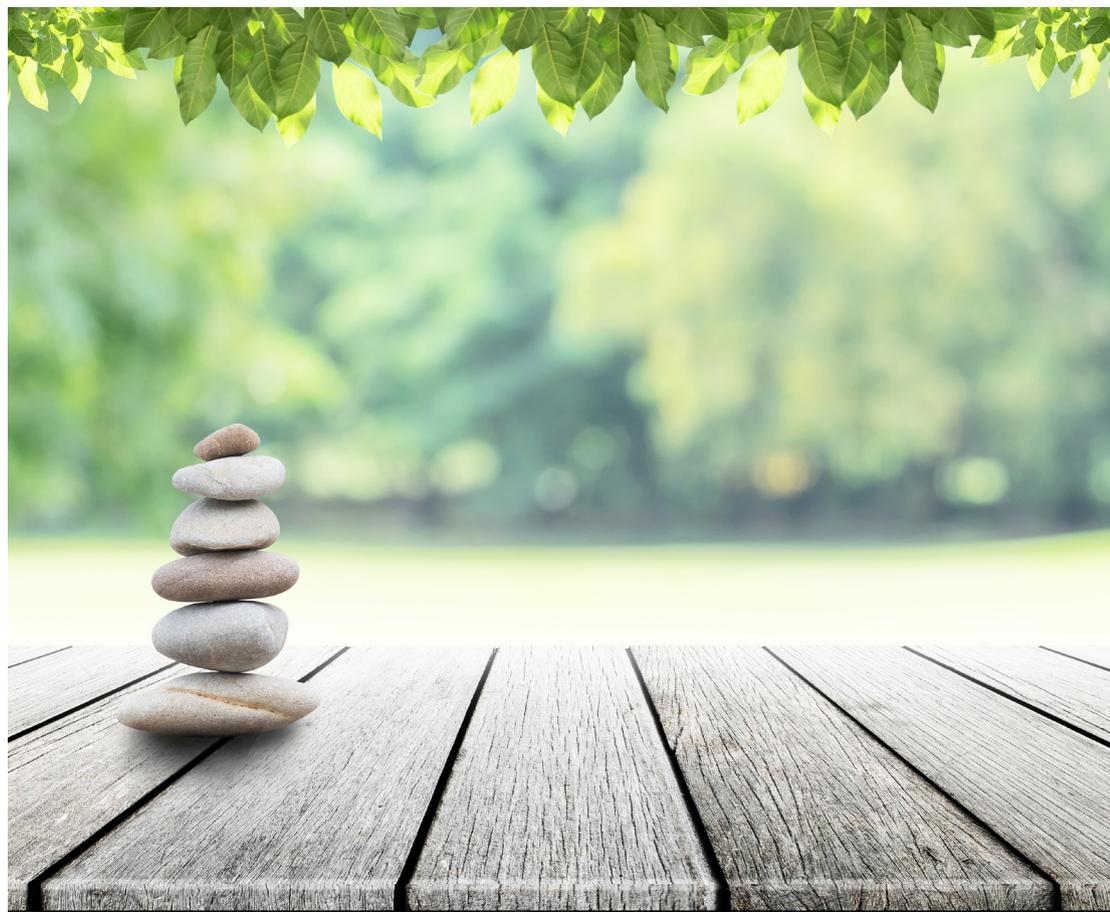
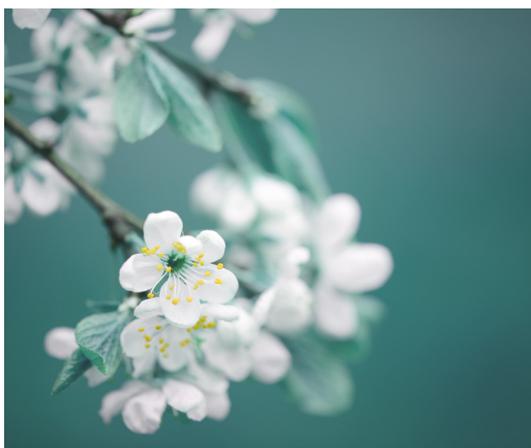


Shoulder Replacement Surgery



Your name

Surgery date

Your follow-up appointment with your surgeon is:

Date

Time

Surgeon

Phone number

Whom to Call With Questions

If you have questions about your surgery, please call your hospital's phone number listed below.

- Abbott Northwestern Hospital:
612-775-4609
- Buffalo Hospital: 763-684-7753 or call
your surgeon's office for more information
- Cambridge Medical Center: 763-689-8700
- District One Hospital: 507-497-3840
- Mercy Hospital: 763-236-8860
- Mercy Hospital — Unity Campus:
763-236-8860
- New Ulm Medical Center: 507-217-5440
- Owatonna Hospital: 507-977-2277
- Regina Hospital: 651-404-1342
- River Falls Hospital: 715-307-6451
- St. Francis Regional Medical Center:
952-428-2565
- United Hospital: 651-241-5390

Bring this book to:

- appointments with your surgeon
- the hospital on the day of surgery
- therapy sessions
- physical therapy appointments.

Important

Be sure to look in the back-pocket folder of this book for more important information!

Shoulder Replacement Surgery

Third edition

Developed by Allina Health.

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.





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Chapter 1: Welcome

Introduction

Did You Know?

Your **care circle** is your family, friends and others close to you. This term will be used throughout this book.

How do you make your surgery a positive and meaningful experience? Many patients and their **care circles** find it helpful to learn as much as they can before surgery.

This book was created to help you prepare for surgery and guide you through your recovery. The information is not meant to replace advice you receive from your health care team.

Try to read the entire book before your surgery. Read it at your own pace and write your questions in the margins.

Bring this book with you when you come to the hospital for your surgery. Your health care team will work with you and your care circle to create a recovery plan that is right for you. They will be available to answer any questions you have.

Your health care team looks forward to caring for you!

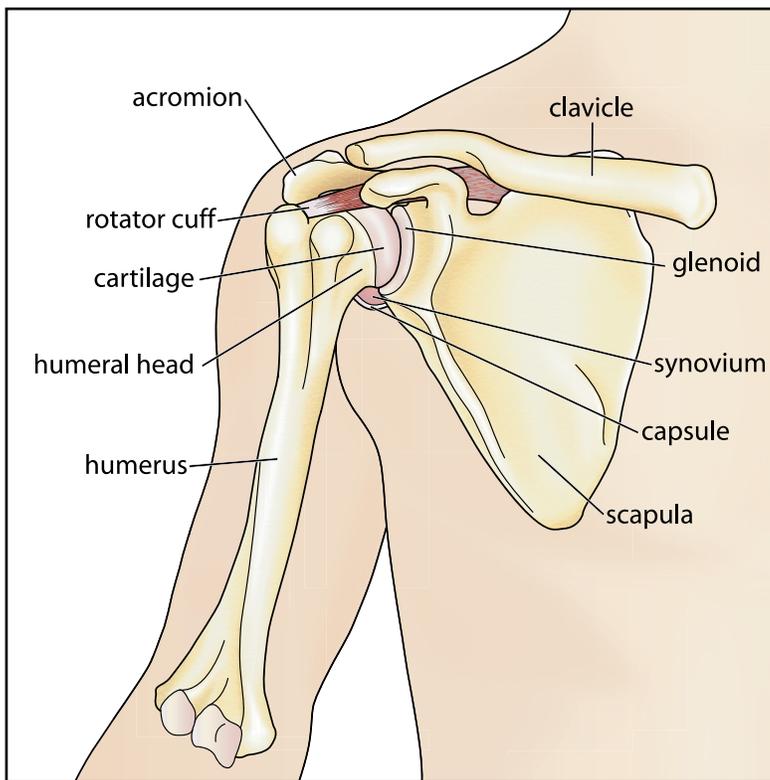
Your Health Care Team

As you prepare for your shoulder surgery, hospital stay and recovery, your health care team will work with your surgeon to help you along your care.

Members of your health care team may include doctors, doctor (physician) assistants, nurses, nursing assistants, social workers, case managers, and physical and occupational therapists.

You may also be visited by a home health aide, dietitian, respiratory therapist or chaplain.

The Healthy Shoulder



© Allina Health System

Your shoulder is a ball and socket joint with cartilage.

Your shoulder is one of the most mobile joints in your body. This flexibility allows you to move your arm in many positions: to the front, above, to the side and behind your body.

Your shoulder has a lot of flexibility because it is a ball and socket joint. It is made up of three bones:

- upper arm bone (humerus)
- shoulder blade (scapula)
- collar bone (clavicle).

The ball at the top end of the arm bone fits into the small socket (glenoid) of the shoulder blade. This forms the shoulder joint (glenohumeral joint).

The ball and socket are covered with a smooth surface called articular cartilage. This surface allows the smooth motion of the shoulder joint.

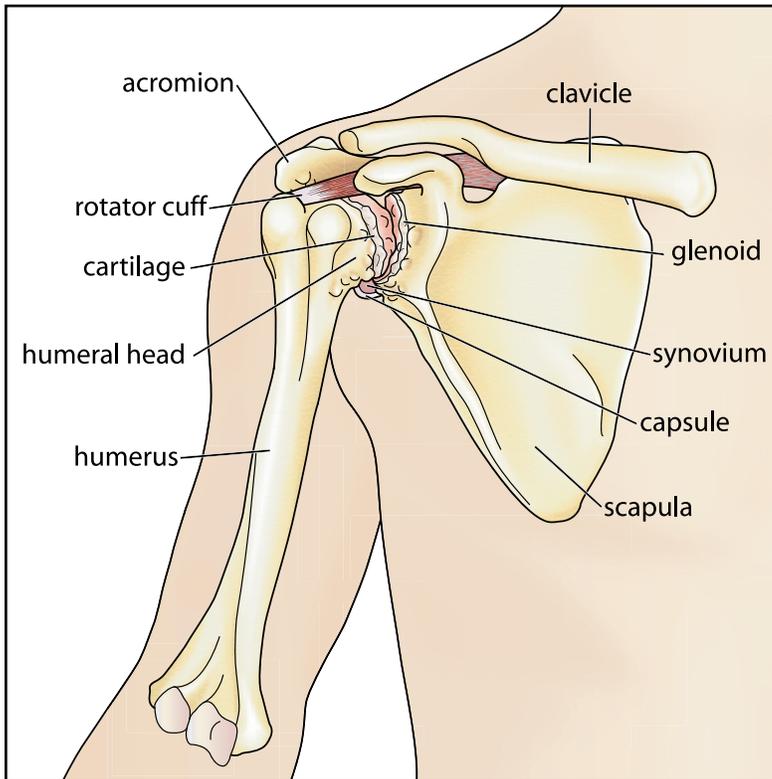
The shoulder joint is also made up of ligaments, muscles and tendons.

