

# Shoulder Arthroplasty:

A guide for patients and families

Please pack this booklet with your belongings that you will bring to hospital.

You will need to refer to this booklet after surgery.

### **Disclaimer**

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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# Table Contents

- Introduction..... 1
- Your condition and your surgery..... 2
- What to do and think about before your surgery... 3
- Preparation checklist..... 5
- What to expect in the hospital..... 5
- What to do and think about when you get home..... 7
- Acknowledgements..... 16

# Introduction

Welcome to The Ottawa Hospital.

This booklet was prepared for you by the Shoulder Arthroplasty team to help you understand:

- your condition and your surgery
- how you can prepare to make your recovery easier
- your care in hospital
- how to care for yourself once you go home

Please

- read the booklet carefully and share it with your family
- ask questions if there is anything you don't understand
- pack the booklet and other education material with your belongings and bring it with you the day of your surgery

Other helpful reading material to help you prepare for surgery

[General information on how to prepare for surgery](#)

[Planning for outpatient surgery](#)

[Pain Management After Surgery booklet.](#)

[Link to Education Video](#)

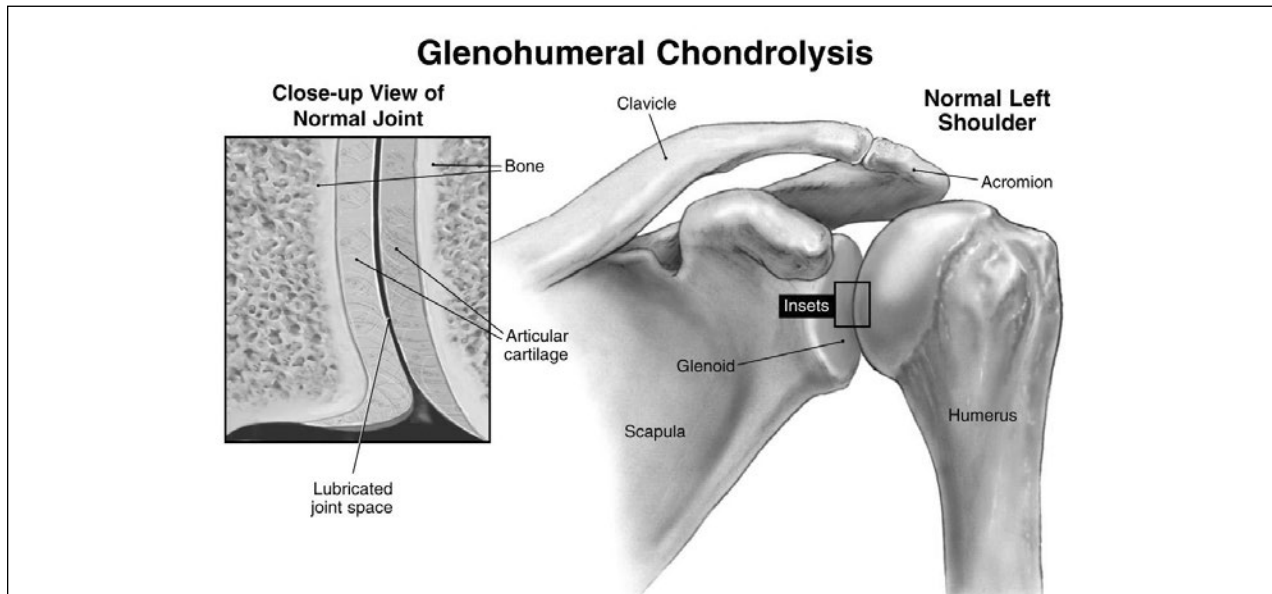
Call your orthopedic surgeon right away if at any time after surgery if;

- you have more pain in your shoulder or arm
- your shoulder feels numb even after you stop using the pain pump (if you were sent home with one)
- your shoulder is swollen, tender or red
- your temperature is above 38°C (100.4° F)
- there is liquid or puss coming from your incision (cut)
- there is a bad smell coming from your incision (cut)
- it is harder for you to move your shoulder or arm
- you have trouble breathing, or
- you feel pain in your chest

