



ADVANCED ORTHOPAEDIC & SPINE
CENTER OF EXCELLENCE

**TOTAL SHOULDER REPLACEMENT
GUIDEBOOK**

TOTAL SHOULDER REPLACEMENT GUIDEBOOK

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TOTAL SHOULDER REPLACEMENT GUIDEBOOK

Welcome

We are pleased you have chosen The Advanced Orthopaedic & Spine Center of Excellence at Houston Physicians' Hospital to have shoulder replacement surgery.

The goal of surgery is to:

- Relieve pain
- Restore independence
- Return to an active lifestyle

Using the Guidebook

The Guidebook will assist you with:

- What to expect
- What you need to do
- How to care for your new joint

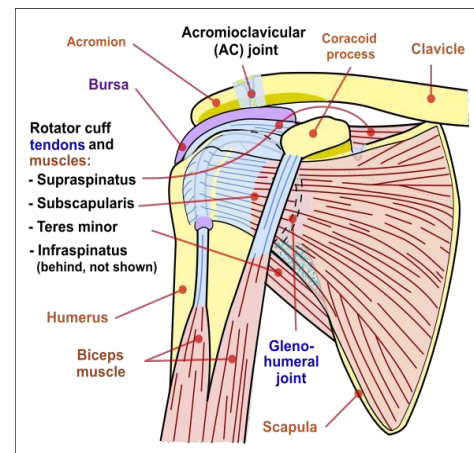
Your physician, nurse, or therapist may add or change any of the recommendations. Always follow their instructions and ask questions if you are unsure.



TOTAL SHOULDER REPLACEMENT GUIDEBOOK

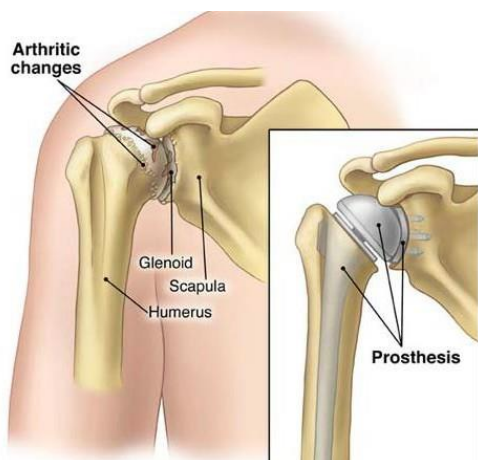
Understanding the Shoulder

- The shoulder is composed of two bones: the socket (glenoid) and ball (humeral head).
- The bones are covered by a very smooth layer composed of cartilage – this is the cartilage that is damaged leading to osteoarthritis.
- Surrounding the socket (glenoid) is the labrum to help deepen the socket and provide stability.
- The rotator cuff muscles aid in motion of the joint as well as keep the ball centered in the socket.
- An important muscle for function is the deltoid which drapes over the outside of the shoulder.

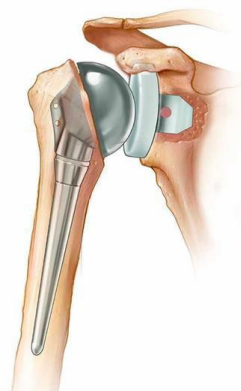


What is a Total Shoulder Replacement?

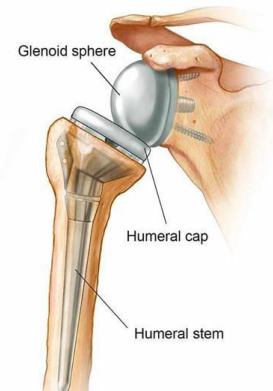
- Due to the diseased and loss of normal cartilage, the exposed bones, are under constant stress and expose nerve endings.
- This leads to loss of motion and pain.
- In a total shoulder replacement, the diseased cartilage is removed and replaced with a metal ball and socket.
- In addition, a plastic piece is placed between the ball and socket to allow smooth movement.
- In a reverse shoulder replacement, the ball and socket are flipped – this is necessary when the rotator cuff muscles are no longer attached and functional.