- The **joint capsule** is a group of ligaments. It surrounds the shoulder joint. The joint capsule allows a wide range of motion and helps hold the ball in the socket.
- The **rotator cuff** is a group of four muscles and tendons that attach the ball to the socket. The muscles of the rotator cuff surround the shoulder joint and sit just outside of the joint capsule.

The muscles attached to the rotator cuff help you to lift and rotate your arm, reach overhead, and take part in activities such as throwing or swimming.

- The **bursa** is a sac-like membrane found on top of the rotator cuff. It cushions and helps lubricate the motion between the rotator cuff and surrounding bones.

The Shoulder With Arthritis



© Allina Health System

Arthritis affects the cartilage in the ball and socket.

Arthritis is a common cause of shoulder joint pain and loss.

“Arthritis” is a name used to describe a number of diseases that affects joints. Arthritic joints suffer from stiffness, pain and swelling.

In an arthritic joint, the cartilage is worn away from the ball and socket. This causes the bones to rub together, which causes pain and loss of motion.

Shoulder arthritis develops slowly. You may feel pain, stiffness and loss of motion over many years.

You can help control symptoms by:

- changing your activity
- taking medicines or having cortisone shots to decrease inflammation (swelling)
- going to physical and occupational therapy.

When treatments no longer help, you may want to think about a shoulder replacement.

A shoulder replacement is an option to relieve the pain from arthritis and restore your range of motion. There are three different types surgery:

- **total shoulder replacement:**
This surgery replaces both the ball and the socket.
- **partial shoulder replacement (hemiarthroplasty):**
This surgery replaces only the ball of the joint.
- **reverse shoulder replacement:**
This surgery replaces both the ball and the socket in a way that allows the shoulder to move even without a healthy rotator cuff.

Total Shoulder Replacement



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An X-ray shows the artificial joint.

Total shoulder replacement replaces the ball and socket with an artificial joint (prosthesis).

The prosthesis has two parts:

- artificial ball (also called a humeral component)
- artificial socket (also called a glenoid component).

The prosthesis comes in many sizes. This allows your surgeon to use the right size for your body. With a standard total shoulder replacement, the rotator cuff is left intact. This is important because a healthy rotator cuff helps this type of prosthesis work well.

The artificial ball is made of a metal which is usually cobalt-chromium based. It is important to tell your health care team if you have a nickel allergy.

The ball is attached to a stem that fits into the upper arm bone. The stem attached to the artificial ball is coated with a special surface that bonds to the surrounding bone. This bond removes the need to use bone cement. It is possible for bone cement to be used if you have rheumatoid arthritis or very poor bone quality.

The artificial socket is made of a thick, wear-resistant plastic (polyethylene). It is attached to a small stem that fits inside the bone of the socket. The artificial socket is held in place with bone cement. There are some newer designs that have special metal posts that bond to the surrounding bone without cement.

Your surgeon will make the best choice for your shoulder.

Partial Shoulder Replacement (Hemiarthroplasty)



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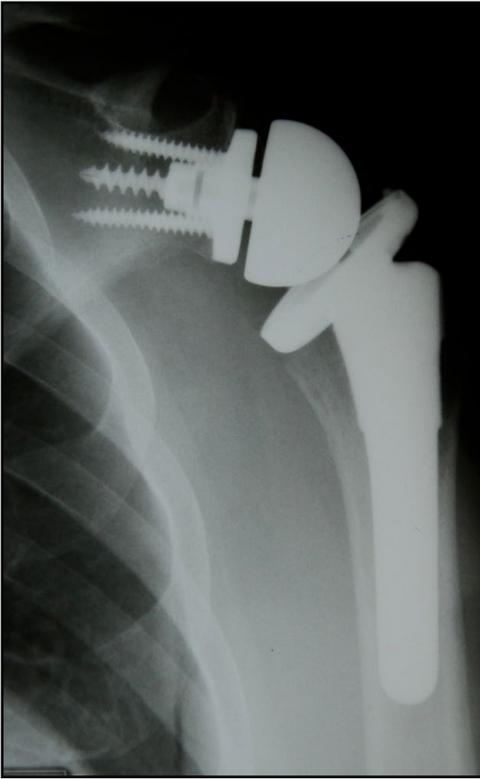
An X-ray shows the artificial joint.

Depending on the damage to your shoulder, your surgeon may choose to replace just the ball portion of your shoulder joint. This procedure is called a partial shoulder replacement (hemiarthroplasty).

A partial shoulder replacement may be done if:

- certain types of fractures affect only the ball
- severe bone loss affects the socket and prevents an artificial socket from being used.

Reverse Shoulder Replacement



© Allina Health System

An X-ray shows the artificial joint.

Reverse shoulder replacement is for people who have advanced shoulder arthritis and whose rotator cuff is either torn beyond repair or does not work for some other reason.

Most people who get this type of replacement are age 65 years or older, have a lot of pain, and little or no range of motion. This type of shoulder replacement is not right for young or physically active people.

If the rotator cuff tendons have been torn for a long period of time, the ball can move up in the socket. This will change how the shoulder works and also cause arthritis, pain and loss of motion. This special type of shoulder arthritis is known as “rotator cuff tear arthropathy.”

Reverse shoulder replacement has a socket where the ball is normally located and a ball where the socket is normally located. This design will make the shoulder become more stable and provides support even without a rotator cuff.

Chapter 2: Preparing for Surgery

Preparing for Your Needs After Surgery

Preparing for your needs after surgery before you have your surgery will help your recovery go much better.

After shoulder replacement surgery, you will be able to go home the same day or as soon as you meet your discharge goals. If your health care team feels you cannot return home right away after surgery, they will work with you to determine your needs.

Dental work

To help prevent an infection from shoulder surgery, you may need to take antibiotics before dental work. Talk with your dentist and surgeon so they can work together to decide which type of treatment is right for you.

Breathing (Respiratory) Exercises

Performing respiratory exercises will help you prevent respiratory system complications. Deep breathing, coughing, and incentive spirometer exercises may speed your recovery and lower your risk of lung problems such as pneumonia. Learn the following exercises and practice them every day before your surgery.

Deep breathing

To deep breathe correctly, you must use your abdominal (stomach) muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale.
- Rest and then repeat these steps with 10 repetitions.

Coughing

To help you cough:

- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.

- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise two more times.

Preparing Your Home for Your Needs After Surgery

Use the following guidelines to help prepare your home for your recovery. It is important to have someone stay with you for at least the first 1 to 2 days at home. You should also find someone to help you with chores and other tasks for 1 to 2 weeks after surgery. Check each item box as you complete that item.

Outside your home

- Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It is best if all stairs have railings.
- Be aware of uneven ground around your home and in your yard.
- Be sure your driveway and walking paths are uncluttered.
- Find someone to do your yard work.

Inside your home

- Have clear pathways and remove clutter around your home.
- Pick up all throw rugs in your walking or standing path.
- Consider using double-face tape to secure carpet edges.
- Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It is best if all stairs have railings.
- If you have low furniture, you can increase the chair height with an extra cushion or furniture risers.
- Make your phone accessible to your main sitting area and bed.
- Carry a cordless phone or cell phone when you are home alone in case of an emergency.
- Do not carry or hold anything in your hands while using a cane. Use pockets in an apron, fanny pack or backpack.
- Depending on your driveway and how well you are able to move, you may consider arranging to have your paper and mail delivered to your door rather than curbside.
- Find someone who can help with chores such grocery shopping and caring for your pet if needed.

- Ask someone to help you move heavy or hot items. You can also use a kitchen cart.
- Prepare and freeze a few meals before your surgery.

Bedroom

- Place a lamp close to the bed where it is easy to reach.
- Plug in a night light. Some night lights turn on by themselves after dark.

Bathroom

- Move items you use a lot to tabletop-height or middle shelves.
- You may need a raised toilet seat or toilet safety frame.
- Consider putting grab bars in the bathtub, shower or toilet. (Grab bars should be installed into wall studs to ensure they are secure.)
- Have access to a shower, tub transfer bench or both.
- Apply adhesive slip strips or a bath mat to the tub or shower floor.
- Consider a hand-held shower head.

What to Bring for Your Hospital Stay

Important

Please do not bring any of the following:

- valuables
- medicines (pills, inhalers)
- large amounts of money
- jewelry (wedding ring).

Allina Health will not be responsible for lost or stolen items.

Bring the following to the hospital.

- this education book
- a current list of your medicines (The “My Medicine List” is on page 71 for you to fill out.
- a copy of your health care directive (if you have one) driver’s license or photo ID
- your insurance information (insurance card, Medicare card, work compensation information or all three) personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit
- loose-fitting tops and bottoms (shorts with an elastic waistband, generous sweat pants). You will get dressed each morning in your own clothes.
- clothing you will wear home, including loose-fitting pants, shirt, underwear and socks, flat shoes or athletic shoes (comfortable, supportive with nonslip soles)
- glasses or contacts (if you wear them) and storage containers
- hearing aids (if you wear them), storage container and extra batteries

- CPAP machine (if you use one)
- reading materials (All rooms have a television and phone.)
- phone numbers of family and friends
- cell phone charger
- money to buy equipment to take home if needed. It's a good idea to ask a member of your care circle to bring this to you. Allina Health will not be responsible for lost or stolen items.

Preparing Your Mind and Body for Surgery

Studies have shown that if your mind and body are ready for surgery you may sleep better and have less anxiety and pain. Your hospital stay may also be shorter.

The Penny George™ Institute for Health and Healing

The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery. Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information, or ask your health care team which services are offered at your hospital.

Cleansing Your Skin for Surgery

Before surgery, you have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage® 2% Chlorhexidine Gluconate Cloths. **Do not to use these cloths if you have an allergy to chlorhexidine gluconate.**

Important: Do not follow the instructions on the Sage package when cleansing your skin. Follow the instructions below.

- The night before surgery, take a bath or shower.
- Wait 1 to 2 hours.
- Wipe your skin well with the Sage cloths that have a special antiseptic solution.
- Follow the cleansing steps on page 20.
- Discard any unused wipes.

The Night Before Surgery

Chlorhexidine wipes warning

Do not use chlorhexidine wipes or liquid if you:

- are sensitive to surgery skin preps
- know you have an allergy to chlorhexidine.

If your skin is irritated from using the chlorhexidine wipes or liquid, remove it gently with a wet washcloth. Tell your pre-surgery nurse you had a reaction so he or she can make a note of your allergy history and tell others on your health care team.

Call 911 if you have any of these symptoms:

- wheezing or difficulty breathing
- swelling of the face
- hives
- severe rash
- shock.

