Advancing Health
WITH SHOULDER CARE BEYOND MEASURE.

Total Shoulder Replacement Care Patient Handbook
Shoulder Surgery Appointment

With Kevin Charron, MD

Office visit date and time:

_____________________________________________________________________________________

Pre-op appointment date and time:

_____________________________________________________________________________________

See page 9 for Tanner Health System pre-op locations

Surgery date:

_____________________________________________________________________________________

See page 13 for Tanner Health System surgery locations

Follow-up appointment date and time:

_____________________________________________________________________________________

Carrollton Orthopaedic Clinic  ■  770.834.0873

www.TannerOrtho.org
TABLE OF CONTENTS

Welcome to Tanner Ortho and Spine Center . . . . . . . 5
Your Shoulder Care Team . . . . . . . . . . . . . . . . . . . . . . . 6
Types of Shoulder Surgery . . . . . . . . . . . . . . . . . . . . . . 7
Pre-Surgical Appointment . . . . . . . . . . . . . . . . . . . . . . . 8
Know Where to Go . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9
Preparing Your Home . . . . . . . . . . . . . . . . . . . . . . . . . . 10
In the Days Before Your Procedure . . . . . . . . . . . . . . . 11
The Morning of Your Procedure . . . . . . . . . . . . . . . . . . . 13
In the Operating Suite . . . . . . . . . . . . . . . . . . . . . . . . . . . 14
After Your Procedure . . . . . . . . . . . . . . . . . . . . . . . . . . . 16
Inpatient and Outpatient Procedures . . . . . . . . . . . . . . 17
Recovering at Tanner . . . . . . . . . . . . . . . . . . . . . . . . . . . 18
After the Hospital . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 20
Summary of Instructions for Home . . . . . . . . . . . . . . . 22
Staying Clean and Safe . . . . . . . . . . . . . . . . . . . . . . . . . . 23
Glossary . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 26
Choosing a healthcare provider is not an easy task. A wide range of factors, from convenience to the quality of the facility and physicians should be taken into account.

Tanner Ortho and Spine Center offers the award-winning level of quality care and patient satisfaction for which Tanner Health System is known.

Tanner’s facilities are national leaders in delivering high-quality care and value to patients while also providing an unprecedented level of satisfaction. Tanner was recognized as one of the 15 Top Health Systems in the nation in 2012, 2014, 2015 and 2016 by Truven Health Analytics.

These quality metrics are based on a wide range of criteria, from patient outcomes to patient satisfaction.

You can learn more about Tanner’s quality care online at www.TannerQuality.org.

Tanner Ortho and Spine Center, along with its exclusive partner Carrollton Orthopaedic Clinic, brings the same level of care to Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital in Bremen. This ensures patients enjoy convenient access to the most advanced orthopedics and spine care procedures in an environment that works to ensure the best possible outcomes.

The goal at Tanner Ortho and Spine Center is to help you return to the active life you enjoyed before your shoulder injury required you to seek care.

If you have any questions or concerns at any point during your treatment or recovery, please discuss those with a member of your patient care team so we can work to address them.
Your primary care doctor, surgeon and other health professionals will work as a team to:

- Evaluate your condition
- Prepare you and your family both mentally and physically for surgery and recovery
- Manage your progress before, during and after your hospital stay

The information in this book is provided to help you prepare for your procedure and recover quickly and safely. Please note that every shoulder surgery, just like every patient, is different. We are committed to addressing your unique needs to provide for the best experience possible.
The type of procedure you will require is determined before your surgery. Whenever possible, your surgeon will use the least-invasive approach available, which offers a reduced risk of complications and faster recovery after the procedure.

**Total Shoulder Replacement/Reverse Shoulder Replacement**

Shoulder replacement surgery has been performed in the United States since the 1950s, and through the years, it has proven to be one of the most effective treatments to relieve painful shoulder conditions, from fractures to different forms of arthritis.

Due to the way the anatomy of the shoulder is structured, the shoulder should offer a greater range of motion than any other joint in the body. Total shoulder replacement is considered when conditions cause severe pain and disability, such as osteoarthritis, rheumatoid arthritis, post-traumatic arthritis, avascular necrosis, rotator cuff tear arthropathy and others.

