

Shoulder Surgery

After Your Surgery

Patient Education Booklet



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Please bring this booklet to all appointments related to your surgery.

Please contact your orthopedic surgeon if you have any questions.



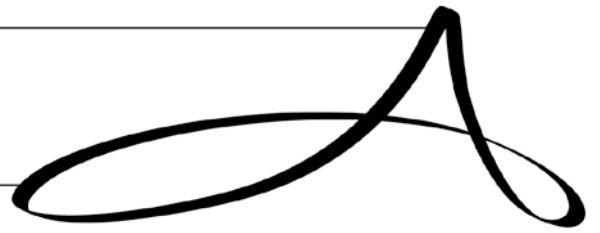
Welcome

Our goal is to assist you in improving your quality of life and restoring your shoulder to a state of wellness. This patient education booklet will be a valuable resource for you after your surgery. Please take time to review the materials. If you have any questions along the way, please discuss with your health care team. Feel free to use the notes page at the back of this booklet.

You will need support after your surgery, such as a family member or friend who will be able to assist you at home as you recover. We refer to this person as your “care partner.” Both you and your care partner will learn what to expect after surgery. If you do not have a care partner, please let our staff know.

Our goal is to provide you with an excellent experience by providing you with the knowledge and skills you will need to make your recovery the best it can be.

Your recovery is our success.



Returning to Work

If you or your family members are still working, check with your employer's Human Resources department about short- and/or long-term disability and Family Medical Leave prior to surgery.

Returning to work will vary depending on your job. If your job is mainly sitting and requires minimal arm usage, you may be able to return to work within a few weeks of your surgery. If your job involves extensive arm usage involving lifting or reaching, it may be a longer period of time before you can return to work. Talk with your orthopedic surgeon about concerns related to returning to work. Open communication between you and your employer is always the best place to start.

If your job is affected by your time off from surgery, you need to understand your rights. The Americans with Disabilities Act bans discrimination by both public and private employers against qualified workers who have disabilities or history of disabilities.

For more information, contact the Equal Employment Opportunities Commission at 800-669-4000.



Preparing Your Home for Your Shoulder Surgery

Planning ahead and following these suggestions will make your return home easier and less stressful.

Bathroom

- Have grooming and toiletry items on a level you can easily reach. A chair in the bathroom might be helpful.
- Plan on sponge bathing until doctor gives you permission to shower.
- You may need a shower chair.
- Install a non-skid bathtub shower mat.
- If possible, put up handrails in the shower/tub to make transfers safer.
- Night-lights will be helpful.

Living room

- Remove throw rugs throughout your home.
- Keep electrical cords and telephone cords, newspapers, magazines and other clutter away from your walking area.
- Arrange furniture to allow open walkways.
- Put a pillow or folded blanket on a chair to make rising from a chair easier.
- Have a chair with armrests and firm seat available. The height should allow your feet to touch the floor with your hips bent less than 90 degrees.
- Practice moving from sitting to standing without the use of your arm to simulate what it will be like after surgery.

Bedroom

- Keep walkways to bathroom, closet and dresser free from clutter (about two feet).
- Arrange clothes for easy access and have laundry bag/basket available.
- Sit at edge of bed or chair when putting on socks, shoes or slacks with your dressing equipment.

- Assure your mattress is firm and your bed is located for easy access. The height of the bed should allow your feet to reach the floor with your hips bent less than 90 degrees.
- Have pillows available to elevate your head and support your arm as needed.
- If a recliner is available, this may be a more comfortable position for resting and sleeping.

Kitchen

- Prepare and freeze meals in advance or arrange for a friend or meal service to bring meals.
- Stock up on frozen microwave meals – they are quick, easy, and less messy to clean up.
- Move pots, pans and dishes to counter height so you do not need to bend too low or reach too high to get supplies.
- Use a wheeled cart to move any heavy things.
- Do not sit on a kitchen chair with rollers.
- If you use a walker, use a walker tray or move a table close to the refrigerator and/or microwave and/or stove to transfer items safely.
- Put a basket or bag in front of the walker to help you carry small items safely.

Outdoor safety

- Sitting on a trash bag can ease getting in and out of the car.
- Make sure walkways and steps are brightly lit at night.
- Ensure your safety by installing rails. Make sure stair railings are secure.
- Have someone cut your grass, rake leaves or shovel snow for you.

Continued

Homemaking

- Do your grocery shopping for necessary items before surgery.
- Arrange for someone to do your laundry. Hand-wash lightweight items.

Miscellaneous

- Extra help at home will be beneficial initially. Arrange for family/friends to help with transportation, etc. You may also need help initially moving around your home or doing self-care.
- Having someone help you with laundry, cleaning, shopping, running errands, yard work and bringing in the paper and mail may help make your transition back home easier.
- If possible, place the phone near you. Ask family/friends to let the phone ring longer to give you plenty of time to answer.
- Prepare ice packs before surgery to have available to use when home. Consider obtaining a reusable cold pack.
- Remove clutter so you have clear paths at home.
- Have comfortable clothes that you can get on and off easily such as elastic waistbands and slip on shoes. Baggy clothes and button-down shirts work well.

