



Your complete guide to
shoulder replacement

Welcome to Your Total Shoulder Replacement Patient Guide

This guide is for you and your family to use before, during and after your hospitalization for total shoulder replacement or reverse total shoulder replacement surgery. We are committed to making sure your surgery is successful. Our interdisciplinary team is here for you, starting with your preadmission visits and continuing right through your recovery at home. Your care team has developed this guide as a source of information about your surgery and recovery.

Everyone's experience is unique, so rehabilitation may take more or less time than you anticipate. We believe that your success is the result of the way we all work together and communicate with each other. We ask that you join our team by becoming an active participant in this process.

Please feel free to add any information relevant to your total shoulder replacement. If you or your caregiver/family member has questions along the way, please ask any health care professional involved in your care.

Bring this guide with you to each pre-surgery meeting such as appointments with your physician, pre-surgical nurse and education/rehabilitation class. Also bring it to the hospital on the day of your surgery.

Your surgeon is _____

You are scheduled for the following surgical procedure: _____

Surgery date: _____

Other appointments related to this surgery: _____

TOTAL SHOULDER REPLACEMENT PATIENT GUIDE

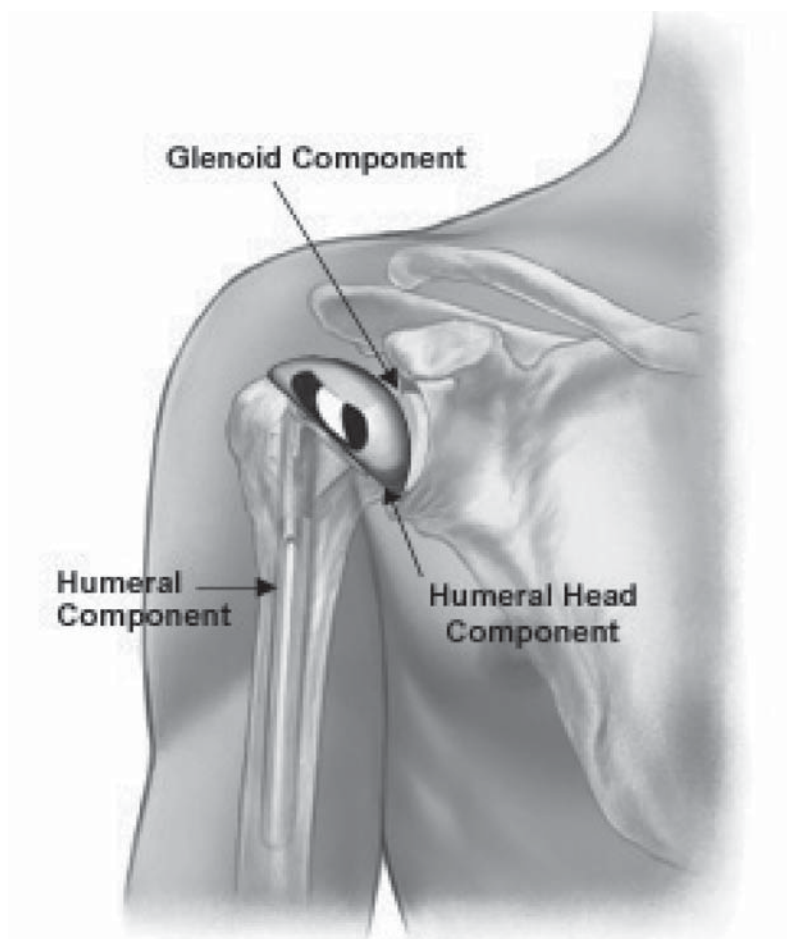


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Section 1

PREPARING FOR YOUR SURGERY

PRIOR TO SURGERY

It is important you have the appropriate support at home after surgery. Please consider the following:

- Select a contact person and have that name and contact number available. This person will act as your “coach” during recovery.
- It’s important that your coach (friend/family member) comes with you to appointments and to attend in-hospital therapy sessions with you. Your coach can help you remember important information and assist with your care. Please refer to the rehabilitation section for more details.
- Be sure to arrange for someone to pick you up from the hospital when you have met your goals for discharge.
- Arrange for person(s) who can help you at home, especially for the first few days/nights, as you recover.