Total shoulder replacement surgery involves replacing the shoulder joint surfaces with a metal ball attached to a stem and a plastic socket. Because the metal ball is highly polished, it reduces the friction caused by various untreated shoulder conditions and injuries. The new shoulder joint can be cemented or "press fit" into the bone, depending on how healthy or soft the bone structure may be.

Reverse shoulder replacement is generally used for people who have an irreparable rotator cuff, cuff arthropathy, or have had a previous shoulder replacement that failed. In a reverse shoulder replacement, the socket and metal ball are switched, with the ball attached to the shoulder bone and the socket attached to the upper arm bone. With this procedure, you are able to use another muscle, called the deltoid muscle, rather than the rotator cuff to lift and use your arm.

**Interscalene Nerve Blocks**

The brain receives messages of pain through a complex network of nerves. One pain control option your surgeon may use during surgery is a nerve block. A nerve block is an injection of an anesthetic that prevents the nerves in an affected area from sending pain signals to the brain.

Interscalene nerve blocks have been performed for more than 40 years. They involve an injection into the scalene muscles in the neck. For shoulder surgery, the nerve block is often combined with a general anesthetic, putting the patient in a light sleep without pain for the procedure. Interscalene nerve blocks are often used for rotator cuff repairs, total shoulder replacements, humerus fractures and more. They allow for decreased post operative pain for up to 24 hours after the procedure.
An important part of ensuring patient safety is the pre-surgical care appointment. At the pre-surgical care appointment — usually scheduled one week or more before your surgery — you’ll meet with a nurse who will take a complete health history, as well as a member of the anesthesia team who will discuss options for anesthesia and pain management. The nurse may draw blood samples and complete other tests ordered by your surgeon or your anesthesia specialist.

It’s important to bring all medications (prescribed and over-the-counter), dietary supplements, herbal supplements, etc., that you are taking to this appointment. It also is important to disclose any recent alcohol and tobacco use, as well as any history or recent activity involving substance abuse or recreational drugs. Please remember that this information is private and will be kept confidential; however, it may be necessary to adjust your treatment plan for your safety.

If there are any changes to your medications or health between the pre-surgical care appointment and the time of your procedure, be sure to inform your surgeon and to discuss these with your patient care team at the hospital.

Remember, this appointment is necessary to ensure that you are fully prepared and to help ensure that everything is in place and ready at the hospital when you arrive for your procedure. Please feel free to frankly discuss any concerns or questions you have with the pre-surgical care staff at 770.812.9224.

What to Expect

You should bring with you all medical orders and signed consents related to your procedure. Please bring medications in their original container.

When you arrive at your pre-surgical care appointment:

- A nurse will take down your complete medical history.
- You will need to provide all the medications (prescribed and over-the-counter), dietary supplements, herbal remedies, etc., that you are presently taking, along with dosage amounts and the time of day each dosage is taken.
- You will need to inform the nurse of any allergies you have, such as latex allergies, food allergies, environmental allergies and allergies to medications.
- You will have an opportunity to discuss anesthesia and pain management options with the anesthesia team.
- Blood may be drawn and other tests administered.
- The anesthesia team may discuss with you if you will need medical clearance from your primary care provider or a cardiologist.

If you have had recent medical visits, bring any reports, EKG or lab results with you.

If anything changes in terms of your health or the medications or supplements you are taking between the pre-surgical care appointment and the time of your procedure, be sure to inform your surgeon.
Know Where to Go

Before your procedure, you will have a pre-surgical care appointment with members of Tanner’s patient care team.

Tanner Medical Center/Carrollton
Pre-Surgical Care Center (PSCC)
Outpatient Surgery Entrance

Located on the ground floor between radiology and Bistro ’49 in the hospital. Enter through the Clinic Avenue entrance. Complimentary valet parking is available. Please go to the registration desk to check in. For more information, call 770.812.9224.
Preparing Your Home

After you are discharged from the hospital, you’ll return home to complete your recovery. However, before your procedure, it’s important to prepare your home for your arrival from the hospital. You should:

- Stock up on food, supplies and medicines to last at least four days.
- Prepare meals and freeze them so meal preparation is as easy as possible when you return home.
- Arrange for pet care, if needed.
- Arrange to have someone help you for the first week (this may not need to be 24 hours a day). If someone is unable to help for the whole week, try to make arrangements with several different family members, neighbors or other loved ones as needed.
- Make sure you have a ride home from the hospital and to follow-up appointments. (It’s best to have access to a four-door car with reclining seats). You will be unable to drive for a period following the procedure.
- Make sure all household objects are at waist level for easy reach.
- Remove all throw rugs from your home so you will not trip over them. Also remove all power cords from walkways. Arrange furniture as needed so that all walkways are clear and wide enough for a walking aid.
- Place a non-slip mat or stickers in the bottom of your tub/shower.
- So you will not need to bend while bathing, purchase a shower caddy to hold your supplies and hang it over the shower nozzle.
Along with attending your pre-surgical care appointment, there are several other steps to take in the days leading up to your procedure that will help ensure your safety and the best possible outcome. You should:

- Eat healthy foods and drink plenty of fluids so you are well hydrated.
- Be sure you have a bowel movement one to two days before surgery. If unable to have a bowel movement, call your surgeon to discuss possible treatments.
- Refrain from drinking alcohol, smoking tobacco or otherwise using recreational drugs for 48 hours prior to your procedure.
- Follow any directions provided at your pre-surgical care appointment, including medications you should take or discontinue prior to your procedure. If you are taking any anticoagulants (such as heparin, Coumadin, Plavix, aspirin, Pradaxa, Lovenox, etc.), ask your surgeon or the physician who prescribed the medication to advise you about whether or not to discontinue prior to your procedure.

**The Night Before Your Procedure**

Someone will call you the afternoon before your scheduled procedure to give you your arrival time for the day of surgery. Some additional general steps to help ensure your comfort and safety when you arrive at the hospital are:

- Do not shave your legs or shave near the surgical site the day before or on the day of surgery.
- Use half of the bottle of the special soap given to you at your pre-surgical care appointment to wash your body — especially on and around the surgical site — as instructed.
- Do not eat or drink after midnight, including mints, hard candy and gum. Also, do not dip or chew tobacco.
What to Bring to the Hospital
Use this checklist to ensure you have everything you’ll need when you arrive at the hospital for your procedure.

- Please bring your medications in their original container so we can verify them on the day of surgery.

In addition, if your procedure will require an overnight stay at the hospital, consider bringing:

- A copy of Advance Directive documents (i.e., living will) if you have any and did not provide them during your presurgical care appointment

- Dentures, glasses and hearing aids (if you have them)

- A good pair of slip-on walking shoes (non-skid, low or no heels, allow for swelling)

- Personal care items (toothbrush, comb/brush, razor, deodorant, etc.)

- Items to keep you busy (books, magazines, crossword puzzles, etc.)

- One or two sets of comfortable, loose-fitting clothing if you are spending the night

What Not to Bring

- Large amounts of money
- Credit cards
- Valuables, such as jewelry
- Tobacco (Tanner Health System campuses are tobacco-free zones)
- Items that can be lost, stolen or damaged during your visit
**The Morning of Your Procedure**

**On the morning of your procedure**
- Do not eat or drink anything, including mints and gum.
- If instructed during the pre-surgical care appointment, take medications with a small sip of water.
- Use the special soap (remainder of the bottle) given to you at your pre-surgical care appointment to wash your body, especially on and around the surgical site, as instructed.
- Do not smoke, take chewing tobacco or snuff or use any other tobacco product.

**Know Where to Go**

**Tanner Medical Center/Carrollton**
Use the outpatient surgery atrium located along Clinic Avenue. Complimentary valet service is provided at this entrance.
In the Operating Suite

Arriving at the Hospital
When you arrive at the hospital, go to the Short Stay desk located on the right as you enter the Clinic Avenue atrium. If additional registration or labs are needed, you will be directed there by the short stay staff. The “Know Where to Go” information box on the previous page provides more explanation about where to go.

Once you arrive:
- The nurses will welcome you and answer any last-minute questions.
- Be sure to notify the nurse of any changes in your condition or your medications, or of any open places (scratches, sores, rashes, etc.) on your skin.
- You will change into a hospital gown. You also will be asked to put on non-slip socks for your safety.
- An intravenous (IV) line will be started so you can receive medicine. This line will be used to deliver antibiotics, which will help protect you against infection, as well as some anesthesia medications if applicable.
- Sometimes, body hair in the area involved with the surgery may be removed with clippers.
- An anesthesiologist (a physician) will meet with you to discuss the type of anesthesia you will receive and answer any questions you have, as well as pain management and the options available.

