

Total Shoulder Replacement Education

**A Guide to Total Joint Surgery
Preparation and Recovery**

 Skagit Regional Health



WELCOME TO SKAGIT REGIONAL HEALTH

Now that you have made the decision to have a total shoulder replacement surgery, our highly trained staff is here to help you every step of the way. We will give you information on your upcoming joint replacement surgery and answer your questions. This starts with the pre-operative phase and goes through your recovery at home.

At Cascade Valley Hospital and Skagit Valley Hospital, we are committed to providing you with a personalized, compassionate experience. Your care team is dedicated to exceeding your expectations and meeting your physical and emotional needs. We will work with you to provide the excellent service and care you have come to expect of Skagit Regional Health.

We want you to have all you need to get you through the stages of your surgery and back home as smoothly as possible. Please feel free to ask questions throughout the process to any of our staff members.

We created this booklet to help you navigate this process, so please use it as a continual resource guide. This is general information about total shoulder replacement, and each patient will have unique care. There are note-taking sections and areas you may fill in based on your individualized care.

Sincerely,

Your Surgical Care Team

THIS GUIDEBOOK BELONGS TO:

I am having a Total Shoulder Replacement because:

Short - Term Goal (3 months after discharge): _____

Long - Term Goal (rest of my life): _____



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CONTACT GUIDE

Providers

Surgeon Name: _____

Physician Assistant (PA)

Name: _____

Phone Number: _____

Physical Therapist

Name: _____

Phone Number: _____

Health Coach

Name: _____

Phone Number: _____

Other

Name: _____

Phone Number: _____



Skagit Valley Hospital
(360) 814-6800
300 Hospital Parkway
Mount Vernon, WA 98274



Cascade Valley Hospital
(360) 435-6641
330 S. Stillaguamish Ave
Arlington, WA 98223

To be filled out by a clinical staff member

Diagnosis Code (Dx): _____

Procedural Code (CPT): _____

Upcoming Appointments

Total Joint Education Class: At this class, you will learn about your total shoulder replacement and how to best help you prepare for the surgery.

Date: _____ Time: _____

Location: _____

Telephone: _____

Pre-Operative Appointment: At this appointment, your provider will confirm you are ready for surgery and how to best prepare for the surgery.

Date: _____ Time: _____

Location: _____

Telephone: _____

Total Shoulder Replacement Surgery

Date: _____ Time: _____

Location: _____

Telephone: _____

Surgeon: _____

Physical Therapy: At these appointments, your physical therapist will instruct in exercises and activities according to the surgeon's guidelines to ensure return of strength and mobility. This will help you regain your shoulder function.

APPOINTMENT #1

Date: _____ Time: _____

Location: _____

Telephone: _____

Physical Therapist: _____

Post-Operative Appointment: At this appointment, your provider will evaluate how your recovery process is going.

APPOINTMENT # 1

Date: _____ Time: _____

Location: _____

Telephone: _____

Provider: _____

APPOINTMENT # 2

Date: _____ Time: _____

Location: _____

Telephone: _____

Provider: _____



Directions from I-5:

- Kincaid St. Exit #226
- Turn east onto Broad St.
- Continue four blocks
- Turn left onto 13th St. or 15th St.



1 Skagit Valley Hospital
300 Hospital Pkwy.

- Center for Sleep Disorders
- Children's Therapy
- Diabetes Education
- Endoscopy
- Family Birth Center
- Internal Medicine Residency Clinic
- Outpatient Infusion
- Rehabilitation
- Surgery