Equipment information

- If your doctor issued you an arm sling, bring it with you to the hospital. One may be provided for you there. The therapist will make sure that your sling fits properly.
- A machine called a CPM may be set up in your home for use after surgery.
- Some surgeons order an ice machine that will be delivered to your home before surgery.
- You will be instructed on what to bring to the hospital.



Nutrition Tips for the Surgical Patient

This guide has been prepared for your use by registered dietitians. If you have questions or concerns, please call the nearest Aurora facility to contact a dietitian.

A well-balanced diet:

- Gives your body the energy it needs before and after surgery
- Helps fight infection
- Promotes healing

The amount of food you need depends on your age, gender, activity level and physical condition. Limit your intake of foods high in fat and sugar. They should not replace nutrient-rich foods.

What foods do you need?

If you are on a special diet, keep following it unless your doctor tells you to follow another plan.

The food guide below will help you choose foods that supply the nutrients you need – protein, carbohydrate, fat, vitamins, minerals and water. A low intake of nutrients delays healing. If you are not able to eat the recommended foods, you may need a vitamin and mineral supplement.

Food groups	Recommended servings	Examples of one (1) serving
Grains Good sources of complex carbohydrates, B-vitamins, iron, some minerals and fiber	5 to 10 servings daily	<ul style="list-style-type: none"> • 1 slice of bread • 1/2 cup cereal, rice, potato, pasta or most starchy foods
Vegetables Good sources of vitamins, minerals and fiber	3 to 5 servings daily	<ul style="list-style-type: none"> • 1 cup raw vegetables • 1/2 cup cooked vegetables or vegetable juice
Fruits Good sources of vitamins, minerals and fiber	2 to 4 servings daily	<ul style="list-style-type: none"> • 1 medium apple, orange, pear • 1/2 banana • 1 cup raw fruit • 1/2 cup cooked fruit or juice
Dairy Products Good sources of protein, calcium, and Vitamins A and D	3 servings daily	<ul style="list-style-type: none"> • 1 cup low-fat milk or yogurt • 1 1/2 ounces natural low-fat cheese • 2 ounces low fat processed cheese
Meat and Non-Meat Alternatives Good sources of protein, B-vitamins, iron, zinc and other minerals (non-meat examples include peanut butter and nuts)	5 to 7 ounces daily	1 ounce = <ul style="list-style-type: none"> • 1 ounce cooked lean meat, poultry, fish • 1/4 cup cooked dried peas or beans • 1 egg • 1 tablespoon peanut butter • 1/2 ounce nuts
Fluids Important for the body's cells	At least 8 cups daily	<ul style="list-style-type: none"> • Water, milk, juice, other fluids • Limit alcohol and fluids that have caffeine

Protein

Protein is needed for healing after a surgery. It is the building block for cells and tissues. A diet low in protein may slow wound healing. Good food sources are meats, dairy products, eggs and legumes. If you need to follow a low-cholesterol, low-fat diet, choose lower-fat items in these groups.

Vitamins and minerals

Vitamins and minerals are also needed for healing. Antioxidants may decrease the risk of infection. Fruits and vegetables are the best sources of antioxidants. Try to eat 5 to 9 servings a day from these food groups.

Good sources of antioxidants

- Apricots
- Asparagus
- Broccoli
- Brussels sprouts
- Canned pumpkin
- Cantaloupe
- Carrots
- Collard greens
- Corn
- Grapefruit
- Green bell peppers
- Mangoes
- Oranges and orange juice
- Papaya
- Red peppers
- Spinach
- Strawberries
- Sweet potatoes
- Tangerines
- Tomatoes and tomato juice
- Tropical fruit juice (papaya or mango)
- Vitamin-C fortified fruit drinks

Preventing constipation

Constipation can be caused by many things, including medication, inactivity and changes in diet. Here are some tips you may find helpful:

- While you are in the hospital, you may receive “Fiber Basics” to help resolve constipation (one to two tablespoons daily as needed). This is a puree of dates, raisins, prunes and prune juice.
- Drink plenty of fluids – at least 8 cups daily. This may help to keep the stool soft.
- Include juices, especially prune juice and apple juice, to help loosen stools.
- Drink a hot beverage about a half hour before your usual time for a bowel movement. Hot liquids often help to start bowel activity.
- Eat high-fiber foods, such as:
 - Whole-grain bread, cereals and pasta
 - Fresh fruits and dried fruits, such as prunes, raisins and dates
 - Fresh vegetables
 - Dried beans and peas
 - Whole-grain products, such as barley, oats or brown rice
- If raw fruits and vegetables are hard to chew, try grating them into a salad or gelatin, or blenderize them.
- Eat the skin on fruits, vegetables and potatoes, unless you have trouble chewing or swallowing.
- Try high-fiber snack foods, such as oatmeal cookies, fig cookies and date or raisin bars. (Granola, popcorn or nuts may be used if you have no chewing or swallowing problems.)
- Add 1 to 2 tablespoons of unprocessed wheat bran to foods, such as cereal, casseroles and homemade bread.
- Activity, such as walking, can also help start bowel activity. Follow your doctor’s advice for activity.
- If you continue to have problems, you may need a stool softener or laxative.

