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Introduction

Patients manage their hospital stay and recover from their surgery better when they are prepared for surgery and participate in their recovery. This guide will help you understand what to expect before your surgery and after your return home. **Please bring this booklet to all of your appointments and to your surgery.**

About My Surgery

Surgery date: _____ Hospital/Check-in location: _____

Arrival time: _____ Surgeon: _____

My doctor: _____ My support person: _____

Emergency contact and phone number: _____

You should arrange for a family member or friend to be your support person for the surgery. This person should come with you to all of your appointments if possible. A support person is not only for support; they also help you understand what to expect at each step along the way. Your support person plays a very important role in your care and will be your designated person for us to speak with in addition to yourself.

Your Healthcare Team

At the Edmonton Bone and Joint Centre (EBJC), we have a team approach to providing care. In addition to your surgeon, some of your other care team members include your **case manager** (this can be a nurse or physical therapist), **registered nurse, physical therapist (PT), medical office assistant, internal medicine physician** and **anesthesiologist**.

About Your Shoulder

Understanding the Shoulder Anatomy

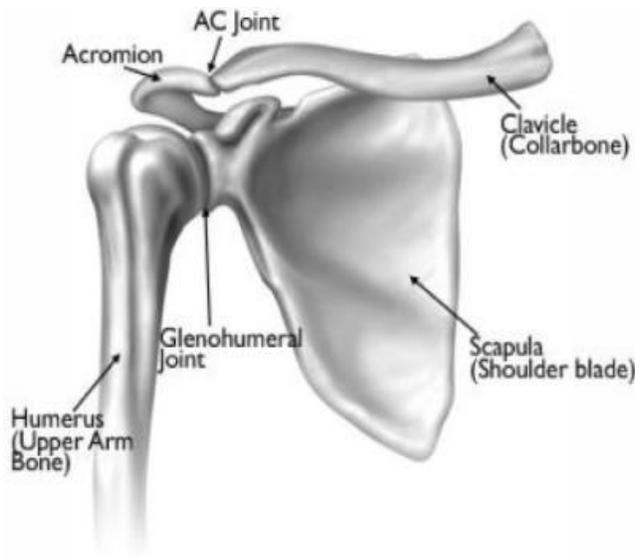
Your shoulder (glenohumeral joint) is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula) and your collar bone (clavicle). The shoulder is a ball and socket joint. The ball, or head, of your upper arm bone fits into a shallow saucer-shaped socket in your shoulder blade. This socket is called the glenoid.

The surfaces of the ball and socket are covered with articular cartilage, a smooth substance that cushions and protects the bones and allows them to move easily over each other. A thin, smooth tissue called the synovial membrane covers all remaining surfaces inside the shoulder joint. In a healthy shoulder, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates friction in your shoulder.

Thickened tissue called the capsule encloses the shoulder, providing stability.

Muscles and tendons surround the shoulder and provide stability and support. The rotator cuff muscles compress and centre the ball of the shoulder in the socket during movement, providing stability to the shoulder joint. These muscles give you the ability to lift your arm above shoulder height and rotate the shoulder to reach behind your back (e.g. to tuck in your shirt or do up your bra) or up behind your head (e.g. to comb or wash your hair or pull a shirt off overhead). In addition, the rotator cuff is crucial in providing strength at shoulder height and overhead.

Together, all of these structures allow the shoulder to move through a greater range of motion than any other joint in the body. When the shoulder is healthy, it is able to glide smoothly in the socket. When the shoulder becomes damaged, movement becomes difficult and painful.



Osteoarthritis (OA) of the glenohumeral joint

Why Do You Need a Shoulder Replacement?

There are several reasons why your doctor may recommend shoulder replacement surgery. People who benefit from surgery often have:

- Severe shoulder pain that interferes with activities of daily living such as dressing, toileting and washing.
- Moderate to severe pain while resting and difficulty sleeping at night due to pain.
- Loss of motion and/or weakness in the shoulder.
- Failure to substantially improve with other treatments such as anti-inflammatory medications, cortisone injections or physical therapy.

The primary goal of shoulder replacement surgery is to decrease pain. Improvement in pain may increase motion in a damaged or diseased shoulder joint.

Several conditions can cause shoulder pain and disability and lead patients to consider shoulder replacement surgery.

I. Osteoarthritis

This is an age-related “wear-and-tear” type of degenerative arthritis. The cartilage that cushions the bones and the shoulder wears away, causing the bones to rub against one another. Over time, the shoulder becomes stiff and painful.

II. Rheumatoid Arthritis

This is a disease in which the synovial membrane that surrounds the joint gets inflamed and thickened. This chronic inflammation can damage the cartilage inside your shoulder joint leading to cartilage loss, pain and stiffness.

III. Post-traumatic Arthritis

This can follow a serious shoulder injury. Fractures of the bones or tears of the shoulder tendons or ligaments may result in damage of the cartilage over time. This causes shoulder pain and limits shoulder function.

IV. Rotator Cuff Tear Arthropathy

A patient with a very large, long-standing rotator cuff tear may develop rotator cuff tear arthropathy (disease of the joint). When the rotator cuff is no longer functioning to centre and compress the ball in the socket, the changes in the shoulder joint may lead to arthritis and destruction of the joint cartilage.

V. Avascular Necrosis

Avascular necrosis (bone death) is a painful condition that occurs when the blood supply to the bone is disrupted. This causes bone cells to die, which can cause arthritis.

VI. Severe Fractures

Some fractures of the shoulder are severe enough that it may be difficult for a surgeon to fix.

What is Shoulder Replacement Surgery?

Shoulder replacement surgery removes damaged bones and cartilage and replaces them with specially designed metal and plastic parts (implant). Some implants are kept in place with special cement. Others have porous surfaces which your bone can grow in to.

Muscles and tendons hold natural joints in place. During surgery, these may be cut to free a place for the new joint. When the new joint is put in place, they are reattached. As those muscles and tendons heal, they will also help hold your new joint in place. You will need to protect your shoulder while these muscles heal.