You may be asked the same questions by different hospital staff. Please be patient; this is done for your safety.

Prior to being taken to the operating suite for your procedure, a loved one whom you designate will be provided with a restaurant-style pager by the hospital staff. The hospital staff also may ask for the designee’s cellphone number. This person will be the point of contact for your loved ones during your procedure and will be paged or called to discuss updates.
When you are taken back into the operating suite, you’ll notice that the surgical services staff is wearing face and head coverings to keep the area germ-free. You, too, will be outfitted with a head covering.

The room will seem cool and it will be brightly lit. An array of advanced technology is available in each Tanner operating suite to provide your patient care team with the resources they need to deliver the highest possible level of care.

Before the procedure, you’ll notice the surgical care team call a “time out,” and announce the procedure they are about to perform, the part of your body where it will be performed and other important information. This is a simple, yet critical, step in ensuring your safety; wrong-site, wrong-surgery incidents are a real occurrence in American hospitals, and this step ensures that such mistakes are not made at Tanner.

You will be given anesthesia and will be carefully monitored throughout the entire surgery.
After Your Procedure

After your procedure, you will be brought to the post-anesthesia care unit, or PACU, where:

- A nurse will be at your side as you wake from anesthesia.
- You will be connected to monitors and supplied with oxygen.
- You will stay in the PACU until your vital signs are stable.
- Your family will be told you are out of surgery, but they will not be permitted into the PACU area. This is to ensure your privacy and safety, as well as the privacy and safety of other patients.

As you come out of anesthesia, the nurse will ask you to rate your pain on a scale of 0 to 10. With this scale, 0 is no pain and 10 is a lot of pain. This will help the nurse determine how much pain medicine you need. Some pain after surgery is normal. Nonetheless, Tanner is committed to providing assistance to help you control your pain.

Speak Up!

Tanner encourages you and your family to SPEAK UP! The following is information you need to know in order to be an active partner in your care.

- Speak up if you have questions or concerns. If you still do not understand, ask again. It is your body and your have a right to know.
- Pay attention to the care you get. Always make sure you’re getting the right treatments and medicines by the right healthcare professionals. Don’t assume anything.
- Educate yourself about your illness. Learn about the medical tests you receive and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. Medication errors are the most common healthcare mistakes.
- Use a hospital that has been surveyed by The Joint Commission to ensure your hospital is meeting quality standards. All Tanner facilities are accredited by The Joint Commission.
- Participate in all decisions about your treatment. You are the center of the healthcare team.

Wong-Baker FACES™ Pain Rating Scale

- 0: No pain, no duele
- 2: Hurts a little bit, duele un poco
- 4: Hurts a little more, duele un poco más
- 6: Hurts even more, duele más
- 8: Hurts a whole lot, duele mucho
- 10: Hurts worst, dolor extremo
Outpatient Procedures
If your physician would like your surgery to be an outpatient procedure, you may expect to be discharged from the hospital within two to eight hours after your procedure. You will need someone to drive you home following the procedure. Once you have recovered from anesthesia, you will be brought back to a room to continue your recovery until you are ready to be discharged home.

If you expect to go home the same day as your procedure, please see “After the Hospital,” beginning on page 20.

Inpatient Procedures
If your physician would like you to stay overnight in the hospital, from the PACU, you will be taken by bed to your patient room in the hospital. You will be greeted by your nurse, who will be informed about you, the type of surgery you had and any other important information. Additionally:

- Your vital signs will be taken and you may be connected to monitors and supplied with oxygen.
- You will have fluids given intravenously (through your IV) so that you stay hydrated.
- You will have ice on the location where you had surgery to help decrease pain and swelling.
- Your nurse will explain how to call for a nurse and how to use the bed and television controls.
- You will be wearing sequential compression devices (SCDs) on your legs to help promote good circulation. These stockings will inflate and deflate to simulate walking and are to be worn throughout your hospital stay.
- You will be given an incentive spirometer and a respiratory therapist will teach you breathing exercises. Do your breathing exercises 10 times every two hours to prevent pneumonia.
- The patient care team is there to help you manage your pain. Please use the pain scale to help us treat you.
- The nursing staff will help you change positions in bed.
- Your family and friends will be allowed to visit.
- Post-operative instructions will be reviewed with you and your family following the surgery.
- The nurse will periodically check your circulation and the motion of your upper extremities.
- Your diet will start with clear liquids and will progress to regular food when you are ready.
After Surgery

