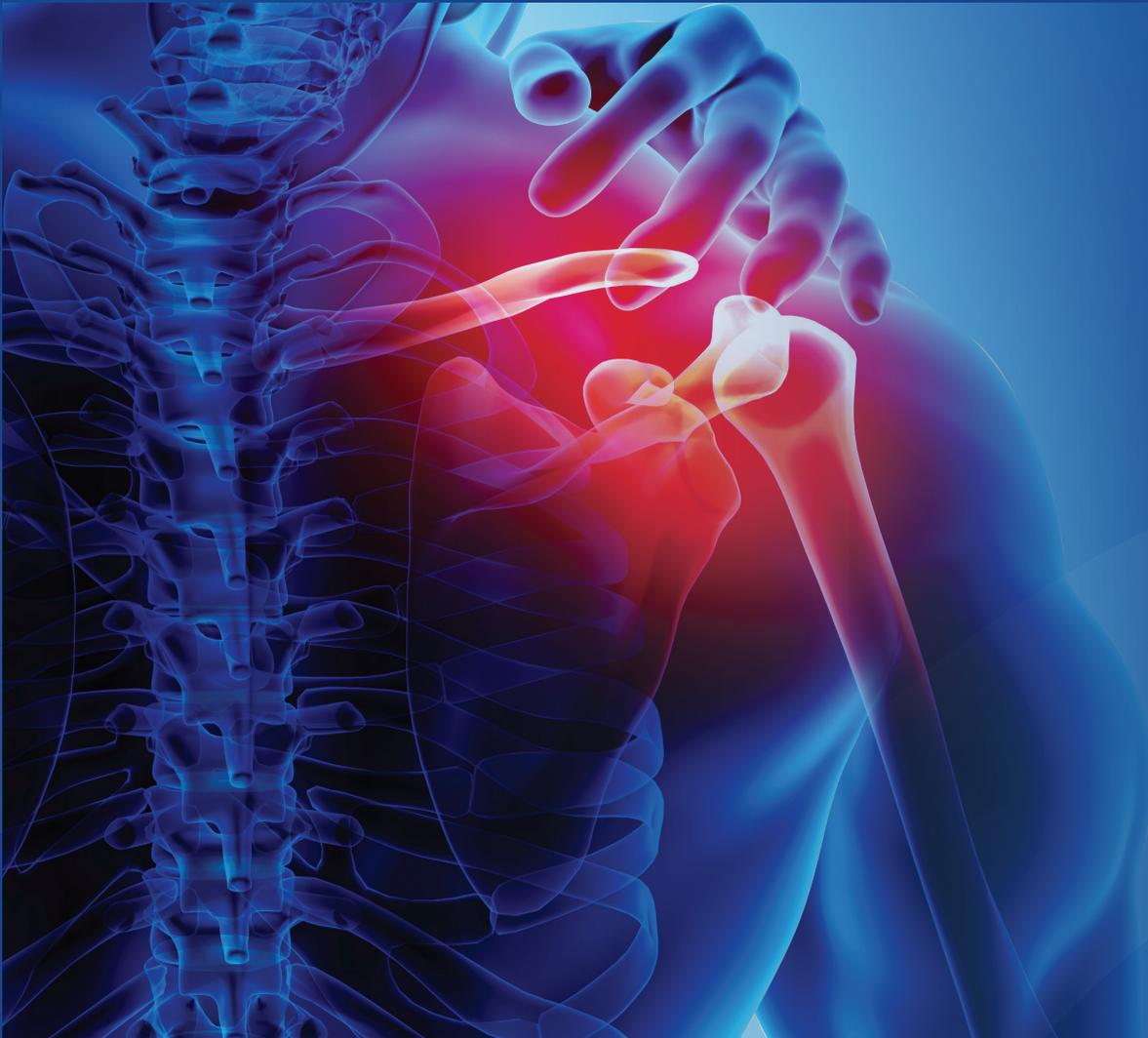


# A patient's guide to shoulder replacement surgery



BON SECOURS  
MARY IMMACULATE HOSPITAL





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# Welcome to Mary Immaculate Hospital

Thank you for choosing Mary Immaculate Hospital to help restore you to a higher quality of life after your shoulder replacement. This is an *elective surgery*, which means you and your surgeon have decided this is the best way to fix your shoulder problems. You have time to get ready for surgery and plan your recovery at home.

You play a key role in having a successful surgery. Studies show that patients who participate in pre-operative education have less anxiety, a better surgical experience and smoother recovery. **Start getting ready now** by reading this book and following the instructions.

The team at Mary Immaculate Hospital is here to help you. Here are some phone numbers that you may need as you get ready for your surgery.

We look forward to being a part of your journey.

*Mary Immaculate Orthopedic Team*

Main hospital	757-886-6000
Surgical Pavilion Reception	757-886-6300
Pre-anesthesia Testing Department	757-886-6411
Registration Department	757-886-6651
Business office	877-342-1500
MyChart access	866-385-7060
Debbi Boudet, Surgical Navigator	757-886-6640
Felicia Harris, Nurse Director Surgical Unit	757-866-6138