Normal Shoulder

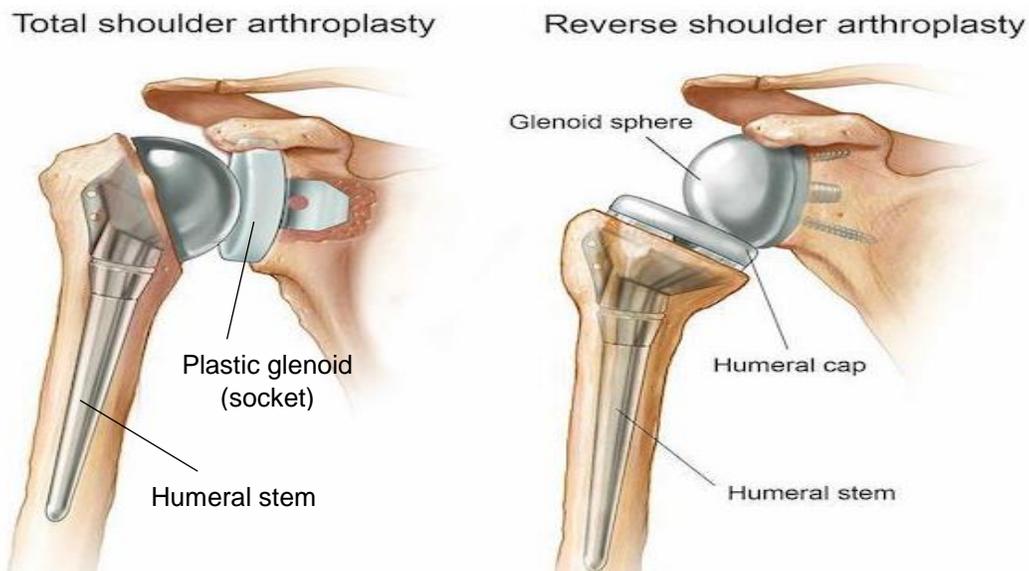
**Total Shoulder
Arthroplasty**

**Reverse Shoulder
Arthroplasty**

Types of Shoulder Arthroplasty (Replacement)

I. Total Shoulder Arthroplasty

Your orthopaedic surgeon will replace the ball (humeral head) at the top of your upper arm bone (humerus) and replace it with a rounded metal head on a stem. The socket (glenoid), which is part of your shoulder blade, may be replaced with a smooth plastic shell that is curved to fit with the humerus implant. This creates a new, smooth cushion that will allow the joint surfaces to glide smoothly and without pain when you move. When both sides of the shoulder joint are replaced it is called a total shoulder arthroplasty. If only the humerus is replaced it is called a hemi-arthroplasty.



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II. Reverse Shoulder Arthroplasty

After removing the ball of the shoulder joint, a metal stem with a curved plastic shell is inserted in the upper arm bone (humerus). A metal base plate is inserted with screws into the glenoid (shoulder blade) side of the shoulder joint.

The reverse shoulder arthroplasty is mainly used in patients who have:

- pain resulting from severe arthritis and rotator cuff tearing.
- severe trauma.
- had a previous shoulder replacement that failed and requires revision surgery.

Possible Risks and Complications

Infection

Infection is a complication of any surgery. In shoulder joint replacement, infection may occur in the wound or deep around the prosthesis. It may happen in the hospital or after you go home. Minor infections in the wound area are generally treated with antibiotics. Major or deep infections are serious and may require more surgery and removal of the implant.

Germs can enter your body from anywhere (e.g. teeth, skin, or throat) and cause an infection. Any infection in your body can spread to your joint replacement. Antibiotics are given before and after surgery to prevent infection. Make sure to tell your surgeon or Case Manager if you have or think you have an infection.

Blood Clots

A blood clot happens when blood obstructs a vein, usually in your leg. You may be given a blood thinner to help prevent a blood clot if you have an increased risk for developing blood clots. Another way to prevent a blood clot is to get up and move around as soon as possible after surgery. Make sure you tell your surgeon or Case Manager if you have ever had a blood clot. A blood clot can be serious if it moves to the lungs. Call 911 if you have shortness of breath or difficulty breathing, chest pain, chest tightness or chest pressure.

Heart Attack, Breathing or Lung Problems, Stroke, Allergic Reaction to Medication, or Death

These are risks with any surgery. You and your healthcare team will work together to minimize your risk of these complications.

Nerve Damage, Bleeding, or Injury to a Blood Vessel

Nerves that help your hand move and blood vessels that provide circulation sit very close to the shoulder joint. Complications from nerve or blood vessel damage are rare and less than one percent. If nerve damage does occur it may leave numbness, weakness or paralysis (loss of muscle function) of the hand or arm.

Swelling (Edema)

The normal healing process will cause swelling in your arm or hand. Active hand and wrist exercises while you are in your sling can help decrease swelling. Follow any movement precautions you are given for your shoulder and arm.

Loosening of the Shoulder Implant

Over time implanted pieces may wear down or loosen from the bone resulting in pain or instability. The components of the shoulder replacement may also dislocate. Make sure to tell your doctor if you have any new pain in your shoulder. Follow your movement precautions. Excessive wear, loosening, or dislocation may require additional surgery (revision procedure).

While Waiting for Surgery

Be as healthy as possible: Eat healthy food, drink lots of fluids, and get lots of rest. Use Eating Well with Canada's Food Guide to choose the type and amount of food you need for good health. Healthy eating before surgery will help you:

- lower the chance of getting sick, which can delay your surgery.
- build up iron in your blood to give you more energy and help you heal faster.
- reach and stay at a healthy weight.

Quit (or cut down on) smoking: It takes longer to heal when you smoke. Stopping or decreasing the amount you smoke will improve the condition of your lungs and help you to heal. If you need help to quit, call 1-866-710-QUIT, go to www.albertaquits.ca or see your local pharmacist. Please note there is no smoking allowed on hospital property.