2 Skagit Regional Clinics Mount Vernon
1400 E. Kincaid St.

- Urgent Care
- Clinic Services
- Lab
- X-Ray & Ultrasound

3 Skagit Regional Health Cancer Care Center
307 S. 13th St.

- Cancer Care Center
- The Breast Institute
- Cardiology
- VA Clinic

4 Skagit Imaging Pavilion
1320 E. Division St.

- Comprehensive Imaging Center
- Women's Imaging Center

5 Hospital Parkway Plaza
208 Hospital Pkwy.

- Kidney Center
- Nephrology
- Wound Healing Center
- Hyperbaric Oxygen Therapy

For more information:
360-424-4111
SkagitRegionalHealth.org

ER
Emergency Room & After Hours Entrance

All parking lots provide handicap parking spaces. Tobacco-Free Campus

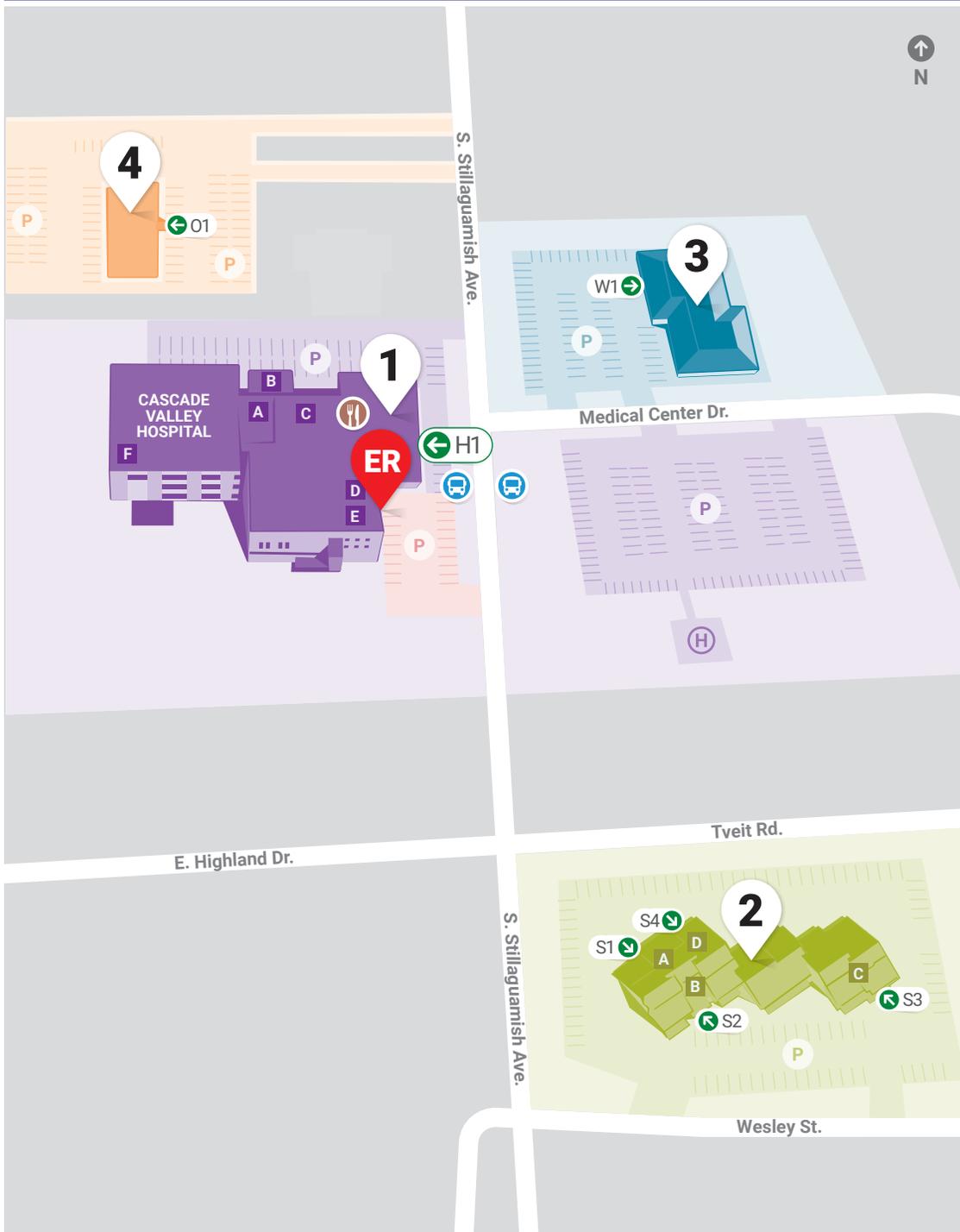
Cascade Valley Hospital

ARLINGTON CAMPUS MAP

FOR MORE INFORMATION:

360-435-2133

SkagitRegionalHealth.org



5 Directions from I-5

- Exit #208 to WA-530
- Continue for 3.8 miles
- Turn right onto WA-9
- Turn left onto E. Highland Dr.
- Turn left onto S. Stillaguamish Ave.
- Hospital will be on the left

ER Emergency Room & After Hours Entrance

1 Cascade Valley Hospital 330 S. Stillaguamish Ave.

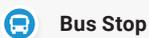
- A** Imaging (1st fl.)
- B** MRI Building
- C** Laboratory Services (1st fl.)
- D** Cardiopulmonary (2nd fl.)
- E** Outpatient Physical Therapy (2nd fl.)
- F** Family Birthing Center (3rd fl.)

2 Whitehorse Building 875 Wesley St.

- A** Cascade Valley Hospital Wound Care and Hyperbaric Medical Center
- B** Arlington Pediatrics
- C** Arlington Surgery Center
- D** Arlington General Surgery

3 Arlington Women's Health 903 Medical Center Dr.

4 Arlington Specialty Clinic 328 S. Stillaguamish Ave.



Bus Stop



Public Parking



Public Entrances



Café



Helipad

ER Emergency Room & After Hours Entrance
H1 Main Entrance

O1 Arlington Specialty Clinic
W1 Women's Health Entrance

S1 Wound Care Entrance
S2 Pediatrics Entrance
S3 Surgery Center Entrance
S4 General Surgery Entrance

All parking lots provide handicap parking spaces. Tobacco-Free Campus

Measuring Your Recovery and Improvement

Many people have found surgery makes the quality of their lives better. Before you know it, we expect you will be back to doing the things you love.

As one part of your surgeon's care, we will have you complete several online assessments throughout your recovery process. These assessments are designed to track both your recovery, as well as the improvement to the quality of your life.

There are no right or wrong answers, but it is important that you answer each question the best you can. You can expect each assessment to take about 15 minutes to complete, and your responses will be kept confidential.

SAMPLE QUESTION

What amount of pain have you experienced when going up or down stairs?

None Mild Moderate Severe



Patient Satisfaction

We need your email, because we care.

We will be asking you to complete many online assessments throughout your care.

PRE SURGERY **3 Months** **6 Months** **1 Year** **2 Years**
SEVERAL INTERVALS POST SURGERY

Sending these assessments via email, is the easiest way for us to keep in touch.

If you haven't already provided your email, please share it with our staff.

Next Steps

You'll take the assessment from home on any device.

-  **Check your email**
-  **Complete assessment**
-  **Questions?**

If you have any questions, contact a member of our Outcomes Team at: srclinics@patientoutcomes.com

At this time, these surveys are only for patients having surgery at Skagit Valley Hospital.



Dental and Medical Precautions

After your total joint replacement, it is important to stay healthy and avoid unnecessary procedures. If bacteria gets into the bloodstream your new joint could become infected. An infected joint is a very serious condition. For that reason patients may receive antibiotics to prevent infection in certain situations. At Skagit Regional Health, we encourage patients who plan to have a total joint surgery to avoid dental work (cleanings included) for 6 months after surgery. We recommend only scheduling dental procedures in that time frame if medically necessary. It is recommended to do any necessary dental work before having surgery.

A few examples of circumstances where the spread of bacteria may occur:

- **Presence of abscess or infection in the teeth, in the throat, or on the skin**
- **Any dental procedure causing bleeding of the gums**
- **Any other surgery or use of instruments in your body**
- **Any incisions being made to your body**

In the event you develop an infection somewhere in your body, make sure the treating provider knows you have an artificial joint. Then the provider can give appropriate antibiotics.

If you anticipate having any procedures within six months after receiving your total shoulder replacement, inform your dentist or treating physician of your joint replacement. That way, preventative antibiotics may be considered with the procedure.

Nutritional Information

- **Proper nutrition greatly improves your recovery and aids in regaining strength. By giving your body the proper nutrients, you can promote wound healing and avoid surgical complications.**
- **Every person has different nutritional needs. If you have dietary restrictions, or are over or under weight, it is recommended you speak with your provider about your nutritional needs.**
- **If you are a smoker, you can greatly help yourself by reducing or stopping smoking during this surgical process.**
- **If you have diabetes, please make sure you monitor your blood sugar throughout this entire process.**

For more information see “**Getting into Shape for Surgery**” on page ten.