Total shoulder arthroplasty



Reverse shoulder arthroplasty



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Before Surgery

Pre-Operative Phone Call with Your Nurse Navigator

After surgery has been scheduled, you will be contacted by a member of the Advanced Orthopaedic & Spine Center of Excellence Team. During this phone call you can expect the following:

- Schedule pre-operative appointments for medical testing
- Coordination of your pre-operative care
- Answer any questions you may have
- Direct you to appropriate hospital resources

Medical Optimization

Medical optimization is an approach that orthopaedic surgeons use to reduce postoperative complications, improve the safety of the procedure performed, and ensure successful and positive outcomes. Additional doctor consults may be ordered after discussing your medical history with your surgeon and anesthesiologist.

Laboratory Tests Prior to Surgery

Your surgeon will order a specific set of blood tests prior to your procedure that will be completed in the Advanced Orthopaedic & Spine Center of Excellence Clinic. Your surgeon may also recommend you see your PCP and any other specialists participating in your care prior to your surgery.

Medications That Increase Bleeding

Your doctor should tell you when to stop any medications before surgery. For example, discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, Co-Q-10, Fish Oil, Omega 3, etc. These medications may increase bleeding. If you are taking a blood thinner prescribed by a specialist, that specialist will need to provide instructions for when to stop the medication. Notify your Nurse Navigator if you are taking any of the medications listed above.



Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

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Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

Plan for Leaving the Hospital

- Plan to have someone stay overnight with you for your first night home after discharge from the hospital.
- Arrange for someone to check-in on you for the next 3-5 days after your surgery.
- Schedule your follow-up appointment with your surgeon.

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Stop Smoking¹

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.
- Increases risk of developing blood clots
- If you quit smoking before surgery, you will increase your ability to heal.



Smoking can impair oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

**Houston Physicians' Hospital is a Tobacco Free Facility*

¹ Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp> Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

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Prepare Your Home

- Put things you use often on a surface that is easy to reach
- Complete house cleaning, do laundry and put it away
- Put clean linens on the bed
- Prepare meals and freeze them
- Cut the grass, tend the garden and other yard work
- Pick up throw rugs and tack down loose carpeting
- Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs
- Place a recliner in your bedroom (most patients are more comfortable sleeping in a recliner after surgery)
- Remove electrical cords and other obstructions from walkways; do NOT run wires under rugs – this is a fire hazard
- Install nightlights in bathrooms, bedrooms and hallways
- Begin practicing everyday tasks and activities with the arm opposite of your surgery
- Arrange to have someone take care of pets

Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.

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Surgery Timeline

7-14 Days Before Surgery

Pre-operative Visit to the Advanced Orthopaedic & Spine Center of Excellence

You will receive a call to schedule your pre-operative appointment with your nurse navigator for an assessment, blood work, day of surgery instructions and an opportunity to ask any questions.

Five Days Before Surgery

Prepare your home.

Do not shave the operative area.

Two days Before Surgery

Change the sheets on your bed. Shower and wash your hair. Begin using your Hibiclens soap as instructed at your Advanced Orthopaedic & Spine Center of Excellence Clinic visit.

Night Before Surgery

Pack an overnight bag with a change of clothes and include an oversized, button up shirt to wear after surgery, personal hygiene items, a phone charger, and your medications in their original containers. Shorts/pants with an elastic waistband are recommended. Follow the instructions provided to you by your Nurse Navigator regarding when to stop eating and drinking.

Day of Surgery

Arrive at Houston Physicians' Hospital at the time provided to you by your Nurse Navigator. Bring your insurance, ID card, Advance Directive and/or Power of Attorney paperwork (if applicable), and your co-payment that is required by your insurance. **BRING YOUR SLING.** Leave all jewelry and valuables at home.

Special Instructions

- Remove makeup before procedure
- Remove nail polish before procedure
- No body lotion
- No contact lenses during surgery
- You will be asked to remove hearing aids in pre-op
- You will be asked to remove unfixed dental appliances (dentures, bridges, partials, etc.) in pre-op

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Hospital Care - What to Expect

Before Surgery

- Your anesthesiologist will review your information to evaluate your general health and determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

During Surgery

- The Anesthesia team will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- Most of the discomfort occurs the first 12 hours following surgery, so you may receive pain medication orally, intramuscularly and/or intravenously.
- **Only one or two very close family members or friends should visit on surgery day.**
- Later this day, you will be assisted out of bed to walk and/or sit in a chair. Mobility helps to relieve discomfort. It is important you begin ankle pumps and wiggle your fingers. This will prevent blood clots from forming.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned. It is important to perform the exercises every hour while you are awake.