HOME SAFETY CHECKLIST

Safety is our biggest priority as you may be at an increased risk to fall during your recovery after surgery. To reduce the risk of falling, please *fill-in/check the following information to assist your care team:*

- Bed height: _____
 - While lying in your bed, which side do you get in and out on?
 Right or Left
 - How many times on average do you get out of bed at night to go to the bathroom? _____
 - What is the distance from your bed to your bathroom? _____
 - Toilet height: _____
 - Elongated toilet seat Round toilet seat
 - Tub/shower combo Walk-in stall
 - Glass door Curtain
 - Most frequently used entrance: _____
 - Number of stairs at most frequently used entrance: _____
 - Presence of rail: Yes No
 - Which side is the railing located when going up? Right or Left
 - Number of stairs to get to bedroom: _____
 - Any special or unique situations: _____
-

* Feel free to take photos or a short video of your home to share with a member of your care team.

ROOM-BY-ROOM SAFETY REMINDERS:

Living Area

- Clear stairs and pathways of any clutter.
- Remove throw rugs.
- Remove telephone or electrical cords from walk areas.
- Make plans for someone to care for your pet.
- Have a firm, straight-backed chair with arm rests available at home for your use after surgery. Choose a chair that has adequate height from which you can easily stand. A recliner chair is a good option.

Bathroom

- Place slip-proof mats or strips in the bath/shower.
- Make sure bath rugs are slip-resistant and water absorbent.
- Determine the need for a raised toilet seat and grab bars in the bathroom for added support. (DO NOT use towel racks for support.) Check the height of your toilet to determine if you may need a raised toilet seat. You should be able to sit down and rise up from the toilet only using your non-surgical arm.
- Make sure the path to the bathroom is well lit. Night lights are recommended.

Kitchen

- Store most-used items within easy reach.

Bedroom

- Check the height of your bed. The mattress should be at least knee height. You should be able to get in/out of your bed easily using only your non-surgical arm.
- Have extra pillows or blankets available to support your surgical arm.
- Some patients choose to sleep in a recliner chair for comfort, or if they have difficulty moving in/out of a traditional bed.
- Consider moving towards your non-surgical side for ease of bed mobility.

YOUR "HOMEWORK"

Because your surgical arm will be immobilized after surgery, some basic "self-care" tasks may be difficult, especially if your surgical arm is the side of your dominant hand. Practice the following tasks, **using only your non-surgical arm**. Consider modifications or adaptations to make these tasks more manageable. Talk to your physical or occupational therapist about equipment that may help you.

- Move in/out of bed. Is it easier to move towards your non-surgical side? Is your bed too high or too low?
- Toileting and personal hygiene. Does the toilet paper or other items need to be

stored in a different location? Are you able to manage your hygiene using only one arm?

- Dressing yourself. Can you manage pulling up and pushing down pants/shorts, and underwear? Are you able to put on shoes? Of note, you will need assistance initially to dress your upper body.
- Brushing teeth and grooming. If brushing teeth with your non-surgical hand is difficult, consider a power toothbrush.
- Planning around meals. Try to pre-arrange for foods and meals that are easy to prepare and eat using one arm.

DISCHARGE PLANNING CHECKLIST

- Arrange to have a caregiver/coach (eg: spouse, family member, friend) stay with you for the first few days/nights as you recover at home. If you do not have anyone to stay with you, talk to your surgeon.
- Be sure to arrange for someone to pick you up from the hospital when you have met your goals for discharge. Write down the name and phone number of that person.
- It is important that your caregiver comes with you to appointments, and is present during at least one in-hospital therapy session for training. That person can help you remember important information, and assist with your care. Please refer to the rehabilitation section for more details.

TIMELINE AND TIPS:

Two Weeks Before Surgery

- Please stop taking all supplements, vitamins, and/or herbal remedies (unless otherwise directed by your physician.) We want to avoid any interactions with anesthesia or medications you will be given in the hospital.
- The condition of your skin is very important, avoid anything that will scratch or cut your skin (blackberries, brush, etc.). Please let us know if you have any cuts on your skin prior to surgery.

One Week Before Surgery

Stop taking aspirin products. If you are prescribed aspirin for any type of medical condition, consult with your prescribing provider before stopping.

One Week to Three Days Before Surgery

- Please talk to your doctor about when to stop taking anti-inflammatory medications and follow their specific instructions. This is typically *about* one week prior to surgery (for example Advil, Aleve, Ibuprofen, Naproxen and others).