Managing Your Medical Conditions

Anemia

Anemia (low red blood cell count) increases your risk of cardiac and wound complications during surgery. Before surgery, your red blood cell count should be checked. If it is low, your doctor will work with you to increase your count before surgery. Discuss with your surgeon the plans for managing any blood loss that may occur after surgery.

Diabetes Mellitus

If you have diabetes, talk to your provider about the best way to get your blood sugar under control before surgery. Uncontrolled diabetes can slow the healing of your surgical wound, and put you at an increased risk for infections, and kidney or heart problems.

Be sure to tell your surgeon if you are taking insulin. Surgery can cause increased stress to your body and higher blood sugar, so your insulin dose may need to be adjusted. Your surgeon should also know if you take oral medications for diabetes. Some of these medications should be discontinued before you are given anesthesia.

High Blood Pressure/Hypertension

If you have high blood pressure, talk to your surgeon and primary care provider about your medications. In the days before your surgery, check your blood pressure several times. It should be well-controlled with medication by the day of surgery. If it is not controlled, your surgery could be delayed.

Opioid/Narcotic Drug Use

If you regularly use opioid or narcotic medication to control your orthopedic pain, it can make it harder to control pain after surgery. Chronic opioid or narcotic use before surgery can lead to complications, including pneumonia, and withdrawal problems like seizures and confusion. Talk with your provider about how to decrease or stop your opioid medication before surgery. Consulting a pain specialist may be necessary to help you control your opioid use.

Be sure to discuss all your opioid and narcotic medications with your surgeon and primary care physician so that they can determine an appropriate plan for managing your pain before and after surgery.

Varicose Veins, Leg Swelling and Blood Clots

Surgery and postoperative immobility increases the risk of blood clots forming in your legs. Blood clots can cause pain and swelling, and may travel to other parts of your body, such as your lungs.

Be sure your surgeon knows if you or a family member has a history of blood clots, or problems with varicose veins or leg swelling. For some operations, blood thinners or compression devices for your legs are used to help prevent blood clots.

Source: American Academy of Orthopaedic Surgeons. 2014

Getting into Shape for Surgery

Depression

A history of depression or low energy that requires medical treatment can result in an increased dependence on opioid pain medication after surgery and a slower recovery. If you have symptoms of depression before surgery, seek treatment so that you are physically and mentally prepared for your procedure and recovery.

Obesity

Overweight and obese patients are at increased risk of medical and surgical complications, including wound infections, pneumonia, blood clots, and heart attack.

Talk to your surgeon or primary care physician about losing weight before surgery to reduce your chance of complications.

Physical Conditioning

If you have limited your activities because of chronic orthopedic pain, you may have lost physical strength and endurance. Ask your surgeon about a physical activity and conditioning program to help you regain strength before surgery. The better shape you are in before surgery, the sooner you will recover your strength afterward.

Sleep Apnea

Sleep apnea is a medical condition that causes irregular breathing when you are sleeping. Older and heavier people are more likely to have this condition. Undiagnosed sleep apnea increases your risk of cardiac complications during recovery from your surgery.

If you suspect you have sleep apnea, ask your primary care provider or surgeon about preoperative testing and treatment for the condition.

Smoking

Smokers have increased risk for serious complications after surgery than non-smokers. These complications include wound infections, pneumonia, heart attack and stroke.

Smoking can also slow down or prevent broken bones from healing, and can delay the bone healing needed for successful joint replacement and fusion surgeries.

To improve your chances for a successful surgical outcome, stop smoking for at least a month before surgery, and try not to resume for several weeks afterward, or not at all.

Source: American Academy of Orthopaedic Surgeons. 2014

NOTES

Questions for Your Insurance Company

Each person has different covered benefits depending on their insurance plan. We suggest that you contact your insurance company and ask the following questions to help you prepare for surgery, identify your benefits, and avoid unnecessary costs to you.

Please refer to your diagnosis (Dx) code and procedure code (CPT) on the contact guide page 1.

Do I have an insurance claim/case manager?

If yes, what is his/her phone number?

Does my insurance policy cover durable medical equipment?

If yes, what equipment is covered? (Example: walker or raised toilet seat)

Do I need to obtain the equipment from a preferred vendor?

If yes, what is the name and phone number of the vendor?

Home health services (nursing, therapy, bath aid in the home) is not normally needed after total shoulder surgery. Usually outpatient therapy along with assist from family and/or friends is sufficient. If you think you may need home health it's important that you check with your insurance company to determine if they will pay for these services. A total shoulder replacement is considered an elective procedure.

Is a home health agency a covered benefit for my elective total shoulder replacement?

If yes, what are the qualifications I need?

Is Physical Therapy a covered benefit for this elective procedure?

If yes, how many visits are covered?

Preparation Tests

To make sure you are medically stable to have a total shoulder replacement, your surgeon may order one or more pre-operative tests. The tests that are ordered will give you the best chance for a quick and efficient recovery.

Most of the pre-operative tests that your provider will order need to be done within 30 days before your surgery. However, there may be some lab work that needs to be done a week prior to surgery. This lab work is used to get the most current information about your health. Your provider will let you know what tests you need to complete and where you to complete them.



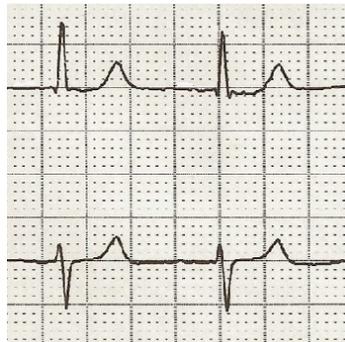
Labs

To be determined by your provider(s).



X- Ray

Is an image which shows the bones and alignment of the joint. It is used to diagnose the severity of arthritis and help the surgeon in planning your surgery.



EKG

(Electrocardiogram):

Electrodes are placed on the chest to record the electrical activity, rhythm and function of the heart. This is important information for anesthesia.

Hip joint after replacement surgery

Prepare Your Home Before Surgery

Focus on your home BEFORE surgery

Properly preparing your home before surgery will make your life easier and safer during your recovery.