- Constipation is often an issue after surgery, but there are things you can do to help prevent this. You will also be started on medicine to prevent constipation. After surgery, your first meals will be light (ice chips, ginger ale, gelatin) and will advance as your condition progresses and you are better able to tolerate other foods.
- Your patient care team will help you get out of bed as many times as you like each day during your hospital stay.

During your first night in the hospital after your procedure, the nursing staff will:

- Check your vital signs regularly.
- Check your fluids regularly to make sure you are well hydrated.
- Check your pain status and give medicine as needed.
- Give you intravenous (IV) antibiotics.
- Check your early-morning lab work.

Controlling Your Pain

Tanner Health System is a national leader in patient satisfaction, and we realize that an important part of ensuring a positive experience with the health system is effectively controlling your pain.

No patient can expect to feel 100 percent “pain free” after a procedure. However, measures are in place to help control your pain in adherence to the most advanced medical guidelines available. Your patient care team will ask you to continue rating your pain using the 0 to 10 pain scale. If you have pain, do not wait until the pain becomes severe, and it may take several minutes for a nurse to be able to retrieve your medication or receive further pain control instructions from your medical provider.

Pain medicine can be administered three ways as determined by your doctor:

- Pill form – You are given medicine to swallow.
- Injection – The nurse gives you a “shot” in your muscle.
- Intravenously – You get the medicine in a line that goes into a vein (IV line).

Please tell your patient care team if your pain is not controlled; we want you to be comfortable.
For Your Safety: Getting Out of Bed Soon After Surgery
To prevent blood clots from forming in your legs, certain precautions must be followed the day of your surgery. Nurses and other members of your patient care team will help you and encourage you to follow the required procedures. Your patient care team will:

- Place sequential compression devices (SCDs) on your legs.
- Get you walking the day of your surgery.

Day of Discharge
Most patients leave the day after surgery if an overnight stay is required. For your safety, you will have to meet certain requirements before you can be discharged from the hospital:

- Your pain is managed with oral medicine or other pain relief options.
- You are able to keep down food and liquids.

In addition, on the day of your discharge:

- The staff will help you pack your things and help you with your personal needs.
- Discharge instructions will be reviewed with you and your family. Our goal is to have you safely on your way by noon the day of discharge to give you time to settle in at home.
- Continue your breathing exercises and therapy as instructed.

For Your Safety CALL, DON’T FALL!
After the Hospital

To Do: Activities We Encourage
There are some steps you can take to help with your recovery after you leave the hospital. You should:

- Do as much for yourself as you safely can while following the precautions for your shoulder surgery. **Remember to keep your immobilizer on and do not move the shoulder.**
- Walk around your home at least three times per day.
- Take deep breaths and cough often throughout the day.
- Monitor yourself for constipation.
- Drink lots of fluids. Water and fruit juices are best.
- Rest often. Use a recliner for comfort and a shoulder abduction pillow to keep the joint immobilized.

Your physical and occupational therapists will show you the best way to get into or out of a shower/bathtub. For your safety, have someone to help you with this at first.

Not to Do: Activities to Avoid
After you leave the hospital, you’ll still require some time to heal before resuming more normal activities. This means:

- No active motion of the shoulder for at least six weeks.
- Do not open your bandage, even to visually inspect your wound unless otherwise instructed by your surgeon.
- Do not get the bandage wet.
- Do not sleep on your back; use sit up pillows in bed to prevent you from lying flat.
- No driving. Wait for instructions from your doctor. It will usually take six weeks to three months before you can drive again.
- No smoking. It slows circulation and impedes healing.
- Do not shower until two days after your staples have been removed.

Once you are discharged, it will take some time before you are able to resume more normal activities. Using care and following these recommendations can help prevent reinjury and ensure a faster, more comfortable recovery.