Look after health problems before surgery: This especially includes problems with your teeth and managing your blood sugar levels if you are diabetic. Make sure you fill your prescriptions and take them as prescribed.

Get dental work done: You must have any problems with your teeth taken care of 6-8 weeks before surgery to lower your risk of infection after surgery. Get your teeth cleaned. **Your surgery will be delayed if you are having problems with your teeth at the time of surgery.**

Stay active: The best activity to remain active with shoulder pain is walking. Keep doing your regular activities. Stop or reduce the activities that make your shoulder sore.

Physiotherapy: Physiotherapy may help reduce pain and improve your mobility and strength before surgery. Doing a home exercise program prescribed by a physiotherapist before surgery can help you recover better after surgery.

Managing Shoulder Arthritis While Waiting for Surgery

Pain Control

- Heat and cold can be used for short-term pain relief. Try both to see which works best for you. Applying warm or cold packs on your shoulder for 15-20 minutes at a time may help. Place a dry layer between your skin and the warm or cold pack. Check your skin every few minutes to make sure you do not burn yourself.
- Pain medication such as Tylenol Arthritis[®], used in combination with a non-steroidal anti-inflammatory (NSAID), can be effective. The anti-inflammatory can be an ointment, such as Voltaren[®] or Diclofenac cream, or an oral over-the-counter medication such as Ibuprofen[®] or Aleve[®]. Check with your doctor first to ensure that the pain medication is right for you if you have other medical conditions. Prescription medication may also be an option.

- Some patients have reported doing pendular exercises throughout the day and night helps reduce pain. Try to see if it works for you.



Bend at the waist so your arm is dangling down. You may want to hold onto a table or chair for support. Gently rock your body weight in a circular motion to move your arm in a circular pattern about the size of a dinner plate. Do this 10 times in both a clockwise and counter clockwise direction.

Positioning

Regardless of whether you are sitting or lying down, ensure your arm is supported in a position where your elbow/hand does not fall or rest behind the midline of your body.

- **In sitting**, use an armrest or place a pillow under your elbow to support your arm. Make sure you are not reaching down to the armrest or propping it too high that your shoulder is pushed up toward your ear. You may also feel more comfortable with support under your elbow while driving.
- **When lying on your back**, place a pillow or folded towel under your elbow and upper arm to keep it level or above the midline of your body. You may also find having the pillow placed under and between your arm and chest more comfortable.
- Many people find it very uncomfortable or painful to lie on the affected/painful side.
- **When lying on your good side**, you may want to place a large pillow in front of you to “hug” and support your arm from dropping across the front of your body or place a pillow between your elbow and side.
- In extreme cases of night pain some patients have found it helpful to sleep in a more upright position such as in a recliner or propped up on pillows in a slightly reclined sitting position. Make sure to support behind your elbow so your elbow doesn’t fall back behind the midline of your body.

Activity Modification

It is important to modify activities that are causing pain.

- Keep all arm and hand movement in front of your body. Do not reach behind you with your hand such as reaching into the back seat of your vehicle. Support your arm so your elbow and hand are always in line with or in front of your shoulder.
- Minimize prolonged positions or repetitive activities at or above shoulder height.
- Avoid heavy lifting, pushing or pulling with the affected arm.
- Keep anything of weight or load close to your body. Do not reach out beyond this distance.

Movement

A physical therapist can prescribe safe exercises to work on your posture, range of motion and strength. This may help you maintain your mobility and function.

Things to keep in mind:

- **Keep good posture.** This will help your shoulder range of motion especially when lifting your arms above shoulder height.
- Range of motion exercises can be done with pulleys, using a stick or cane or your good arm to assist moving your affected arm. **Do not push past the point where your shoulder wants to stop moving.**
- When moving your arm/shoulder, ensure you do not shrug your shoulder toward your ear. Keep your shoulder down when lifting your arm up. This will minimize neck-related issues and stress on the rotator cuff tendons.
- When working on shoulder strength your exercises should be pain-free. If they are not, a physical therapist can show you **isometric exercises** to contract and strengthen your muscles without moving your shoulder joint.
- You should **avoid weight-bearing exercises** through your arms e.g. push-ups or plank exercises.
- The general rule is **IF IT HURTS, DON'T DO IT.** Stop or reduce activities that make your shoulder sore.

Preparing for Surgery and Discharge Home

Discharge Arrangements

- **Expect to go home on the day of your surgery or the day after your surgery.**
- Have a discharge plan in place following your surgery. This may include assistance in your home, staying at a family or friend's home or arranging a short stay in a retirement home.
- If you require homecare services, this will be arranged during your hospital stay.

Checklist for Discharge Home

- Plan for someone to drive you to and from the hospital.
- **Have help when you go home.** You will go home the day of or day after your surgery. Here are some of the ways your support person can help you once you are home:
 - Taking you to and from appointments. You will not be able to drive for 6 weeks after surgery.
 - Staying with you if you live alone.
 - Helping with your bandages.
 - Doing housework, yard work, shopping and making meals.
- **Arrange care.** Arrange care for anyone who depends on you or for your pets.
- **Get your home ready.** Make your home is safe and comfortable for your recovery. Ask a friend or family member to help you.

Special Equipment

Your therapist will talk with you about what equipment you may need to use after surgery. Some of these may include:

- Hand-held shower head
- Grab bars
- Long handled sponge/brush
- Sock-aid
- Shower chair or tub bench
- Reach or dressing stick
- Elastic shoe laces
- Long shoe horn

If you use your arms to raise yourself up from a chair or off of the toilet you may need:

- An extra cushion to raise the seat height of your favourite chair.
- A raised toilet seat.

You may be able to:

- Buy or rent equipment from a pharmacy.
- Borrow equipment from a medical equipment loan program if there is one in your area.
- Borrow equipment from friends or family as long as it is in good working order, safe, and the right type for your height and weight.
- Borrow equipment from the Community Health Unit or Home Care.

