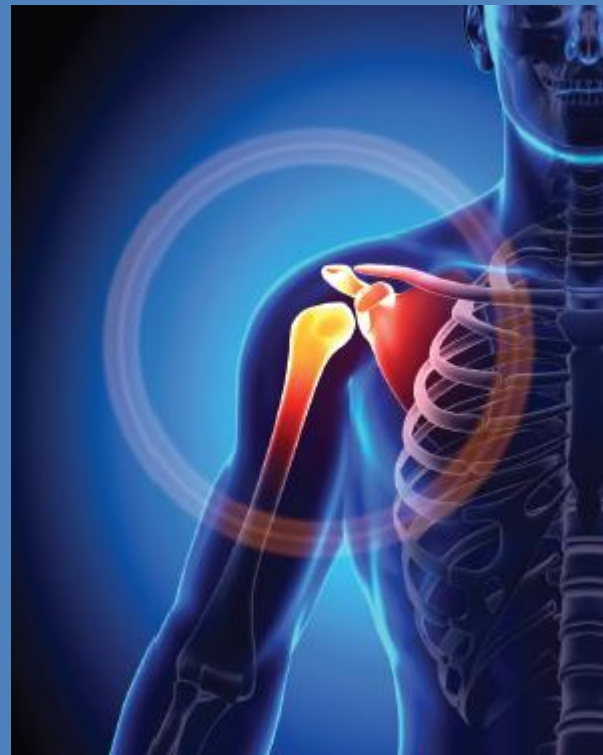




A Patient's Guide to Total Shoulder Replacement Surgery



Bon Secours Mercy Health
Mary Immaculate Hospital

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Welcome to Mary Immaculate

Thank you for choosing Mary Immaculate Hospital to help restore you to a higher quality of living with your new shoulder replacement. We have developed a comprehensive planned course of treatment that will be tailored to fit your needs. This guide will help to outline the surgical process from preparation to completion, providing clear expectations regarding your Orthopaedic care. You play a key role in ensuring a successful recovery, and our goal is to involve you in your treatment through each step of the program. Your education and compliance will help to ensure a safe and successful surgical outcome.

If we have not already had the pleasure of meeting you at our total joint replacement seminar, we look forward to meeting you during your surgical stay. Please feel free to call with any questions, comments, or concerns.



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(Est. 1/2020)

General Information

Mission Statement of the Bon Secours Mercy Health System

The mission of the Bon Secours Mercy Health System is to improve the health and well-being of our communities and bring compassionate, quality health care services to those in need, especially the poor, dying, and underserved. Recognizing the dignity of all persons, we provide compassionate health care services to the physical, social, emotional and spiritual well-being of those we serve.

Surgical Pavilion

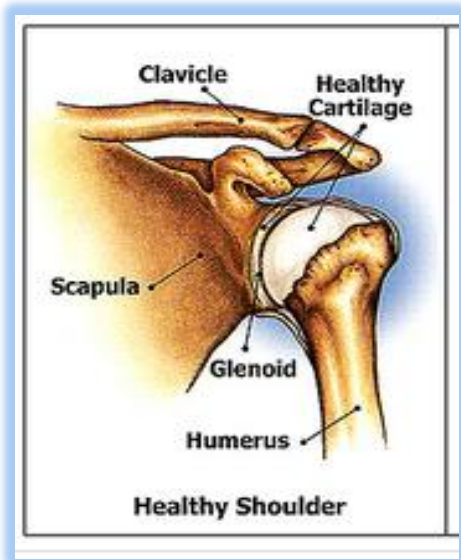
The surgical pavilion is equipped with state-of-the-art technology to perform minimally invasive, as well as traditional, orthopedic surgeries. Our Orthopaedic physicians have the assistance of digital cameras, integrated communication tools, radiologic technology, navigation equipment, and more. The surgical technologists, nurses, nursing assistants, and physical therapy staff, are specially trained to care for the Orthopaedic patient.



Visiting Hours

We understand the importance of having loved ones at your side while you are recovering. You will be informed about visiting hours when you come to Mary Immaculate Hospital. Due to the impact of COVID we are always changing our visitor policy to make sure we keep you and your loved ones safe. You will be able to talk with your family by phone. If you want us to, we will keep your family updated about your progress. During the day we have “Quiet Rest” from 1pm-3pm to help you heal from your surgery.

