

Let the breakthroughs continue.

RoseOrthoSpine.com

# PATIENT GUIDEBOOK SHOULDER REPLACEMENT



# **MISSION**

Above all else, we are committed to the care and improvement of human life.

# **USING THIS GUIDEBOOK**

This book is an important part of your preparation for and recovery from surgery. You will find a checklist at the front of this book that will help you ensure all steps are completed prior to your surgery date. Following the checklist, each section is designed to help you and your family understand your joint replacement surgery. Please bring this guidebook to all your physician and hospital appointments. Refer to it often, and please ask questions!

# **IMPORTANT PHONE NUMBERS**

Orthopedic & Spine Center Patient Navigator:	303-320-2153
Surgical Readiness Department:	303-320-7100
Director of Rose Orthopedic & Spine Center:	303-204-3499
Orthopedic & Spine Center Nursing Unit:	303-320-7200
Orthopedic & Spine Center Nurse Manager:	303-320-2866
Rose Medical Center Main Operator:	303-320-2121
Pre-registration Center:	303-320-2798

# INTRODUCTION TO THE ROSE ORTHOPEDIC & SPINE CENTER

Most patients arrive at the decision to have joint replacement surgery after months—sometimes years—of pain and discomfort. Numerous steps, processes and questions follow such a decision, and we understand that patients want to be as informed as possible both before and after the operation.

This book is a comprehensive guide to joint replacement surgery at the Rose Orthopedic & Spine Center and aims to ensure you are prepared for the weeks before and after your procedure. We've found that well-informed patients feel more comfortable when they know what lies ahead, which can result in more success in recovery. Please consider this book your go-to resource and bring it with you to appointments with your surgeon, educational visits at the hospital and even on the day of your surgery.

Inside you will find lots of helpful information. We've included checklists to help you stay organized from the moment you decide to have surgery all the way to full recovery. We'll explain what you can expect and offer guidance every step of the way. From procedural explanations to parking instructions, we have you covered.

We will highlight the roles and responsibilities of every member of your care team to help you understand everyone's roles and how they'll be contributing to your progress. This team of specially trained experts is here to make sure your operation is safe and successful, your recovery is guided and your experience is pleasant.

This guidebook also includes an overview of your upcoming surgical experience designed to put your mind at ease and give you an inside look at what will happen on the day of your surgery. We'll explain the common medications that may be prescribed to you as well as some of the equipment we will use to successfully perform your surgery and monitor your condition after the procedure. You'll also find information on managing pain and achieving comfort.

Once you leave the hospital, we'll guide you through physical and occupational therapy. We'll help you navigate your first weeks at home and teach you how to decrease post-surgery risks so that you are in a position to recover quickly. This guide will help you plan ahead for the day you are discharged, teach you how to use assistive equipment during recovery and offer tips and advice to loved ones participating in your care.

When you choose the Rose Orthopedic & Spine Center for your joint replacement surgery, you are putting your trust in our surgeons, staff and facilities, and we take that trust very seriously. This guidebook is just one of the ways we want to show you that you've made the right decision.

The Rose Orthopedic & Spine Center: Let the breakthroughs continue.



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# **CHECKLIST**

When	You	Have	<b>Decided</b>	to Have	Surgery:
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When You Have Decided to Have Surgery:						
Pre-register by calling 303-320-2798 or online at the MyHealthone	ONE Portal					
] Watch the Pre-Op Shoulder Replacement Class offered online at <b>RoseMed.com/service/preoperative-class</b> ; please call the Patient Navigator at 303-320-2153 if you need assistance						
[ ] Arrange a ride to and from the hospital						
[ ] Arrange pre-operative medical clearance as instructed by your of surgery	r surgeon; this must be done within 30 days					
[ ] Visit <b>RoseMed.com/ortho-spine-education</b> to view the extended help make you feel comfortable with the surgical and recovery physical/adaptive therapy, medication information and more						
[ ] Download the RoseMed app (currently available for Apple devices only) from the Apple App Store; search for <b>rosemed</b> (all one word). The RoseMed app provides easy access to information you need to know during and after your stay at Rose, including patient education, videos from your	football    Comparison   Compar					

# **Two Weeks Before:**

[	] Make arrangements for pets
[	] Prepare your house: Remove any fall hazards from your home including rugs, cords and furniture that might
	make navigation difficult and make sure items you use often will be easily accessible and within reach

[ ] Arrange home help: Whether from family or friends, make sure you have assistance for your recovery

One Week Before:	
Complete the home medication list: Be sure to include herbal supplements and other supplements (See <i>Forms</i> Section)	
Confirm your ride to and from the hospital	
[If you haven't already] Watch the Pre Pre-Op Shoulder Replacement Class online at RoseMed.com/service/preoperative-class	
Complete your pre-operative survey; this is mandated by the U.S. Government (See the Forms Section 2)	on)
Prepare meals for the first week after you return home	