If you have questions or concerns about your diet or nutrition while you are a patient in the hospital, please ask for a dietitian visit.



Controlling Your Pain

Our goal for treating pain

A certain amount of pain may be expected for many patients, such as those recovering from surgery. Today, pain is no longer something you “just have to put up with.” With medicines and other therapies, it’s possible to prevent, relieve and sometimes get rid of pain altogether. Our goal is to do everything we can to work with you to control your pain and keep you comfortable.

Good pain control can help you:

- Eat, sleep and move better.
- Get well faster. With less pain, you can walk more, do your breathing and physical exercises better, and regain your strength more quickly. You may even leave the hospital sooner.
- Improve your results after surgery. Patients whose pain is well controlled seem to do better after surgery and avoid problems like pneumonia and blood clots.

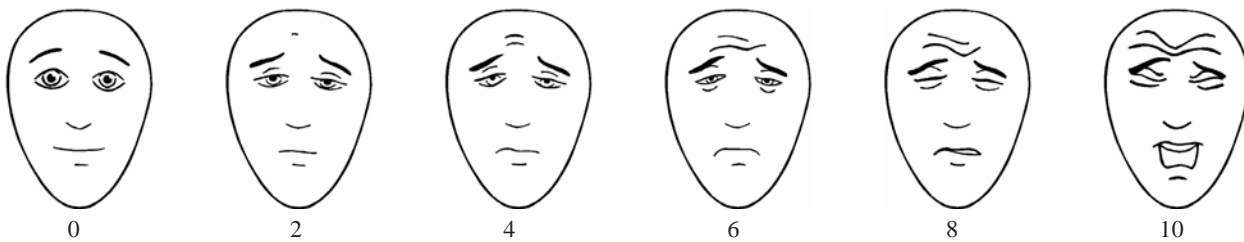
Working together to control pain

It is important to set goals for pain control with your health care team (doctors, nurses and other caregivers). Being “comfortable” means that your pain control lets you rest. But, it also means you are able to do the activities needed to recover and maintain your quality of life. Your caregivers will be asking you to set goals for pain control at rest and with activity. If your pain goals change, talk with your caregivers.

Describing your pain

Tell your caregivers that you have pain, even if they don’t ask. Your doctor or nurse will ask you to describe how bad your pain is on a scale of 0 (no pain at all) to 10 (the worst possible pain). They may use other pain scales that use words or pictures (faces). Tell them where and when it hurts and if anything brings on the pain.

Source: FPS-R, Bieri, et al. (1990)



0 = No pain

10 = Very much pain

The following words can be used to describe your pain:

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Heavy | <input type="checkbox"/> Shooting |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Incisional | <input type="checkbox"/> Stabbing |
| <input type="checkbox"/> Comes/Goes | <input type="checkbox"/> Pressing | <input type="checkbox"/> Tender/sore |
| <input type="checkbox"/> Constant | <input type="checkbox"/> Pricking | <input type="checkbox"/> Tightness |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Pulling | <input type="checkbox"/> Throbbing |
| <input type="checkbox"/> Discomfort | <input type="checkbox"/> Radiating | |
| <input type="checkbox"/> Dull | <input type="checkbox"/> Sharp | |

You also will be asked about what makes the pain worse and what makes it better. We will let you sleep during the night between your care activities, unless you ask us to wake you. Call your nurse if you wake up and are in pain. The more your caregivers know about your pain, the better they can treat it.

Continued

Developing your pain control plan

Your caregivers will work with you to set your pain control goals and to develop a plan to keep you comfortable and active – designed just for you. You often will be asked to “rate” your pain to help us know if your medicine and other treatments are working. We want to treat your pain before it becomes too strong and out of control.

Using pain medications

We want you to understand the medicines you are taking for pain, why you need these medicines, and what possible side effects you could have. Pain medicine can be given in many forms. Your doctor may prescribe a pill, liquid or injection (shot) for you. Pain medicine also can be given through a tube in your vein (IV). Some people are able to use patient-controlled analgesia (PCA), a special pump that allows the person to give themselves medicine when they hurt. The most common side effects of pain medicine are upset stomach, nausea, constipation, dizziness, sleepiness, confusion, itching or problems with urination.

Ask for pain medicine at least 30 minutes before any activities that cause discomfort or pain (repositioning, getting up, walking and bathing, and before breathing treatments, wound care or physical therapy). This allows the pain medicine to begin working before the activity starts and will improve your pain control. The more comfortable you are during these activities, the more they will help you.

Medications called “opioids” often are used for people who have more severe pain. Your health care team will give you instructions to prevent and treat constipation, a condition that may occur while taking these medicines. When opioid medication is taken for several weeks, the body gets used to the medication effect, a normal condition known as “tolerance.” Tolerance means that “withdrawal symptoms” like sweating, anxiety, irritability, nausea or diarrhea, may occur if the opioid is stopped suddenly. Tolerance symptoms are normal and not the same as being “addicted.” It just means that when opioids are no longer needed, the dose must be decreased gradually.

