

# Living with a shoulder replacement



Ascension  
Saint Thomas

# Table of contents

Important information .....	1
Your Joint Replacement Institute .....	2
What's wrong with my shoulder? .....	2
Shoulder prosthesis .....	3
Pre-surgery appointments .....	4
Planning .....	5
Your home .....	7
Preparing for surgery .....	8
Day of surgery .....	9
Your surgery.....	10
After your surgery .....	11
During your hospital stay .....	12
Pain management.....	13
Recovery .....	15
Diet.....	17
How's your shoulder today? .....	19
Home exercises .....	20
For more information.....	24

# Important information

---

Surgeon

---

Phone

---

Primary care doctor

---

Phone

---

Nurse navigator

---

Phone

---

Pharmacy

---

Phone

---

Allergies

## My hospital

**Ascension Saint Thomas DeKalb**  
520 W. Main St.  
Smithville, TN 37166  
615-215-5000

**Ascension Saint Thomas Stones River**  
324 Doolittle Road  
Woodbury, TN 37190  
615-563-4001

**Ascension Saint Thomas Rutherford**  
1700 Medical Center Parkway  
Murfreesboro, TN 37129  
615-396-4100

**Ascension Saint Thomas Highlands**  
401 Sewell Drive  
Sparta, TN 38583  
931-738-9211

**Ascension Saint Thomas Hickman**  
135 East Swan St.  
Centerville, TN 37033  
855-519-4978

**Ascension Saint Thomas Hospital West**  
4220 Harding Pike  
Nashville, TN 37205  
615-222-2111

**Ascension Saint Thomas River Park**  
1559 Sparta St.  
McMinnville, TN 37110  
931-815-4000

**Ascension Saint Thomas Hospital Midtown**  
2000 Church St.  
Nashville, TN 37236  
615-284-5555

**Ascension Saint Thomas Hospital  
for Specialty Surgery**  
2011 Murphy Ave.  
Nashville, TN 37203  
615-341-7500

# Your Joint Replacement Institute

Thank you for choosing Ascension Saint Thomas Joint Replacement Institute to meet your healthcare needs. Our staff is dedicated to providing you with the finest surgical care available today.

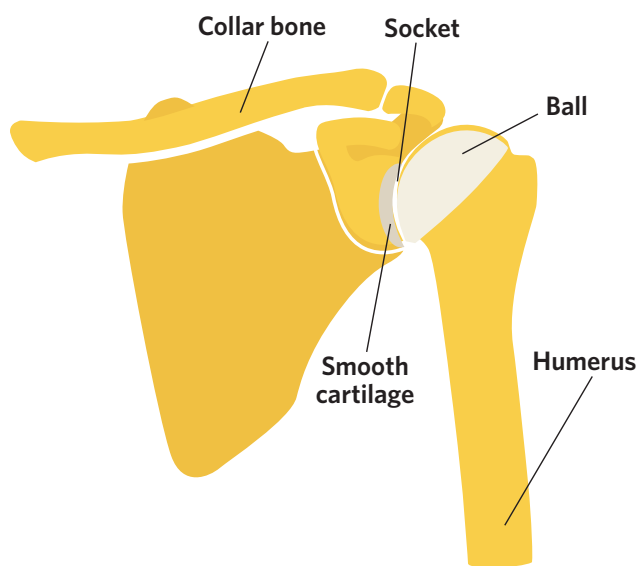
This guide has been developed to help you prepare for your surgery; understand what to expect during your hospital stay; and plan for your recovery process and the steady increase in mobility you should experience.

## What's wrong with my shoulder?

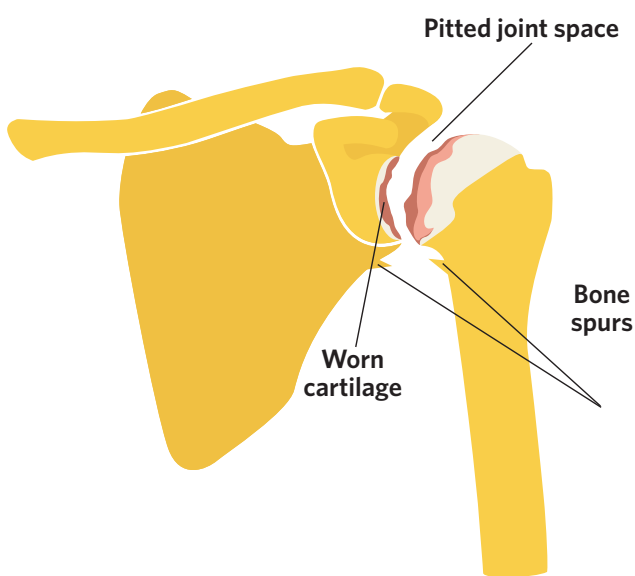
A healthy shoulder consists of a smooth ball on the end of the arm bone, which fits into the end of the shoulder socket to form the "ball and socket" joint. A layer of cartilage cushions the ends of these bones, allowing the ball to glide easily within the socket.

A problem shoulder can be the result of wear and tear to the cushion of cartilage in the shoulder joint due to osteoarthritis or other diseases. Without the cushion of cartilage, the joint surfaces become irritated and pitted as bone rubs against bone.