- Remove all throw rugs.
- Arrange furniture to accommodate a walker.
- Make sure furniture is sturdy, with armrests. (When you sit, your hips should be higher than your knees.)
- Prepare a room on the main living level.
- Make sure the height of your bed's mattress is about 2-4 inches taller than your knees.
- Get a nightlight.
- Install handrails on indoor and outdoor stairs.
- Install non-skid strips on stairs, if they can be considered slippery.
- Keep regularly used items and clothing within easy reach.
- Set up a work/hobby station.
- Stock up on easily prepared, nutritional foods.
- On your walker, use an apron with several pockets, walker tray or a walker bag to make your walker more useful and you more independent.

- Be aware of pets
- Obtain needed durable medical equipment (DME)- see pages 11
- Prepare your bathroom and toilet.
- Other _____

Consider asking someone to help you with the following:

- Meals
- Transportation
- Housework and yardwork
- Errands (*grocery shopping, mail, etc.*)
- Dressing and personal hygiene
- Pet care
- Exercises

Preparation Timeline

2-4 weeks before surgery

- Begin preparing the house- page 13
- Stop or decrease smoking, if applicable
- Attend Total Joint Education Class
- Complete ordered pre-operative tests
- Attend pre-operative appointment
- Find physical therapy location. Obtain referral if needed.
- Make sure you have clearance for surgery from other providers - if applicable (*Example: Cardiologist, Primary Care Provider*)

1 week before surgery

- Find someone who can give you a ride to/from the hospital
- Fill out PT/OT Questionnaire - page 27

1-3 days before surgery

- Receive call from pre-admission nurse to:
 - Verify time of surgery
 - Review health history
 - Review medication list
 - Medications to stop using until time of surgery:

- Do skin preparation
 - Chlorhexidine solution: Wipes
 - See instructions- pages 14-15
- STOP** shaving any part of the body 2 days before surgery
- Change sheets and wash pajamas
- Make sure you have natural nails (no polish or artificial products)
 - Trim fingernails
- You may shower the night before surgery
 - **STOP** using lotion, deodorant or powders after showering
- Eat a light dinner
 - **STOP** eating and drinking fluids after midnight the night before your surgery, unless directed otherwise by your provider

Skin Preparation

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, our hospitals use disposable cloths moistened with a rinse-free 2% Chlorhexidine gluconate (CHG) antiseptic solution designed to reduce bacteria on the skin. The steps below outline the prepping process and should be carefully followed.

You may shower the night before surgery with these guidelines:

- Wait at least one hour after showering before using disposable CHG cloths (directions on next page).
- Do not shave any area of the body for at least two days prior to surgery.
- No deodorant, lotion, powder or anything on the skin after showering.

We recommend that you perform special skin cleansing at home the night before your surgery with the CHG cloths provided.

- Do not apply CHG cloths to face or mucous membranes (genitals).
- Do not flush CHG cloths; dispose in the trash.
- Skin may feel sticky for a few minutes after CHG application. Do not wipe off. Allow to air dry.
- Do not bathe, shower or rinse skin after cleansing with CHG cloth.
- Make sure you have natural nails (trimmed with no nail polish or other artificial products).
- After solution has dried, dress in clean clothing and sleep in clean bedding.

**Only use CHG cloths below the jawline.
NEVER USE NEAR EYES, NOSE OR MOUTH.**

Using Disposable CHG Cloths

The steps below outline the prepping process. FOLLOW THESE STEPS CAREFULLY

There are 3 packages containing 2 CHG cloths each.

To remove bacteria, gently wipe all areas using one cloth for each area.

Open first pack:

- Using **CLOTH #1**, wipe your neck, chest and abdomen. Wipe thoroughly in any folds. Throw cloth away.
- Using **CLOTH #2**, wipe both arms, starting with the shoulder and ending at the fingertips. Be sure to thoroughly clean underarms.

Open second pack:

- With **CLOTH #3**, wipe your right leg starting from the thigh and ending at the toes. Be sure to wipe well behind the knee. Throw cloth away.
- With **CLOTH #4**, wipe your left leg starting from the thigh and ending at the toes. Be sure to wipe well behind the knee. Throw cloth away.

Open third pack:

- With **CLOTH #5**, wipe from the base of your neck to your lower back. Ask for assistance. Throw cloth away.
- With the last **CLOTH #6**, wipe hips, buttocks and groin. Wipe gently and thoroughly, avoiding mucous membranes (genitals).
- Allow skin to air dry. It will feel tacky until completely dry.
- Put on clean pajamas and sleep on clean sheets.

Morning of Surgery

- **DO NOT** shower or bathe.
- Repeat the above process at home prior to coming into the hospital.
- Put on clean clothes after completing the cleansing process with CHG wipes.
- Additional skin cleansing of surgical site will be completed at the hospital during admission.

NOTES

Hospital Packing List

While you may be discharged the day of your total shoulder replacement, be prepared to stay one night.

Personal Items

- Clothing to wear home
 - Loose-fitting shirt
 - Pants/Shorts that are easy to put on
 - Underwear
 - Loose jacket/sweater as you deem comfortable
- Non-slip shoes
- Toiletries (if applicable)
 - Glasses
 - Dentures and case
 - Hearing aids and batteries
- CPAP machine (if you use one at home)
- Things to do in the hospital
(Example: book, puzzles, knitting)

Paperwork

- Total Shoulder Replacement book
- Insurance information
- Medication list
- Advance Care Documents – page 7
 - POLST
 - Living Will
 - Durable Power of Attorney for Healthcare

Other Items

DO NOT BRING: Medications • Money • Jewelry • Weapons • Fragrance products

Check– In Process

Step 1: Check in at the registration desk of the hospital.

- Maps on pages 4-5

Step 2: Pre-Operative Room

- Change into a gown
- Vital signs are taken
- Nurses review your health history
- Start IV
- Final skin preparation

Step 3: Final Check

- Anesthesiologist discusses anesthesia options with you
- Surgeon checks in with you
- Surgical site is marked by surgeon

Step 4: Go to operating room for surgery

Family Waiting Area

- Your family may stay with you until it is time for surgery.
- Your family will be able to monitor your progress on a TV screen outside of pre-op holding by using an ID code given to them at registration.
- When the staff determines it is safe for your family to see you, they will come to the waiting area to notify you.

