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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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 help yourself
- your care in hospital
- your needs, care and resources after discharge.

Your health-care team has made a plan in advance for certain parts of your care. This plan is shown in the “clinical pathway” on pages 4 and 5. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

Please:

- Read the booklet carefully.
- Share it with your family.
- Ask questions if there is anything you don’t understand.
- Pack the booklet with your belongings and bring it with you when you are admitted to hospital.
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 Physician may recommend a shoulder replacement (sometimes called Arthroplasty).

What is a Shoulder Arthroplasty?

During shoulder arthroplasty the ball (head of the humerus) and socket (glenoid bone) are replaced with metal and plastic components. The goal is to alleviate pain and improve function. The surgery usually takes from 2 to 4 hours.
**What is a Reverse Shoulder Arthroplasty?**

The Reverse shoulder Arthroplasty is used for patients who require 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. This is the reverse of our normal anatomy and that is why it is called “reverse shoulder arthroplasty”. This surgery also takes from 2 to 4 hours.

The following 2 pages show the clinical pathway for your condition. There is more detailed information after the clinical pathway.
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| **Consults** | • Appropriate health-care professional if problems identified | • Occupational Therapy  
• Home Care if applicable once seen by Occupational Therapist |
| **Medications** | • Antibiotics  
• Regional block or intravenous Patient Controlled Analgesia (PCA) pain pump  
• Anti-nausea medication  
• Patient’s own medication | • Regional block or intravenous Patient Controlled Analgesia (PCA) pain pump  
• Pain medication  
• Anti-nausea medication  
• Patient’s own medication |
| **Assessments and Treatments** | • Vital signs (blood pressure, heart and respiratory rate, temperature, oxygen saturation)  
• Neurovascular assessment (pulses, colour, movement, sensation of operative arm) | • Vital signs (blood pressure, heart and respiratory rate, temperature, oxygen saturation)  
• Neurovascular assessment (pulses, colour, movement, sensation of operative arm) |
| **Activity** | • Activity as tolerated  
• Arm in sling  
• Deep breathing/coughing and ankle exercises | • Learn how to do activities of daily living with one hand  
• Deep breathing/coughing and ankle exercises |
| **Nutrition** | • Sips to diet as ordered | • Diet as ordered |
| **Patient Teaching** | • Deep breathing/coughing and ankle exercises  
• Encourage finger/hand/wrist/elbow movements  
• Shoulder precautions  
• Arm protection  
• Shoulder Arthroplasty teaching booklet | • Plans to cope at home  
• Bowel function plan  
• Pain management plan  
• Able to apply and remove sling  
• Shoulder precautions  
• Signs and symptoms of deep vein thrombosis (DVT)  
• Signs and symptoms of wound infection  
• When to seek emergency follow-up  
• Shoulder Arthroplasty patient information booklet  
• May go home with pain pump |
| **Discharge Planning** | • Discharge plan in place  
• Possible discharge for tomorrow | • Follow-up appointment arranged  
• Discharge today by 10 a.m. |
Shoulder Sling (Arm Immobilizer)
Following your surgery you will be provided with a basic arm sling from the hospital. You will be required to wear a shoulder sling to support your operated arm for the first 4 to 6 weeks or until notified by your surgeon. If you do not find the hospital supplied sling comfortable, other slings like the Aircast Arm Immobilizer pictured below are available from medical supply stores and may offer different adjustment options that you may find more comfortable.

Sammons Preston, 2009
Velpeau Arm Immobilizer or
Rolyan Shoulder Immobilizer

Shoulderdoc.co.uk, 2009
Aircast Arm Immobilizer

What to do Before Your Surgery
When you are discharged from hospital, you will need some help at home. It would be best to arrange for this before being admitted to the hospital. Arrange for someone to pick you up at 10 a.m. on the day of discharge. If you think you will have problems coping at home, discuss this with your nurse. You will receive a follow-up doctor appointment and a prescription for medication.

Transportation
Following your shoulder replacement you will not be permitted to drive for up to three months. Your surgeon will tell you when you can drive.
**Meals**
Following your surgery you will not be permitted to use your operated arm to assist with meal preparation and therefore, please consider some of the following options.

- Can someone pick up your groceries?
- Does your grocery store deliver?
- Do you need to prepare and freeze meals prior to surgery?
- Do you have canned food and non-perishable items stocked at home?
- Do you need Meals-on-Wheels?
- Are items in your kitchen set-up at an accessible height (i.e. between shoulder and hip height)?
- Is food stored in containers that you can open with one hand?

**Equipment**

- Where can you purchase or rent equipment (i.e. slings)?
- Does your private insurance cover the cost of your rental or purchasing of equipment?
- Can someone pick-up your equipment while you are in hospital or do you need it delivered?
- Do you have a sturdy chair with armrests at home?

**Personal care**

- If you need assistance with bathing, dressing and daily care is there someone who can help?

