

Patient Information & Appointment Sheet

Reverse Total Shoulder Replacement

Patient Name

Surgeon's Name: _____ Date of Surgery: _____

Your pre-admission appointment at Flagstaff Medical Center is:

Date

Time

Return to see your surgeon for a pre-op check on:

Date

Time

Covenant Orthopedics Telephone: (989) 583-7450

Bring this Guidebook with you to:

- Every office visit before surgery
- The hospital on admission
- All office visits after surgery
- All therapy visits after surgery

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Note: The Glossary is a list of words to know when using this Guidebook. It defines many medical terms that will help patients understand the information in the Guidebook.

Note: Drawings by Rebecca Blodgett, RN, BSN

Section I: General Information

Welcome

Thank you for choosing to have your reverse total shoulder replacement surgery at the Spine and Joint Surgery Center at Flagstaff Medical Center. To assist you in your recovery, the Center has prepared a planned course of treatment which is described in this Guidebook. The Guidebook will answer many of your questions and will provide information that will help promote a safe and successful outcome.



Every year, over 500,000 people have total joint replacement surgery. Chronic joint pain from arthritis or other problems limits daily activities, walking, exercise, leisure, recreation, and work. Total joint replacement surgery aims to relieve pain, restore independence, and allow patients to return to work and other daily activities.

Patients who have total shoulder replacement surgery recover quickly. Most patients return home after a two or three night stay in the hospital. Patients are taught exercises that help increase their movement. They will also learn how to put on and remove a shoulder immobilizer and how to dress themselves using one hand.

The Spine and Joint Surgery Center is unique. It is a special unit within the hospital. The team of professionals who will care for you include: physicians, physician's assistants, nurse practitioners, patient care technicians, nurses, orthopedic technicians, and physical and occupational therapists. They all have special training in the care of total joint replacement patients. Also, the Spine and Joint Surgery Center has a full-time orthopedic nurse practitioner on the team to follow-up on patient needs and to help coordinate the important details of your care. We want to assist you in achieving your best outcome in a timely manner. We strongly believe that you play a key role in your recovery after surgery. Our goal is to involve you in your treatment through each step of the program. We will give you the tools you need to help you recover in a special, safe and friendly setting. As part of our program, you will receive individual therapy. A family member or trusted friend will be asked to serve as your "Coach." Your coach will be able to assist you with your needs in the hospital as well as in your home. Two to three months after your surgery, you will also be invited to attend a Reunion Tea and Body Mechanics Refresher class.

Our goal is to provide you with "Excellent Patient Care." We want you to know that your questions and concerns will be addressed with courtesy and respect. We make every effort to provide complete and helpful information to our patients and their loved ones. We ask that you and your family share your thoughts and ideas about your care so that your needs are fully met. You are why we are here. Patients and families are our purpose.

Section I: General Information

The Purpose of the Guidebook

Being prepared for your surgery will help you get the best results from your reverse total shoulder replacement surgery. This Guidebook will help you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint for life

This is just a guide. Your physician, physician's assistant, nurse or therapist may add to or change many of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a guide for at least the first year after your surgery.

Using the Guidebook

Instructions for Patients:

- Read Section I for general information
- Read Section II for pre-operative preparation
- Read Sections III and IV for hospital and post-operative care
- Read Section V for exercise and activity guidelines
- Read Section VI for extra information
- Carry your Guidebook with you to the hospital, sub-acute rehab, outpatient therapy, and all physician visits



Section I: General Information

Questions and Answers About Reverse Total Shoulder Replacement Surgery

We are glad you have chosen the Spine and Joint Surgery Center and Flagstaff Medical Center to care for your shoulder. Patients have asked many questions about reverse total shoulder replacement surgery. Below is a list of the most often asked questions along with their answers. If there are any other questions that you need answered, please ask your surgeon. We want you to be fully informed about this procedure.

Anatomy of the shoulder joint

The shoulder joint is a ball and socket joint. The ball on the upper end of your arm bone (humerus) rests against your shoulder socket (glenoid). The shoulder joint is lined with a layer of smooth cartilage. This cartilage serves as a cushion and allows for smooth motion of the shoulder.



Shoulder Joint

What is arthritis?

Arthritis is a wearing away of the smooth cartilage in the shoulder joint. At some point, it may wear down to bone. Rubbing of bone against bone causes discomfort, swelling, and stiffness. Many patients need surgery to replace the damaged joint.

What is a reverse total shoulder replacement?

A reverse total shoulder replacement is an operation that reverses the ball and the socket of the shoulder joint. The ball portion of the replacement joint is attached to the socket and the socket is attached to the upper arm bone (humerus). This puts the arm back in the socket and makes the joint stable so that the upper arm muscles can power the shoulder. It creates a joint that functions smoothly and does not hurt.



**Reverse Total Shoulder
Replacement**

Section I: General Information

When is a reverse total shoulder replacement recommended?

This procedure allows surgeons to treat patients with conditions that have no other solutions. Patients with these problems may need this surgery: older patients with pain and little or no movement due to large rotator cuff tears, patients with severe arthritis, patients with degenerative joint disease and an unstable shoulder joint, patients who have a failed total shoulder joint replacement or a failed fracture repair.

Is there anyone who should not have this procedure?

This procedure is not recommended for people who have infections, problems in the scapula (shoulder blade), or for patients who do not have good use of the deltoid muscles (group of three muscles at the top of the shoulder). It is also not recommended for younger patients.

What are the results of a reverse total shoulder replacement?

Results vary but they depend on the health of the tissue that surrounds the joint, the degree of the arthritis at the time of surgery and the patient's activity level. Also, in order to obtain the best results, the patient needs to strictly follow the precautions ordered by the surgeon. After surgery, most patients are better able to perform daily activities such as eating, drinking and combing their hair.

When should I have this type of surgery?

Your orthopedic surgeon will decide if surgery is an option for you. This decision will be based on your history, exam and x-rays. Your orthopedic surgeon will then ask you to decide if your discomfort, stiffness and disability give you enough reason to have surgery. Often, there is no harm in waiting if conservative (non-operative) methods are helping to reduce your discomfort.

Am I too old for this surgery?

Age is not an issue if you are in good health and have the desire to keep living an active lifestyle. You may be asked to see your primary care provider or a specialist for his/her view about your general health. Some extra tests may be needed before surgery.

How long will my new shoulder last?

The length of time that a shoulder implant lasts varies for each patient and depends on a person's age, weight, activity level, and medical condition(s). A total joint implant is a medical device subject to wear that may lead to failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your implant will last for a certain length of time.

Should I exercise before surgery?

Yes, you should consult your surgeon and therapist about the exercises that will help strengthen your entire body before you have surgery. Please read the section in this Guidebook which has exercises that you can do before surgery.

Section I: General Information

What are the major risks?

Most surgeries go well, without any problems. Infection and blood clots are two serious complications. To avoid these complications, you will be given antibiotics and blood thinners may be used. The hospital staff takes many precautions to reduce the risk of infection. Early walking, doing ankle pumps and moving around reduce the chance of a blood clot.

Will I need blood?

It is uncommon to need blood after this surgery. You may donate your own blood (if you are able), use the local blood supply or have someone you have chosen donate blood for you. For more information on blood donations, please read “Blood Transfusions and You – Know Your Options” in the Appendix.

Why should I quit smoking before surgery?

Many surgeons advise their patients to stop smoking before surgery and to think about quitting for good. Tobacco products have an adverse effect on blood vessels which can affect the body’s way of healing wounds and bones. The risk of infection and lung problems after surgery is also greater for patients who use tobacco. There are many sources of information offered to help people quit smoking. Please read, “Planning to Quit Smoking” in the Appendix. An internet search can also provide helpful information.

How long will I be in the hospital?

Most patients who have reverse total shoulder replacement surgery can expect to be in the hospital for 2-3 days. You will be discharged as soon as you are comfortable, safe and have met your therapy goals.

Will I need a second opinion prior to the surgery?

The surgeon’s office staff will contact your insurance company to pre-authorize your surgery. If a second opinion is needed, you will be called.

How long will the surgery take?

Surgery takes about 2-4 hours. Some of this time is used by the operating room staff to prepare you for surgery.

Who will perform the surgery?

Your orthopedic surgeon will perform the surgery. An assistant often helps during the surgery and you will receive a separate bill from that assistant.

Do I need to be put to sleep for this surgery?

Most patients will be given a regional anesthetic (arm block) which provides numbness, loss of pain or loss of feeling to your arm. In addition you may receive a general anesthetic, which many people call “being put to sleep.” Your surgeon and the anesthesiologist will discuss anesthesia with you. For more information about anesthesia, please read “Anesthesia and You” in the Appendix.

Section I: General Information

Will the surgery be painful?

You will have discomfort after surgery. We will try to keep you as comfortable as we can. Most patients are able to stop very strong medication within one day and control their discomfort with oral pain medication and the use of ice. On the day of surgery some patients are able to control their own pain medicine with a special pump that delivers a drug right into their IV (if ordered by their doctor). This is called Patient Controlled Analgesia (PCA). Please read about the PCA in the Appendix.

How long and where will my scar be?

The scar will be 4-5 inches long and will be along the front of your shoulder.

Will my heart be monitored (checked)?

Your heart will be monitored during surgery. If it is necessary, your heart will be monitored after surgery during your hospital stay.

Will I need any other equipment?

You will be provided with a shoulder immobilizer prior to or at the time of surgery. The length of time you will need to wear the shoulder immobilizer will depend on your surgeon's recommendations but most often it is for a minimum of four to six weeks. You may also need extra home equipment to assist with bathing and dressing. The therapist will provide instruction on any other equipment that you may need.

Where will I go after discharge from the hospital?

Most patients are able to go home after discharge. You will need to arrange to have a family member or friend stay with you for a period of time to ensure your safety. Some patients may need to transfer to a sub-acute facility (rehab center/skilled nursing facility) for a short length of time. The care coordinator, therapist and your surgeon will help you decide what is best and help with these plans. You should check with your insurance company to see if skilled nursing costs are covered.

Will I need help at home?

You will need someone to assist you for a few days or a few weeks after your hospital stay. The length of time help is needed depends on your progress. You will need someone to assist you with meal preparations, house cleaning, putting on and removing the shoulder immobilizer, upper body dressing and your home exercise program. If you need a home healthcare nurse to come to your home, arrangements may be made (if you qualify for that service). If you prepare before your surgery, you can reduce the amount of extra help you will need. It is best to have the laundry done, house cleaned, yard work done, clean linens put on the bed and single portion frozen meals made.

Section I: General Information

Will I need therapy once I am home?

To assist in your recovery, you will need therapy services after you are discharged from the hospital. Your surgeon will order outpatient therapy at your follow-up visit. If you need a therapist to provide therapy at your home, that can be arranged (if you qualify for that service).

How long am I unable to perform normal activities?

You will wear a shoulder immobilizer for a number of weeks after surgery. You will need to perform all activities one-handed or receive help from your family members or friends. This will affect many of your “normal” activities.

How long until I can drive?

Patients are not allowed to drive for a certain period of time after reverse total shoulder joint replacement surgery. Ask your surgeon when you will be able to drive.

When can I get back to work?

You should take off work until after you are seen for your first post-operative follow-up visit (10-14 days after your surgery). Then you can discuss with your surgeon when you may be able to return to work. A therapist can make recommendations for protecting your joint and saving energy on the job.

How often will I need to see my surgeon after surgery?

You will be seen for your first postoperative office visit 10-14 days after discharge from the hospital. Many patients are then seen at six weeks, twelve weeks and then yearly. This will depend on how well you recover.

Do you recommend any restrictions after this surgery?

Patients are to wear the shoulder immobilizer at all times except for exercising, bathing and upper body dressing. Some patients are not allowed to actively move or functionally use the arm for four weeks (and sometimes longer). Your surgeon and therapist will instruct you about precautions and restrictions. Do not resume any activities or exercise after surgery without checking with your surgeon or therapist.

Will I notice anything different about my shoulder?

The goal after total shoulder replacement surgery is to have a shoulder joint that feels like a normal functioning shoulder. Most patients have no pain in their shoulder and have improved function after surgery.

Section II: Pre-Operative Preparation

2 to 6 Weeks Before Surgery

Pre-Admission Appointment

When your surgeon's office schedules you for surgery, an appointment will be made for you to meet with the pre-admission department at the hospital. This is an important appointment where we obtain your health information and plan for your excellent care. The appointment is often scheduled to take place on the same day as your pre-surgery visit with your surgeon. **Please arrive 15 minutes before your scheduled appointment and allow 2 hours for this visit.** During this pre-admission appointment, a nurse will:

- Obtain health and medication information which is needed for your safety during and after your surgery
- Assess and plan for your specific needs for anesthesia, surgery and hospital stay
- Provide pre-surgery instruction
- Assure pre-surgery testing is done

For your safety, please provide the following:

- A current list of all medications, herbals and over-the-counter medications (with their dosages) that you are taking or bring your medicines (in their original bottles) along to show the nurse
- A list of past surgeries and hospital stays along with their dates
- Names of physicians and/or specialists that you have seen and the dates of your appointments
- Dates of your last flu and pneumonia vaccine
- If you have had a heart stent, pacemaker or AICD (defibrillator) placed, please bring copies of the implanted device card and any information you have about your stent placement (when placed and type of stent)

Obtain Medical and Anesthesia Clearance

When you were scheduled for surgery, you should have been asked by the surgeon's office to see your primary care provider and/or specialist before surgery. Often, the surgeon's office will ask you to make these appointments. Also, based on information obtained at your preadmission appointment, an anesthesiologist may be asked to review your medical history. The anesthesiologist may suggest extra tests and physician consults before you have your surgery.