After all, your life without shoulder pain is right around the corner!
Pain Medicine
- Pain medicine has been ordered for you. Take it exactly as prescribed. Do not let your pain get out of control. Schedule to take pain medicines about 30 minutes before physical therapy. Do not share or distribute your pain medication. Pain medications must be kept and transported in their original containers.
- You may take acetaminophen (Tylenol) between doses of stronger pain medicine or instead of stronger medicine. It is not safe to take more than 4 grams (4,000 milligrams) of acetaminophen in one 24-hour period. Several pain medicines also contain acetaminophen. Check with your pharmacist if you need help determining the total number of pills you can take. Call your Carrollton Orthopaedic Clinic provider at 770.834.0873 if your pain is not well controlled.

Take your usual medicines unless your doctor tells you not to. Avoid over-the-counter medicines unless first approved by your doctor.

Preventing Constipation
- Pain medicine can cause constipation. Increase your daily intake of prunes, fiber, fluids, juices and fresh fruits and vegetables.
- Get enough exercise to keep your digestive system moving.
- A mild laxative or stool softener might be helpful, but ask your doctor before taking these.

When to Call 911
Call 911 if you experience:
- Chest pain
- Shortness of breath

When to Notify Your Doctor
Call your Carrollton Orthopaedic Clinic provider at 770.834.0873 if you encounter:
- Any symptom that is strange or that causes concern
- Signs of infection, such as redness at the incision, new onset of coughing or phlegm, fever above 101 degrees Fahrenheit, green or yellow drainage from your incision, warmth at incision, burning with urination or frequent urination
- Increased swelling around the incision

Sexual Intercourse
Following Shoulder Surgery
You can safely engage in intercourse about six to eight weeks after your shoulder surgery. Check with your doctor.
Activity
- No lifting of the operative arm for six weeks.
- No external rotation of the shoulder for six weeks.
- Do not drive until your doctor says it’s OK. Never drive while taking pain medication.
- Open and close your hand often to help blood flow.

What to Expect
After surgery, your shoulder may be swollen, painful and stiff. The shoulder will heal with time. After surgery, you will be placed into a blue sling/immobilizer. You will remain in the sling for six weeks.

Dressing/Incision and Bathing
Take sponge baths only until two days after your staples have been removed in the office.

You will have a large dressing covering your surgical site when you are discharged from the hospital. You may not remove this dressing. A small amount of bloody drainage is not unusual. If the drainage soaks through your dressing, place another dressing on top and contact your physician. Removing the dressing increases your risk for infection. At your follow-up appointment in 10 to 14 days, the nurse will remove your dressing and staples.

Other Instructions
- Take your temperature daily for seven days after surgery. Report a fever above 101.4 degrees Fahrenheit to your doctor.
- Use medication as needed and as directed.
- Use the ice pack provided by the hospital on your shoulder to reduce swelling for the first 48 hours after surgery. Leave it on for 20 minutes then take it off for 20 minutes. Repeat as needed,
- Make a follow-up appointment for 10 to 14 days after your surgery.

If you have any questions or concerns, please call Dr. Charron’s nurse at 678.601.5287.
Use sponge baths or wet wipes to maintain hygiene until you can shower. At your first follow up appointment 10 to 14 days after your surgery, the nurse will remove your dressing and staples. You will be allowed to shower two days after your staples have been removed. When your surgeon clears you to begin showering:

- Maintain your shoulder precautions.
- Have someone stand by for your first few showers in case you need help.
- Remove all throw rugs from the bathroom to prevent slipping and possibly falling on your operated shoulder. Consider a non-skid bath mat for the floor to step on when getting out of the shower.
- Use a non-slip mat or non-slip stickers on the bottom of the tub or shower to prevent slipping.
- During the shower, keep your arm at your side or across your stomach to protect your shoulder.
- To wash under the operated arm, bend forward at the waist and let your arm dangle freely.
- Wash under the operated arm with the healthy arm.
- Do not lift the operated arm to wash, dry or put on clothes or your sling. Remember, no active motion of the operated shoulder for six weeks.

**Eating**

The simple advice when it comes to eating after your procedure is, avoid foods that require two hands.

- For the first three weeks after your procedure, you will need to feed yourself with your non-operated arm only — even if this is your non-dominant hand.
- After three weeks, and with your surgeon’s clearance, you may begin feeding yourself normally with both hands.
- For all kitchen activities — such as preparing a meal or snack, pouring a drink, etc. — you must use your non-operated arm for six weeks after your procedure.