Using non-medication pain treatments

To reduce pain and help you to relax, the following non-drug pain treatments also can be used:

- Position your body for comfort; reposition often
- Hot or cold packs
- Music
- Relaxation techniques
- Massage

Example: Jaw relaxation is an exercise that can be completed in just a few minutes:

1. Let your lower jaw drop slightly as if you are starting a yawn.
2. Rest your tongue on the roof of your mouth. Soften your lips.
3. Breathe slowly and rhythmically while breathing in and breathing out, and then rest.
4. Repeat the pattern breathing in and breathing out, and resting while continuing to relax your jaw. Feel the tension leaving your body.

Managing pain at home

Your health care team will work with you to plan your pain control, and help you to continue your recovery and healing at home.

- Before you leave the hospital, make sure you understand the medications you will be taking at home, why you need these medications and possible side effects.
- Make a written schedule, take your medications and do treatments as instructed.
- Give your medication time to work. Oral medicines can take 20 minutes or more to work before you start to feel better.
- Medications work better when you relax.
- If your pain is not being relieved, getting worse or has changed, call your health care provider.
- Take your medications with food to avoid an upset stomach, unless told not to do so.
- Never drink alcoholic beverages while taking pain medications.
- Pace yourself. Get up and move around. Plan rest periods to keep from feeling fatigued or overtired.
- Keep your pain medications safe and out of reach of children/teens.



Shoulder: Post-Operative Acute Exercises

After your surgery, your arm will be placed in a sling. This is to be worn at all times as prescribed by your doctor, except when performing your prescribed exercises or when sitting quietly with your arm supported in the position instructed to you by your therapist.

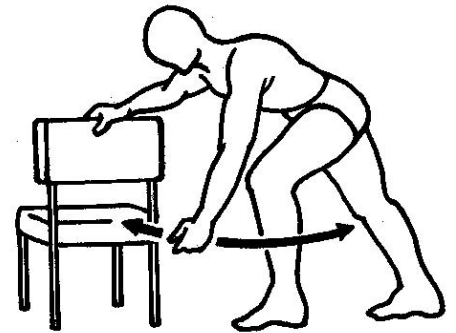
Note: Perform only the exercises below that have been instructed to you by your orthopedic physician or physical or occupational therapist.

You will notice pain and achiness in your shoulder after the surgery. Take the pain medication as prescribed by your physician. Apply ice to involved shoulder for 15-20 minutes immediately after exercising to help decrease pain and inflammation. If you experience significantly increased pain with any exercise, either decrease the number of repetitions or discontinue the exercise.

1. Pendulum – forward/backward

Lean on a sturdy object with your uninvolved arm. Position feet with a wide base of support, one leg in front of the other. Let your arm hang. Rock your hips forward and back, allowing your arm to passively follow the motion. Do not actively swing your arm.

Do _____ sets, _____ reps, _____ times/day



2. Elbow bending

Lie on back with upper arm supported by pillows or towels. If needed, assist with opposite arm to bend and straighten elbow.

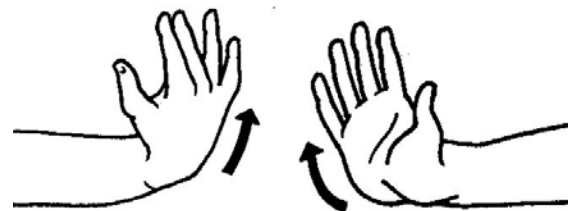
Do _____ sets, _____ reps, _____ times/day



3. Wrist flexion/extension

Slowly bend and straighten your wrist up and down.

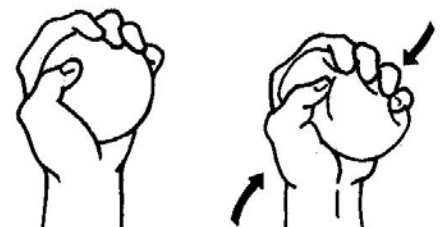
Do _____ sets, _____ reps, _____ times/day



4. Hand open and close

Begin with elbow in bent position. Open and close hand. Progress by squeezing a ball.

Do _____ sets, _____ reps, _____ times/day



5. Shoulder Blade Squeeze

Sit or stand with chest lifted with arms resting at sides or in lap. Gently squeeze shoulder blades down and back toward your spine, as if you were going to move them towards your opposite back pocket. Do not let your shoulders shrug or your chin jut forward.

Hold each repetition _____seconds

Do _____ sets, _____ reps, _____ times/day



6. Shoulder Circles

Sit up straight in a chair.

Slowly circle shoulders backward.

Do _____ sets, _____ reps, _____ times/day





Ultrasling Fitting Instructions

Before applying or removing the sling, please read these instructions completely and carefully.

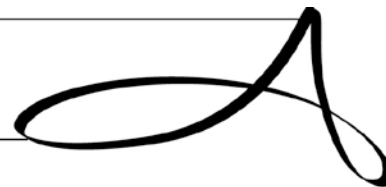
- The best way to apply or remove your sling is to sit at the edge of your bed and stack several pillows under your surgical arm.
- You may also sit in a chair with armrests, so that your arm is supported once the sling is removed.