WELCOME

Mary Immaculate Hospital

A patient's guide to shoulder replacement surgery

— 1 —

# Read this book and watch the shoulder replacement seminar

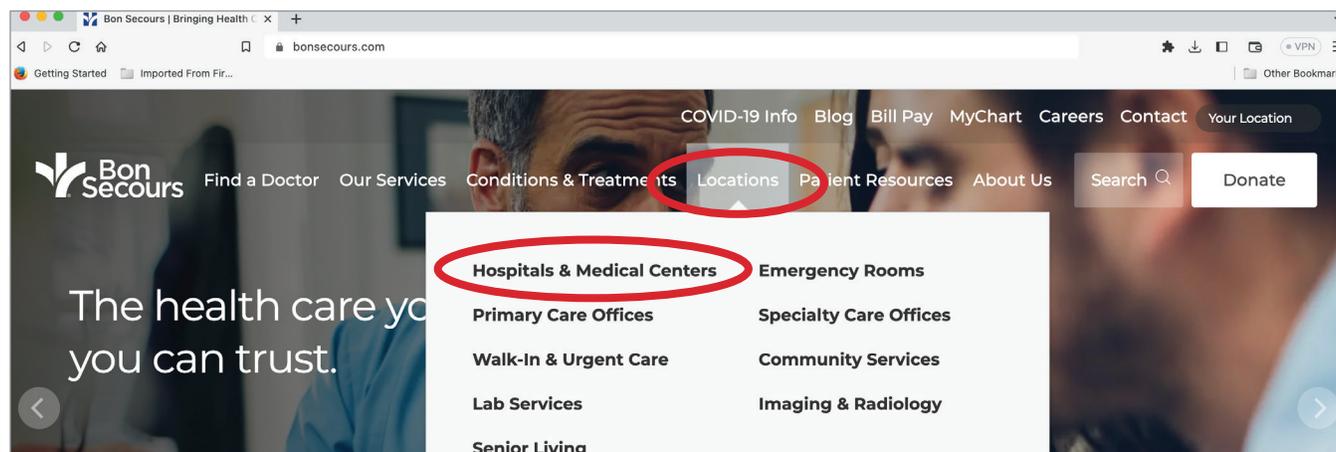
## How to access the seminar

**Step 1:** Enter this website into your browser:

[bonsecours.com/locations/hospitals-medical-centers/hampton-roads/bon-secours-mary-immaculate-hospital/pre-operation-education](https://bonsecours.com/locations/hospitals-medical-centers/hampton-roads/bon-secours-mary-immaculate-hospital/pre-operation-education)

You can also go to [bonsecours.com](https://bonsecours.com).

Select **LOCATIONS** in the ribbon at the top of the page.  
Then select **HOSPITAL & MEDICAL CENTERS**



**Step 2:** Select **LEARN MORE** under Hampton Roads

### Hampton Roads

Bon Secours has a large variety of hospitals and medical centers in the Hampton Roads and surrounding areas, including Mary Immaculate Hospital - the only faith-based hospital on the Peninsula.

[Learn More](#)

**Step 3:** Select **BON SECOURS MARY IMMACULATE HOSPITAL**

**HAMPTON ROADS**

**Bon Secours – Southampton Medical Center**

**Bon Secours Health Center at Harbour View**

**Bon Secours Mary Immaculate Hospital**

**Bon Secours Maryview Medical Center**

**Step 4:** Select Bon Secours Mary Immaculate Hospital **PRE OPERATIVE EDUCATION**

**BON SECOURS MARY  
IMMACULATE HOSPITAL**

**Patient Information**

**Visitor Information**

**Pre-Op Education**

**Annual Reports**

**Step 5:** Click on the arrow to play the **SHOULDER PRE-OPERATIVE SEMINAR**.



**Step 6:** Please select **COMPLETE THE SURVEY** located above the Hip and Knee Replacement Seminar and fill it out.

**\*\*Once you've watched the video below, you must fill out a brief survey to receive credit for completing the course.\*\***

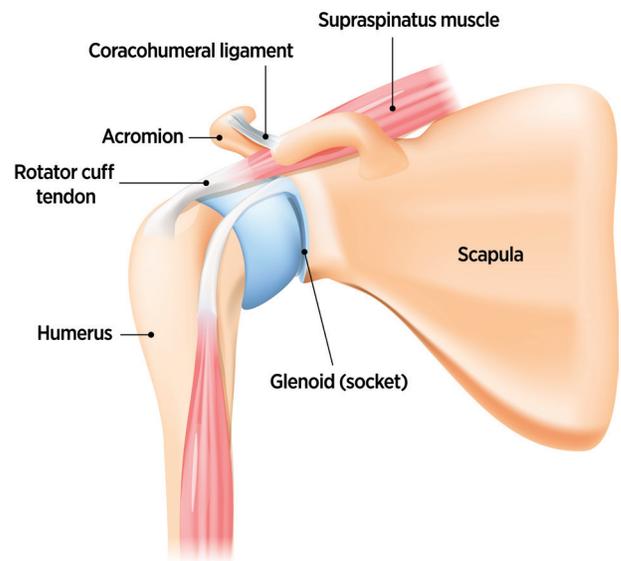
Complete the Survey

# Learn about shoulder replacement

## The parts of your shoulder

Your shoulder is a ball and socket joint. In a normal shoulder joint, the humerus acts as the ball held into the glenoid socket by several muscles and tendons including the rotator cuff tendons.

Cartilage acts like a cushion over the bone. It prevents the bones from rubbing against each other. When the cartilage wears away, the bones rub against each other, causing pain, weakness and trouble moving your arm.

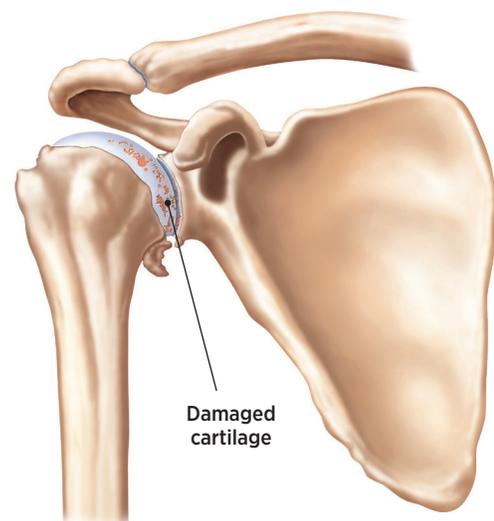


## Causes of shoulder problems

**Osteoarthritis** is the most common type of arthritis. Osteoarthritis is caused by wear and tear of the joint over years. It is most common after age 50. Family history, obesity, or previous shoulder injury can increase the risk of osteoarthritis.

