



Center for Bone & Joint Health

Shoulder Replacement Surgery: A Patient's Guide to Recovery

Table of Contents

INTRODUCTION

Welcome.....	2
Your Healthcare Team.....	2
Understanding Your Shoulder.....	3-6

BEFORE YOU COME TO THE HOSPITAL.....6

Preparing for Surgery (Weeks in Advance).....	6
Preparing Your Home.....	7

YOUR SURGERY AND HOSPITAL STAY.....8

Day Of Surgery And Admission To The Hospital.....	8
Pre-Operative Area.....	8
Operating Room.....	9
Post Anesthesia Care Unit (PACU).....	9
Transfer To The Orthopaedic Unit.....	9
Diet.....	10
Pain Management.....	10
Home Medication.....	10
Rehabilitation In The Hospital- Physical Therapy.....	11
Exercise Program.....	11-16
Rehabilitation In The Hospital- Occupational Therapy.....	17
Dressing.....	17
Restrictions.....	17
Guidelines.....	17

DISCHARGING FROM THE HOSPITAL.....18

Out Patient Physical Therapy.....	18
Incision Care.....	18
Medications.....	18
Managing Constipation.....	19
When To Call Or See Your Doctor.....	19
Your New Shoulder Is Different.....	19
Providing Feedback.....	20
Adaptive Equipment Suppliers.....	21
Total Joint Replacement Website References.....	22

INTRODUCTION

WELCOME

Welcome to the Santa Rosa Memorial Hospital's Center for Bone and Joint Health. We are very pleased that you have chosen us for your shoulder replacement surgery and our team is committed to making your recovery a comfortable and successful one. Please feel free to reach out to your Total Joint Replacement Patient Navigator at 707-523-BONE, at any time during this process to help answer questions that you may have. Our patients and families have found it helpful to learn as much as they can before surgery. Our goals are for you to feel confident with your decision to have surgery and to become educated on your procedure so that you have the best possible outcome. This informational booklet has been prepared as a resource to help you understand your shoulder replacement. It will explain what to plan for and expect before, during, and after your hospital stay. You will learn about your daily routine while in the hospital, as well as exercises, incision care, medications, therapies, and much more. We urge you to read and refer to this resource frequently as well as share it with your family or caregiver. Please bring this booklet with you each time you are scheduled to see your surgeon, as well as when you come to the hospital for surgery.

YOUR HEALTHCARE TEAM

During your stay in the hospital, a team will work with your surgeon to help you through your recovery. The team has been specifically trained for orthopaedic care and includes the following members:

Anesthesiologist

You will meet your anesthesiologist prior to your surgery, and your anesthesiologist will continue to follow you during your hospital stay. Your anesthesiologist is responsible for performing either regional anesthesia with an "interscalene block" or general anesthesia. During the operation, the patient will be sedated and asleep, positioned in a "beach-chair", or sitting up, position.

Hospitalist

Our hospitalists support the medical needs of our orthopaedic patients. If your primary care physician does not have privileges at Santa Rosa Memorial Hospital and you have other health issues such as diabetes, hypertension, or heart disease, it is likely your orthopaedic surgeon will request a hospitalist consultation.

Nursing Staff

Our orthopaedic nursing staff will educate, support, and guide you. They will coordinate your daily activities and help you with mobility, treatments, personal care, pain management and discharge planning.

Physical Therapists

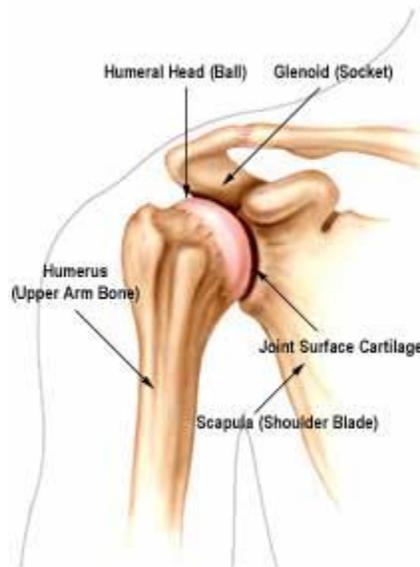
Physical therapists will tailor an exercise program to your specific needs. They will work with you to strengthen your new shoulder and supporting muscles.

Occupational Therapists

Occupational therapists will teach you how to do daily tasks as independently as possible, following the shoulder precautions outlined by your doctor. Examples of these tasks include dressing, personal hygiene, and kitchen chores.