1. Unclip the front “seat belt” strap and the front strap that goes across your stomach.
2. Unfasten the small strap that goes across the top of your sling.
3. Make sure all straps are unfastened.
4. Slightly lean away from the arm that has had surgery.
5. Have your caregiver/family member carefully slide the sling out.



6. Sit up straight with your surgical arm resting on pillows/armrest.
7. To reapply the sling, follow the same procedure in reverse. Your sling should feel comfortable with your shoulders level and even.





Bathing, Dressing, Exercising, Sleeping and Skin Care After Shoulder Surgery

After your surgery, your arm will be placed in a sling. Only take the sling off for bathing, dressing, and performing arm exercises unless otherwise directed by your surgeon.

Place pillows under the involved arm while taking the sling on and off to avoid movement of the involved arm.

Bathing and Dressing

- Bathe or dress involved arm by sitting with pillows under the involved arm for support. Use Pendulum (Codman's) position if allowed by physician.
- Use the non-involved arm or a helper to assist with dressing the involved arm. Dress the involved arm first.
- During bathing and dressing you should have no active movement of the involved arm unless directed by your surgeon.



Codman's position

Sleeping

- Place a pillow behind the involved shoulder for comfort and to keep the shoulder in the neutral position during sleep.
- Some people find it more comfortable to sleep in a recliner to keep the shoulder in a neutral position.

Exercise and Ice

- Exercise as instructed by your therapist.
- Exercise will minimize adhesions and scar formation.

- Exercise maintains range of motion and minimizes muscle wasting in noninvolved joints.
- Apply ice to the involved shoulder for 15-20 minutes immediately after exercising to help decrease pain and inflammation.

Skin Care

With good skin care, you can avoid skin irritation. Because there are two skin surfaces in direct contact, you will need to do the following skin care at least once or twice daily.

- Your upper arm must be held close to your body, so it is recommended that another person assist you.
- Loosen the arm strap and the wrist strap.
- Wash and dry your underarm thoroughly, taking care not to get the sling wet.
- You may lightly apply cornstarch or talcum powder to your underarm. If the powder is applied too thickly, it will cake. Avoid powders with perfume because they may cause skin irritation.
- If your skin is not irritated, you may wish to use a cream or spray deodorant.
- Place a washcloth or clean cotton pad under your arm to help absorb perspiration, if needed.
- It is very important for women to wash their breasts daily. In addition, check your breasts for any skin irritation. Good skin care, as explained above, will reduce the possibility of skin irritation under the breasts. Place a washcloth or clean cotton pad under the breasts and/or across the nipples if your skin becomes irritated.
- Depending on your surgery, your physician may allow you to remove the entire sling for skin care. You may need another person to help you remove and reapply your sling. When removing the sling, remember to keep your upper arm close to your body.



Shoulder Surgery Instructions – Care After You Leave the Hospital

Follow these instructions to continue your recovery at home. Additional instructions are on your discharge paperwork.

Medications

- Continue medications at home as directed on your home care instruction record.
- Avoid using alcohol with pain medication.
- Follow anticoagulant instructions and limitations as found on your instruction sheet.
- No smoking.
- Do not take aspirin or aspirin-containing products, non-steroidal anti-inflammatory medicines such as Advil, Aleve or Motrin unless recommended by your surgeon.
- Take stool softeners if prescribed by your doctor.

Pain control

- You may have had a “nerve block” or local anesthetic (numbing medicine) injected into your shoulder. As the effect of this medicine wears off, you may begin to feel pain.
- A moderate amount of pain is normal for a few days.
- You may be given a prescription for pain medication. Follow the label instructions for using this medication. Many pain medications contain acetaminophen (Tylenol). Do not exceed 4000 mg of acetaminophen in a 24 hour period.
- Take your pain medications before and after any activity or your therapy session.
- Continue using your cold therapy to help reduce pain and swelling. Do not use heat or a heating pad.

Wound care

- Keep your incision area covered until your doctor tells you to remove the dressing.
- If you have steri-strips, leave them on until they fall off.
- A small amount of drainage is normal on the dressing. If your dressing becomes soaked, or you notice active bleeding, call your doctor.

Bathing

- Keep the incision clean and dry.
- Your surgeon will have specific instructions regarding bathing and incision care. You will need to sponge bathe until the surgeon says it is okay to shower.

Activity

- Continue to use your sling at home as directed. You may remove it for bathing, using the gravity method to wash your underarm. Use equipment for bathing and dressing as directed by occupational therapy.
- Follow the home exercise program you were given. Follow the repetitions as directed by your physical/occupational therapist.
- Do not use your arm to push yourself up in bed or from a chair.
- Do not participate in contact sports or do any repetitive (heavy) lifting after your shoulder surgery until directed by your physician.
- Do not drive until directed by your surgeon.
- If your surgeon ordered a CPM (continuous passive motion) for home use, follow their directions.
- Do not overdo it even if you have little to no pain. Early overuse of the shoulder may result in severe limitations in motion or possible re-injury.
- To prevent swelling and help decrease pain, keep your shoulder elevated by sleeping in a recliner or putting a pillow under your shoulder.