- If you take any type of anticoagulant (for example Warfarin/Coumadin, Plavix and others), it is important to consult with your provider who prescribes this medication to develop a plan for specific instructions about when to stop your medication and what to take in its place.

Notes: _____

Night Before Surgery

- Take nothing by mouth after midnight. This includes food, candies, gum, cigarettes, chewing tobacco, coffee and water.
- **If instructed to do so, take shower and wash with Hibiclens as directed, concentrating on operative site.** This was given to you at your pre-op hospital visit. Sleep in clean clothes and on clean sheets.

Day of Surgery

- Take your usual morning medications (as discussed with your pre-op RN/MD) with a sip of water unless otherwise instructed by your doctor or anesthesia provider. If you have diabetes or take anticoagulation medications, please check with your primary care doctor/hospitalist as to when to take these medications.
- **Take a second shower with the remaining Hibiclens and wear clean clothes to the hospital.**
- Please report to the hospital according to the instructions your surgeon gives you. This will likely be at least two hours before your surgery time.

TIPS FOR YOUR HOSPITAL STAY

Your Providence care team takes great care to assure the privacy, safety, good health and comfort of their patients. Here are some things you should know before you arrive:

- Wireless Internet access is available throughout the hospital. You and your guests may bring laptop computers or other wireless devices including cell phones. We recommend leaving valuables (jewelry, credit cards, etc.) at home.
- The hospital campus is a smoke-free area. In an effort to promote good health for our patients, visitors, staff and volunteers, smoking is not allowed in the

hospital or on the hospital campus. Smoking may also hinder the healing process. If you smoke, please talk with your surgeon or primary care physician before you arrive for surgery. If you would like to quit smoking, resources will be provided to you.

WHAT TO BRING TO THE HOSPITAL

- This guide
- Your shoulder brace and cold therapy sleeve (if you already have it)
- If you use a cane for assistance with walking, you may bring that device into the hospital. Please label it with your name.
- Toiletries: toothpaste/brush, denture cleaner, comb/brush, lip balm, deodorant, and shaving supplies
- Think 'carry on' versus 'checked' baggage. Less is best, don't over pack.
- Clothing:
 - Oversized or loose fitting shirt (button down or pull over)
 - Pants or shorts with elastic waist (avoid zippers and buttons)
 - Slip-on style shoes with a flat sole. Non-skid socks are available in the hospital. Elastic laces are an alternative to regular shoe laces.
- Personal devices: hearing aids, extra hearing aid batteries, eyeglasses, and dentures
- Entertainment: books, magazines, crossword puzzles, music
- Small battery-operated equipment is acceptable, but electrical equipment (items that needs to be plugged in) must be checked by Clinical Engineering for safety. Cell phone or laptop rechargers are acceptable.
- You may bring your C-PAP or Bi-PAP machine from home. It will be checked by Clinical Engineering prior to use in the hospital.
- Cell phones are permitted in the hospital. Your room will have a standard phone. You may want to bring a calling card or use your cell phone if you are expecting to make long-distance phone calls.

Do not bring any medications from home unless specifically instructed to do so.

Section 2

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

YOUR PROVIDENCE CARE TEAM ROLES AND FUNCTIONS

The members of the orthopedic care team work very closely with one another to meet the individual needs of each patient. We are committed to this team approach and to your recovery. **It is possible that you may not see each team member.** Your team members may include:

Surgeon(s): One or more surgeons will oversee your care and treatment decisions. You will receive a daily visit from your surgeon and/or his/her associate. If you have a question about your surgery or hospital course, this is the person to ask.

Anesthesia Provider: This person will meet with you on the day of surgery to discuss the medications that she/he will use during surgery and what you can expect.

Physician Assistant (PA) and/or Nurse Practitioner (NP): You may have a PA/NP that will work closely with the team members. They facilitate communication, coordinate treatments and act as the point of contact for the various team members as well as you and your family. The PA/NP may see you while you are in the hospital, attending to any medical problems, adjusting your medications as needed and will be a resource for you and your coach/family members.

Hospitalist: A hospitalist is an internal medicine doctor who specializes in caring for patients in the hospital setting. These physicians are an integral part of a team and are in the hospital 24/7. If a hospitalist is involved in your care they will be working closely with your surgeon and care team.