UNDERSTANDING YOUR SHOULDER

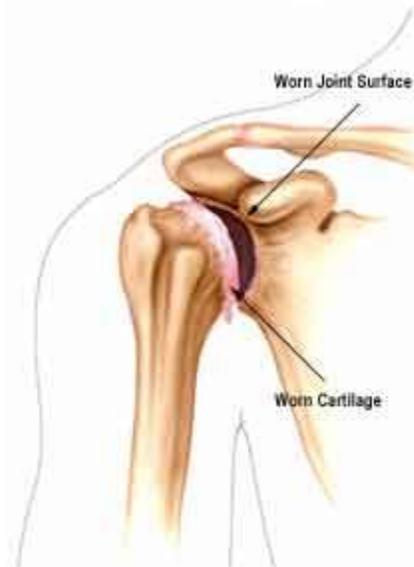
The Healthy Shoulder: Your shoulder is made up of two bones: the arm bone (humerus) and the shoulder blade (scapula). The shoulder is a ball-and-socket joint. The ball, or head, of your humerus fits into a shallow socket (glenoid) in your scapula to form the shoulder joint.



The joint surfaces are covered with articular cartilage, a smooth tissue that enables them to move easily. Smooth tissue called synovial membrane covers all remaining surfaces inside the shoulder joint. In a healthy shoulder, this membrane creates a small amount of fluid that lubricates the cartilage and eliminates almost

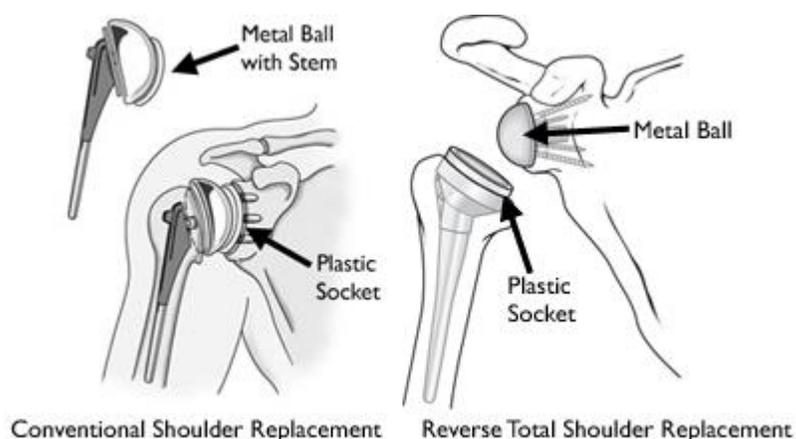
any friction in your shoulder. The muscles and tendons that surround the shoulder provide stability and support. Together, all of these structures allow the shoulder to rotate through a greater range of motion than any other joint in the body.

The Arthritic Shoulder: Shoulder arthritis refers to the disappearance of the normally smooth cartilage surfaces of the shoulder due to degeneration, injury, inflammation or previous surgery. In these conditions, the smooth cartilage which **cushions the surface of the bone is worn out, damaged, or eroded from disease. This disappearance of cartilage covering results in a “bone on bone” joint and can be quite painful. The diagnosis is usually made by taking a history from the patient, performing physical exam and obtaining X-rays [for shoulder arthritis plain shoulder films will usually make diagnosis and MRI is not required].



Total Shoulder Replacement, also known as a Total Shoulder Arthroplasty (TSA), is a procedure used to treat severe pain and stiffness resulting from end stage arthritis of the shoulder. The surgery involves replacing the damaged humeral head (or joint “ball”) with a metal ball and putting a new smooth plastic surface on the glenoid (socket). Partial shoulder replacement (or “hemi-arthroplasty”) may also be indicated with certain severe shoulder fractures of the humeral head or in cases where the supporting soft tissues (rotator cuff) are insufficient. This technique requires the replacement of the ball component only. The procedure replaces the joint surfaces with artificial ones, removes scar tissue, and balances the muscles to restore the best possible function.

Reverse Total Shoulder Arthroplasty is a type of shoulder replacement done for patients who have developed “rotator cuff arthropathy” (arthritis of the shoulder joint developing from a massive rotator cuff tendon tear). This procedure is also done for patients who have complex fractures or to revise a failed conventional Total Shoulder Arthroplasty (TSA). Patients with rotator cuff arthropathy have significant loss of function of the affected shoulder and often are unable to lift their arm even to shoulder height. With traditional total shoulder replacement, the ball and socket of the joint are replaced. In the reverse total shoulder replacement, a metal ball is placed on the glenoid and the top of the humerus is converted to a socket. The reverse shoulder arthroplasty allows for restoration of overhead motion, alleviates pain and helps restore a functional shoulder.



Why is Surgery Needed?