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Hospital Care - What to Expect

Post-op Day One

- Expect to be out of bed, cleaned up, dressed in your own clothes, and seated in a recliner. Elastic waist shorts and button up tops are best.
- Your surgeon will visit.
- The therapist will evaluate you performing ADL's, such as dressing. They will also ensure you know how to properly apply, remove and adjust your sling.
- Intravenous (IV) pain medication will likely be stopped; you may begin oral pain medication.

Discharge Options

Going Directly Home

- Have someone pick you up.
- Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Take your Guidebook with you.
- Most patients going home will follow up with their surgeon prior to beginning any physical therapy.
- If Home Health services are needed, the hospital will arrange it and provide you the information.



Going to an Inpatient Rehabilitation Facility (IRF) or Skilled Nursing Facility (SNF)

- The hospital will arrange for transportation.
- Transfer papers will be completed by nursing staff.
- Your doctor or a doctor from IRF/SNF will care for you in consultation with your surgeon.
 - IRF/SNF stays require that you have appropriate medical necessity to be approved. This means, you must have medical diagnoses that are not currently being managed at home that require a nurse and/or physician to monitor you daily. In order to transfer to an IRF/SNF, you must also meet admission criteria established by the facility in accordance with your insurance company.
 - If an IRF/SNF is not approved, you may still choose to go there and pay out of pocket, or the hospital will make alternate arrangements for home health care.

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AT HOME AFTER SURGERY

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

***Try not to nap
during the day so
you will sleep at
night.***

Be Comfortable

- When you begin outpatient physical therapy, take pain medicine at least 30 minutes before your scheduled appointment time. Be sure you have someone to drive you.
- Wean off prescription medication to non-prescription pain reliever as instructed by your physician.
- Use ice packs for pain control at least 30 minutes each hour.

Body Changes

- Your appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- You may have difficulty sleeping.
- Your energy level will be low; this may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Take a stool softener twice a day as long as you are taking narcotic pain medication. Take a laxative if you go 3 days without having a bowel movement.

Incision Care

- You will receive specific instructions at discharge regarding when you can get your incision wet.
- Notify your surgeon if increased drainage, redness, pain, odor, or heat around the incision is present.
- Take your temperature if you are feeling warm or sick. Call your surgeon if your temperature/fever exceeds 101 degrees.
- Plan for a follow up appointment with your surgeon after your procedure. Schedule your follow up appointment prior to having your procedure.
- When providing any care for the incision, wash hands before and after.

Dressing Care

Your nurse will provide instructions regarding dressing changes prior to discharge. You may need to purchase paper tape, non-adherent pads and gauze pads for home use.

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Recognizing and Preventing Potential Complications

Infection

Signs	<ul style="list-style-type: none"> Increased swelling and redness at incision site Change in color, amount, and odor of drainage Increased or changing pain Fever greater than 101 degrees
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Prevention	<ul style="list-style-type: none"> Take proper care of incision Notify dentist or surgeon that you have a joint replacement before having dental work or other invasive procedures done—prophylactic antibiotics are generally prescribed
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Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs	<ul style="list-style-type: none"> Blood clots can form in your legs or arms Swelling in thigh, calf, or ankle that does not go down with elevation Pain, heat, and tenderness to touch in the arm, leg, or groin area Redness and/or swelling in the arm, leg or groin area
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Prevention	<ul style="list-style-type: none"> Perform ankle pumps Wiggle fingers and squeeze and release your hands into fists Walk several times a day
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Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911.**

Signs	<ul style="list-style-type: none"> Sudden chest pain Difficult and/or rapid breathing Shortness of breath Sweating Confusion
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Prevention	<ul style="list-style-type: none"> Follow guidelines to prevent blood clots in the arms and legs
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Around the House:

Safety Tips and Avoiding Falls

- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Be aware of where your pets are when you are walking around your home.