My surgeon's number is \_\_\_\_\_

# Your condition and your surgery

The ends of the shoulder joint bones are covered with cartilage (a smooth, elastic type of tissue). Cartilage protects and cushions the surfaces of these bones. Shoulder pain occurs when there is damage to ligament or cartilage. Injuries, deformities, degenerative conditions and the wear and tear of normal aging may develop into Osteoarthritis (OA). The bones may begin to rub against each other, the muscles weaken, and the joint becomes stiff, resulting in pain and/or loss of movement.



When other treatments no longer work and you cannot carry on with normal activities, your doctor may recommend a shoulder replacement (sometimes called arthroplasty, which is "the surgical reconstruction or replacement of a joint").

## What is a shoulder arthroplasty?

A shoulder arthroplasty is a medical procedure to replace parts of your shoulder. During shoulder arthroplasty the ball (head of the humerus) and socket (glenoid bone) are replaced with metal and plastic parts. (Figure 1) The goal is to reduce pain and improve function. The surgery usually takes from two to four hours.

If you have questions about your surgery or the prosthetic parts used in it, please speak with your surgeon. Your surgeon can also talk to you about the potential benefits and outcomes of having the surgery.



**Figure 1**

## What is a reverse shoulder arthroplasty?

The reverse shoulder arthroplasty is used in certain situations, including in patients who need a shoulder replacement but who also have a rotator cuff tear.

This type of replacement uses a ball and socket joint as well, but the ball is placed on the scapula and the socket is placed on the head of the humerus (Figure 2). This is the reverse of our normal anatomy and that is why it is called a "reverse" shoulder arthroplasty. This surgery also takes from two to four hours.



Figure 2

If you have questions about your surgery or the prosthetic parts used in it, please speak with your surgeon. Your surgeon can also talk to you about the potential benefits and outcomes of having the surgery

## What to do and think about before your surgery

Shoulder arthroplasty is a day surgery. That means you will not need to stay in hospital overnight. You should plan to go home the same day as your surgery. When you are discharged from hospital, you will need some help at home. It would be best to arrange for this before your surgery date.

If you think that you will have problems coping at home, discuss this at your pre-operative appointment. You will need to arrange for someone to drive you home after your surgery and stay with you for the first night at home.

Remember, shoulder arthroplasty is a day surgery. You will not stay overnight at the hospital. Expect to go home the same day as your surgery.

If you need extra help, there may be [services](#) available to you.

### Transportation

After your shoulder replacement, you will not be allowed to drive for up to three months. Your surgeon will tell you when you can drive again. You will need to make plans for how you will get around after your surgery.

## Meals

Your arm and shoulder must rest after surgery, so you will not be able to do activities in the same way you did before. For meals, consider these questions

- Can someone pick up my groceries?
- Does my grocery store deliver?
- Do I need to make and freeze meals before my surgery?
- Can I stock up on food that is easy to open?
- Do I need Meals-on-Wheels or other pre-made meals/meal services?
- Are items I use often put in places I can reach easily (between shoulder and hip height)?
- Is my food stored in containers that I can open with one hand?
- Can I practice making meals with one arm?

## Personal care

- Will I need help bathing, dressing and daily care? Who can I ask?
- Can I practice doing daily activities with one arm (your non-surgical arm), such as dressing, toileting, showering and grooming?

## Around the house

- Will I need help doing indoor and outdoor housework and chores after surgery? Who can I ask?

## Tips to keep your home safe

- Use a chair with an armrest and a seat that is one inch higher than the back of your knees. Both will make it easier to stand up or sit down. Put a pillow or cushion on lower seats to raise them up.
- Keep hallways and rooms free of clutter and tripping hazards (e.g. cords, scatter rugs, footstools).
- Consider installing railings and make sure the ones you already have are secure.
- Make sure there is good lighting in hallways, stairs, and other places in your home that you use often.
- Use non-slip mats outside and inside your tub or shower.
- Do not use towel racks or toilet paper holders to help you sit or stand. Talk to your occupational therapist about equipment to make this safer.

