can really pay off. These are some tips to make life a little easier. In addition, make sure to follow any instructions your doctor gives you at discharge.

Dressing

By the time you leave the hospital, you'll be taking your sling off four times a day to do your exercises. Use those times to wash up and change your clothes. Clothes that open in the front will be the easiest to get on and off. To undress, start by sitting on the edge of a chair or standing up, and remove your sling. **Do not use your operated arm;** just let it hang by your side. Take your non-operated arm out of the garment then bring the garment around your back and slide it off of your operated arm.

To dress, slide your operated arm into the garment first using your non-operated arm. Do not use your operated arm; just let it hang loose. Once this arm is fully in the sleeve, bring the garment around your back and put the other arm in.

Fasten the garment using your non-operated arm, and put your sling back on. Non-tie shoes and elastic waist pants are also helpful to have.

Grooming

Before surgery, pay attention to your daily grooming habits. Keep in mind that you will not be able to use your operated arm for chores such as brushing your teeth, flossing or hair styling. A disposable electric toothbrush, pre-strung flossers and a low maintenance haircut may help.

Eating

As you prepare food and sit down to a meal, you will have to use utensils with your non-operated arm.

Toileting

You will need to use only your non-operated arm for wiping yourself after using the toilet.

Household Chores

Avoid lifting anything with your operated arm and nothing heavy with your non-operated arm. Housework will also need to go on hold until after your first post-op visit. Writing checks may be impossible, so plan to pre-write some checks ahead of time or make alternate plans to pay bills. When climbing/descending the stairs, hold the banister with your non-operated arm. You may need to install a second banister prior to your surgery.

Transportation

You cannot drive while taking pain medication. Plan ahead of time for someone to drive you to physical therapy appointments, the store and other important trips. You will not be able to drive yourself until you are completely off of your pain medication and out of your sling—probably about six to eight weeks after your surgery.

Sleeping

You will need to keep your sling on while you are in bed for six weeks following your surgery. You may find it more comfortable to sleep on your back to start, with a pillow under your operated arm for support. A semi-upright position in a recliner or on the couch may also be a good option. If you are having difficulty falling asleep, following your normal going-to-bed routine as much as possible will help, as can mild sleep aids such as chamomile or Sleepytime tea. Please call your surgeon before taking Benadryl® or Tylenol PM®. If you are having difficulty staying asleep, try altering your position to sleep in more of an upright position. Of course, keep your pain medication nearby since you may need it during the night.

Around The House

Energy Conservation

- Plan ahead. Gather all your supplies at one time. Then, sit to prepare your meal or complete self-care.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better work height, use a stool or put cushions on your chair when preparing meals.
- Use a mop or other long-handled brush when cleaning.
- Use a reacher to get clothes out of washer and dryer.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install night lights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do not run wires under rugs, this is a fire hazard.
- Do not wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon's permission.

Dos and Don'ts For the Rest of Your Life

Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopaedic and primary care physicians' permission, you should:

- Be on a regular exercise program 3-4 times per week lasting 20-30 minutes

What To Do In General

- Take antibiotics one hour before you are having dental work or other invasive procedures for your lifetime after surgery.
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 100.5°, or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it, and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area becomes painful or reddened.
- See your surgeon yearly unless otherwise recommended.

What To Do For Exercise

- Choose a low impact activity such as walking, gardening, dancing, etc.
- Recommended exercise classes
- Home program as outlined in the Guide Book
- Regular 1-3 mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center

What Not To Do For Exercise

- Do not participate in high-risk activities such as downhill skiing, etc. They may lead to falls and injuring your new joint.

The Importance of Lifetime Follow-Up Visits

Over the past several years, orthopaedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to or they do not understand why it is important.

When should you follow-up with your surgeon? These are some general rules;

- Attend appointments as requested by your surgeon.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain. There are two good reasons for routine follow-up visits with your orthopaedic surgeon:
 1. **If you have a cemented shoulder, we need to evaluate the integrity of the cement.** With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely. Why? Two things could happen. Your shoulder could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called “osteolysis,” which may cause the bone to thin out and cause loosening. In both cases you might not know this for years. Orthopedists are constantly learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.
 2. **The second reason for follow-up is that the plastic liner in your shoulder may wear.** Little wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening. X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This should be done in your doctor’s office. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.