Understanding Your Surgery

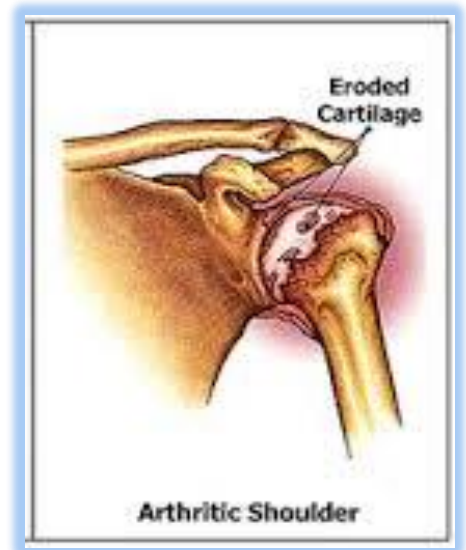


The Parts of Your Shoulder

Your shoulder joint is a ball and socket joint. In a normal shoulder joint, humerus acts as the ball which fits into the glenoid. A smooth cartilage covers the end of the bones and prevents them from rubbing against each other, allowing for flexible and nearly frictionless movement. When the cartilage lining wears away the bones rub against each other, causing pain and swelling.

The Causes of Serious Shoulder Problems

- **Osteoarthritis** is the most common form of arthritis due to wear and tear of the joint over the years. It is most common after 50 years old, but family history, obesity, or previous surgery to the joint, also increase the risk for osteoarthritis.
- **Rheumatoid Arthritis** is an autoimmune issue, which means the body produces cells that damage the joint, leading to destruction of the cartilage. This form of arthritis occurs in all age groups.
- **Avascular Necrosis** is a disease where there is cellular death (necrosis) of the bone components due to interruption of the blood supply. Without blood, the bone tissue dies and the bone collapses.

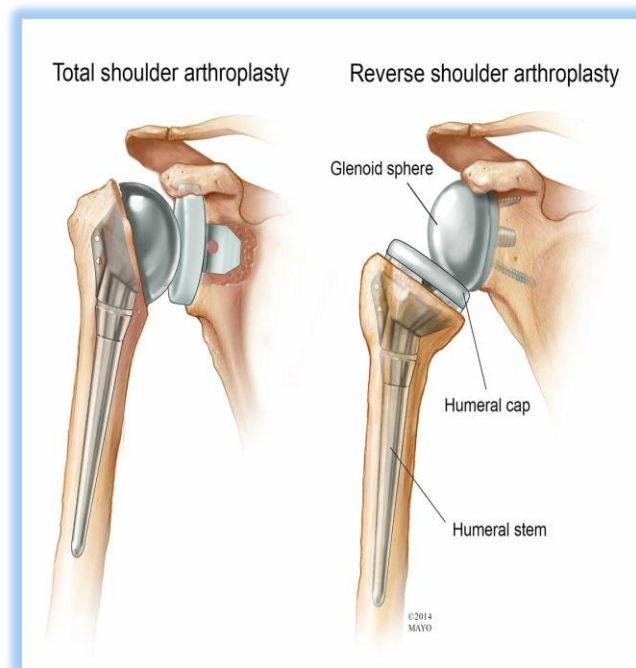


What is Shoulder Replacement Surgery?

Total Shoulder Replacement Surgery:

replaces damaged shoulder joint with an artificial joint. Your surgeon will cut out the rough bone (arthritis) and put in a new smooth prosthetic joint.

Reverse Total Shoulder Replacement: the prosthesis parts are switched. 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.



Risks of Joint Replacement Surgery

Shoulder replacement is major surgery. It is important that you are aware of potential risks and complications. These risks may include, but are not limited to, problems with anesthesia, infection, surgical bleeding, blood clots, damage to nerves or blood vessels, dislocation, and, very rarely, death. Although these complications are rare, they are possible. Every precaution is taken by your health care team to avoid these complications. Your surgeon will discuss the risks and benefits with you before surgery.

What Result Can Be Expected from A Shoulder Replacement?

Shoulder replacement surgery can help you resume a more active lifestyle. Pain is relieved, deformities are corrected, and patients resume former activities and enjoy an active lifestyle. Long-term success rates vary from 10 to 30 years, depending on motivation to regain an active lifestyle, age, weight and activity level.