Surgery may be recommended for many reasons, the most common of which are:

- To alleviate pain
- To restore lost function
- To correct deformity
- To improve quality of life

Shoulder prosthesis durability can vary from patient to patient because each patient's body places slightly different stresses on the new shoulder. However, the average patient can expect to obtain greater mobility and freedom from pain, which in turn will improve one's quality of life.

BEFORE YOU COME TO THE HOSPITAL

PREPARING FOR SURGERY (WEEKS IN ADVANCE)

After you and your surgeon agree that surgery is the best option for your condition, your surgeon's office will schedule your surgery and provide instructions. In some cases, your surgeon will also require that you obtain medical clearance prior to your surgery. Your primary care physician may perform this clearance and/or you may need clearance by your cardiologist or other medical specialist. You will also be asked to complete lab work, an EKG, and possibly other diagnostic tests prior to surgery. Your surgeon may also request that you get dental clearance.

- Preparing mentally and physically for surgery is an important step towards a successful result. Have a positive mental attitude.
- The use of nicotine products (i.e., cigarettes, cigars, gums, or patches) has been shown to increase complications after surgery. It inhibits bone and wound healing by decreasing blood flow to the surgical site. These products can also increase the risk of blood clots (DVT). Thus you should stop these products prior to surgery.
- Please reduce your alcohol consumption prior to surgery.
- Excellent nutritional and hydration status before and after surgery is important for good health and progress. Good nutrition is a balance of calories, protein, fiber, and iron. Each of these is very important. Calories are always important after having surgery. Protein is important because it helps to rebuild muscles, repair tissues, fight infection and aids healing. Rebuilding the muscles and tissue around your new shoulder will help the joint to heal properly.
- Unless you are told otherwise, continue to take medications already prescribed by your physician, except for the following:
 - Fish Oils should be discontinued 2 weeks prior to surgery.

- Anti-inflammatory medications (Advil, Ibuprofen, Motrin, Feldene, Naprosyn or Aleve) should be discontinued 7 days prior to surgery.
- Consult with your physician regarding Aspirin products. Patients with cardiac stents should continue to take their Aspirin (81mg).
- Your physician or cardiologist should also discuss plans to stop any blood thinners you take regularly (Plavix, Coumadin, Xarelto, etc.) They should provide a specific stop date and any other special instructions (e.g. need for blood thinning injections once pills have stopped.)
- Constipation is sometimes a problem following surgery for a variety of reasons. Increasing fiber and fluid intake will help to eliminate this problem. Stool softeners and/or laxatives are also recommended prior to surgery. Do not arrive to the hospital for your surgery constipated.
- You may wish to review and plan your post-hospital care with your Total Joint Replacement Patient Navigator (707-523-BONE) prior to admission. If you have specific needs while hospitalized or once discharged, please reach out to your Patient Navigator. We are here to help facilitate your options and help you make decisions in a more informed way.
- Arrange your transport to and from the hospital. Patients are discharged from the hospital at 10:30am.
- Before your admission, please complete the Advance Health Care Directive form authorizing another person, designated by you, to make decisions with your physician about your care, should this become necessary.
- Within a couple days before surgery, the E.A.S.E. (Early Admission Surgical Evaluation) nurse will call and talk to you about your surgery date and time, review your lab work, allergies, medications, and follow-up with any questions that you may have. The E.A.S.E nurse will also inform you of when and where you will arrive at the hospital the morning of your surgery. You will be instructed on when to stop eating and drinking and what medications you should take. Any medications that you are instructed to take the morning of surgery, take with a couple sips of water only.
- You will be provided antimicrobial cleansing scrubs called Chlorhexidine Gluconate cloths (CHG) by the Total Joint Patient Navigator in the mail prior to surgery. There are specific instructions attached to the CHG cloths. The first pack of CHG cloths should be used the night before surgery. The second pack of CHG cloths used the morning of surgery prior to arrival to the hospital.

PREPARING YOUR HOME

You will find it helpful to prepare your home prior to surgery so that it is safe when you return. The following information is designed to assist you with this.

- Remove throw rugs from the floor. These can cause you to trip and fall.
- Remove or relocate electrical cords which are in the walking paths.
- Put frequently used items where they can be reached easily.
- Before surgery, prepare and freeze meals that can be easily heated.
- Check stair railings to make sure they are secure.
- Make sure handrails are well anchored (or install handrails) on both sides of the stairway.
- Be sure that your lighting is ample to prevent falls and assure that you can read medication labels and instructions easily.
- Light switches should be immediately accessible upon entering a room.
- Good lighting for hallways, stairs, and bathrooms is especially important. Keep a nightlight on in your bathroom.