The family waiting area is located on the second floor.

- Skagit Valley Hospital map - Page 4
- Cascade Valley Hospital map - Page 5

Waking Up After Surgery

After your surgery, your anesthesia will begin to wear off. This may happen either in the operating room or in the Post Anesthesia Care Unit (PACU). The recovery nurses and anesthesiologist will monitor you and your surgical site. Once they establish you are stable, you will be moved to your inpatient room.

The PACU staff is there to help you recover from the anesthesia. Some effects you may experience from the anesthesia are:

- **Confusion**
- **Chills and shivering**
- **Nausea and/or vomiting**
- **Itching**



Sequential Compression Device (SCDs)

Things You May Find On Your Body:

- **Oxygen in your nose or over your mouth**
- **Catheter in your bladder**
- **Sequential Compression Device (SCDs) and/or compression stockings on your legs**
- **Ice packs on the surgical site**
- **A dressing and/or ACE wrap over the surgical site**
- **Electrodes on your chest to monitor heart activity**
- **Oxygen sensor on your finger**
- **Blood pressure cuff around your arm**

Do not grab or pull on any of these devices.

NOTES

Managing Your Recovery

Skagit Regional Health is committed to helping you recover quickly and efficiently. It's important to remember that after surgery you are not to actively move your shoulder at all until directly told to do so. The goal of your care team is to help you return to normal life. Our staff will help you get up and moving as soon as possible.

Things That May Be Used To Help Manage Your Recovery

- **Ankle pumps:** An exercise to help prevent blood clots from forming in your legs and reduce swelling by increasing circulation.
- **TED hose:** Stockings that fit tight to help keep your leg supported, control swelling, and prevent blood clots.
- **Sequential Compression Devices (SCDs):** Foot or leg wraps attached to a pump that gently squeeze and release your leg(s) to help increase blood flow while in bed.
- **Anti-coagulants:** Medication to thin your blood to decrease the risk of blood clots.
- **Early walking:** Your occupational therapist will help you get moving and performing basic tasks. They will show you how to do these task without putting your surgical shoulder at risk.
- **Elevation:** Lay down with your feet above your heart. You may need multiple pillows to do this.
- **Ice:** You should apply ice for 20 minutes and then take it off for 20 minutes. A good indicator of when you can use ice again is when your skin returns to normal temperature. Keep a towel or clothes between your skin and the ice to protect your skin.



Loss of Feeling

After surgery, it is likely, at first, that you will not be able to feel the arm that was operated on. Your entire operated shoulder and arm may not move or respond until the nerve block (see page 17) wears off.

Swelling (Edema)

Swelling in the hand(s) and fingers, especially the surgical arm, is common after surgery. As you begin to get up and move around it is common for the swelling to move down your arm(s). As a result, your hands will likely be swollen.

Maintaining Healthy Lungs

Similar to the rest of your body, your lungs need exercise. While in the hospital, and once you return to home, if you do not get adequate exercise, your lungs may not be able to fully expand. If left untreated, this can lead to pneumonia.

Signs of Weak Lungs/Pneumonia:

- Fever
- Shortness of breath

Deep Vein Thrombosis (DVT)

You are not able to walk as much as normal right after surgery. This causes the blood flow to slow down in your arms and legs, and sometimes it can lead to a blood clot. If you develop a blood clot, it is important to treat it quickly. A complication of DVT is when a blood clot travel to the lungs, which could be fatal if left untreated.

Signs of Deep Vein Thrombosis:

- Swelling
- Calf (lower leg) tenderness
- Shortness of breath

Preventing Infection

Be a Partner in YOUR Care

If you do not see someone washing his/her hands or using hand sanitizer, ask them to do so. You are a partner in your care and it is important that you make sure you are doing your part to prevent infection!

Infections can be prevented through good hand hygiene. You, your visitors and staff should all follow good hand hygiene.

Hands should be washed:

- After using the bathroom
- Before and after meals
- When entering or leaving your hospital room

Don't touch your wound with your bare hands unless directed to do so by your care team.

Any infection in your body can get into your blood stream and infect your new joint. It is important to ask your provider what will be normal to expect after your surgery so you can identify signs of infection early.

Some redness, warmth and swelling is considered normal.

The above symptoms could be signs of infection if:

- The symptoms get worse
- The symptoms start to spread

Other signs of infection include:

- Sudden increase in discharge (yellow/green color, foul smelling)
- Sudden increase of pain for no reason



Image: Canadian Lung Association, 2017

Discharge Information

Most patients will be discharged either the day of or the day after surgery and may start outpatient physical therapy shortly afterwards. Patients must be in a stable medical condition and demonstrate safe functional mobility in order to be discharged home. If you are having trouble achieving these goals, our staff may look into discharging you to a skilled nursing facility or refer you to a home health agency. Use page 11 to know your insurance benefits.

Meet Functional Goals

You can navigate your own home with standby assistance.

- Get in and out of bed
- Go up and down stairs (if needed)

You can get dressed with minimal assistance.

Be Medically Stable

- Stable vital signs
- Adequate pain control
- Medical issues have been resolved or stabilized with appropriate follow-up arranged as needed

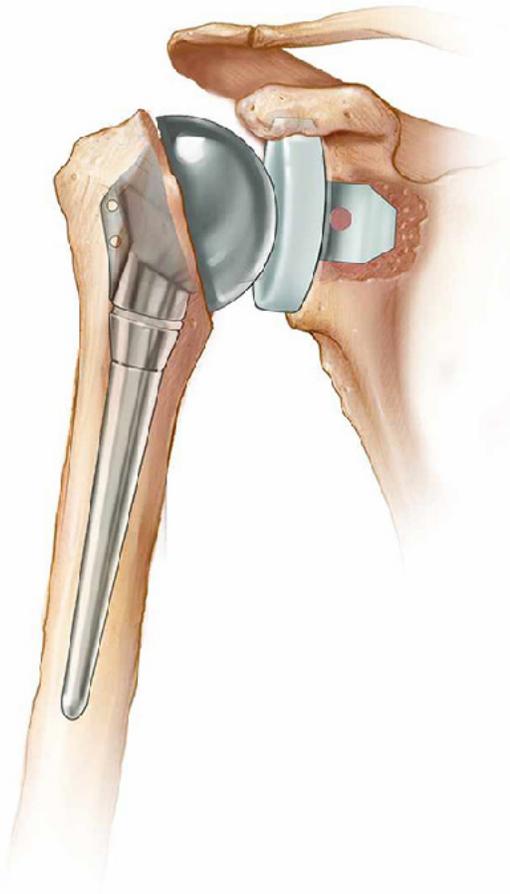
Our staff will evaluate your medical and mobility progress on a day-to-day basis. When it is determined you are ready to go home, the nurses will provide education and training to aid in your recovery. This will include how to prevent DVT (page 19) and how to manage your pain (page 22).