## Equipment

- Where can I buy or rent equipment (e.g. extra slings, long-handled sponge, gooseneck clamp to hold the hair dryer, long-handled toilet wipe, raised toilet seat, clamp-on tub rail, shower chair)?
- Does my private insurance cover the cost of buying or renting the equipment I need?
- Can I ask a friend to pick-up my equipment while I am in hospital? Do I need it delivered?
- Do I have a sturdy chair with armrests at home?

## Shoulder sling (arm immobilizer)

Your surgeon may give you a prescription for a shoulder sling before your surgery. If so, please buy one from a health-care store and bring it with you to the hospital on the day of surgery. If not, and do not already have a sling, the hospital will give you a basic shoulder sling after your surgery.

Patients typically need to wear a sling for the first six weeks after surgery. Using the sling will help you feel more comfortable and remind you not to move your operated arm more than what your doctor recommends. Your doctor will tell you when you don't need to use it anymore.

## Preparation checklist

Make sure you have answers to these questions before you come to the hospital for your surgery:

- Do I have someone to take me home and stay with me in my home the first night?
- Do I know the time and place of my follow up appointment?
- Do I have any prescription for any new medication(s)?
- Have I set up my home to make it more safe and easier to do things independently?
- Have I arranged for help with homemaking?



# What to expect in the hospital

After your surgery you will wake up in the Post Anesthetic Care Unit (PACU). You will then be transferred to the surgical day care unit until you are able to be discharged home.

You will receive information on how to book your follow up appointment and a prescription for medication before you are sent home from the hospital after surgery.

## Assessments

The nurse will check on you often to make sure that you are comfortable and progressing well. Your temperature, heart rate, blood pressure, oxygen level and dressing are checked.

You will have a large, bulky dressing over your shoulder. That dressing will stay on after you go home. A nurse will ask you to wiggle your fingers and move your arm. They will ask if you feel any change in sensation. Tell your nurse if you feel pain, nausea or itchiness anywhere.

## Intravenous

You will have an intravenous (IV) to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing.

## Oxygen

Extra oxygen is sometimes given through a mask placed over your nose and mouth or by small tubes placed into your nostrils. A small clip on your finger measures the amount of oxygen in your blood. This is called pulse oximeter. The measurement is used to determine if you are getting enough oxygen. The nurses adjust the amount of oxygen based on your needs. The extra oxygen will be removed when you don't need it anymore.

## Managing pain after surgery

Your comfort is our concern. Pain is personal, and it is important that you have effective pain relief. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery.

Our goal is to help you feel comfortable enough to be part of the healing process. Your pain should be controlled enough that you can rest comfortably, breathe deeply, cough, turn, get out of bed and walk.

You may be given a nerve block catheter attached to a pain pump to take home with you. The Acute Pain Service will teach you how to care for them.

Both drug and non-drug treatments can help prevent and control pain. The most common pain control treatments for after surgery are described in the [Pain Management After Surgery booklet](#). You, your doctors and your nurses will decide which treatments are right for you and your pain.

Exercises to do in hospital to help you recover from surgery

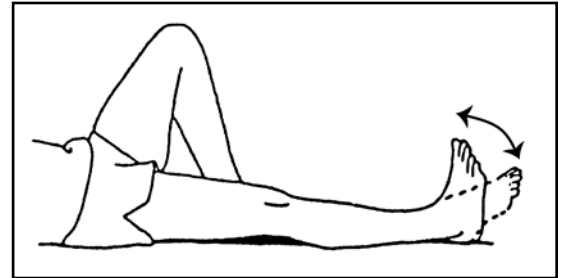
## Deep breathing and coughing

1. Breathe in slowly and deeply through your nose.
2. Blow out slowly through pursed lips, as though you are about to whistle.
3. Take a deep breath and cough.