Direct Care Nurse: You will have a direct care nurse assigned each shift. He/she will coordinate your nursing care and assure that you and your family receive instructions about medications, diet and activity to prepare you for discharge

Certified Nursing Assistant (CNA): You may have a CNA. This individual assists your nurse with personal activities, such as bathing, toileting and grooming, and may monitor your vital signs (i.e. blood pressure, heart rate, pain level, and breathing rate).

Physical Therapist (PT)/Physical Therapy Assistant (PTA): The role of the physical therapist is to help you progress in your ability to safely and independently get in and out of bed, walk, go up and down stairs, and get in and out of chairs. He/she will also instruct you in any exercises that your surgeon suggests.

Occupational Therapist (OT)/Assistant(COTA): The OT/COTA will help you regain your ability to safely and independently perform tasks of daily living, such as bathing, dressing, toileting and homemaking. The OT/COTA may also train you in the use of adaptive equipment, such as a raised toilet seat, shower bench, reacher or sock aid, and will assist you in making sure you have the necessary equipment.

Care Coordinator/Discharge Planner: This person coordinates your discharge from the hospital. The goal is to make your discharge transition as smooth as possible for you and your family. The care coordinator will work with your insurance, home health, home medical equipment and skilled nursing facilities to meet your needs at discharge.

Pastoral/Spiritual Care: Chaplains provide a confidential, listening presence for patients, families and staff. Pastoral Care is available 24 hours a day, seven days a week. A visit can be requested by asking any member of your care team.

Others involved in your care: Intravenous nurse, respiratory therapist, pharmacist, dietitian, transporter, laboratory personnel and others may interact with you during your hospital stay.

DAY OF SURGERY

When you arrive, enter through the hospital's main entrance. You and your coach/family member will be brought back to the pre-op area (short-stay unit) where you will meet your pre-op nurse. She/he will prepare you for surgery by:

- Reviewing your health history
- Starting an IV line to give you fluids and an antibiotic
- Administer pain and anti-nausea medication
- Compression stockings or another device may be used to help prevent blood clots
- Answer any questions you may have
- You will also see your surgeon who will mark your surgery site with a pen and meet your anesthesia provider who will review their role and the procedure.

Your coach/family member may stay with you until it is time for you to be moved to the operating room (OR). At that time, your coach/family may wait in the surgery waiting lounge. For your coach/family's convenience, pagers may be available at the surgery information desk, or they may offer another option for contacting you. These pagers allow your coach/family to walk around the hospital and not worry about missing the surgeon's post-surgery update.

Following surgery, patients are moved to the recovery room prior to transitioning to a hospital room. Expect the surgery and recovery to take several hours.

SAFETY AND FALL PREVENTION IN THE HOSPITAL

Your safety is important to us. Your care team will talk to you about what you can do to prevent falling. Please follow the recommended safety measures to prevent a fall and ask family and friends to help follow these safety measures also. Below are a few safety tips to help you in the hospital.

- Your care team will be rounding to check on you regularly.
- Use the call button for help. **Wait for a care team member to help you get out of bed or out of a chair.**
- Bed alarms are on until safe mobility is determined by your care team.
- Your coach/family member is welcome to stay with you in the hospital.

Your care team is available to answer questions on fall prevention to prepare you for being safe at home.

AFTER YOUR SURGERY

Nursing Care

During the first few hours after surgery, you will be cared for in the recovery room. Here, nurses will check your blood pressure and pulse, and watch you closely. Your family will not be able to visit you in the recovery room.

When you are more awake and medically ready, you will be moved to your hospital room for post-operative care. A shoulder immobilizer will be supporting your surgical arm. You may also have additional IV lines or tubes in place.

Nurses will have you cough often and practice deep breathing to reduce risk of pneumonia. You will be frequently repositioned to protect your skin until you are up and moving about.

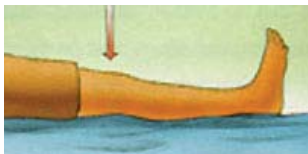
To Prevent Blood Clots and Keep Walking Muscles Strong:

- Exercise frequently or at least every two hours. Start by wiggling your toes and then pumping your feet up and down.



Ankle Pumps: Bend and straighten ankle through full range. Repeat with opposite ankle. Perform for 1 minute or 30 times.

- Tighten your thigh muscles (quad sets) and tighten the muscles in your seat (gluteal sets).



Quadriceps Sets: Tighten muscles on top of thigh as if attempting to push knee down. Hold for 5 seconds. Relax. Repeat 10 times.