### Healthy shoulder



### Problem shoulder

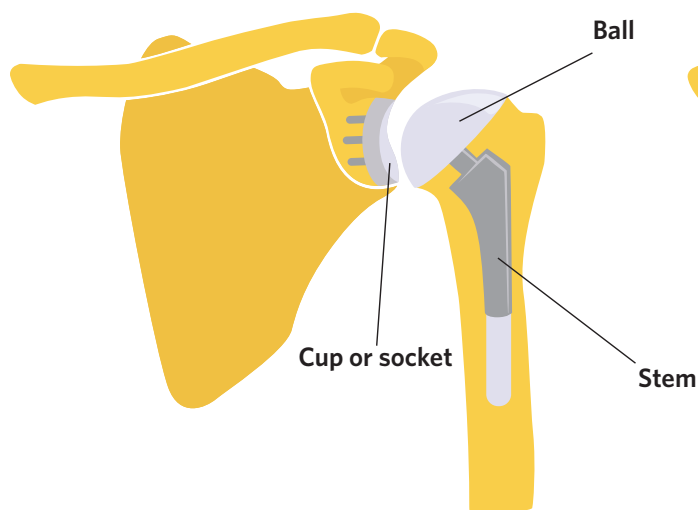


# Shoulder prosthesis

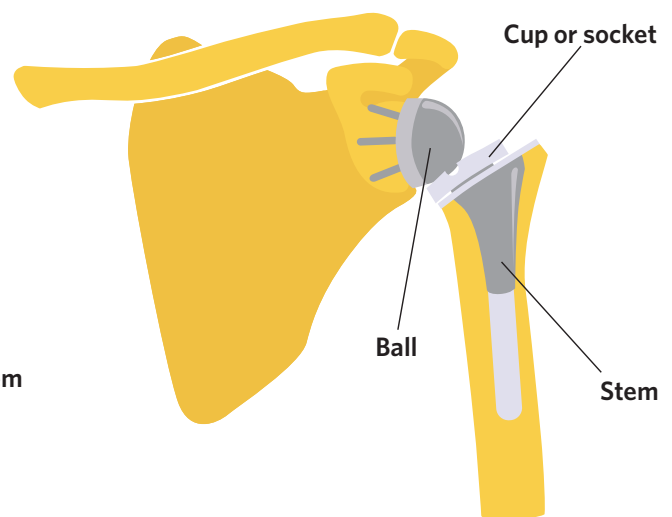
The shoulder prosthesis consists of a specially designed ball and socket that replace your worn shoulder joint. The ball and stem replace the worn ball of your shoulder bone. A cup replaces the rough shoulder socket. The prosthesis has smooth surfaces that fit together and allow the ball to move easily and painlessly within the socket, much like a healthy shoulder.

A reverse shoulder prosthesis consists of a specially designed ball and socket that replace a worn shoulder joint that also has severe rotator cuff injury. A cup attached to a stem is used to replace the worn head ball of your shoulder bone. A ball is secured to the rough shoulder socket. The prosthesis has smooth surfaces that fit together and allow the cup to move easily and painlessly around the ball. The reverse shoulder prosthesis takes advantage of the intact muscles around your shoulder to move the arm when the rotator cuff muscles no longer work as they should.

## Shoulder prosthesis



## Reverse shoulder prosthesis



# Pre-surgery appointments

A medical exam will be performed to assess your overall health prior to surgery. This appointment may take several hours or require more than one visit. Please eat prior to your appointment or bring a snack with you, unless otherwise instructed. You will be contacted with your appointment information.

## During your appointment:

- Bring your photo identification.
- Permission to treat forms will require your signature.
- Bring a copy of your living will, state healthcare agent, and Tennessee Advanced Care Plan. If you don't already have those documents, they will be explained.
- You will be asked to provide insurance or billing information.
- Bring a list of your medicines and their dosages, including over-the-counter medicines and herbal supplements.
- You will be advised of which medicines you should stop taking prior to surgery and any medicines you may take the morning of surgery.
- You will address any constipation issues to determine if an over-the-counter laxative prior to the day of surgery is necessary.
- Other testing may be requested by your surgeon or anesthesiologist.
- You will be given a special soap to use before your surgery and then again, the morning of your surgery. You will be directed how many days before your surgery to start using this soap.
- You may also meet with a doctor or nurse practitioner who will review your pre-surgery information with you.

## Medical clearance

Knowing your overall health helps your surgeon and other staff members provide better and proper medical care while in surgery and during your hospital stay.

You may be asked to provide access about you from your primary care doctor, which may include:

- Blood work
- Cardiac stress test
- EKG
- Pulmonary function

## Dental clearance

If you have not seen a dentist during the last 12 months, your surgeon may request that you make an appointment for a dental exam. A silent or unknown infection in your mouth could travel through your bloodstream and cause infection. It is important to know the status of your teeth and gums.

## Joint replacement class

Preparing for your surgery is important. Please attend your joint replacement class before your surgery, normally on the same day as your pre-surgery appointment. It's a helpful step in making sure you are ready for your surgery, and gives you an opportunity to ask any questions you may have.

# Planning

Planning for your surgery, your hospital stay, and your recovery can help to ensure an easier recovery.

## Positive approach

- Preparing mentally for surgery is important for you, your family, and/or your support person (coach).
- It is important to remember that the pain and activity limitations after surgery will be different than what you are experiencing now. Each patient recovers differently. Depending on your condition, your recovery and exercise plan will be designed to meet your needs.
- Your recovery will begin in the hospital and will continue after discharge. It is important for you to make a commitment to follow your surgeon's instructions and exercise plan to gain the most benefit from your surgery.