Diet

- Nausea may be expected for the first 24 to 48 hours. Start by eating a bland diet (toast, hot cereal, crackers, sherbet, broth soup)
- Increasing fruits, fiber and fluids in your diet will help prevent constipation caused by pain medications.
- Drink plenty of fluids (6 to 8 glasses of water) a day.

Preventing a blood clot

- You will go home on some type of blood-thinning medication to help prevent blood clots. You will have pills or injections into your stomach.
 - If you have pills, you will need to have blood work done to monitor your levels.
 - If you have injections, your nurse will teach you and your care partner how to give them.
- Wear your elastic stockings, if ordered, until you see your surgeon. Remove them daily to wash them and check for skin irritation. Avoid long car trips until advised by your surgeon. If in the car for more than one hour, get out and walk around.

Additional Information

- If you feel you need some assistance at home, please ask your health care provider, they may be able to recommend an agency or facility to help with that.

Special information after shoulder joint replacement

- If you had a shoulder replacement, it may set off metal detectors. Talk to your doctor about traveling.
- Alert your dentist and doctor to your artificial joint. It will be important that you take antibiotics before any dental procedure (including routine cleaning) or any bowel or bladder procedures.
- If you have any infection, it needs to be treated right away to prevent spreading to your artificial joint.
- Taking antibiotics does not guarantee that you will not get an infection, but it does reduce your risk.

Call your doctor if you experience

- Signs of wound infection such as
 - Fever over 101° F
 - Increased drainage or foul smelling odor from incision
 - Redness or increased swelling around the incision
 - Increasing pain in incision
- Pain not controlled by taking your pain medication regularly or relieved by rest or ice.
- Bleeding that does not stop.
- Increasing levels of headache, back and/or neck discomfort or stiffness.
- Large amount of swelling in area of interscalene block.
- Bruising or increasing numbness and tingling in the arm or hand where you had surgery.

Call 911 or go to the nearest Emergency Department if

- You are experiencing chest pain
- Having difficulty breathing
- Calf pain or swelling of the leg
- Numbness or tingling in your surgical arm
- Or any other life-threatening concerns



What to Expect Following Shoulder Surgery

***These are general guidelines. They may vary depending on the type of surgery you had. Your surgeon or therapist will modify timelines as needed.**

First week after surgery

- Follow your shoulder precautions according to your surgeon.
- You may need someone to help you with dressing, putting on support hose and sling, showering, and fixing meals. You may benefit by having a grab bar in your bathroom.
- Someone will need to check your incision daily. Follow instructions for incision care, given to you at the time of discharge.
- Slight swelling of your incision is normal. Continue to use ice to help reduce the swelling.
- You will not be driving until your surgeon says it is safe for you to do so.
- You may need help getting in and out of a car or van.
- Take pain medication before exercise sessions and with increased activity. Follow your surgeon's instructions for taking your pain medication.
- Constipation is a common problem. Talk to your nurse or pharmacist about a treatment plan using diet and medications.
- Do not sit for more than a few hours at a time without getting up to walk.
- Rest between activities. Limit the number of times you go up and down stairs.
- You will be more comfortable lying on your non-surgical side. While lying on your side, keep your surgical arm propped on pillows to prevent the arm from turning inward and crossing the body. You may find it more comfortable to sleep in a recliner chair.
- Follow your surgeon's guidelines for use of the CPM machine, if prescribed.
- If ordered by your physician, continue to wear your compression stockings.
- You will start therapy according to your surgeon.

Two to four weeks after surgery

- Follow your shoulder precautions until your surgeon discontinues them.
- Pain and swelling will gradually decrease. Continue to use ice to help reduce the swelling.
- Continue with CPM and compression stockings as directed by your doctor. Continue to use your sling according to your surgeon's guidelines.
- Continue your exercise program.
- Do not sit for more than one hour without getting up to walk.
- Your surgeon will tell you when you can start driving.

Five to eight weeks after surgery

- Your surgeon will tell you when to discontinue shoulder precautions.
- Continue your exercise program as directed by your therapist.
- Check with your therapist about sexual activity and positioning precautions.

Three to six months after surgery

- You may have occasional discomfort and stiffness.
- You should be able to resume normal functional activities.
- Your surgeon will tell you when you can restart work and sport activities.

The information presented is intended for general information and educational purposes. It is not intended to replace the advice of your health care provider. Contact your health care provider if you believe you have a health problem.