The night before surgery follow these steps:

- Take a bath or shower.
- At least 1 to 2 hours after your bath or shower gather your supplies: package of Sage 2% Chlorhexidine Gluconate Cloths, scissors, and clean clothes or sleepwear.
- Open package. Use scissors to cut open the package. Cut straight across the top of the package.
- Reach into the open package. Take out cloths, 1 at a time with the foam holder and put them on a clean surface.
- **After you start using the cloths, do not touch your eyes, ears or mouth.**
- Follow the skin cleansing steps on the next page.
 - Gently cleanse your skin using a back-and-forth motion.
 - Be sure to completely cover each area. You may need help wiping some areas of your body.

After you gently cleanse each area, let your skin air dry for 1 to 3 minutes. It is normal for your skin to feel tacky or sticky for several minutes after you apply the solution.

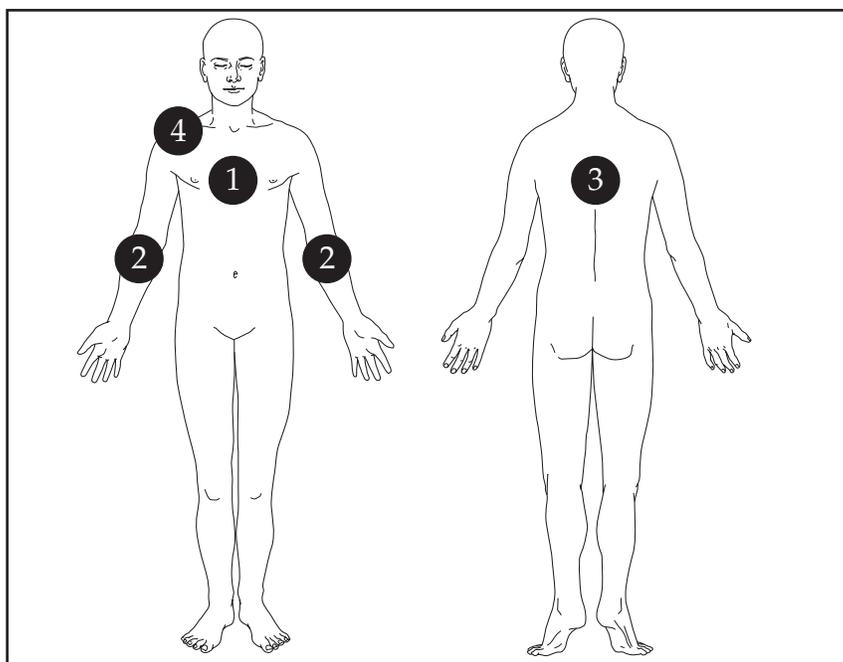
- **Do not rinse or rub off the solution.**
- **Do not apply deodorant, perfume, lotions, moisturizers, gels, powders or make-up after cleansing your skin.**
- Throw away the used cloths. Do not flush them down the toilet.
- Wash your hands with warm water and soap.

Skin cleansing steps

1. Using the first cloth, **wipe your neck and chest.**
2. Using the second cloth, **wipe both arms.** Start at your shoulder and end at the fingertips. Be sure to wipe well under each arm and in the armpit areas.

Important: Wipe the armpit areas last. Do not wipe the front of your shoulders after wiping the armpit.

3. Using the third cloth, **wipe your back.** Start at the base of your neck and end at the buttocks.
4. Using the fourth cloth, **rewipe the surgery area.**
5. Put on clean clothes or sleepwear.
6. Put clean sheets on your bed. Make sure pets stay off your bed to keep it clean.



© Allina Health System

The numbered areas in the illustration show where to cleanse your body using each of the cleansing cloths. The numbers in the text above give you more details on how to cleanse your body.

Food and Liquid Directions Before Your Surgery

Contact your surgeon's office to find out when you need to stop eating or drinking before surgery. Not following the directions from your surgeon's office could mean your surgery will be delayed or canceled.

Alcohol and tobacco: 24 hours

- Do not drink any alcohol 24 hours before your scheduled arrival time.
- Do not smoke, vape, use chewing tobacco or use any other tobacco products up to 24 hours before your scheduled arrival time.

Solid foods: 8 hours

- Eat up to 8 hours before your scheduled arrival time.
 - Eat light meals such as oatmeal or toast.
 - Do not eat foods that are heavy or high in fat such as meat or fried foods.

Clear liquids: 2 hours

- Drink only clear liquids up to 2 hours before your scheduled arrival time.
 - Drink water, fruit juice without pulp, black coffee, clear pop or tea.
 - Do not have milk, yogurt or energy drinks.

Medicines

- Take your medicines as directed with a small sip of water.

The Morning of Surgery

Important:

Do not take a bath or shower the morning of your surgery.

- If you were given instructions by your health care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- Put on clean, comfortable clothes to wear to the hospital.
- Arrive at the hospital at least 2 hours before your surgery. Allow extra time for walking, bad weather and traffic.

Chapter 3: Surgery, Hospital Stay and Beyond

What to Consider About Visitors

Your health care team will balance this activity with rest periods. Support from your care circle is also essential to your recovery and should be balanced with your rest needs.

What to Expect the Day of Surgery

Important

Tell your health care team which medicines you took the morning of surgery and what time you took them.

When you arrive at the hospital

- Go to the surgery registration area.
- After you check in, you will be directed to the pre-surgery care area.

Pre-surgery care area

- Go to the waiting room.
- You will be brought back to a pre-surgery care suite.
- A nurse will meet with you to complete your care plan.
- After you are settled, the person with you on the day of surgery will be invited back to join you.
- Your nurse will review what you can expect before and after your surgery.
- Your anesthesiologist (doctor) will also meet with you. Your anesthesiologist and surgeon will work with you to choose the right type of anesthesia for your surgery.
- Your surgeon will also visit with you, mark your surgery site, and answer any questions you may have.
- You will be asked to sign a consent form.

Information for your care circle

- While you are in surgery and recovery, your care circle can wait in the surgery waiting room.
- Your surgery time will vary depending on the condition of your shoulder. Your surgeon will talk with your care circle when your surgery is over.

Anesthesia: What You Need to Know

Anesthesia is a combination of medicines that block the feelings of pain sensation and minimize awareness during surgery.

You will receive other pain medicine to give you pain relief during and after surgery. You may have a nerve block to help with pain relief.

Before surgery you will meet your anesthesia care team, an anesthesiologist or a certified registered nurse anesthetist (CRNA). They will review your medical history and talk with you about your anesthesia options. Your anesthesia care team will come up with a plan to best take care of you.

Important

On the day of your surgery, your anesthesia care team will determine the best type of anesthesia for you.

Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken to the recovery room or Post Anesthesia Care Unit (PACU).
- Most people stay about 1 to 1 1/2 hours here. Your time in the PACU will depend on your surgery and how fast you recover from the anesthesia.
- Your nurse will monitor your vital signs and help you if you have any side effects from the anesthesia.
- You may have some discomfort and pain when you wake up. Everyone reacts to pain differently. Your nurse will work with you to make you as comfortable as possible.
- You may have your arm in a sling or immobilizer if your surgeon recommends.
- An X-ray may be taken of your new shoulder in the PACU.

Orthopedic unit

- Your surgery may be scheduled as outpatient or inpatient. If you are scheduled for outpatient surgery, you may discharge the same day as your surgery or as soon as you meet your discharge goals.
- When you are fully awake and your medical status is stable, you will be taken to your room in the orthopedic unit where nurses specialized in orthopedic procedures will care for you.
- When you are in your room, it is important to begin:
 - doing ankle pump exercises. This will help to prevent blood clots from forming in your legs.
 - using your incentive spirometer and doing the deep breathing exercises. See page 41 for instructions on how to use your incentive spirometer.

Pain After Surgery

You will have pain after surgery. Together, you and your health care team will create a pain plan that is right for you.

You and your health care team will also establish a “pain goal” – the amount of acceptable pain you can handle. Your health care team will help you balance your pain so you are able to do your physical therapy and activities of daily living.

Pain scale

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Your Pain Goal

(number)

I want to be able to:

Allina Health Pain Assessment Scale

10	Worst Pain You Can Imagine
7-9	<p style="text-align: center;">Severe Pain</p> <p style="text-align: center;">Pain keeps you from doing your regular activities.</p> <ul style="list-style-type: none"> ⑨ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑧ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
4-6	<p style="text-align: center;">Moderate Pain</p> <p style="text-align: center;">Pain may interfere with your regular activities.</p> <ul style="list-style-type: none"> ⑥ Pain makes it hard to concentrate. ⑤ You can't ignore the pain but you can still work through some activities. ④ You can ignore the pain at times.
1-3	<p style="text-align: center;">Mild Pain</p> <p style="text-align: center;">Pain doesn't interfere with your regular activities.</p> <ul style="list-style-type: none"> ③ You may notice the pain but you can tolerate it. ② You may feel some twinges of pain. ① You may barely notice the pain.
0	No Pain

Adapted with permission by Dr. Armaan Singh, 2015.

Your role in creating a pain plan

After surgery, it is common to have pain. A member of your health care team will monitor your pain level often and help you review treatment options.

All of the following information will help your health care team prescribe the right medicine and therapy for your pain, and prevent problems (complications). Tell a member of your health care team:

- if you have allergies or reactions to pain medicine(s)
- what methods of pain control have worked or have not worked well in the past
- where you feel pain and how much pain you have (Use words to describe how the pain feels.)
- what makes your pain better or worse
- if your pain starts to get worse or you have new pain
- what vitamins, herbal and natural products you are taking
- if you drink more than two alcoholic drinks each day.

Treatments for pain

If you have short-term or sudden pain from surgery, injury or illness, opioid pain medicine may help you to have less pain. Opioid pain medicine is one strategy out of many that you may use to have less pain and a speedier recovery.

The goal of opioid pain medicine is to reduce pain when it is most intense during your recovery. It is important to switch to non-opioid pain medicines as soon as you are able.

How to relieve pain or discomfort without medicine

Medicines are a great way to relieve pain. However, sometimes they don't last long enough or cause too many side effects.

Your nurse can give you many ways to relieve pain or discomfort that don't involve medicine. Ask your nurse for more information about any of the following treatments.

Important

Follow your surgeon's instructions on when it is OK to take a shower.