Section II: Pre-Operative Preparation

Contact Your Insurance Company

Before surgery, you will need to contact your insurance company to find out if pre-authorization, pre-certification, second opinion, or a referral form is required. It is very important to make this call. Failure to get these questions answered may result in reduced benefits or delay of surgery. If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be done. If you do not have insurance, please notify the registration staff when they call you for pre-registration. Inform them that you will need help to arrange payments.

Pre-Registration

After your surgery has been scheduled, you will be called for pre-registration information by phone. You will need to have this information ready when you are called:

- Patient's full legal name and address, including county
- Date of birth
- Home phone number
- Religion
- Marital status
- Social Security number
- Name of insurance holder, his/her address, phone number, work address and work phone number
- Name of insurance company, mailing address, policy and group numbers and insurance card
- Patient's employer, address, phone number and occupation
- Name, address and phone number of nearest relative
- Name, address and phone number of someone to notify in case of emergency (this can be the same as the nearest relative)

Note: Please bring your insurance card, driver's license or photo I.D. and any co-payment needed by the insurance company with you to the hospital.

Billing for Services

After your surgery, you will receive separate bills (if applicable) from the hospital, anesthesiologist, radiology and pathology departments, therapy services and the surgical assistant.

Review "Exercise Your Right"

The law requires that everyone being admitted to a medical facility has the opportunity to make advance directives for future decisions with regard to their medical care. Although you are not required to do so, you may make the directives you desire. If you have already made advance directives, please bring copies to the hospital on the day of surgery. Please read "Exercise Your Right" in the Appendix.

Section II: Pre-Operative Preparation

Attend a Pre-Operative Class

A special class to help you prepare for your joint replacement surgery is given several times a week at Flagstaff Medical Center. Information about the class times and location can be obtained from your surgeon's office. There is no charge for the class and you do not need to register. Information is given by members of our Spine and Joint Surgery Center nursing staff, a therapist and a care coordinator. Please plan to attend at least one month before your surgery. We suggest that you bring a family member or friend along who will act as your "Coach." The coach's role will be explained in class. If you cannot attend a class, the class can be viewed on the Spine and Joint Surgery Center website (www.FMC.SpineandJointCenter.com).

The outline of the class is as follows:

- What to do before surgery
- What to expect during your hospital stay
- Caring for your pain
- Role of your "Coach"/caregiver
- How you can help with your care
- Tour the Joint Surgery Center
- Pre-operative exercises
- Learn about assistive devices and joint protection
- Discharge planning/obtaining equipment
- Questions and Answers

Reunion Tea and Body Mechanics Refresher Course

After your surgery you will be invited to a Reunion Tea and Body Mechanics Refresher Course. The reunions are held once every three months. When you attend the joint replacement pre-operative class, you will self-address a postcard invitation. Please write your mailing address on the postcard. Also write the date of your surgery on the bottom of the postcard. It will be mailed back to you with the date of the reunion. We hope that you will be able to attend. Note: If you are not able to attend the pre-operative class, please ask the nursing staff for a postcard to fill out while you are in the hospital.

Start Pre-Operative Exercises

It is very important that you begin an exercise program before your surgery. Many patients with arthritis favor their joints and thus their joints become weaker. An exercise program will help you build strength and endurance for your recovery. All exercises should be pain-free. If any exercise recommended in this book causes you pain, consult your surgeon or therapist before you continue them.

Section II: Pre-Operative Preparation

Pre-Operative Exercises, Goals and Activity Guidelines

Exercise Before Surgery

It is important to be as fit as possible before having a reverse total shoulder replacement. This will make your recovery much faster. You should start the exercises shown here and continue them until your surgery. It is recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Also, remember that you need to strengthen your entire body because you will be relying on your legs and the non-surgical arm to help you get in and out of bed, in and out of a chair, walk and to do your exercises post-operatively. Stop doing any exercise that is too painful.

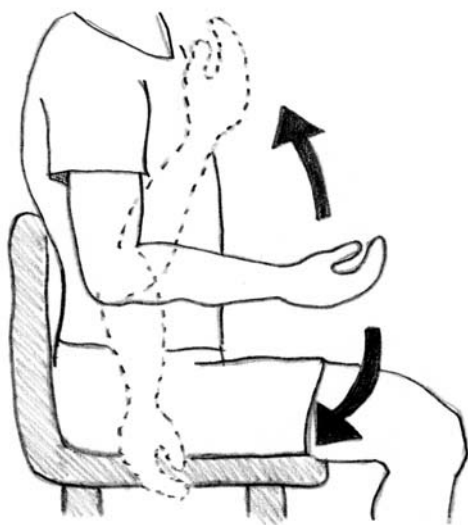
Pre-Operative Shoulder Exercises

• Elbow - Bend/Straighten	10 reps	2 times/day
• Hand - Open/Close	10 reps	2 times/day
• Wrist Circles	10 reps	2 times/day
• Ankle Pumps	30 reps.	2 times/day

Section II: Pre-Operative Preparation

Range of Motion and Strengthening Exercises Reverse Shoulder Replacement Surgery

Elbow – Bend/Straighten

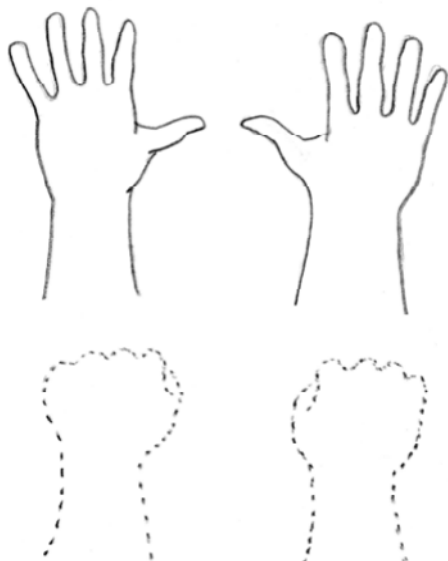


Begin with arm at side, elbow straight, palm up.

Bend elbow upward. Return to starting position.

Repeat 10 times, 2 times a day.

Hand – Open/Close



Hold hands in front of you.

Begin with fingers straight and spread apart.

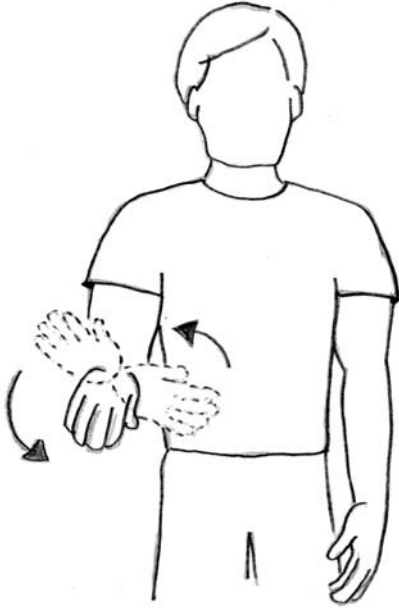
Close hands into a fist. Hold for 3 seconds.

Open and spread fingers. Hold for 3 seconds.

Repeat 10 times, 2 times a day.

Section II: Pre-Operative Preparation

Wrist Circles

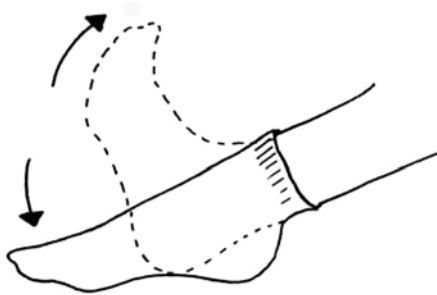


Arm at side, elbow bent, palm down.

Move wrist in circular motion in one direction and then in the other direction.

Repeat 10 times, 2 times a day.

Ankle Pumps



Bend ankle up. Hold for 2 seconds.

Bend ankle down. Hold for 2 seconds.

Repeat 30 times, 2 times a day.

Section II: Pre-Operative Preparation

2 to 4 Weeks Before Surgery

Role of Coach

It is very helpful to have a support system in place as you prepare for your surgery. We encourage you to find a “Coach.” A coach is an adult family member or a friend who will be able to assist you with your needs prior to, during and after your total joint surgery. Patients who have a coach have more confidence, get well faster and see better results. Your coach can:

- Assist with helping you prepare your home before your surgery
- Assist with your needs during your hospital stay
- Learn how to put on and remove the shoulder immobilizer
- Be present to learn your precautions and home exercise program
- Help you communicate your needs while you are in the hospital
- Assist you when you return home with tasks that you may need help with such as getting dressed, taking a shower, driving and other activities of daily living
- Remind you to follow the directions of your doctor and care providers
- Be a source of emotional support

Start Iron and Vitamins

Prior to your surgery, your surgeon will tell you if and when you should begin taking an iron supplement. Taking a multivitamin is a good idea for patients having a surgical procedure.

Dental Precautions

Please avoid all dental work from now until 3 months after surgery unless it is urgent. If you need dental work, check with your surgeon to see if you need to take an antibiotic before you have the work done.

Read “Anesthesia and You”

Most patients will be given a regional anesthetic (arm block) which provides numbness, loss of pain or loss of feeling to your arm. In addition you may receive a general anesthetic, which many people call “being put to sleep.” Please review “Anesthesia and You” in the Appendix. This information has been provided by our anesthesia department.

Therapy

Most patients who have had a reverse total shoulder joint replacement need to have outpatient therapy. If you are working with a therapist, let them know when you are having surgery and make an appointment to begin therapy after your hospital stay. If you do not have a therapist, please select one now and arrange to see them after your surgery.

Pre-Operative Exercises

Remember to do your pre-operative exercises 2 times a day.

Section II: Pre-Operative Preparation

10 Days Before Surgery

Visit Your Surgeon for a Pre-Operative Appointment

You may have an appointment at your surgeon's office 7-10 days prior to surgery. This will serve as a final check up and offer you time to ask questions. Your history and a physical exam will most likely occur during this visit.

Stop Medications That May Cause Bleeding

Ten days before surgery, stop all anti-inflammatory medications such as Motrin® (ibuprofen), Aleve® (naproxen), etc. Since some herbal supplements also may cause increased bleeding or may interfere with anesthesia, it is recommended that they be stopped ten days before surgery. You may continue Celebrex® (celecoxib) if it is approved by your surgeon. If you are on a blood thinner like Coumadin® (warfarin) or Plavix® (clopidogrel) or aspirin, you will need special instructions from your surgeon for stopping the medication. The pre-admission nurse will instruct you about what to do with your other medications.

Prepare Your Home for Your Return From the Hospital

Have your house ready for your return home. Clean your home, do the laundry and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden and finish any other yard work. Pick up throw rugs and tack down loose carpet. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms and hallways. Arrange to have someone collect your mail and take care of pets or loved-ones, if necessary. If you plan to prepare your own meals, bring cooking items, pots, and pans etc. to counter level, so that you can avoid reaching too high or stooping too low. This will help you protect your new joint. Move food items to an easy-to-reach shelf height in the refrigerator to help you avoid stooping to lower shelves.



Section II: Pre-Operative Preparation

Two Days Before Surgery

Skin Preparation Before Surgery

It is important to prepare your skin before surgery in order to reduce the amount of germs that are normally on your body. This will help lower the risk of an infection at the surgical site. You will be given a bottle of a special soap - (Betasept®) (chlorhexidine gluconate 4%) at your pre-admissions appointment. If you have a phone pre-admissions appointment, the soap will be mailed to you. Carefully follow the directions for preparing your skin. Clean your skin with this soap three (3) times before surgery: the first time – 2 days before surgery; the second time – the day before surgery; and the third time – the morning of surgery. For example: If your surgery is on a Wednesday, clean your skin Monday, Tuesday and again on Wednesday morning. Be sure to dry your body with a clean towel, put clean sheets on your bed and wear clean sleepwear and clothes.