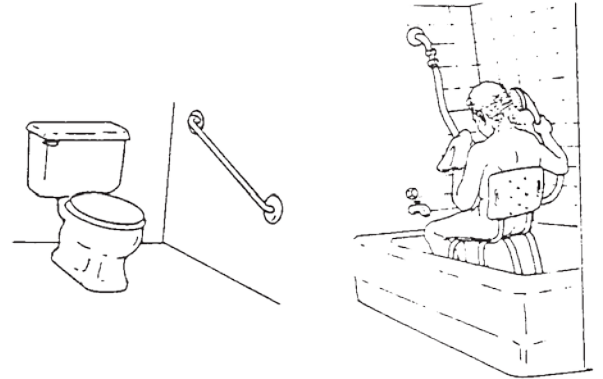
Fall Prevention in the Home

Falls are a leading cause of injury and death in the home, especially for older adults. Most falls can be avoided by using the following tips:

1. Make your home safe

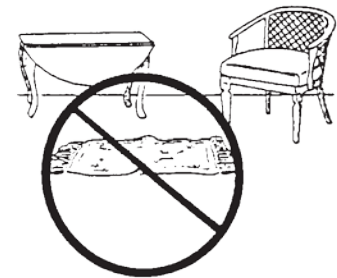
In the bathroom

- Install grab bars in the tub and around the toilet
- Use a non-skid shower mat
- Use a hand held shower head
- Install a raised toilet seat
- Use a shower bench to sit while showering and drying
- In a sitting position, dry your feet before getting out of the tub or shower
- Sit to shave, apply makeup or fix your hair
- Use a urinal or bedside commode if you have problems with urination or diarrhea that cause you to rush



In the living room

- No throw rugs or area rugs
- Remove cords and clutter from walkways
- Use furniture with firm cushions and arms to help you get up safely
- Make walkways wider



In the bedroom

- No throw rugs or area rugs
- Turn on the light before getting out of bed in the dark
- Sit for a minute at the edge of the bed before getting up
- Sit while dressing
- Use equipment to help with dressing
- Make sure bed covers do not drag on the floor

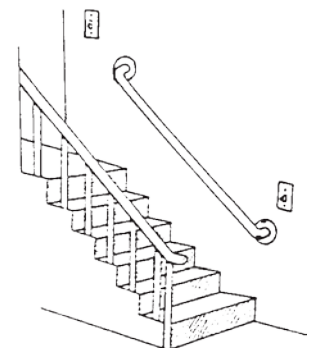
In the kitchen

- Put commonly used items in easy to reach places
- Slide heavy objects along counter top to avoid carrying
- Use a cart to move heavy items
- Use kitchen chairs that don't have wheels
- No throw rugs
- Use a kitchen timer to avoid unnecessary trips to check food



Stairs

- Use handrails; install handrails on both sides if possible
- Install light switch at the top and bottom of the staircase
- Place bright colored tape at the edge of each step
- Install a non-skid surface on each step
- Remove all clutter

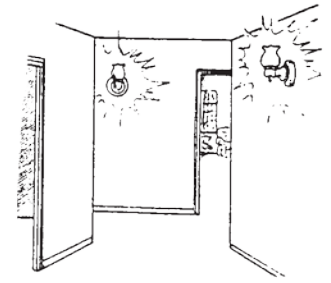


Lighting

- Use night lights
- Make sure a light switch is at the entry of every room
- Use an automatic light timer to avoid walking into a dark house
- Try to use glare-free light bulbs

Outdoors and entries

- Walkways are free of clutter
- Walkways and entrances are well lit and salted during ice/snow
- Steps have railings and lighting
- Consider motion sensors



2. Take your medication

Be sure to take medications as instructed by your doctor or pharmacist.

- Keep a current list of all medications with you at all times
- Ask your doctor to review the list at every visit
- Know the purpose and possible side effects of medications
- Some medications can make you dizzy or lose your balance

3. Stay active

Staying active is one of the most important ways to stay strong, keep your balance and lower your chances of falling.

- Lack of exercise can lead to weakness and problems with walking
- Use shoes that fit well and have non-slip soles
- Use a cane or walker as instructed by a therapist
- Be careful of ice and bad weather

4. Other hints

- **See your doctor if you fall or feel unsteady when you walk.**
The doctor may recommend physical therapy to help prevent falls.
- Be sure your clothing fits well and does not cause you to trip
- Be sure to wear your glasses
- Have your eyes checked regularly
- Drinking alcohol may make your balance worse
- Increase the number of phones in the house
- Keep a cordless phone with you
- Do not rush
- Never use a chair as a step stool
- Clean up spills
- Carry small, light loads
- Consider a Lifeline® or other emergency alert system





Deep Vein Thrombosis (DVT) Prevention

What is DVT?

Deep vein thrombosis (DVT) occurs when blood clots form in a vein (blood vessel) far below the skin. It happens most often in the leg, but can also be in the arm. Blood clots can cause swelling, pain, tenderness and redness and may lead to leg ulcers. Blood clots are dangerous because a piece can break off (“**embolism**”) and travel in the blood stream to the lungs (“**pulmonary embolism**”). This can be life threatening.

Who gets DVT?

People who get DVT are those who have one or more “risk factors.” Here are the things that increase a person’s risk of getting DVT:

- History of DVT
- Personal or family history of clotting
- Recent serious surgery
- Serious injury or broken bones
- Cancer or cancer treatment
- Increasing age
- Pregnancy or within the first month after delivery
- Taking hormones such as birth control or female estrogen replacement
- Smoking if you have a history of clotting problems or take birth control pills
- Obesity
- Chronic heart, lung or kidney conditions
- Stroke (recent)
- Central intravenous (IV) catheters
- Bed rest more than 2 to 3 days
- Inactivity such as sitting in a car or airplane for a long time

Blood clots can occur without symptoms

Be sure to tell your doctors if you have any of the risk factors listed above.