YOUR SURGERY AND HOSPITAL STAY

DAY OF SURGERY AND ADMISSION TO THE HOSPITAL

- **At Home:** Use the second pack of CHG cleansing cloths on your operative shoulder. Take your medications as previously instructed by the E.A.S.E. nurse, with a couple sips of water only.
- **Arrival Time:** 2 hours before surgery or the time given by the E.A.S.E. nurse.
- **What to Wear:** Wear a loose button up shirt and comfortable pants. Do not wear any jewelry. Also leave money and other valuable possessions at home. We cannot be responsible for lost possessions.
- **What to Bring:** A pair of slip-on shoes, loose fitted clothing (button up shirt), bathrobe, toiletries (toothbrush/paste, hairbrush, deodorant, etc.). If you wear a hearing aid, dentures, glasses or contact lenses, please bring them (as well as containers) with you. If you have sleep apnea, please bring your CPAP machine. Do not bring any of your own medications.
- **When you arrive at the hospital:** Park in the front parking lot or in the visitor area in the parking garage and proceed to the admitting office (to the left of the main lobby). Sign your name on the admissions sign-in clipboard and indicate that you are present for surgery at a specified time. Your support person will assist in checking you in and may remain with you until you go to surgery.

- Your family may wait in the surgery waiting room, if they wish. After your procedure, the physician will contact your family in this waiting area to discuss your surgery and your condition. Family and friends can then wait in the Orthopaedics waiting room until you return to your room.

PRE-OPERATIVE AREA

This area is designed to prepare patients before they enter the operating room. An intravenous (IV) infusion of fluid may be started. In this procedure, a tiny plastic tube or “catheter” is placed in your vein (usually in the arm) as a means to administer fluid and medication. Your nurse will complete the admission process. Your surgical team will take your latest information and perform some additional safety cross checks and tasks. They will review the surgical consent with you and have you sign the actual consent paperwork. Your anesthesiologist will discuss any pertinent medical history, allergies, or any previous experiences you have had with anesthesia. This is also the time period where anesthesia options will be discussed for the shoulder replacement surgery and you may have a nerve block placed. Your surgeon will also greet you in this pre-operative area and answer any questions that you may have. Your surgeon will confirm your identity, review, and then sign your surgical site with a surgical marker. These steps are an important part of the process designed to increase patient safety. Members of the operating room staff will recheck that all of the appropriate paperwork and tasks have been performed. They will then escort you on the gurney down the hall and into one of the operating rooms.

OPERATING ROOM

Your shoulder replacement surgery generally takes 2-3 hours, but the approximate elapsed time from operating room to post-anesthesia care unit is about 3 ½ - 4 hours. After your procedure, your surgeon will speak with your family in the surgical waiting room.

POST ANESTHESIA CARE UNIT (PACU)

After surgery you will be transferred to the PACU where you will be closely monitored until you are ready to be transferred to the nursing unit. Here, your vital signs (blood pressure, respirations, and heart rate) will be checked frequently, you will receive pain medication if needed, you may receive oxygen, and your incision and dressings will be checked. When the anesthesiologist determines that you are sufficiently recovered, you will be transferred to the Orthopaedic Unit. Family is not allowed into the PACU, however, they can gather your belongings and take them over to the Orthopaedic Unit to meet you in your private room.

TRANSFER TO THE ORTHOPAEDIC UNIT

Once you arrive to your private room on the Orthopaedic Unit, vital signs will continue to be monitored, an assessment will be completed by your nurse, and you will begin post-surgery exercises. Post-surgery exercises are:

- 1) Deep Breathing/Incentive Spirometry—This exercise involves taking 10 slow deep breaths in a row and should be performed every 30 minutes while you are awake. It is important to perform deep breathing exercises after surgery to rid your airway and lung passages of mucus.
- 2) Foot Pumping—This exercise involves moving your feet up and down vertically 10 times in a row every 30 minutes while you are awake. Early movement can help prevent blood clots from forming.

DIET

After surgery, you will be given ice chips to satisfy your thirst. Your physician will advance your diet from liquids to solid foods, as you are able to tolerate them. You will be provided a daily menu to fill out. We do have many diets that can be ordered (diabetic, low salt, gluten free, cardiac, and vegetarian/vegan). If you need assistance with completing the menu selections or have any specific dietary needs, please let us know.