Isometric Gluteals: Tighten buttocks muscle. Hold for 5 seconds. Relax. Repeat 10 times.

- You may be given an anticoagulant (blood thinning) medicine to keep your blood from clotting.
- You may have compression sleeves, compression stockings or both applied to your legs/calves to help with circulation.

To Prevent Infection:

Practice good hand hygiene yourself, either with soap and water or with alcohol based sanitizer.

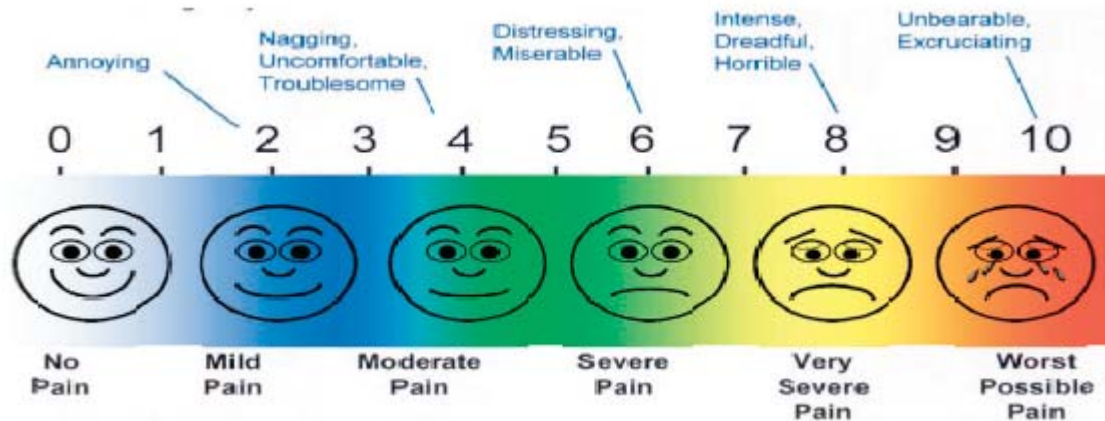
- Encourage your visitors to use hand sanitizer provided by the hospital.
- Don't hesitate to ask your caregivers if they have washed their hands.
- Keep your incision and dressing clean and dry, according to your surgeon's instructions.

Pain Management

Although all pain cannot be eliminated, our goal is to make you comfortable. Your nurse will medicate you “around the clock”, so talk with your nurse about how you feel and your need for pain medication. Your nurse will coordinate an individualized plan to meet your pain management goals. The expectation is to keep your pain at a level where you can tolerate all activities. As you progress, you can

expect your pain to lessen. **Zero pain is not realistic.** The team will use a pain scale to help determine your level of pain. The scale ranges from 0 to 10, zero being no pain and 10 being worst pain ever felt.

If you know of a pain medication that **works/does not work** for you, please communicate that information to your nurse/surgeon. Please familiarize yourself with the pain rating scale which helps us to assess if our interventions are helpful.



Perform Your Best with Your Therapists:

It is important that you are comfortable enough to participate and make progress in physical and occupational therapy, perform the necessary exercises, deep breathe, and be comfortable for activities with your care team members.

PHYSICAL AND OCCUPATIONAL THERAPY GUIDELINES

Physical therapy: Your first physical therapy session may begin on the day of surgery, or in the morning on the day after surgery. At that time, the physical therapist will evaluate your ability to move out of bed, stand and walk. The therapist will also give you instructions regarding exercises specific to your shoulder. You will be seen one or two times per day until discharged from the hospital. It is important that you participate with therapy each time, to the extent you are able.

Occupational therapy: If ordered by your surgeon, your first Occupational Therapy visit may begin on the day of your surgery or the first day after. Your OT will help you regain your independence with your daily activities such as dressing, bathing, using the toilet, and getting around at home after surgery and may show you specialized adaptive equipment to help.

Therapy schedules: Your rehab team will coordinate with your nurse on therapy session times and is available to help you practice the correct ways to move. Your nurses are specifically trained to care for shoulder replacement patients. They understand and will reinforce what you are learning from the PT and OT staff.

Rehab participation: Expect to feel tired, but remember that activity is vital to your recovery. Your rehabilitation after surgery is at least as important as the surgery itself. Rehabilitation may take a long time- longer than you expected. Your continued effort with rehab and rebuilding your activity level will, in part, determine how successful your replacement will be.