Pack Your Bag

Pack these items to use in the hospital:

- Personal hygiene items - toothbrush, deodorant, razor, etc. (no electric razors)
- Elastic loose fitting shorts or pants and loose fitting button up shirts
- Well-fitted slippers and flat shoes or tennis shoes for walking
- DO NOT bring electrical items for safety reasons. You may bring battery-operated items
- Bring cell phone and charger or calling card if planning to make any long distance phone calls
- Your patient Guidebook
- A copy of your Advance Directives, if you have this type of document
- Your insurance card, driver's license or photo I.D. and any co-payment/deductible needed by your insurance company
- Correct list of all medications and herbal or over-the-counter medicines you are taking (unless you have already given that information to the pre-admissions nurse)
- Current date of flu and pneumonia vaccines

Note:

- Please leave jewelry, valuables and large amounts of money at home
- Leave your medications at home
- Nail polish must be removed
- Makeup should be removed

Section II: Pre-Operative Preparation

Review Your Arrival Time

During your pre-admission appointment, you were given an arrival time for your surgery. Review that time today. You have been asked to come to the hospital two hours before the scheduled surgery in order to give the nursing staff enough time to start IV's, prepare you and answer your questions. Please arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start sooner. If you are late, it may create a problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a later time or day.

Medication Safety in the Hospital

You play a vital role in your healthcare. It is in your best interest to know about your medications. You should know the effects and possible side effects of your medications. You should learn how and when your medications should be taken. You can help to prevent errors by being involved and informed about your own healthcare and safety.

Many medication safety measures are in place in the hospital. When you are in the hospital a pharmacist reviews all of the medications that your doctors order. The pharmacist checks each medication order for drug interactions, dose and frequency. Your medications are carefully timed, documented and monitored while you are in the hospital. The nurse completes extra safety checks before giving you medication.

It is very important that you do not take any medications from home while you are in the hospital. While you are in the hospital, all medications must be given by your nurse. Safety checks are not put into action if medications from home are taken.

When you are in the hospital, alternative medications and supplements are restricted. This includes dietary supplements, large dose vitamins, herbals, homeopathic and natural remedies. Alternative medications and dietary supplements still can interact with other medications. While you are in the hospital, the potential risks of alternative medications and supplements outweigh the potential benefits. Standard dietary supplements and vitamins are stocked by the hospital and can be ordered by your doctor.

Medications from home that are brought into the hospital (including prescriptions medications, alternative medications and supplements) should be sent home. For your safety, medications from home should not be kept in your hospital room. If no one can take your medications home, we will place them in our hospital safe. They will be returned to you the day you leave the hospital.

Section II: Pre-Operative Preparation

Day Before Surgery

Prepare Your Skin

Shower and carefully follow the directions for cleaning your skin with the Betasept® soap. This will be the second time you clean your skin before surgery.

Do Not Eat or Drink

Do Not eat or drink anything after midnight. This includes water and chewing gum.

Special Instructions:

Your pre-admission nurse will have told you which of your daily medications you may take the evening before surgery. Please follow those directions.

Morning of Surgery

Prepare Your Skin

Shower and carefully follow the directions for cleaning your skin with the Betasept® soap. This will be the third and last time you clean your skin before surgery.

Do Not Eat or Drink

Do Not eat or drink anything. This includes water and chewing gum.

Special Instructions:

- Your pre-admission nurse will have told you which of your daily medications you may take the morning of surgery. Please follow those directions. Take your medication with a sip of water.
- **Do Not take medication for diabetes** on the day of surgery unless you were told otherwise by the pre-admission nurse.

Section III: Hospital Care

Day of Surgery

You will be prepared for surgery in the Pre-Operative Unit. An IV will be started and your operative site will be scrubbed. You will meet with your surgeon, anesthesiologist and your operating room nurse. Your family and coach are asked to stay in the Surgery Waiting Room until the surgeon comes out to speak with them once your surgery is finished. A Patient Tracking Board in the Surgery Waiting Room and in the Cafeteria gives real-time information as to your progress. It helps family and friends know whether you are in surgery or the recovery room and which room you will be assigned to after surgery. A volunteer may be available in the Waiting Room to help with concerns. A phone is located outside the OR doors for questions. If your family or coach cannot wait, they should leave a contact number so they can be reached.

After surgery you will be taken to the Recovery Room where you will remain for 1-2 hours. During this time, your pain will be addressed, your vital signs checked closely and an X-ray of your new joint will be taken. After you have recovered you will be moved to the Spine and Joint Surgery Center on 3North where a joint team nurse will care for you. It is best if only one or two close family members or friends visit you on this day. Most of the discomfort occurs in the first 12 hours after surgery. Your nurse will work closely with you to address your pain and possible nausea. To help with your pain control, your surgeon may have inserted a disposable pain pump during surgery that delivers a local anesthetic medication at your surgery site. Please read the information on Elastomer Local Anesthetic Pain Pump in the Appendix. Your surgeon also may prescribe you to receive pain medication through your IV Patient-Controlled Analgesia or PCA. Please read the PCA information in the Appendix.

It is very important that you begin ankle pumps. This will help prevent blood clots from forming in your legs. You should also begin doing deep breathing exercises and using your Incentive Spirometer in order to keep your lungs clear. Your nurse will teach you how to use your Incentive Spirometer. Please read “Cough and Breathe Deeply” and “Using an Incentive Spirometer” in the Appendix. If you are able, nursing staff will help you sit on the edge of the bed, walk in the room or hallway and/or get up to the recliner chair.



After surgery, your surgeon will write specific orders for you. Keep in mind that each patient's orders may vary depending on their progress. This Guidebook provides a general ideal of what to expect.

Section III: Hospital Care

After Surgery – Day One

You will have blood work drawn and have your vital signs taken the morning after your surgery. IV fluids and urinary catheters (if you have one) will be discontinued. We will help you get out of bed and perform daily hygiene. If you choose, we can help you dress in the loose fitting clothes you brought with you to the hospital. IV pain medication will be stopped and you will be given oral pain medication. Ankle pumps and breathing exercises should be done every hour while you are awake. Remember to drink plenty of fluids. Your coach is asked to remind their loved one to do these important activities. Always remember to call nursing staff for help when you want to get in or out of bed or the chair or go for a walk. For your safety, your family/friends will be allowed to assist you **only** when therapy services and nursing feel it is safe for you.

Your surgeon, physician's assistant, or nurse practitioner will visit you in the morning. You will be evaluated by the therapy staff. The therapist will assess your progress and help get your shoulder moving.

The therapist will educate you on the following:

- Your precautions as ordered by your surgeon
- How to get in and out of bed
- How to position yourself in a chair and in bed
- How to put on and remove the shoulder immobilizer
- How to sponge bathe
- How to get dressed
- How to manage edema (swelling)
- Your home exercise program

The therapist also will assess your needs for equipment that can help you with dressing and bathing. It is best if a family member or your coach can be present to learn this information so that they can assist you. Most patients are discharged on the first or second day after surgery. Visitors are welcome.

“Reach Humphreys Peak” Motivation Board

You can track your progress in walking on our “Reach Humphreys Peak” board. The hospital hallways on the Spine and Joint Surgery Center are marked with red flowers every 25 feet to help you measure your distance. There is a trail map on the wall in the hallway to help you keep track of the distance you walk. Once you reach the “Peak,” you may sign the log book and claim your “sticker” award.

Section III: Hospital Care

Caring for Your Pain

You can expect to have pain after your surgery. The nurses at FMC use a 0-10 pain scale to rate your pain. 0 = no pain; 10 = the worst pain for you. Our goal is to keep your pain below a 5/10. You will need to go over your goals ahead of time to see if they are realistic. Having 0 pain on a 10 scale may not be a realistic goal. Please read “Caring for Your Pain” in the Appendix. Be assured that the nursing staff will do all they can to keep your pain under control.

It is important to note that the body may not respond as well to the actions of narcotics if a person has taken them for a long period of time. It is harder to control pain after surgery if a patient has been on narcotics for a few months or more before surgery. Your surgeon needs to know how much pain medication you take prior to surgery in order to manage your pain in the best way after surgery.

Pain medications may have side effects that need to be checked on: decreased breaths, hypotension (low blood pressure), nausea, constipation, itching, urinary retention (urine left in bladder after voiding). These side effects can limit the amount of pain medication we are able to give you. Pain is unique to each patient and caring for your pain is important in your recovery. It is important for you to let your doctor know how you are doing with your pain after surgery and after you leave the hospital. Your doctor will want you to stop your narcotic pain medication as soon as you are able. This will help avoid side effects of the medication and addiction.

You will be taught how to help reduce your pain by using ice. Cold treatments are most helpful in the first few days after surgery. Ice makes blood vessels get smaller which decreases the blood flow to the painful area. This helps with inflammation, muscle spasm and pain. Each patient will receive their own ice pack which will be stored in our freezer. You may use your ice pack for 20 minutes every hour. Feel free to have your coach get your ice pack or request an ice pack from your nurse or therapist anytime during your hospital stay. Please be sure to take your ice pack home with you when you are discharged. Your surgeon may order the use of a cold therapy system. This device allows for cold therapy to be used on the area of your surgery at all times except with activity.

After Surgery – Day Two

If your discharge is planned for today, you will follow the same schedule as on the day after surgery. Your therapist will work with you to make sure that you know how to put on and remove the immobilizer, understand your precautions and can perform your home exercise program. Your nurse will discuss other discharge instructions with you.

Section III: Hospital Care

If You Are Going Home

You will need to arrange a ride home. Written discharge instructions about your medications, therapy, activity guidelines, etc. will be given to you. We will make recommendations about equipment that will be helpful for you. Most joint replacement patients start outpatient therapy soon after discharge from the hospital. If a patient needs home health services, this may be arranged for you (if you qualify for this service). Please refer to your Guidebook for information about caring for yourself at home.

If You Are Going to a Rehabilitation Facility

The decision to go home or to a rehabilitation center will be made by you, the care coordinator, your surgeon, therapist and your insurance company. We will attempt to have a firm decision made before the day of discharge. Please keep in mind that most of our patients do so well that they do not meet the guidelines for a stay at a rehabilitation center.

You will need to arrange for someone to drive you to the rehab center, or we can help you arrange a ride that you will need to pay for. Some rehab facilities provide a ride as a service. Your transfer papers will be written by your doctor. Either your primary care physician or a physician from rehab will care for you while you are at the rehab center (they may also discuss your care with your surgeon). The length of your stay will be based on your progress. Upon discharge home, instructions will be given to you by the rehab staff. Take this Guidebook with you to the rehab center.

Please remember that rehab stays must be approved by your insurance company. A patient's stay in a rehab facility must follow Medicare guidelines. Although you may desire to go to a rehab when you are discharged, your progress will be checked by your insurance company while you are in the hospital. You will either meet the standards needed in order to go to a rehab center or your insurance company may recommend that you return home with other care plans. Therefore, it is important for you to make plans before your surgery for care at home.

In the event rehab is not approved by your insurance company, you can always go to a rehab center and pay on your own. Also keep in mind that insurance companies do not become involved in "social issues," such as lack of caregiver, animals, etc. These are issues you will have to address before your surgery.

Section IV: Post-Operative Care

Caring for Yourself at Home

When you go home, there are a number of things you need to know for your safety, your recovery and your comfort.

Precautions

DO NOT use your surgical shoulder for any activities.

After total reverse shoulder replacement surgery, great care must be taken with positioning and initial activity in order to avoid dislocation. Most often, dislocation is caused either by:

- internal rotation – moving your arm across your body (movements such as reaching across your body to wash your stomach or to perform bladder hygiene), **or**
- adduction – moving your arm back and behind your body (movements such as tucking your shirt in your pants, bowel care or scratching your lower back).



Avoid this movement

The shoulder immobilizer must be worn at all times. Your surgeon or therapist will let you know when you can remove the shoulder immobilizer and for what activities. Usually you can remove the immobilizer for dressing, bathing and exercising. The length of time you will need to wear the shoulder immobilizer will depend on your surgeon's recommendations but most often it is for a minimum of four to six weeks. The surgeon considers how you are healing and how well you follow your precautions and home exercise program.

Positioning

- When lying in a supine position (on your back), place a pillow under the shoulder and elbow to support your arm and prevent the shoulder and elbow from moving backwards past your body.
- When sitting in a chair, support the arm by placing a pillow under your shoulder immobilizer. The pillow will help support your arm and reduce stress on your neck. At this time, you may unhook the neck strap to relax your neck. The therapist will teach you how to hook and unhook this strap. Also, this would be a good time to do the neck circle exercises.

Ambulation

The shoulder immobilizer may affect your balance and safety. The therapist will assess your balance and safety to see if you need a device such as a cane to walk safely.

Section IV: Post-Operative Care

Bed Mobility

Getting in and out of bed is easier from the non-surgical side. For example, if you had surgery on your right shoulder then you should get in and out of bed on the left side. If you had surgery on the left shoulder then you should get in and out of bed on the right side. The therapist will teach you the best way to get in and out of bed.

Home Exercise Program:

The therapist, as directed by your surgeon, will teach you your home exercise program and provide you with a copy of the home exercise program.

Self Care Activities: Dressing, Bathing and Bowel Hygiene

While wearing the shoulder immobilizer, you will need to perform self care tasks with one arm or have a family member or friend assist you. There is special equipment available that you can use to assist you with these tasks. Reachers, long handle sponges, long handle shoe horns, dressing sticks, sock aids, and bowel care aids are types of equipment that extend your reach and decrease your need for help with dressing, bathing, and toileting hygiene. Your therapist will teach you about this equipment based on your needs or at your request.