**Rheumatoid Arthritis** is an autoimmune disease where the body makes cells that damage the joint, leading to loss of cartilage. This type of arthritis happens in all ages.

**Rotator Cuff tear** is a rip in the four muscles and tendons that support your shoulder joint. A complete tear is when the damage is through the tendon or pulls the tendon from the bone. This tear causes pain and damages your ability to rotate or lift your arm.



## What is total shoulder replacement surgery?

Your surgeon will cut out the damaged bone (arthritis) and put in new smooth parts made of metal and plastic (implants).

The ball/stem is connected to the upper part of the humerus. The cup is inserted into the glenoid.

## What is a reverse total shoulder replacement?

In a reverse shoulder replacement, the implant parts are switched from where they are placed. The cup is connected to the upper part of the humerus, and a ball is attached to the glenoid.

This is usually recommended when there is rotator cuff injury. The reverse shoulder replacement allows other muscles to do the work of the damaged rotator cuff tendons.

## Ask Your surgeon

Talk to your surgeon about how your surgery will be performed and what implant will be used.

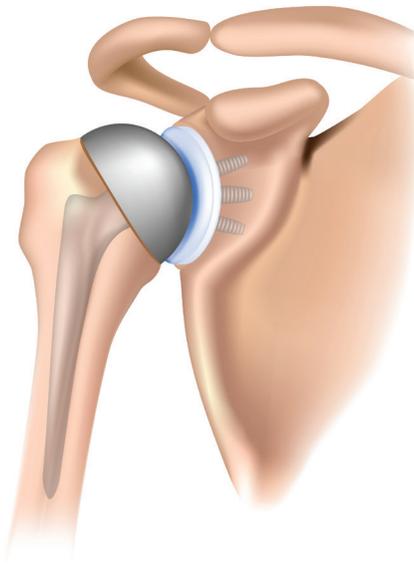
## Risks of surgery

Your surgeon will go over the risks of surgery in the office. Some of these risks can include problems with anesthesia, infection, surgical bleeding, blood clots, damage to nerves or blood vessels and dislocation. These complications are rare, but possible.

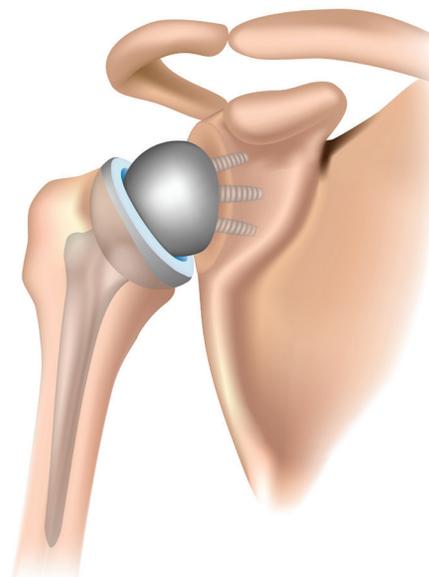
## Goal of shoulder replacement

Shoulder replacement surgery can help you to get your life back. Pain from arthritis is gone and deformities are fixed. The goal is for you to get back to enjoying your life and being more active. Long-term success rates vary from 10 to 30 years. Your success depends on your hard work, age, weight and activity level.

**Total shoulder replacement**



**Reversed total shoulder replacement**



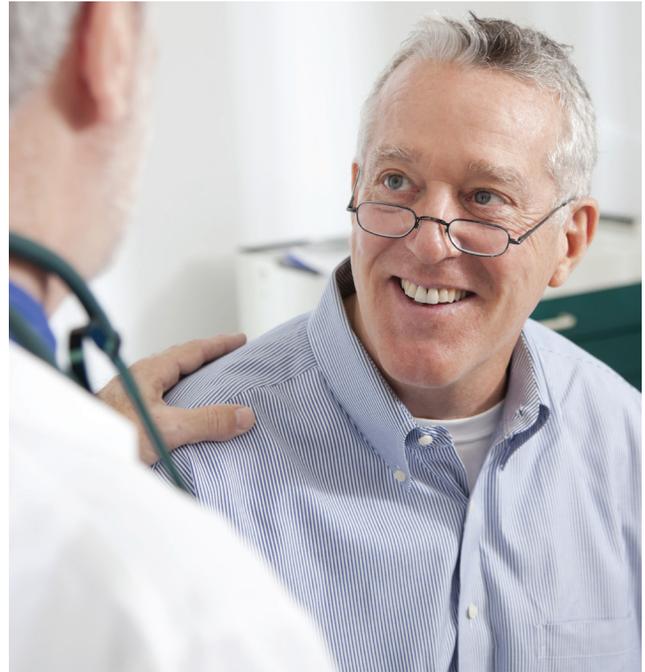
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# Complete pre-anesthesia testing (PAT)

## Pre-operative testing

Your surgeon and anesthesia specialist decide what pre-operative testing you will need before surgery.