- All patients are required to participate in several sessions daily.
- Even if you are experiencing some pain or nausea, try to sit on the edge of the bed or complete the bed exercises and some movement during your session.

Coach/family involvement and training: This is essential. Most patients find it necessary and helpful to have a caregiver at home upon discharge. Coaches/families are welcome at all rehab sessions. We recommend that they attend one PT visit and one OT visit, if possible, to receive “hands on” training before you leave the hospital. This person will assist you with your exercises and self-care activities.

A positive attitude will help your recovery.

TOTAL SHOULDER PRECAUTIONS

A patient will be discharged wearing a shoulder immobilizer. The type of immobilizer will depend on your surgeon, and the type of surgery you had. During the caregiver training, the patient and caregiver will be shown the correct technique for removing and repositioning it. The immobilizer should be worn at all times for 4-6 weeks until your surgeon informs you otherwise. It may be removed 3-4 times per day for bathing/dressing, and to perform physical therapy exercises.

To protect your shoulder after surgery, your doctor may place limits on the use of your arm. Common limits and precautions include:

- No extension of the shoulder (i.e. bringing your arm backwards)
- No internal rotation of the shoulder (i.e. reaching to your back pocket)
- Avoiding “active” use of your shoulder muscles
- Perform only the exercises or range of motion prescribed after surgery
- Typically you are allowed to actively move your hand, fingers, and elbow.

POSITIONING AND ACTIVITIES

You will be instructed in the correct positioning of your arm in the immobilizer. You should wear your immobilizer at all times except when performing specific tasks (putting on clothes, incision dressing changes, skin care, physical therapy). You will use it for approximately 4-6 weeks.

These are important positioning instructions:

- The arm should be slightly forward from the body. When sitting or lying down, place a small cushion or pillow behind the arm and under the elbow to support it.



- If you are comfortably sitting or lying down with the arm supported – and not intending to sleep – you may remove your forearm from the sling and rest with your elbow straight. Remember to reposition your forearm in the sling before you attempt to move from your chair or bed. You may also loosen the neck strap while sitting or lying down if your arm is supported correctly.

Avoid the position of having your upper arm behind the side of your body (extension).



Avoid this position!

TYPES OF SHOULDER IMMOBILIZERS



TYPES OF COOLING DEVICES



TOTAL SHOULDER EXERCISES

Exercises following a total shoulder replacement are specific to your surgery and your surgeon's orders. You may not be performing all the exercises shown on these pages. **It is important to perform only the ones given to you by your physical therapist or surgeon.**

Terminology and exercises shown on these pages serve as a reference guideline. Note that a caregiver is required for passive range of motion.

Range of motion: The degree in which a joint (shoulder) can move

Passive range of motion (PROM): When another force (e.g. caregiver or gravity, and NOT your muscles) moves the joint

Active range of motion (AROM): When your muscles are used to move at the shoulder joint

Flexion: moving the arm forward, away from the body

Extension: moving the arm backwards, away from the body

External rotation: pivoting the arm outward from the body

Internal rotation: pivoting the arm inward toward the abdomen/body

Scaption: A technical movement when the arm is raised outward and up, at a 45 degree angle from the body

Starting position for passive exercise



Passive shoulder flexion



Passive shoulder “scaption”



Passive shoulder external rotation



Pendulum



TOTAL SHOULDER SELF-CARE

The shoulder sling or immobilizer may be removed for dressing, sponge bathing, and skin care. Initially, a caregiver will need to provide assistance for these tasks. There are many variations on the technique for removing and replacing the sling. This example is shown while sitting on the edge of a bed:



- Sit at the edge of the bed with 1-2 pillows supporting the arm. Do not lean into the pillows.
- The pillows should just maintain the arm in the same position as the sling.



- Remove any straps to loosen the sling (1), and tuck the sling under the arm.
- Remove any straps from around the body (2) and (3)
- Gently remove the immobilizer forward from the body.

With the sling removed, the caregiver can assist with upper body dressing, bathing, and skin care.



- When putting on a shirt, slide the shirt sleeve up the surgical arm first. Then, move the non-surgical arm through the other sleeve.
- When removing a shirt, remove the non-surgical arm from the sleeve first. Then, slide the shirt sleeve off the surgical arm.
- The patient should try to avoid moving or lifting up the shoulder.