# **CHECKLIST**

# **Last Minute Checklist:**

The	e 24	hours before surgery will be busy. Please use this checklist to make sure you remember everything.
[ ]		nalize travel arrangements: Discharge times vary so please request your ride be available oughout your day of discharge
[]		nalize home help arrangements: This includes someone to help you with meal preparation, ands, getting to appointments and doing household tasks
[ ]	Do	not shave the area on which you will have surgery
[ ]	Do	not eat or drink anything after the time instructed by the anesthesiologist or hospital staff
[ ]	Do	not wear lipstick, makeup, perfumes, powders, deodorants, lotion or nail polish on the day of surgery
[ ]		ng a list of current medications: Be sure to include medication name, frequency and time of day taken the Forms Section)
Pad	ck yo	our hospital bag to include:
	[ ]	This patient guidebook
	[ ]	Toothbrush and toothpaste
	[ ]	Hearing aids and extra batteries
	[ ]	Shaving equipment for after surgery
	[ ]	Hair brush and comb
	[ ]	Glasses, contact lenses and solution
	[ ]	Comfortable shoes with backs, no heels and no laces (preferably slip-on)
	[ ]	Knee-length robe, gown or loose fitting pajamas
	[ ]	Loose fitting shorts or athletic pants and a t-shirt
Bri	ng t	he following items for family or friends to hold on to:
	[ ]	Government issued photo ID
	[ ]	Credit card if you plan on using our on-campus Walgreens for bedside delivery of prescription medications at discharge
	[ ]	Personal electronics if you wish; please note these cannot be locked in your room and should be held by your family or friends
	Γ.	Rose Medical Center recommends leaving valuables such as cash and jewelry at home

# FREQUENTLY ASKED QUESTIONS

# **GENERAL**

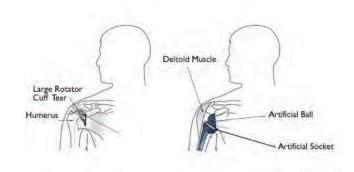
# Q: What is shoulder replacement surgery?

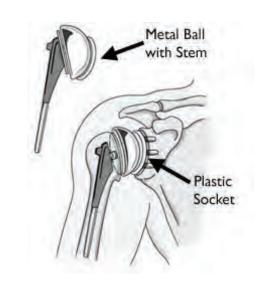
A: The shoulder is a ball-and-socket joint that enables you to raise, twist and bend your arm. You can also move your arm forward, to the side and behind you. In a normal shoulder, the rounded end of the upper arm (the head of the humerus) glides against the small dish-like socket (the glenoid) in the shoulder blade (the scapula). These joint surfaces are normally covered with smooth cartilage that allows the shoulder to rotate through a greater range of motion than any other joint in the body. An arthritic or damaged shoulder can lead to loss of cartilage and mechanical deterioration of the shoulder joint.

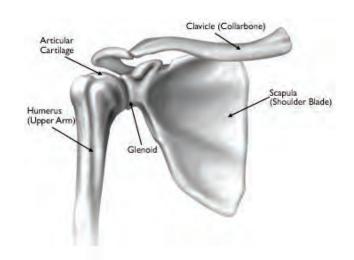
Total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem and a plastic socket. The humeral head is replaced with a metal "ball" component with a stem that extends down inside the patient's upper arm and a plastic socket is placed over the surface of the patient's own glenoid. In some cases, the shoulder joint will be reversed during the surgery. The socket component will be placed on the end of the end of the upper arm bone and the ball will be placed where the socket used to be. This is called a reverse total shoulder.

# Q: How long will a joint replacement last?

A: The amount of time varies from patient to patient. However, with advancing technology, the life expectancy for these implants continues to increase. There are other factors that affect the longevity of your new joint such as your age, weight, activity level and medical conditions.







# FREQUENTLY ASKED QUESTIONS

# Q: What types of implants are used to replace my joint?

A: Most implants are a combination of metal (to replace the worn bone surface) and polyethylene (to replace the worn cartilage surface). Your surgeon will decide on the size, the type of implant and the method used to ensure an optimal fit.

# Q: What are the major risks of joint replacement surgery?

A: While risks are low, they do exist with every surgery. The two most serious complications are infection and blood clots. To avoid these problems, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections.

# **ACTIVITY**

# Q: When can I start driving?

A: There are two major considerations before you can start driving: you will need to be able to react to emergency situations and you must be off your pain medications. Most patients are able to meet these criteria two weeks following surgery.