Items to Help Your Recovery After Discharge:

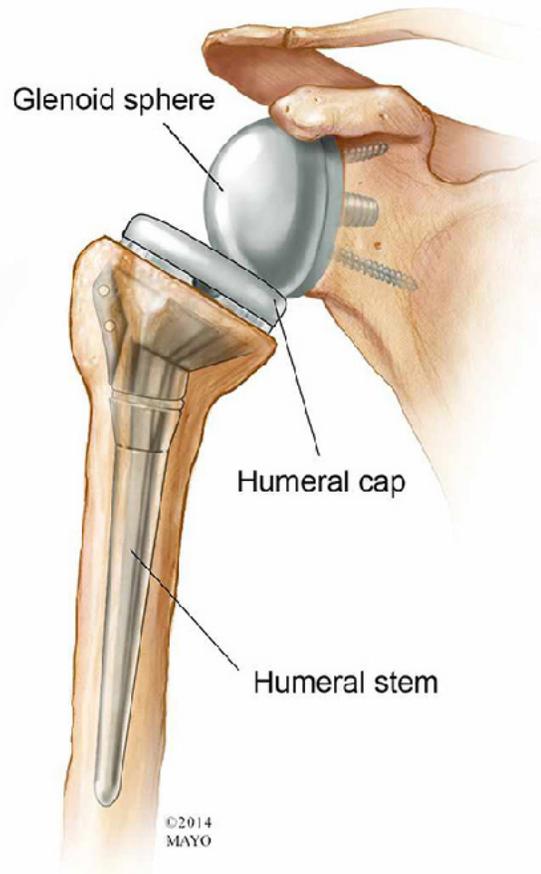
Patient Care Education – These will help you to understand your precautions and when you should call your provider if concerns arise.

Your New Shoulder Joint

Total shoulder arthroplasty



Reverse shoulder arthroplasty



Source: Mayo Clinic, 2014

Possible Effects

Every person reacts differently to pain medication. You are the main judge of what you can handle while taking pain medication. If you feel uncomfortable with your medication, talk with your provider about other options.

Be sure to follow to the instructions that your provider gives you for your medication. The instructions may help prevent side effects.

Constipation

Constipation is a common effect of pain medication. A sign of constipation is when your stool pattern becomes less frequent. Pain medication can cause your stool to get backed up, which can result in cramping and pain in your abdomen. Please talk to your provider about which medication would be best for you.

Ways to help your symptoms

- **Drink a lot of fluids**
- **Eat foods that are high in fiber: fruits, vegetables, and legumes**
- **Laxative or stool softener**
- **Move around**

Drowsiness

Drowsiness is described as feeling extremely tired. It can be from your body relaxing due to less pain or from a certain type of medication. If you are feeling drowsy, it is important to know that there may be functions that are unsafe for you to do, such as driving or cooking.

Ways to help your symptoms

- **Rest**
- **Decrease your dosage of medication – only do this as you feel able and consult your provider if you have questions.**

Nausea/Vomiting

Nausea is discomfort in your stomach that can cause the feeling of needing to vomit. Pain medication can cause both nausea and vomiting. Vomiting takes away from the nutrients in your body and causes you to feel weak; this can slow your recovery.

Ways to help your symptoms

- **Drink a lot of fluids**
- **Eat healthy foods – foods high in fat are more difficult to digest. See page 9 for options.**
- **Talk to your provider – if your symptoms don't improve.**

Dealing with Pain

Listen to your body; you will be the best judge of what your body can handle following the surgery. It is important to understand that you will not be pain free and your pain could last for some time after you leave the hospital.

Pain is uncomfortable, but it is a part of the recovery process. Your care team uses your pain level to understand where you are in recovery. If you know what level of pain you can handle before surgery, you can better explain to your care team how you are feeling.

You will have an individualized pain plan that you discuss with your providers. After you have your surgery, your provider will work with you to taper the pain medications.

Skagit Regional Health recommends that you find ways to handle the pain so you can keep a tolerable pain level when you return home. You can help decrease your pain and improve the recovery process if you focus on things that bring you comfort.

Consider these examples to help you manage your pain:

- Meditate
- Stay hydrated.
- Balance rest and activity.
- Move a little, multiple times during the day.
- Distract yourself – with music, television, reading or with a quiet hobby.



Narcotic Refill Process

It is recommended that you keep track of your pain medications. If you find that you are running out, please follow these steps:

1. Call our office during regular business hours. It usually takes 48-72 hours to refill a prescription. Please plan ahead.
2. Prescriptions must be picked up during regular business hours. We do not refill prescriptions after hours, on weekends or on holidays.
3. I.D. is required for picking up all prescriptions. The office will need to know the name of the person picking it up each time if it will not be you.

NOTES

Protecting Your Medications

Tips for Keeping Your Medications Safe

Your provider will prescribe medications for your pain. It is important to know that your medications are prescribed for your unique characteristics. It can be hazardous if another person uses your medications. It is also important to prevent unintentional access to your medications; this includes family, friends, children, other visitors or pets.

- Keep out of reach of children
- Keep in one safe place so you can always remember where they are
- Keep top cap securely on
- Keep your medications with you, when you can
- Keep track of how many are left/how many you have taken

Disposing of Medications Yourself

If you decide to dispose of the medications yourself, the Food and Drug Administration (FDA) recommends doing so in the following manner:

1. Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. **DO NOT** flush prescription drugs down the toilet unless this information specifically instructs you to do so.
2. If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
 - a. Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - b. Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag. Then place in your trash receptacle.
 - c. The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

Medication Disposal

Everyone has different experiences with pain medication. If your pain levels are comfortable without using pain medication, but you still have pain medication remaining, we recommend that you dispose of it. Keeping extra pain medication at home puts you, your family, and your community at risk. Please see below locations that have medication take-back programs.