DISCHARGE GOALS

To be discharged from the hospital, you must:

- Be in stable physical and medical condition
- Demonstrate good understanding of your exercises, and use of the immobilizer
- Receive adequate pain control from oral pain medications
- Demonstrate good understanding of shoulder precautions during daily activities and self-care tasks
- Demonstrate independence with mobility, or have sufficient help at home to ensure your safety
- Have arrangements finalized for caregiver support and/or other services at home.

Depending on your surgeon's orders and specific plan, you will be given information on when to begin outpatient physical therapy post-operatively. Until that time, your surgeon will have you continue at home with the exercises shown to you in the hospital until he or she gives further instructions. Home health physical therapy is usually recommended only if there are mobility concerns limiting your ability to leave your home.

A skilled nursing facility (SNF) may be considered if you are medically stable but continue to require assistance with transfers and ambulation.

Section 3

**AFTER LEAVING THE
HOSPITAL**

WOUND CARE

Care of Your Incision

Your surgeon or discharge nurse will provide you with instructions for bathing, and dressing changes. If needed, you will be sent home with additional supplies to change your dressing. Keep the incision clean and dry. Do not get the incision wet until instructed to do so by your surgeon or PA; sponge bathe until then. Leave any Steri-strips or liquid bandages (if present) in place. They will fall off gradually as the wound closes.

Call your doctor if you develop any of the following signs:

- Warmth, redness, increased pain, or increased swelling of the incision
- An increase in the amount of clear drainage
- Thick, green or foul-smelling discharge from the wound
- Separation of wound edges
- Body temperature higher than 101 degrees (F)

***You may notice:**

- The incision looks a little puffy and pink around the edges. This is normal inflammation and healing.
- Post-operative edema/swelling of the hand, elbow, or shoulder is normally expected. The use of your cooling device and resting in a reclined position can help reduce swelling.

DIET, FLUIDS, AND CONSTIPATION

Eat a well-balanced diet high in protein and fiber. Drink six to eight large glasses of water or non-caffeinated liquid each day. If you take iron and/or pain medications, you may experience constipation. There are many over the counter medications to help with constipation. Please consult your physician.

To Keep Your Bowels Working and Promote Healing:

It is normal for your bowels to slow down in response to anesthesia, pain medications and decreased mobility. It is very important to jump start your bowels after surgery.

- Select whole grain foods, green leafy vegetables, citrus fruits, pitted fruits, dairy products and lean meat.
- Drink at least six to eight glasses of liquid each day.
- Over-the-counter laxatives and stool softeners may be taken if needed (e.g. Senokot, Colace, Smooth Move herbal tea).

- Take frequent short walks; exercise with rehab staff, nurses or your family when you are ready.
- If you have not had a bowel movement in 3 days, try a Dulcolax suppository or an enema.

PREVENTING FALLS AFTER DISCHARGE

Now that you are leaving the hospital, make sure that you have prepared yourself and your home to prevent falls. (See the Home Safety Checklist in Section 1 of your book.)

- If you will be living alone after surgery, set up a communication plan so that someone will be notified if you feel unsafe or experience a fall.
- You can use a formal notification system, such as Lifeline, or carry a cell phone in your pocket at all times.
- It is normal to fear falling after surgery, but don't let fear put you at an even higher risk! Stay safe, but be active.
- If you get up at night to use the bathroom, use a nightlight. Pause to clear your head before moving away from your bed.
- If you have glasses and/or hearing aids, wear them consistently.
- Tell your doctor or physical therapist if you experience dizziness or light-headedness at any time.
- Manage your medications. Make sure your doctor or pharmacist knows about ALL of your medicines, so that they can warn you of any interactions that may occur. Some medications, such as anti-seizure, blood pressure, pain medications and sleep aids, increase the risk of falls by causing dizziness.
- Be aware of pets that could be underfoot.
- Wear supportive shoes at home.
- Beware of behaviors, such as running to get the phone, becoming too tired during the day, skipping meals, or carrying things while on the stairs, that may cause you to fall.
- If you feel unsteady or have already fallen, notify your doctor immediately. Your doctor can assess your medications and/or refer you to physical therapy if needed.