# Q: When can I fly?

A: Since you have undergone major surgery, you are at a higher risk for blood clots. You should discuss a timeline with your surgeon.

# **BLOOD TRANSFUSION**

# O: Will I need a blood transfusion?

A: It is rare to receive a blood transfusion related to joint replacement surgery.

# ANTICOAGULATION

#### O: What is this?

A: Since you have undergone surgery, you are at a higher risk for blood clots. You may be started on a blood thinner after surgery. Specific medication and duration will be determined by your surgeon based on your risk factors and the surgeon's preference.

# **DENTAL CONSIDERATIONS**

#### Q: Are there any dental precautions?

A: Please do not schedule any dental appointments (including routine cleanings) for three months before and three months after your surgery. However, make sure you promptly seek attention for any toothaches or suspected dental infections. Please discuss with your surgeon the use of antibiotics for all dental procedures following your surgery.

# DIRECTIONS AND MAPS

# **Patient and Visitor Parking:**

Complimentary valet parking for patients, their families and friends is available at the Rose Medical Center Wolf Building entrance at:

4600 Hale Pkwy. Denver, CO 80220



#### **Directions:**

# **Driving from the North:**

Take I-25 South to I-70 East. Take I-70 East to Exit 276B Colorado Boulevard South. Proceed south to 12th Avenue and turn left; 12th Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

# **Driving from the South:**

Take I-25 North. Exit on Colorado Boulevard North (Exit 204) and continue on Colorado Boulevard. Proceed north to 12th Avenue and turn right; 12<sup>th</sup> Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

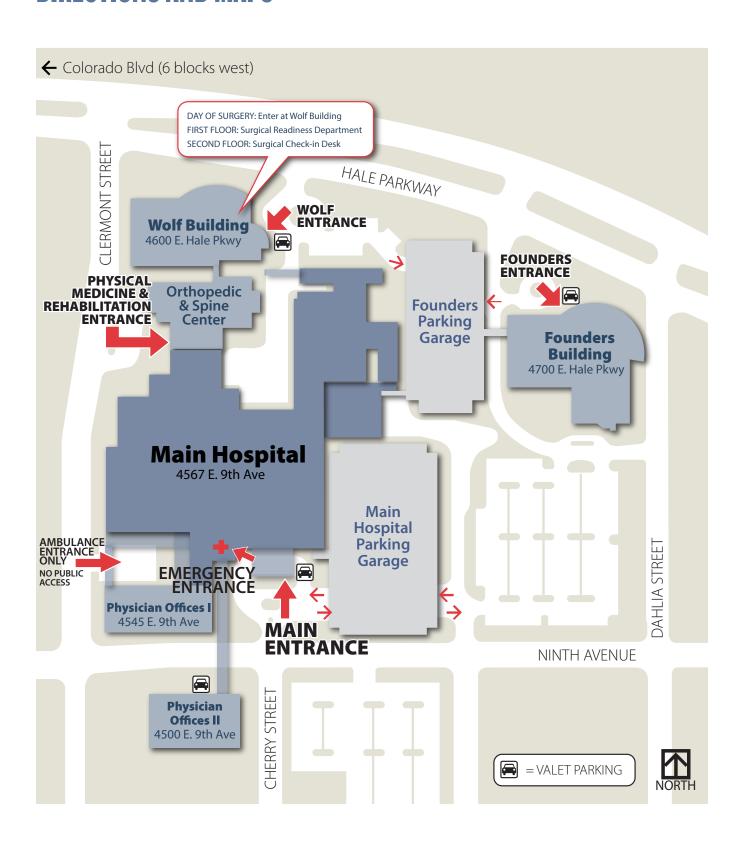
# **Driving from the West:**

Take I-70 East and exit at Colorado Boulevard South (Exit 276B). Go south on Colorado Boulevard to 12th Avenue and turn left; 12th Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

# **Driving from the East:**

Driving westbound on I-70, exit at Colorado Boulevard South (Exit 276). Go south on Colorado Boulevard to 12<sup>th</sup> Avenue and turn left; 12<sup>th</sup> Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

# **DIRECTIONS AND MAPS**



# INFORMATION FOR FAMILY & FRIENDS

# **About the Facility and Nearby Resources:**

**Visiting Hours:** Rose Medical Center has open visitation where family and friends may visit at any time. During the hours of 8:00 p.m. - 6:00 a.m., guests must enter through the ER entrance and present a valid form of identification to enter the hospital.

Waiting Areas: Waiting areas are located on both the first and second floors of the Orthopedic & Spine Center near the bridge to the main hospital. Please note: the lower level of the Orthopedic & Spine Center is called ground floor so you may need an elevator to reach the first floor. Complimentary WiFi is available throughout the hospital; look for Rose Guest Network among the list of available networks.