- Pre-operative tests must be completed **within 30 days** of surgery.
- Lab work is good for 90 days.
- You **don't need an appointment** to come to Mary Immaculate for testing.
- Come to the Medical Pavilion Mon.–Fri. between 6:30 a.m.–5 p.m. (if you need an EKG, you must come between 8 a.m.–3 p.m.).
- Bring a photo ID, COVID-19 vaccination card and insurance card to the Registration Department located in the Medical Pavilion.
- Results of your testing will be sent to your surgeon. You will be contacted if test results are abnormal.
- Use **MyChart** to see all your medical information, test results, appointments and surgical information. If you need help signing up, please call **833-691-4357**.



## Pre-operative physical exam

- If you have any high-risk medical conditions or see a specialty doctor, you may need surgical clearance from these physicians (such as a cardiologist or pulmonologist).
- Your surgeon's care team will let you know if you need to get clearance.
- Set up the appointment for surgical clearance ASAP.
- Call your surgeon's office or our PAT nurses if you are having trouble getting an appointment for surgical clearance.

## Nursing interview

You will get a phone call about 2 weeks before surgery to set up your phone appointment with a PAT nurse. **This is a mandatory anesthesia interview.**

During your 30-minute call with the PAT nurse, you will be asked about your:

- Medical and surgical history
- Allergies (food and medication)
- Medications (including vitamins, herbals and anything over the counter)
- Medication name, dosage and how often you take them must be provided.
- Email address

Have a pen and paper handy during this interview to write down what medications you are told to stop. It's easy to forget what the nurse tells you.

If you've had a nursing interview that is **older than 30 days**, you must have another interview.

**Call our PAT department at  
757-886-6411 or 757-886-6300  
if you need to change  
your appointment  
or have any questions.**

# Medications before surgery

## Stop these medications:

### Anticoagulants (blood thinners)

**These must be stopped before surgery.**

Ask your surgeon and prescribing physician when to stop these medications.

*Examples include Aspirin®, Coumadin®, Effient®, Eliquis, Plavix®, Pradaxa®, Xarelto®.*

### Diabetes medications

Tell the doctor who treats your diabetes that you are having surgery. Diabetic medication will need to be adjusted or held before surgery.

*Examples include Insulin Glargine (Lantus®), Dulaglutide (Trulicity®), Empagliflozin (Jardiance®), Metformin, Pioglitazone (Actos®)*

### Herbal supplements, vitamins and over-the-counter medications

**Stop** 14 days before surgery.

### Nonsteroidal anti-inflammatory (NSAIDs)

**Stop** 7 days before surgery (including creams). Your surgery may be postponed if you don't stop NSAIDs.

*Examples include Advil®, Aleve®, Celebrex®, Mobic®, Motrin®, Naproxen®, Toradol®, Vytorin®.*

### Weight loss medication

**Stop** Phentermine 7 days before surgery.

## Keep taking these medications

### Prescription pain medication

You may keep taking them as prescribed. Cutting back on the amount you take before surgery will help the narcotic work better after surgery.

*Examples include Tylenol® (Acetaminophen), Roxicodone®, Percocet®, Oxycodone w/Acetaminophen, Tramadol, Norco®, Vicodin®, Hydrocodone w/Acetaminophen, Gabapentin, Neurontin®.*

You can continue taking **Gabapentin or Neurontin** as prescribed.

### Vaccination

You may get your COVID-19 and flu vaccine prior to surgery. Call your surgeon about any other vaccinations.

# Do these things before surgery

## Get a coach

Arrange for family or friends to help you for the first few days after you get home from surgery.

## Eat healthy

- Eat healthy foods now, so your body will be ready to heal itself after surgery.
- Fix and freeze (or buy) healthy meals for times you may be alone.

## Exercise before surgery

- Do gentle range of motion exercises to keep the arm muscles loose and strong.
- Muscle soreness is normal.
- Stop doing any movements that cause pain

## Make your home safe

- Check stairway handrails to make sure they are secure.
- If possible have grab bars installed in your shower.
- Put night lights in hallways and bathrooms.
- Make plans for someone to care for your pet.
- Put all the things you use daily on counter level for easy reach.

## Stop drinking alcohol

- Don't drink 2 weeks before surgery, or at least limit yourself to 1 serving of wine, beer or liquor each day.
- Don't drink alcohol while taking pain medication or Tylenol/Acetaminophen.
- Check with your doctor before resuming alcohol.

## Stop smoking

- Smoking damages the lungs and other organs, and hurts wound healing.
- Smoking decreases the amount of oxygen carried by your blood to your surgical site.
- Smoking increases your risk of getting an infection and pneumonia.
- Quitting 4 weeks before surgery decreases post-operative complications by 20%–30%.



## Visit your dentist

Healthy teeth and gums are important. Unhealthy teeth and gums lead to bacteria buildup in your mouth. This bacteria can enter your bloodstream, causing an infection in your new shoulder replacement.

- Brush and floss your teeth twice a day.
- Visit a dentist if you have any problems with your teeth or gums before surgery.
- Complete any ongoing dental work before surgery.
- Check with your surgeon to see how close to your surgery date you may have dental work.

# Bathing before surgery

Our skin is covered with bacteria. Bacteria on our skin helps us to stay healthy. However, if you get a cut or surgical incision, bacteria enters the body through an opening, increasing the chance of getting an infection. Cleaning your skin before surgery can lower the risk of an infection in your new hip.

Our registration department will give you a kit that has a liquid antiseptic solution called Chlorhexidine Gluconate (CHG) and three sponges when you come in for pre-anesthesia testing.

Begin bathing **3 days before surgery**. Pick up the CHG solution from our Registration Department when you come for preoperative testing. Call our PAT department at **757-886-6411** if you did not get your bathing solution and sponge.

## Caution

- Don't use CHG if you are allergic to it. Instead, use antibacterial soap.
- Don't put the CHG solution on your face, head and genitals. Use your regular soap in these areas.