Taking Medicine Before Surgery

Your doctors and Case Manager will tell you which of your prescription and non-prescription medications to stop taking before surgery. Tell your Case Manager before surgery if:

- You are allergic to any medicine, latex, or metals.
- There is a change in your medications (e.g. your dose changes or you start a new medication).
- Your health changes.

Surgery

AVOID the Following Before Surgery

- **DO NOT** have any dental work 6-8 weeks before your surgery, if possible. This may result in the cancellation of your surgery. Wait until 6 months after your surgery.
- **DO NOT** have any injections into your joint within 3 months before surgery (check with your surgeon).
- **DO NOT** have any pedicures or manicures within 2 weeks before your surgery.

The Day Before Surgery

- Be sure you have everything you need for your stay in hospital.
- Go over the agreement you reviewed with your healthcare team.
- Follow the eating and drinking instructions you received from your healthcare team.
- Confirm who will be driving you to and from the hospital.

If you have questions, phone the clinic and speak with your Case Manager.

Pack a bag with the following:

- This book.
- Loose-fitting clothing. It is best to wear a loose-fitting shirt or a loose button-up shirt with stretch.
- Adjustable non-slip shoes that will give you good support and can be loosened if your feet swell.
- Toiletries (toothbrush, toothpaste, soap, comb/brush, deodorant, container for your dentures, etc.).
- Your prescription medications and inhalers. Bring these in their original containers or in the pharmacy package. **DO NOT USE your own medication while you are in the hospital.** You will be given the ones you need to take while in hospital.
- Your CPAP machine, if you use one.
- Your walking aid, if you use one e.g. a walker or cane.

Label all of your belongings. There is not much storage space in hospital rooms so please **pack only what you need** in a small overnight bag.

Alberta Health Services and Covenant Health are not responsible for lost or stolen items. Do not bring anything of value, such as jewelry, money or credit cards. Leave all valuables at home.

On the Day of Surgery

- You will be called the day before your surgery and given your arrival time.
- **Shower on the evening before or the morning of your surgery.**
 - Do not use any body lotion.
- Wear loose-fitting clothing that can be easily removed.
- Do not chew gum or have any hard candies/breath mints.
- All jewelry, piercings, nail polish, make-up and false nails must be removed before you arrive for surgery. If this is not done, your surgery could be cancelled.

When You Get to the Hospital

A nurse will check you in. Inform the nurse or doctor of any changes in your health since your last visit to the clinic.

Before you go into the operating room, an intravenous (IV) will be put into a vein, usually in your hand or arm. Medicine and fluids are given to you through the IV during and after surgery.

You will also meet the doctor (anesthesiologist) who will give you medicine to control pain during surgery.

Someone may stay with you until you go into the operating room.

In the Operating Room

Once you are in the operating room you will see different types of equipment. This equipment is used to closely watch your condition during surgery. This includes a machine to monitor your heart, a cuff to monitor your blood pressure and a sensor that is attached to your finger to monitor your oxygen level.

An anesthesiologist will give you one of these anesthetics:

1. **General anesthesia:** Medicine is given to make you sleep during surgery. A tube is passed through your mouth and into your windpipe to help you breathe. The tube is taken out once you are awake and breathing on your own.
2. **General anesthesia with a regional nerve block:** Your anesthesiologist may suggest you have a nerve block. This involves injecting a local anesthetic to freeze one of the main nerves around your shoulder to help control the pain after surgery. The injection is given before you receive the general anesthetic. The nerve block can provide pain relief for 12-24 hours.

In the Recovery Room

You will go to the recovery room after surgery. You will wake up with your sling on your surgical shoulder. In the recovery room a nurse will check the blood flow and feeling in your arm. The nurse will also:

- Check your breathing, heart rate, temperature and blood pressure.
- Ask about your pain level and give you medications if you need them.
- Encourage you take deep breaths and cough.
- Have you do foot and ankle exercises.

What to Expect While Recovering in Hospital

- After your surgery, you may feel groggy for the rest of the day.
- You may have a mild sore throat and feelings of nausea.
- You will have bandages over your incisions after surgery. You will have a sling on your surgical arm to keep your shoulder immobilized.
- We will ask you to rate your pain from 0 to 10, and will work with you to keep your pain at less than a 4/10 on the pain scale.
- We will check your vital signs (blood pressure, heart rate, temperature) and circulation in your arm often.
- We will encourage you to take deep breaths and cough every hour that you are awake.
- You can eat and drink fluids.
- Your nurse will show you where the call bell is and how to use it to call for help. The side rails on your bed will be up for your safety until the effects of the anesthetic have worn off.
- Your nurse, physical or occupational therapist will help you change your position in bed, get out of bed, sit at the edge of the bed, sit in a chair and begin walking for the first few times after surgery. **Do not try to change your position or get out of bed on your own.**

Pain Control After Surgery

You can expect to have pain after surgery, even if you are taking pain medication. Good pain control is important for successful recovery. Tell the nurse when you are feeling pain and ask for pain medicine.

If possible, take pain medicine 30-45 minutes before your physical therapy sessions so it has time to work.

Tell your surgeon or nurse if the pain medicine is not managing your pain or if you think you are having side effects.

Ask for ice or your cold therapy machine to be put on your shoulder to help lower the pain and swelling.

TELL YOUR NURSE OR SURGEON RIGHT AWAY IF YOU HAVE PAIN IN YOUR CALF OR CHEST.

Pain Scale

A pain scale helps us to make decisions on how to relieve your pain. You will be asked to rate your pain on a scale of 0 to 10.

0 1 2 3 4 5 6 7 8 9 10

No Pain

Worst Possible Pain

0 is no pain and 10 is the worst pain you have ever experienced. The number you choose helps your nurse or surgeon know how well the pain medicine is working for you. We encourage you to try and keep your pain level at less than 4.

Tell your nurse if your pain reaches a 4 or is not being helped by the medicine. DO NOT WAIT until the pain is bad.