## Your surgery coach

We encourage you to have one designated caregiver to be your coach who will be with you during your hospital stay.

- All patient rooms are private, and allow for your coach (one adult) to spend the night.
- Your coach will participate in your care by walking with you in the halls once it is safe to do so, helping you remember and follow instructions from your surgeon, and making other arrangements when necessary.

## Infection prevention

Help prevent infection by telling your doctor about all of your medical problems. Allergies, diabetes and obesity could affect your surgery and treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near the area where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

Your ability to fight infection may be weakened after surgery, which is normal. Any steps you can take to prevent infection are very important; handwashing being the most important. Both in the hospital and at home, performing proper hand cleanliness is essential.

## Wash your hands:

- Before eating
- After touching your pet, or any animal
- Before and after touching a wound
- After using the restroom
- After blowing your nose, coughing or sneezing
- After removing gloves

## **Proper handwashing technique:**

**Wet** your hands with clean, running lukewarm water, and apply soap.

**Lather** your hands by rubbing them together briskly with the soap. Be sure to lather the backs of your hands, between your fingers, under your nails, and the sides of your wrists.

**Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.

**Rinse** your hands well under clean, running lukewarm water letting the water run off your fingertips, not up your wrists. Turn off the faucet with a clean paper towel.

**Dry** your hands using a clean paper towel or air dryer.

## **Proper technique for using gel or foam alcohol products:**

**Select** a product with 60 percent or more alcohol content.

**Apply** enough of the product to cover all surfaces of your hands and in between your fingers.

**Rub** in until dry.

## **Work**

When you schedule your surgery, your surgeon will advise you on how much time to take off from work. The exact length of time will be determined by your surgeon at your post-surgical appointment, based on your recovery rate and the type of work you perform.

## **Transportation**

It is necessary for you to have someone drive for you until your surgeon clears you to drive on your own.

- To the hospital for your surgery
- To your follow-up appointments
- Grocery shopping or other errands
- From the hospital when you are discharged
- Picking up prescriptions
- To physical therapy appointments

## **Planning for physical therapy**

Your surgeon will determine your course of physical therapy.



# Your home

Making your home as safe as possible for your recovery will take some planning prior to surgery.

## General information

You may have to rearrange your most frequently used items to within your reach, somewhere between your waist and shoulders.

- Place a phone within easy reach wherever you are.
- Make sure that you have good lighting and that the light switch is within easy reach.
- Use a cushion to raise the seat in a low chair. This will make it easier to get up from the chair.
- You may find it helpful to sleep in a recliner.

## Preventing falls

- Remove all throw rugs.
- Check each room for “trouble spots” that could cause you to fall. Examples: cords, small objects, or stools that could cause tripping.

## Kitchen

- Move most frequently used items to the counter so you can reach them without bending or climbing. Examples: food, skillet, utensils, dishwashing items.
- You may find it helpful to stock up on prepared foods. Examples: canned, boxed or frozen foods.
- Check to see if a local grocery store will deliver orders to you.
- Family, friends and neighbors can help prepare meals for you.

## Bathroom

- Put a non-skid material in the bathtub or shower.
- You may want to purchase a tub transfer bench or shower stool if you have a tub shower.
- You may want to use an elevated toilet seat.

## Other equipment or services

If you require any equipment or a service to help with care after you leave the hospital, a hospital case manager will help make those arrangements for you, before you are discharged.

## Equipment

Your surgeon may suggest equipment that will help you during your recovery. Ask a staff member any questions you may have about getting equipment. Insurance plans may not cover the cost of this equipment.

### Items may include:

- Reacher or grabber
- Sock aids such as a long-handled shoehorn
- Elevated toilet seat
- Cane

# Preparing for surgery

## Packing for your hospital stay

Getting ready for surgery includes knowing what to bring with you to the hospital:

- This book
- Loose-fitting shorts/pants
- Personal items such as toothbrush, deodorant, lotions, etc.
- Your driver's license and insurance/Medicare card
- Your sling (if provided by your surgeon)
- A list of your medicines and their dosages including over-the-counter medicines and herbal supplements
- If you are being treated for sleep apnea, bring your CPAP machine, fitted mask, tubing, and pressure settings. If you do not know the pressure settings, call the prescriber's office or sleep study center to obtain the pressure settings
- Your living will, state healthcare agent, and Tennessee Advanced Care Plan forms
- Eyeglasses or contact lenses with case
- Rubber-sole shoes
- Button-up shirt or loose-fitting T-shirt
- Dentures, hearing aids, prostheses
- Your coach

## What to leave at home

- Jewelry
- Phones
- Cigarettes and all tobacco products
- Keys
- Laptops or tablets
- Wallet or purse
- Large sums of money
- Medicines

If you make a decision to bring any of these with you to the hospital, please know this is at your own risk.

## The night before surgery

- Eat a light supper the night before your surgery, but avoid spicy or fatty foods.
- If you are a diabetic, eat a protein snack before going to bed.
- Do not eat, chew gum, suck on or eat mints, or drink after midnight the night before your surgery, unless instructed to do so by your surgeon.
- Do not smoke.
- You may brush your teeth and rinse with mouthwash.
- Check what you have packed to make sure you have everything you need for your hospital stay.
- Follow instructions you were given at your pre-surgery appointment for taking a shower.
- Make sure you have clean linens on your bed.
- Do not apply lotion after you shower.
- If you have long hair, please braid or secure your hair, and remove any false hair.
- Remove all piercings.
- Remove nail polish.