Pre-Anesthesia Testing

Your Orthopaedic Physician will send information to our Pre-Anesthesia Testing (PAT) Department about your surgical procedure. You will get a phone call from our pre-anesthesia testing staff about 3 - 4 weeks before your surgery to set up at time for your interview. During the interview with the PAT nurse will be given your skin cleansing solution with instructions for bathing the three days prior to surgery ([see page 12 &13](#)).

*** You **do not** need an appointment to have any medical test you need to have done before surgery. All the medical tests must be done within 30 days of surgery. It is best to get them done before the interview with the PAT nurse. ***

Please call our Pre-Anesthesia Testing Department with any questions at **757-886-6411**.

Pre-Operative Nursing Interview

During this important scheduled time with the PAT nurse, you will be asked to share:

- Your medical history
- Your surgical history
- Your allergies (food and medication)
- Your medications (including vitamins, herbals and anything over the counter)
 - Medication name, dosage, and frequency must be provided.

Pre-Operative Testing

Your medical history and your physician requests will determine what pre-operative testing you will need prior to surgery. Results of your testing will be sent to your surgeon. You will be contacted if test results are abnormal. Common tests include:

- Lab work (non-fasting)
- Chest X-ray
- EKG (electrocardiogram)
- Urinalysis

Pre-Operative Physical Exam

It is best to undergo a complete physical examination with your family physician within 30 days of surgery. (Your surgeon will let you know if this is a requirement.) If you have any high-risk medical conditions, or see a specialty doctor, you may also be required to obtain surgical clearance from these physicians (example: cardiologist, pulmonologist).

Medications to Stop Prior to Surgery

Your pre-anesthesia testing nurse will tell you to stop all herbal supplements 14 days prior to surgery. You will need to follow up with your surgeon's office about other medications that may need to be stopped prior to surgery.

Pain Medications

Non-Steroidal Anti-inflammatories (NSAIDs) are generally requested to be stopped 7-10 days prior to surgery due to the increased risk of bleeding when taking these medications.

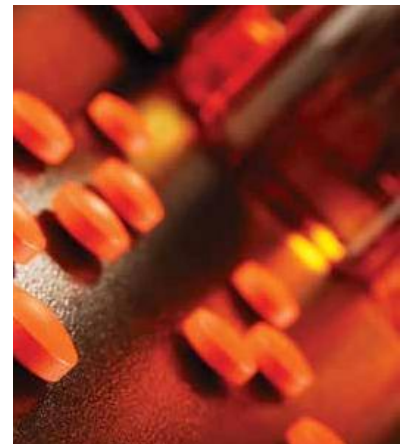
(Examples include Aleve®, Motrin®, Advil®, and Mobic®.) *Check with your surgeon regarding when to stop these medications*

Medications you may take instead for pain include Tylenol® (acetaminophen), Hydrocodone, Percocet®, Tramadol, Vicodin®, Gabapentin, and Neurontin®

Anticoagulants (Blood thinners)

Blood thinning medication are also usually stopped in the weeks leading up to surgery. (Examples of blood thinners include Coumadin®, Plavix®, Pradaxa®, Effient®, Xarelto®, Eliquis®, and Aspirin®.)

**Check with your surgeon and prescribing physician
regarding when to stop these medications.**



Diabetes Medications

If you have diabetes, inform your primary care physician, or the doctor who guides your diabetes treatment, that you are having surgery. He or she may want to do other testing or adjust your medication before and after surgery. Our diabetes educator may see you in the hospital after surgery to help manage your blood sugar and answer any questions.

Vaccination Information

You may get your flu shot prior to surgery. If it is flu season and you have not had your flu shot, your nurse will ask if you would like it administered during your hospital stay. (Please talk to your surgeon about getting any other vaccinations before surgery).

Preparing Yourself for Surgery



Stop Smoking

Smoking increases your risks of lung complications during and after surgery. Smoking also decreases your ability to heal and increases your risk of pneumonia and infection after healing. Smoking cessation will increase your healing.

Limit Alcohol

Limit your alcohol intake to one glass of wine or beer, or one cocktail, per day, starting five to seven days before surgery. After surgery, check with your doctor before resuming alcohol intake.

Eat Healthy

Proper nutrition is an important factor in healing. Maintaining a healthy diet reduces the risk of heart disease, high blood pressure, and diabetes. Prepare and freeze (or purchase) small-portioned, healthy meals for times you may be alone.