For your safety, we recommend that you sit while bathing. It is easier to follow your precautions in this position. A tub transfer bench, shower chair or shower bench can be placed in your walk-in shower or bathtub. The therapist will help you decide which one will best meet your needs. Your surgeon or therapist will let you know when you can bathe. Until that time you should sponge bathe.

Body Changes

- You may not feel hungry for a while, but your desire for solid food will return. Drink plenty of fluids to keep from getting dehydrated.
- You may have trouble sleeping. This is normal. Take only short naps during the day so you can sleep at night.
- Your energy level will be decreased for the first month.
- Pain medications that contain narcotics may cause constipation. Use stool softeners or laxatives such as milk of magnesia if needed.

Resting and Relaxing

Pain after surgery can be physically and emotionally draining. Giving your body a chance to rest can help ease soreness after surgery. Relaxation exercises can help control pain and stress. Deep breathing to a slow relaxing count will bring oxygen to sore tissues and can help relax muscles. Practice the “Relaxation Technique” (see Appendix) to help ease discomfort.

Section IV: Post-Operative Care

Control Your Discomfort

- Take your pain medicine (with food) at least 30 minutes before activity.
- Slowly wean yourself from prescription medication to Tylenol® (acetaminophen).
- You may take two (2) Extra Strength Tylenol® (acetaminophen) in place of your prescription medication up to three times per day.
- Make sure you DO NOT go over 3000milligrams of total Tylenol® (acetaminophen) each day when taking your prescribed medications or Tylenol® (acetaminophen). Some prescribed pain medications have Tylenol® (acetaminophen) in them.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Placing an ice pack on your surgical area will decrease discomfort, but do not use it for more than 20 minutes at a time each hour. The cold therapy system can be used at all times except with activity. Do not apply the ice pack or the cold therapy sleeve directly to your skin. (Read the following instructions on how to make an ice pack).

How to Make an Ice Pack for Home Use

You will need: 2 zip lock freezer bags (gallon size), 3 cups of water and 1 cup of rubbing alcohol. Combine the water and rubbing alcohol in a gallon size zip lock freezer bag. Remove the extra air and close the bag. Shake well. Place this bag into another gallon zip lock freezer bag. Lay the bag flat in the freezer so that the ice pack will easily shape to your body. When you use the ice pack, place it in a pillowcase and lay it on top of your surgery site. Do not wrap the pillowcase around the ice pack; there should be only one layer of the pillowcase between you and the ice pack. You may use the ice pack every one to two hours for 20 minutes at a time.

Remove the pack:

- After 20 minutes
- If the site becomes numb
- If you feel any pain or burning

Place the ice pack back into the freezer after each use to prepare the ice pack for your next use. You may use the ice pack many times per day. Use it whenever you have pain or swelling or after you exercise. This ice pack can be used over and over.

Section IV: Post-Operative Care

Caring for Your Incision

- Keep your incision clean.
- Apply a dry, sterile dressing daily and change as needed if drainage present.
- If you have steri-strips (small pieces of paper tape) across the incision, they will fall off on their own within 7-10 days. If you have staples across your incision, they will be removed in the doctor's office at your follow-up appointment.
- Keep incision dry for 7 days. After 7 days, you may shower and allow water to run over the wound and gently pat incision dry.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 101° F.
- Avoid a swimming pool, bath and hot tub until approved by your surgeon.

Dressing Change Procedure

- Wash hands.
- Open all dressing change supplies.
- Remove old dressing.
- Inspect incision for the following (if any are present, notify your surgeon):
 - Increased redness
 - Increase in clear drainage
 - Yellow/green drainage
 - Odor
 - Skin around incision is hot to the touch
- Pick up a dressing by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lay over the incision.
- Place the dressing over the incision and tape it in place.

Note: Be sure to change your dressing in a clean area of your home.
It is best to secure your pets in another room.

Section IV: Post-Operative Care

Recognize and Prevent Complications

Blood Clots in Legs – Deep Vein Thrombosis (DVT)

After surgery, there is a risk that a blood clot may form in the veins of your legs. Early walking, drinking enough fluids and moving around can help reduce the chance of a blood clot. If a clot occurs your doctor may order blood thinners. If you suspect that you have a blood clot, call your doctor right away. Prompt treatment can help prevent the complication of a blood clot in the lungs.

Signs of Blood Clots in Legs:

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat and/or an area that is tender in calf, back of knee or groin area

Note: Blood clots can form in either leg

Prevention of Blood Clots:

- Foot and ankle pumps
- Intermittent compressions devices (IPCD) on your legs or ankles and/or special stockings, if ordered by your surgeon
- Walking
- Use of blood thinners if ordered by your surgeon
- Elevation

Pulmonary Embolus (Blood Clot in Lung)

A pulmonary embolus (PE) is a blood clot that breaks away from the vein and travels to the lungs. This is an emergency and you should CALL 911 if you have these symptoms:

Signs of Blood Clot in the Lung:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion/anxiety

Prevention of Blood Clots in the Lung:

- Prevent blood clots in legs
- If you think you have a blood clot in your leg, call your doctor right away

Section IV: Post-Operative Care

Infection

Signs of Infection:

- Increased swelling and redness at incision site
- Change in color, amount or odor of drainage
- Increased pain
- Fever greater than 101°

Note: Call your surgeon if you think you have an infection

Prevention of Infection:

- Wash your hands
- Eat a healthy diet
- Drink plenty of liquids
- Inspect your incision every day
- Take proper care of your incision

Pneumonia

Pneumonia is a serious lung infection. If you think you have pneumonia, call your doctor right away.

Signs of Pneumonia

- Cough (may cough up yellow or green mucus)
- Temperature over 101° that does not go down with Tylenol® (acetaminophen)
- Shortness of breath – wheezing
- Chest pain with breathing
- Feeling very tired

Prevention of Pneumonia

- Wash your hands often
- Cough and deep breathe to keep your lungs clear (see Appendix)
- Use your incentive spirometer
- Walk often
- Drink plenty of fluids
- Get enough rest
- Receive the pneumonia vaccine if your doctor advises

Section IV: Post-Operative Care

Dislocation

A reverse total shoulder dislocation is an injury in which the new ball comes out of joint with the socket. In order to help prevent a dislocation, wear your shoulder immobilizer at all times unless otherwise instructed by your surgeon and/or therapist.

Signs of Dislocation:

- Severe pain
- Rotation/shortening of arm
- Unable to move arm

Prevention of Dislocation:

DO NOT use your surgical shoulder for any activities unless instructed by your surgeon or therapist. This includes active movement (moving surgical arm by itself) and passive movement (using the other arm to move the surgical arm or having someone move your arm for you).

What to Do in General

- Observe your precautions per your doctor's orders.
- Take antibiotics before you have dental work or other invasive procedures per your surgeon's orders. Some surgeons want you to do this for the rest of your life. Check with your surgeon and call their office to get an antibiotic prescription.
- Although the risks are very low for infections after surgery, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101° or sustain an injury such as a deep cut or puncture wound you should clean it as best you can, put a sterile dressing or Band-Aid® on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Sometimes, antibiotics may be needed. Small scratches on the surface of your skin may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- You may get a card that states you had a joint replacement. Carry the card with you, as you may set off security alarms at airports, malls, etc. Plan for longer times to get through airport security when traveling. You may need further screening even though you show the card.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

Section IV: Post-Operative Care

The Importance of Lifetime Follow-Up Visits

Orthopedic surgeons have found that many people who have had joint replacement surgery do not follow up with their surgeons on a regular basis. Patients may not be aware that they need to have follow-up visits or they do not know why it is important.

Patients should have follow-up visits with the orthopedic surgeon:

- Every year, unless your surgeon recommends otherwise
- Anytime a patient has mild pain for more than a week
- Anytime a patient has moderate or severe pain

Reasons for routine follow-up visits with the orthopedic surgeon:

- If a patient has a cemented joint, it needs to be checked each year. With time and stress, cement may crack. You may not be aware of this because it happens slowly over time. If the doctor sees a crack in the cement, it may not mean that another surgery is needed. But it does mean that the patient needs to be checked more often. The joint could become loose and this might lead to pain. Or the cracked cement could cause a reaction in the bone called “osteolysis” which may cause the bone to thin out and become loose. In both cases the patient might not know this for years. Orthopedic doctors are always learning more about how to deal with both of these problems. The sooner a potential problem is found, the better chance there is of doing something about it in order to avoid worse problems.
- Another reason for follow-up visits is that the plastic liner in the joint may wear. Small wear pieces combine with white blood cells and may get in the bone and cause osteolysis which may cause the bone to thin out and become loose.

X- rays taken at follow-up visits with the surgeon can detect these problems. The new X-ray films can be compared with X-rays that were taken before to see if there is a problem. If a patient is unsure of how long it has been since their last follow-up visit or when another visit should be made, they should call their surgeon.

Section V: Activity

Post-Operative Exercises & Activity Guidelines

Activity Guidelines

Exercising is important to obtain the best results from reverse total shoulder joint replacement surgery. After you are discharged to your home, follow the precautions and the exercises you learned while you were in the hospital. Do **only** the exercises that your therapist tells you to do. Stop doing any exercise that is too painful and consult your surgeon or therapist.

Shoulder Exercises After Reverse Total Shoulder Replacement Surgery

• Elbow – Bend/Straighten Self-Assist or Assist with coach	10 reps	2 times/day
• Hand – Open/Close	10 reps	2 times/day
• Wrist Circles	10 reps	2 times/day
• Wrist – Palm Down/Palm Up	10 reps	2 times/day
• Neck Circles	10 reps	2 times/day
• Ankle Pumps	30 reps	2 times/day

Section V: Activity

Range of Motion and Strengthening Exercises Reverse Shoulder Replacement Surgery

Elbow – Bend /Straighten (Self-Assist)



Begin with arm straight.

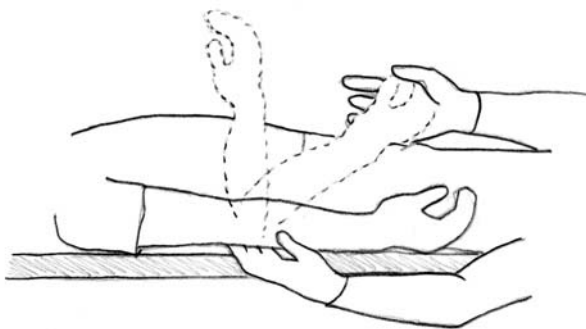
Grasp arm at wrist.

Move elbow upward and then straighten arm.

Use a firm, yet soft grip, cradling arm. Do not squeeze over bony areas.

Repeat 10 times, 2 times a day.

Elbow – Bend /Straighten (Assist with Coach)



Begin with arm straight.

Coach places one hand above elbow and the other hand at the wrist or hand.

Coach bends elbow upward and then straightens arm.

Coach uses a firm, yet soft grip, cradling arm and not squeezing over bony areas.

Repeat 10 times, 2 times a day.

Section V: Activity

Hand – Open/Close



Hold hands in front of you.

Begin with fingers straight and spread apart.

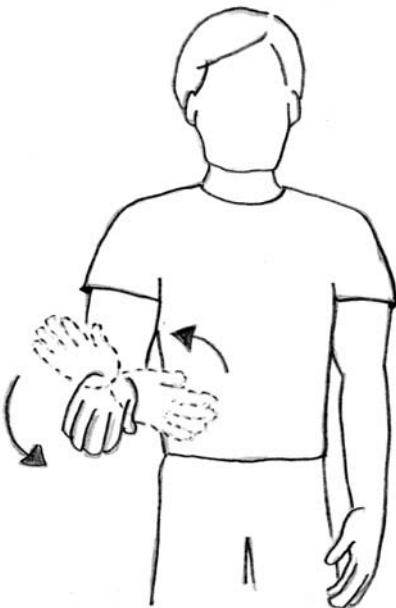
Close hands into a fist. Hold for 3 seconds.

Open and spread fingers. Hold for 3 seconds.

Repeat 10 times, 2 times a day.



Wrist Circles



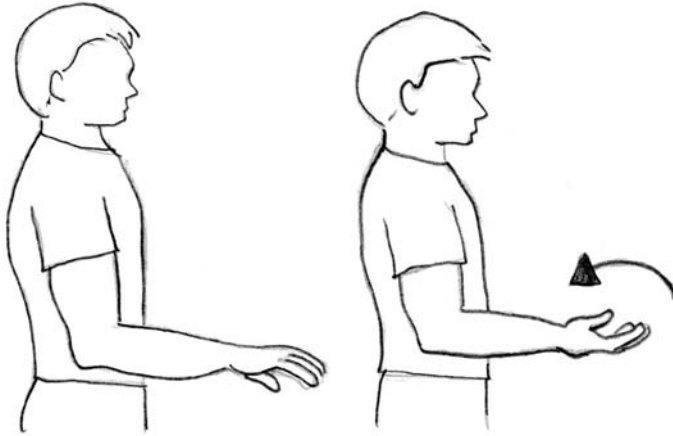
Arm at side, elbow bent, palm down.