Cold Therapy

Some people choose to use cold therapy units on their surgical site after surgery instead of ice packs. These can either be rented or purchased.

Use of ice packs over a cold therapy unit is entirely up to the patient. Both will help reduce pain and swelling.

Use cold therapy or ice for 15-20 minutes (or less depending on your tolerance) for a minimum of 3 times per day and up to 15-20 minutes every hour.

Allow structures to warm up before applying cold again to avoid getting frostbite. If using ice packs, do not apply ice packs directly to your skin. Put a thin towel between your skin and the cold pack to protect your skin from frost bite.

Advantages of cold therapy units (over ice packs):

- Delivery of a consistent temperature for a longer period of time.
 - Cold therapy units can last 12-18 hours (compared to running back and forth to the freezer).
- Better tolerance as they do not get as cold as ice packs.
- May offer some compression (which helps to manage swelling).
- Convenience and increased ability to ice more frequently throughout the day.

You may be able to use your health benefits to help cover the cost of a cold therapy unit (check with your benefits provider) or be able to write it off as a medical expense on your taxes (check with the Canada Revenue Agency).

Exercises and Activities After Surgery

Deep Breathing and Coughing Exercises

Deep breathing and coughing exercises help to prevent congestion in your lungs. We will encourage you to take deep breaths and cough every hour that you are awake.

- **Deep Breathing:** Breathe in deeply through your nose. Hold your breath while you count 1-2. Breathe out slowly through your mouth. Repeat **5 times every hour** that you are awake.
- **Coughing:** Breathe in deeply through your nose. Cough forcefully from your abdomen. Repeat **1-2 times every hour** that you are awake.

Foot and Ankle Exercises

Foot and ankle exercises help prevent blood clots. Lie on your back or in a sitting position. Move your feet up and down. Repeat **10 times every hour** that you are awake.

Physical Therapy

You will start your home exercise program the day after your surgery or before you are discharged from the hospital. A physical or occupational therapist will come to see you to review the exercises you must do at home. They will also teach you how to take your sling off and how to put it back on after your exercises.

Going Home After Surgery

You can expect to go home on the day of your surgery or the day after your surgery. Your surgeon will decide when you are ready.

Call 911 if you have:

- **Shortness of breath or difficulty breathing.**
- **Chest pain, chest tightness or chest pressure.**

Call your Case Manager if you have any of the following:

- **Excessive bleeding at your incision site.**
- **Moderate to large amounts of drainage at the incision site for more than a few days.**
- **A foul odour or yellow or green drainage at the incision site.**
- **An increase in your temperature (more than 38.5°C) or chills.**
- **A sudden, severe increase in pain not relieved with pain medication.**

Pain and Swelling

Some pain and swelling at the surgical site is normal. This will improve over the next 6 weeks, however, swelling may increase even after leaving the hospital. Discomfort is normal, especially with exercise.

- Use your pain medication as prescribed.
- Take your pain medication at least 30 minutes before exercising if you find the exercises make you too sore.
- Use ice packs or cold therapy to control pain and swelling, **especially after exercise.**
- Use crushed ice in a bag, an instant cold pack, or a bag of frozen peas or corn.
- Apply an ice pack to your shoulder as needed for 15-20 minutes at a time and then remove. Make sure to have a thin towel between your skin and the cold pack to protect your skin from frost bite.
- Apply a minimum of 3 times per day or every hour as needed.
- Allow your shoulder to warm up before applying the ice pack again. **Wait at least one hour between applications.**

It is normal to have some numbness around the area of the surgical incision. This may improve with time.

Bandage/Dressing

You will have a bulky pressure dressing on your shoulder immediately after surgery. A waterproof dressing may be applied before going home. If your incision is draining and/or leaking for more than 4 days after you leave the hospital, call your Case Manager. The stitches/staples should be removed between 10 and 14 days after surgery. This will be done at your first follow-up appointment at the Edmonton Bone and Joint Centre. **Leave your dressing intact until your first follow-up visit.**

If your dressing is leaking, it should be removed. To remove your dressing follow these steps (have your support person do this for you):

- Wash and dry your hands.
- Press down on the skin with one hand and carefully lift an edge of the dressing with your other hand.
- Stretch the dressing down and out (not up and out) to break the adhesive seal.
- Slowly work your way around the dressing, repeating the above steps, until the dressing is loose and can be removed.
- Observe the incision site for any signs of infection.
- Apply a clean, dry dressing similar to the one provided when you left the hospital. When the wound is dry you do not have to cover the wound.

Signs of infection are:

- Redness
- Drainage
- Odour from the incision site
- Excessive swelling around the incision
- Fever of 38°C or higher
- Increased pain in the shoulder joint that was operated on

Bathing and Showering

If a waterproof dressing is applied before going home, you may shower with your dressing on as long as it remains sealed. If it is not waterproof, leave the dressing intact and sponge bathe until you are seen at your first follow-up appointment. Do not put any lotions or creams on your operated shoulder for the first 6 weeks after surgery. **Do not soak in a bath, hot tub or pool until your sutures/staples are removed and your incision is fully healed.**

Remove your sling to bathe or shower. It is okay to straighten your elbow and let your arm hang down at your side.

A walk-in shower, shower chair and/or grab bar may be helpful. Showering while sitting on a bath bench in the tub is another option. Consider the use of a long-handled sponge to wash your feet and lower legs. Ask for help to shower if you need it.

Bruising

Bruising is common and can take up to a week to fully come to the surface of the skin. The bruising will go away gradually.

Sling

Expect to wear your sling for up to 6 weeks or as directed by your surgeon.

You can remove your sling to bathe or shower.

Wear your sling even when you are sleeping.

During this time, you will not be allowed to drive.

