

*Pre-Operative & Post-Operative Information for
Patients Undergoing Shoulder Arthroplasty Surgery*

Many patients who desire to proceed with a shoulder arthroplasty to treat their shoulder arthritis and pain have questions regarding what will occur prior to, during, and after their hospitalization. This is a general schedule of what many patients experience. Please remember that your particular recovery may vary from this somewhat due to differences in the severity of your arthritis, weakness, stiffness and general health. Please refer to this as a general guide to help you make arrangements with family, friends and work. At each appointment, I will discuss with you how you are healing and what your next step in recovery will require. If you have additional questions regarding your particular medical care or recuperation, please do not hesitate to ask me or my staff.

- 1) ***Picking a Surgery Date*** – We will do all we can to accommodate your scheduling needs. I perform shoulder arthroplasty surgeries on Mondays at the hospital.
- 2) ***Hospital*** – All shoulder arthroplasty procedures are performed at Saint Joseph Hospital in Orange.
- 3) ***Blood Donations and Transfusions*** – All patients lose some blood during a shoulder replacement surgery, but the amount of blood loss is seldom sufficient to require a blood transfusion. If a transfusion were to be necessary, the local blood bank is very safe (due to stringent blood donor screening and testing). If you desire to avoid the possibility of receiving blood bank blood, you can donate your own blood in advance. If you choose to do this, my office will help facilitate scheduling this at the blood bank. We often request you donate two units of blood. This begins approximately 30 days prior to your surgery.
- 4) ***Pre-Operative General Medical Clearance*** – To take all safety precautions with your health, I request that you have a complete general medical evaluation prior to your surgery. This will include several blood tests, a chest x-ray and an EKG (heart test). This is to ensure that you are in the best health possible pre-operatively, and will promote a safer and more rapid recovery from your surgery. This evaluation can be performed by your personal medical physician if they are on Saint Joseph's Hospital Medical Staff. If they do not have staff privileges at this hospital, please discuss this with me. Depending on your general health status, we may request that you see a physician of our choice who does have hospital privileges to assist in your post-operative care as necessary. It is also important that you understand that cigarette smoking significantly increases your risk of complications during and after surgery. Smokers have a greater likelihood of chest colds, pneumonia, strokes and heart problems after surgery compared to non-smokers. Also, wound healing and bone healing are significantly reduced in smokers compared to non-smokers. For all of these reasons and more, I respectfully ask that if you are a smoker, you quit smoking at least 1-2 weeks before your surgery and refrain from resuming this habit for 3 months afterward.

5) ***Pre-Operative Appointment*** – Approximately one week before your surgery, you will meet with me in our office to review the risks and possible complications associated with your procedure. We will answer any additional questions you may have, and make all final arrangements necessary for your hospital care. Please be sure to provide me with a list of all medications you take on a daily basis (including their dosages) at this visit so I can be sure to continue these prescriptions while you are in the hospital. We will provide you with a prescription for your post-operative pain medication. Please get this filled prior to your surgery so you have it waiting for you when you return home. Do not bring this medication to the hospital; you will not need it there. At the conclusion of this appointment, you will also schedule an appointment with my office staff to see me in our office approximately 1 – 1 ½ weeks after your discharge from the hospital. Please discontinue any use of any herbs or herbal remedies (whether being used for weight loss or other health reasons) at least 2 weeks prior to your surgery as they can have serious side effects during general anesthesia. Please discontinue any use of aspirin Advil, ibuprofen, Aleve or other “anti-inflammatory medications” at least 7 days prior to your surgery as they will interfere with blood clotting after your surgery and you may have increased blood loss and bruising if they are used. During these last few days before surgery you may use Tylenol (acetaminophen) for your pain needs. Although you may have ongoing pain in your shoulder prior to your surgery, do not use the prescription pain medicine until after your surgery.

6) ***Cold Therapy*** – If permitted by your insurance company, we will arrange for you to use a cold therapy unit for the first week after your surgery. This is a device which circulates cold water through a special sterile pad applied to your shoulder after your surgery. This is used to decrease swelling and pain and to improve your recovery. If your insurance will not pay for this, you will have the choice of paying for this device yourself or using ice packs to cool the shoulder.

7) ***Day of Surgery*** – You will be asked to arrive at the hospital several hours before your scheduled surgery time to allow the hospital staff ample time to get you prepared for your procedure. I will visit you in the pre-surgical unit approximately 15-20 minutes before your surgery. You will meet your anesthesiologist at this time as well and they will review with you what to expect from the anesthesia administered for your surgery.

8) ***Surgery*** – Shoulder replacement surgery is rather time consuming due to the somewhat “tight” area in which we have to do our work. It is not uncommon for a partial shoulder replacement to take 1 ½ hours of surgical time and a total shoulder replacement can take 2 ½ hours of time. There is often an additional ½ hour spent in the operating room placing you under anesthesia and properly positioning you, preparing your skin, draping your shoulder for the surgery and “setting up” the necessary equipment for the procedure. At the conclusion of the surgery, an additional 15-20 minutes are needed to bandage your shoulder, apply a cold therapy device if one is being used and convey you to the post-anesthesia recovery unit. Once you are in the recovery area, I will speak with your family or friends to let them know that you are finished with the procedure and to inform them how your procedure went.

9) ***Post-Operative Hospitalization*** – The night after your surgery you will be quite tired and you can expect that you will not feel up to having visitors other than close family. During that night, your pain will be treated with an intravenous pump delivering narcotic pain medicine by simply pressing a button when you need it. Beginning on the first day after your surgery, we will treat your pain with oral medications. Blood work will be drawn each day to monitor your health and Physical Therapy will be provided to assist you with getting up, ambulating and to teach you

how you can move your arm. It is helpful for a family member or friend to be present for these PT sessions to learn how to help you with your shoulder exercises. I or one of my associates will visit you in the hospital each day you are there to monitor your recovery. Most patients undergoing a shoulder replacement leave the hospital on the first or second day after their procedure.

10) ***Discharge From the Hospital*** - If you have a family member to assist you with getting out of bed, dressing, cooking, eating, and bathing, (etc.) you will most likely return to your home upon your discharge from the hospital. If you do not have someone at home to assist you with these matters, or if you require special care, it may be appropriate to transfer you to a skilled nursing care facility for a week or two after your hospital discharge until you are more independent in these matters.

11) ***Wound Care*** – When you leave the hospital, there will be a clean bandage in place over your incision. There is no reason to change this dressing on your own. I will do this for you at your first office visit approximately one week later. If the bandage becomes soiled or loose, please apply a clean gauze bandage with tape or several large bandages to keep the incision clean. There is no need to apply antibiotic ointments or to cleanse the incision unless I instruct you to do so.

12) ***Use of Your Sling*** – When you leave the hospital, your arm will be in a sling to limit stress and strain to your shoulder. It is necessary that you remove the sling three times daily to do the range of motion exercises that the physical therapists have taught you. During the daytime, it is ok to leave your arm out of the sling (if comfortable to do so). When outside your home you should wear the sling at all times to prevent injury to your shoulder repair. You should wear the sling at night for sleep until I instruct you otherwise.

13) ***Post-Operative Exercises*** – Prior to your discharge from the hospital, the physical therapists will teach you a series of exercises to regain your range of motion. Please do these as instructed three times a day. Do not add additional exercises unless asked to do so by me or your therapist. Do not use the surgical arm to lift or carry objects weighing more than a few ounces until I instruct you that it is safe to do so.

14) ***Bathing*** – I prefer that you keep the incision dry for approximately one week after your surgery. During that time it is best if you simply “sponge bathe”. Thereafter you may get in a shower to bathe but do not scrub the incision, simply let the water run over the incision and then blot it dry with a clean towel once you are finished. Do not submerge the incision under water until I give permission to do so.

15) ***Medications*** – Please resume all your regular prescription medications upon your discharge from the hospital unless I have instructed you otherwise. You will have received a course of post-operative antibiotic medication while you are in the hospital. Unless I specifically say otherwise, there will be no need for additional antibiotics once you go home.

16) ***Diet*** – A healthy diet with an assortment of lean meats, fresh vegetables and fruits is important for good health and healing. After a surgery, your body will need additional nourishment as it heals your incision and rebuilds your strength. Dietary supplementation with a good multi-vitamin with additional vitamin C and D may be a good idea for several months after your surgery. A high fiber diet can be valuable to promote good bowel habits after surgery as the

pain medications have a tendency to constipate many individuals. Should constipation develop, two tablespoons of Milk of Magnesia once or twice can be of benefit to help relieve this problem.

17) ***Sleeping*** – It is often difficult to sleep in bed after a major shoulder surgery. For several weeks after your shoulder replacement, the muscles around your shoulder will be swollen and tender resulting in soreness and pain. At night, the discomfort from your surgery becomes more apparent and is aggravated when pressure is applied to these muscles either from lying partially on that side or simply from moving about in bed. Most patients find that they rest better if they sleep in a recliner chair, on a couch or arrange their pillows in bed to position their trunk and shoulders to remove pressure from their shoulder.

18) ***Driving an Automobile*** – It is not appropriate to consider operating a motor vehicle if you are taking pain medication as this will cause a dangerous decrease your alertness and slow your reaction time to traffic changes. You are not to drive until I have given permission for you to do so. Once you are no longer using narcotic pain medications during the daytime, it may be possible for you to drive using your non-surgical hand to steer the driver's wheel and using your surgical hand to steady the driver's wheel in your lap. Please discuss this with me prior to attempting to do so as there may be other considerations requiring that you not drive.

19) ***Post-Operative Office Appointments*** – At your first post-operative appointment I or my associate will examine your incision, check your range of motion and review your home exercise program. In some circumstances we will begin outpatient physical therapy after this appointment, but most often this will not occur until after your second appointment. Before you leave the office, you will schedule another appointment to return approximately 3 weeks later. If you require additional pain medication, please discuss this with me at this appointment; do not wait until you are out of medicine and then call for refills as there may be delays in either our office or at the pharmacy resulting in inconvenience to you as well as increased discomfort.

20) ***Subsequent Office Visits*** – Your second post-operative appointment will be approximately one month after your surgery. At this time you should have sufficient improvement in your discomfort that you no longer require pain medication. If this is not the case, please discuss this with me at this time. Most patients begin outpatient physical therapy after this appointment. We will recommend an appropriate facility for this purpose and provide you with a prescription for the therapist to begin treatment. Your therapy visits will occur two or three times weekly and will last approximately 1 – 1 ½ hours each. I will ask that you return for office visits on a monthly basis to monitor your recovery and to individualize your rehabilitation program as necessary to ensure an optimal recovery. Most patients require formal physical therapy visits for approximately 2 ½ - 3 ½ months after surgery. Thereafter, patients continue a home exercise program for an additional 6-9 months to promote maximal recovery and improvement in shoulder function.

21) ***Renewal of Pain Medication Prescriptions*** - In most cases, it is not possible to renew prescriptions for pain medication during a weekend. Prior to the beginning of a weekend, please check to ensure that you have enough pain medication to last you until the following Monday. If it appears you may not have a sufficient number of pain pills to last you through a weekend, you should call for a refill during office hours on Thursday, or at the latest, on Friday morning.

22) ***Subsequent Surgeries and Invasive Procedures*** – With an artificial joint present in your shoulder, you are a bit more susceptible to developing an infection within that shoulder if bacteria

enter your bloodstream for any reason. This can occur with any surgery, colonoscopy, endoscopy, some dental procedures or if you develop an infection in another body location such as a skin abscess, a severe bladder infection, diverticulitis, etc. (common sore throats are not generally a problem). To lower this risk, you should have preventive (prophylactic) antibiotics before any elective surgery including oral surgery (some teeth cleaning may not require this, please check with your dentist first) and you should never neglect signs of a developing infection from cuts or injuries.

23) ***Airport Security Issues*** – The prosthetic device placed within your shoulder at the time of joint replacement is either partially or wholly comprised of metallic materials which may set off airport security screening devices. The security agents will still screen you with a wand if the walk-through monitors are activated by your shoulder implants. Under some circumstances of heightened security measures, airport security agents may still require that you show them your scar to confirm that you have indeed undergone this surgery, so you may want to wear a loose fitting shirt or blouse that opens at the neck for this reason.

24) ***General Comments on Post-Operative Return of Shoulder Function*** –An artificial shoulder replacement is performed when an individual's shoulder function has significantly deteriorated due to arthritis. Although deterioration of the joint surfaces and bony structures within the shoulder are the most obvious problem in an arthritic shoulder, there is also a significant amount of muscle weakness and atrophy which accompanies this disorder. Often patients have significant restrictions in shoulder joint mobility prior to surgery, and all patients have some scarring and stiffness occurring after their surgery. It takes time and rehabilitation to recover from this weakness and stiffness which has often been developing for years prior to the joint replacement surgery. A shoulder replacement is expected to provide you with a significant reduction in pain after healing has occurred and for many patients there will also be an improvement in the mobility of the joint. However, I feel it necessary to point out the obvious; that this surgery cannot provide you with a normal shoulder joint. You may notice occasional mild sensations of clicking, catching and stiffness - these are not abnormal. In general, pain and soreness persist for 2-6 weeks after surgery, with additional stiffness persisting for as long as an additional 6-10 weeks and mild stiffness persisting on an intermittent basis for as long as 1-3 more months. Although many patients are happy with their recovery at 3-4 months after their surgery, all patients seem to have additional improvement which continues for up to a year.

Finally, I want to thank you for reviewing this information and for entrusting the care of your shoulder condition to me and my staff. If we can do anything to improve your understanding of this process or if you have additional questions or concerns not addressed within this document, please inform us and we will do our best to assist you.

Sincerely,

A handwritten signature in black ink that reads "Scott P. Fischer". The signature is written in a cursive style with a large, sweeping initial "S".

Scott P, Fischer, M.D. and staff