## Calf pumping

1. Point your toes down (as if you were pressing on a gas pedal) and point your toes towards your chin. Repeat ten times.

These exercises will help prevent blood clots by increasing blood circulation in your legs.

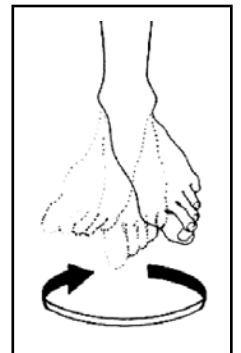


## Ankle flexing

With your legs flat on the bed:

1. Move your ankles in a circle (both directions)
2. Repeat ten times each hour.

Ankle exercises help the blood circulate in your legs while you are less mobile.



## What to do and think about when you get home

A nurse from the surgical day care unit will call you at home the day after your surgery to check how you are doing and answer any of your questions.

## Tips to avoid dislocating your shoulder

Your shoulder will be weak after surgery. It is important to treat it carefully to prevent dislocation. Here are some tips:

- Try not to move your shoulder.

- Don't lift, push or pull anything with your operated arm.
- Keep your arm in a sling at all times except while showering, getting dressed, and doing your exercises.

Moving your elbow, hand and wrist of your operated arm is ok

## Pain and swelling

Ice can help to control pain and swelling at home. Ice can also help control the heat in a joint. Place a wrapped ice pack (frozen peas or corn will do, but do not eat these later) over your shoulder and cool for ten to 15 minutes. Do not leave it on more than 20 minutes as skin may freeze.

## How to put on a sling

1. Relax your operated arm on your lap or hold it close to your stomach. Lay the sling on your lap with the opening toward you and the closed, curved end closest to your operated side. Make sure the straps are attached to the closed end only.
2. Using your non-operated arm, gently bring the sling over your hand and forearm on your operated side until your elbow fits snugly into the closed end. Gently adjust the sling upward to take up the slack. Place your thumb into the thumb loop.
3. Place the strap (1) around your upper back and (2) over the opposite shoulder. Secure the end of the strap into the top ring of the sling. Adjust the strap until your elbow is at 90 degrees. Your wrist should be supported in your sling.
4. If your doctor tells you to do so, wrap the waist strap around your waist and secure it to the lower ring on the sling using the velcro. This should be comfortable, not tight.



Pictures taken with permission from Vancouver Coastal Health

## Exercises

The following exercises are safe to begin at home right away. They will help

- limit swelling in your hand and forearm
- keep your blood pumping well
- prevent stiffness in the unoperated joints.

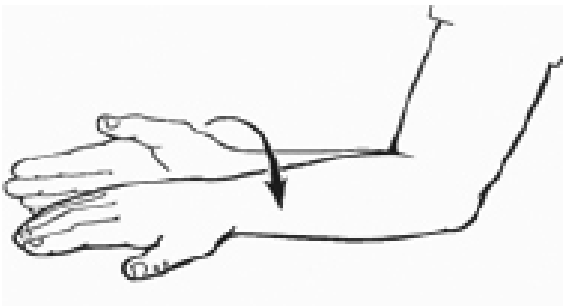
Try to do each exercise ten times, three to five times per day. Your surgeon will tell you if you need to do more or different exercises when you start physiotherapy.

You can do wrist and hand exercises in the sling.

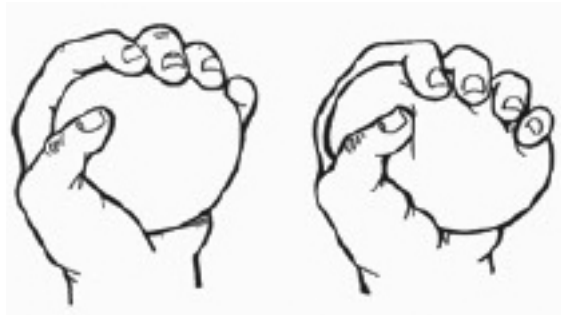
1. While wearing your sling, bend your wrist up and down and side to side. Repeat ten times.