See page 29 of the appendix for further nutritional information.



Visit Your Dentist

Any tooth decay, gum problems, or on-going dental work should be treated and completed prior to surgery. Oral hygiene is important in preventing infection, as bacteria can easily enter the bloodstream through the mouth and cause widespread infection. For this reason, please check with your surgeon to see how close to your surgery date your dental work may have completed. Continue to brush and floss your teeth regularly.

Pick a Coach

Designate a friend or family member to help you for the first few days after you return home from the hospital. Share this booklet with your coach so that he or she can help you to stay on track during your recovery.

Exercise for Recovery

Exercise is the key to your recovery! Strengthening exercises to your arm should begin before surgery to help with your recovery. Post-Operative exercises will be added as your physician deems appropriate.

Make Your Home Safe

- Remove scatter/throw rugs from around the house.
- Make sure that all stairways are secure and have hand railings.
- Tuck away long phone and lamp cords.
- Arrange furniture so that you can easily move about your house.
- If possible, have rails in your tub or shower professionally installed.
- A shower bench, or chair, as well as a hand-held shower nozzle and non-skid tub mats may be helpful after surgery.

Skin Preparation

Three days prior to surgery you will begin using the chlorhexidine gluconate (CHG) bathing solution provided by the pre-anesthesia testing department. This process is described in detail on the following page. Frequently asked questions regarding the skin preparation are listed in the appendix. (See Next 2 pages for instructions.)

PREPARING YOUR SKIN FOR SURGERY (Home)

Our skin is naturally covered with bacteria that actually help us to stay healthy. However, if bacteria enter the body through an opening, such as a surgical wound, there is an increased risk of developing an infection at the surgical site. Preparing or “prepping” the skin before surgery can reduce the risk. Your surgical team at Bon Secours Mary Immaculate Hospital would like you to prep your skin by cleansing it with chlorhexidine gluconate (CHG), an antiseptic.

You will be given a product called StartClean. This kit contains a liquid solution of CHG and three sponges. This solution and sponges must be used for three showers before your surgery.



CAUTION

- DO NOT use the products if you are allergic to chlorhexidine. Use an antibacterial soap instead, such as Dial.
- DO NOT use the product on your head, face and genitals, or near your eyes. Use your regular soap in these areas.

If you have any questions, call 757-886-6411 or 757-886-6300 between 8 a.m. and 5 p.m., Monday through Friday.

SPECIAL INSTRUCTIONS

- STOP SHAVING three days before surgery.
 - Only facial hair is permitted to be removed with a razor.
 - Shaving before applying CHG to the skin may increase sensitivity and can cause cuts in the skin that may lead to an infection.
- DO NOT apply any lotion, powder, sprays or deodorant to your skin after using the solution.

Thank you for helping us to prevent surgical site infections!



BON SECOURS MARY IMMACULATE HOSPITAL
Bon Secours Hospitals of the Health System

Good Help to Those in Need®

SHOWERING

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 shower water off or step away from under the water flow.
- While your skin is still wet, use one of the sponges in the StartClean kit and pour 1/3 of the solution onto the sponge.
 - Wash from your neck down.
 - Do not use on your face or ears.
 - Do not use on your genital or anus areas.
- The solution does not lather. Wash without scrubbing.
 - 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.
- DO NOT apply any lotion, powder, sprays or deodorant to your skin 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!

WHEN TO SHOWER

	SU	M	T	w	TH	F	SA
Shower							

Packing for the Hospital

Pack your suitcase for the hospital a day or two before your surgery. Staff will help you to change into your own comfortable clothes after surgery, even if you are staying the night. This will help you to prepare for a recovery at home.

Items to Include in Your Overnight Bag:

- Loose fitting clothing, such as gowns, loose pants/shorts, or bathrobes (ensure pants and/or gowns do not drag the floor).
- Shoes that slip-on with a back are idea for shoulders, as tying may be difficult.
- Personal hygiene toiletries.
- Eyeglasses and denture cases. (Do not wear contacts)
- Magazines, books, needle work, crossword.
- A list of medications you are currently taking, including frequency and dosages.
- **A method of payment for prescriptions.** (An outpatient pharmacy is in the hospital for your convenience)

What Not to Bring to the Hospital

- Your entire wallet or purse.
- Jewelry or other valuables.

Don't Forget!

