



**Patient Guidebook for  
Shoulder Replacement**

An anatomical illustration of a human shoulder joint, rendered in a light teal color. A prosthetic shoulder implant is shown, consisting of a dark teal humeral head and a lighter teal glenoid component. The background is a solid teal color.

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# Welcome Letter

Dear Patient,

Thank you for choosing Sutter Fairfield Surgery Center for your joint replacement surgery.

We are excited to offer you the latest in joint replacement technology, as well as a comprehensive, integrated program that allows you to do most of your recovery in the comfort of your own home.

Your surgeon has chosen this location to ensure you receive care in a center designed around the needs of healthy patients undergoing elective surgery. We believe this option is a safer and more efficient care delivery model.

This program is designed with you in mind. You are the leader of your care team, and we want you to be fully informed and involved in the process. We will support you each step of the way.

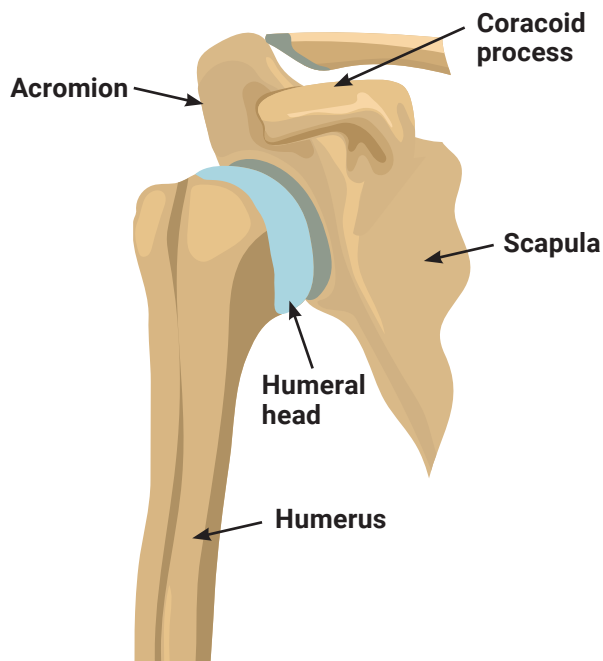
I look forward to hearing from you if I can do anything to make the process smoother for you. I wish you a healthy, speedy recovery.

## Preadmissions

Sutter Fairfield Surgery Center  
707-432-2575 (direct line)  
707-432-2700 (center line)