Dos and Don'ts for Rest of Your Life

What to Do

- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.



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Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

Exercise – Do

- Recommended exercise classes
- Regular one- to three-mile walks.
- Aquatic exercises.
- Regular exercise at fitness center.
- Consult surgeon or physical therapist about specific sport activities.



Exercise – Don't

- Do not participate in high-risk activities such as contact sports
- Do not take up sports requiring strength and agility until you discuss it with surgeon or PT

Importance of Lifetime Follow-up Visits

When should you follow-up with your surgeon?

- Every year, unless instructed differently.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are reasons for routine follow-up visits with your orthopedic surgeon. X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.

You need a regular exercise program to maintain the fitness and health of muscles around your joints.



TOTAL SHOULDER REPLACEMENT GUIDEBOOK

Frequently Asked Questions (FAQs)

What is osteoarthritis and why does my shoulder hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.

What is total shoulder replacement?

In a total shoulder replacement, the diseased cartilage is removed and replaced with metal on the ball and socket. In addition, a plastic piece is placed between the ball and socket to allow smooth movement and eliminate pain. In a reverse total shoulder, the ball and socket are flipped; this is necessary when the rotator cuff is no longer attached and functional.

How long will my new shoulder last?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

What are the potential complications?

Most surgeries go well, without complications. However, potential and rare complications include infection, loosening of the hardware, rotator cuff damage, dislocation and blood clots. To avoid these complications, follow your surgeon's instructions.

How long will I be in the hospital?

Most patients will be hospitalized for one night after surgery and then discharged home.

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Will I need help at home?

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, household chores, etc. Family or friends need to be available to help. Preparing ahead before surgery can minimize amount of help needed. Having laundry done, house cleaned, yard work completed, clean linens, and single portion frozen meals will reduce the need for help.



Will I need physical therapy when I go home?

Yes, but not until after you have a follow-up visit with your surgeon and they instruct you when to begin.

Will my new shoulder set off security sensors when traveling?

Your joint replacement is made of metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on security screening procedure.



TOTAL SHOULDER REPLACEMENT GUIDEBOOK

Preventing Infection

Post-operative Instructions to Help Prevent Infection

- Wash hands for 20 seconds before and after dressing changes and any contact with the surgical site
- As a rule of thumb, loved ones should not touch your wound or surgical site
- Change your sheets weekly while your incision is healing; an incision is completely healed once there are no scabs remaining on the incision
- Carefully follow your doctor's instructions about wound care after surgery
- Do not allow you pets to sleep with you while you have a healing incision

Symptoms to Report to Physician

- Foul smelling drainage from incision or wound
- Temperature of 101 degrees F (38 degrees C) or greater
- Increased redness, pain, swelling or discharge at incision site

If you have any questions or concerns, call the doctor's office and ask to speak with the nurse. Or you can call your Advanced Orthopaedic & Spine Center of Excellence Clinic Nurse Navigator.



TOTAL SHOULDER REPLACEMENT GUIDEBOOK

Glossary

- **Abdomen:** Part of body commonly thought of as the stomach; it's situated between hips and ribs
- **Ambulating:** Walking
- **Dressings:** Bandages
- **Embolus:** Blood clot that becomes lodged in a blood vessel and blocks it
- **Incentive Spirometer:** Breathing tool to help exercise the lungs
- **Incision:** Wound from surgery
- **IV:** Intravenous
- **Osteolysis:** Condition in which bone thins and breaks down
- **PT:** Physical therapy
- **SSI:** Surgical Site Infection
- **ADL:** Activity of Daily Living

Appendix

- Pre-surgery CHG/Hibiclens Bathing Instructions
- Venous Thromboembolism (Blood Clots)
- Discharge Instructions
- Shoulder Immobilizer Instructions

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Pre-Surgery CHG/Hibiclens Bathing Instructions

Getting your skin ready for surgery is extremely important! To help prevent a surgical site infection, you should clean your skin with CHG. This is a special chemical found in soaps such as Hibiclens and other brands.