- Label your belongings
- Bring support/adaptive devices necessary
(Example: Brace for Charcot foot, CPAP or BIPAP machine)
- Bring your Advance Medical Directive/ Living Will.
(If you do not have one, we can provide one for you. [See page 30 of the appendix](#))
- Bring your glasses (contacts must be removed for surgery)

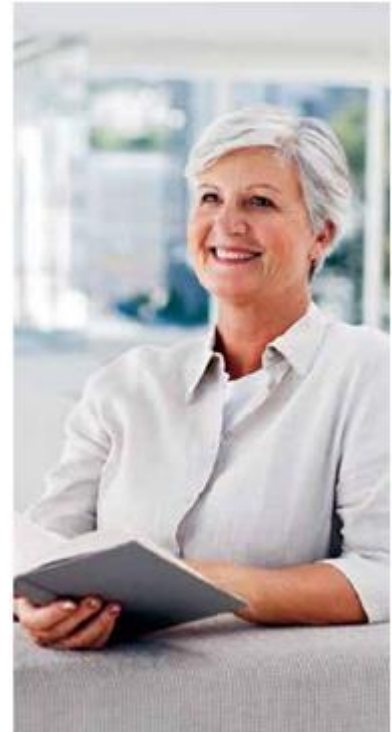
Countdown to Surgery

Four Weeks Prior to Surgery

- Schedule your pre-operative physical.
- Plan for a nurse from pre-admissions to call you to schedule your pre-anesthesia testing appointment.
- Attend pre-operative education class.
- Begin preparing your home.
- Eat three healthy meals per day

10 to 14 Days Prior to Surgery

- Stop taking medications as instructed by your physician.
- Cease or limit alcohol intake and smoking.
- Prepare healthy meals to freeze and reheat after surgery



Three Days Prior to Surgery

- Begin CHG skin prep (see page 12).

Day Prior to Surgery

- Pack items for the hospital.
- Surgical time will be provided by the surgeon's office.
- **YOU MAY NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT ON THE DAY BEFORE YOUR SURGERY.** This includes gum, mints, water, etc.

Day of Surgery

- Brush your teeth and rinse with water, but do not swallow the water.
- Wear proper clothing that is loose-fitting and easily removed (no deodorant or lotion)
- Remove ALL jewelry (leave ALL jewelry and valuables at home).
- Take medications with a sip (1 tsp.) of water (only the medications you have been instructed to take during your pre-admissions interview).
- Do not smoke on the day of surgery.

Day of Surgery

Checking into the Hospital

Check in at the main desk of the surgical pavilion on the ground floor, unless your surgeon's office tells you to go to a different area. The surgical pavilion is across from the Emergency Room entrance. Remember you can only bring one person with you to the hospital the day of surgery. **You will find a map on page 34 of this education book.**

You will be taken to the pre-operative preparation area. In the pre-operative area, a nurse will go over your medical information and check your vital signs (i.e., blood pressure, pulse, temperature, respirations or breathing). An intravenous (IV) tube will be inserted to give you IV fluids. Your skin will be cleansed with CHG wipes and your nostrils with antiseptic swabs to prevent infection.

Holding Area: "Holding"

Once you have finished the initial preparations, you will be moved to the second floor of the surgical pavilion. Here you will see your surgeon, your anesthesiologist and meet the members of your surgical team. You will be given antibiotics to decrease your infection risk. You will use a warming blanket, so you are not cold waiting for surgery. A normal temperature before surgery reduces the rate of infection.

If you are having anxiety you may be given medications to help. If you wear dentures, eyeglasses or contact lenses, you will need to remove them at this time.

Family Waiting Area

If visitors are allowed in the hospital, a family member can remain with you and escort you throughout the pre-operative process. They will then be instructed to go to the surgical waiting area located on the second floor. Remember, it may be four to six hours from the time you leave your family until they will be able to visit you. When your surgery has been completed, your family will be notified.



Anesthesia Team

The anesthesia team includes an anesthesiologist and a nurse anesthetist. They oversee your comfort and well-being before, during, and right after your surgery. They will meet with you before surgery to develop an anesthetic care plan for you based on your health history, medications and personal needs.

What Types of Anesthesia Are Available?