RESOURCE LIST

Medical/Adaptive Equipment Vendors

		Tub Transfer bench	Shower Chair	Raised Toilet Seat	Bedside Commode	Reacher	Sock-aid	Long Handled sponge	Long Handled Shoehorn	Total Hip Kit
EVANSVILLE										
Gateway Home Medical Equipment	812-842-3789	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deaconess Home Medical Equipment	812-450-3461	✓	✓	✓	✓	✓	✓	✓	✓	✓
Freedom Medical	812-475-9520	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hook's Oxygen & Equipment	812-422-2365	✓	✓	✓	✓	✓	✓		✓	
Home Depot	812-471-1132 812-423-6710	✓	✓	✓						
Lowe's	812-424-7605 812-475-9655	✓	✓	✓						
Paul's Pharmacy	812-425-4364 812-962-3500	✓	✓			✓				
BOONVILLE										
Freedom Medical	812-897-5600	✓	✓	✓	✓	✓	✓	✓	✓	✓
PRINCETON										
Williams Brothers	812-386-5194	✓	✓	✓	✓	✓	✓	✓	✓	✓
HENDERSON										
Deaconess Home Medical Equipment	270-826-4673	✓	✓	✓	✓	✓	✓	✓	✓	✓
MADISONVILLE										
Bluegrass Home Medical	270-825-6661	✓	✓	✓	✓	✓	✓	✓	✓	✓
Holland Medical Equipment	270-825-0891	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pennyrile Home Medical	270-825-1918	✓	✓	✓	✓	✓	✓	✓		✓
CENTRAL CITY & BEAVER DAM										
Community Oxygen & Medical Equipment	270-274-5050	✓	✓	✓	✓	✓	✓	✓	✓	✓
ELDORADO										
Beck's Home Health Care Products	618-273-9019	✓	✓	✓	✓	✓	✓	✓	✓	✓
FAIRFIELD										
The Medicine Shoppe	618-842-6007	✓	✓	✓	✓	✓	✓	✓	✓	✓
MT. CARMEL										
HLS Home Medical Equipment	618-262-2646	✓	✓	✓	✓	✓	✓	✓	✓	✓
OLNEY										
Jennings Pharmacy, Inc	618-395-2114	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thrifty Home Medical	618-395-4505	✓	✓	✓	✓	✓	✓	✓	✓	✓
MCLEANSBORO										
Discount Medical Warehouse	618-643-4140	✓	✓	✓	✓	✓	✓	✓	✓	✓
CARMI										
Lovins Pharmacy	618-382-5110	✓	✓	✓	✓	✓	✓	✓	✓	✓

JOINT REPLACEMENT PROGRAM KEEP-IN-TOUCH LIST

Name	Phone	Address	Type of Surgery

COACH'S CHECKLIST

Before discharge time, we want to be sure you know the following:

- What are the signs and symptoms of infection?
- What exercises should the patient follow at home?
- How do I help the patient manage pain?
- What are the signs of blood clots?
- What are the signs of pulmonary embolus? What should I do?
- What are anticoagulants?
- What is the patient taking as an anticoagulant?
- Who monitors the anticoagulant therapy and prescribes the dose?

IMPORTANT NUMBERS

Joint Replacement Program Office	812-842-3990
<i>Please remember, don't hesitate to call your Program Coordinator with any questions you may have. If you are unsure who to direct your specific question to, your Coordinator can guide you to the correct person to speak with.</i>	
Orthopaedic Associates, Inc.	812-424-9291
Deaconess Gateway Joint Replacement Center - Nursing Unit	812-842-3640
Deaconess Gateway Pre-Admission Testing	812-842-3737 812-842-3780
Deaconess Gateway Same Day Surgery	812-842-3646
Eugene Richardville, Social Services-Gateway	812-842-4502

APPENDIX

Coumadin

Coumadin® is an anticoagulant. The purpose of this medication is to prevent harmful clots from forming or growing. The medication works by decreasing the amount of active clotting factors in the bloodstream.

Coumadin® remains in the body for a very long time and, therefore, needs to be taken once daily. You should learn and understand the following facts about taking Coumadin®. Take Coumadin® at the same time every day. Take Coumadin® exactly as the physician or pharmacist prescribes. NEVER take more or less of the Coumadin® unless specifically told to by your physician or pharmacist. If you forget to take your dose, do not double your dose the next day but, take your regularly prescribed dose. Missing only one dose will not cause a clot to form. Missing more than one dose may cause problems while taking more than the prescribed dose may cause bleeding.