# Day of surgery

## Before leaving home

- Take a shower using the soap you were given at your pre-surgery appointment.
- Take any medicines as directed by your clinic doctor or nurse practitioner the morning of your surgery with a small sip of water.
- Do not apply make-up, lotion, false eyelashes, or cologne/perfume before leaving home.
- Do not wear contact lenses.

## Arriving at Ascension Saint Thomas Hospital Midtown

You may park in the Mid-State Parking Garage on 20th Avenue. There is designated parking for the Joint Replacement Institute on the sixth floor. Take the elevator in the garage to the eighth floor, where it opens directly in the Joint Replacement Institute. Elevators are operational starting at 5 a.m. Please use the parking permit you received during your pre-surgery appointment. The permit can be used during your entire hospital stay.

If you need wheelchair assistance you will need to go to the Main Admitting entrance on 20th Avenue (near Emergency entrance). If you are using a GPS system for directions, it is helpful to enter “275 20th Avenue North” as the address.

There will be someone to greet you once you arrive at the Joint Replacement Institute.

## Arriving at Ascension Saint Thomas Hospital for Specialty Surgery

There is parking available in the lot in front of the building as you enter, or there is free valet parking. Take the elevator to the fourth floor and check in at Suite 400.

## Arriving at Ascension Saint Thomas Rutherford

There is parking at the main entrance of the hospital. A roving golf cart can provide transportation to the front door of the hospital. Free valet parking is also available.

## Arriving at Ascension Saint Thomas Hospital West

You may park in the Seton garage, or there is free valet parking available on Level B when you enter the garage. Take the elevator in the garage to level D (in the elevator press Hospital), which is the hospital's first floor. On the first floor go to the Admitting Desk (located on the left just past the coffee shop).

## Your surgery

- You'll receive your identification arm band.
- Change into your hospital gown.
- Provide a cell phone number for your surgeon to check in with your coach after surgery.
- Receive your nursing assessment.
- Your surgical site is marked.

If you have gone to a patient room, members of the surgical team will transport you to the surgical holding area.

In surgical holding you will be seen by several people who are part of your surgical and anesthesia teams. An IV will be started to draw blood and start lab work.

In the operating room you will be greeted by your operating room team. You may be asked to move onto the surgical bed. Additional monitors for anesthesia will be placed, and you will be asked to breathe oxygen through a mask. Medicines will be given through your IV, and surgery will begin shortly after you go to sleep.

We will do our best to make this process relaxing and free of pain, but it is not safe to put you completely to sleep before getting to the operating room.

The average surgery time is 1-2 hours. However, your surgery may take less or more time depending on your specific procedure.

## Anesthesia

Your surgery will be performed under general anesthesia. The anesthesiologist will also give you a nerve block. The anesthesia staff will review this with you on the day of your surgery, and you are encouraged to ask any questions you may have.

- General anesthesia is where you are put completely to sleep through medicine in your IV. Once asleep, a breathing tube is placed, and anesthetic gases are used to keep you unconscious during your surgery. You will be awakened at the end of the surgery and the breathing tube will be removed, usually before you are completely awake.
- A nerve block is numbing medicine injected next to the nerve that controls either feeling, movement, or both in the targeted extremity.

# After your surgery

## Post-Anesthesia Care Unit (PACU)

After you wake up from surgery you will be taken to the PACU. Nurses who are specially trained to care for patients while they are recovering from anesthesia will monitor your post-surgery condition.

In the PACU the nurse will tell you where you are and that your surgery is over. You may experience some blurred vision, dry mouth, chills or nausea from the anesthesia. You may also have a sore throat from a tube that was placed in your windpipe during surgery.

You will experience some pain after your surgery. We will do all we can to control your pain. Your nurse will be checking on you frequently to assess your condition. However, be sure to tell your nurse if you are having pain or nausea. If so, medicine is available to make you feel more comfortable.

As you wake up, you will be aware of the nurse checking your bandage and your blood pressure. You will be attached to a heart monitor and an oxygen level monitor. It is normal to hear these monitors “beep.” You may also receive oxygen through a clear plastic tube in your nose.

Your nurse will direct you to start moving your feet. These ankle pumps help to improve the circulation in your legs.

Depending on the type of anesthesia you were given and your reaction to it, the length of your stay in the PACU could vary.

While visitation in the PACU is restricted, the nurse will keep your coach and/or family members updated on your progress.

## Tubes and equipment

After you wake up from surgery you may notice several tubes in various areas of your body, such as the following:

**Foley® catheter** — After you are put to sleep, a Foley catheter may be placed to drain your urine from your bladder. This is usually removed the day of your surgery while you are still in the hospital. Once your catheter is removed, a therapist will teach you how to get on and off the toilet safely.

**IV (intravenous line)** — An IV will be placed in your arm while you are in the surgical holding area prior to your surgery. Fluids and medicines, such as antibiotics and pain medicines, will be given through your IV line. Until you can eat and drink enough to nourish your body, the fluid given through your IV line will supply that nourishment your body needs. The IV line is removed before you are discharged from the hospital.