2. While wearing your sling, turn your palm up towards the ceiling and down toward the floor. Repeat ten times.



3. While wearing your sling, make a fist or squeeze a rolled cloth or ball; open and close your hand. Repeat 10 times.



Please unhook the strap on the sling to do the elbow exercise. You can keep your arm in the sling. While lying down or standing, carefully undo the straps of the sling to allow your elbow to move.

1. Bend and straighten your elbow with your palm against your body in a "windshield wiper" motion. Repeat ten times.



## Self-care

Remember to wear your sling at all times after your surgery except when you are showering, getting dressed or doing your elbow exercises. If you can, practice doing daily activities with your non-operated side before surgery. Here are some tips for how to do things with one hand.

## Bathing

Most patients will be allowed to shower once they leave the hospital unless your doctor or nurse says not to. Your nurse will give you instructions about how to take care of your dressing at home and when to shower or do a sponge bath. Do not get your incision (cut) wet before your surgeon sees it.

- If you have a second sling, consider using one as a "wet" sling for bathing and keep one as a "dry" sling to put on after bathing.
- To wash under your operated armpit, do not lift your arm. Slip a small washcloth between or lather your fingers to wash underneath without lifting.
- To wash your unoperated arm, keep your operated shoulder and upper arm tight against your side and use your operated hand to wash your unoperated arm. If you can't reach, use a long-handled sponge.

## Grooming

- Use a spray deodorant instead of a stick deodorant. If you use a stick deodorant, do not raise your operated arm to apply it.
- Use a gooseneck clamp to hold your hair dryer while you use your unoperated hand to comb your hair. Medical supply vendors usually stock holders for a hair dryer.
- Use clips instead of elastics to hold back hair.
- Use products with pump dispensers rather than bars or bottles.

## Toileting

- If you are having trouble reaching, use a long-handled toilet wipe (can be found at medical supply vendors) or tongs, in order to reach further.
- Consider flushable moist toilet wipes to clean more easily after a bowel movement.
- Consider using a raised toilet seat to make getting on and off the toilet easier.

## Dressing

- Dress your operated arm first and undress it last.
- Try wearing button up shirts or looser-fitting shirts. They will be easier to get on and off.
- Try wearing pants with elastic waistbands. Pants with zippers and buttons are harder to pull up or down with one hand.
- Try supportive slip-on shoes, or shoes with velcro fasteners or elastic shoe laces.
- [Learn how to put on socks with one hand.](#)
- Use bras that fasten at the front and have thick straps, if your bra fastens at the back,
  1. Put it on with the closure in front using both hands
  2. Turn it around to the back with your unoperated arm.
  3. Put the straps over arms starting with operated arm first.
  4. Consider buying a bra with removable straps (remove the one on the operated side)
- If opting for no bra, you may wish to use an undershirt with large armholes that you can slide up the operated arm, then pull easily overhead with the unoperated arm.

- If you find it difficult to get your clothes on or off using one arm, consider purchasing dressing aids (watch the education video for details) or ask someone to help you.

To put on a buttoned shirt, follow these steps:

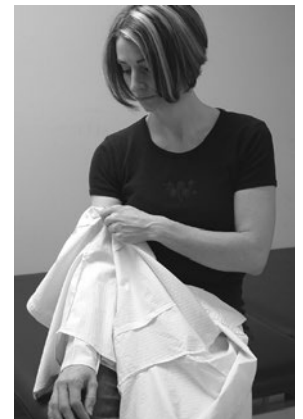
Start with the operated arm when putting clothes on.



**Step 1**

1. Place your shirt on your lap with the inside of the shirt facing you and the label facing up. The collar should lie close to your stomach and the tail or bottom of the shirt should be at your knees.

2. Place your operated arm into the sleeve that is directly in front of it. Make sure that the sleeve is pulled up past your elbow.



**Step 2**

3. Hold the collar of the shirt on your non-operated side. Lean forward and bring your non-operated arm over and behind your head. Now you can pull the shirt over to your non-operated arm.