- **Aromatherapy**
Aromatherapy uses essential oils to encourage your body's natural ability to relax and heal. Studies have shown that using aromatherapy helps reduce pain, anxiety, upset stomach (nausea) and being unable to sleep (insomnia).
- **Activity**
Spending too much time lying down or sitting in one position can cause pain, muscle cramps or fatigue. Going for a walk can help reduce discomfort and upset stomach. By being active, you shorten your recovery time and you lower your risk for pneumonia, blood clots and constipation.
- **Back rub or massage**
Massage helps to reduce pain, anxiety, muscle tension and stress.
- **Effleurage (gentle massage)**
Effleurage is a type of gentle massage that involves little to no pressure. It uses gentle strokes on your skin to relax your muscles and helps get your blood flowing. It is good if you don't like or don't want a regular massage.
- **Shower**
Standing under a hot shower can reduce pain, ease sore muscles and help you relax.
- **Breathing and relaxation**
Your nurse can show you some easy breathing exercises that can reduce pain. This helps lower your heart rate and blood pressure and increase blood flow to your muscles. Relaxation techniques are shown to increase mood and reduce feelings of stress.
- **Changes to your environment**
Simple things like dimming the lights, lowering the curtains, turning off the TV, closing the door or adjusting the temperature in your room can help you rest and relax. These changes can also help if you have headaches or migraines.

- **Ice or cold pack**

Cold reduces discomfort and swelling (inflammation) by numbing nerve endings. It is great to help ease pain after surgery. It can also be used for back pain, arthritis and headaches. Use ice or a cold pack for 15 to 20 minutes at one time.

Talk with your nurse about how often you can use ice to help prevent skin damage.

- **Change positions in bed**

You may not be able to get out of bed. Changing the position of your body in the bed often, every 2 hours, can reduce pain and discomfort. Make sure your hips, back and head are in proper alignment can be a great way to prevent muscle strains, joint or back pain.

A member of your health care team will help you change positions.

- **Prevent and reduce swelling**

The first few weeks after surgery you should sleep with your upper body elevated. It may be more comfortable to sleep in a recliner or with extra pillows under your upper body.

- **Rest**

Activity and moving is important for your recovery. However, you may do more activity than your body can tolerate. Allowing your body to rest is also important when recovering from a surgery.

Pace your activities and movement with rest. As you recover, slowly do more activities.

Medicines That May Be Used During Your Recovery

Along with pain medicine, some of the following medicines may be used while you are in the hospital. Your health care team will give you instructions for any medicines you need to take after you leave the hospital. **Always follow any instructions given to you from your health care team to help prevent complications. Do not take any new medicines without first talking to your surgeon.**

Type of Medicine and Examples	Purpose	Possible Side Effects	Preventing Side Effects
Antibiotics <input type="checkbox"/> cefazolin (Ancef [®] , Kefzol [®]) <input type="checkbox"/> vancomycin (Vancocin [®])	Help to prevent infection at the surgery site	<ul style="list-style-type: none"> ■ diarrhea ■ itching 	<ul style="list-style-type: none"> ■ Take for only a short time after surgery. Follow any instructions given to you.
Anti-nausea <input type="checkbox"/> ondansetron (Zofran [®]) <input type="checkbox"/> prochlorperazine (Compazine [®])	Help to decrease nausea	<ul style="list-style-type: none"> ■ dry mouth ■ blurred vision ■ constipation ■ dizziness ■ lightheadedness ■ headache 	<ul style="list-style-type: none"> ■ Do not take on an empty stomach.
Blood thinning medicines (anti-coagulation) <input type="checkbox"/> aspirin <input type="checkbox"/> enoxaparin (Lovenox [®]) <input type="checkbox"/> rivaroxaban (Xarelto [®])	Help to prevent blood clots	<ul style="list-style-type: none"> ■ bruising ■ nausea ■ heart burn ■ skin rash 	<ul style="list-style-type: none"> ■ Take for only a short time after surgery. Follow any instructions given to you. ■ Do not do activities that may lead to injury.

What to Expect During Your Hospital Stay

Important

Make sure you know the answers to the following questions before discharge.

- How do I care for my incision?
- What follow-up appointments do I need?
- Do I have activity restrictions?
- Do I understand my new medicines?
- Do I have my discharge medicines or know where to pick them up?

Ask your driver to be at the hospital the day of discharge at the time your nurse shared with you.

- Your health care team will help you start moving soon after your surgery. This may include:
 - standing next to your bed
 - walking in your room
 - sitting in the recliner chair
 - walking around the post-surgery unit
- You can expect to be dressed in your loose-fitting clothing.
- A therapist will assess your progress and help you walk. An occupational therapist may meet with you to help you practice getting dressed, take a bath and use the toilet.
- It is strongly suggested that your coach participates in therapy sessions. Ask your health care team about the current visitor guidelines and when it is best for you to have visitors.
- The amount of time you will be in the hospital will depend on how quickly you recover. You will leave the hospital (discharge) when you meet your therapy goals and you are medically stable. This includes:
 - your pain is managed with pain medicine (by mouth)
 - being able to pass urine without problems (or having a plan for this)
 - being able to eat your regular foods
 - being able to do or have a plan for activities of daily living such as getting dressed and bathing
 - moving safely with an assistive walking device, if recommended by therapy
 - understanding how to do your exercises
 - being able to go up and down stairs, if needed.
- Plan to have someone stay with you for at least the first 1 to 2 days at home after surgery.
- Before surgery, check with your insurance provider about coverage for short-term rehabilitation and home care. If your insurance does not cover these services, make an alternate plan.

Each person's recovery is different. Your health care team will help guide you through your recovery and help determine a safe discharge plan.

How to Use an Incentive Spirometer



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An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply.

Incentive spirometer

After surgery, it may be difficult to breathe as you normally do. You may notice your breathing changes to small, shallow breaths. This can cause fluid and mucus to build up in your lungs, increasing your risk for respiratory system complications.

An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply. Taking deep breaths allows air to inflate your lungs, opening your airways to prevent fluid and mucus buildup.

Using an incentive spirometer may speed your recovery and lower your risk of lung problems such as pneumonia.

How to use the incentive spirometer

1. Sit upright in a chair with your feet flat on the floor. (If you are not able to sit up in a chair, sit as upright as possible.)
2. Place the spirometer on your bedside table or hold it in an upright position.
3. Place the mouthpiece in your mouth. Seal your lips tightly around the mouthpiece.
4. Inhale as slowly and deeply as possible through the mouthpiece. Your health care provider will work with you to set a breathing goal, which will be marked with small arrows on the incentive spirometer. As you inhale, the small square should stay between the arrows.
5. Hold your breath for 3 to 5 seconds. Then exhale slowly through pursed lips. (Pursed lips are in the shape of blowing out a candle.)
6. Repeat 10 times, resting between each time.
7. It is important to cough to clear any secretions from your airway. Coughing will make breathing easier. It will also strengthen your muscles after each use.

How often you need to use the incentive spirometer

- **At the hospital:** You will need to use the incentive spirometer 10 times every hour you are awake after surgery.
- **At home:** You will need to use the incentive spirometer 10 times every 2 hours for your first 7 days at home.

Preventing Problems (Complications)

Tip

Ask a member of your health care team if you have any questions about the activities to help prevent problems.

Your health care team will do many things to reduce your chance of developing a complication after surgery.

- Your blood pressure, temperature and pulse will be taken often after surgery.
- Your surgical arm will be checked often for movement, feeling, circulation and pulse.
- You will do thigh squeezes, buttock squeezes and ankle pumps to improve circulation and strength.
- To prevent blood clots, you will be shown how to do exercises on your surgical hand, wrist and elbow.
- You will receive medicine to prevent blood clots.
- You will do deep breathing, coughing exercises and use an incentive spirometer to help protect your respiratory system.
- Your dressing and incision will be checked regularly. If you have sutures or staples, they are usually removed at your first follow-up visit with your surgeon.
- You may have a small tube that is connected to a wound drain or collection container. It will draw out excess blood and fluid from the area around your incision. This small tube will be removed the day after surgery.
- You will have an intravenous (IV) line that will be removed before you leave the hospital (discharge). It is important to drink 6 to 8 glasses of liquid each day.
- Your inactivity and pain medicine combined can cause constipation. To help prevent this:
 - Drink plenty of liquids.
 - Eat foods with plenty of fiber including whole-grain bread, bran cereals, fresh fruit and vegetables.
 - Increase your activity as you are able.

Talk to a member of your health care team about a bowel program if you are uncomfortable and the actions above are not working. You may receive a stool softener medicine to help prevent constipation.

Ask a member of your health care team if you have questions about these care activities.

Tips to Prevent Falls While You are in the Hospital

Remember: Certain medicines, general weakness, and new surroundings during your hospital stay can increase your risk of falling.

Tips to prevent falls

1. For your safety, a member of the nursing staff will stay within arm's reach with you in the bathroom and when you are walking.
2. Wear nonslip footwear (red slippers) when you are up.
3. Other things that may be used to keep you safe in the hospital include a bed alarm, chair pad alarm, floor mat or observation camera.
4. Use the call light when you need help.
5. Ask the nursing staff for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
6. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.
7. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
8. Wear your eyeglasses, hearing aid(s) or both when you are awake.
9. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
10. Ask a member of your health care team to place the call light, phone and personal items within your reach before he or she leaves the room.
11. Tell a member of the nursing staff if you have any concerns about your safety.

Chapter 4: Care After Surgery

What To Expect After Surgery

Important

It can take a while to heal after surgery. Recovery is different for each person.

After your surgery, there are things you need to know for your safety, recovery and comfort. You will receive instructions on your nutrition, medicines, exercise program, activity level, discharge equipment, follow-up appointment, and signs and symptoms to watch for.

Within this chapter is what to expect during your recovery, what your incision should look like, a list of commonly asked questions, a list of questions to ask at your follow-up appointment, and information about pain relief, pain medicines, anti-inflammatory medicines, constipation and nutrition.

Ask your health care team if you have any questions. They want your recovery to be as smooth as possible.

Before You Leave The Hospital

Important

Swelling after surgery is common. Reducing the amount of swelling may also reduce the amount of pain you have.

Talk with your surgeon about any precautions you may have after surgery.

Make sure you have a follow-up appointment scheduled with your surgeon 10 to 14 days after your surgery.



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This is the proper position for your immobilizer (shown) or sling.

The day of surgery

You may wear an immobilizer or sling on your shoulder to keep it from moving. You will need to wear your immobilizer or sling all the time except when:

- doing your exercises
- showering or taking a bath
- getting dressed
- eating
- doing tabletop activities such as writing or typing.

During your hospital stay

It is important to increase your activity after surgery. Your health care team will teach you how to safely:

- turn and change positions in bed
- sit in a chair for meals and walk often. If you stay in the hospital overnight ask your health care team to help you get dressed, use the toilet, take a shower or bath, and eat.
- You will also learn exercises you can do at home from a therapist.

Leaving the hospital

The number of days you will be in the hospital will depend on how quickly you recover. You will leave the hospital (discharge) when you meet your goals and you are medically stable.

You may leave the hospital if:

- you are eating and drinking without problems
- your incision is healing
- your pain is under control
- you are able to tolerate activities
- you can do the assigned exercises on your own.