**Wound drain** — You may notice a tube coming out from your bandage. This helps to drain excess fluid from your wound. The wound drain is usually removed before you are discharged from the hospital. But sometimes the drain must stay in place when you are discharged. If so, you will be given instructions about the drain at discharge.

**Compression sleeves/foot pumps** — These help reduce the risk of blood clots in your lower legs.

# During your hospital stay

Hospital chaplains are available to support you during your stay. Ask any member of your care team to contact the chaplain on your behalf.

## Diet

You will receive IV fluid until you are eating and drinking enough to nourish your body. To help prevent nausea, your diet will slowly progress. Your surgeon will order any dietary restrictions, for example, if you are a diabetic.

## Medicines

Your medicines will be ordered for you by your surgeon and provided to you by the hospital. You will receive medicines and antibiotics to help prevent infection. Occasionally, because of a difference in the manufacturing company, the medicine dispensed at the hospital may not look like the medicine you take at home. **Please ask your nurse if you have any questions about your medicines.**

## Constipation

Pain medicine and anesthesia may cause constipation. You are already prone to constipation because of surgery and lack of exercise.

Nurses will monitor your bowel activity and work to get your bowel regulated after surgery. You may need to continue using stool softeners or laxatives as long as you are taking pain medicine. Contact your surgeon's office if constipation persists when you go home.

## Your activity level

Your doctor will determine your activity orders. An occupational therapist will review your exercise program and go over bathing and dressing techniques.

## Preventing falls

We want your hospital stay to be safe. If you need extra help when walking; are especially weak; become dizzy when you stand up; or have other types of health problems, make sure you always let your nurse know when you need to go to the bathroom or get out of bed for any reason.

Keeping the bedside rails up can also lessen the chance of getting hurt from a fall.

## Visitors

Your family and friends are welcome to visit with you. We believe that time with loved ones is essential to healing. We encourage a small number of visitors at one time. Because you are recovering from surgery, you will need to have plenty of rest and avoid stress and exposure to illness.

## **Visitor parking at Ascension Saint Thomas Hospital Midtown**

- Parking is free. Visitors may choose to park in the State Street garage, or additional parking is available in the 21st Avenue garage, located across from the Patient Pick-up entrance.
- Free valet parking is available 6 a.m.-5 p.m. at the 20th Avenue entrance just to the left of the Emergency entrance.

## **Visitor parking at Ascension Saint Thomas Hospital for Specialty Surgery**

- Parking is free and available at Murphy Avenue entrance.
- Free valet parking is available from 6 a.m.-4 p.m.

## **Visitor parking at Ascension Saint Thomas Rutherford**

- Parking is free and available at the hospital's main entrance. A roving golf cart can provide transportation to the hospital's front door.
- Free valet parking is also available.

## **Visitor Parking at Ascension Saint Thomas Hospital West**

- Parking is free. Visitors may park in the Seton garage.
- Free valet parking is available 6 a.m.-5 p.m. on level B of the Seton garage.

**Hospitals have large campuses. It is helpful for visitors to make a note of where they parked.**

## **Pain management**

After your surgery you will not be pain-free. Some degree of pain is unavoidable. The amount and intensity of pain that you feel differs from one person to another. No two people are alike. We want to make sure your pain is tolerable, so you can participate in appropriate activities such as walking and therapy. Pain after surgery will be different from your current pain.

During and immediately after your surgery, you will receive pain medicine by mouth or through your IV. As you continue to recover from your surgery, you will be changed to pain pills.

### **Talking about your pain**

Only you know what your pain is like. Please tell your nurse when you are hurting or are uncomfortable. You must request pain medicine when needed.

- Tell us if your pain medicine is not working or if you don't like the way it makes you feel.
- Remember, the longer you wait to take pain medicine, the worse your pain will become and the longer to get it under control. Do not wait until it is severe.

## Activity levels

Your recovery process includes setting activity goals. It is important to think about when those activities will take place, how often, and how intense. Thinking ahead will help determine how to get pain levels to a place where you can participate successfully in your activity goals.

We will try to reduce your pain without making you sleepy, so you can move, breathe deeply, and help care for yourself. These activities will help prevent complications and speed your recovery.

## Measuring your pain

Your nurse will ask you to rate your pain level throughout the day. Your nurse will have you rate your pain on a scale of 0-10, with 10 being the worst pain imaginable. We cannot relieve all of your pain, but we should be able to reduce it to a level of four or lower at rest. A level of zero is not a realistic goal.

## Other pain control techniques

Other activities that can help control pain include:

- Listening to relaxation music
- Changing position
- Watching television
- Meditation
- Visiting with friends and family
- Cold therapy/ice
- Reading
- Prayer

## Concerns about addiction

As pain from your surgery decreases, your need for pain medicine will also decrease. Fears about addiction may:

- Prevent you from taking your pain medicine
- Cause you to “hold-off” as much as possible between doses
- Result in taking lower doses of pain medicine than you need to control your pain

We want to make sure your pain is tolerable and that you do not needlessly suffer. Talk to the hospital staff if you have concerns about pain medicines, a history of drug abuse, sensitivity to pain medicine, or a low tolerance to pain.

## Facts about addiction

Although becoming addicted to pain medicine after surgery is uncommon, it can happen. Most people can reduce or stop pain medicine when the pain decreases or disappears. If you are concerned about becoming addicted to your pain medicine, talk to your surgeon or nurse.