Move wrist in circular motion in one direction and then in the other direction.

Repeat 10 times, 2 times a day.

Section V: Activity

Wrist – Palm Down/Palm Up



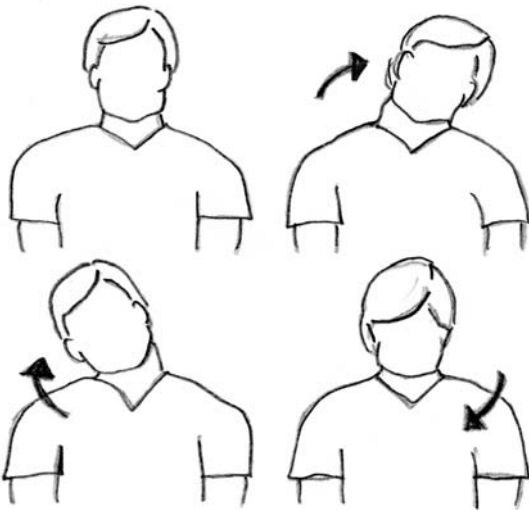
Stand or sit, arm at side, elbow bent with palm down.

Turn palm up.

Return to start position by turning palm down.

Repeat 10 times, 2 times a day

Neck Circles



Sit or stand with proper posture.

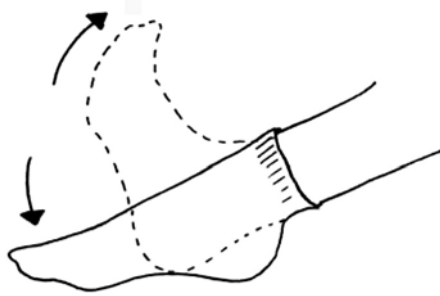
Look forward. Gently roll head in circles to the left, then to the right.

DO NOT bend neck backwards.

Repeat 10 times, 2 times a day.

Section V: Activity

Ankle Pumps



Bend ankle up. Hold for 2 seconds.

Bend ankle down. Hold for 2 seconds.

Repeat 30 times, 2 times a day.

Section V: Activity

Activities of Daily Living Personal Care

Shoulder Immobilizer with an Abduction Pillow

The shoulder immobilizer with an abduction pillow is a type of sling that your surgeon may want you to wear after surgery. The sling is used to protect the surgery and keep your arm in a safe position. In most cases you will need help from a friend or family member (coach) to put on and take off this sling. At first, your doctor may want you to wear the sling all the time except to perform exercises, upper body dressing or bathing. The therapist will teach you how to take off and put on this sling based on your surgeon's orders.



Taking Off Your Shoulder Immobilizer

- Remove the forearm strap and attach it to the abductor pillow
- Remove the thumb strap and attach it to the abductor pillow
- Unhook the waist strap and remove the waist strap from around the waist
- Unhook the latch and remove the shoulder strap
- Gently slide out of the immobilizer or allow your coach to remove the immobilizer

Putting On Your Shoulder Immobilizer

- Gently slide your arm all the way to the back of the sling or allow your coach to help you
- Once your arm is in sling, assist your coach by supporting your arm while your coach places the shoulder strap around your neck and attaches it
- Bring the waist strap around your waist and fasten the latch
- Attach the forearm strap to the front part of the sling
- Attach the thumb strap

Section V: Activity

You may find it helpful to use some of these assistive devices for a period of time after surgery.

“Reacher” or “Dressing Stick”

Putting on pants and underwear:

- Be sure you are wearing your shoulder immobilizer.
- Sit down.
- Put one leg in first and then your other leg. Usually the leg on the same side as your shoulder surgery goes in first and comes out last.
- Use a reacher or dressing stick to guide the waist band over your feet.
- Pull your pants up over your knees to within easy reach.
- Stand to pull your pants up the rest of the way

Taking off pants and underwear:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to your knees.
- Sit down.
- Use the reacher or dressing stick to help you remove your pants from your feet and off the floor.

Long-Handled Shoehorn

- Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot.
- Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

Note: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces.

DO NOT wear boots, high heeled shoes or shoes without backs.

Section V: Activity

Cloth Sock Aid

A cloth sock aid is a great help if you have difficulty reaching your feet to put your socks on your feet. The sock aid will allow you to put on your socks without bending and/or with one hand. The cloth sock aid consists of a piece of plastic covered in fabric; the top side is smooth and the bottom side is terry cloth. There are two long straps with handles on each side. This sock aid is available at most medical supply retail stores.



How to put on a sock:

- Choose a pair of socks that are loose fitting.
- Place the sock aid on your lap with the 3 prongs pointing away from you.
- Take a sock and pull it over the sock aid with the top of the sock over the smooth side and the bottom of the sock over the terry cloth side; pull the sock $\frac{3}{4}$ of the way up the sock aid and leave an inch to 1½ inch of the toe off the end of the sock aid.
- Take hold of both handles in one hand and drop the end of the sock aid (with the sock) onto the floor.
- Position your foot into the open end of the sock aid and push your foot in as far as possible.
- Pull up on the sock aid handles and straighten your leg at the same time; the sock aid with the sock should slide up your foot and ankle. Keep pulling until the sock aid comes out of the sock.
- Repeat these steps with the other sock.

Note: It may take you a couple of times before you get a feel for using the sock aid.
Hand-wash the sock aid with soap and water and let it air dry.



Section V: Activity

Bowel Hygiene

Good bowel hygiene reduces the risk of infections. After surgery, some patients have trouble with bowel care as they follow their precautions and wear the shoulder immobilizer. Bowel care equipment with long handles extends your reach so that you can safely perform this activity. Below are samples of two models:



Buckingham Easy Wipe: The rounded, soft, smooth design has a simple mechanism which grips the toilet tissue or wet wipe firmly and releases it cleanly. Loosely wrap the toilet paper around and inside on the curved end and gently push in the slot. To remove the toilet paper, push the button on the end where you are holding the Easy Wipe and shake to drop toilet paper into the toilet. The Easy Wipe is easy to keep clean and comes in its own carrying case. The Deluxe travel model is shown above.



The Toilet Aid: These light weight tongs assist persons with limited reach and range of motion. Loosely wrap toilet paper between and around tongs. Remove toilet paper by shaking in commode. The Economy model is shown above.

Section V: Activity

Transfer – Tub or Shower Bench

Getting into the tub using a bath seat:

- Place the bath seat in the tub facing the faucets.
- Back-up to the tub until you can feel it on the back of your knees. Be sure you are in front of the tub bench.
- Reach back for the bath seat with the hand on the non-surgical side.
- Slowly lower yourself onto the bath seat.
- Lift your legs over the edge of the tub.
- Scoot over into the tub.

Getting out of the tub using a bath seat:

- Turn facing out of the bath seat while lifting your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- This is a good time to dry off and get dressed. You may also need to put your shoulder immobilizer on at this time.
- Balance yourself by placing your feet hip-width apart.
- Stand.

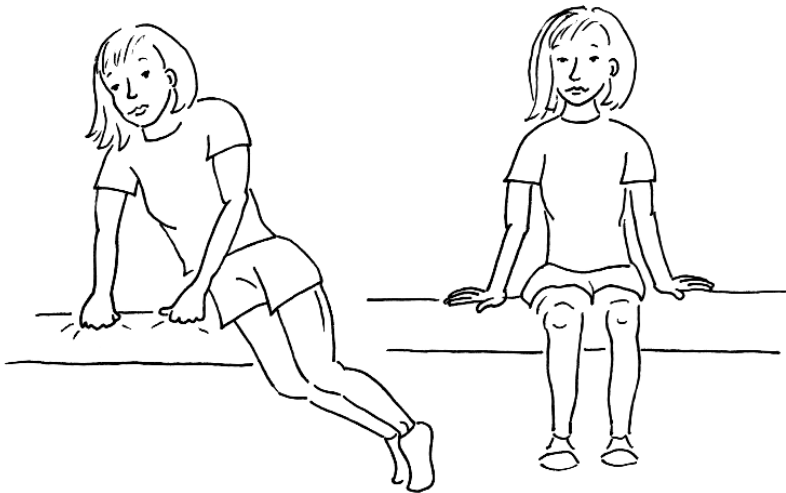
Note:

- At first, you will need to perform a sponge bath. Once your doctor allows you to take off the shoulder immobilizer for bathing, we recommend that you sit on a stool, bench or chair for your safety.
- Before you bathe for the first time after surgery, practice with a “dry run,” using no water. You will feel sure that you can bathe safely.
- Using a bath seat, grab bars, long-handled bath brushes or sponges and hand-held shower heads makes bathing easier and safer, but often they are not covered by insurance.
- ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of panty hose and attach it to the bath seat. You can also use liquid soap.
- DO NOT take off your shoulder immobilizer to bathe until your surgeon or therapist approves it.

Section V: Activity

Getting Into and Out of Bed – Log Roll

Getting OUT OF bed



Perform in reverse to get INTO bed

Get in and out of bed on the opposite side of your surgery

The therapist will teach you how to log roll during your hospital stay if you are having trouble

Section V: Activity

Around the House

Note: Before resuming household cleaning or any other physical activity, ask your surgeon or therapist if it is allowed. Be specific. Get permission with each chore.

Kitchen

- Do not get down on your knees to scrub floors. Use a mop and long-handled dust pan and broom.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place cooking supplies that are used often in an area that can be reached without too much bending or stretching. This is usually shoulder to mid-thigh height.
- To provide a better working height, use a high stool or put cushions on your chair when you prepare meals at the kitchen counter. You may also prepare meals at the kitchen table.
- Change sitting or standing position often.

Bathroom

- Do not reach or get down on your knees to scrub bathtub.
- Use a mop or long-handled brushes to extend your reach.
- Avoid reaching and bending.
- Use a circular motion when cleaning the bathroom counter and mirrors.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpet. Cover slippery areas with carpets that are firmly fixed to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout your home. Install night lights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and phone cords out of pathways. Do not run wires under rugs because this is a fire hazard.
- Do not wear open-toe slippers or shoes without backs. They do not give enough support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do not lift heavy objects for the first three months after surgery, and then only lift with your surgeon's or therapist's advice.
- Do not rush. Allow extra time to do all tasks.
- Do not plan too many activities in a day since you are more likely to fall or to forget precautions when you are tired.
- Stop and think. Use common sense.

Section V: Activity

Exercise Recommendations

You will be given a home exercise program after discharge from the hospital. Once you start outpatient therapy, the therapist will monitor your progress and continue to work with you on an exercise program for your shoulder.

What to Do for General Exercise

All patients need to have a regular exercise routine to maintain their fitness and their general health. With your orthopedic and primary care provider's permission, you should be on a regular exercise program 3-4 times per week. Low-impact activities such as walking are excellent. Exercise programs at a fitness center, a therapy office or a community center may be good choices.

Note: The Arthritis Foundation offers exercise and swimming programs. Check their web site at www.arthritis.org to see if these programs are available in your area.

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Exercise Your Right Put Your Healthcare Decisions in Writing

It is our practice to place patients' wishes and their special concerns at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a way to express to all caregivers the patient's wishes about their healthcare. If a patient has a Living Will or has appointed (chosen) a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Flagstaff Medical Center will respect the wishes of the patient as they were documented at the time the patient was able to make that decision.

There are Different Types of Advance Directives:

- **Living Wills** are written instructions that explain a person's wishes for healthcare if they have a terminal condition or irreversible coma and are not able to communicate.
- **Appointment of a Health Care Agent** (sometimes called a Medical Power of Attorney) is a document that allows a person to name someone (an agent) to make medical decisions for them, if they are not able to do so.
- **Health Care Instructions** are a person's specific choices with regard to the use of life support equipment, hydration, nutrition, and the use of pain medications.

When you are admitted to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not required for hospital admission.

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Top Ten for Safety

During your stay with us, please become our safety partner by asking the Top Ten safety questions. If you are a family member or guardian, you can help by asking these Top Ten questions on behalf of your loved one.

1. **HAND WASHING.** Before a health care person touches you, ask them if they washed their hands. This includes your doctor, nurse, PCT, PT, OT, etc.
2. **MEDICATION SAFETY.** If your nurse did not ask you who you are, check your arm band, tell you what medication you are being given and what the medication is for, please ask to have these questions answered before you take any medication.
3. **PLAN OF CARE.** If you do NOT know why you are in the hospital and what your treatment is, please ask.
4. **ALLERGIES.** If you have allergies to any food or any medicine, including over-the-counter medicine or herbs, please tell us right away.
5. **DRUG REACTIONS.** Please tell us all the medicines, herbs and over-the-counter medicines you are taking. Leave nothing out.
6. **KNOW THE STAFF.** You should know the name and title of each person caring for you. If you do not know who they are or what their job is, please ask.
7. **CONSENT AND RIGHT SITE FOR SURGERY.** If you are having surgery, please review with our surgery staff what surgery you are having and where the surgical site is.
8. **PREVENT FALLS.** If for any reason you feel you might not be stable on your feet, please ask for help.
9. **PAIN CONTROL.** If you feel that your pain is not under control, please tell us right away.
10. **PATIENT SATISFACTION.** If you are not happy with any of the care we have given to you or your family, please tell us right away so that we can meet your needs.