You and your anesthesia team will decide what is the best type of anesthesia for you in the pre-op period. The types available for you are:

General Anesthesia — General anesthesia uses a combination of anesthetic gases and IV medications to put you to sleep. After you are asleep, an ET tube (endotracheal tube) will be put in your mouth and trachea to regulate your breathing during surgery. Your anesthesiologist will monitor and medicate you to make sure you are comfortable and asleep during surgery. The ET tube will be removed prior to you awakening from anesthesia

Regional Anesthesia — This technique involves the injection of a local anesthetic to provide loss of sensation to a region of the body. Regional anesthetic techniques include spinal blocks and nerve blocks to the arms and legs. Medications are still given through your IV to make you sleepy and unaware during your surgery. All total shoulder patients will be offered a nerve block.

- **Interscalene Nerve Block** — A nerve block is an injection of local anesthetic onto or near a nerve for temporary control of pain. The block is a single injection performed near the base of the neck and into the group of nerves that supplies the affected arm. It is a sensory and motor block, meaning you will not be able to move or feel your arm after injection. This block will provide you with relief for 6-12 hours after surgery.
- **Exparel** - This medication (or a similar alternative) is injected into the tissue around the joint during the surgery to provide pain management for 12 to 24 hours.

Will I Have Any Side Effects to the Anesthesia?



Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.

Although less of a problem today, because of improved anesthetic agents and techniques, nausea and vomiting does occur for some patients as a side effect of anesthesia. It is also a side effect of narcotic pain medication. Medications to treat nausea and vomiting will be provided pre-operatively, during surgery, and after surgery if necessary.

Surgery

In the operating room, your anesthesia provider will monitor and manage your vital functions, including heart rate and rhythm, blood pressure, temperature and breathing. You will also be asked to breathe oxygen as you are readied for anesthesia. Once you are asleep, there will be a “time out” — a verification of the correct patient and operative site for safety purposes — performed prior to the start of surgery.

The average length of time for the surgery is 1½ to 2 hours, with revisions requiring more time.

Post-Anesthesia Care Unit “PACU”

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU), also called the recovery room, where your anesthesia team will continue your care after surgery. Your vital signs will be watched closely as you begin to wake up. When you wake up you may feel sleepy, dizzy, or confused. It is normal to be groggy for the rest of the day. Once you are awake and your Anesthesiologist says you are stable, you will be moved to our Phase 2 unit or to a hospital room on 2South Orthopaedics. You will stay here under the care of your surgeon until you go home.

What to at the Hospital

Pain Management — Do not expect to be pain-free!!!

Pain is a part of surgery and recovery. Your nurse will work with you to establish pain goals to help you have pain tolerance. The pain is caused by weakness, tightness, and soreness of all the muscles that cause your hip to move.



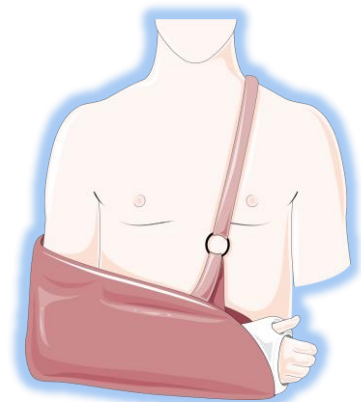
Pain tolerance means the pain is present, but bearable as you use your new knee. Pain medication, ice, elevation, walking and exercises will be used to help you manage your pain. If you had a pain relief injection intraoperatively, you will feel the effects of that numbing agent for up to 12 hours and will notice a gradual pain increase as it wears off.



Incentive Spirometer— is a device that will help to exercise your lungs, prevent fluid buildup, and reduce fever after surgery. You should use this device 10 times an hour to prevent pneumonia and reduce fever. Coughing and deep breathing help prevent lung congestion and pneumonia.

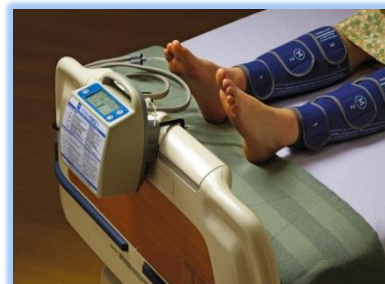
Ice— Ice will be provided in disposable water-resistant bags for use during the day and night. This will help with post-operative swelling.

Sling — Your sling should be utilized until sensation returns to your arm. After sensation returns it should be on during periods of activity but may be removed at times of rest and relaxation.