SKAGIT COUNTY

Anacortes Police Dept.
(360) 293-4684

Skagit County Sheriff
(360) 336-9450

Swinomish Tribal Police
(360) 466-3163

Burlington Police Dept.
(360) 755-0921

Sedro-Woolley Police Dept.
(360) 855-0111

Washington State Patrol
(360) 654-1204

Skagit Valley Hospital
(360) 428-2500

SNOHOMISH COUNTY

Arlington Police Dept.
(360) 403-3400

Snohomish County Sheriff
(425) 388-7939

Granite Falls Police Dept.
(360) 691-6611

Marysville Police Dept.
(360) 363-8300

Stanwood Police Dept.
(425) 388-5290

ISLAND COUNTY

San Juan County Sheriff
(360) 378-4151

Oak Harbor Police Dept.
(360) 279-4600



All Locations

ACCEPT

- Prescription drugs
- Over the counter drugs
- Vitamins
- Inhalers
- Unused Epi Pens

DO NOT ACCEPT

- IV bags
- Needles or syringes
- Bloody or infectious waste
- Used Epi Pens
- Personal care products

For more locations and details go to: takebackyourmeds.org. Most law enforcement offices take back prescription medications.

MEDICATION TRACKER- EXAMPLE

Medications	Percocet	Zofran	Colace	Lovenox	Vistaril	Notes/ Comments
Frequency	Every 4 hours	Every 4 hours	Twice a day	Once a Day	Every 6 hours	Write the name of your medications
Use	Pain	Nausea	Constipation	Blood Thinner	Spasms	Write how often you take each medication
6 a.m.						Write the reason you take each medication
7 a.m.						
8 a.m.						
9 a.m.	X	X	X	X	X	
10 a.m.						
11 a.m.						Mark the box that is associated with the hour you should take your medication
12 p.m.						
1 p.m.						
2 p.m.						
3 p.m.						
4 p.m.						Use this column to write any notes or effects from your medication
5 p.m.	X	X				
6 p.m.						
7 p.m.						
8 p.m.						
9 p.m.	X	X			X	Woke up with level 8 pain
10 p.m.						
11 p.m.						
12 a.m.						
1 a.m.	X					
2 a.m.						
3 a.m.						
4 a.m.						
5 a.m.						

Tear-out Blank Medication Tracker sheets are on pages 35.

Introduction to Rehabilitation

Physical Therapy and Occupational Therapy will work with you to regain your function and increase your activity. They will teach you about:

- Adaptive and assistive devices
- Body mechanics
- Safety in movement
- Energy conservation
- Pain management
- Positioning
- Strengthening
- Range of motion

Physical Therapy

Develops an individualized plan of care using a variety of treatment techniques that will help you move, reduce pain and restore optimal function of your new joint.

Occupational Therapy

Evaluates your functional ability for basic activities of daily living (such as getting dressed, shower safety, etc.) and instructs you in ways to adapt in order to be as independent as possible as quickly as possible.



PT/OT Questionnaire

Please describe the entrance you will use upon returning home.

If there are steps to that entrance, how many steps up/down?

At that entrance, are there handrails?

- Left Right Both

On your main living level are there any unique challenges?

What is the height of your bed?

Do you have your appropriate durable medical equipment?

Can our PT/OT Team help you with anything else in order to prepare you for your return home?

Your Sling (Breg Slingshot 3)

To Remove the Sling



Make sure surgical arm is supported and immobile. Release the quick-release buckles. Slide non-surgical arm out of the sling.



Gently slide sling out from under your surgical arm, taking care to not move your shoulder.

To Put On the Sling



Gently slide sling into position under arm with elbow in back corner of sling. Then slip other arm through harness and slide it on. Keep surgical arm still.



Proper placement and attachment



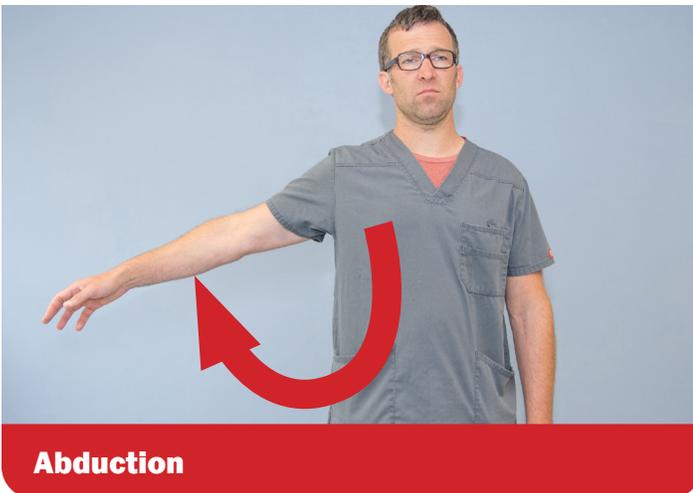
Attach quick-release buckle around waist and check for comfort.

For more information about the sling and a video demonstrating the application:

<https://www.breg.com/products/shoulder-bracing/slings-braces/slingshot-3/>

Movement Restrictions

DON'T DO THESE MOVEMENTS



Returning Home

Once your surgery is complete, you will start a period of readjustment when you return home. For the next six to 8 weeks, your new joint will continue to heal. You will need to learn to balance your exercise periods with your rest periods. It is important to continue to remember that you are the best judge of your pain and capabilities, so do not overdo or push yourself beyond your limits.

Medications

You will be given prescriptions for new medications you may need at home. Resume your usual medications as discussed at discharge.

Sitting and Walking

Do not sit longer than 30 minutes at a time. Get up often, walk and change your position. If you do not move, you will become stiff and have swelling. Frequent movements are important to decrease swelling and the possibility of forming a blood clot. Remember that healing is ongoing and it takes time. Walk often on level ground and go outdoors if weather permits, or choose a large indoor area such as a shopping mall.

Activity

As was instructed at the hospital, once back home be sure to remove your sling three times daily in order to perform range of motion of your hand, wrist and elbow. This helps prevent these other parts of your arm from getting stiff and weak. Also, frequent walking is recommended to control swelling and to prevent blood clots.