Determining the Dose of Coumadin®

While you are taking Coumadin®, a blood test will be done each day that you are in the hospital to monitor the effectiveness of the medication. This blood test is called the prothrombin time, or the PT. When you are discharged from the

hospital, the blood test monitoring is decreased to two times a week or as determined by your surgeon. Coumadin® therapy will normally continue for three weeks. If you have a history of blood clots, then therapy will continue for six weeks.

When you are discharged from the hospital, you may need to have periodic checks of your prothrombin time. These checks will be scheduled for you by Social Services or your physician's office, if necessary. If needed, your dosage may be adjusted by your physician.

Signs of Adverse Effects

Because one of the signs of too much Coumadin® is bleeding, you should be aware of the signs and symptoms of bleeding. Call your doctor right away if any of these signs and symptoms is present. Also, call your doctor if you sustain any falls or injuries while taking Coumadin®.

- Excessive bleeding from your gums while brushing your teeth
- Frequent and severe bruising
- Nose bleed for no reason
- Dark or bloody urine
- Black or tarry stools or obvious blood in your stools
- Unusual bleeding

Drugs to avoid while taking Coumadin®

Aspirin, aspirin-containing, and nonsteroidal medications can all increase the effect of Coumadin® and, therefore, should be avoided unless prescribed by a physician. Inform all of your doctors that you are on Coumadin® and consult your pharmacist before taking any over-the-counter medications.

How diet affects Coumadin®

Changes in diet may also affect the way Coumadin® works. It is important to maintain a steady, well-balanced diet. Too many dark green leafy vegetables on consecutive days may alter the prothrombin time. Therefore, maintain the same weekly balance of vegetables. Alcohol consumption should be avoided while on Coumadin® because it can also increase the prothrombin time.

Lovenox®

Lovenox® is also an anti-coagulant medication. It is an injection given once or twice a day in your abdomen. Your physician will determine which type of anticoagulation you will be given. Should your physician determine that Lovenox® is appropriate for you, you will be instructed about the medication and its use before you go home. If you have a prescription plan with your insurance, we recommend that you check with your insurance carrier see if Lovenox® is covered on their

formulary. If it is not covered, this medication is a very expensive out-of-pocket cost for you. It averages approximately \$300-\$400 for a ten day therapy prescription. If you do not have coverage for this medication, but have financial need for assistance to obtain your Lovenox®, let Social Services know and they will assist you to obtain your medication.

Xarelto®

Xarelto® is an additional anti-coagulant that may be prescribed after surgery. This medication is a pill that will be taken once daily. Your physician will determine if this medication is appropriate for you.

Pain Scale Description

For the pain scale listed on page 15 of the guidebook.

0 - No Pain; Minor

Feeling perfectly normal; Does not interfere with most activities. Able to adapt with medication or devices such as cushions.

1 - Very Mild

Very light, barely noticeable pain; Like a mosquito bite.

2 - Discomforting. Minor pain, like lightly pinching the skin.

3 - Tolerable; Moderate

Very noticeable pain, like an accidental cut, but still manageable; Interferes with many activities. Requires lifestyle changes, but still independent. Unable to adapt.

4 - Distressing

Strong, deep pain, like an average toothache or stubbing your toe really hard.

5 - Very Distressing

Strong, deep piercing pain, such as a sprained ankle when you stand on it wrong or mild back pain.

6 - Intense; Severe

Strong, deep piercing pain so strong it seems to partially dominate your senses, causing you to think somewhat unclearly; Unable to engage in normal activities. Feeling disabled and unable to function independently.

7 - Very Intense

The same as 6 except the pain completely dominates your senses causing you to think unclearly about half of the time.

8 - Utterly Horrible

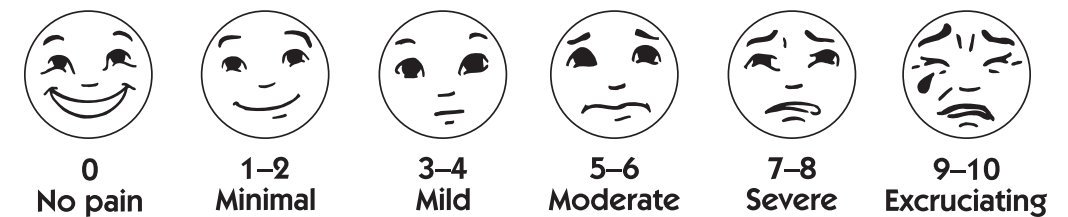
Pain so intense that you can no longer think clearly at all.