**Smoking:** Rose Medical Center is a tobacco-free campus. Nicotine use, including e-cigarettes and smokeless tobacco, is prohibited everywhere on campus. Patients are not allowed to leave the Orthopedic & Spine Center to smoke.

# **Hospital Dining Options:**

Rose Garden Café (located on the ground floor of the main hospital): The Rose Garden Café offers a variety of hot food choices, deli items, a salad bar and takeaway options for breakfast and lunch. Daily breakfast and lunch specials are available.

Monday-Friday — 6:30 a.m. - 3:00 p.m. Saturday and Sunday — 6:30 a.m. - 2:00 p.m.

**Little Miss Latte** (located on the first floor of the main hospital near the central elevators): Our coffee shop offers coffee drinks, soups, salads, pastries, deli options and hot meal entrees for breakfast, lunch and dinner.

Monday-Friday — 6:30 a.m. - 1:00 a.m. Saturday — 7:30 a.m. - 1:00 a.m. Sunday — 2:00 p.m. - 1:00 a.m.

# At Your Request Room Dining Service

Guest meals are available by calling ext. 5444 to place your order. Payment accepted by cash or credit card.

# **INFORMATION FOR FAMILY & FRIENDS**

#### **Hotel Accommodations:**

If you require hotel accommodations while your family member or loved one is with us, the Rose Information Desk is available during the week from 8:00 a.m. - 6:00 p.m. and can be reached at 303-320-2396. When making your reservations, ask if there is a Rose Medical Center rate and shuttle service. Here is a short list of hotels near Rose Medical Center, in no particular order:

# **Hilton Garden Inn Denver/Cherry Creek**

303-754-9800

600 S. Colorado Blvd. Denver, CO

www.hiltongardeninn3.hilton.com/en/hotels/ colorado/hilton-garden-inn-denver-cherry-creek-DENCKGI/index.html

# **Hampton Inn & Suites Denver Cherry Creek**

303-692-1800

4150 E. Kentucky Ave., Denver CO

www.hamptoninn3.hilton.com/en/hotels/colora-do/hampton-inn-and-suites-denver-cherry-creek-DENCCHX/index.html

# **Staybridge Suites Denver-Cherry Creek**

303-321-5757

4220 E. Virginia Ave. Glendale, CO

<u>www.ihg.com/staybridge/hotels/us/en/glendale/dench/hoteldetail</u>

#### **Doubletree Hotel**

303-321-3333

3203 Quebec St. Denver, CO

www.doubletree3.hilton.com/en/hotels/colorado/doubletree-by-hilton-hotel-denver-RLDV-DT/index.html

# **Holiday Inn Denver Cherry Creek**

303-388-5561

455 S. Colorado Blvd. Denver, CO

www.cherrycreekhoteldenver.com/

# **Extended Stay America-Cherry Creek**

303-388-3880

4444 Leetsdale Dr. Glendale, CO

 $\underline{www.extendedstayamerica.com/hotels/co/denver/cherry-creek}$ 

#### Ramada Denver Downtown

303-831-7700

1150 E. Colfax Ave. Denver, CO

<u>www.ramada.com/hotels/colorado/denver/rama-</u>da-denver-downtown/rooms-rates

# **Fairfield Inn & Suites Denver Cherry Creek**

303-691-2223

1680 S. Colorado Blvd. Denver, CO

<u>www.marriott.com/hotels/travel/denfi-fairfield-inn-and-suites-denver-cherry-creek/</u>

#### La Quinta Inn

303-758-8886

1975 S. Colorado Blvd, Denver, CO

www.laquintadenvercherrycreek.com/





# **YOUR CARE TEAM**

# **Orthopedic Surgeon:**

- Performs your surgery and oversees your care
- · Checks your progress during daily visits to the hospital and at follow-up office appointments

# Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA):

- Administers anesthesia in the operating room
- Monitors your condition during surgery

# **Patient Navigator:**

- Serves as your primary point of contact and a resource to guide you through the experience of having a joint replacement from the time you decide to have surgery until you are recovered
- · Helps ensure you complete any pre-surgical needs
- Follows your progress in the months after surgery

# **Surgeon-Employed Physician Assistant:**

- · Works at the surgeon's office, assists with surgery and may see you daily after the surgery
- · Coordinates your care after surgery

# **Hospital-Employed Physician Assistant:**

- Works in the Rose Orthopedic & Spine Center
- · Coordinates your care and discharge based on physician orders
- · Monitors and communicates information about your condition to other team members

# **Operating Room Team:**

- Assists with surgical procedures
- Ensures patient safety throughout the procedure

# **YOUR CARE TEAM**

# **Inpatient Nursing Staff:**

- · Works closely with other team members to deliver individualized care
- · Monitors your condition and communicates information about your condition to other team members
- Helps you and your family with personal care needs

# **Nurse Manager:**

- Provides administrative and clinical leadership for the Rose Orthopedic & Spine Center
- Assists patients and staff with problems and concerns
- · Serves to educate and develop the skill of the team members providing direct patient care

# **Physical Therapist:**

- · Assesses your physical needs and develops an individualized exercise program
- Instructs and assists you with exercise programs, the use of equipment and activity precautions

# **Occupational Therapist:**

- · Helps you adapt to temporary lifestyle changes following a joint replacement
- Teaches you how to safely perform daily tasks without endangering your new joint, such as bathing and dressing
- · Instructs you on how to use adaptive equipment

# **Case Manager:**

- · Helps identify and facilitate any individual needs you may have when you leave the hospital
- · Acts as an intermediary to assure that any home care needs meet your insurance requirement
- Available to discuss discharge concerns prior to surgery

#### **Pharmacist:**

• Coordinates your medications based on surgeon's orders

# **BEFORE SURGERY**

#### Arrival:

- Plan on arriving 2-3 hours before your surgery time based on direction from your surgeon
- Please enter through the Wolf Building at 4600 Hale Parkway (see Maps and Directions Section).
- Use our complimentary valet service.
- Take the elevator to the second floor of the Wolf Building to get to the Surgical Check-in Desk.

# Pre-Op:

- An IV will be started.
- · Your medical history and home medications will be reviewed.
- · You will meet with your anesthesiologist to review your anesthesia plan and some medications may be administered.
- You will meet with your surgeon who will mark the operative site and obtain final consent for the procedure.
- You will meet your nurse, who will be with you throughout the surgery.

# **Operating Room:**

- · Anesthesiologists administer anesthesia. Your anesthesiologist is typically assigned 24 hours prior to surgery and will attempt to call you the night before surgery to discuss your medical history and the type of anesthesia he or she will provide.
- There are two types of anesthesia that may be utilized for your orthopedic surgery:
  - General anesthesia uses anesthetic gases and IV medications to put you to sleep; your breathing, heart rate and blood pressure are continuously monitored.
  - Regional anesthesia is a combination of IV medications to sedate you and a nerve block to numb your shoulder.
- The surgeon will contact your loved ones when the procedure is finished

# **AFTER SURGERY**

#### The Day of Surgery:

- After surgery, you will be taken to the post anesthesia care unit, which you may hear called the PACU, where you will be monitored as anesthesia wears off.
- You will be transferred to the orthopedic floor when you are more awake and no longer need close monitoring.
- You will have a chance to get up out of bed either with a physical therapist or your nurse.
- · You will notice several tubes, wires, and other equipment including:
  - Oxygen: Most people require oxygen after surgery for at least 24 hours.
  - Pulse Oximeter: A monitor placed on your finger to measure the oxygen level of your blood. You will be attached to this monitor for the first 24 hours after surgery or longer if you continue to require oxygen.
  - IV: Fluids and medications will be given through an IV until you are able to tolerate both by mouth.
  - Bladder Catheter: A catheter may be placed in your bladder during surgery to drain your bladder for the first night after surgery. This will be removed early in the morning of the first day after surgery in order to decrease the risk of developing an infection.
  - Drain: Tubing attached to a small container may be placed in your surgical site. This is typically removed the day after surgery.
  - Soft leg wraps will be placed around your lower legs that inflate and deflate periodically to decrease the chance of developing a blood clot in your legs.
  - Incentive Spirometer: Helps open your lungs and helps wean you from supplemental oxygen.
  - Many of the above listed items have alarm but most alarms do not forecast problems. Please contact your nurse if you hear an alarm and they can explain what it means.

# The Day After Surgery:

- Early activity will help you recover more quickly.
- Physical Therapy and Occupational Therapy will each work with you once in the morning and once in the afternoon.
- You will be switched from the IV medications that you may have received to pain pills. This is important so we can find the medication that will work best for you at home.
- Some patients may be able to shower on that first afternoon.

# The Second and/or Third Day after Surgery:

- You will continue working with physical and occupational therapists.
- You will continue working on pain control, managing any medication side effects and increasing activity.

Once all of your therapy goals are met, your pain is controlled and you have no other medical needs, you will be discharged from the hospital to go home. This could be as early as the afternoon of the day after your surgery to three days after surgery depending on your needs and your care team's assessment.

# PAIN MANAGEMENT

Because different people experience pain differently, pain medication will not completely eliminate pain and must be managed according to each individual's tolerance and side effects.

Narcotic pain medications may slow or stop your breathing if overused. Proper use depends on identifying the amount and type of medication that provides pain control without being over sedating.

Your care team will help you find this balance.

Please communicate your past experiences with pain medication to your care team. If you have taken a pain medication that has worked well for you in the past with minimal side effects, we will likely try that medication first before exploring other options.

After surgery, you will be asked to describe your pain on a scale of 1-10, with 10 being the worst pain you can imagine. We will work with you to select an individual pain goal, which is a number on the scale that is tolerable to you to be able to rest, function and be active (often a 4-5 out of 10). If you have chronic pain and your normal daily pain level is a 7 out of 10, for example, we will work with you to establish a more appropriate pain goal. Using words like cramping, burning or aching help identify the source to more effectively manage your pain.

Please communicate with us when your pain goal is not being met, you are experiencing side effects, or your pain is increasing.

One particularly helpful pain management technique is:

**Icing:** Bags of ice cubes and reusable ice packs are effective pain relievers. Icing for 20 minutes at a time is recommended. Cold therapy products may be left on longer. When icing, please make sure to protect the skin with a washcloth or piece of clothing. Ice placed directly on the skin, even from a hose used on a cold therapy unit, can cause frostbite or damage the skin. Also, please remember to avoid icing right before performing your exercises because it can tighten the tissues you are trying to stretch out.

Other pain management tools that do not involve medication include:

- Repositioning
- Distractions: watching TV, reading or listening to music
- Talking with friends and family
- Relaxation and meditation

# **COMMON MEDICATIONS & COMMON SIDE EFFECTS**

**Pain medications** including Norco® (Hydrocodone and Acetaminophen), Dilaudid® (Hydromorphone), Oxycontin® (Oxycodone), Percocet® (Oxycodone and Acetaminophen), Nucynta® (Tapentadol), and Ultram® (Tramadol). **Side effects:** 

- Drowsiness, constipation, nausea and vomiting, rash, confusion, dizziness
- Constipation caused by narcotic pain medication can become severe. Over the counter laxatives help counteract this common problem. Some examples include Miralax®, Dulcolax® and Milk of Magnesia®.
   Drinking plenty of fluids is also important in managing constipation

**Muscle relaxants** including Valium® (Diazepam), Flexeril® (Cyclobenzaprine), and Robaxin® (Methocarbamol). **Side effects:** 

• Drowsiness, dizziness, upset stomach

**Blood thinners** including Coumadin® (Warfarin), Fragmin® (Dalteparin), Xarelto® (Rivaroxaban) Eliquis® (Apibaxin), and aspirin. **Side effects:** 

• Bleeding, easy bruising, nausea, changes in taste

**Anti-nausea medications** including Compazine® (Prochlorperazine), Phenergan® (Promethazine), and Zofran® (Ondansetron). **Side effects:** 

• Drowsiness, sleepiness, headache, constipation

Ask your physician about the use of NSAIDs (including Advil®, Aleve®, Motrin®, ibuprofen, etc.) <u>before</u> and <u>after</u> as these medications can increase the chance of bleeding complications.

# DECREASING POST-SURGERY COMPLICATIONS

#### Infection Prevention:

We take the prevention of post-operative infection very seriously at Rose. The most effective techniques for reducing risk include:

- · Frequent hand washing
- · Keeping the wound clean and dry
- · Avoiding elective dentistry for three months before and after surgery. Call the dentist immediately for any toothaches or suspected dental infections. Follow your surgeon's directions concerning preventative antibiotics when having dentistry in the future.

#### **Blood Clots:**

We work aggressively to prevent this rare complication. Things you can do include:

- · Wearing your leg wraps when resting
- Walking frequently
- Taking blood thinner medication as prescribed

Symptoms of a blood clot in your leg include:

- · Calf pain
- · Severe swelling in the lower leg

In rare cases, blood clots may travel to your lungs, causing shortness of breath, chest pain or a racing heartbeat. Please notify your surgeon immediately if you experience any of these symptoms.

#### **Falls and Injury:**

Your safety is our number one priority. After surgery, you have an increased risk of falling. While you may feel like you can safely get out of bed, it is vital that a nurse or staff member assists. Remember to seek assistance both during your stay and when you return home.

# Wound/Bone Non-healing:

It is important that you follow the directions provided when you were discharged from the hospital to ensure healing of the surgical site. This includes following instructions on incision care and not taking any baths, sitting in hot tubs or swimming until cleared by your surgeon. In addition, you should avoid nicotine use in any form before and after **surgery** because it slows wound/bone healing.

# **DISCHARGE**

In the past, many patients went to inpatient rehabilitation facilities or skilled nursing facilities after discharge from the hospital. This is no longer the case. The criteria for admission to such facilities have become stricter.