What can you do to prevent DVT?

- Discuss your risk factors with your doctor.
- Do not smoke.
- Walk as much as possible because exercise keeps your blood moving and prevents clots.
- Try not to sit or stand for long periods. Move and raise your legs when sitting or in bed.
- Do not cross your ankles for long periods.
- Avoid bumping or injuring your legs.
- Avoid tight clothing, especially around the knee.

If you have risk factors:

- Check your arms and legs and watch for signs of swelling or poor circulation (blood flow).
- Your doctor may order blood thinners (“anticoagulants”) to prevent clots from forming. Follow all instructions for medicine and laboratory testing if needed.
- Your doctor may order compression stockings for your legs. These stockings improve blood flow, limit leg swelling and are used to prevent blood clots and long-term vein damage. Be sure the stockings fit well and keep them pulled up without wrinkles. Wear them as much as possible for as long as your doctor tells you.
- Deep massage and heating pads may be harmful if used when blood clots are present. Ask your doctor about these treatments before use.

Call your doctor if you have DVT symptoms:

- New or increased swelling, pain, tenderness, warmth or redness in one of your arms or legs
- Fever

Seek medical care right away if you have:

- Chest pain
- Shortness of breath
- Rapid heart beat
- Cough (especially if blood is noticed)

If you call your doctor or seek medical care, report DVT risk factors and previous history of blood clots.



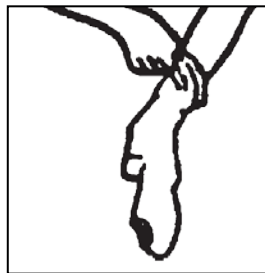
Compression Stockings (T.E.D.S.)

Compression stockings improve blood flow, reduce swelling, and prevent injury to the walls of your veins. They are often used to lower the chance of blood clots forming in your legs (deep vein thrombosis – DVT). The chance of blood clots forming is much higher during or soon after hospital discharge because your muscles are less active. Patients who have had a blood clot are encouraged to wear their compression stockings to limit leg swelling and permanent vein damage in the lower leg.

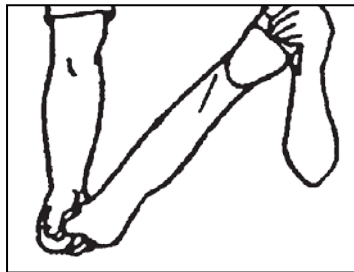
To apply

Your legs must be measured to ensure that your stockings fit well. The stockings must be put on according to the steps below to prevent serious complications. Do not gather the stocking together into a “donut” since that will make it less able to stretch. Follow these basic steps:

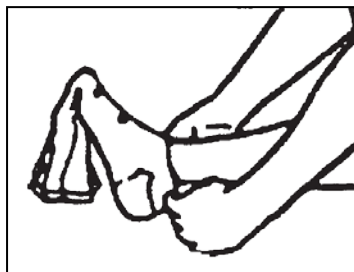
1. Insert one hand into the stocking as far as the heel pocket.



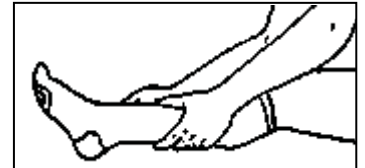
2. Grasp the center of the stocking inside out to the heel area.



3. Carefully place the stocking over your foot and heel. Be sure your heel is centered in the heel pocket.



4. Pull the stocking up and fit it around your ankle and calf, working up to final position. Smooth out any wrinkles between the tip of stocking and your ankle. Check your stockings often and pull them back up as needed.



5. Be sure to wear your stockings as directed. During your hospital stay you will have your stockings on day and night. Your nurse may remove them to examine or wash your legs. When you go home, ask your doctor if you may take them off at bedtime. If you take them off, put them on again before getting out of bed when your legs are the least swollen.

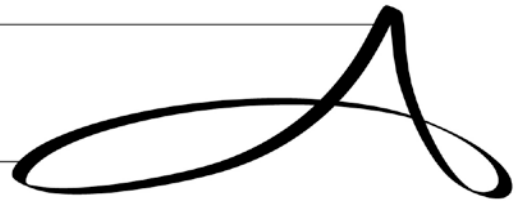
Precautions

Do not turn down the top of the stockings for any reason. If your stockings cause pain, cramping or skin discoloration, remove them and call your doctor. You may need to be re-measured for new, better-fitting stockings.

Skin and stocking care

Remove your stockings at least once a day. Wash your legs and feet and look for any reddened areas or sores. If they don't go away, report them to your doctor. Do not use ointments, oils, or lanolin on your feet or legs unless directed by your doctor.

Launder your stockings every three (3) days. They can be machine washed using a mild soap. Do not use harsh detergents and bleaches. Tumble dry on a low temperature for 15 minutes or air dry.



Notes



Aurora Health Care wishes you all the best on your journey to recovery. Our providers will be with you every step of the way to ensure your successful outcome.

Sincerely,
The Caregivers at Aurora Health Care