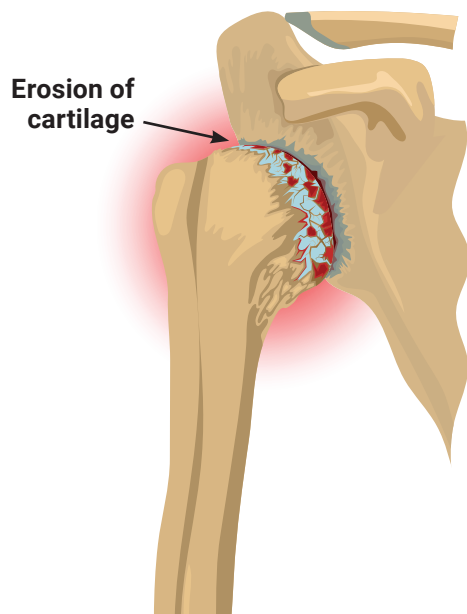
# Total Shoulder Replacement Overview

**Fig. I**  
**Healthy Shoulder**

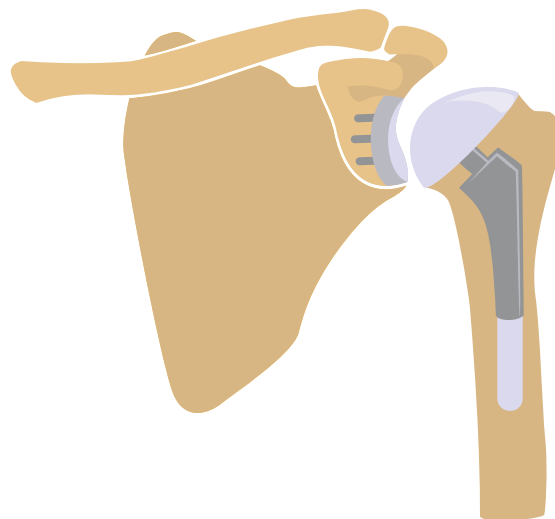


Total shoulder replacement surgery replaces the entire shoulder joint with an artificial shoulder implant. The implant is composed of metal and polyethylene and secured into place with bone cement. Certain diseases and conditions can affect shoulder function. The most common reason for total shoulder replacement is advanced arthritis. On this page is a visual of a healthy shoulder (Fig I), a shoulder afflicted by arthritis (Fig II) and a shoulder after surgery (Fig III).

**Fig. II**  
**Arthritic Shoulder**



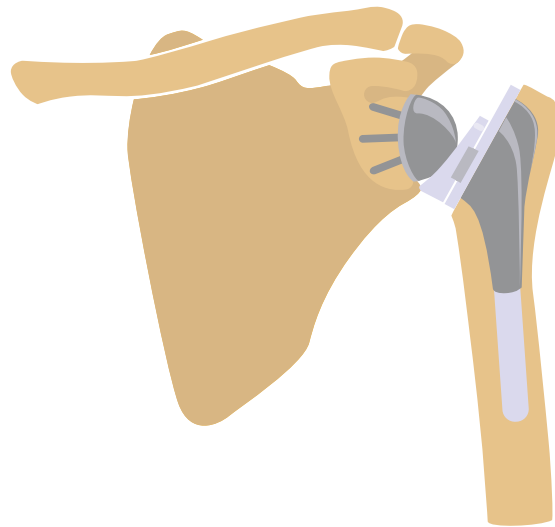
**Fig. III**  
**Total Shoulder Replacement**



## Reverse Total Shoulder Replacement Overview

A reverse total shoulder replacement is generally used for shoulders with a completely torn rotator cuff that cannot be repaired, cuff tear arthropathy, a previous shoulder replacement that was unsuccessful, or any time a standard replacement would not be expected to function well. A conventional shoulder replacement device mimics the normal anatomy of the shoulder: A plastic cup is fitted into the shoulder socket (glenoid) and a metal ball is attached to the top of the upper arm bone (humerus). In a reverse total shoulder replacement, the socket and metal ball are switched.

### Reverse Shoulder Replacement

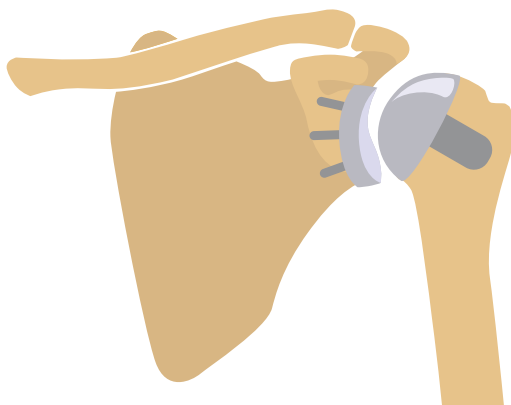


## Shoulder Hemiarthroplasty Overview

Hemiarthroplasty is a procedure to replace half of the shoulder joint. A hemiarthroplasty is where just the humeral head (ball) is replaced. In a stemmed hemiarthroplasty, the head of the humerus is replaced with a metal

ball and stem. In a resurfacing hemiarthroplasty, only the joint surface of the humeral head is replaced with a cap-like prosthesis without a stem. A hemiarthroplasty is usually performed in the following cases:

### Partial Shoulder Replacement



1. Arthritis of the shoulder where the socket is not in bad condition but the ball needs to be replaced;
2. Rotator cuff tear arthropathy where total shoulder arthroplasty would likely fail over time; and
3. Proximal humerus fracture where there is too much damage to repair the ball but the socket is not damaged.