- Gather clean, freshly-laundered washcloths, towels and clothes for each shower
- Before using, read all instructions!
-

For best results, bathe with CHG/Hibiclens soap 1 day prior to surgery and on the morning of surgery.

If you experience an allergic reaction (rash, facial swelling) to the soap, stop using and notify your surgeon.

Steps for showering with CHG/Hibiclens soap:

1. If you plan to wash your hair, use your regular shampoo; then rinse your hair and body to remove any shampoo residue.
2. Wash your face with your regular soap or water only.
3. Thoroughly rinse your body with water from the neck down.
4. Apply CHG/Hibiclens soap directly on your skin or on a clean wet washcloth and wash gently; move away from the shower stream when applying the CHG/Hibiclens soap to avoid rinsing it off too soon.
5. Rub the soap filled washcloth over your entire body for 3 minutes; apply more soap as needed (1/2 of bottle should be used with each of the showers).
6. Avoid scrubbing your skin.
7. Avoid contact with your eyes, ears, mouth and genitals; if the solution comes in contact with these areas rinse out promptly.
8. Turn on the shower/return to the shower stream, and rinse the soap off your body completely with warm water.
9. Do NOT use regular soap after washing with the CHG/Hibiclens soap.
10. Use a clean washcloth with each shower.
11. Pat your skin dry with a freshly-laundered, clean towel after each shower cleansing.
12. Dress with freshly-laundered clothes after each shower cleansing.
13. Apply clean sheets prior to beginning the showers with CHG/Hibiclens soap.
14. Do NOT apply any lotions, powders or perfumes to your body after using the CHG/Hibiclens soap
15. Do NOT shave the night before or the day of surgery. Facial shaving is the only thing permitted before surgery.
16. Do NOT remove any body hair below the neck.

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Venous Thromboembolism (VTE)¹

What is a VTE?

Venous thromboembolism (VTE) is a disease that includes both deep vein thrombosis (DVT) and pulmonary embolism (PE).

Deep Vein Thrombosis (DVT) – is a blood clot that forms in your arm, leg, or groin

Pulmonary Embolism (PE) – is a condition when one or more of the arteries in your lungs become blocked

What Causes a VTE?

Sitting still for long periods of time, such as long airplane rides, and some medications or certain disorders that increase your risk for blood clots can lead to a DVT.

Signs and Symptoms of a Blood Clot

Always be aware of changes that occur to your body, but keep in mind a few examples that may indicate you have a blood clot (see picture).

- Warmth and tenderness over the vein
- Pain or swelling in your legs
- Skin redness

Seek medical attention, even if you are not feeling sick.

DVTs can occur in all types of people, even those that are healthy, and when left untreated they can break apart and travel to your lungs where they can form a pulmonary embolism. Pulmonary embolisms can be life-threatening by preventing adequate blood flow to your lungs, but quick treatment with anti-clotting medications can reduce the risk of death.

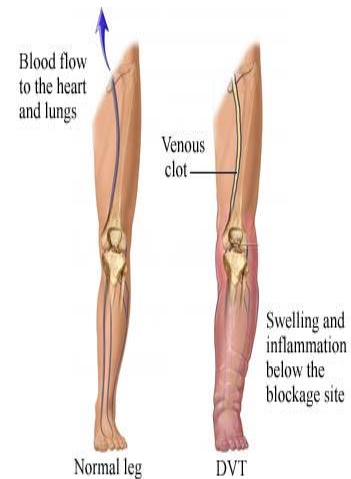
Treatment

Medications are available to treat this condition. They will act to:

- Eliminate pain
- Reduce inflammation
- Break up clots and prevent new clots from forming

Prevention

- Maintain a healthy weight by consuming a balanced diet and exercising as your body can tolerate daily.
- If you are taking a long car or plane ride, try to walk around from time to time and stretch your legs.
- Stay hydrated and drink plenty of liquids.
- Know the signs and symptoms of a blood clot.