## Taking pain medicine at home

You will be given a prescription for pain medicine. Remember to plan ahead if you think you will be getting low on your medicine. You may find it difficult to refill prescriptions for pain medicine during weekends, evenings, holidays, or if you live outside of Tennessee.



# Recovery

Please have your coach, or the person who will be driving you home at discharge, arrive by 8:30 a.m. When they arrive let your nurse know. It is important for you to have this arranged before you have your surgery, as most insurance plans will not cover ambulance transportation to your home or another facility.

When you are discharged, you will receive the following:

- Prescriptions for pain medicine as ordered by your surgeon
- Instructions on medicines to take at home
- Instructions on wound care
- Your follow-up appointment to see your surgeon will be reviewed with you.

If there is any information you do not understand, please ask before you go home. We want to make sure you are comfortable understanding your personalized plan for care.

When you are healthy enough to be discharged from the hospital, you begin your rehabilitation phase. You should balance periods of activity with periods of rest. Do not try to overdo or push yourself to the point of exhaustion.

## Wound care

- Keep your wound clean and dry.
- Remember to always wash your hands before touching your surgical wound. If another person is helping you, please remind them to also wash their hands with soap and water, or an alcohol-based hand rub before touching your wound.
- You may shower per your surgeon's instructions.
- Until you are cleared by your surgeon:
  - No bath tubs
  - No hot tubs
  - No swimming pools
  - No ocean/sea/lake water
- Follow your surgeon's directions for care of the wound site. If your surgeon does not remove your dressing in the hospital, follow their instructions for removal. Normally, a dressing can be removed 3-7 days from the day of surgery.

## Signs of infection

You will have redness, bruising and swelling surrounding your incision for several weeks. This is normal. It is your body trying to heal.

An infection in another part of your body (mouth, lungs, sinus, urinary tract, bowel, skin) could possibly spread to your new joint. Contact your primary care doctor, dentist or surgeon with any type of infection.

- See the **How's your shoulder today?** page in this book to learn more.

## Antibiotics

Check with your primary care doctor if you need to have any invasive procedure done, including dental work or teeth cleaning. They may want you to take an antibiotic before proceeding.

## **Walking**

- Change positions slowly and avoid rushing so you don't lose your balance.
- Walk daily for increasing distances, allowing for rests between activities.

## **Sitting**

- Get up, walk and change positions whenever you begin to feel stiff.
- Use a pillow or chair cushion on low seats.
- If needed, use a raised toilet seat or a bedside 3-in-1 commode chair.
- If you take a long car trip, stop every 60 minutes and get out and move around. Lack of movement may cause stiff or swollen joints, and a higher chance for blood clots to form.

## **Stairs**

If you need to use stairs, be sure to hold on to the railing or another person for support.

## **Sleeping**

Avoid sleeping on the same side as your surgery site until your surgeon tells you it is all right. Many patients find it more comfortable sleeping in a recliner right away after surgery.

## **Driving**

Do not drive until cleared by your surgeon.

## **Sports**

Do not participate in sports after your surgery until your surgeon tells you it is all right. Have a conversation with your surgeon about the types of sports you enjoy. You may eventually resume some sports that do not put your shoulder at risk, such as golfing, swimming, bicycling and dancing.

## **Sexual activity**

After joint replacement surgery many people are worried about resuming sexual activity. Avoid supporting your weight with your operated arm; otherwise, normal sexual activity will not harm the operated shoulder. Please consult your surgeon with any concerns.

# Diet

## Nutrition at home

When you are recovering from surgery, nutrition plays a vital role. Try to increase the variety of vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods that contain the nutrients you need without too many calories. Diabetic patients need to make sure they continue to watch their blood sugar levels.

It is also important to drink lots of liquids, especially water and not alcohol. Try to drink 8-10 glasses of water daily. This will help prevent dehydration and constipation. **As always, follow your surgeon's guidelines.**

## Orthopedic nutrition

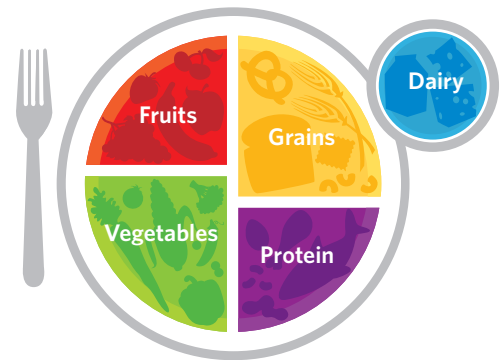
Nutrition plays an important role in your recovery from orthopedic surgery. Getting the right vitamins and minerals will speed up the healing process. This will help you get back on your feet as soon as possible. It will also help reduce complications such as infection.

If you would like to receive information about diets or have any question about proper nutrition, you can request a registered dietitian to come and see you while you are in the hospital.

The following general guidelines can help meet your nutritional needs. Try to follow these guidelines for 6-8 weeks after your surgery.

## Eat right with MyPlate

Before you eat, think about what goes on your plate or in your cup or bowl. Foods like vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods contain the nutrients you need without too many calories. For more resources about proper dieting, visit [choosemyplate.gov](http://choosemyplate.gov).



## Make half your plate fruits and vegetables

Eat a variety of vegetables, especially dark green, red and orange vegetables plus beans and peas. Fresh, frozen and canned vegetables all count. Choose “reduced sodium” or “no-salt added” canned vegetables.

## Make at least half your grains whole

Choose 100 percent whole-grain breads, cereals, crackers, pasta, and brown rice. Check the ingredients list on food packages to find whole-grain foods.

## Switch to fat-free or low-fat milk

Fat-free and low-fat milk have the same amount of calcium and other nutrients as whole milk, but less fat and calories. If you are lactose-intolerant, try lactose-free milk or a calcium-fortified soy beverage.

## Vary your protein choices

Eat a variety of foods from the protein food group each week, such as seafood, nuts and beans, as well as lean meat, poultry and eggs. Twice a week, make seafood a protein on your plate. Keep meat and poultry portions small and lean.

## **Cut back on sodium and empty calories from solid fats and sugars**

Drink water instead of sugary drinks. Eat fruits for dessert. Don't eat sugary desserts as often. Choose 100 percent fruit juice instead of fruit-flavored drinks.

Look at how much salt (sodium) is in the foods you buy. Compare food items and select those with lower numbers. Add spices or herbs to season food without adding salt.

Make major sources of saturated fats such as desserts, pizza, cheese, sausages and hot dogs occasional choices, not everyday foods.

Select lean cuts of meat or poultry, and fat-free or low-fat milk, yogurt and cheese.

## **Switch from solid fats to oils when preparing food**

Get your personal daily calorie limit at **[choosemyplate.gov](http://choosemyplate.gov)**. Keep that calorie limit in mind when deciding what to eat.

Avoid large portions by using a smaller plate, bowl and glass.

Cook more often at home, where you are in control of what's in your food.

When eating out, choose lower-calorie menu items. Select dishes that include vegetables, fruits and whole grains.

Write down what you eat to keep track of how much you eat.

If you drink alcoholic beverages, do so sensibly. Limit to one drink a day for women or two drinks a day for men.

# How's your shoulder today?

## I feel well

- I have my pain controlled.
- I do not have a fever.
- I am doing my exercises.
- I do not have an overly bloody or wet dressing.
- I do not have increased swelling, warmth or pain to either leg.
- I have a good appetite and regular bowel movements.

# Go

## All clear. This is your zone!

- I will continue to take my medications as prescribed.
- I will keep up with my exercises.
- I will remove my wound dressing according to my discharge instructions.
- I will drink lots of liquids, especially water and not alcohol. This will help prevent dehydration and constipation.
- I will ice as needed.
- I will keep all doctor appointments.

## I do not feel well

- I do not have my pain under control and am unable to make progress with physical therapy due to pain.
- I have increased joint stiffness.
- I have increased clear or bloody drainage from my wound.
- I have constipation.

# Caution

## Caution: contact your surgeon

- Call your surgeon. They may need to make changes to your plan of care or medications.
- Drink more liquids. Goal: 8-10 glasses of water daily.
- Eat a diet with more fiber. Stool softeners, which you can buy at a pharmacy, may help. Ask your surgeon.

## I feel worse

- I have a temperature >101 degrees.
- I have redness, foul-smelling drainage or pus at my wound.
- I have increased swelling, warmth and pain to either leg.
- I fell.
- I have sudden severe pain.
- I have shortness of breath or chest pain — call 911.

# Stop

Get help now!

## Call your surgeon immediately

**If it is the weekend and your surgeon is unavailable, or if your symptoms are severe, go to the ER.**

# Home exercises

## Pendulum exercises

Remember to do your pendulum exercises three times per day. Spend about 10-15 minutes per session on these exercises. Try each one for 2-3 minutes before moving on to the next.

- Bend over at the waist, letting the affected arm hang down at your side, Place your non-operative arm on a table or chair to support and balance your body.
- Gradually lean over until your operative arm is hanging almost perpendicular to your body.
- Sway your body back and forth, using the weight of the arm and gravity to generate small movements at the surgical shoulder.
- First move the arm side-to-side then move the arm forward and back. Finally, move the arm in small circles clockwise and counterclockwise. As your shoulder loosens up you can slowly make the circles wider.
- It is important to be relaxed and allow the shoulder and arm to move smoothly and slowly. Don't force any movements; allow them to happen as your shoulder loosens.
- Remember to move your elbow and wrist through their full ranges of motion at least three times per day, out of your sling, to prevent stiffness and help reduce any swelling in the operative arm.



### Grip strengthening (resistive ball)

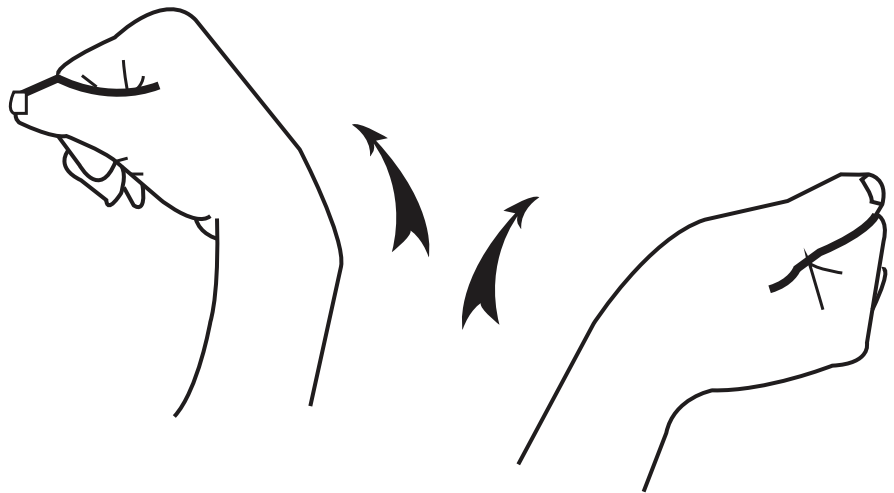
- Squeeze ball using thumb and all fingers.
- Repeat 15 times.
- Do three sessions per day.