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Blood Transfusions and You

Know Your Options

What are the sources of blood? When a transfusion is needed, patients receive blood they have donated for themselves, blood donated by a directed donor (a donor chosen by you) or blood donated by the community. Your own blood is the safest option but some people are not able to provide their own blood and must rely on other blood sources.

Being Your Own Blood Donor

The blood that offers you the most safety and the best match is the blood you donate for yourself. If you are able to be your own blood donor, you will donate your own blood three to four weeks before your surgery. However, the last donation should be made at least ten days before surgery. Many patients who plan to have surgery donate blood for themselves without problems. Your doctor will make the final decision based on your health.

Benefits of Being Your Own Blood Donor

Your own blood is the best match. Transfusion of your own blood removes the risk of getting a viral infection, such as hepatitis or AIDS. By giving blood to meet your own needs, you also help conserve the local blood supply for people who need blood in an emergency or who cannot be their own donors.

Some Risks of Being Your Own Blood Donor

Your blood iron level will decrease after donation. For this reason, your doctor may order iron supplements.

Procedure for Donating Blood

Make an appointment with United Health Services at 877 448-4483 to arrange donation. They will guide you through the process. Your blood will be collected on a schedule that will be convenient and safe while meeting your blood needs. Your blood will be tagged only for you and will be ready if you need it during or after your surgery. Donations can be made as often as every three days, but it is best if they are made one week apart. Eat a light meal 2–3 hours before donation. Be prepared to give the blood bank staff a health history and a list of the medications you are taking. An infection may prevent you from being your own blood donor. There may be a fee for self donation. Check with your insurance company.

Benefits of Directed Donations

Directed donations may provide peace of mind for some patients because they know the person who donated the blood.

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Some Risks of Directed Donations

The safety of any donation depends on the donor giving complete and honest answers to health screening questions. Sometimes friends or family members may feel pressured into making a directed donation even though they know that their health history may make their blood unsafe. Even if a patient knows the donor well, a directed donation may still transmit disease. Donors are screened very carefully using a detailed health questionnaire. After the blood is collected, it is screened very carefully. Any unacceptable units are thrown away. There is a fee charged to the patient for the drawing and processing of directed donations.

Procedure for Directed Donations

If you and your doctor decide on this option, call United Blood Services and they will guide you through the process.

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Anesthesia and You

Who are the Anesthesiologists?

The Operating Room, Post Anesthesia Care Unit (PACU) and Intensive Care Units (ICU) at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists and Certified Registered Nurse Anesthetists (CRNA's). Each member of the service has earned the right to practice at Flagstaff Medical Center.

What Types of Anesthesia are Available?

GENERAL ANESTHESIA provides a state of controlled unconsciousness during your surgery. Sometimes this is referred to as "being put to sleep." With general anesthesia, you are unable to feel pain during surgery and you will have no memory of the surgery and often the time right after surgery.

REGIONAL ANESTHESIA involves the injection of a local anesthetic to provide numbness, loss of pain or loss of feeling to a region of the body. Regional anesthetic techniques include spinal blocks, epidural catheters and arm and leg blocks. Your anesthesiologist may offer a peripheral nerve block to address post-operative pain. Peripheral nerve blocks are effective ways to help make a body region more comfortable after surgery. Often, they are placed before your surgery so that you wake up with less discomfort. The effects of these types of blocks may last 12 hours or more.

Will I Have Any Side Effects?

Your anesthesia will be tailored to your needs. Your anesthesiologist will discuss the risks and benefits of the anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting remain the most common side effects from anesthesia and may be related to the type of surgery. Although less of a problem today because of improved anesthetic agents and techniques, these side effects may occur for some patients. Medications to treat nausea and vomiting will be given if needed. You will have discomfort after surgery. Your doctors and nurses can help reduce your pain with medication and the use of ice. The staff will teach you the pain scale (0-10) to find out your pain level.

What Will Happen Before my Surgery?

You will meet your anesthesiologist before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. Then the anesthesiologist will decide the type of anesthesia best suited for you. He or she will also answer any questions you may have.

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You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, heart monitor and other devices for your safety. Oxygen is often given to you before you go to “sleep” or receive sedation. At this point, you will be ready for anesthesia. If you would like to speak to an anesthesiologist before your surgery, this can be arranged through the pre-admission department.

During Surgery, What Is My Anesthesiologist in Charge of?

Your anesthesiologist is in charge of your comfort, safety and well-being before, during and right after your surgery. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist also will provide fluid and blood replacement when needed. During your surgery, an anesthesia provider will be with you 100% of the time.

What Can I Expect After the Operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be checked closely. An anesthesiologist can provide care if needed as you recover.

May I Choose an Anesthesiologist?

Although most patients are assigned an anesthesiologist, you may be able to choose one that you prefer. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for specific anesthesiologists may be made by calling the anesthesiologist’s office at 928 773-2505. Information about Forest Country Anesthesia providers can be found at <http://www.forestcountryanesthesia.com/>

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How to Prevent Medication Mistakes

Advice and Safety Tips for Patients

You can help prevent mistakes by being more involved in your own healthcare and safety. Tell all of your healthcare providers about allergies or drug reactions you have had with any medication. Always be aware of clues which could alert you to a mistake with your medicine. Talk about any concerns with your doctor, nurse or pharmacist before taking your medicine if:

- The medicine looks different than normal (color, shape, size, tablet markings).
- The number of pills in the bottle is more or less than normal.
- The directions on the bottle are different from what the doctor told you.
- The name of the medicine on the bottle is not correct.
- The amount of liquid in a syringe or bottle is more or less than normal.
- The reason for taking the medicine is different than why you are taking it. The reason might be listed on the bottle, in a handout or explained by the pharmacist.
- Your hospital ID band and your medicines are not scanned before given to you.

Questions About Your Medicines

- What are the brand and generic names of my medicine?
- Why am I taking this?
- How much should I take, and how often should I take it?
- What time of day should I take my medicines?
- Should I take it on an empty stomach or with food? Are there foods I should avoid while on this medicine?
- How long will I need to take this?
- If I start to feel better, can I stop or take less?
- What are the side effects of this and what should I do if I have any?
- What should I do if I miss a dose?
- Can I take this medicine with any other medicines I am taking (including vitamins and herbal products)?
- Does the medicine replace anything else I am taking?
- What should I do with any leftover medicines?

Arrange Your Medicines

Keep an up-to-date medicine list with the name, dose, and time you should take your medication and the reason for taking it. Your medicine list should include prescription medicines, over-the-counter products, herbal products, and current vaccines. Keep a current medicine list with you at all times. Update the list often. Also, include any medicines you are allergic to or do not tolerate — tell what happens to you when you take that medicine.

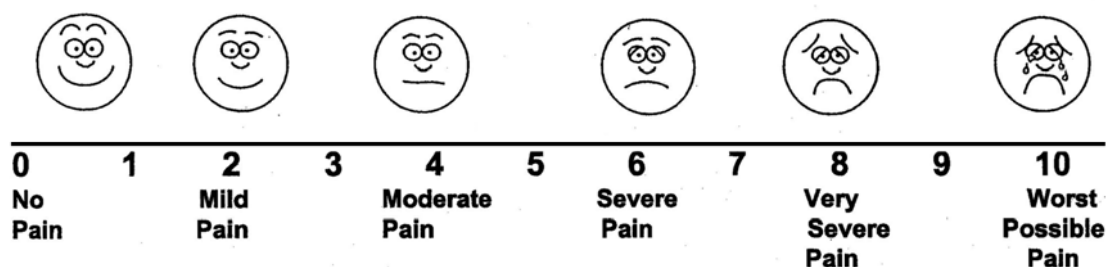
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Caring for Your Pain

What is Your Pain Level?

A pain scale is a tool used to describe and track your pain level.

A “0” (zero) means no pain, and a 10 means the worst pain for you.



Use the pain scale (above) every few hours to help make sure your pain is less or at least remains stable over time. Keep in mind that you may still feel some pain, even with medication. Let the nurse know if the medication does not reduce your pain level or if your pain level jumps quickly.

What is Pain?

Pain is an uncomfortable feeling that tells you something may be wrong in your body. Pain is your body’s way of sending a warning signal to your brain. Your spinal cord and nerves provide the pathway for information to travel to and from your brain and the other parts of your body.



Sometimes pain may be just a nuisance, such as a mild headache. At other times, such as after surgery or injury, pain can be much worse. It is vital for you to tell your healthcare professionals when you are in pain so that they can treat it.

Your Pain is Real!

Pain can be physical or emotional. Fear and anxiety can make pain seem worse. You should always ask questions before surgery or a procedure. Fear of the unknown creates anxiety. If you know what to expect, you will feel less afraid and more in control.

Reducing Pain

After surgery, injury, or emotional trauma, the goal is to get better. Pain relief plays a big part in healing. When pain is reduced, you feel better and are able to move. You may even be able to sit up and walk within hours after surgery. Moving helps you heal faster and will also help reduce risks such as blood clots and pneumonia.

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Aim for Comfort

Each person does not respond in the same way to medications. The dose of medication that is right for you might not be the same as it is for someone else. Medication that helps to reduce pain is often given at the patient's request. Pain medications take time to work, so do not forget to ask for a new dose when the last one begins to wear off.

During your hospital stay and after discharge, your surgeon may use what is called a multimodal approach to help control your pain. This means they will combine different types of medicines and techniques that work in different ways in order to control your pain and reduce nausea.

Pain Medications

The following medications can be used for pain relief. Check with your doctor to make sure which ones are right for you.

- Nonsteroidal anti-inflammatory drugs (NSAID's) are drugs that you may already use at home, such as Advil® (ibuprofen), Motrin® (ibuprofen) and aspirin. These medicines can relieve mild to moderate pain. Ibuprofen can also reduce swelling at the injured site. These medications are taken by mouth, in tablet or liquid form, and sometimes in suppository (rectal) form.
- Non-Opoid Analgesics such as Tylenol® (Acetaminophen) help to reduce fever and control mild to moderate pain but do not work well to reduce swelling.

There are many kinds of narcotic pain medications which are used for severe pain. Some of these are: codeine, Lortab® (hydrocodone and acetaminophen) and Percocet® (oxycodone and acetaminophen). They come in pill or liquid forms. Morphine and Dilaudid® (hydromorphone hydrochloride) are common narcotics which can be given into a muscle or into an IV.

Local anesthetics (numbing agents) are given either near the incision or through a small tube in your back, called an "epidural." These pain medications block the nerves that send pain signals. An epidural provides constant pain relief. This system works well for people who have chest, belly, hip, or knee surgeries.

Relax to Reduce Pain

When you are relaxed, pain medications work better. Your muscles are not tense and do not send signals of fear and anxiety to your brain. Here are a few other ways to reduce your pain:

- Position yourself for comfort.
- Breathe deeply. In doing so, you can relax tense muscles and take your mind off your pain.
- Music therapy, pet therapy, and massage therapy can lessen stress, pain, boredom, and anxiety and cause you to relax.

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Managing Pain at Home

The tips you learn in the hospital for pain control will also work when you go home:

- Use your pain medication only as your nurses and doctors told you. When your pain is better, take your medication less often. If your pain does not get better or gets worse, call your doctor.
- Pain medications take time to work. If you take them on an as-needed basis, try to take them at least 30-45 minutes before activities such as getting dressed, taking a shower, exercising, etc. If you are taking scheduled pain medications, then take them as ordered, for instance, every 8 hours or every 12 hours.
- Get plenty of sleep; at least 8 hours in a day.

Side Effects of Pain Medications

- Constipation is the most common side effect of pain medications. Be sure to drink at least 6 to 8 glasses of water each day.

Eat 2 - 3 servings of fruit a day (small piece of fruit is $\frac{1}{2}$ cup canned or $\frac{1}{4}$ cup dried). Fresh fruit with skin or seeds often has more fiber so try to have fresh apple, pear, mango, apricots or berries with your meals. Fresh citrus, such as orange or grapefruit, and dried fruits can also be good choices. Make sure to wash fresh fruits very well before eating.

Eat 3 - 5 servings of vegetables a day. 1-2 servings should be fresh (1 cup fresh = $\frac{1}{2}$ cup cooked).

Your meal should include whole grains like breads, cereals, crackers, oats, brown rice, and whole-wheat pasta.

- When you are taking pain medications, you may only have a bowel movement every second or third day. You may need a laxative or stool softener. If you are still unable to move your bowels, call your doctor.
- Medication can upset your stomach and nausea or vomiting may occur. Taking your pain medication with solid food may help. If your stomach is still upset, call your doctor.
- Pain medications may also make you feel tired or dizzy. You may feel sleepy because pain is tiring. Your medication may affect how you do basic things like walking, climbing stairs, and driving.
- If you have been lying down, get up slowly by sitting on the edge of the bed to make sure you have your balance, and then slowly stand. You should not do hazardous activities such as climbing a ladder, using machinery, driving, etc.
- If you are not able to wake someone who has taken pain medications, call 911!