## Special instructions

- **Stop** shaving 3 days before surgery. Only facial hair is allowed to be removed with an electric shaver. Shaving can cause cuts in the skin that may lead to an infection.
- **Don't** put any lotion, powder, sprays or deodorant on your skin after using the CHG solution.
- Take a shower with antibacterial soap **2 hours** before surgery.

## The first shower

- Only use 1/3 of the solution with each shower.
- Take a shower and wash your entire body, including your hair and genitals, using your normal soap and shampoo.
- Turn the shower water off or step away from under the water flow.

- While your skin is still wet, use 1 of the sponges in the StartClean kit and pour 1/3 of the solution onto the sponge.
  - Wash from the neck down.
  - Don't use on your face or ears.
  - Don't use on your genitals (private parts) or anus area.
- The solution does not lather. Wash without scrubbing your skin.
- Let the CHG solution stay on your skin for **1 minute** before you rinse it off.
- Wash both arms and legs. Pay special attention to underarms and groin.
- Wash your back (you may need to ask someone to help you).
- Wash your buttocks.
- Rinse your body very thoroughly.
- Use a newly washed, clean towel to dry your body.
- Use newly washed clean clothes, sheets and pillowcases after showering.

### The second shower

Repeat the shower process as described using 1/3 of the solution.

### The third shower

Repeat the shower process as described using 1/3 of the solution.

Thank you for helping us to prevent surgical site infections.

**If you have any questions,  
call 757-886-6411 or 757-886-6300  
8 a.m.–5 p.m., Mon.–Fri.**

# The day of surgery

## Bring these items labeled

- CPAP
- Glasses and denture case
- List of any changes to medications, medical history and contact information.
- Money for prescription copay (if you have one).
- Tricare patients will have to use an outside pharmacy for prescriptions.

## Checking in for surgery

Come to the 1st floor of the Surgical Pavilion located across from the Emergency Department **unless your surgeon's office tells you to go to the main entrance off Denbigh Street.**

## Pre-op area

You will be taken to the pre-operative preparation area, where your care team will:

- Help you put on a hospital gown.
- Help you clean your skin with CHG wipes.
- Swab your nostrils with an antiseptic to prevent infection.

- Review your medical information and check your vital signs.
- Put in an Intravenous (IV) tube and give you IV fluids for hydration.

**One family member or friend** will be allowed to sit with you once you are ready. This is the last area you will see your coach before surgery.

## Holding area

You will see your surgeon, anesthesiologist and meet the members of your surgical team. Your surgeon will mark the shoulder you are having replaced.

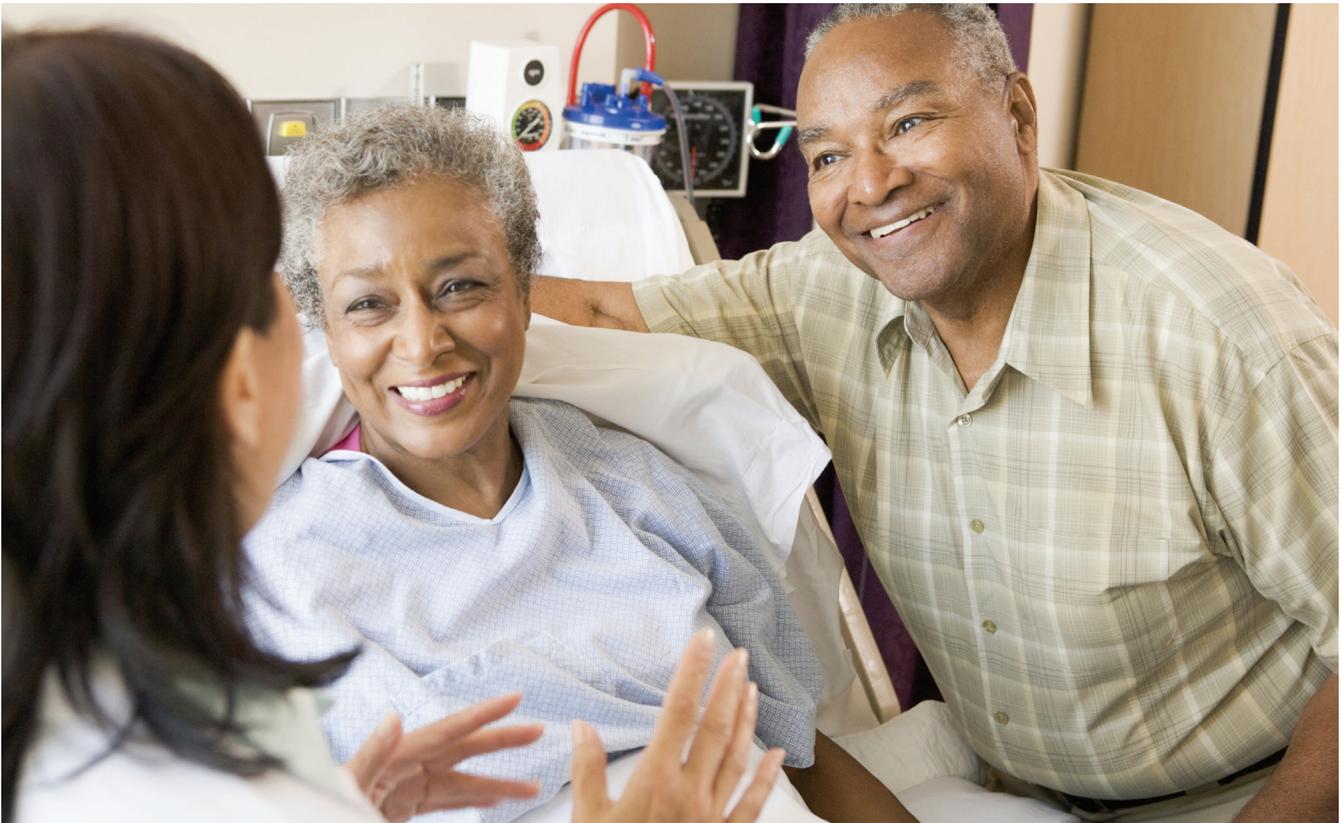
Your anesthesiologist will help you:

- Develop a safe anesthesia plan based on your health history, medications and personal needs.
- Sign your anesthesia consent.