Driving and Riding in a Car

If you are riding in a car, stop every 30 minutes and get out to stretch and walk. Do your ankle pumping exercises while you are riding in the car. At about four weeks, once you have complete control of your operative shoulder and are no longer taking pain medication, your doctor may permit you to drive a vehicle. You may not be allowed to drive while wearing a sling.

Activities

Your new joint can be damaged or worn out by rough treatment. You will always need to exercise to keep your muscles and ligaments strong. You will need to avoid activities that may cause excess stress to the joint and cause it to loosen.

Activities to avoid:

- Jogging or running
- Contact sports
- Jumping rope
- Lifting > 35 pounds

Recommended activities:

- Exercises taught by your physical therapist or occupational therapist
- Swimming • Golf • Bike riding • Walking

If you have a specific sport that you are interested in, talk with your provider to see what your options or limitations may be. Wait to use exercise equipment, whirlpools or spas until approved by your provider.



Getting Dressed After Surgery



1. Place your shirt on your lap



2. Place your operated arm through the first sleeve



3. Put your unaffected arm through the other sleeve



4. Find the opening for your head and pull the shirt over your head



5. Pull the shirt down over your stomach and back

Glossary of Terms

Care Team

Provider: This is a general term for anyone who may be providing care to you during this process. This can include your primary care physician, surgeon, anesthesiologist, physician assistant, as well as your rehabilitation team and nursing staff.

In the office:

Surgeon: The doctor who will be performing your surgery.

Physician Assistant: A provider who assists in surgery. She or he will see you in the office and hospital, as well as order tests and write prescriptions.

Surgery Scheduler: Schedules the surgery and makes appointments related to the surgery, such as pre-op and post-op appointments. Gets insurance authorization(s) and provides instruction on where to go for the surgery.

Registered Nurse (RN): Reviews your surgical chart and pre-operative testing results.

Medical Assistant (MA): Works with the surgeon in the office and gives you the pre-op skin care instructions, dispenses a walker, if needed, and gives directions.

In the hospital:

Anesthesiologist: The doctor who will administer anesthesia for your surgery.

Registered Nurse (RN): The surgical nurse who will check you in before surgery, organize the operating room and take care of you as you wake up from surgery. Other RNs will take care of you in your hospital room and administer medications.

Certified Nursing Assistant (CNA): Helps you with bathing, getting out of bed, getting to the bathroom, changing the sheets, emptying drain contents, and taking vital signs.

Social Worker/Discharge Planner/Case Manager: Helps you make plans for going home after the hospital stay.

Unit Assistant: Sits at the front desk of the unit, answers the phones, may answer the call light, and directs family or visitors to patient rooms.

NOTES

Durable Medical Equipment Suppliers

Suppliers and Lenders are chosen based on proximity to our patients.
Skagit Regional Health does not endorse any of these companies.

Loaner Medical Equipment

Knights of Columbus – Martin Steiner

(360) 466-1967

18651 Josh Wilson Road

Burlington, WA 98233

Tuesday and Thursday 3p.m.- 4p.m.

Soroptomist International of Anacortes

Must live in 98221 zip code

(360) 293-7251

1107 3rd Street

Anacortes, WA 98221

Tuesday and Friday 8a.m.- 4p.m.

Stillaguamish Senior Center

(360) 653-4551

18308 Smokey Point Blvd.

Arlington, WA 98223

Wednesday and Thursday 9a.m.- 3p.m.

Stanwood Senior Center

(360) 629-7403

7430 276th Street NW.

Stanwood, WA 98292

Monday– Friday 9a.m.- 4p.m.

Disabled American Veterans

(360) 420-4046

Call to make appt.

Medical Equipment Suppliers

Bellevue Healthcare

(425) 258-6700

2031 Broadway Street

Everett, WA 98201

Monday– Friday 8a.m.- 6p.m.

Saturday 9a.m.- 5p.m.

Can do home deliveries

Whidbey Home Medical

(360) 679-7927

239 NE Midway Blvd #1

Oak Harbor, 98277

Monday– Friday 9a.m.- 4p.m.

(Closed 12p.m.-1p.m.)

Drugstores and Other Retailers

Examples: Rite Aid, Walmart,

Goodwill, Salvation Army

MEDICATION TRACKER

Medications							Notes/ Comments
Frequency							
Use							
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7 a.m.							
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Medications							Notes/ Comments
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Medications							Notes/ Comments
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Thank you for choosing Skagit Regional Health for your total hip replacement. We are dedicated to providing our community with high quality, compassionate medical care that is comprehensive and continuous throughout your life.

MOVE WITHOUT HESITATION

ORTHOPEDICS & SPORTS MEDICINE

Lifting your kids. Tending to your garden. Walking your dog. A healthy body is a body in motion. But when pain and immobility interrupt, your movements and the activities you love become a struggle.

The experts at Skagit Regional Health are dedicated to returning these joys to you. Our Board Certified Orthopedics and Sports Medicine team gets you back to living to the fullest, **and moving without hesitation.**



Skagit  Regional Health

(360) 435-6641
ARLINGTON

(360) 814-6800
MOUNT VERNON



One Caring, Connected System

SPECIALTIES AND SERVICES

- Cardiology
- Dermatology
- Endocrinology
- Family Medicine
- Foot and Ankle
- Gastroenterology
- General Surgery
- Hospice of the Northwest
- Infectious Disease
- Internal Medicine
- Interventional Pain
- Laboratory
- Midwifery
- Nephrology
- Neurology
- Occupational Medicine
- Oncology
- Optometry
- Orthopedics and Sports Medicine
- Pediatrics
- Plastic/Reconstructive Surgery
- Pulmonology
- Radiology/Imaging
- Rehabilitation
- Rheumatology
- Sleep Medicine
- Thoracic Surgery
- Urgent Care
- Urology
- Women’s Health
- Wound Care



URGENT CARE CENTERS

MOUNT VERNON

1400 E. Kincaid St., Mount Vernon
360-428-6434

RIVERBEND

2320 Freeway Dr., Mount Vernon
360-814-6850

SMOKEY POINT

3823 172nd St. NE, Arlington
360-657-8700