PAIN MANAGEMENT

After surgery, you will experience varying degrees of pain and discomfort. This is normal and will improve each day. Keeping your pain under control is very important to your recovery. It will help you eat better, sleep better and get around more easily. We ask that you pay close attention to your level of pain and communicate with your nurse. Your orthopaedic care team will help you with your pain management. However, pain management begins with you! Please don't hesitate to request pain medication as you need it. Do your best to describe the pain, pinpoint its location and intensity. Your surgeon will select the most appropriate pain medication for you. It is best to stay "ahead of" the pain, taking your pain medication at consistent intervals throughout the day and night. Pain management is a multifaceted approach. The methods of pain management following a shoulder replacement are:

- Interscalene Nerve Block- This may be placed by the anesthesiologist immediately prior to surgery. This can be done either as a single injection or through a catheter which is inserted and stays in place postoperatively. Local anesthetic is administered around the nerves which supply the shoulder area and arm, making the area numb and allowing for prolonged pain relief postoperatively.

- Oral Medications- Your surgeon’s goal is to manage your pain with oral pain medications immediately after surgery. Oral pain medications can be very effective for pain management. Often times, an anti-inflammatory medication will be ordered as well. Your surgeon will provide you with a triplicate prescription for narcotic pain medication upon your discharge from the hospital. All triplicate prescriptions must be taken to the pharmacy for filling and may not be ordered over the phone.
- Cold Therapy- The application of cold has been shown to reduce swelling and pain associated with inflammation around the surgical site. Apply an ice pack for 15-20 minute intervals every 3 to 4 hours. Be sure to place a protective barrier (i.e. thin towel) between your shoulder and the ice pack, and perform a periodic skin check.

HOME MEDICATIONS

Any medications that you have been taking prior to coming to the hospital may be resumed with an order from your physician. It is important that you provide the hospital with a comprehensive list of your home medications, for your surgeon to review when ordering postoperative medications. You will not be allowed to take your own home medications during your stay in the hospital, as only your nurse will be able to administer hospital medications as ordered by the physician. Your physical therapist will instruct you on your post-operative home exercise program. The goal is to begin range of motion of the shoulder without damaging the repaired tendons. In order to tolerate your exercise program and gain the greatest benefit from your therapy sessions, it is important that your pain be adequately controlled. Refer to the exercises presented on pages 9-13 to continue performing post-operatively.

REHABILITATION IN THE HOSPITAL -PHYSICAL THERAPY

You will be seen by a physical therapist on the day of surgery, generally a few hours after you arrive on the Orthopaedic unit, and then twice a day sessions the subsequent days. Your physical therapist will instruct you in an exercise program to increase range of motion. They will educate you on joint positioning, safety with transfers and gait training. Your support team or “coach” is welcome to be present during the physical therapy sessions to learn how to assist you at home. Ultimately, your motivation and participation with physical therapy is a vital element in speed and success of your long-range rehabilitation.

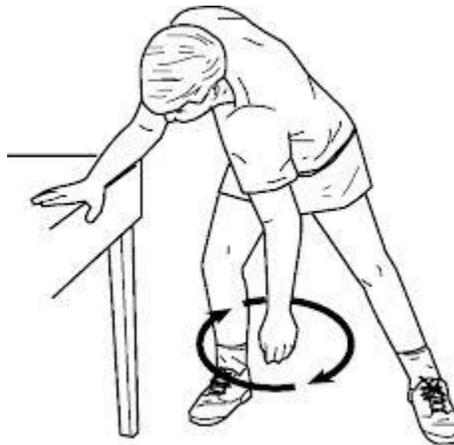
EXERCISE PROGRAM

Your Physical therapist will instruct you on your post –operative home exercise program. The goal is to initiate range of motion of the shoulder as well as gentle

strengthening and management of swelling. In order to tolerate your exercise program and gain the greatest benefit from your therapy sessions, it is important that your pain be adequately controlled. Refer to the exercises presented on pages 12-16 to continue performing post operatively.

PENDULUM SHOULDER CIRCLES

Bend forward 90 degrees at the waist, using table for support. Rock body in circular pattern to move arm clockwise 10 times. Repeat counterclockwise. Do 3 sessions per day.

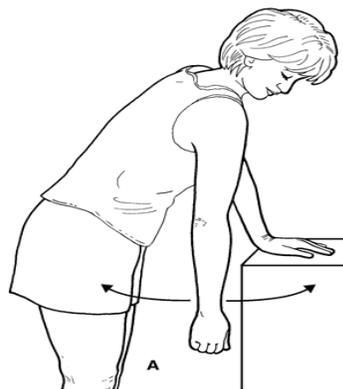


PENDULUM SHOULDER FORWARD/BACK

Bend forward 90 degrees at the waist, using table for support. Rock body forward and back to swing arm.