Shoulder Replacement Surgery

In general, this Care Map is what you can expect during your hospital stay of 2 days. Your health care team will make changes unique to your recovery. You will be discharged by _____. You and your nurse will fill this out as you work on discharge planning together.

	Day of Surgery Date: _____	First Day After Surgery Date: _____
Plan for Leaving the Hospital (Discharge) 	<ul style="list-style-type: none"> <input type="checkbox"/> Most patients are able to go home the day after surgery. <input type="checkbox"/> After your stay, you will go: <ul style="list-style-type: none"> <input type="checkbox"/> home <input type="checkbox"/> home with home care services. <input type="checkbox"/> Meet with a social worker if you have needs after your hospital stay. <input type="checkbox"/> Confirm your discharge plan with your nurse. <input type="checkbox"/> Make plans for who will take you home from the hospital. 	<ul style="list-style-type: none"> <input type="checkbox"/> You may leave the hospital if: <ul style="list-style-type: none"> <input type="checkbox"/> you are eating and drinking without problems <input type="checkbox"/> you can urinate without problems <input type="checkbox"/> your pain is under control. <input type="checkbox"/> Call your surgeon if you have questions after you leave the hospital.
Comfort  Your pain goal:	<ul style="list-style-type: none"> <input type="checkbox"/> You may receive pain medicine by intravenous (IV) line in your hand or arm. <input type="checkbox"/> You may have pain medicine by mouth if you do not have nausea (upset stomach). <input type="checkbox"/> Ice packs will be used to help control pain. <input type="checkbox"/> Your nurse will ask you often about your pain. <input type="checkbox"/> You may have a nerve block or peripheral nerve catheter to provide numbing medicine. This will help decrease pain near the surgical site and area around it. The feeling of numbness is temporary. 	<ul style="list-style-type: none"> <input type="checkbox"/> You may have pain medicine by mouth if you do not have nausea. <input type="checkbox"/> Ice packs will be used to help control pain. <input type="checkbox"/> Your nurse will ask you often about your pain. <input type="checkbox"/> You will receive education if you are going home with a peripheral nerve catheter or have a nerve block.
Tests, Labs and Procedures	<ul style="list-style-type: none"> <input type="checkbox"/> You may have a wound drain. It will be removed the day after surgery before you leave the hospital. 	<ul style="list-style-type: none"> <input type="checkbox"/> If you have a drain, it will be removed. <input type="checkbox"/> You will have blood tests.

	Day of Surgery Date: _____	First Day After Surgery Date: _____
 <p>Activity</p>	<input type="checkbox"/> Your nurse will help you turn and change positions in bed. <input type="checkbox"/> If your surgeon orders, you will wear a sling or immobilizer to support your shoulder. <input type="checkbox"/> You will be helped to sit in a chair and to walk. <input type="checkbox"/> You may wear leg compression devices to prevent blood clots.	<input type="checkbox"/> If your surgeon orders, you will wear a sling or immobilizer to keep your shoulder from moving. <input type="checkbox"/> You remove the sling to do exercises and shower as directed. <input type="checkbox"/> You will sit in a chair and go for walks. <input type="checkbox"/> You may meet with an occupational therapist and a physical therapist if you have needs. <input type="checkbox"/> You may wear leg compression devices to prevent blood clots.
 <p>Food and Drink</p>	<input type="checkbox"/> You may have a regular diet if your stomach is not upset. <input type="checkbox"/> Your nurse will show you how to order your meals using the At Your Request menu.	<input type="checkbox"/> You may have a regular diet. <input type="checkbox"/> Order your meals through the At Your Request menu.
 <p>Breathing</p>	<input type="checkbox"/> Take deep breaths and cough often. <input type="checkbox"/> Use the incentive spirometer as directed. <input type="checkbox"/> An oxygen sensor will check the oxygen level in your blood. <input type="checkbox"/> You may receive oxygen. <input type="checkbox"/> If your oxygen levels are OK, your nurse will remove the oxygen from your nose.	<input type="checkbox"/> Take deep breaths and cough often. <input type="checkbox"/> Use the incentive spirometer as directed. <input type="checkbox"/> An oxygen sensor will check the oxygen level in your blood.
 <p>Bladder and Bowel</p>	<input type="checkbox"/> Your nurse will check the amount you urinate. <input type="checkbox"/> You may take medicine to prevent constipation.	<input type="checkbox"/> Your nurse will check the amount you urinate. <input type="checkbox"/> You will take medicine to prevent constipation.

Commonly Asked Questions

Important

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any chest pain, trouble breathing or shortness of breath.

When should you call your surgeon?

Call your **surgeon** if you have:

- a temperature of 101.6 F or higher
- problems or signs of infection at your incision site such as:
 - pain
 - swelling
 - redness
 - odor
 - warmth
 - green or yellow discharge
- any change in your ability to move such as new weakness, or not being able to move your arm or leg
- any change in sensation such as new numbness or tingling
- any unusual bruising or bleeding
- severe pain not relieved by medicine, rest or ice
- any problems, questions or concerns related to your surgery.

When should you call your primary care provider?

Call your primary care provider if you:

- feel dizzy, lightheaded or confused
- have an upset stomach (nausea) or have throwing up (vomiting) that will not stop
- have constipation or bloody stools
- have problems urinating such as burning, urgency or frequency
- have any other problems, questions or concerns.

What are signs and symptoms of a blood clot?

Signs and symptoms may include:

- swelling in one or both arms or legs
- pain or tenderness in one or both arms or legs
- warmth of the skin in the affected leg or arm
- redness or discolored skin in the affected leg or arm.

Call your health care provider if you have any of the above signs or symptoms.

Important

A pulmonary embolism happens when a blood clot loosens and travels through the bloodstream into the lungs and enters a pulmonary artery.

What are signs and symptoms of a pulmonary embolism?

Signs and symptoms may include:

- shortness of breath
- sharp chest pain that may get worse with deep breathing or coughing
- confusion
- sweating
- signs of shock.

Call 911 right away if you have any of the above signs or symptoms.

How do you take care of your incision and change the dressing?

- Follow your discharge instructions given to you by your surgeon. Ask him or her if you have questions.
- You should look at the area around your incision every day and keep it clean while it heals.
- Do not put any lotions, creams, salves, powders or ointment on your incision site.

How soon can you take a bath or shower?

- You may go home with a waterproof dressing covering your incision. You can shower with this dressing on if the edges are not peeling back.
- If you do not have a waterproof dressing and you still have sutures, staples or stitches, you can cover your incision with plastic to keep it dry while taking a shower.
- Ask your surgeon when your incision can get wet. You can take a shower as soon as you feel comfortable doing so. Use a tub or shower chair in the bathtub or shower for extra support and comfort.
- Do not take a tub bath until your surgeon says it is OK. (This includes swimming in pools or lakes and using hot tubs.)

Constipation Prevention Tips

- Laxatives and stool softeners can be purchased at most local grocery stores, drugstores and large retailers.
- Read the label carefully and follow package directions. Talk with your pharmacist if you have any questions.
- Stop taking a laxative or stool softener when your bowel movements are back to normal.

When can you return to your normal diet?

As soon as you are able, eat well-balanced meals and snacks to help you recover more quickly and to help you feel your best. What you eat after your surgery affects your well-being. You need to eat healthful foods and drink a lot of liquids. See pages 55 to 57 for more information about nutrition.

How do you manage constipation after surgery?

Constipation is common after surgery, especially while you are taking pain medicine and your daily activity level is decreased.

Signs of constipation include:

- fewer number of bowel movements
- small, hard stools that are difficult to pass
- feeling bloated and uncomfortable
- gas
- abdominal cramping.

How to prevent constipation

- Drink six to eight 8-ounce glasses of liquids each day. Liquids add moisture to stool, making them easier to pass. Water is your best choice. Caffeine or alcohol can make constipation worse.
- Eat more high-fiber foods such as whole-grain bread, bran cereals, fresh fruit and vegetables.
- Be as active as you can each day. Walking around your house or apartment will help. Follow your health care provider's instructions for exercise.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Try to set aside some time after breakfast or dinner to sit on the toilet.
- Take less pain medicine if possible. Follow your surgeon's instructions for taking pain medicine.

Use of constipation medicines

You may need to take a laxative to prevent constipation as long as you are taking prescription pain medicine.

Common products include:

- **stimulant laxatives.** These cause the colon to have a bowel movement. This is the best choice when your constipation is caused by a prescription pain medicine. Examples include senna (Senokot®) and bisacodyl (Dulcolax®, Correctol®). Follow package directions.

Important

Ask your surgeon when it is OK to resume having routine dental appointments or any dental work done.

Did You Know?

Germs (bacteria) that can cause infections in your teeth or gums can be released into your bloodstream during some dental procedures.

- **stool softeners.** These add moisture to the stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine. An example is docusate (Colace®). Follow package directions.

When to call your primary care provider

Call your primary care provider if:

- your constipation does not improve after you have
 - made changes to what you are eating
 - made exercise changes
 - tried laxatives or stool softeners
- you have not had a bowel movement in 3 days
- you have a severe, sudden onset of abdominal pain
- you have blood in your stool.

Do you need to take preventative antibiotics before dental work, surgeries or other procedures?

Tell health care providers and dentists of your shoulder replacement before having any surgery, podiatry procedures, dental work, X-rays, or other tests or procedures. To prevent infection, you may need to take antibiotics.

To help prevent an infection from shoulder surgery, you may need to take antibiotics before dental work. Talk with your dentist and surgeon so they can work together to decide which type of treatment is right for you.

When can you drive a car?

- Talk with your surgeon about when you can resume driving.
- You should wait to drive a car until after your first follow-up appointment with your surgeon.
- Do not drive while taking pain medicine because it can impair your judgment and ability to operate the car safely.

When can you return to work or your hobbies?

- Discuss returning to work or hobbies with your surgeon.
- Ask your occupational therapist or physical therapist how your activity restrictions will affect your hobbies.

More Information

Visit recoversex.com for more information about resuming sexual activity after surgery.

When can you resume sexual activity?

- You can resume sexual activity when you are ready.
- A firm mattress is recommended.
- Be the passive partner for the first 6 weeks after surgery.
- Use the missionary position or less dominant position.

Will you set off metal detectors in airports?

If your shoulder replacement has metal, it will set off the metal detectors in airports. It is recommended to tell the security officer that you have a metal implant and where it is located before you go through security screening. The security officer may offer you a private security screening.

Pain Medicine: What You Need to Know

Resources

Managing your pain continues when you leave the hospital.

For more information on managing your pain, visit allinahealth.org/surgery to watch a series of four short videos on pain.

The topics are:

- pain expectations
- how to use the pain scale
- how to treat pain in the hospital
- how to manage pain at home.

You can watch the videos as often as you would like.