**Step 3**

4. Put your non-operated arm into the sleeve opening.



**Step 4**

5. To straighten out the shirt, lean forward, bring the shirt past your shoulders, reach back and pull the tail or bottom down. Button as usual. Make sure keep your operated arm close to your body.



**Step 5**

Pictures taken with permission from Vancouver Coastal Health



To put on a t-shirt or knit shirt, follow these steps:

1. Place the shirt on your lap with the front of the shirt face down and the collar or tag at your knees.
2. Roll the bottom edge of the shirt back to expose the sleeve for the operated arm.
3. Move the sleeve opening for the operated arm between your knees and open it as large as possible.
4. Use your non-operated hand to grab your operated arm and place the operated hand into the sleeve opening. Make sure your fingers do not get caught in the sleeve.
5. Pull the shoulder seam up the operated arm past the elbow.
6. Put your non-operated arm into the other sleeve opening.
7. Pull the shirt on the non-operated side up to the shoulder as much as you can.
8. Gather the back of the shirt up in your non-operated hand. Lean slightly forward, lower your chin and pull the shirt over your head.
9. Use your non-operated hand and push the bulk of the shirt material over your operated shoulder towards your back.
10. Pull the shirt down over your stomach on both sides. Pull to adjust as needed.



**Step 1**



**Step 2**



**Step 3**



**Step 4**



**Step 5**



**Step 6**



**Step 7**

Pictures taken with permission from Vancouver Coastal Health



To take off on a t-shirt or knit shirt, follow these steps:

Start with the non-operated arm when removing clothes.

1. Reach back with your non-operated hand behind your neck and start to gather the shirt up in your hand.
2. Lean slightly forward, lower your chin and pull the shirt over your head.
3. Pull your non-operated arm out of the sleeve.
4. Use your non-operated hand to pull the other sleeve off the operated arm.



**Step 1**



**Step 2**



**Step 3**

Pictures taken with permission from Vancouver Coastal Health

## Tips for sleeping

- You will need to wear the sling every night for at least the first month after surgery. Never use your operated arm to push yourself up in bed or from a chair. This may cause you to re-injure the joint.
- Sleep facing up, with a pillow underneath the operated shoulder and elbow to protect the operated area and minimize pain.



## Tips for the kitchen

- Use a cooking apron with a pocket in front to carry items.
- Use containers with easy-to-remove lids to store things.
- Use a tacky surface such as shelf-liner material to stabilize items.
- Put bread or a bun inside a container or against the side of a deep pan to keep it still while you put spread on it. Use a piece of waffle-weave shelf liner under the container or pan to keep it from sliding on the counter.
- To open jars, use a piece of waffle-weave shelf liner to help grip the jar on the counter or between your knees.
- Use rocker knives to help with one-handed cutting, or use pre-cut foods.
- Use deep-sided dishes or containers to help keep food on the plate.
- Keep heavier items on the counter so that you can slide them from place to place instead of lifting them.
- Put only lightweight items above eye level in cabinets.
- Store liquids such as milk and juice in smaller containers so you can manage them more easily with one hand.
- Move items you use often to counter height. Consider moving things in the fridge and freezer to a lower or higher shelf.
- Stock your food pantry with healthy snacks and easy-to-prepare foods. Consider Meals on Wheels or private companies that will deliver meals to your home.

## Tips for work and leisure

- Talk to your doctor about returning to work and driving.
- Talk to your doctor before resuming high impact sports, dance or yoga.
- Use of book holder or iPad holder when reading.
- Stretch rubber bands around every half page of the book to keep pages open. As you read, slide the next page under the rubber band.
- Use a clipboard to keep pages still while writing.
- Wear a fanny pack at your waist instead of a purse to carry personal items.

## **Important phone numbers:**

The Ottawa Hospital: 613-737-8899 (main switchboard)

Your surgeon's office: \_\_\_\_\_

## **Acknowledgements**

This booklet has been revised with permission of Vancouver Coastal Health using "After Your Shoulder Arthroplasty Surgery: Information for people having surgery"



The Ottawa  
Hospital