Routine joint replacement and/or living alone does not qualify a patient for using one of these types of facilities. The need for placement in a nursing or rehabilitation facility will be determined during your stay and it cannot be done prior to surgery. However, research indicates that patients recover better and have fewer complications when they go directly home following recovery in the hospital.

If you have any questions about home health care versus skilled nursing facilities/rehab, please call our case manager prior to your surgery date at 303-320-7466.

#### When Will I Go Home?

You can expect to be discharged from the hospital when you meet these goals:

- · Your pain is well controlled
- You can shower and dress by yourself or with minimal assistance
- You can go to the bathroom by yourself or with minimal assistance
- You can walk up and down stairs by yourself
- You have no medical conditions requiring treatment in the hospital

# **Discharge Education:**

Discharge instructions will be reviewed throughout your stay. Education will be provided at the bedside by your nurses and therapist. Physical therapy videos will be available on the Apple TV in your room. At discharge, we will review instructions and information on any continued use of medications as well as exercises to do at home to continue your recovery.





# WHAT TO EXPECT DURING YOUR RECOVERY AT HOME

# **Swelling/Bruising:**

Swelling of part or all of your surgical shoulder and arm is common due to the normal inflammatory response the body has after surgery. Most patients can expect some amount of bruising in the surgical arm with the bruising expected to progress a few days after surgery. Because everyone responds differently to surgery, some patients experience heavy swelling and bruising that may extend down to the hand.

# **Constipation:**

Many medications, particularly narcotics, can cause constipation. Please see the Common Medications & Common Side Effects Section of this guidebook for tips.

#### **Showering:**

Most incisions can get wet in the shower after you are discharged home from the hospital. However, your surgeon may advise you to keep your incision dry for a few days after surgery. Your discharge instructions will provide details about showering and dressing changes. You should also avoid soaking your incision in water, such as a bathtub or swimming pool, until your surgeon permits. Look to your discharge instructions for specific directions for showering.

# ADDITIONAL INFORMATION FOR CAREGIVERS

Physical Limitations: Following surgery, your loved one will have limitations on his or her endurance and ability to perform physical tasks. For the first few days, plan to be available to help with daily tasks and meals. You may also be needed to assist with some exercises that will be taught by the therapist in the hospital.

**Transporting the Patient:** Patients must have clearance from the surgeon to drive and will need help getting to any appointments.

Pain Management: Family can play an important role in controlling pain by keeping a log of medications and times given.

**Encouraging the Patient:** Recovering from surgery has some frustrations with good and bad days. A strong support system is instrumental in helping the patient stay motivated.

# **ASSISTIVE EQUIPMENT**

We will provide walkers and/or crutches during your stay for use while in the hospital. You will need to make arrangements for a walker and/or crutches for after you are discharged. It is important that you make arrangements to obtain a walker and/or crutches before your procedure date and bring them with you. Ask your surgeon if their office can provide them or you can get them from the sources listed below.

The physical therapy team also may make other equipment recommendations customized to your own living situation and needs. For example, most total joint replacement patients benefit from a shower chair because it is difficult to shower while standing. Equipment can be obtained from the following:

- Medical equipment stores
- Pharmacy/home stores like Walgreens or Bed, Bath & Beyond
- · Used equipment from friends and family
- Loaner programs such as:
  - American Legion (short-term for veterans and family) 155 Van Gordon #364 Lakewood, CO 80228 303-914-5585
  - Assistance League of Denver
     6265 East Evans Ave, Denver, CO 80222
     303-322-1688
  - Clements Senior Center
     1580 Yarrow St. Lakewood, CO 80214
     303-987-4820
  - Dominican Sisters Home Health Agency 2501 Gaylord Denver, CO 80205 303-322-1413
  - Senior Assistance Center 2839 W. 44th Ave. Denver, CO 80211 303-455-9642

# See www.seniorsresourceguide.com

for a more extensive listing of loaner programs.

# REHABILITATION

# **Physical & Occupational Therapy:**

A physical therapist will visit you in your room after your procedure to perform an evaluation on the day of surgery or the morning following surgery. The physical therapist will work with you throughout your stay, teaching you how to use a walking device like a walker or crutches and negotiating stairs as well as guiding you through your exercises. The physical therapist also will help you learn to comply with any precautions following your surgery. You will continue physical therapy after discharge, either in your home or in an outpatient setting.

An occupational therapist will work with you during your stay. Occupational therapists focus on helping you adjust to do all the things necessary to take care of yourself at home, including getting dressed, preparing meals, showering and performing other personal care activities. The occupational therapist also will work with you to evaluate your living environment and needs and develop personalized interventions to help you function safely and effectively when you return home. Additionally, your occupational therapist will help evaluate your progress towards meeting self-care goals.