## Checklist for Completing Preoperative Appointments

- ✓ Complete medical clearance requirements. Have all necessary tests, including blood work, EKG and possible chest X-ray.
- ✓ Make sure you have a responsible caregiver committed to being with you 24 hours a day for at least the first three days after surgery.
- ✓ Clarify with your doctor which of your current medications to take and which to stop taking and when. If you are unclear, please call our preoperative nurse at 707-432-2575.
- ✓ Fill your prescriptions so they will be ready when you return home.
- ✓ Finish any dental work before your surgery.

### **Notify the Surgery Center if:**

- ✓ You get sick (e.g., cold or flu) or have a fever.
- ✓ You get a skin infection or wound on the operative shoulder.



- 
- May Cause Dizziness
- You Should Avoid Prolonged Or Excessive Exposure To Direct And/or Indirect Sunlight While Taking This Medicine.
- OVAL WHITE TABLET
- Side 1:
- Side 2:
- NO
- TAKING
- MOUTH
- Generic: QTY: 30
- NO REF

## Checklist for the Day/ Night Before Surgery

- ✓ Enjoy a light dinner; avoid alcohol.
- ✓ A nurse from the Surgery Center will have called you prior to surgery to discuss:
  - When to stop eating or drinking.
  - Which medications to take the morning of surgery.
  - What time you should plan to arrive at the center.
- ✓ You may brush your teeth and rinse your mouth the morning before surgery.
- ✓ Shower the night before and morning of surgery as directed by your surgeon. Do NOT apply lotions, perfumes or powders.



### Special Note About Shaving

Please DO NOT shave your surgical area prior to your surgery. Your nurse will evaluate your skin prior to surgery and will shave the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled due to the risk of developing an infection.

## What to Expect the Day of Surgery

1. Arrive at the Surgery Center at your assigned time.
2. Once there, you will be asked to remove:
  - All jewelry. If your wedding band cannot be removed, it can be taped to your finger. It is best to leave all jewelry at home.
  - Dentures and partial plates.
  - Contact lenses and eyeglasses.
3. You will be asked to put on a patient gown, hat and slippers.
4. A nurse will check your heart rate, blood pressure, temperature and breathing.
5. A nurse will place an IV in your arm. You may be given a numbing medication locally, so this should be painless.
6. You will sign surgical and anesthesia consents, and be given time to ask questions.
7. Your surgeon will speak with you and mark the joint with a special pen.
8. An anesthesiologist will meet with you to discuss your anesthesia care plan.
9. You will receive antibiotics in your IV as prevention against infection.
10. You will be taken to the operating room with your operating room nurse.
11. You will be getting up to walk the day of surgery with a post-anesthesia care unit staff member.



## The Recovery Room

After your surgery, you will be taken to the recovery room, or post-anesthesia care unit. As you are recovering from your anesthesia, your surgeon will talk with your family and friends to let them know how things went. You may not remember much of this part, as the anesthesia drugs can affect your memory immediately after anesthesia.

### What is squeezing my legs?

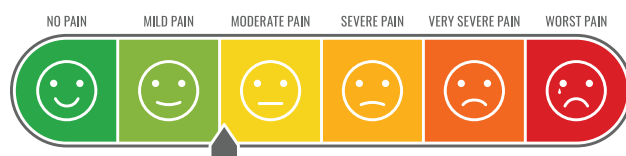
After you wake from surgery, you may have some plastic sleeves on both of your legs. Every few minutes, they will inflate with air, and you will feel a squeeze that starts at the ankle and works its way up. These sleeves help pump blood through your legs to prevent blood clots. The amount of time these are used depends on your level of activity. Think of them as your own personal leg massagers!

### Am I going to have pain?

Some pain is normal after surgery, but most patients experience soreness rather than pain. Many say it's less pain than they experienced prior to surgery. You will be asked to indicate your pain level on a scale of 0 to 10 (0 being no pain and 10 being the most pain). We try to keep you at a 2 or 3 (or less) on the pain scale, since controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and

physical therapy, which are crucial to you feeling better sooner.