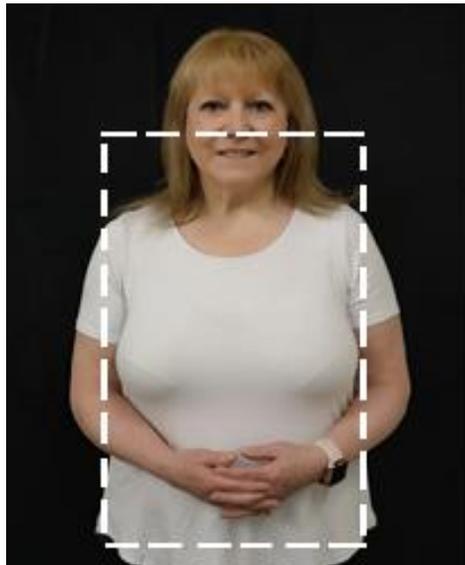


To apply a sling correctly:

- Bend your operated elbow to 90 degrees.
- With your non-operated hand, pull the sling over the operated elbow until your elbow fits snugly into the corner at the back of the sling. At this point, the sling should also cover most of your operated hand.
- Next, run the strap over your neck, loop it through the hole in the sling above your operated hand and back to it.
- Tighten any slack in the strap so the sling provides gentle upward support for your operated arm when you are standing upright.
- If your sling has a waist strap, run the strap around your waist, loop it through the ring below your hand and back to it.

Your arm is to be in the sling at all times. You may come out of the sling 3-4 times a day for washing, your physical therapy exercises, and simple activities of daily living in front of your body (brushing teeth, eating, writing) **if pain-free**. Keep your hands within the box of safety for all activities of daily living.

However, you are able to move outside the box of safety while doing your home exercises (p. 30).



Box of Safety

Your surgeon may refer you to physical therapy in the community after your second follow-up appointment (approximately 6 weeks post-op). Your therapist will guide you through the phases of rehabilitation and restrictions.

Sleeping

Your sling should be worn at night to protect your operated shoulder. You should sleep on your back or on your non-operated side.

- If you prefer to sleep on your back, place a pillow or folded towels under your upper arm and elbow on your operated side to support it.
- If you prefer to sleep on your non-operated side, place a pillow under the surgical arm to support it in place.

If you are having difficulty sleeping you can try sleeping in a La-Z-Boy or recliner chair (if it is easy to get in and out of) for the short-term. Again, place a pillow or folded towels behind/under your upper arm and elbow to support it.

You may want to sleep on the side of the bed that positions your operated arm closest to the centre of the bed. This can make it easier to get in and out of bed. You can choose to sit up and swing your legs over the edge of the bed, or roll on to your “good” side, bring your legs over the edge and push up with your “good” arm. **Do not push up with or on to your surgical arm.**

Dressing

When **dressing**, put your surgical arm in the sleeve first, follow with your head and then the “good” arm. Then put your sling on over your clothes. When **undressing**, remove your “good” arm first, then your head and surgical arm.

Loose tops or button up shirts that stretch are recommended. Front clasp bras will also make dressing easier. Otherwise, do your bra clasp up in front and rotate the bra band around. Slip your bra strap over your surgical arm first. Take care when pulling up pants or tucking in shirts. You may want to use your good arm for this.

When you sit to get dressed you may remove your sling and let your arm dangle at your side or support it on a pillow at your side as you dress.

Personal Care

Toileting: To avoid the motion of combined “adduction + internal rotation” (i.e. wiping yourself after a bowel movement), you can wipe from the front or use the non-surgical hand. You can also discuss with the rehabilitation staff any aids that are available to help you with this.

General Advice

It is normal to feel tired and to have a poor appetite after surgery. You need both rest and activity to recover. You will tire easily the first few weeks after surgery. You may find that your normal sleep patterns also change. Let the way you feel be your guide to what you can and cannot do.

Stop what you are doing and rest when you begin to feel tired. It is better for you to do shorter activities (like walking) more often, rather than doing one long activity. Remember to do your foot and ankle exercises every hour.

It is important to eat healthy foods and drink lots of fluids after your surgery. Drink plenty of water, eat fruits and vegetables and add fibre to your diet to give you energy and prevent constipation. Follow the guidelines in Canada’s Food Guide. If you are not eating well, ask your healthcare team about taking a nutrition supplement.

Healthy eating after surgery helps you feel better sooner because it:

- Helps repair muscles and tissues.
- Builds up the iron in your blood.
- Gives you the strength and energy to do activities.

To prevent constipation:

- Drink at least 8 glasses (2 litres) of water every day.
- Eat foods with fibre.
- Walk.
- Do your exercises every day.

Returning to Normal Activity

Healing after surgery takes several months and too much activity, too early, can interfere with the healing process.

You will not be able to drive for 6 weeks or longer as you are considered impaired if you drive while wearing a sling, while taking narcotic pain medication, or if you do not have functional mobility and strength to drive safely.

While your shoulder arthritis was developing, you were gradually losing range of motion and muscle strength. This often affects your tolerance to exercise, endurance, walking and balance. Regaining those functions often takes longer than you and your family expect.

Follow the directions that your surgeon gave you. If you have questions, or are unsure of some of the directions, speak with your Case Manager or surgeon at your first follow-up visit.

Returning to Work and Leisure Activities

This is dependent upon what you do for work. If you have a desk job or a job that requires little or no use of the operated arm, you can go back to work as soon as you feel ready. For higher-impact jobs requiring moderate-to-heavy use of the operated arm, it is necessary that you discuss this with your surgeon. Speak with your surgeon about when it is safe to start your leisure activities.

The following activities should be avoided:

- **heavy lifting, pushing, and pulling with your operated shoulder.**
- **impact activities e.g. hammering, chopping wood, chipping ice.**
- **heavy load with arms outstretched (keep weight/load close to the body).**

In general, more demanding activities will increase the wear on your shoulder replacement. The more aggressively you use your shoulder may increase your risk of excessive wear or loosening of the prosthesis.

Shoulder Arthroplasty Home Exercise Program

- GOALS:**
- 1. Protect your shoulder surgery.**
 - 2. Decrease pain and inflammation.**
 - 3. Prevent stiffness or complications.**

These are guidelines to follow after shoulder arthroplasty unless your surgeon tells you otherwise. **Exercises start on day 1** after your surgery. Continue these exercises until you see an outpatient physical therapist.