PREVENTING FUTURE PROBLEMS

- Driving and returning to work is patient specific; it is very much dependent upon your response time, pain level and restored movement. Your surgeon will help to determine when it is appropriate to begin driving and working. *You may not drive when you are taking narcotic pain medication (for example Oxycodone, Hydrocodone, Norco, and others).*
- Your discharge nurse will provide instructions for showering at home.
- Please consult with your surgeon regarding swimming or using a hot tub.
- Continue your exercises as instructed by your PT/PTA

Other Helpful Tips:

Dental work: If you plan to have dental work or minor medical procedures, consult your surgeon or primary care provider before the procedure regarding the need for antibiotics to avoid risk of infection.

Inclement weather: Remember to use caution with slick, icy or bad weather. A fall could cause serious injury and future problems with your hip replacement.

FOLLOW UP

It is very important to keep all follow-up appointments. You will need ongoing surgical supervision until healing is complete, which is usually two to three months. Your surgeon may require follow-up appointments for one year or more after surgery.

Section 4
RESOURCES

Websites

1. www.providence.org/orthopedics
 - General information about Providence orthopedic services
2. www.providence.org/rehab
 - Information about Providence Outpatient Rehab clinics
3. orthoinfo.aaos.org/topic.cfm?topic=A00094
 - Information from the American Academy of Orthopedic Surgeons regarding shoulder replacement

Section 5

APPENDIX MATERIALS

MEDICATION	COMMON INDICATIONS/TREATS	COMMON SIDE EFFECTS
Actaminophen (Tylenol)	Pain/Fever	Nausea/Headache/Rash
Antibiotics*	Bacterial Infections/Infection Prevention	Rash/Diarrhea/Fever/Nausea
Aspirin	Pain/Fever/Inflammation/Blood Thinner	Bleeding/Stomach Upset
Calcium Carbonate (Tums)	Acid Reduction/Stomach Upset	Gas/Constipation
Cefazolin (Ancef)	Infection Prevention	Rash/Diarrhea/Fever/Nausea
Cepastat (Cepacol)	Throat Analgesic	Mouth Irritation
Celebrex (Celecoxib)	Pain/Inflammation	Rash/Edema/Dizziness/Stomach Upset
Cyclobenzaprine (Flexeril)	Muscle Spasm	Drowsiness/Dizziness/Dry Mouth
Diphenhydramine (Benadryl)	Allergic Reactions/Sleep/Itching	Drowsiness/Dizziness
Docusate (Colace)	Constipation	Abdominal Cramps/Diarrhea
Enoxaparin (Lovenox)	Blood Clot Prevention	Fever/Nausea/Bleeding/Bruising at Injection Site
Famotidine (Pepcid)	Acid Reflux/Peptic ulcers	Headache/Diarrhea
Ibuprofen (Advil/Motrin)	Pain/Inflammation/Fever	Rash/Stomach Upset/Edema/Dizziness
Ketorolac (Toradol)	Pain/Inflammation	Headache/Stomach Upset/Nausea
Magnesium Hydroxide (MOM)	Constipation	Nausea/Diarrhea
Metoclopramide (Reglan)	Nausea/Vomiting	Headache
Opiate Pain Relievers**	Pain	Drowsiness/Itching/Nausea/Constipation
Promethazine (Phenergan)	Nausea/Vomiting/Motion Sickness	Dizziness
Rivaroxaban (Xarelto)	Blood Clot Prevention	Bleeding
Senna (Senokot)	Constipation	Abdominal Cramps/Diarrhea/Nausea
Simethicone (Mylicon/Gas-X)	Gas/Bloating	Nausea/Stomach Upset
Tramadol (Ultram)	Pain	Flushing/Dizziness/Headache/Constipation
Warfarin (Coumadin)	Blood Clot Prevention	Bleeding/Abdominal Pain
Zolpidem (Ambien)	Insomnia	Dizziness/Headache
Zofran (Ondansetron)	Nausea	Headache/Drowsiness/Dizziness/Weakness
* Amoxicillin, Ampicillin/Sulbactam, Amicillin, Augmentin, Azithromycin, Bactrim, Cefazolin, Cefepime, Ceftriaxone, Cephalixin, Ciprofloxacin, Clindamycin, Levofloxacin, Linezolid, Vancomycin, Zosyn, etc.		
** Fentanyl, Methadone, Morphine, OxyContin, OxyCodone, Hydromorphone (Dilaudid), Hydrocodone/Acetaminophen (Vicodin, Lortab), Oxycodone/Acetaminophen (Percocet), etc.		

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

www.providence.org/orthopedics



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