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¹ National Institute of Health. Deep Vein Thrombosis. Accessed at URL:
<http://www.nlm.nih.gov/medlineplus/deepveinthrombosis.html> on 9/21/11

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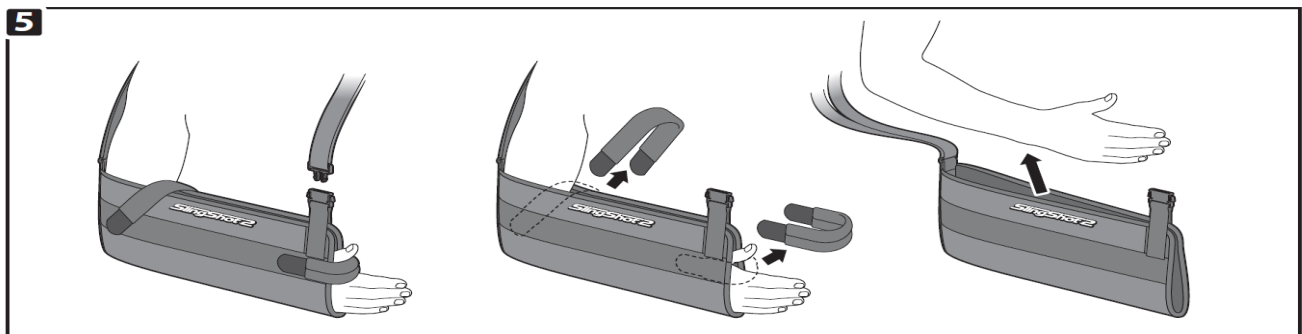
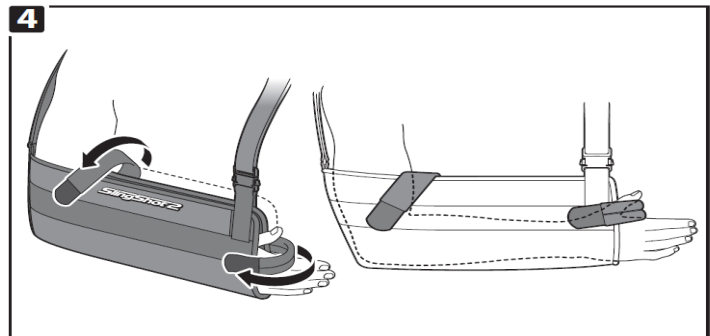
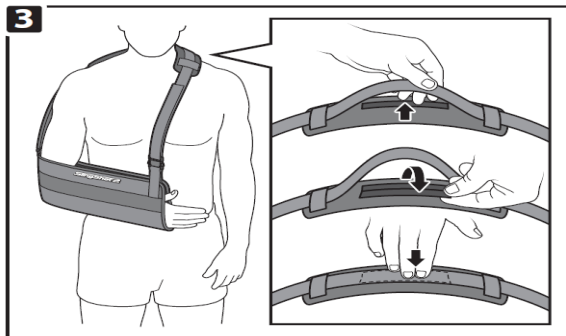
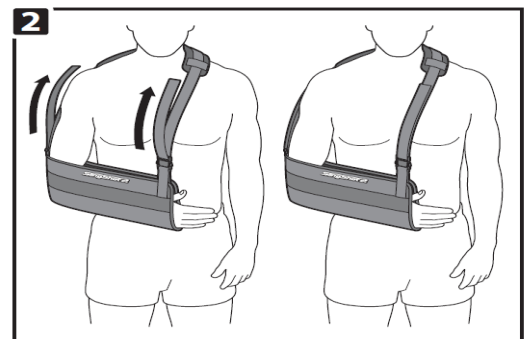
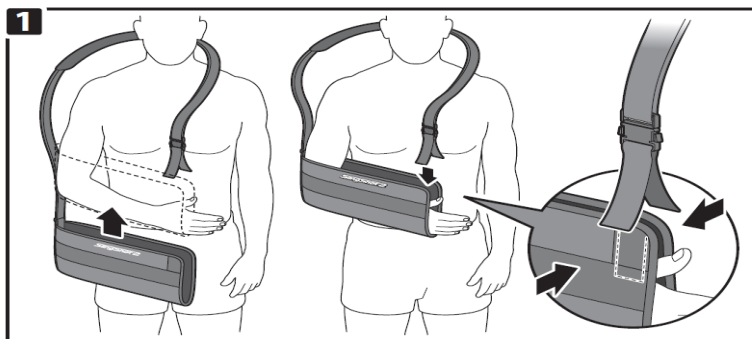
Discharge Instructions