Tell your anesthesia team if you have had problems with anesthesia in the past (such as nausea/vomiting, troubling urinating).

Your anesthesiologist will perform an **interscalene nerve block.**

- Medication is put into your IV to make you sleepy and relaxed before the block.
- Medication is injected at the base of your neck to numb the interscalene nerve.



## Family waiting area

During surgery, your coach will wait in the surgical waiting room. When your surgery is done, your coach will be updated. Tell your coach it may be **3-4 hours** from the time you have surgery until they see you.

## Surgery

The average length of time for surgery is **1-2 hours**. Revisions may take longer.

## Post-Anesthesia Care Unit (PACU)

After surgery, you will wake up in the PACU, also called the recovery room. It is normal to feel sleepy, dizzy or confused as you wake up from anesthesia. It is also normal to feel tired and groggy the rest of the day.

## After PACU

Once you are awake, you will be taken to:

- Phase 2 Discharge Unit (if you are going home the day of surgery).
- Surgical Unit (if you are staying overnight at Mary Immaculate).

Your nurse will let your family member know where you are so they can come see you.

# Understanding anesthesia

Anesthesia is used during surgery to make sure you are asleep. Your anesthesiologist will talk to you about general anesthesia and answer your questions. Let your anesthesiologist know if you've had any trouble with anesthesia in the past, including nausea/vomiting, trouble waking up or trouble urinating.

## General anesthesia

A combination of anesthetic gases and IV medications is used.

### How general anesthesia works:

**Step 1:** A mask is put over your mouth and nose to breath in anesthesia gas to put you to sleep.

**Step 2:** An endotracheal tube is put in your mouth and trachea to continue giving you anesthesia gases and manage your breathing during surgery.

**Step 3:** IV medication is also used to keep you asleep and manage your pain during surgery.

**Step 4:** Your anesthesia team will monitor you to make sure you stay asleep during surgery.

**Step 5:** The endotracheal tube will be removed before you wake up.

**Step 6:** You will slowly wake up.

## What to expect after general anesthesia:

- You will feel groggy and tired for the rest of the day.
- You will feel dizzy and lightheaded.
- You will be forgetful.
- You will have lower blood pressure.
- You will have a poor appetite.

## Interscalene nerve block

This is a sensory and motor block, meaning you will not be able to move or feel your arm after the injection. When you wake from surgery, you will not be able to move your arm. You will be wearing a sling to support your arm. The block usually wears off 6–12 hours after surgery.

# Post-surgery

## Bathing and dressing

An **occupational therapist** may see you before you go home to assess your ability to perform daily activities. They will give you assistive devices to help if you need them (such as a sock-aid, reacher or long sponge).

## Ice

This lowers muscle swelling and eases pain.

- Use ice 20 minutes on every hour as long as you have pain and swelling in your shoulder.

## Incentive spirometer

This device prevents fluid from settling in your lungs.

- Use this device **10 times** each hour you are awake.
- If you don't have an incentive spirometer, take a deep breath, hold the breath and cough 10 times each hour you are awake.
- Ask your nurse about the incentive spirometer before you go home.



## Moving

Moving prevents complications and promotes healing. Make sure you are up walking every hour. Follow your surgeon's instructions on what movement you can do with your arm after surgery.

## Managing pain

**Don't expect to be pain free. Pain is a part of recovery.** The goal is to ease the pain so you can participate in your recovery.

### Tips for managing pain:

- **Deep breathing:** Take a slow, deep breath for 5 seconds. Slowly blow the air out. Repeat often.
- **Distraction:** Listen to music, read, watch TV or talk to family and friends.
- **Ice:** Use ice 20 minutes on every hour to help ease pain and swelling.
- **Elevation:** Place your wrist and forearm on pillows to support your shoulder when lying or sitting.
- **Medication:** Different kinds of medications are prescribed to help manage pain.
  - Examples: Tylenol (Acetaminophen), anti-inflammatories and narcotics.
  - Medication refill: Call your surgeon's office 48 hours before you run out.

## Stay active

Getting up and walking short distances every hour you are awake will help to prevent complications and ease your pain.

## Sleeping

Trouble sleeping is normal after surgery. Expect the pain to be worse at night than during the day.

### Tips to help you sleep:

- Stay active during the day and evening.
- Limit caffeine and fluids after dinner.
- Cut back on screen time 1 hour before bedtime.
- Take Melatonin or Benadryl (12.5 mg–25 mg)
- **Don't take sleep aids and narcotic pain medication at the same time.**
- Use pillows to support your arm to take the pressure off your neck.
- Get up and walk if you can't sleep because of pain.
- Moving the muscles will help them loosen, so they are less stiff and tight.



## Sling

- Wear your arm sling while your arm is numb and asleep.
- Follow your surgeon's instructions on when to wear the sling once your arm wakes up.

Refer to illustrations on page 26 to learn how to put your sling on and adjust it for proper fit.

## Support hose

Support hose help with circulation. You may be given a pair to wear before you go home *if your surgeon wants you to wear them*.