Some patients will have an interscalene block, a form of regional anesthesia used in conjunction with general anesthesia for surgeries of the shoulder and upper arm. Simply stated, an interscalene block will numb your shoulder and arm before surgery so your brain will not receive any pain signals during and immediately after surgery. The block involves injecting numbing medication near the nerves that regulate sensation in the shoulder and arm. It is not uncommon for patients to have many questions regarding the use of an interscalene block. Your anesthesiologist will be happy to answer any questions you may have when you meet him or her prior to your surgery.



### Be sure to let the nurse know if:

Your pain medications seem to wear off too quickly or you start to feel nauseated. The earlier the team intervenes, the better you will feel. Please feel free to talk with your nurse about any other concerns.

## Frequently Asked Questions Regarding My Stay

### **How long will I be at the Surgery Center**

Most patients get discharged from the center the same day as their surgery. Under certain circumstances, there is the possibility of being admitted to the hospital or rehab center before discharge home. This decision will be made at the discretion of your surgeon.

### **Can a family member stay with me?**

Your family can stay with you until you are taken to the operating room. Your family may stay in the waiting room or leave and provide a contact number. Our staff can notify your family/friend when they can return to stay with you. Your ride may want to bring a pillow and blanket for you for the trip home.

### **What will my stay at the center be like?**

You will most likely be groggy initially after surgery due to the medications you received. Your vital signs (blood pressure, temperature and pulse) and any drainage from your dressing will be monitored by your nurse.

### **How long does surgery take?**

Approximately 1½ to 3 hours. Some of this time is required for the anesthesiologist to make sure you are comfortable, and for the nursing staff to take care of you immediately before and after surgery.

### **Do I have to bring a method of payment?**

Yes. We make every attempt to work with your carrier to understand what your expected out-of-pocket costs will be. We will ask for this payment at the time of registration. You should receive a call within the week prior to surgery to let you know the estimated amount.

### **Do you provide meals?**

Yes. We will take care of all meals during your stay. We offer nutritious choices, customized to your medical needs.

### **When can I eat?**

Most patients do not feel hungry right away. Usually by the evening after surgery, they are ready to try solid food. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated, as there is medication that can minimize this.

### **When do I start physical therapy?**

Your surgeon will decide the timing of physical therapy based on the surgery. Remember that pain control is imperative.

#### **Important:**

Do not attempt to get out of bed until assisted by your nurse.



## What to Expect After Surgery

### When can I leave the center?

Patients are usually discharged on the day of surgery. You will go home from the center when:

- ✓ Your nurse feels that you are safely moving around and able to get in and out of bed.
- ✓ You can get to the bathroom or bedside toilet by yourself.
- ✓ You can keep solid food down.
- ✓ Your incision has no signs of infection.
- ✓ Your vital signs are normal.
- ✓ You can control your pain with oral medication.
- ✓ Your support person is assessed for readiness for discharge and the ability to provide care.

### What items will be sent home with me to use after discharge?

This depends on what has been ordered by your surgeon. It may include ice bags, a special ice machine or a sling. Please check with your surgeon for what was ordered for you.

### Will I need assistance for personal care when I get home?

This varies, but you will need to have a responsible adult stay with you for at least three days. He or she will help with dressing, bathing and your meals.

### Sling

You will wear your sling for approximately 4 to 6 weeks. Your surgeon will let you know the exact time frame. You can remove it in “controlled” environments, such as when sitting and relaxing. During the period when the sling is off, keep the arm resting at your side. Support your arm when lying down so your elbow does not fall behind the midline of your body. This can be done by resting it on a pillow.

Putting on your sling: the physical therapist will show you how to apply the sling. The hand should be higher than the elbow when positioned in the sling.

## Therapy

Expect to be in physical therapy for 3 to 4 months. You will have in-home physical therapy for approximately 2 weeks, after which you will be scheduled for outpatient physical therapy for the remainder of your rehabilitation.

## Recovery

Expect the full recovery process to take up to 6 months. Your recovery depends on your personal goals, your general physical condition and the nature of your surgery. Many patients experience ups and downs during recuperation, so don't be discouraged when this happens.