- Notify your doctor of any signs of infection, including redness, swelling, drainage, or temperature above 101 degrees.
- Use ice or cryotherapy for 20-30 minutes several times a day.
- Wear your sling as instructed by your surgeon.
- Notify your doctor of swelling or pain in the arm, leg or groin. These may be signs of a blood clot.
- Notify your dentist that you have an artificial joint prior to any dental work.
- Do not submerge your incision in water until it is completely healed and free of scabbing.
- Take a nap if you are tired, but do not stay in bed all day.
- Do not drive until your doctor says it's okay to drive. Do not drive while taking narcotic pain medications.
- Take your medications as instructed by your physician.
- Participate in daily activities as independently as possible.
- Take a stool softener twice a day while taking narcotic pain medication.
 - If you have not had a bowel movement after 3 days, take a laxative.
- Take pain medication at least 30-60 minutes before physical therapy.
- Wash hands before and after each dressing change

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SHOULDER IMMOBILIZER INSTRUCTIONS

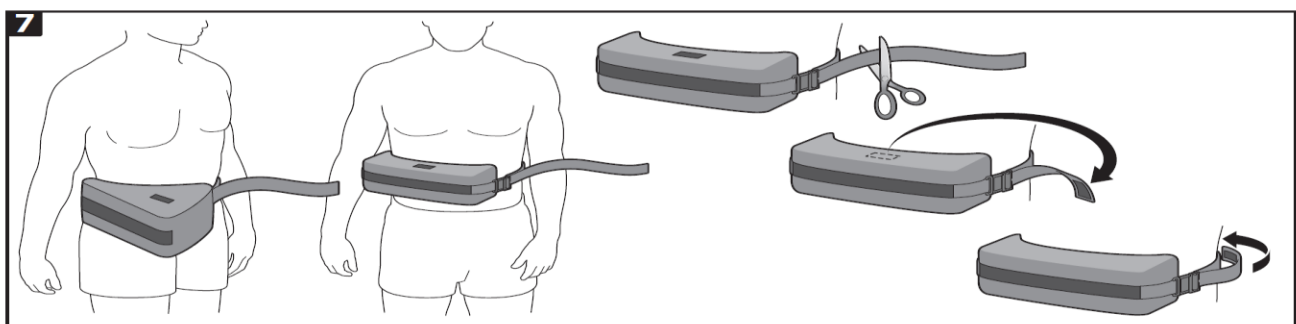
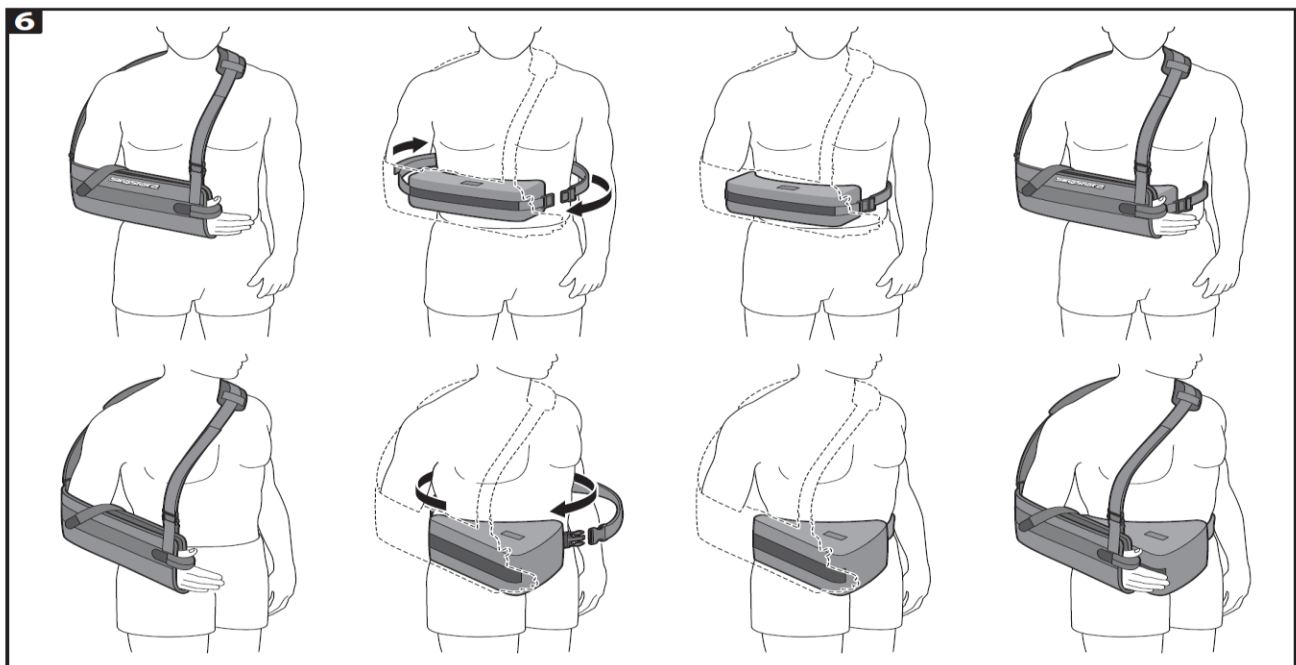
1. While supporting the operative arm, slide the forearm into the sling. Wrap the adjustable shoulder strap around the neck and shoulders and attach the strap end to the sling using the “alligator strap tab”.
2. Adjust the shoulder strap to the required length.
3. Position the shoulder pad behind the neck.
4. Attach the closure strap across the open top of the sling. Position the strap so it holds the arm securely in the sling. Next, attach the thumb strap to the open end of the sling between the thumb and fingers.
5. After the sling has been fit, it may be easily removed and reapplied using the quick release buckle on the shoulder strap.