- Wear shoes or socks with traction, so you don't slip and fall. Don't roll the hose down if they hurt or bother your legs. This can cut off the blood flow to your legs.
- Wear them during the day and take them off every night. Wash them with soap and water then hang them up to dry. Don't put them in the dryer.

# How to prevent complications

## Blood clots

A blood clot is also known as a deep vein thrombosis (DVT). Blood clots happens when blood is not circulating (moving). You can get a blood clot in either leg after shoulder replacement surgery.

### To prevent a blood clot:

- Do ankle pumps 10 times every hour.
- Walk once an hour (while awake) at home.
- Move your legs each hour when sitting or lying down (while you are awake).
- Take your blood thinner (if prescribed by your surgeon).

### Signs of a blood clot:

- Calf pain, redness and swelling in either leg that does not get better after using ice, elevation and pain medication.
- Sudden chest pain or shortness of breath when resting. **Call 911.**

When a blood clot goes untreated, it can break away from the vein and travel to the heart (heart attack), lung (pulmonary embolism) or brain (stroke).

## Constipation

Constipation is a side effect of narcotic pain medication and anesthesia. When constipation goes untreated, it can lead to bowel blockage.

### To prevent constipation:

- **Don't come for surgery constipated.** Make sure your bowels move the day before or the morning of surgery.
- Take Colace® (stool softener) daily and/or a mild laxative (MiraLAX®) if needed.
- Take a laxative if your bowels don't move within 2 days of surgery.
- Get up and move every hour.
- Drink 8 glasses of water every day.

### Signs of constipation:

- No bowel movement within 2–3 days of surgery
- Unable to pass gas
- Abdominal cramping
- Stomach bloating
- Nausea and vomiting

## Infection

### To prevent infection:

- Keep your incision clean and dry.
- Don't smoke.
- Clean your skin daily using Dial® soap (orange bar only).
- Wash your hands often.
- Make sure your family and friends wash their hands.
- Eat for healing.
- Control blood sugar if you are a diabetic.

### Signs of infection:

- Fever: Oral temperature is greater than 100.5 degrees that doesn't get better taking Tylenol, using the incentive spirometer and walking.
- Shaking and/or chills
- Developing flu-like symptoms.
- Your wound has:
  - Increased redness, tenderness or swelling
  - Change in color or the amount of drainage
  - Foul odor (bad smell)
  - Heat around the incision site

## Pneumonia

You are at higher risk of fluid buildup in the lungs after surgery if you move less and don't take deep breaths. This fluid buildup can cause pneumonia.

### To prevent pneumonia:

- Walk every hour while awake.
- Use your incentive spirometer 10 times an hour while awake.
- Take a deep breath, hold it and exhale 10 times an hour if you don't have your incentive spirometer.
- Don't smoke.

### Signs of pneumonia:

- Gradual trouble breathing and shortness of breath when resting.
- Coughing up colored mucus (green or yellow).
- Running a fever of 100.5 degrees or higher that does not get better after taking Tylenol/Acetaminophen).

**Call your surgeon if you develop any complications.**

**Don't go to an emergency room without talking to your surgeon.**

# Understanding medications after surgery

## Acetaminophen (Tylenol®)

- Controls pain differently than narcotics (opioids).
- Can be taken with narcotics and anti-inflammatory medication.
- Decreases narcotic use.
- You can take 3000 mg each day.
- Be sure to count any Acetaminophen in your narcotic toward your daily 3000 mg.

### These narcotics have Acetaminophen:

Hydrocodone w/Acetaminophen, Vicodin®, Norco®, Oxycodone w/Acetaminophen or Percocet®).

### How to take Tylenol/Acetaminophen on a schedule

**Extra Strength Tylenol®/Acetaminophen (500mg):** 2 pills 3 times a day.

**Tylenol® Arthritis (650 mg):** 1 pill 4 times a day.

### Don't take Tylenol/Acetaminophen if:

- You have liver damage or disease
- You are allergic to Tylenol/Acetaminophen
- Your surgeon or care provider instructed you not to take it.



## Anticoagulant (blood thinner)

This prevents blood clots.

- You may be prescribed a blood thinner by your surgeon after surgery (not everyone has one prescribed).
- Don't skip a dose.
- Don't stop taking until your surgeon tells you to stop.

## Antibiotics

These prevent infections.

- You may be prescribed an antibiotic to take at home.
- Take as prescribed and finish the prescription.
- Eat before taking to prevent upset stomach or stomach pain.
- Eat yogurt and probiotics.

## Anti-inflammatory (NSAID)

These decrease swelling and ease pain.

- Take if prescribed by your surgeon.
- Don't take an NSAID without talking to your surgeon.
- Eat before taking to prevent stomach pain and nausea.
- Drink lots of water to prevent kidney damage.
- Stop taking and call your surgeon if you have bleeding from your wound.

*Examples of NSAIDS include Celebrex, Meloxicam, Mobic, Vytarin, Aleve, Advil and Motrin.*

## Daily medications

Routine medications are often restarted after surgery.

- Your surgeon will let you know if there are medications you should not restart.
- Look at your discharge paperwork or ask your care team if you have questions.
- Check your blood pressure before taking blood pressure medication.
- Don't take your blood pressure medication if your blood pressure is low.
- Diabetics should check their blood sugar at home before taking medication.
- Call your doctor with any questions about your routine medications.

## Narcotic pain medication

These provide pain tolerance. Don't expect to be pain free.

- Take as needed.
- Don't take more than prescribed.
- Eat before taking to prevent nausea, dizziness or passing out.
- Stop taking or wean yourself off as soon as possible.
- Call your surgeon if you need a refill.

**Remember the goal is pain tolerance. This means you will have pain. The medication is to help ease the pain enough so you can do your exercises and move.**

## Stool softener

This prevents constipation caused by narcotics and anesthesia.