Sling:

- Wear your sling for up to 6 weeks as dictated by your surgeon, **even when you are sleeping.**
- You may remove your sling 3-4 times a day for washing, your home exercises and simple activities of daily living (brushing your teeth, eating, writing), **if pain-free.**
- You can safely perform light activities keeping your hands within this **box of safety** without harming your new shoulder. Activities like eating, knitting and reading are acceptable. You are able to move outside this box of safety while doing your home exercises.



Box of Safety

Pain and Swelling Control:

- It is common to have pain for the first 2-6 weeks after surgery.
- Take pain medications 30 minutes before doing your shoulder exercises.
- Use ice packs or cold therapy to help control pain and swelling. Use a dry towel over your incision to keep it dry. Ice packs can be used for 20 minutes, every 1-2 hours as needed.
- Use ice and pain medications as needed for pain relief.

When exercising:

- Perform each exercise **2-3 times a day**.
- Do **2 sets of 10 repetitions for each exercise**.
- Move within your **pain-free limits** (discomfort is okay).
- Discomfort is normal, especially with exercise.

Wrist and Hand Exercises:

Move your wrist and hand 10 times every hour you are awake. You can do these exercises in or out of your sling.



Make a fist. Open hand fully.



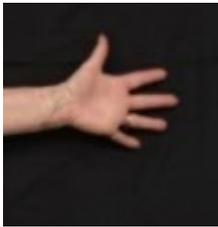
Bend wrist forward and backward (knocking motion).



Bend wrist side-to-side (hammering motion).



Rotate forearm palm up and palm down.



Elbow Exercise:

Straighten your elbow as much as you can. Bend your elbow until your fingertips touch your shoulder.



Shoulder Exercises:

Scapular Setting/Scapular Retraction

- Sit in a chair with your arm in your sling or resting on a pillow on your lap.
- Sit tall with good posture, keeping your neck and shoulder muscles relaxed.
- Gently squeeze your shoulder blades together toward your spine keeping your shoulders down. Hold for 5-10 seconds. Repeat 10 reps.

Do NOT pull your arms back or raise your shoulders toward your ears (shrug) as you do this.



Pendular Exercise

- Stand supported beside a chair, table, or counter.
- Bend forward at the waist allowing your operated arm to hang in front of you.
- **Use the momentum of your body to move your operated arm.** Move your arm in circles clockwise and counter clockwise no bigger than the **size of a dinner plate**.
- Do 2 sets of 10 reps in each direction.



Active-Assisted Range of Motion (AAROM)

- All movements of the surgical shoulder must be assisted with the “good” arm or a cane (broom handle, ski pole, golf putter, etc.).
- For the first week after surgery, use your good arm to **fully assist** moving your operated arm for each of these exercises. Once you feel comfortable you can gently and gradually use the surgical arm to help with the movement.
- Do each exercise 2-3 times a day. Do 2 sets of 10 reps for each exercise.
- **Move within your pain-free limits.** Discomfort is okay.

Assisted Shoulder Scaption

- Stand with good posture. Set your shoulder blades (gently squeeze together).
- Hold the cane with your “good” hand and the end of the cane in your operated hand (see picture).
- Use your “good” arm to push the operated arm away from your side, keeping your hand and elbow about 12 inches in front of your shoulder. Keep your shoulder down as you push your arm up.



Start Position

View from the front

View from the side

Active-Assisted Shoulder Flexion

- Lay down with your operated shoulder and elbow supported on a pillow or folded towel and your forearm resting on your abdomen with your elbow bent.
- Use your “good” arm to hold your operated arm just above the wrist or at the elbow.
- Gently lift your operated arm up towards your head **as your pain allows**.



Assisted Shoulder External Rotation (to the limit set by your surgeon)

MY EXTERNAL ROTATION LIMIT: _____

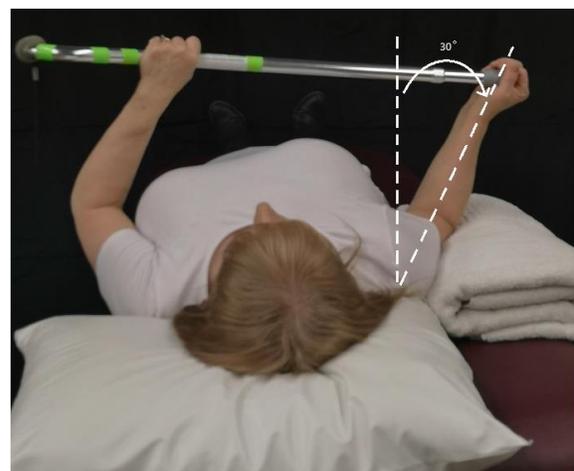
- Lay down with your operated shoulder and elbow supported on a pillow or folded towel and your forearm resting on your abdomen.
- Keep your operated elbow against your side and bend your elbow to 90 degrees.
- Use a cane and your good arm to rotate your operated forearm outward from your body as pain allows. **STOP when your forearm is at the limit set by your surgeon.**
 - Neutral – stop when your forearm is vertical.
 - 30 degrees – stop when your forearm rotates 30 degrees past vertical.
- Hold onto the cane and return your arm to rest on your abdomen.