**Homemaking**

- Do you have someone who can help with indoor housework such as laundry and cleaning? Do you have someone who can assist with outdoor chores such as mowing the lawn, snow removal and taking out the garbage?
- Do you need to contact a volunteer or private company to assist with indoor/outdoor chores post surgery?

**Please note that the standard length of stay in hospital following a shoulder arthroplasty is 1 day.**
Your Care in Hospital – After Surgery

After your surgery you will awaken in the Post Anesthetic Care Unit (PACU). You will stay there until your condition is stable. When you are stable you will be transferred to your room.

Assessments

The nurse will check you often to ensure 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.

You will be asked to wiggle your fingers and move your arm and whether you have any change in sensation. Let your nurse know if you feel any of the following: unrelieved pain, nausea or vomiting 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 will increase, or decrease the amount of oxygen based on their assessment. The oxygen will be discontinued when appropriate.

Pain Management After Surgery

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. 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 be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

You may be sent home with a nerve block catheter attached to a pain pump. The Acute Pain Service will provide you with information on how to care for the pain catheter and pump. Both drug and non-drug treatments can be successful in helping 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. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

Exercises After Your Surgery

Deep breathing and coughing

*** Repeat these exercises several times a day before surgery.
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 exercises

- Point your toes (as if you were pressing on a gas pedal) and point your toes towards your chin.
  Repeat 10 times.

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

Ankle exercises

Ankle exercises help the blood circulate in your legs while you are less mobile. Do these ten (10) times each hour, while you are awake and until your activity level increases.

With your legs flat on the bed:
- Move your ankles in a circle clockwise and counter-clockwise.


After Discharge

**Self-care**
Following your shoulder arthroplasty, your operated arm will be supported in a sling with the exception of when you are dressing or washing the operated arm. It will be necessary to adopt one-handed techniques to assist you with completing your daily activities. The following information will assist you in maintaining your independence post-operatively while respecting your shoulder precautions.

**Bathing**
The first two days following surgery, you will be sponge bathing to allow your incision to heal. Typically, upon discharge from the hospital, you will be permitted to take a shower unless directed otherwise by the nursing staff or your surgeon.

*While bathing:*
- If you have balance issues or you do not want to shower with your sling on, you may wish to rent/purchase a bath bench/chair to sit on while bathing.
- Once seated remove the sling and allow your operated arm to rest on your stomach to support your shoulder. If you are standing while showering you must wear your sling.
- To wash under your operated arm, bend forward and dangle your operated arm and use your unoperated arm to wash under the armpit.
- 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.
- You may also wish to purchase a long-handled sponge and long-handled shower cord to assist with washing your back, legs and feet.

**Dressing**
The following types of clothing are recommended to help you with being independent post surgery:
- Loose fitting shirts that button up the front.
- Brassieres with large straps which fasten at the front. Fasten your back closure bra in front using both hands and then turn it around to the back with your unoperated arm. Put straps over arms starting with operated arm first.
- 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.
• Elasticized pants. Pants with zippers and buttons are hard to pull up or down with only one hand.
• Supportive slip-on shoes or shoes with velcro fasteners or elastic shoe laces.

Getting dressed:
• Sit at the edge of your bed or edge of a chair.
• Remove the sling.
• Dress your operated arm first by hanging the arm by your side.
• Slide your operated arm into the shirt sleeve—use your unoperated arm to assist and let the operated arm hang.
• Use your unoperated arm to bring shirt around your back and then slide your unoperated arm into the shirt sleeve.
• Fasten buttons using only your unoperated arm.
• Apply sling to operated arm.

***If you have any questions or concerns with any of the above information, please speak with the Occupational Therapist in the hospital.

Pain and swelling
• Ice – Ice can help to control pain and swelling. Ice is also used to 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 10 to 15 minutes. Do not leave on more than 20 minutes as skin may freeze. This should be combined with the elevation.
• Elevation – Swelling in the shoulder/arm can be helped by elevation. It is best if the arm is raised above the level of the heart.
Sleeping
You will need to wear the sling every night for at least the first month after surgery. Never use your 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.

Shoulder dislocation precautions
- Do not put weight on the operated arm.
- Do not push, pull or lift with your operated arm.
- Do not move or twist your elbow behind your body to reach anything.
- No shoulder motion behind the back for a minimum of 12 weeks.
- Your elbow of the operated arm must always be supported.
- Your sling should be worn at all times for the first 3 to 4 weeks except during dressing, showering and range of motion exercises.

Call your orthopedic surgeon or family physician if any of the following occurs
- Increased pain in shoulder or arm
- Swelling, tenderness or redness in your shoulder or arm
- Temperature above 38°C
- Drainage, redness, swelling, a foul odor or opening of incision
- Increased difficulty with moving your shoulder or arm
- Shortness of breath
- Chest pain