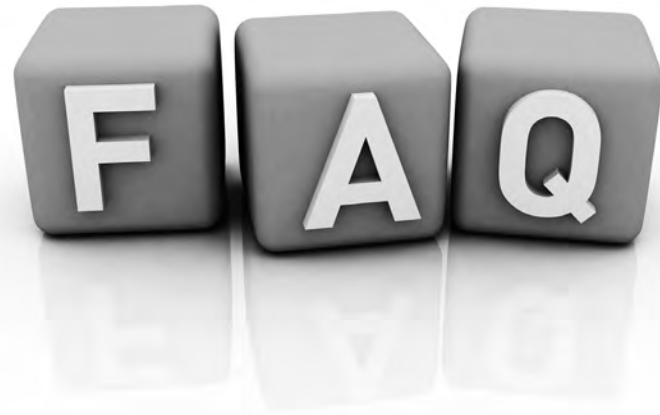
9 - Excruciating, Unbearable

Pain so intense that you cannot tolerate it.

10 - Unimaginable, Unspeakable

Pain so intense that you will go unconscious shortly.





FREQUENTLY ASKED QUESTIONS

We are glad you have chosen the Joint Replacement Program to care for your joint. Patients have asked many questions about total joint replacement. Below is a list of the most frequently asked questions along with the answers. If there are any other questions that you need answered, please ask your surgeon or the Joint Program Coordinator. We want you to be completely informed about this procedure.

What is arthritis and why does my joint hurt?

In the joint there is a layer of smooth cartilage on the joint surfaces. This cartilage serves as a cushion and allows for smooth motion of the joint. Arthritis is a wearing away of the smooth cartilage. Eventually, the cartilage wears down to bone. Rubbing of bone against bone causes discomfort, swelling, and stiffness.

What is a total joint replacement?

Total joint replacement is a surgical procedure in which parts of an arthritic or damaged joint are removed and replaced with a metal, plastic or ceramic device called a prosthesis. The prosthesis is designed to replicate the movement of a normal, healthy joint.

What are the results of total joint replacement?

Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, motivation, and adherence to the therapies taught.

When should I have this type of surgery?

Your orthopaedic surgeon will decide if you are a candidate for the surgery. This will be based on your history, exam, X-rays, and response to conservative treatment. The decision will then be yours.

Am I too old for this surgery?

Age is not a factor if you are in reasonably good health and have the desire to continue living a productive, active life. You may be asked to see your Primary Care physician or specialists such as a Cardiologist, Pulmonologist, or Rheumatologist for his/her opinion about your general health and readiness for surgery.

How long will my new joint last?

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition. A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement will wear over time as well. The most common reason for revision is loosening of the artificial surface from the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Your surgeon will explain the possible complications associated with total joint replacement.

What are the major risks?

Most surgeries go well, without any complications. Infection, blood clots, and pneumonia are the most common serious complications. To decrease the risk of these complications, we use antibiotics preoperatively as well as postoperatively, and anticoagulants (blood thinners). We also take special precautions in the operating room to reduce the risk of infections.

Will I need blood?

Although the incidence of blood transfusion after joint replacement is relatively low, you may need blood after the surgery. Your surgeon will determine if you are a candidate to donate your own blood before your surgery. If you do not donate before surgery, but need blood after surgery we have Blood Bank blood available. Most patients will not need to donate blood. There are strict guidelines to determine if you are a candidate. If your physician requests you to donate your own blood, it will be arranged by your surgeon's office. Donations are done at the Main Campus and/or at the Red Cross.

How long will I be in bed after surgery?

This will depend on the time of day your surgery is performed and the time you arrive to your post-op unit room, your surgeon orders, and if you are experiencing any complications or adverse effects. As a general rule, if you return to the post-op room prior to 11 a.m., your physical therapy evaluation will most likely be on the day of your surgery. Even if you are not evaluated by a therapist on the day of surgery and if your condition permits, the nursing staff may transfer you to a chair or walk you around the room.

What if I live alone?