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SHOULDER IMMOBILIZER INSTRUCTIONS CONTINUED

6. If a neutral pillow or 15 degree abduction pillow is included, place the pillow at the waistline. Attach the sling to the pillow, lining up hook material on the pillow with the loop on the sling. Adjust the waist strap to fit.
7. If waist strap is too long, cut it to fit. Use the small piece of double sided hook material (located on top of the pillow) to secure the strap end. Place the double sided hook material on the inside of the cut strap end and secure it to the waist strap.
8. If no pillow is included, attach the waist strap to the sling and adjust to fit.





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Advanced Orthopaedic & Spine Center of Excellence Clinic Contacts

Advanced Orthopaedic & Spine Center of Excellence Clinic.....	832-632-5353
Amanda Wolf, Registered Nurse.....	281-557-2885; awolf@hphtx.org
Deborah Palumbo, Registered Nurse.....	281-557-2880; dpalumbo@hphtx.org
Nicole Galvan – AOSCE Program Coordinator.....	281-557-2886; ngalvan@hphtx.org
Elena Juarez, Medical Assistant.....	832-340-2161; ej Suarez@hphtx.org
Stephanie Stinson, Clinical Director.....	281-557-2912 ssinson@hphtx.org

Other Important Phone Numbers

Houston Physicians' Hospital Main Number	281-557-5620
Houston Physicians' Hospital Inpatient Nurse Station – Main Tower.....	281-557-5633
Houston Physicians' Hospital Observation Unit – South Tower.....	832-632-5352
Houston Physicians' Hospital Emergency Room	281-557-5639
Houston Physicians' Business Office.....	281-557-2918



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Houston Physicians' Hospital Orthopaedic Surgeons

Dr. Omkar Davé.....281-728-8241

Dr. Shaun Holt.....281-333-1111

Dr. Anthony Melillo281-286-3500

Dr. Daniel O'Neill.....281-333-5114

Dr. Terry Siller..... 409-938-8161

Dr. Laura Torres-Barré713-486-7580



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NOTICE TO PATIENTS DISCLOSURE OF OWNERSHIP

We are required by the Federal Law to notify you that this hospital meets the Federal definition of a “physician-owned hospital” as specified in 42 C.F.R. §482.13 (b) (2). A list of physicians who have a financial interest in this hospital is available upon request.



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Notes: