



Outpatient Joint Replacement

# **PATIENT EDUCATION AND RESOURCE GUIDE**

## **WELCOME TO WATERFORD SURGICAL CENTER**

The physicians and the staff of Waterford Surgical Center are working together to provide an exceptional experience during your total joint replacement surgery. Our orthopedic surgeons have worked closely with the medical staff to develop an outpatient joint replacement program that shortens your post-operative stay, improves your quality of orthopedic care, and makes your entire experience more enjoyable. Bringing together our combined expertise we have created a program with your satisfaction as our top priority. With an outpatient focus, we have an infection rate that is markedly less than that reported in large hospital inpatient settings.

Total Joint Replacement (Arthroplasty) is the surgical resurfacing of the damaged surfaces of your joints, whether hip, knee or shoulder, and is one of the most effective ways to reduce pain and restore mobility. Our outpatient joint replacement program eliminates hospital stays and supports your recovery. With extensive patient education and a comprehensive continuum of care, this program is designed to ensure you have the information, care and support you need every step of the way. Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome; please read all information provided. You will know what to expect, how to prepare, and learn important tips on how to recover well.



## **SHOULDER JOINT**

The shoulder joint is a ball and socket joint between the scapula and the humerus. It is the major joint connecting the upper arm to the trunk. It is one of the most mobile joints in the human body.

## **TOTAL SHOULDER REPLACEMENT SURGERY**

Disease and/or injury can damage the shoulder joint. You and your doctor have decided that a total joint replacement would likely decrease your pain and make moving easier. During this operation, the ball-and-socket of your shoulder joint will be removed and replaced with an artificial joint, called a prosthesis. This prosthesis can be made of smooth metal or porous metal. Your doctor, with your help, will decide which type is best for you.

With a multi-modal pain management and the pre-operative and post-operative protocols developed and practiced at Waterford Surgical Center, total shoulder replacements can be safely performed in the outpatient setting.

## **THE RISKS OF JOINT REPLACEMENT SURGERY**

All surgical procedures have some risks. Although, advances in technology and medical care have made the procedure very safe and effective, these risks do exist. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care physician, and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. The most common risks include:

### **Complications from anesthesia:**

The most common side effects include:

- vomiting
- dizziness
- shivering
- sore throat
- discomfort
- drowsiness

Adverse effects, or negative reactions, include:

- dental trauma
- croup (swelling of the windpipe)
- allergic reactions to latex
- wheezing
- vocal cord injury
- stomach problems
- injuries to arteries, veins, or nerves

\*Tell your anesthesiologist if you smoke, use recreational drugs, or heavily consume alcohol. These can put you at greater risk for problems related to anesthesia.

## **Total Joint Replacement Surgery Risks:**

This is a list of some of the risks associated with a total joint replacement; however, this list does not include all possible situations. Please discuss additional risks with your surgeon.

### **Blood clots:**

Surgery or an injury of any kind increases the risk of a blood clot. That's because the clotting process is stimulated as your body attempts to stop the bleeding and close the surgical wound. Orthopedic surgeries like shoulder replacements are particularly likely to cause blood clots. Blood clots typically occur within two weeks of surgery, but they can also take place within a few hours or even in the operating room. There are a few preventative measures that you and your doctor can discuss:

- **Blood thinning medications:** Your doctor will likely recommend that you take medications to reduce the risk of clots after surgery.
- **Techniques to improve circulation:** Your doctor may suggest treatments like support stockings, lower leg exercises, calf pumps, or elevating your legs to help increase circulation and prevent clots from forming.
- **Signs and Symptoms of Blood Clots:** Swelling, Warmth, Redness, Pain (Especially in an extremity and calves)

*\*Please call your doctor or report to the ER immediately if you experience any of these\**

### **Infection:**

The number of people who get an infection after a shoulder replacement is very low. The surgical team takes serious measures to prevent infections:

- Special air filtration for surgical rooms that limit particles in the air.
- Your doctor will also likely prescribe antibiotics before, during, and after the operation to help prevent infection.

Infection Prevention Practices:

- **Dental Care:** All dental work, including cleaning, *must* be completed at least SIX weeks prior to your surgery.
- **Shaving:** Do not shave or use any hair removal products anywhere near the surgical area for FIVE days prior to surgery.
- **Clean hands:** Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to utilize this cleanser, and to wash their hands frequently to prevent the spread of infection.
- **Illness:** If you become ill with a fever cold, sore throat, flu, or other illness, please contact Waterford Surgical Center at 248-886-5555.
- **Pre-Surgical Bathing:** You will be instructed to shower with a special cleanser, called Chlorhexidine Gluconate 4% (CHG), the morning of surgery. Use the cleanser from the neck down. Following your shower, put on clean pajamas and clean sheets on your bed.

**Bleeding complications:**

The sutures or staples used to close the wound are typically removed after about two weeks. Wounds may sometimes be slow to heal and bleeding complications can occur for several days following surgery. Blood thinners can contribute to problems. To reduce these risks your doctor will often advise you to stop taking anti-inflammatory medications 14 days prior to surgery and will also provide instructions on any blood thinning medication that you may be taking.

**Nerve or neurovascular damage:**

It's uncommon for the nerves to be damaged. However, it's possible for the nerve or blood vessel that's associated with the muscles leading to the hand to feel numb afterward. The problem usually disappears after a few months as nerves and tissues heal.

## **PREPARING FOR YOUR SURGERY**

Your Waterford Surgical Center experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and health and for living younger, longer. Please visit our website at [www.waterfordsurgicalcenter.com](http://www.waterfordsurgicalcenter.com) to fill out the pre-op assessment forms that include a medication reconciliation form and anesthesia assessment.

### **Help from your Family**

Recovering from your replacement is a team effort. Your family and support person can make all the difference throughout the weeks before and after surgery. We strongly recommend that you bring your “coach” with you to your preoperative visit. This person should be someone who is willing to support you every step of the way and who can participate fully in activities before surgery and during recovery.

### **Medications**

You may take your prescription medications as directed by your surgeon. During your pre-operative education appointment, a nurse will review which medications you should take the morning of surgery. Take the designated medications with small sips of water.

#### **MEDICATIONS YOU MUST STOP PRIOR TO SURGERY**

Once your surgery is scheduled, please inform your surgeon if you are currently taking any of these medications, as they need to be stopped prior to your surgery:

- 2 Weeks Prior: Prescription diet medications, herbal supplements (such as St John's Wort), vitamins, Methotrexate and other rheumatoid arthritis medications.
- 7 Days Prior: Blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin, Plavix, Xeralto, Effient) Aspirin, compounds containing Aspirin, hormone replacement therapy, and omega 3 fatty acids.
- 4 Days Prior: Anti-inflammatory medications (ex. Ibuprofen, Motrin, Aleve, Advil, Naproxen, etc).

\*\*These are examples only. Please discuss all your current medications and supplements with your surgeon.

### **Preparing Your Home**

Please review and complete the follow list of items prior to surgery. This will insure a smooth transition from the surgery center to your home on the day of surgery.

- Prepare meals ahead of time and put fresh linens on your bed.
- Have an ample supply of your prescription medications available.
- Pick up throw rugs and make sure long phone and electrical cords are out of the way.
- Put night lights in bathrooms and dark areas.
- Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- Arrange for pet care if needed.
- Avoid yard work for 10 days prior to surgery. Make arrangements for outdoor work such as gardening or grass cutting for at least 2 weeks after surgery.
- Prepare a comfortable rest area with tissues, phone, TV, remote control, etc. nearby.
- Since your safety is our primary concern, we require that your coach, spouse, family member, or friend stay with you after your surgery until you are able to perform activities of daily living independently and safely. Typically, this occurs within a few days after returning home.

- If you are going to be alone part of the day, carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Have footwear available with non-skid soles.
- Arrange transportation for follow-up visits.

### **Waterford Surgery Center Timeline**

<b>2-4 Weeks Before Surgery</b>	<ul style="list-style-type: none"> <li>▪ <b>Complete pre-op assessment forms at <a href="http://www.waterfordsurgicalcenter.com">www.waterfordsurgicalcenter.com</a></b></li> <li>▪ <b>A RN from Waterford Surgical Center will call to set up a pre-op education visit</b></li> <li>▪ <b>Stop taking certain medication as directed by your surgeon</b></li> </ul>
<b>Day Before Surgery</b>	<ul style="list-style-type: none"> <li>▪ <b>Waterford Surgical Center will call by 5pm with time to arrive</b></li> <li>▪ <b>Do not eat or drink anything after midnight</b></li> </ul>
<b>Day of Surgery</b>	<ul style="list-style-type: none"> <li>▪ <b>Arrive at surgical center at assigned time</b></li> <li>▪ <b>Take prescription medications, designated by nurse, with small sip of water</b></li> <li>▪ <b>Shower with CHG 4% surgery</b></li> </ul>
<b>Day After Surgery</b>	<ul style="list-style-type: none"> <li>▪ <b>A Waterford Surgical Center RN will call to follow up</b></li> <li>▪ <b>Call your surgeon to schedule a follow up visit if you do not already have one</b></li> <li>▪ <b>Meet with your home care PT and begin exercises</b></li> </ul>
<b>3 Days after Surgery</b>	<ul style="list-style-type: none"> <li>▪ <b>Remove pain pump catheter if one was placed</b></li> </ul>



## **DAY OF SURGERY**

Your family should expect to spend a few hours at the center during the entire process; the time would include pre-op process, the surgery, and your recovery. We ask that you limit your family to one visitor and/or support person. Please make sure they pack any necessary items they might need as they will not be allowed to leave the building. These might include books, computer, snacks, drinks, etc.

### **At Home**

- Shower from chin down with CHG soap
- Wear comfortable, loose clothing
- Do not use lotions, talcum, perfume, make-up or nail polish
- Take designated medications with sip of water
- Do not take insulin or diabetes medications unless instructed to do so
- Nothing to eat or drink after midnight the evening prior to your surgery
- Plan to arrive to the center on time, please make sure to account for weather, traffic or any other stops you may need to make on your way to the center

### **Arrival at the Center**

- Bring shoulder sling
- Bring photo-ID, insurance card, glasses, and hearing aids. Leave valuables at home
- You will be given forms and documents to fill out and review at our reception desk
- Family member or significant other must accompany you to the surgery center
- Bring completed medication reconciliation and anesthesia assessment forms

### **Pre-Op Area**

- You will change into a gown and be given an ID band, then you will sign the surgical and anesthesia consent forms
- Your health information will be reviewed and your vital signs will be taken
- IV will be started and pre-op sedatives and antibiotics will be administered
- A nerve block will be performed by the anesthesiologist
- The area will be shaved, if needed, and your nose will be cleaned with a betadine solution to prevent a common surgical site infection.
- Your surgeon will meet you and your family member in the pre-op area, confirm and mark the surgical site, and answer any last-minute questions you may have
- You will then be transferred to the OR (family members to the waiting area)

### **Anesthesia**

Your anesthesia team will meet you before surgery. At that time, they will examine you, discuss your medical history, and determine the best plan for your anesthetic care. It is important that you discuss any prior problems or difficulties you may have had with anesthesia.

## **The Operating Room**

Inside the operating room, you will be cared for by a team of physicians, nurse anesthetists, nurses, and skilled technicians. The total time required for surgery will be different from patient to patient depending on the complexity of your procedure. Once the surgery is completed, the doctor will go out to the waiting area and update your family member.

## **Post-op/Recovery**

After surgery, you will be transported to your private recovery room. Following joint replacement, your recovery time is typically 2-3 hours. Nurses will check your vital signs and monitor your progress. They will also apply ice therapy. Pain medication will be provided through your IV or in pill form, as needed. Our goal is to provide a narcotic sparing experience, by administering preoperative medications and special medication injections during the surgery that will reduce your pain and therefore the need for postoperative narcotic medications.

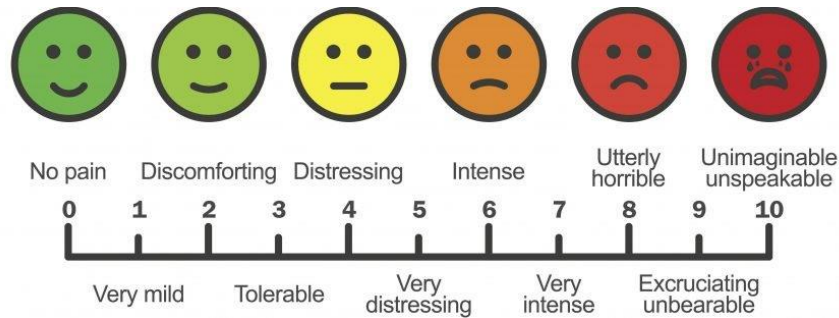
Once you are awake and ready for your first walk with our physical therapist, your family member or support person will be able to join you and assist our team with your recovery. After your stay in the PACU, you will be discharged home to continue your recovery.

## WHAT TO EXPECT AFTER SURGERY

You will have ice on your incision and pillows to elevate the surgical area. If you had a pain pump catheter inserted it will be hooked up to the pump that continuously delivers medication. Once your vital signs are stable and you are alert, your physical therapist may assist you to sit at the edge of the bed, stand, and walk.

### **Managing your Pain**

The amount of pain and discomfort you experience depends on multiple factors. Most people experience a certain level of discomfort after surgery and this is normal. We will use the pain scale to determine your pain level in recovery.



If needed, you will receive pain medication after surgery either through your IV or in pill form. Your physician and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques.

For most patients, the surgical anesthetic wears off over a period of days. For the first few days after your surgery, arrange to take your pain pills approximately 30 minutes prior to doing exercises to help control the pain that accompanies these activities. It is also encouraged to take pain medication at home when you start to feel pain so that you can stay ahead and keep the pain at a tolerable level.

Home Pain Medication May Include:

- Norco, or other medication for pain
- Motrin, to decrease inflammation

### **Pain Medication Side Effects**

**Nausea:** Nausea is a very common side effect; the best way to prevent nausea is to take your medication with food.

**Constipation:** Narcotic medications can be constipating. Eating a high fiber diet and increasing your water intake can help combat constipation. A stool softener can also be taken to minimize constipation in addition to increasing your activity.

## **Ambulation**

You may walk with the assistance of your nurse or physical therapist when it has been determined that you are stable. You will be wearing a sling after surgery to help stabilize the shoulder. In order to ensure maximum success, it is important that you follow physical therapy instructions both while you are at the center and after you are discharged to home.

## **Going Home**

You will be ready to go home once you are able to walk safely, perform your exercise program, and your surgeon determines that you are ready for discharge. *You must arrange for someone to stay with you when you go home or you will not be released from the surgery center.*

*When traveling, it is important that you do ankle pumps and walk for 10-15 minutes every 1-2 hours. This will help prevent blood clots and joint stiffness.*

## **Discharge checklist:**

- Prescriptions for home filled
- Home health agency contacted – visit by nurse and therapist confirmed for day after surgery
- All necessary home equipment has been acquired – Sling, Cold Therapy, SCDs
- Post-op appointment scheduled
- Family member/significant other will be with me for 24 hours after discharge

## RECOVERY GOALS

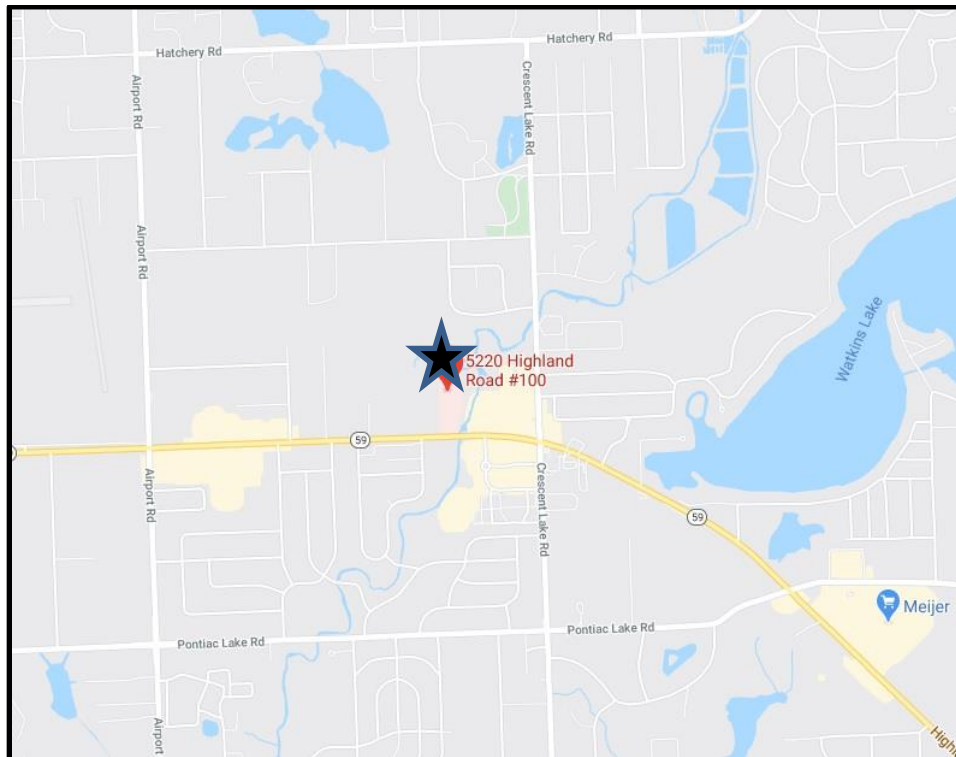
<b>Day of Surgery</b>	<ul style="list-style-type: none"><li>▪ Up in chair</li><li>▪ Diet As Tolerated</li><li>▪ Ankle Pumps</li><li>▪ Ice in place</li><li>▪ Physical therapy starts</li><li>▪ Manage Pain</li><li>▪ Transition Home</li><li>▪ Continue to breathe deeply and cough ten times every hour while you are awake to minimize the risk for pneumonia</li></ul>
<b>First Day Post-Op</b>	<ul style="list-style-type: none"><li>▪ Ice, or cold machine, on every hour</li><li>▪ Pain medication as necessary</li><li>▪ Elevate hand/forearm while in the sling to reduce swelling</li><li>▪ Exercise at least 3 times</li><li>▪ May go up or down stairs, as tolerated</li></ul>
<b>Second Day Post-Op</b>	<ul style="list-style-type: none"><li>▪ May bathe or shower, keep incision dry</li><li>▪ Increase activity as pain and swelling allow</li><li>▪ Continue use of ice</li><li>▪ Pain medication as necessary</li></ul>

## WHEN TO CALL YOUR SURGEON

- A temperature over 101 degrees Fahrenheit
- Pain not relieved by medication or worsening pain
- Thick yellow drainage or bleeding from incision site
- Numbness, tingling, or burning that persists
- Excessive swelling or redness that persists
- Fingers that are very cold and do not get warm when you cover them
- A calf that is swollen, tender, painful, warm or red

***It is unlikely, but if you experience chest pain, palpitations or difficulty breathing, call 911 immediately.***

## Waterford Surgical Center Location



5220 Highland Road, Suite. 100  
Waterford, MI 48327  
Phone: (248) 886-5555  
[www.waterfordsurgicalcenter.com](http://www.waterfordsurgicalcenter.com)

**Thank you for choosing Waterford Surgical Center. Our team wishes you wonderful health and a speedy recovery!**

### Resources

Lapeer County Surgery Center Patient Guide

[Orthoinfo.aaos.org](http://Orthoinfo.aaos.org)

St Joseph Mercy Oakland Orthopedic Services

## **TOTAL SHOULDER PRECAUTIONS**

After shoulder replacement surgery there are some positions you must avoid to prevent dislocation of your shoulder. It is possible to dislocate your shoulder after shoulder surgery because the muscles and ligaments that hold your shoulder in place were weakened by cutting and stretching. These restrictions on movement will last six to twelve weeks, or until your doctor allows you to resume normal activities.

### **Movement**

- **Avoid weight bearing and lying on operative upper extremity.** Do not lean on the operative arm. Do not pull up or push yourself from a chair, bed or toilet. You may need to increase the height of the chair by adding a cushion and the toilet by adding a raised toilet seat.
- **No active shoulder motion.** Do not actively move your operated arm away from the body. Do not use your hand if your pain increases.
- **Avoid pain during range of motion exercises.**
- **Use sling at all times except when bathing, dressing, icing or performing exercises.** The elbow should be bent at a right angle and the hand should be level with your elbow or slightly higher. The elbow should be resting slightly in front of your body. Use the pendulum exercise position to wash the operated underarm or put a shirt on. Dress the operative arm first and remove clothing from the operated arm last.
- **Sleeping.** Use pillows to support operative arm when sitting and sleeping. Sleep in a recliner chair if needed. Put a pillow or cushion behind the elbow of your operative arm to keep the arm in line with your body during sleep.

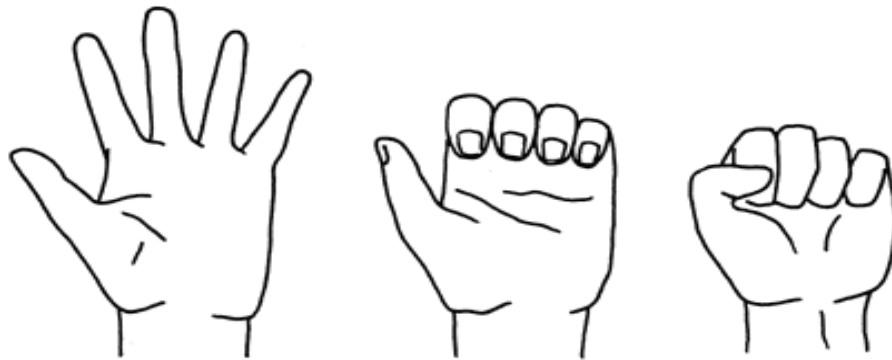
## **Post-op Exercises and Mobility**

The following pages contain a list of basic exercises and activities you will be performing following your shoulder surgery. These activities are vital in helping you return to your normal activities and are designed to help increase arm strength, flexibility, and function. Practicing these exercises at home prior to your surgery will make the exercises easier after surgery. You will review these with your Physical Therapist.

As a general rule, exercises should be performed 5 times a day. Do not add weights or other resistance to these exercises until told to do so. You may apply ice to your replacement joint after you are done exercising. Ice can help with the pain and swelling. Always have a layer of clothing or a towel between your skin and the ice pack. Apply it for about 20 minutes.

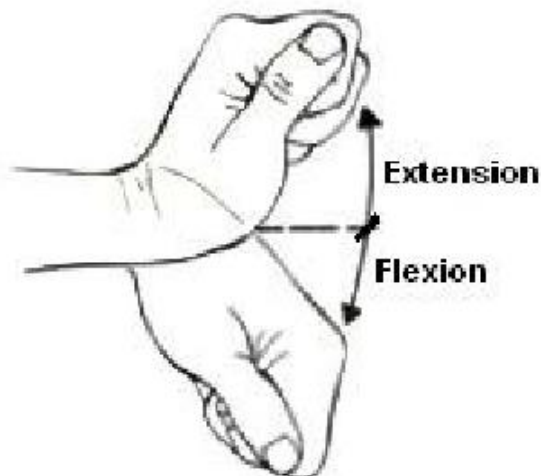
### **Finger Flexion/Extension**

Open and close your hand into a fist and repeat. When opening, attempt to open as wide as you can stretch your fingers. Work within your available range. Repeat 10 times to complete one set.



### **Wrist Flexion/Extension**

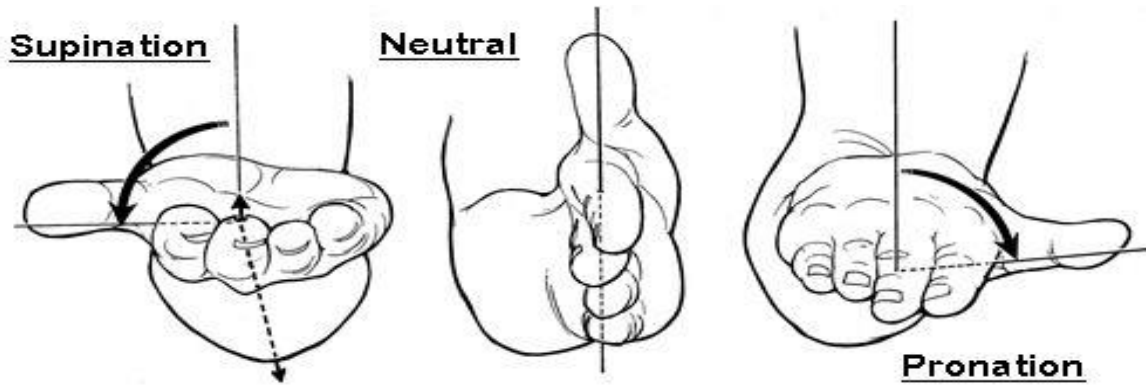
With your arm out of the sling and held at your side (elbow bent at 90 degrees), bend your wrist up and down. Repeat 10 times to complete one set.





## Forearm Pronation/Supination

Rotate your forearm so that your palm is directed upward and then downward. Repeat 10 times to complete one set.



## Elbow Flexion/Extension

With your arm at your side, bend your elbow upwards and then lower to a straight position. Be careful to NOT involve your shoulder in this exercise. Repeat 5 times to complete one set.



## Shoulder Pendulums

Bend at your waist with your surgical arm hanging down. Support your upper body by resting your non-operative arm on a table. Relax your surgical arm until it feels "heavy." Gently swing your surgical arm forward and back at your side, sideways in front of your body, and then in circles. Repeat 5-10 times in each direction to complete one set.