There are options available to you. You may return home and receive help from a family member or friend and possibly outpatient therapy. You may receive home health care with a physical therapist visiting you at home. You may also stay at a sub-acute facility or short term skilled nursing facility following your hospital stay, depending on your insurance. The agency you use for these services is your choice.

Will I need a second opinion prior to the surgery?

The physician's office will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified. However, you may contact your private insurance carrier to verify that your case has been pre-certified.

What steps should I take after my surgery is scheduled?

After your surgeon has scheduled your surgery, an appointment to prepare for your surgery will be scheduled for you. This may include; lab work, EKG, chest x-ray, health/medication history, exam, and a class to help you better prepare. If there are questions about the preadmission process, you should contact the Joint Replacement Office at 812-842-3990 .

How long does the surgery take?

We reserve approximately two hours for surgery. Some of this time is needed for the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?

Your anesthesiologist will meet with you the morning of your surgery, and discuss your options for anesthesia he/she feels is best for you as an individual.

Will there be much pain after surgery?

Yes. You will experience pain following the surgery, but we will try to keep you comfortable with the appropriate medications. Our goal is to keep your pain level at a '5' on a 0-10 pain scale. (0=little to no pain to 10=the most severe pain you have ever experienced). Communicating constantly with your nurse about pain control is paramount to keeping your pain under control.

Who will be performing the surgery?

Your orthopaedic surgeon will perform the surgery. An assistant surgeon and trained OR staff will help during the surgery.

How do I make arrangements for discharge?

Most patients are able to go directly home after discharge. Some patients may transfer to a sub-acute or short-term skilled nursing facility, where they will stay for 3-5 days. The Social Worker/Case Manager will help you with this decision and make the necessary arrangements. You should check with your insurance company to verify your coverage.

Will I need help at home?

Yes, for the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. The amount of assistance needed varies from person to person. Family or friends need to be available to help, if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?

Yes, you will need to do your prescribed home exercises and you may have either outpatient or in-home physical therapy, this will vary according to your Occupational and Physical Therapist's recommendations. Patients are encouraged to utilize outpatient physical therapy, as necessary. The Social Worker/Case Manager will arrange for therapy visits as appropriate for you.

How long until I can drive and get back to normal?

This will depend on your progress in therapy. Consult with your surgeon or therapist for their advice on your activity. You, however, should not drive while taking narcotics for pain control.

When will I be able to get back to work?

We recommend that most people take at least one month off from work. A therapist can make recommendations for joint protection and energy conservation on the job. You should discuss your specific circumstances with your surgeon prior to your surgery.

How often will I need to be seen by my doctor following the surgery?

Approximately two weeks after discharge you will be seen for your first postoperative office visit. This is usually when staples are removed. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then yearly.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golf, hiking, swimming, bowling, and gardening. Your therapist can make recommendations about adapting your hobbies to any restrictions you may have.

Will I notice anything different about my joint?

Yes, you may have a small area of numbness around your scar, which may last a year or more. However, we always recommend avoiding extreme position or high-impact physical activity. Some patients notice some clicking when they move their joint. This is the result of the artificial surfaces making contact. Most patients think that their new joint feels completely natural. Some patients may experience aching for a few months after surgery.



Deaconess

BONE & JOINT CARE

IN ASSOCIATION WITH **ORTHOPAEDIC
ASSOCIATES**

Upon your discharge from the Joint Replacement Program, Orthopaedic Associates would like to remind you of a few post-operative guidelines for your return home or admission to inpatient rehabilitation.

- **DO NOT** call or see your family doctor with any problems pertaining to your shoulder surgery. Please remember that if you experience any problems/concerns with your new joint, contact our office at 812-424-9291 and discuss with a nurse or make an appointment.
- **DO NOT** allow another physician or ER to start you on antibiotics or any other treatment without discussion with our office first. This can be detrimental to you and keep you from the best possible outcome for your replacement.
- Swelling of the extremity post-replacement is normal and is to be expected up to six months after surgery. If you notice a sudden increase in swelling in the leg or calf, please contact our office.
- Drainage from the incision site is to be expected up to a week after the surgery. If the drainage persists beyond the seven day post-operative period, or at any time soaks through several bandages a day or onto your clothing, please contact our office.
- A low grade temperature is a normal inflammatory response after surgery. If you develop a fever of greater than 100.5° especially if accompanied with an increase in pain or drainage, please contact our office.
- If at any time after surgery you are unable to pump your foot or raise your foot up, please contact our office.