- Untreated constipation causes a bowel blockage.
- Take an over-the-counter stool softener twice a day while taking your narcotic.

*Examples include Colace<sup>®</sup>, Senakot<sup>®</sup> or MiraLAX<sup>®</sup>.*

- Take an over-the-counter laxative if your bowels don't move **within 2-3 days of surgery.**

*Examples include Milk of Magnesia<sup>®</sup>, Dulcolax<sup>®</sup> or Fleet Enema.*

## Medication side effects

Ask your care team about the side effects to any medications you are taking.

MEDICATION TYPE/USE		MEDICATION NAMES	SIDE EFFECTS
<b>PAIN TOLERANCE</b>			
Non-narcotics	So you can walk, do your exercises and take care of yourself	Acetaminophen (Tylenol®) Do not take more than 3,000 mg every 24 hours	Upset stomach Rash Headache Dark urine Liver problem
Narcotics		Hydrocodone/Acetaminophen (Norco®, Lortab®) Hydromorphone (Dilaudid®) Oxycodone (Roxicodone®) Oxycodone/Acetaminophen (Percocet®)	Upset stomach Drowsiness Itching Dry mouth Constipation Trouble urinating
NSAID/Non-steroidal anti-inflammatories: Helps with swelling and pain		Celecoxib (Celebrex®)	Upset stomach Reflux Diarrhea High blood pressure Liver problems
Nerve pain medications: Can help with neuropathic pain		Gabapentin Pregabalin (Lyrica®)	Drowsy Dizziness Dry mouth Upset stomach Weight gain
<b>STOP THE CLOT</b>			
Blood thinners: Helps you not get a blood clot		Aspirin Apixaban (Eliquis®) Enoxaparin (Lovenox®) Rivaroxaban (Xarelto®) Warfarin (Coumadin®)	Bruising Bleeding (nose, urine, stool) Dizziness Upset stomach Tired
<b>CONSTIPATION</b>			
Stool softener: Makes stool soft		Docusate (Colace®)	Stomach cramps Nausea Diarrhea
Laxatives: Makes bowels move		Milk of Magnesia (MOM) Polyethylene Glycol (MiraLAX®) Senna (Senokot®)	Diarrhea Cramping Upset stomach Burping
<b>UPSET STOMACH</b>			
Medications or over-the-counter products: Used to prevent or treat nausea or throwing up		Ondansertron (Zofran®)	Dry mouth Dizziness Headache
		Ginger ale Ginger tea Peppermint candy Peppermint essential oil	None

# Understanding care after discharge

## Home health or outpatient therapy

Your surgeon will decide if you will have home health or go straight to outpatient therapy. Your surgeon's care team will make the arrangements before you come for surgery. If you know what agency you want to use, tell your surgeon's care team.

### Home health

- May include a physical therapist and a nurse, if needed.
- You should get a call before surgery from your home health agency. Make sure to write down the name and number of the agency.
- A physical therapist will come 2–3 days a week until your post-op checkup.
- The first visit will be within 48 hours after you get home.
- Call your agency if you have not heard from them the day after you get home.

### Outpatient therapy

- Your surgeon will let you know when you are to start outpatient therapy.
- Follow your surgeon's instructions on how to move your arm after surgery.
- Call your surgeon's office if you have any questions about care after discharge.

## Surgical incision care

Your incision will be covered with a waterproof dressing (bandage) after surgery. Underneath your dressing you will have staples, sutures or dissolvable stitches covered with a skin glue and possibly steri strips (small white strips of tape).

- **Don't** remove the dressing.
- **Don't** remove the glue, mesh or steri strips, even if they begin to peel.
- **Don't** use any lotions, creams, ointments or powders on or near your incision.
- Call your surgeon's office if your bandage is soaked with blood or drainage or is coming loose.

## When to shower

Follow your surgeon's written instructions for showering after surgery.

- Clean your skin daily to prevent infection.
- Use Dial® soap (orange bar) until the wound is healed.
- Cover the dressing with 2 layers of cling wrap or saran wrap once you are allowed to shower.
- **Don't** put your shoulder under water (no bathtub, swimming pool or hot tub) until your surgeon tells you it is safe.



### Eat healthy

Eating healthy after surgery is important for healing your wound. It gives you energy to do your therapy. Healthy eating also prevents complications like constipation, infection and high blood sugar.

### Drink water

Drink 8 glasses of water per day to stay hydrated. (1 glass = 8 ounces)

### Do not skip meals

It is normal not to be hungry after surgery. Don't skip meals. Your body needs good foods to heal your wound.

### Eat or drink protein

Eat small amounts of protein at each snack and meal.

### Eat high fiber foods

Eat fresh fiber foods, such as fruits, vegetables, beans and nuts to help with healthy digestion.

## How many grams of protein you need to heal

Find your weight in the chart below. Next to your weight is the grams of protein you need to eat every day to heal. If you are not hungry, add a protein drink or bar to help.

Weight (lbs.)	Grams of protein
110 lbs.	40-50 g
120 lbs.	44-55 g
130 lbs.	47-59 g
140 lbs.	50-64 g
150 lbs.	55-68 g
160 lbs.	58-72 g
170 lbs.	62-77 g
180 lbs.	65-82 g
190 lbs.	69-87 g
200 lbs.	73-91 g
210 lbs.	76-95 g
220 lbs.	80-100 g
230 lbs.	84-105 g
240 lbs.	87-109 g
250 lbs.	91-114 g
260 lbs.	95-118 g
270 lbs.	98-123 g
280 lbs.	102-107 g
290 lbs.	105-132 g

# How to adjust your sling