Sequential Compression Devices (SCD)

— is a method of DVT (deep vein thrombosis) prevention that improves blood flow in the legs. SCD's are shaped like “sleeves” that wrap around the legs and inflate with air, one at a time. This movement imitates walking, promoting blood flow, which helps to prevent blood clots. Keep these on while in the hospital bed. They will be removed when you get up to sit in the bedside chair or walk.



Support Stockings (TEDs) – After surgery, compression stockings may be placed on both legs (*if ordered by your surgeon*) to promote blood circulation and ease swelling.

Bathing & Dressing (Occupational Therapy)

After surgery you will be asked to change into your own loose-fitting clothing. Each morning you will be wiped down with the same CHG bathing wipes used prior to surgery. An occupational therapist may see you, as needed, to make sure you are able to do daily activities, such as bathing and dressing.

Mobility (Physical Therapy)

Expect to get up and out of bed with physical therapy, or our nursing staff, within approximately 120 minutes of getting to your room. You will be assisted to a bedside chair for all meals as part of our “up for meals” mobility program. A “falls agreement” will be signed as a reminder that you should not be getting out of bed without a staff member present. A Physical Therapist will work with you daily to ensure that you are practicing safe mobility. *They will let you know what exercises are safe to do depending on your surgeon's instructions.*



Here is an exercise that you can start performing right away:

Ankle Pumps — Before and after surgery do ankle pumps or circles every hour to help the blood flow to your lower legs. Move your toes up and down or circle around 10 times an hour.

Medications Given During My Hospital Stay

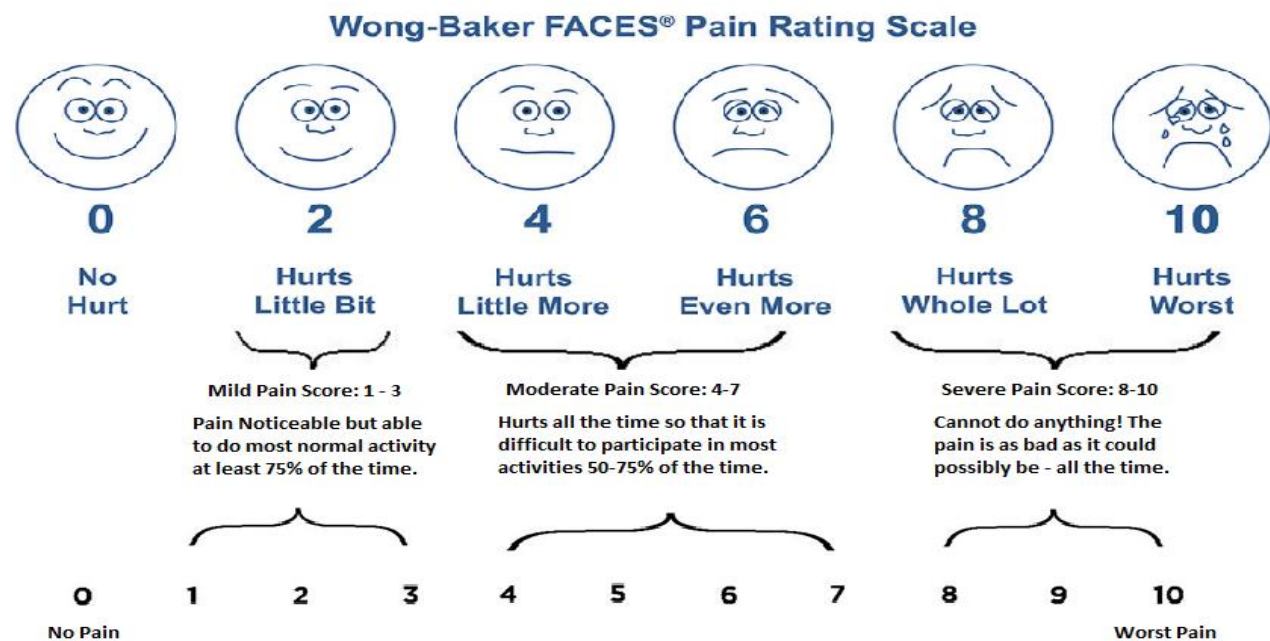
Pain Medication

In addition to the nerve block, ice, and positioning, your doctor will choose pain medications that are appropriate for you. It is common to receive narcotics, Tylenol®, and anti-inflammatories to control your pain. Your physician may place an On-Q pain pump during surgery or order a PCA Pump to administer pain medication (both are discussed on the next page). Tell your nurse what your pain level is so they can help you have pain tolerance. Call your nurse when the pain is moderate instead of waiting for when pain is severe.