What to remember when taking pain medicines

- Many pain medicines (like Tylenol®) have acetaminophen. Pharmacists advise that you take no more than 4,000 milligrams (4 grams) of acetaminophen in 24 hours. More than that could damage your liver. Acetaminophen is also found in cough and cold medicines.
- Do not drink alcohol while taking prescription pain medicine.
- Do not drive a motor vehicle while taking narcotics or pain medicines that make you sleepy.
- Eat a variety of healthful foods. Drink 6 to 8 eight-ounce glasses of water each day. Eat lots of fresh fruits, raw vegetables and other foods high in fiber. This will help prevent constipation. Talk with your health care provider or pharmacist about what you can do if you are constipated.
- Taking your pain medicine with a small amount of food may be helpful to control stomach upset.

How to cut back your use of pain medicine

- Take the medicine as instructed. Take the medicine at the same time the first few days you are home.
- Cut back on the pain medicine when you think the pain is under control. You can go for longer times between doses or only take one pill instead of two. Take the medicine at the time of the day when you most often feel pain. This may be:
 - when you wake up in the morning
 - before you start certain activities
 - when you are ready for bed.

When to call your health care provider or pharmacist

- Take less of the pain medicine and call your health care provider if you have unusual feelings after taking it. This includes feeling dizzy, itchy or nauseous.
- Make sure your health care provider knows what you are taking if you take several medicines. Some medicines can be harmful when taken with others.
- Call your surgeon's office several days before the weekend if you need a narcotic pain medicine refill close to the weekend. Most health care providers on call will not reorder narcotics for others' patients.

Important

Do not take an anti-inflammatory medicine unless instructed by your surgeon.

Anti-inflammatory medicines

You may have been started on anti-inflammatory medicines during your recovery in the hospital. Anti-inflammatory medicines help with healing by reducing swelling and pain.

Important: Do not take anti-inflammatory medicines unless instructed by your surgeon.

If you will be continuing an anti-inflammatory medicine after leaving the hospital, be aware that these medicines may cause stomach upset for some people. Take the medicine as directed on your prescription. Taking this medicine with food or milk may be helpful to control stomach upset. Call your health care provider if you have any questions or concerns.

Nutrition: What You Need to Know

Tip

According to the United States Department of Agriculture, you should:

- eat smaller portion sizes
- make half of your grains whole
- make half of your plate vegetables and fruits
- drink fat-free or low-fat milk
- eat lean proteins.

Be sure to drink six to eight 8-ounce glasses of liquids (especially water) each day.

Visit choosemyplate.gov for more information.

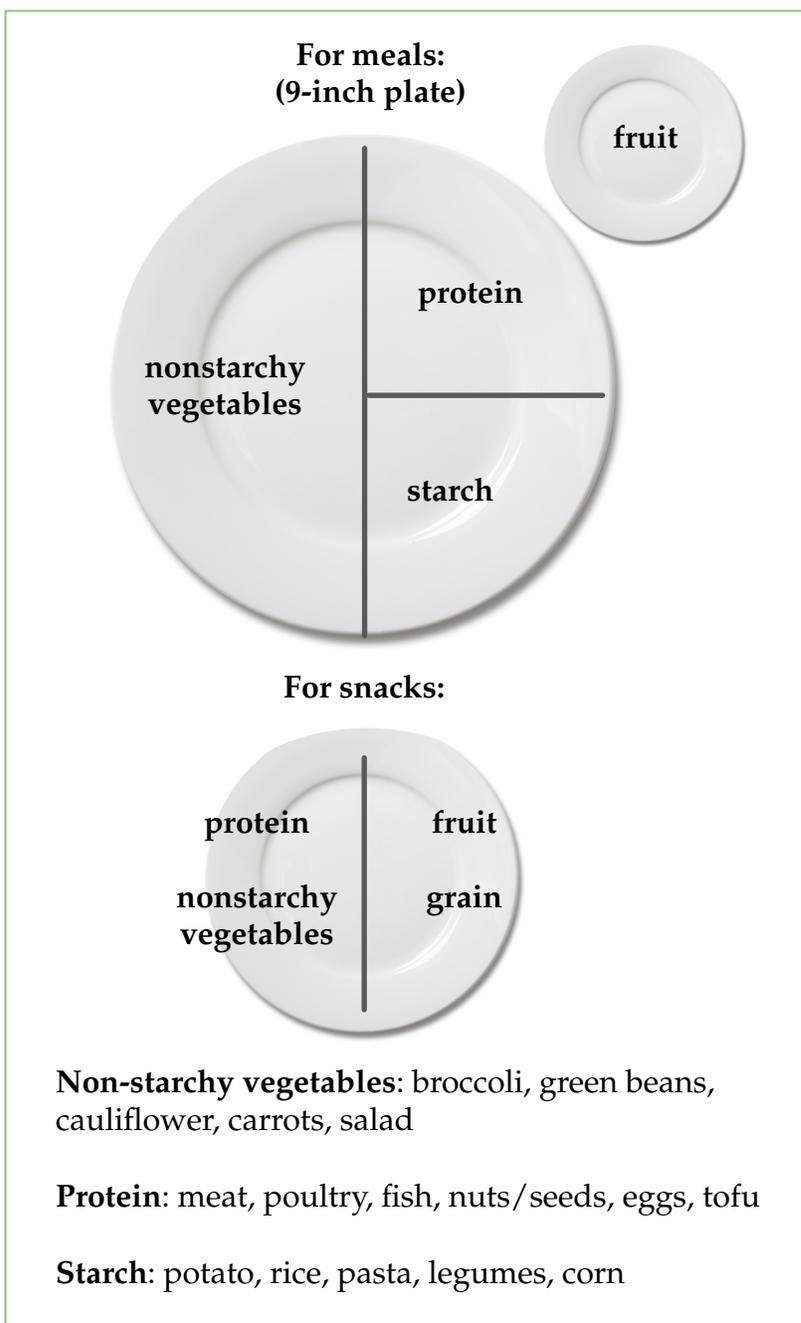
Important

Talk with your health care provider if you have questions about your nutrition and recovery.

Eating well-balanced meals and snacks will help you recover quickly and help you feel your best. What you eat after surgery affects your well-being.

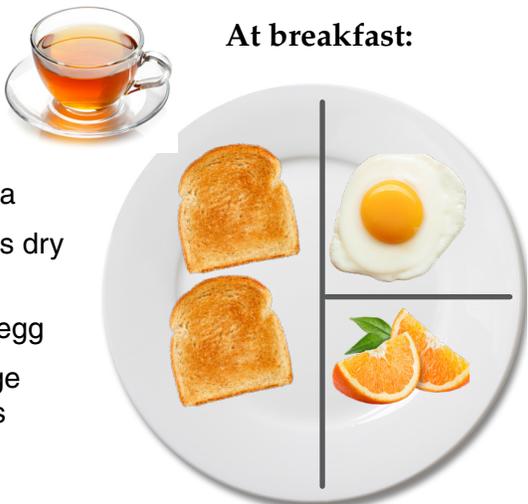
If you don't eat enough of the right foods, you will become tired and less able to take care of yourself. Be sure you make time to eat — even if you don't feel hungry.

Try to think about what your plate should look like when you're planning your meals and snacks.



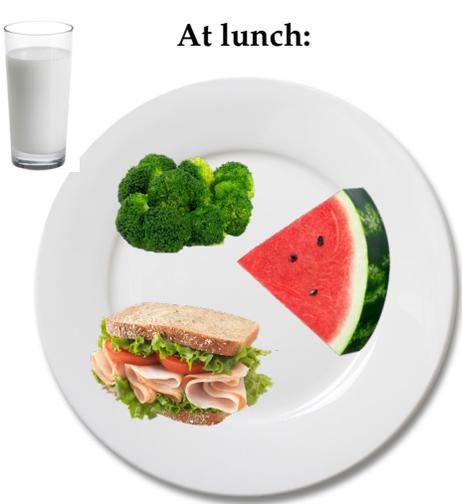
Here are some examples of well-balanced meals and a snack.

At breakfast:



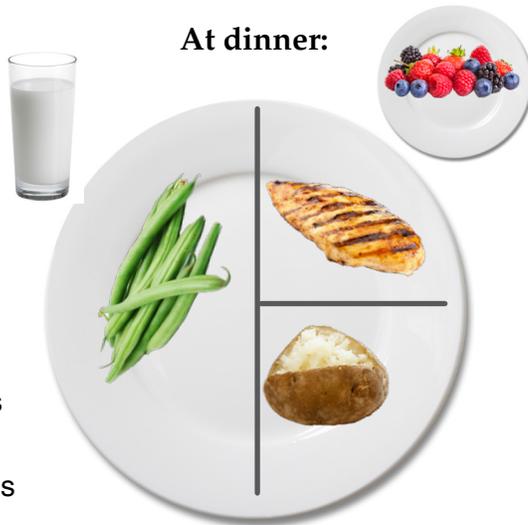
- plain tea
- 2 pieces dry toast
- 1 fried egg
- 2 orange wedges

At lunch:



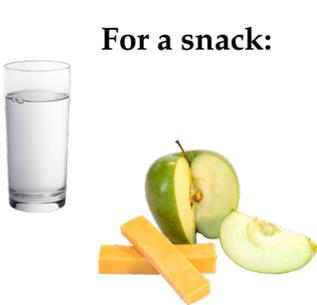
- 1 glass low-fat milk
- 1 turkey sandwich with 2 pieces whole grain bread, tomato and lettuce
- side of broccoli
- 1 slice watermelon

At dinner:



- 1 glass low-fat milk
- 1 grilled chicken breast
- 1 baked potato, plain
- green beans
- 1 serving of mixed berries

For a snack:



- 1 glass water
- 1 apple
- 2 slices cheddar cheese

Tip

Eat foods high in vitamin C to help absorb the iron that comes from plants such as spinach.

For instance, drink a glass of orange juice with an iron-fortified cereal.

Good sources of vitamin C are oranges, broccoli, tomatoes, kiwi, strawberries, peppers, potatoes and cabbage.

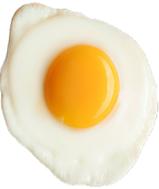
Nutrients important for your recovery

Eating foods rich in the following nutrients are important for your recovery.

- **Protein:**
Protein helps repair and build healthy tissue.
- **Iron:**
Iron works in each of your body's cells to help make energy.
- **Vitamin C:**
Vitamin C helps your body repair damaged tissues, keeps your bones and teeth strong, and helps your body absorb iron.
- **Calcium:**
Calcium helps build and maintain your bones, your muscles move, your blood clot and your nerves send messages.
- **Fiber:**
Fiber helps your body produce regular bowel movements.

Use the chart on the next page to help you choose foods for building well-balanced meals and snacks.