---

### Wrist flexion/extension

- Actively bend wrist forward then back.
- Repeat 15 times.
- Do three sessions per day.



---

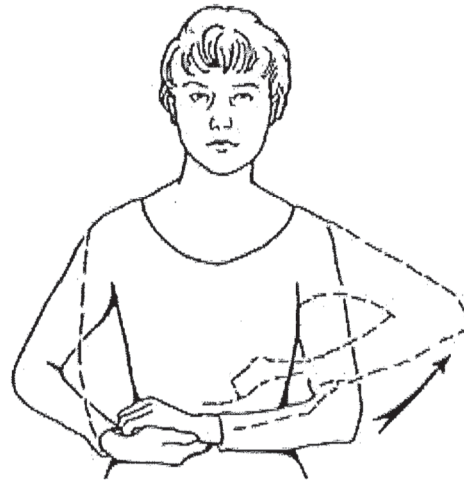
### Elbow flexion

- With arm by your side, actively bend and straighten elbow.
- Repeat 15 times.
- Do three sessions per day.



## Shoulder abduction (passive)

- Have someone support your arm at the elbow and hand to gently raise arm out to the side.
- Do not shrug shoulder or tilt trunk.
- Do not raise higher than \_\_\_\_\_ degrees.
- Repeat 15 times.
- Do three sessions per day.



---

## Shoulder flexion (passive)

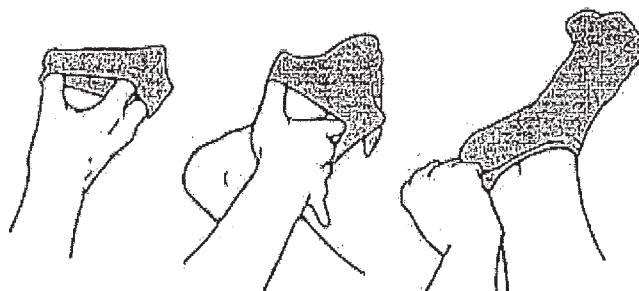
- Have someone support your arm at the elbow and hand to gently raise arm forward.
- Do not raise higher than \_\_\_\_\_ degrees.
- Repeat 15 times.
- Do three sessions per day.



---

## One-handed sock donning

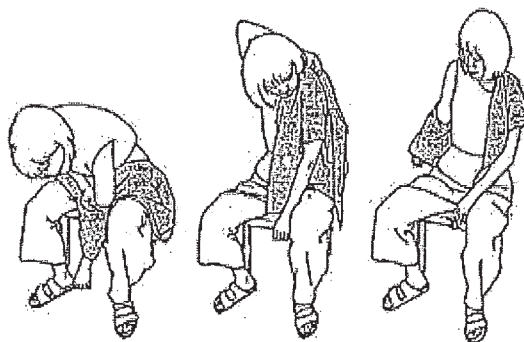
- Use socks which have light elastic.
- Prop foot on opposite leg.
- Use fingers to spread sock open.
- Slide over all toes.
- Pull over heel and up.





## Dressing front-opening shirt

- Pull sleeve up over affected arm.
- Pull up to shoulder and around back.
- Put other arm into sleeve.
- To remove shirt, start with unaffected arm.



---

## Eating

- Use your unaffected extremity for eating.
- Do not use your affected arm to self-feed.



---

## Tips regarding ice-pack use:

- Wear shirt under ice pack, then wear ice pack under sling.
- Wear at least eight hours per day initially, then as needed for pain relief unless otherwise directed by your doctor.

---

## Tips regarding sling use:

- Wear outside your clothing.
- The sling should be adjusted each time you put it on so that you are well-supported and don't feel like you need to hold your arm up.
- Your elbow should be all the way back in the sling.
- All straps are adjustable with Velcro.

## **For more information**

Please visit any of the following websites for more information.

### **OrthoInfo**

From the American Academy of Orthopaedic Surgeons

**<https://orthoinfo.aaos.org/en/treatment/shoulder-joint-replacement>**

### **Choose MyPlate**

From the United States Department of Agriculture

**[choosemyplate.gov](http://choosemyplate.gov)**

### **EatRight**

From the Academy of Nutrition and Dietetics

**[eatright.org](http://eatright.org)**





# Ascension Saint Thomas

[ascension.org](https://www.ascension.org)

Our facilities are currently taking precautions to help keep patients and visitors safe, which may include conducting screenings, restricting visitors and practicing distancing for compassionate, safe care. We continuously monitor COVID-19 guidance from the Centers for Disease Control and Prevention (CDC) and adjust our safety practices and safeguards accordingly.

© Ascension 2021. All images, photos, text and other materials are subject to copyrights owned by Ascension, or other individuals or entities which are used with their permission, and are protected by United States copyright laws. Any reproduction, retransmission, distribution or republication of all or part of any images, photos, text, and other materials is expressly prohibited without the express written approval and under the approved format of Ascension.