*Do not lift heavy items for three months after your procedure.*
**Dressing**
Successfully getting dressed after shoulder surgery is less about style and more about ensuring your shoulder is able to continue to heal properly.

Wear clothing that opens on the front, such as button-up shirts.

1. Always begin with dressing your operated arm. While seated on a chair or standing with your arm hanging at your side, slide your operated arm into the shirt.

2. Do not use your operated arm to help — it should remain hanging loosely at your side.

3. Once your operated arm is fully in the sleeve, bring the shirt around your back and put your non-operated arm in.

4. You’ll have to use your non-operated arm to fasten the shirt.

Once your upper body is dressed, place your arm back in the sling.

**Standing Up and Sitting Down**
Standing up and sitting down in a chair, getting in and out of the bath or shower, or getting on and off the toilet is called “transferring.”

- For the first six weeks after your procedure, you will only be able to use your non-operated arm to pull or push yourself up.
- After six weeks, you may begin using both arms, as you’re able to tolerate the pain.
Sleeping
At night, you should use a sit-up pillow for comfort and to ensure you do not move your operated arm.
- Wear your shoulder sling/immobilizer to bed for at least six weeks after your procedure.
- You may find it more comfortable to sleep in a recliner than bed for the days immediately after your procedure.
- If you sleep on your back, use pillows to brace yourself and prop up your shoulder to ensure it doesn’t move during the night.
- Do not sleep on your stomach or on your operated shoulder.
- If you share your bed, ask your bed partner to be considerate of your operated shoulder. It may be useful to switch sides of the bed to keep your body between your partner and your operated shoulder.

Around the House
Precautions around the house are an essential part of your recovery.
- You may resume light housework six weeks after your procedure. More strenuous housework must be avoided for three months after the procedure.
- When climbing or descending stairs, hold to the banister with your non-operated arm. You may begin using either arm to hold to the banister six weeks after your procedure.
- Clear the floors of tripping and slipping hazards, such as loose floor mats or cords, to reduce the risk of falling on your operated shoulder.
- These are general guidelines to follow after surgery. Please defer to your surgeon for specific lifting/movement limitations.
Some of these terms were used in this booklet; others, you may hear your doctor or other staff use. If at any time you do not understand a word, instructions or plan for your care, please ask a member of your patient care team.

**Anesthesiologist**
Gives and monitors medicine used to put you to sleep

**Assistive Devices**
Equipment used to help you get around safely after your surgery (walker, crutches, cane, etc.)

**Care Coordinators**
Staff members who help plan your care in the hospital and help you and your family with discharge planning, such as arranging home care, equipment or transportation to an outpatient rehabilitation facility

**I&O**
Intake and output: keeping track of the fluid in (by mouth and IV) and out (by urination)

**Incentive Spirometer (IS)**
Breathing device used to help you expand your lungs after surgery

**Intravenous (IV) Catheter**
Allows fluids and medicine to be given through your bloodstream

**IV Line**
Intravenous line: a small, flexible tube placed into a vein through which medicine can be delivered

**LPN**
Licensed practical nurse

**NPO**
Nothing by mouth (no food or liquids), derived from the Latin, *nil per os*

**Occupational Therapists/OT**
Trained staff members who help you regain independence with activities of daily living (ADLs) such as bathing, dressing, grooming and toileting, as well as help you with assistive devices

**Physical Therapists/PT**
Trained staff who help you regain the ability to walk, use the stairs, get in and out of bed, exercise and regain your range of motion, as well as help you with assistive devices

**RN**
Registered nurse

**RT**
Respiratory therapy/therapist

**Sequential Compression Devices (SCDs)**
Inflatable sleeves wrapped around your legs to improve blood flow

**Surgical Drain**
Collects blood and body fluid and is placed near your surgical site; typically removed 24 to 48 hours after surgery

**Urinary (Foley) Catheter**
Tube used to drain urine from the bladder; may be used during surgery and for a short time after and is typically removed once the patient is walking

**Vital Signs**
Temperature, blood pressure, respiration and heart rate: nursing review of patient’s general medical condition
<table>
<thead>
<tr>
<th>Phone Numbers</th>
<th>Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>