The following chart shows examples of foods to put on your plate.

Protein	Iron	Vitamin C	Calcium *	Fiber**
 Chicken	 Peas	 Watermelon	 Milk	 Brown rice
 Tofu	 Raisins	 Oranges	 Yogurt	 White potato
 Eggs	 Steak	 Berries	 Green beans	 Whole-grain pasta
 Peanut butter	 Bran flakes	 Bell peppers	 Sardines	 Whole-grain bread
 Salmon	 Beans and legumes	 Grapes	 Broccoli	 Whole-grain wrap

*If you cannot tolerate milk products, you can also drink calcium-fortified juices such as orange juice. Choose low-fat or fat-free milk products.

**Choose whole-grain varieties.

Chapter 5: After Surgery Mobility Guidelines

Restrictions to Follow After Your Surgery

Your shoulder replacement surgery should decrease discomfort and pain and help you return to doing activities you have not been able to do.

For the first 4 to 6 weeks after your surgery, you may wear an immobilizer on your shoulder to restrict motion and support your shoulder. You will need to wear your immobilizer all the time except when:

- doing your exercises
- showering or taking a bath
- getting dressed
- eating
- doing tabletop activities such as writing or typing.

To help the healing process with your new shoulder, your surgeon recommends that you avoid certain movements for several weeks after your surgery.

- Do not lift anything that weighs more than 1 to 2 pounds for 6 weeks after surgery.
- Do not drive until your surgeon says it is OK and when you are no longer taking prescription (opioid) pain medicines.
- Do not reach behind your back with your surgical arm to cleanse your genital or anal areas after using the toilet for 3 months after surgery.
- For 3 months after surgery, **do not** use your surgical arm to:
 - push yourself up and of out of a chair or wheelchair
 - push yourself up and off of a toilet seat
 - push yourself up and out of bed
 - close doors, especially sliding glass doors

Lifting heavy objects can cause a lot of wear on your new shoulder replacement. This can cause your artificial joint (prosthesis) to not work right over time. Talk with your surgeon about any permanent restrictions you might have after surgery.

Mobility Guidelines



Use your non-surgical arm to get off a chair.

After shoulder replacement surgery, you may need to move differently until your shoulder heals. Follow these instructions on how to move the right way after surgery.

Getting off a chair with arms

- Slide forward to the front edge of the chair.
- Put your non-surgical hand on the arm rest.
- Push up with your non-surgical arm and your legs.

Getting out of bed

- You will need to get off bed on your non-surgical side.
- Do a logroll toward your non-surgical side. Turn to your side, keeping your body in a straight line. Your shoulders, hips and knees should all move together.
- Swing your legs over the edge of the bed as you push your upper body up with your non-surgical arm.
- Stand up slowly, pushing off with your non-surgical hand on the edge of the bed.



All photos © Allina Health System

To learn how to safely get out of bed, see the section “Getting out of bed” above.

Tip

If your immobilizer has a cushion, you may need to unbuckle it in the car so the seatbelt can fit between your body and the immobilizer. Rebuckle it once the seatbelt is in place.

Riding in a car

- If you can, sit on the side of the car so the seatbelt crosses over your non-surgical shoulder.

Using a reacher

- Use a long-handled reacher to pick up low or dropped items.

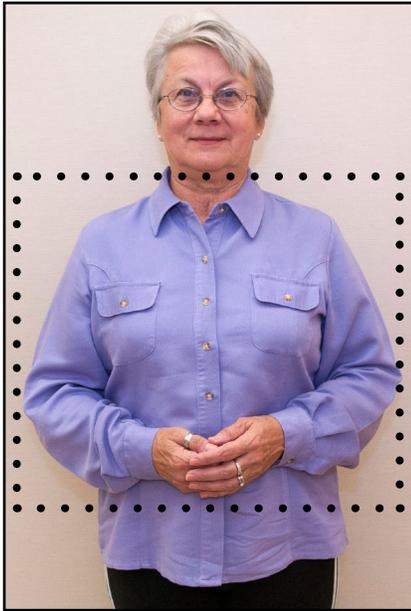
Opening and closing a door

- Get close to the door.
- Open or close the door with your non-surgical arm.

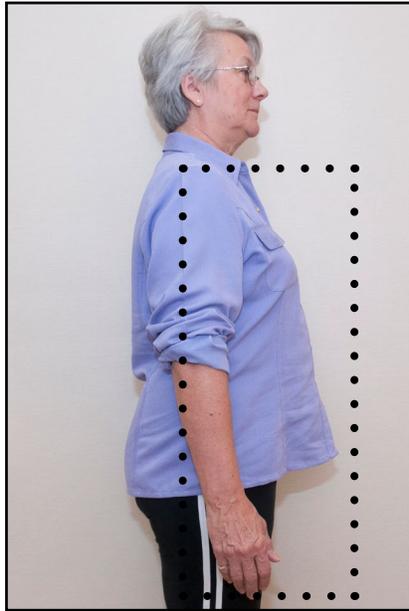
'Box of Safety'

You can safely do light activities with the "box of safety" without hurting your new shoulder.

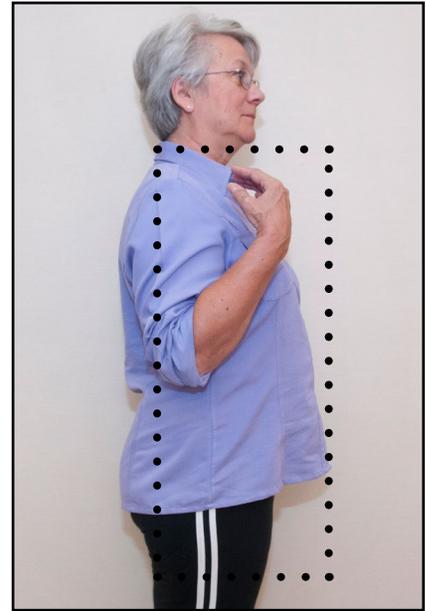
Light activities include eating, knitting, reading and tabletop activities such as writing and typing.



Keep your hands in front of your body.



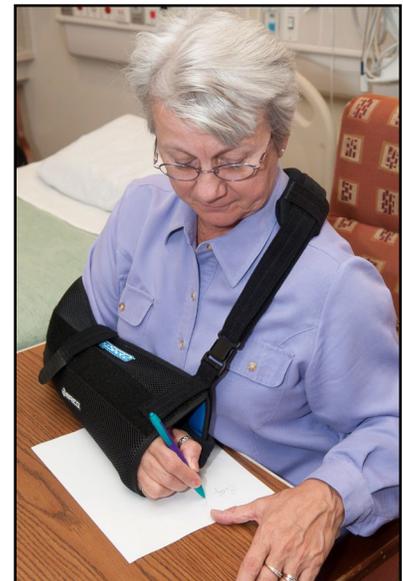
Keep your elbows at your side. Do not move them behind your body.



All photos © Allina Health System
Keep your elbow at your side and bend your arm at your elbow. Do not reach above your head.



(Right) Light activities you can do safely include eating, knitting, reading and tabletop activities such as writing and typing.



Self-care Guidelines

Follow these self-care guidelines after your shoulder replacement surgery until directed by your surgeon.

Getting dressed

It would be easiest if you can wear loose-fitting clothing like sweat pants or other loose-fitting items.

- **Shirts:** Start by dressing your surgical arm first. When getting undressed, remove clothing from your non-surgical arm first.
- **Socks:** Sit down on a chair. Using your non-surgical arm, place your thumb and fingers in the cuff of the sock and spread your fingers apart. Slip your toes into the opening of the sock and pull the sock up. Use your non-surgical arm to put your socks on both feet.
- **Bra:** If you chose to wear a bra, try to wear one that closes in the front. Place the strap over your surgical arm first. If you chose to wear a bra that closes in the back, you will need help to put it on. Eating



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When getting dressed, always start with your surgical arm first.



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Using your non-surgical arm, place your thumb and fingers in the cuff of the sock and spread your fingers apart.

- You can use your surgical arm to help you eat.
- You may bend your elbow and wrist and use your arm.

Using the toilet

- Put the toilet paper on your non-surgical side to make it easier to reach.
- A raised toilet seat can help you stand up from a low toilet.
- A toilet tong may help you wipe with your non-surgical arm.

Personal grooming

Here are some tips on how to brush your teeth, fix your hair or shave.

- **Brushing your teeth:** Use the hand of your non-surgical arm to hold the toothbrush. You can use your hand on your surgical arm to put the toothpaste on your toothbrush. Remember not to lift your shoulder.
- **Fixing your hair:** You will need to use your non-surgical arm to fix your hair. If you need to use your surgical arm, you can make the handle of your hair brush longer by attaching a dowel or ruler.
- **Shaving:** Use your non-surgical arm to shave. It will be easier to shave if you use an electric shaver.
- **Keeping your underarm clean:**
 - Gently lean forward. Rest your non-surgical arm on a sturdy surface. Let your surgical arm hang away from your body.
 - Wash the underarm of your surgical arm.
 - Gently pass a soapy washcloth from the front to the back. Rinse and dry the same way with a clean towel. Home Exercise Program

Once you return home, exercise is important.

Regular exercise:

- helps prevent problems (complications)
- makes you feel better about yourself
- helps you manage your weight
- improves muscle tone
- keeps your joints flexible
- helps you increase your activity level to what it was before surgery.

Your home exercise program will help you strengthen weakened muscles.

Your success with rehabilitation largely depends on your commitment to follow the home exercise program (on the next page) developed by your therapists.

Your therapist will give you instructions on which exercises to do, how to do them and how many repetitions you should do each day.

Exercises after surgery

☐ Hand motions

This exercise can improve your blood flow (circulation) and reduce swelling after surgery.

- Squeeze all your fingers closed.
- Stretch all your fingers open.
- Do 10 repetitions 4 to 5 times each day.



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☐ Wrist motions

This exercise can keep your wrist mobile and improve your blood flow.

- Sit, stand or lie on your back.
- Keep your arm by your side.
- Bend your wrist back and forth.
- Do 10 repetitions 4 to 5 times each day.



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☐ Forearm motions

This exercise can keep your forearm mobile and improve your blood flow.

- Turn the palm of your hand up.
- Turn the palm of your hand down.
- Do 10 repetitions 4 to 5 times each day.



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□ Elbow motions

This exercise can help prevent stiffness in your elbow. Take off your immobilizer.

- Sit, stand or lie on your back with your surgical arm by your side.
- Allow your arm to relax all the way straight at your elbow.
- Raise your hand upward, bending at your elbow.
- Do 10 repetitions, 4 to 5 times each day.
- You may need your non-surgical arm to help you at first.



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□ Pendulum exercise:

This exercise will help you relax and get good motion in your shoulder.