Start Position



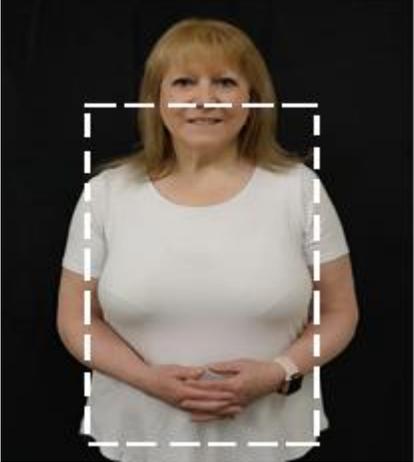
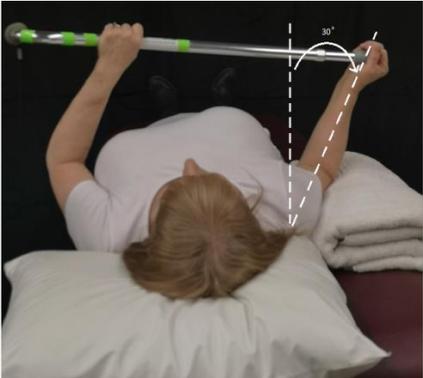
External rotation to neutral



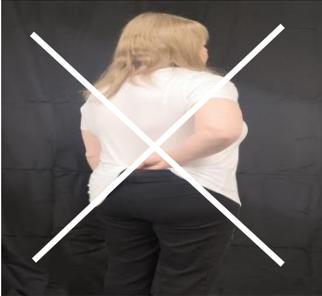
OR External rotation to 30 degrees

TOTAL SHOULDER ARTHROPLASTY PRECAUTIONS

FOR 6 WEEKS

Precaution/Information	Picture
<p>Keep your hands in the box of safety for all activities of daily living.</p> <p>You can use your surgical arm for simple activities of daily living <u>in front of your body</u> such as brushing your teeth, eating or writing if pain-free.</p> <p>No active movement outside of this box <u>except</u> when you are performing your home exercises.</p> <p>Lift no more than 1 pound (or the weight of a cup of coffee) in this box of safety.</p>	
<p>No external rotation past the limit set by your surgeon:</p> <ul style="list-style-type: none">• Zero (neutral)• 15 degrees• 30 degrees <p>This limit protects the subscapularis muscle that was repaired during your surgery and allows it to heal.</p>	 <p>Zero (neutral)</p>  <p>30 degrees</p>

FOR 6 WEEKS

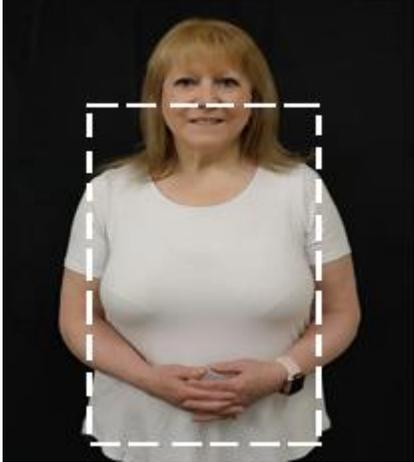
Precaution/Information	Picture
<p><u>Do not:</u></p> <ul style="list-style-type: none">• Actively pull your hand in toward your stomach.• Reach with your hand behind your back. <p>No putting your hand in your back pocket.</p> <p>No tucking in your shirt, washing or reaching behind your back for toileting hygiene.</p> <p>Take care when pulling up your pants.</p>	 
<p>No weight-bearing through your surgical arm.</p> <p>Do not push off your surgical arm to get out of bed, off a chair or the toilet.</p> <p>If you use a walker, you may rest your surgical arm on the walker for balance only; do not lean on your arm.</p>	 

FOR 3 MONTHS

Precaution/Information	Picture
<p>Do not pull against resistance rotating in toward your stomach.</p> <p>Do not close doors by rotating your hand in toward your stomach.</p> <p>Especially sliding glass doors, vehicle doors or heavy doors.</p> <p>Be careful when you hug someone. Hug gently and do not “squeeze”.</p>	
<p>No lifting, pushing or pulling with the surgical arm.</p>	
<p>Avoid lifting your arm out to the side combined with rotating your shoulder out or back.</p> <p>This is a dislocation precaution.</p> <p>E.g. throwing overhand, lying on your back with your hands behind your head, reaching over the back of a chair or into the back seat of your vehicle.</p>	

REVERSE SHOULDER ARTHROPLASTY PRECAUTIONS

FOR 6 WEEKS

Precaution/Information	Picture
<p>Keep your hands in the box of safety for all activities of daily living.</p> <p>You can use your surgical arm for simple activities of daily living <u>in front of your body</u> such as brushing your teeth, eating or writing if pain-free.</p> <p>No active movement outside of this box with <u>except</u> when you are performing your home exercises.</p> <p>Lift no more than 1 pound or the weight of a cup of coffee in this box of safety.</p>	
<p>No external rotation past the limit set by your surgeon:</p> <ul style="list-style-type: none">• Zero (neutral)• 15 degrees• 30 degrees <p>This limit protects the subscapularis muscle that was repaired during your surgery and allows it to heal.</p>	 <p>Zero (neutral)</p>  <p>30 degrees</p>

FOR 6 WEEKS

Precaution/Information

Picture

Do not:

- **Actively pull your hand in toward your stomach.**



FOR 3 MONTHS

Do not:

- **Reach with your hand behind your back.**

No putting your hand in your back pocket.

No tucking in your shirt, washing or reaching behind your back for toileting hygiene.

Take care when pulling up your pants.



No weight-bearing through your surgical arm.

Do not push off your surgical arm to get out of bed, off a chair or the toilet.

If you use a walker, you may rest your surgical arm on the walker for balance only; do not lean on your arm.



FOR 3 MONTHS

Precaution/Information	Picture
<p>Do not pull against resistance rotating in toward your stomach.</p> <p>Do not close doors rotating your hand in toward your stomach.</p> <p>Especially sliding glass doors, vehicle doors or heavy doors.</p> <p>Be careful when you hug someone. Hug gently and do not “squeeze”.</p>	
<p>No lifting, pushing or pulling with the surgical arm.</p>	
<p>Avoid reaching behind you:</p> <ul style="list-style-type: none"> • Extension = reaching back behind you (past your hip). • Adduction + Internal rotation = reaching your hand behind your hip or lower back. <p>This is a dislocation precaution.</p>	 <p style="text-align: center;">Extension Adduction + Internal Rotation</p>