# FORM: PRE-OPERATIVE JOINT - SHOULDER SURVEYS

Please fill out and bring to check in on day of surgery. You may also fill out ahead of time online at www.yourcaresteps.com.

Patient Name:
Patient Email:
Directions: Please respond to each item by marking one box per question.
Part 1: PROMIS – 10
1. In general, would you say your health is: [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
2. In general, would you say your quality of life is: [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
3. In general, how would you rate your physical health? [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
4. In general, how would you rate your mental health, including your mood and your ability to think?  [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
5. In general, how would you rate your satisfaction with your social activities and relationships? [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.) [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?  [ ] Completely [ ] Mostly [ ] Moderately [ ] A little [ ] Not at all
8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? [ ] Never [ ] Rarely [ ] Sometimes [ ] Often [ ] Always
9. In the past 7 days, how would you rate your fatigue on average? [ ] None [ ] Mild [ ] Moderate [ ] Severe [ ] Very Severe
10. <i>In the past 7 days</i> , how would you rate your pain on average? (0= No pain; 10= Worst imaginable pain) [ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

# **Part 2: Patient Expectations**

What do you expect to accomplish with your joint replacemen	nt:		
Do you expect your surgery will relieve your pain?     No, not at all [ ] Yes, a little bit [ ] Yes, somewhat	[ ] Yes, a moderate amount [ ] Yes, a lot		
2. Do you expect your surgery will help you carry out your nor [ ] No, not at all [ ] Yes, a little bit [ ] Yes, somewhat	, -		
3. Do you expect your surgery will help you perform leisure, re [ ] No, not at all [ ] Yes, a little bit [ ] Yes, somewhat	·		
Part 3: Return to Work			
Do you expect to return to work following this surgery?     No, I do not currently work or I do not plan to return to work or I do not plan to return to work.	ork [ ] Yes, I expect to return to work		
Part 4: QuickDASH			
Please rate your ability to do the following activities in the last week	ek by marking the appropriate response.		
1. Opening a tight or new jar:  [ ] No difficulty [ ] Moderate difficulty  [ ] Severe difficulty [ ] Unable  2. Do have a bayesheld charge (e.g. wash walls floors).	7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?  [ ] Not at all [ ] Slightly [ ] Moderately		
2. Do heavy household chores (e.g. wash walls, floors):  [ ] No difficulty [ ] Moderate difficulty  [ ] Severe difficulty [ ] Unable	<ul><li>[ ] Quite a bit [ ] Extremely</li><li>8. During the past week, were you limited in your work</li></ul>		
3. Carry a shopping bag or briefcase: [ ] No difficulty [ ] Moderate difficulty [ ] Severe difficulty [ ] Unable	or other regular daily activities as a result of your arm, shoulder, or hand problem?  [ ] Not limited at all [ ] Slightly limited [ ] Moderately limited [ ] Very limited [ ] Unable		
4. Wash your back:  [ ] No difficulty [ ] Moderate difficulty  [ ] Severe difficulty [ ] Unable	9. Arm, shoulder or hand pain [ ] None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme		
5. Use a knife to cut food:  [ ] No difficulty [ ] Moderate difficulty [ ] Severe difficulty [ ] Unable  6. Recreational activities in which you take some	10. Tingling (pins and needles) in your arm, shoulder, or hand [ ] None [ ] Mild [ ] Moderate [ ] Severe [ ] Extreme		
force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, etc.)  [ ] No difficulty [ ] Moderate difficulty [ ] Severe difficulty [ ] Unable	11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand [ ] No difficulty [ ] Mild difficulty [ ] Moderate difficulty [ ] Severe difficulty [ ] Unable to sleep		

# **FORM: HOME MEDICATION**

This sheet is very valuable to your care team and they will be referring to it regularly. Be sure to include any supplements or herbal medications that you take. Please answer the questions truthfully. It should be completed prior to your next physician appointment.

Patient Name		Height	Weight	Date Filled Out	
ALLERGIES					
Do you have allergies to:		ex? Yes / No dications? Yes / No ds? Yes / No	Environme Contrast? Other? Ye		
If answered YES to any of the	above, list names c	of known allergens:			
CURRENT MEDICATION LIST List ALL prescriptions, herbal supplements, vitamins and over-the-counter medications					
NAME DOSE e.g., Laisix e.g., 20mg		ROUTE e.g., oral	FREQUENCY e.g., twice per day	TIME & DATE LAST DOSE TAKEN BEFORE SURGERY	
IMMUNIZATIONS					
Have you had the Pnuemovax Other:				vhen	

# **NOTES**

# **NOTES**