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Patient Information Guide to Patient-Controlled Analgesia (PCA)

You Can Now Help Control Your Pain Relief

Your doctor has ordered Patient-Controlled Analgesia or PCA therapy to help control your pain during your hospital stay. A PCA device will be used to allow you to give yourself small doses of medicine when you need it. Your healthcare team will review the use of the PCA device with you. The information given below also will help you understand these instructions. If you have questions about the PCA be sure to ask your healthcare team.

How PCA Works:

- The PCA device is programmed to deliver the medication in the correct dose for you as ordered by your doctor.
- When you have pain, you can press the button on the dose request handset at your bedside to give yourself a small dose of pain medication.
- The pain medication is delivered through your intravenous (IV) line and may be in addition to other medications you may receive.
- After each dose, you must wait a certain amount of time (lock-out) before you can give yourself another dose. If you press the button before the time has elapsed, the PCA device DOES NOT deliver medication. This ensures that you receive only the amount of medication ordered for you.
- Once therapy starts, your healthcare team will closely check your response to the medication, which may include your pain level and other vital signs.

When to Alert Your Nurse or Doctor

Some pain medications may cause side effects, so be sure to tell your healthcare team if you have any symptoms or discomfort during your PCA therapy.

REMEMBER: You are the only one who should push the button to give yourself medicine. Do not allow others to push the button for you unless your healthcare team instructs you otherwise. Always be careful to follow your healthcare team instructions.

CAUTION: Please be careful to locate the patient request cord in a place that reduces the chance of getting tangled in it.

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Patient Information Guide to Elastomer Local Anesthetic Pain Pump (Moog or OnQ)

You Can Now Help Control Your Pain Relief

Your doctor has ordered a Moog or OnQ pain pump to help control your pain during your hospital stay. A Moog or OnQ pain pump is a device that continuously and safely delivers a small amount of local anesthetic along the incision. Your healthcare team will review the use of the Moog or OnQ device with you. The information given below also will help you understand these instructions. If you have questions about the Moog or OnQ pump be sure to ask your healthcare team.

How the Moog or OnQ Works:

- 2 small catheters are placed under the skin along the incision at the time of closing the skin during surgery.
- The catheters are attached to a reservoir filled with a local anesthetic that trickles in at a fixed rate automatically.
- Once an hour, you can give yourself and an extra boost by pressing hard on the wrist button. You should feel a cool sensation at the incision site after pressing the button. If you press again before the elapsed time, then it won't give an extra boost.
- Your healthcare team will closely check your response to the medication, which may include your pain level and other vital signs.

When to Alert Your Nurse or Doctor

Some pain medications may cause side effects, so be sure to tell your healthcare team if you have any symptoms or discomfort during your Moog or OnQ therapy.

REMEMBER: You are the only one who should push the button to give yourself medicine. Do not allow others to push the button for you unless your healthcare team instructs you otherwise. Always be careful to follow your healthcare team instructions.

CAUTION: Please be careful to locate the patient request cord in a place that reduces the chance of getting tangled in it.

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Relaxation Technique

“I Am Relaxed” . . . Deep Breathing and Relaxation Exercise

- Sit comfortably and quiet your mind.
- Tell yourself that you are going to use the next 5, 10, or 20 minutes to heal and relax yourself.
- Surrender the weight of your body, allow the chair or floor to support you.
- Close your eyes, and gently close out distractions.
- As you breathe in, repeat to yourself: “I AM.”
- As you breathe out, say... “RELAXED.”
- Continue to breathe normally not trying to change it in any way. Repeat: “I AM” every time you breathe in ... “RELAXED” every time you breathe out.
- As your mind begins to wander, gently bring it back to the awareness of your breath and your statement “I AM RELAXED.”
- Continue doing this for as long as you have decided.
- To end, stop saying the phrase and slowly stretch your hands and feet, your arms and legs, then your whole body.
- Open your eyes a sliver at a time – like the sun coming up in the morning.
- Continue on your way.

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Cough and Breathe Deeply

Coughing and deep breathing will help you to heal and prevent lung problems. These exercises should be done every hour while awake until you have fully recovered.

How to Cough

- Sit at the edge of the bed. You may need a step-stool if your feet do not touch the floor. If you are not able to do this, you may lie on the bed or sit up in bed and lean forward slightly.
- Now take a slow deep breath in through your nose. Fully expand your chest. Then breathe out through your mouth and focus on feeling your chest sink downward and inward.
- Take a 2nd breath in the same manner.
- Take a 3rd deep breath, but this time hold your breath. Then cough gently 2 or 3 times while breathing out. This will help to clear your lungs.
- Take a normal breath three to five times and then relax.

How to Breathe Deeply

- Lie on your back in a comfortable position. Place one hand on your chest and the other over your upper belly. Bend your legs slightly and relax.
- Breathe in deeply through your nose. Focus on feeling your belly rise. If the hand on your belly rises while breathing in, you are breathing correctly.
- Hold your breath and slowly count to 5.
- Then breathe out all the way through your mouth, using your belly muscles to squeeze all of the air out of your lungs.
- Rest for a few seconds.
- Repeat the above breathing exercise 5 to 10 times.

Note: This can be done lying on your side, sitting, standing, or turning in bed.

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Using an Incentive Spirometer

An incentive spirometer is a device that helps you do deep breathing exercises. These exercises will help you breathe better and improve the function of your lungs. The incentive spirometer provides a way for you to take an active part in your recovery.

Follow these steps to use your incentive spirometer:

- Inhale normally. Relax and breathe out.
- Place your lips tightly around the mouthpiece.
- Make sure the device is upright and not tilted.
- Breathe in slowly and deeply. Fill your lungs with as much air as you can. If you inhale too quickly, the spirometer may make a noise. If you hear this noise, inhale more slowly.
- Hold your breath long enough to keep the balls (or disk) raised for at least 3 seconds.
- Perform this exercise every hour while you are awake or as often as your doctor instructs.
- If you were also taught coughing exercises, perform them regularly as instructed.

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Planning to Quit Smoking

Your doctor may have told you that you need to give up tobacco. Only you can decide if and when you are ready to quit. Quitting is hard to do. But the benefits will be worth it. When you decide to quit, come up with a plan that is right for you. Discuss your plan with your doctor. Also talk to your doctor about medications to help you quit smoking.

Line up Support

To quit smoking, you will need a plan and some help. Pick a date within the next 2 to 4 weeks to quit. Use the time between now and that date to arrange for support.

- **Classes and counselors:** Quit-smoking classes coach people like you through the process. Get to know others in a class and support each other beyond the class. Telephone counseling also helps you keep on track. Ask your healthcare provider, local hospital or public health department to put you in touch with a class and a phone counselor.
- **Family and friends:** Tell your family and friends about your quit date. Ask them to support your change. If they smoke, arrange to see them in smoke-free places. Forbid smoking in your home.

Quit-Smoking Products

There are many products that can help you quit smoking. Some of these products are medications that can help curb your cravings and withdrawal symptoms. Others slowly lessen the level of nicotine your body absorbs. Nicotine is the highly addictive substance found in cigarettes, cigars, and chewing tobacco. Quit-Smoking products include a nicotine patch, gum, lozenge, nasal spray, and inhaler. Be sure you follow the directions carefully. Do not smoke while you use nicotine products. Doing so can be very harmful to your health.

Finding something to replace cigarettes may be hard to do. Be aware that some things you choose may be as harmful as cigarettes.

- **Smokeless (chewing) tobacco** is just as harmful as regular tobacco. Tobacco should not be used as a substitute for cigarettes.
- **Herbal medications or teas** may affect how your body handles nicotine. Talk to your doctor before using these products.

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Healthy Eating for a Fast Recovery

Diet after Surgery

- The day of your surgery, you will have liquids to drink (broth, jello, juice, tea).
- When you are able to take liquids without nausea, your doctor will order a regular or a soft diet.
- A well-balanced diet and enough fluids will help you heal and recover more quickly.

What is a Well-balanced Diet?

A well-balanced diet includes many healthy foods and drinks. Eating a well-balanced diet will provide your body with enough calories, proteins, vitamins and minerals for a fast recovery from surgery.

- Breads and grains: Bread, pasta, oatmeal, breakfast cereals, tortillas and grits. Choose whole grains at least half of the time.
- Fruits and vegetables (5-9 servings each day): all fresh, canned or frozen fruits and vegetables. Choose fresh often.
- Milk and dairy products (2-3 servings each day): skim or 1% milk, low fat or nonfat yogurt, cheese or cottage cheese.
- Lean meat and poultry; all fresh and frozen fish; all dried beans and legumes; eggs (2-3 servings each day).
- Fats and oils (5-6 teaspoons each day): canola oil, olive oil, nuts and seeds, avocado, olives.

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Going Home General Bowel Care

Expect one bowel movement a day or close to your normal pattern. You may go less often if you are eating less or are on pain medicine.

Diet

- Eat 2-3 servings of fruit a day. Fresh fruit with skin or seeds can have more fiber, so try to eat fresh apple, pear, mango, apricots or berries daily. Fresh citrus, such as orange or grapefruit, and dried fruits can also be good choices. Make sure to wash fresh fruits well before eating. Serving size is 1 small piece of fresh fruit or 1/2 cup of canned fruit or 1/4 cup dried fruit.
- Eat 3-5 servings of vegetables a day. Eat fresh vegetables for at least 1-2 servings. Serving size is 1 cup fresh vegetables or 1/2 cup cooked vegetables.
- Use whole grains in the form of breads, cereals, crackers, oats, brown rice and whole-wheat pasta. These give you fiber and promote regular bowel movements. One to three teaspoons of wheat bran can also be added to foods. Start with one teaspoon and slowly increase the amount.
- Drink eight 8-ounce glasses of water a day. Drink less water close to bedtime so you do not have to go to the bathroom during the night.

Exercise

- Get regular exercise after checking with your doctor. Going for a short walk would be a good start.
- Give yourself time to have a bowel movement at the same time each day. The urge to move your bowels often occurs after eating a large meal or drinking a warm drink.
- You may take Metamucil® (psyllium) or a similar fiber product. Metamucil® is a bulk fiber which is safe to take daily.
- If you cannot have a bowel movement for 2 days, Pericolace® (docusate sodium/casanthral) can help soften the stool and move your bowels.
- If you are not comfortable, stop passing gas, or your belly becomes bloated for at least 3 days, call your doctor.

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Glossary – Words to Know

Abdomen/Abdominal. The part of the body that lies between the chest and the pelvis.

Activity. Something that you do or something that is taking place.

Activities of Daily Living. Common actions that people do every day such as eating, dressing, walking, etc.

Admission/Admitted. To enter a hospital as a patient.

Advance Directives. A way of making known in writing how much and what kind of medical care you want to have done for you when you are not able to decide these things.

Allergy. Medications, food, pollen, insects, germs, etc. that cause the body to react with symptoms such as sneezing, skin rashes, itching or more severe symptoms.

Alignment. To line up. The proper placement of a body part.

Alternative Medicine. Healing practices that do not fall within the scope of common medical practice.

Alternative Medications and Supplements. Vitamins, minerals, herbs, etc. that may be used to obtain good health results.

Anatomy. The structure of a body part.

Anesthesiologist. Doctor who gives anesthesia.

Anesthesia. Loss of sensation and ability to feel pain. Anesthesia is often needed when a person has surgery. Anesthesia can be general or regional (one section of the body).

Anterior. To the front.

Antibiotic. Medication given to prevent and/or to destroy an infection.

Anti-Inflammatory. Acting to reduce inflammation; many times this word refers to medications.

Appendix. An extra part of a book or text, such as the appendix of this Guidebook.

Appointment. Meeting someone at a special time and place.

Artery/Arteries. Any one of the system of thick-walled blood vessels that carry blood away from the heart.

Arthritis. An inflammatory problem in a joint that can cause pain, swelling or stiffness.

Assistive Device. Device or aid that helps people so that they can move with more ease, reach needed items, help with their own care, etc.

Body Mechanics. How body parts move or function.

Care Coordinator. Healthcare professional who helps patients with their equipment needs, transfer plans to a rehab center (if needed) and other details for going home from the hospital.

Care Provider/Caregiver. Person who helps care for another person's needs.

Cartilage. Tough elastic tissue found in the joints and other parts of the body.

Cervical. Neck area.

Communication. Inform or tell by writing or talking.

Complication/s. Problem that makes an illness worse.

Compression. Act of pressing or squeezing together.

Condition. State of health or physical fitness.