As you might expect, your body may respond to shoulder surgery with one or more of these common postoperative reactions:

- ✓ Low grade fever (<100.5°F) for a week.
- ✓ Small amount of blood or fluid leaking from the surgical site.
- ✓ Bruising along the shoulder, chest and upper arm, even to your elbow.
- ✓ Swelling of the shoulder and upper arm.
- ✓ Mild numbness next to the surgical site for 6 to 9 months.

## When To Call Your Surgeon

- ✓ Fever of >100.5° F persists a few days after surgery.
- ✓ Progressively increasing pain. (Pain should steadily decrease following surgery.)
- ✓ Excessive bleeding or fluid coming from the surgical site.
- ✓ Increasing swelling or redness around the surgical site.
- ✓ Persistent nausea or vomiting.
- ✓ Decreased sensation in the operative arm after your block has worn off.
- ✓ Persistent headache.
- ✓ Inflamed anesthesia injection site (reddened, swollen or oozing).

## When Can I Drive My Car

You should be able to drive in approximately 6 weeks, maybe sooner if your operative shoulder is non-dominant. Please get clearance from your surgeon before you begin driving. Please do not drive while still wearing the sling or on narcotic pain medication.



## Monitoring for Complications

### Deep Vein Thrombosis

Call your surgeon immediately if any of the following signs develop:

- Swelling in legs that does not go away when you elevate your feet.
- Pain in calf, or behind the knee.
- Calf warmth or redness.

### Pulmonary Embolism

Call 9-1-1. Go to your local emergency room immediately if you experience any of the following:

- Shortness of breath.
- Chest pain.
- Coughing up blood or pink mucus.



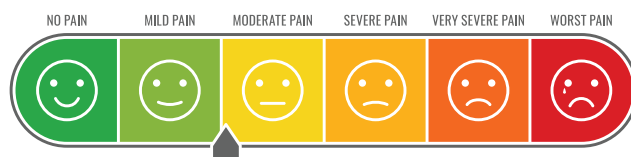
## What Type of Professional Care May I Expect at Home?

Your surgeon may order home health services, including physical therapy and nursing care, tailored to your needs. A therapist will continue assisting you with your home exercise program. A nurse may be available to monitor and manage your pain control and incision care, and may take a blood sample if needed to monitor your blood count. The home care team will coordinate care with your physician and will help you with the transition to outpatient rehabilitation.

**If you have arranged for an outside care agency, please contact that agency for your home health care needs.**

## Pain Management Overview

Pain management is a very important component of your surgery. One of the biggest concerns patients have about surgery is how much pain they will experience. Our goal is to alleviate your fears and concerns and ease your discomfort. A personalized pain management plan will be developed to meet your individual needs. Your doctors, nurses and therapists will work with you to manage your pain after surgery so you are as comfortable as possible and able to fully participate and receive the greatest benefit from your therapy sessions. Your doctors will discuss different options to control your pain and assist you in choosing the correct method based on your individual situation.



### ON A SCALE OF 1 TO 10...

You can assist us in managing your pain by understanding the 10-point pain scale. The scale is a measurable description of the pain you are experiencing. By verbalizing the pain on a 10-point scale, zero (no pain) up to ten (most pain), you can share with your health professional the intensity of your pain. This helps your doctors, nurses and therapists determine the type of pain relief you require. We will ask you to use the pain scale to rate your pain before and after you take pain medication, and during therapy sessions. Some pain is expected and normal after joint surgery. We will work with you to set a reasonable pain tolerance and manage pain effectively so you can participate fully during your therapy.



## Preventing Blood Clots

After surgery or when you are less active, you are at an increased risk of forming blood clots. Clots most often occur in the lower leg. In order to prevent clots from forming in the leg, you will have a pair of compression sleeves on your lower legs when you arrive in recovery. The sleeves are designed to compress your muscles and blood vessels. These will help reduce the risk of blood clots. Your surgeon will determine the use of the stockings based on risk factors and your history.

Your surgeon may place you on an anticoagulant, such as aspirin, after the procedure to help reduce the risk of blood clots.



## Dental Treatments

It is possible in some situations for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in an artificial joint. This could increase your chance for infection.

The American Dental Association and the American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Infections are easy to avoid with an antibiotic prescription. Please defer any procedures for at least three months following surgery. Antibiotic prophylaxis is also recommended for upper or lower gastrointestinal procedures and genitourinary procedures. Regardless of your current health condition and potential procedure, please always check with your physician.

## Activities of Daily Living

Protect your repair by being careful that your arm does not participate in any lifting, pushing or pulling, and that it is not raised away from your side under its own power. Raising the arm even a small amount places excessive demands on your repair and should be avoided. Your surgeon will tell you how long these restrictions should remain in effect.

### Upper Body Dressing and Bathing

Dressing and bathing can be performed either sitting or standing. Take off the immobilizer only as needed to perform upper body dressing or bathing. When performing lower body dressing, your immobilizer should be correctly fastened to decrease the risk of accidentally moving your arm under its own power.

#### Dressing:

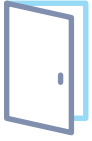
- ✓ With your feet shoulder width apart, place the foot opposite your affected arm forward and the other foot further back so you are comfortably balanced.
- ✓ Lean forward, bending at the waist. Let your affected arm dangle loosely in front of you.
- ✓ Bend knees slightly.
- ✓ Keep your shoulder muscles relaxed.
- ✓ Bring the sleeve of your shirt to your operated arm and thread the sleeve up the arm.

- ✓ Make sure the shirt is not twisted, to increase ease of dressing.
- ✓ Once the shirt is pulled up the operated arm, stand upright, allowing your arm to rest at your side.
- ✓ You must use one-handed buttoning techniques to ensure safety.
- ✓ Do not use the operated arm's own power to dress.
- ✓ To take your shirt off, reverse the instructions listed above.
- ✓ Use socks with light elastic. Use fingers to spread elastic wide and slide over toes. Pull over heel and up.

#### Bathing:

- ✓ Do not shower until you have been cleared to do so.
- ✓ Once cleared, to clean under your surgical arm, bend forward at your waist allowing your operated arm to dangle loosely in front of you. Do not use the operated arm's own power to bathe.
- ✓ If you feel that you must bathe prior to getting clearance from your surgeon, please sponge bathe carefully, avoiding the surgical site.

# Safety and Preparation of Your Home



## Entryway Stairs and Hallways

- ✓ Keep well-lighted and clutter free.
- ✓ Remove all loose throw rugs.
- ✓ Install night lights and illuminated switches.
- ✓ Make sure carpets and area rugs are firmly anchored to the floor.
- ✓ Install nonskid pads on uncarpeted steps.
- ✓ Have two different escape routes in case of fire.
- ✓ Check and repair all loose handrails. You may want to have additional handrails installed in some locations.



## Kitchen

- ✓ Move the most commonly used items within easy reach.
- ✓ Keep floors dry.
- ✓ Install and know how to use a fire extinguisher.
- ✓ Buy or pre-cook easy-to-prepare meals such as frozen foods, enough for a few days.
- ✓ Complete your grocery shopping prior to surgery.



## Bathroom

- ✓ Place nonskid adhesive strips on the floor of bathtub/shower.
- ✓ Turn on lights, in addition to night lights, when getting up at night to use the bathroom.
- ✓ Sit at the bedside for a few minutes to fully waken before getting out of bed.
- ✓ Keep bathroom floor dry.
- ✓ Have a handheld shower for use with a shower seat.



## General Safety Tips

- ✓ Remove furniture from walkways.
- ✓ Wear supportive comfortable shoes.
- ✓ Place emergency phone numbers near the phone.
- ✓ Never rush to answer the phone or door.
- ✓ Organize your day to give yourself plenty of time; rushing can cause falls.
- ✓ Be aware of changes in level surfaces (i.e., curbs, stairs, carpet vs linoleum).
- ✓ Pick up your feet to avoid tripping.
- ✓ Watch out for your pets; they can cause tripping. You may want to consider having a rambunctious pet stay with friends for a few days, or arranging a walking service.
- ✓ Make sure you have done your laundry so you do not need to carry laundry or go to a laundromat.
- ✓ Clean your house prior to surgery. You will not want to do housecleaning immediately after surgery.
- ✓ Relax in firm chairs that have armrests and sit a bit higher. Using pillows can raise the seat, which will make it easier to get up.

## Exercises for Before and After Surgery

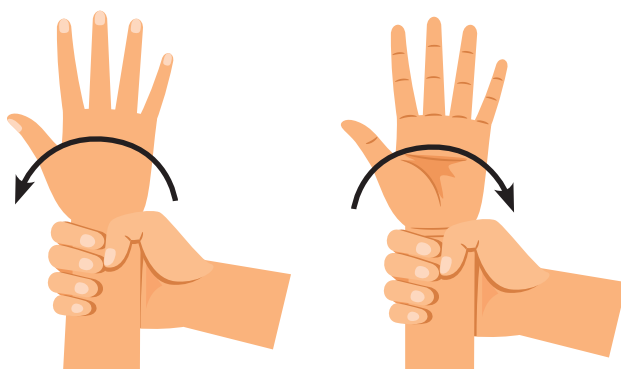
The following exercises will be started at home under the supervision of your physical therapist. He or she will instruct you on how often and how many repetitions of each exercise to perform daily. The general recovery time for elevation and extension of the arm is approximately two months. You will start strengthening exercises at approximately week 10 to 12.



### Gripping Exercise

Open and close your hand, making a fist without moving your repaired shoulder. Your arm can be bent or straight. You also can hold an object to squeeze like a stress ball.

Repeat often throughout the day.

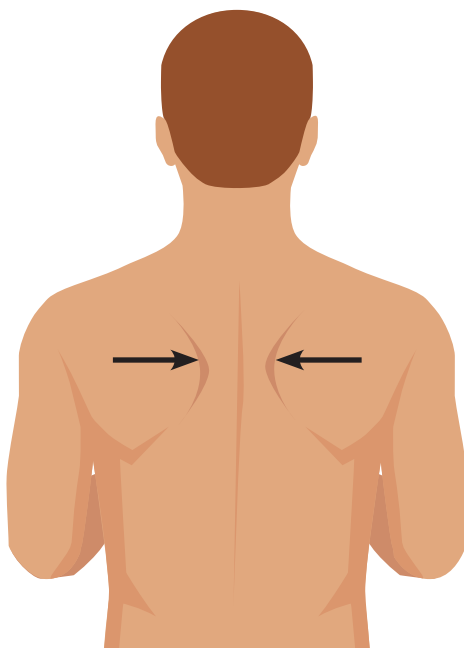


### Forearm Pronation

With affected arm supported, elbow bent and palm down, use the opposite hand to rotate its forearm, as shown.

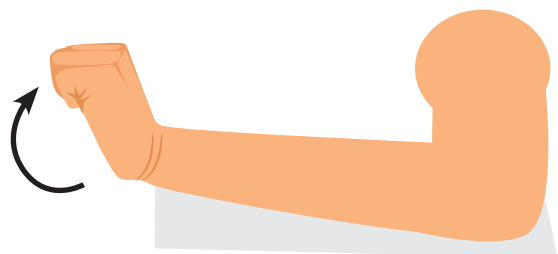
### Forearm Supination

With affected arm supported, elbow bent and palm up, use the opposite hand to gently rotate the forearm of your repaired shoulder, as shown.



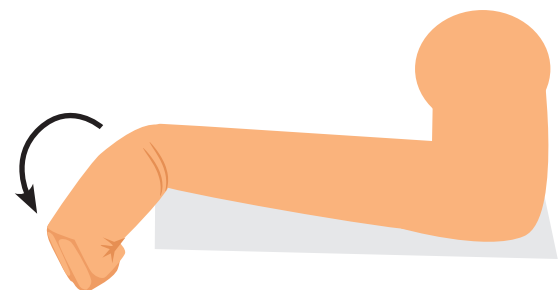
### Shoulder Blade Pinch

Standing or sitting with arms at your side, pinch your shoulder blades together.



### **Wrist Extension**

With elbow of affected arm supported and palm down, extend the wrist, as shown.



### **Wrist Flexion**

With elbow of affected arm supported and palm down, flex wrist downward, as shown.

### **Elbow Flexion/Extension**

Lying down, place a small towel roll under the affected arm (just above the elbow). Keeping your hand straight, gently bend the lower arm up and then straighten it out, doing a full range motion as comfortable. Your shoulder should remain relaxed.



## Preoperative Patient Education Acknowledgement

I have received preoperative patient education regarding shoulder replacement surgery and had the opportunity to ask questions and voice concerns.

I have received the shoulder replacement guidebook.

I understand that I may or may not receive antibiotics, depending on my surgeon's preference.

I understand the safety issues that need to be in place for my home recovery, as outlined in the guidebook.

I understand that pain management is an important issue, and that I can expect to have some pain during recovery. I understand how to take the pain medications and other therapies that may be ordered, in order to maximize comfort.

I understand the purpose of blood thinners and how to take them.

I understand that if any signs of clinical deterioration (shortness of breath, chest pain, increased bleeding, etc.) are noted, a call will be placed to 9-1-1.

My support person was assessed for readiness for discharge and the ability to provide the required care.

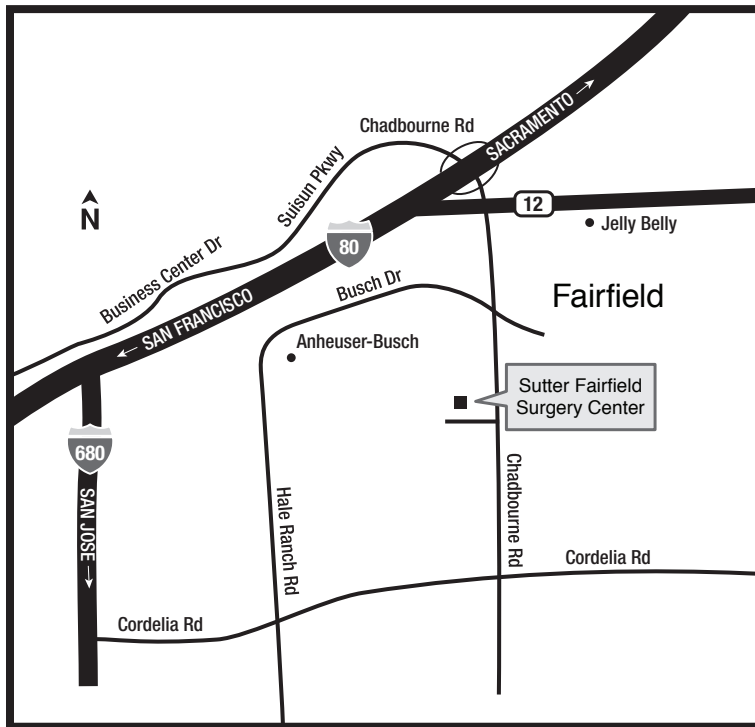
Patient Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Support Person Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

RN Signature \_\_\_\_\_ Date/Time \_\_\_\_\_



## Directions /Contacts



### Sutter Fairfield Surgery Center

2700 Low Court, 2nd Floor  
Fairfield, CA 94534

### Sutter Fairfield Surgery Center Contacts

#### Main Line

707-432-2700

#### Administrator

Sarah Sterling  
707-432-2710

#### Preadmission RN

707-432-2575

#### Director of Nursing

Jeannine Graves,  
RN, MSN-Ed, MPA, OCN, CNOR  
707-432-2508

#### Insurance Preadmissions

855-215-4614

#### Business Office Supervisor

Ana Canaya  
707-432-2722