Repeat 10 times.

Do 3 sessions per day.

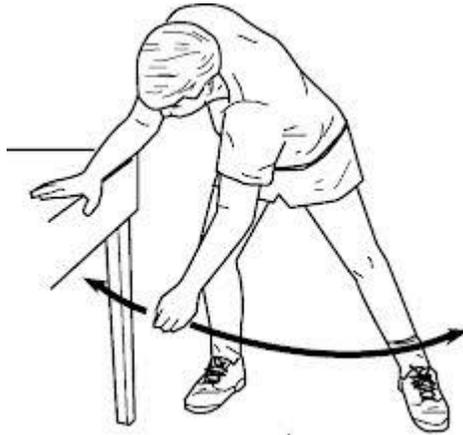


PENDULUM SIDE TO SIDE

Bend forward 90 degrees at the waist, using table for support. Rock body from side to side across body and let arm swing freely.

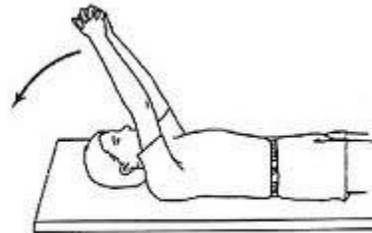
Repeat 10 times.

Do 3 sessions per day.



SELF SHOULDER FLEXION

Clasp your hands in front of you. Lift your arms over your head keeping your elbows straight. Hold for 10 count.



CANE EXERCISE: FLEXION

Lie on back, holding cane at waist level. Keeping arms straight as possible raise cane towards ceiling but not past 90 degree shoulder height. Hold 5 seconds.



Repeat 10 times.

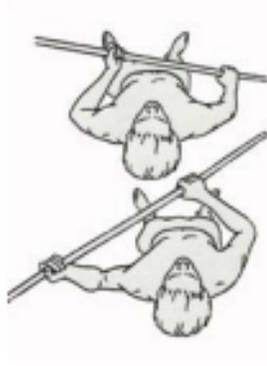
Do 3 sessions per day

CANE EXERCISE: ABDUCTION/ADDUCTION

Hold cane non-affected arm “palm down” and affected arm “palm/thumb up”. Keeping back flat, move cane towards affected side over chest. Do not lift past 90 degree shoulder height. Hold 5 seconds on affected side.

Repeat 10 times.

Do 3 sessions per day.



NECK FLEXION

With head in comfortable position and chin slightly tucked, gently bring right ear toward right shoulder. Hold 5 seconds. Repeat with left side.

Repeat 5 times.



Do 3 sessions per day.

ACTIVE NECK ROTATION

With head in a comfortable position and chin gently tucked in, rotate head to the right. Hold 5 seconds. Repeat to the left.

Repeat 5 times

Do 3 sessions per day



HAND/WRIST HIGH LOW

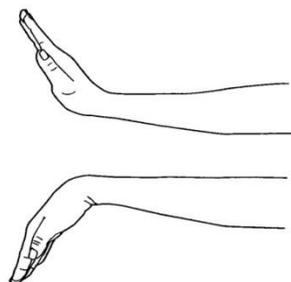
Bend elbows at 90 degrees at sides (use armrest on chair if more comfortable)

Starting with palms down, bend wrists downward.

Hold 5 seconds. Then bend wrists upward. Hold 5 seconds.

Repeat 5 times.

Do 3 sessions per day.



FLEXION/EXTENSION

Stand or sit with one arm out in front, palm up. Slowly bend elbow and raise forearm toward shoulder.

Relax arm. Repeat 5 times.

Do 3 sessions per day.

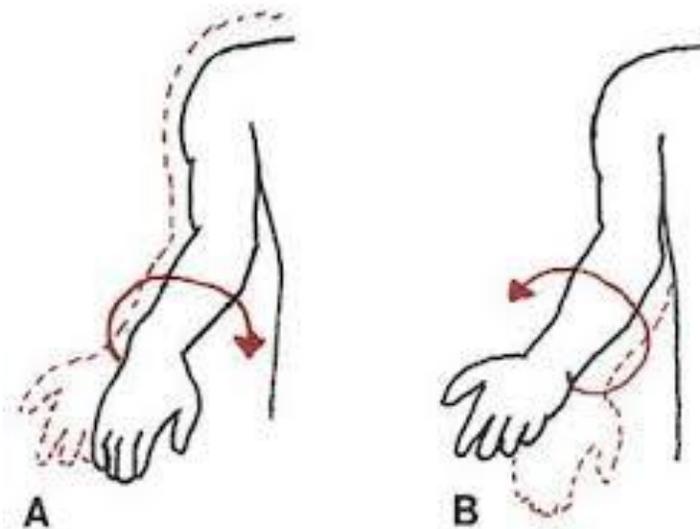


FOREARM PRONATION/ SUPINATION

With elbow held at side, wrist straight hand palm facing up, turn until palm faces down completely.

Hold 5 seconds.

Repeat 5 times. Do 3 sessions per day.



REHABILITATION IN THE HOSPITAL -OCCUPATIONAL THERAPY

You will be seen by an occupational therapist after your surgery. Your occupational therapist will educate you on safety in the home, and instruct you in activities of daily living (bathing, dressing, etc.) Your support team or “coach” is welcome to be present during the occupational therapy sessions to learn how to assist you at home.

DRESSING

Dressing: Put your operative arm in the sleeve first when you get dressed. When getting undressed, take your operative arm out last. Loose fitting, button-down shirts are recommended.

RESTRICTIONS

1. Perform external rotation (arm away from body) of the operative shoulder to available range of motion as determined by your physician
2. No active internal rotation of the operative shoulder
3. Avoid leaning and weight bearing on your operative arm
4. Avoid lifting any object weighing more than 1 pound using only your operative arm. May perform light activities of daily living using operative arm (eating, drinking, use remote control, etc.)
5. Avoid any reaching activities (overhead, sideward, backward)
6. No driving until approved by your physician

GUIDELINES

1. Your exercise program should be carried out 3 times per day
2. Your arm sling is typically worn for 3-4 weeks post operatively, unless otherwise prescribed by your physician; the sling may be removed to perform your therapy exercises.
3. While sleeping or sitting:
 - Keep your shoulder in the immobilizer unless instructed otherwise by your physician.
 - Place a pillow under your forearm for support. You should be able to “see” the position of your elbow while lying down.

DISCHARGING FROM THE HOSPITAL

The majority of total shoulder replacement patients go directly home after a 1 to 2 day hospital stay, with either in-home or outpatient physical therapy. A daily discharge class is instructed by the Total Joint Replacement Patient Navigator. The class is intended for the patient's spouse/family members/friends in order to educate them on how to best care for you at home. The class is held Monday-Friday, 10:00 - 10:30AM in the Orthopaedic Unit conference room.

OUTPATIENT PHYSICAL THERAPY

Often times, patients will not need homecare rehabilitation and will instead go home and begin outpatient physical therapy. Outpatient physical therapy is typically prescribed 2-3 times per week. Your surgeon's office will assist you with selecting a therapy clinic and making your first appointment.

INCISION CARE

- Keep surgical area clean and dry at all times. Do not put tight clothing over it.
- Keep the dressing in place, but change it if it gets wet, or as directed by your physician.
- Your sutures or staples will be removed during your first postoperative visit with your physician 7-14 days after the surgery.
- Leave steri-strips in place (they will eventually fall off on their own).
- Showering: You may shower without your sling after 3-5 days, keeping your operative arm across your body Remember, DO NOT REACH for objects with your operative arm; keep it across your body! After the shower, you must put your sling back on.
- Do not take tub baths or soak in a hot tub or swimming pool until your incision is completely healed.

MEDICATIONS

Your physician may give you some prescriptions when you leave the hospital. These may include narcotics. The narcotics cannot be called into the pharmacy. A triplicate prescription needs to be brought into the pharmacy to be filled.

- Narcotics (pain pills) - Take your pain medication as prescribed by your surgeon. Remember to take the pain pills at the prescribed intervals (example: every 4 hours) so that the pain doesn't become too severe. Remember, if you are taking pain medication, you should avoid alcoholic beverages. Avoid taking medication on an empty stomach. Have something to eat first. Take your pain medication 30-45 minutes before doing your exercises. In the event that the

pain medication does not work or you are experiencing unpleasant side effects (nausea/vomiting, constipation) contact your surgeon's office.

- Home medications: Resume your home medications as instructed by your physician.

MANAGING CONSTIPATION

Constipation is a common side effect of taking narcotics and limited activity after a joint replacement surgery. Follow these guidelines to prevent constipation:

- Increase your fluid intake, drink 8 glasses of fluid daily.
- Increase your fiber intake. Choose whole grain breads and cereals, fresh fruits, vegetables, and beans.
- Continue to take stool softeners twice daily. Stop the stool softener if you start to experience loose or watery stools. If you continue to have constipation symptoms, you can take Milk of Magnesia, which is a mild oral laxative, or try Magnesium Citrate, which is a much stronger oral laxative. Dulcolax suppositories are also an option. All of these medications are available over-the-counter at a pharmacy.

WHEN TO CALL OR SEE YOUR DOCTOR

Contact your surgeon sooner if you experience any of the following symptoms:

- Fever over 101° F. Lower temperatures are not unusual and usually do not indicate problems.
- Drainage from your incision. A small amount of yellowish or pinkish drainage is normal. Contact your surgeon if you have a large amount of drainage that has saturated through your bandage and/or clothing, if the drainage is bloody or yellowish/cloudy, or has an odor.
- Redness, swelling or warmth around your incision.
- Increased swelling in thigh, calf or ankle that does not go down with elevation.
- Increased pain/tenderness in the calf.
- *Chest pain and/or problems with breathing, call "911" or go to the nearest hospital ER.*

YOUR NEW SHOULDER IS DIFFERENT...

Recovery from surgery takes time. You will likely feel tired and fatigued for several weeks and this is a normal response. It is also not uncommon to have a poor appetite. It is important to plan periods of rest throughout the day, in between continuing your physical therapy program, taking your medications and following your surgeon's instructions.

If you live alone, you may want to make arrangements for someone to help during your initial recovery for 1-2 weeks after surgery.

Some helpful hints:

- Organize your daily routine so things are easily accessible, like cookware.
- We recommend taking at least 2 weeks off from work
- Golf, tennis and swimming are resumed about 6 months after surgery.

Hard work and a positive attitude will help your recovery from surgery be a successful one!

PROVIDING FEEDBACK...

On behalf of Santa Rosa Memorial Hospital and your orthopaedic surgeon and care team, we would like to thank you for choosing to have your surgery at the Center for Bone and Joint Health. We hope that you find this educational booklet helpful on your journey to recovery. If, at any time, you have questions regarding any step of this process, please feel free to reach out to your Total Joint Replacement Patient Navigator at 707-523-BONE. Feedback from our patients has been a critical component in building our Center for Bone and Joint Health. We listen, respond and seek to constantly improve so that we can achieve a positive experience and excellent outcomes. We look forward to hearing your feedback in a variety of means...

- Patient satisfaction phone survey conducted by Professional Research Consultants (PRC)
- Phone consultation with the Total Joint Patient Navigator, 707-523-BONE
- Written correspondence to Santa Rosa Memorial Hospital's President, Todd Salnas

Todd Salnas, President
Santa Rosa Memorial Hospital
1165 Montgomery Drive
Santa Rosa, CA 95405

-OR-

Todd.Salnas@stjoe.org

Thank you!

ADAPTIVE EQUIPMENT SUPPLIERS

Apria Healthcare
3636 North Laughlin Road, #190
Santa Rosa, CA 95403
(707) 543-0979
Fort Bragg (707) 961-1770
Ukiah (707) 468-9242
Lakeport (707) 994-1236

Pacific Medical
Chris Torres, Rehab Consultant
(209) 338-8268 cell
(707) 546-3045 fax

R A Medical Company
407 East Perkins Street
Ukiah, CA 95482
(707) 463-0160

Redwood Empire Medical Supply
6620 Redwood Drive
Rohnert Park, CA 94928
(707) 585-6800

Ron Andrews Medical Company
117 Carlos Drive
San Rafael, CA 94903
(707) 575-1840

Sonoma Surgical
4975 Sonoma Highway 12
Santa Rosa, CA 95409
(707) 539-5151

North Coast Medical
Functional Solutions Catalog
(800) 235-7054 (www.ncmedical.com)

TOTAL JOINT REPLACEMENT WEBSITE REFERENCES

The Arthritis Foundation
www.arthritis.org

The American College of Rheumatology
www.rheumatology.org

Depuy Orthopaedics
www.depuy.com

Tornier Orthopaedics
www.tornier-us.com/upper/shoulder/

Zimmer Orthopaedics
www.zimmer.com

American Shoulder and Elbow Surgeons (ASES)
<http://www.ases-assn.org>

Serving All of Sonoma County

Orthopaedic Services Are Provided at the Following Locations:

Santa Rosa Memorial Hospital
1165 Montgomery Drive
Santa Rosa, CA 95405
707-523-BONE (2663)

Santa Rosa Memorial Hospital Outpatient Rehabilitation – Montgomery Campus
1170 Montgomery Drive
Santa Rosa, CA 95405
707-542-4704

St. Joseph Orthopedic & Sports Medicine Clinic
1255 North Dutton Ave., Suite B
Santa Rosa, CA 95404
707-547-4618

West Sonoma County Hand and Physical Therapy Clinic
968 Gravenstein Hwy. South
Sebastopol, CA 95472
707-824-8018