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- Conservative Treatment.** Cautious treatment of a medical problem that avoids more involved medical measures or surgery.
- Constipation.** Problem with moving your bowels.
- Decision.** To decide; to make up one's mind.
- Degenerate/Degeneration.** Decrease in the level of wellness or function.
- Dehydrate.** To lose water or body fluids.
- Department.** A part or branch of a larger group.
- Directions.** How to do something or how to go somewhere.
- Discomfort.** State of feeling pain or distress.
- Dislocate/Dislocation.** Out of the correct position.
- Document.** Written or printed paper that states special facts or information.
- Donation.** Act of giving.
- Drug Allergy.** Drug that causes the body to react with symptoms such as sneezing, skin rashes, itching or more severe symptoms.
- Drug Reactions.** A bad response to a medicine.
- Educate.** To teach or provide knowledge.
- Elevate/Elevation.** To raise up.
- Emergency.** Problem where there is an urgent need for quick action.
- Energy.** Power to do work, exercises or activities of daily living.
- Epidural.** A space inside the spinal column.
- Equipment.** Device that is needed to perform a given task.
- Evaluate/Evaluation.** Careful study of the state of health or physical fitness of a person.
- Examine.** To check, test, or study.
- Exercise.** To work your body in order to stay healthy or to regain strength and movement.
- Extension.** To straighten a limb.
- Facility.** Place (building) that serves a special purpose, i.e. hospital, doctor's office, rehabilitation center.
- Flexion.** To bend a limb.
- Herniated/Herniation.** Protrude through an opening in the space that contains it.
- Hospital.** Place for people to get treatment if they are sick or injured.
- Hydrate/Hydration.** To take in or to put water or fluids into the body.
- Hypertension.** High blood pressure.
- Hypotension.** Low blood pressure.
- Incentive Spirometer.** Device to help you take deep breaths.
- Incision.** A cut made into a tissue or organ.
- Independent/Independently.** Able to do something by oneself.
- Immobilizer.** Device to help prevent, restrict, or reduce normal movement as in a knee or shoulder immobilizer.
- Infection.** A state of health where some part of the body has been harmed with germs that cause disease.
- Inflammation.** A state of health where some part of the body has reacted to injury, infection, irritation, etc. There may be redness, pain, heat, swelling, and loss of function.
- Information.** News or knowledge given or received.
- Injection.** "Shot." Medication given in some part of the body using a syringe and needle.

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Injury. Damage or harm done to a body.

Insurance. System to protect against financial lost when a person has an illness.

Instructions. How to do something.

Laboratory. Place to go for testing such as having your blood drawn.

Laxative. Foods, compounds, or drugs taken to loosen the stool.

Ligaments. Tough tissue which connects a bone to a bone.

Medical. Having to do with one's health.

Medication/Medicine. A drug or herb used to maintain health or to treat a health issue.

Meditation. A practice which may be used to help reduce pain. A person spends quiet time thinking deeply about things other than the present problem.

Mobility. State of moving freely.

Narcotic. Drug used to reduce pain.

Nausea. Feeling "sick to your stomach."

Neurology/Neurological. Having to do with the nerves or nervous system.

Nurse Practitioner (NP). Nurse with extra training that allows him or her to find and treat medical problems. Nurse Practitioners work independently or with a doctor.

Nutrition. Process by which a person takes in and uses food.

Occupational Therapy (OT). Branch of healthcare that treats problems by using exercise, massage, etc. without using medicine. The focus is on helping people with activities of daily living.

Operation/Operate/Operative. Often referred to as "surgery." An operation is treatment done by a surgeon on the body to restore health or to repair damage. This often includes cutting tissues or organs.

Orthopedics. Area of medicine that refers to bones, joints, spine, tendons, and ligaments.

Outpatient Clinic. Office or clinic where a person can get medical care. It is not a hospital.

Over-the-Counter Medication. Medicines that can be purchased without a prescription.

Participate. Have a part or share in something.

Patient Care Technician (PCT). Healthcare professional who provides direct patient care in many settings.

Pharmacist. Healthcare professional who prepares medications that a doctor orders for a patient.

Physical. Having to do with the body.

Physical Therapy (PT). Branch of healthcare that treats problems by using exercise, massage, etc. without using medicine.

Physician. Another name for a doctor.

Physician's Assistant (PA). Healthcare professional with extra training that allows them to find and treat medical problems. They work under a doctor.

Pneumonia. Infection of the lungs.

Position. To put in the proper or normal place.

Posterior. To the back.

Pre-Admissions Appointment. Patients meet with a nurse to discuss their health history and plan their care before they have surgery.

Pre-Operative. The period of time before an operation.

Post-Operative. The period of time after an operation.

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- Precautions.** Things a person can do to prevent problems and obtain good results.
- Pre-Registration/Registration.** Information a person gives when they enter the hospital.
Questions asked include: name, date of birth, address, employer, etc.
- Prescription.** Directions written by a doctor to a pharmacist for medicine.
- Prevention.** Things which can be done or not done in order to help prevent a problem.
- Primary Care Physician/Primary Care Provider.** Your doctor.
- Procedure.** Surgery or any type of work done with special medical tools.
- Professionals.** A person with extra training in a certain area of work.
- Prosthesis.** Device that replaces a missing or damaged part of the body.
- Recommendations.** Ideas given to help someone.
- Recover/Recovery.** To heal and obtain good health results.
- Rehabilitate/Rehabilitation.** To restore to good health.
- Rehabilitation Center.** Often referred to as a “rehab center” or skilled nursing facility.
Patients may go there after a hospital stay in order to obtain health care when they are not able to care for themselves.
- Relaxation.** State of being relaxed or not tense which brings relief.
- Replacement.** To replace or change out, as in a hip or knee joint replacement.
- Reunion.** To come together again.
- Revision.** To change in order to correct a problem.
- Rotation.** Turning around a center.
- Specialist.** A person or doctor who has extra knowledge about a certain type of disease or patient.
- Stabilize.** To make stable or hold steady.
- Stenosis.** Passage that has become more narrow than normal.
- Steri-Strips.** Small pieces of paper tape that may be used to close an incision.
- Supplements.** May refer to vitamins or herbs a person takes. Many supplements may be obtained without a doctor’s order.
- Surgery/Surgical.** Often referred to as an “operation.” Surgery is treatment done by a surgeon on the body to restore health or to repair damage. This often includes cutting tissues or organs.
- Technique.** Way of doing something in the correct manner.
- Temperature.** Measure of warmth or coldness of an object; a “fever.”
- Therapist.** Healthcare professional who works with people to help restore them to good health. This term often refers to an occupational or physical therapist.
- Therapy.** Treatment of a physical illness or disease.
- Thoracic.** Chest area.
- Transfusion.** To transfer blood, plasma, or the like into a blood vessel.
- Urinary Catheter.** Tube which is put in your bladder to drain urine.
- Urinate.** To empty the bladder.
- Vaccine.** “Shot” given to a person to help prevent diseases such as the flu or pneumonia.
- Vertebrae.** Bones of the spinal column. The spinal cord passes through the vertebrae.
- Vitamin.** Vitamins are found in food and are needed by the body to function well. Some persons also take vitamins in pill form.

Note. This glossary is meant to be used with the Spine and Joint Surgery Center Guidebooks. Many of the words defined in the glossary have added and broader meanings. The definitions given here relate to their use in the Guidebooks.

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The Taylor House Guest Lodging

When someone you care for is scheduled for surgery, you want to be close by. Flagstaff Medical Center operates a hospitality house that offers guest rooms within walking distance of the hospital.



The Taylor House offers:

- Comfortable rooms with private bathroom
- A clean, friendly setting
- Four kitchen areas
- All linens provided
- Family great room with fireplace
- Two outside patios
- Wireless internet
- Medical information available at the Flagstaff Medical Center Library
- Three blocks from a grocery store
- One mile from downtown Flagstaff
- Near city bus routes

Reservations:

Please call the office at 928 226-0300 between 8 a.m. and 5 p.m., Monday through Friday. Plan to make your reservation as soon as you are given a scheduled surgery date. Single or double rooms are \$50 per night.

Check Out:

The Taylor House does not provide respite care. When the patient is discharged from Flagstaff Medical Center, the family needs to check out of The Taylor House so that space is available for families of other patients. Check out time is 11 a.m.

Directions:

(To The Taylor House from the main hospital entrance)

- Turn right onto Beaver Street.
- Turn right at the first stop light which is Forest Avenue.
- Turn left on San Francisco Street.
- Turn left onto the first driveway.

Contact:

The Taylor House
1431 N. San Francisco St.
Flagstaff, AZ 86001
Phone/Fax: 928 226-0300
Web: taylorhospitalityhouse.com

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Spine & Joint Surgery Center Keep-In-Touch List

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Your Notes

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Cleaning Your Skin for Surgery

Your skin plays an important role in keeping you healthy. When you have surgery, you are placed at a greater risk for infection. By cleaning your skin you can help make sure that dead skin cells and bacteria are decreased. This will help you heal quickly.

Clean your skin as follows the 5 days before and the morning of your surgery using CHG (Chlorhexidine Gluconate) soap also known as Betasept® (6 times total):

- 
- Step 1** • Shower with regular soap and water. Be sure to work up a good soap lather.
 - Step 2** • Rinse off with warm water. Use warm (not hot) water to avoid skin redness and itching.
 - Step 3** • Completely dry yourself with a **clean** towel.
 - Step 4** • Apply Betasept® (CHG) soap to your body using your hand, **not** a wash cloth.
 - Be sure to cover all areas **EXCEPT** your face and scalp. Also, do **not** use Betasept® in your genital area.
 - Clean skin folds and other body creases very well.
 - Do **not** rinse.
 - Apply another layer of the Betasept® soap to your body.
 - Wait for 2 minutes.
 - Rinse the Betasept® soap off your body.
 - Dry yourself with a **clean** towel.
 - Step 5** • Use the chart on the previous page to keep track of your nasal medicine use and skin cleaning. Please bring this chart in with you on the day of surgery and give it to your nurse.
 - Step 6** • Clean your sheets, clothing, and home.
 - Wear clean washed clothing daily for five days.
 - Wash sheets twice or more during the five days.
 - Clean home areas that you often touch (with a disinfectant cleaner if possible).
 - Wash all eating utensils after each use.

Other Key Points to Healthy Skin Before Surgery:

- Do not shave your surgery site 2 days prior to your surgery. Shaving can increase your chance of infection.
- After you shower, do not use:
 - Lotions/Creams
 - Powders
 - Vaseline
- Wash your hair as usual with regular shampoo unless told otherwise.
- If you have any questions, please call
Flagstaff Medical Center's Pre-admission Department at 928-773-2048.

**** Do not use Betasept® if you have an allergy to Chlorhexidine Gluconate (CHG).**

MUPIROCIN MEDICATION USE

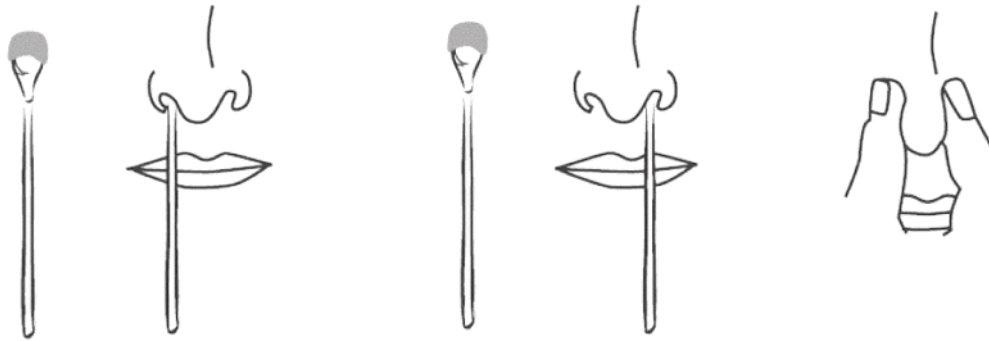
*** Use this only if directed ***

Staphylococcus aureus (SA) or "Staph" is a germ that lives on the skin and in the nose of some healthy people. Your skin protects you from those germs. When you have surgery, we will be cutting your skin. Sometimes germs can get into those cuts and cause infection.

You are being prescribed an antibiotic ointment, mupirocin to apply to the inside of your nose twice daily for 5 days before surgery and special skin baths. These are some ways we help to keep you safe for surgery.

- Squeeze out enough mupirocin ointment to cover the entire white tip of a cotton swab. Place the cotton swab with ointment inside your nose. Then, using a new cotton swab, apply to the other side of your nose.
- Gently press your nostrils together and release for about a minute to get the medicine all over the inside of your nose (See the image below).
- Stop the medicine and call your primary care doctor if you have a strong reaction or severe irritation.

Do this once in the morning and once at night for 5 days.



Please bathe and apply the Betasept[®] soap for a total of 5 days as well.

DATE	AM NASAL MEDICINE	PM NASAL MEDICINE	CHG SKIN WASH
Day 1 _____	0 (•)	0 (•)	0 (•)
Day 2 _____	0 (•)	0 (•)	0 (•)
Day 3 _____	0 (•)	0 (•)	0 (•)
Day 4 _____	0 (•)	0 (•)	0 (•)
Day 5 _____	0 (•)	0 (•)	0 (•)
Day 6 DAY OF SURGERY	0 (•)		0 (•)

*** Use this only if directed ***

Flagstaff Medical Center

1200 North Beaver Street • Flagstaff, Arizona 86001

MUPIROCIN MEDICATION USE

Place Patient Label Here



Mupirocin Medication Use

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