- Find something sturdy to lean on such as a heavy chair or counter.
- Stand with your feet shoulder-width apart.
- Lean forward and support yourself with your non-surgical arm.
- Allow your surgical arm to hang loosely away from your body.
- Keeping your surgical arm relaxed, slowly swing your arm:
 - front-to-back
 - side-to-side
 - clockwise circles
 - counterclockwise circles.
- Do 10 repetitions, 4 to 5 times each day.

Chapter 6: Resources

Medical Equipment

You may need to use some special equipment to ensure a safe recovery after your surgery. This page and the following page show and describe the equipment. Any items are optional based on your needs.

Check with your insurance provider if any equipment items will be covered by your plan. You may need to purchase or borrow equipment needed.

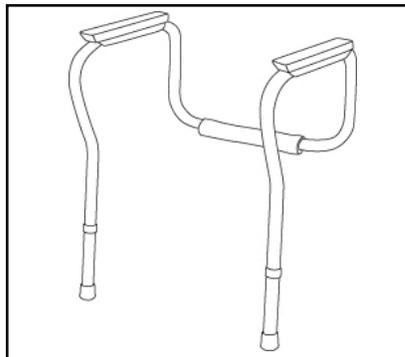
See the “Community Resource Directory” in this chapter for information about places that loan or sell equipment.

**Raised toilet seat/
commode**



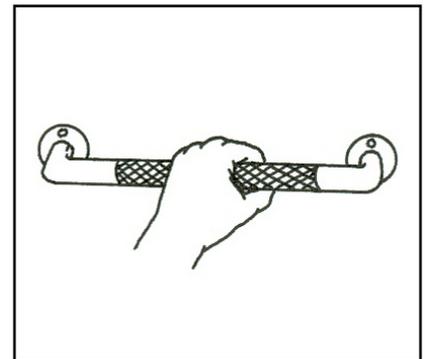
A raised toilet seat will make it easier for you to get on and off the toilet.

Toilet safety frame



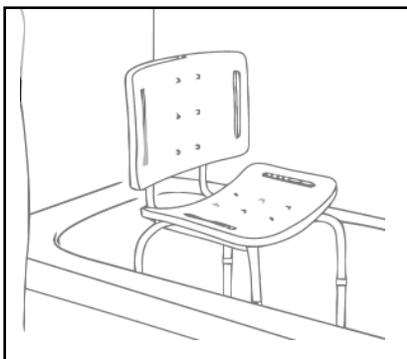
A toilet safety frame will make it easier for you to get on and off the toilet.

Grab bars



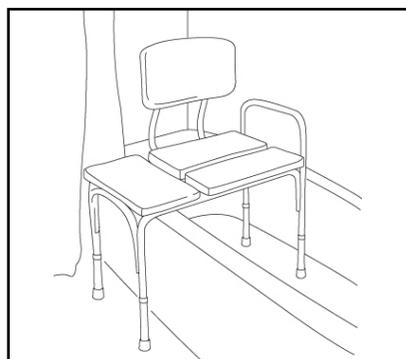
Grab bars around your toilet, bathtub or shower will increase your safety during transfers.

Tub chair



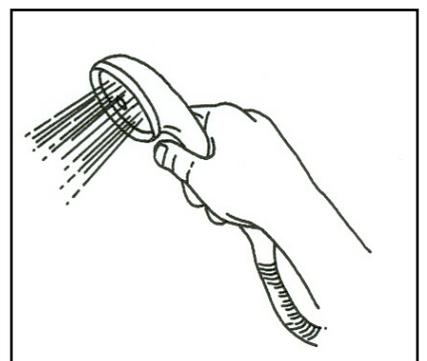
A tub chair lets you sit while taking a shower or bath.

Tub transfer bench



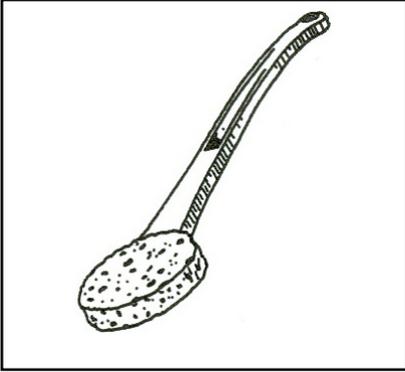
A tub transfer bench can help you get in or out of the shower or tub. You can also sit on it while taking a shower or bath.

Hand-held shower head



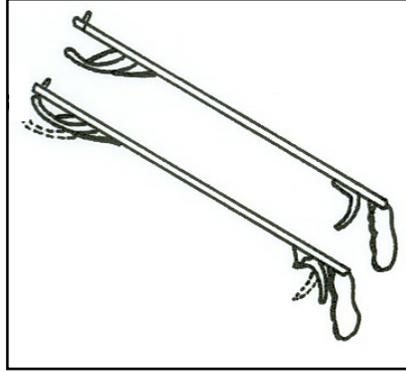
A hand-held shower head allows you too control the spray of water while sitting.

Long-handled sponge



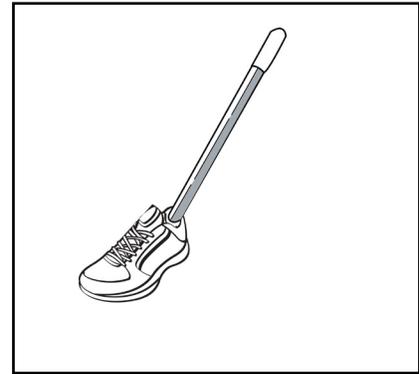
A long-handled sponge can be used to wash your feet when you cannot bend and to wash your back so you avoid twisting.

Reacher



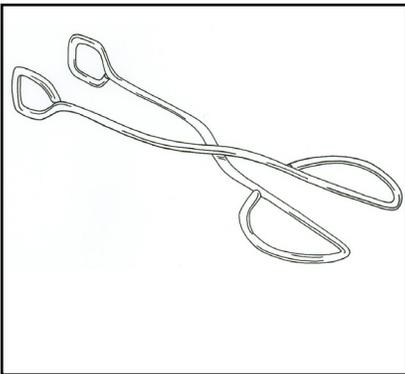
A reacher helps you get things from higher and lower levels. It can also help you put clothes on the lower part of your body.

Elastic laces/long-handled shoe horn



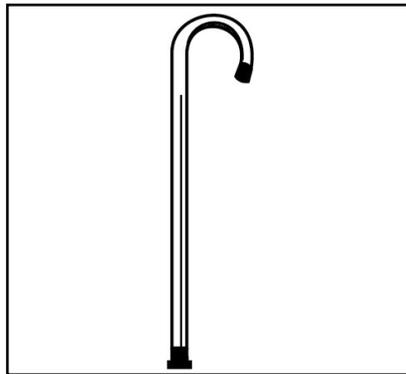
Elastic laces let you slip in and out of your shoes easily while keeping them tied. The long-handled shoe horn helps you guide your foot into an already-tied or slip-on shoe.

Tongs



Tongs can be used in place of a reacher. Or they can help you with your hygiene care after you use the toilet.

Cane



A cane may help with balance. Balance issues can happen because you have limited movement in your surgical arm. Do not use a cane with your surgical arm until your surgeon says it is OK.

Community Resource Directory

Allina Health Care Navigation Help Desk

Call 612-262-2200 or 1-855-227-5111 if you have questions about community resources, home care, medical equipment, a transitional care unit (TCU) or a short-term rehabilitation center.

Medical equipment

Certain equipment can make your recovery go easier and increase your independence after your surgery. Try to get your equipment before you have surgery. You may want to borrow the items from family or friends if possible.

The following is a list of resources to help you find the equipment you need.

- Adapt Health offers items to purchase. Call 651-628-4800 or 1-800-737-4473 for information about medical equipment, supplies and services.
- Call your local American Legion, VFW or Lions Club. They often have equipment you can borrow if you are a member.
- Call your local pharmacy to see what selection of equipment that store carries.
- Look in your Yellow Pages or go to yellowpages.com and look under “handicapped services or equipment” or “home care services.”
- WisTech can connect you with resources for medical equipment in Wisconsin. Visit wisconsinat4all.com to find equipment in your area. You will need to create an account to view available items. Once you have an account, you can buy, rent or get free items from state agencies, private businesses, lending programs or individuals. Each group or individual has different criteria for using their equipment. Contact information is listed for each item.

Grocery delivery

■ **Twin Cities Metro Area Meals on Wheels**

Volunteers deliver ready-to-eat meals to homes in most of the Minneapolis and St. Paul metro area. You can sign up for short- or long-term meal delivery if you are recovering from surgery or illness. The price is based on your need. Call 612-623-3363 or visit meals-on-wheels.com for more information or to sign up for this service.

■ **Home-delivered Meals (Meals on Wheels)**

Wisconsin's Elderly Nutrition Program offers meals to anyone age 60 and older. Meals can be delivered to your door Monday through Friday. Visit gwaar.org to learn more about home-delivered meals. Click *For Seniors and Families* and then *Elderly Nutrition Program*. Select *Contact someone* to find your local agency and its contact information.

■ Many grocery stores and organizations offer services that will deliver healthful meals to your home. Ask a member of your health care team for more information.

Directions for My Medicine List

1. ALWAYS KEEP THIS FORM WITH YOU. You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.
3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other providers.
4. WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES on this form. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up-to-date.
5. In the “Notes” column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you return to your doctor, take your list with you. This will keep everyone up-to-date on your medicines.

How does this form help you?

- This form helps you and your family members remember all of the medicines you are taking.
- It provides your doctors and other providers with a current list of ALL of your medicines. They need to know the herbals, vitamins, and over-the-counter medicines you take!
- With this information, doctors and other providers can prevent potential health problems, triggered by how different medicines interact.



For copies of the My Medicine List and a brochure with more tips, visit the Minnesota Alliance for Patient Safety's Web site at www.mnpatientsafety.org or call (651) 641-1121.

Get connected

Communicate with your Allina Health clinic, hospital and provider

Sign up for your free Allina Health account and get instant access to your health information. You can:

- schedule appointments
- get lab results
- email your care team
- manage a child or another adult's account
- and more!

Fewer steps. Greater access.

- email with your care team*
- view immunizations
- read visit notes* and follow-up instructions



Never run out. We're always open online.

- refill prescriptions at Allina Health pharmacies with the click of a button



Sign up for your account at allinahealth.org today

Your account is a free service of Allina Health.

*Availability varies by location. Ask your clinic or hospital if this service is available.
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On the calendar. Off your mind.

- quickly schedule appointments*
- do online visits for common conditions



Less waiting. More knowing

- get lab results fast – usually same day



Small effort. Big reward.

- take a wellness assessment
- set and track health goals
- create a health care directive



Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





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