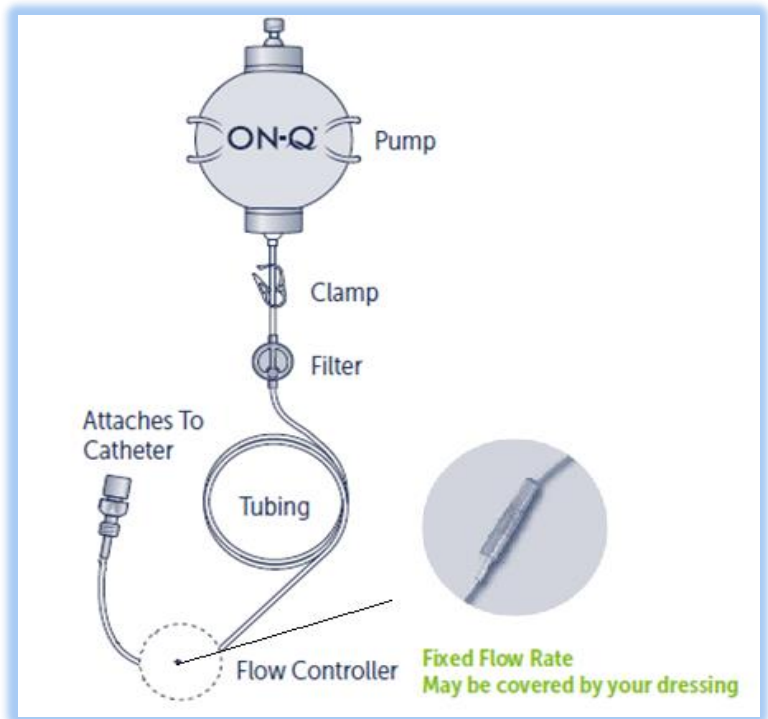
Pain Scale

The Wong-Baker pain scale is numbered from 0 to 10. Zero is no pain and 10 is the worst pain you have ever had. While you're in the hospital, you will be asked to rate your pain level using this scale. The nurses will medicate you based on your response, helping you to achieve good pain tolerance.



ON-Q Pump

The On-Q Pain Relief System is a non-narcotic pump that continuously delivers an anesthetic medication directly to the shoulder through a small catheter tubing. This catheter is placed during surgery. It will provide targeted pain relief for up to five days. You may go home with this pump, along with instructions for when and how to take it out. **Information on your On-Q pump will be given to you in the hospital.**



PCA Pump



Patient-Controlled Analgesia (PCA): a special pump that has pain medication that gives patients the power to control their pain. The special pump has a syringe filled with pain medication. It is connected to your intravenous (IV) line. A push-button cord is given to you. You will push the button anytime you have pain. The pump will deliver a set amount of pain medication that your surgeon has ordered. The pump has built-in safety features, so you only get a safe amount of medication in a specific time period (*regardless of how often the button is pressed*).

You will only have the PCA for one night. The morning after surgery you will be given pain pills.

Remember the goal is for you to have pain tolerance.

Stool Softener

Pain medication and anesthesia make your bowels slow to move. A stool softener, such as Colace® and/or MiraLAX® will be ordered by your surgeon to help your bowels to move.

Even if you are not eating as much, you still need to take a stool softener, so you do not have constipation. Remember to drink lots of water to stay hydrated.



Anticoagulant (Blood Thinner)

An anticoagulant (blood thinner) may be given to you after surgery. This is to prevent the formation of blood clots. The type of anticoagulant you will be taking, and the how long you will need to take it is decided by your surgeon.

My Daily Medications

Your routine daily medications will be given to you in the hospital once the Pharmacist checks to make sure there will be no interactions with the pain medication and anticoagulant ordered by your surgeon. Your medications will be provided by the hospital. Please do not take any additional medication that is not provided by your nurse.








Mary Immaculate Outpatient Pharmacy

You will be given the opportunity to fill your prescriptions at our outpatient pharmacy inside of the hospital, or you may fill your prescriptions at your home pharmacy. If you choose our pharmacy, our transportation team will wheel you by the pharmacy on your way out of the building. **Please note that filling prescriptions at Mary Immaculate Hospital pharmacy is for your convenience and does not obligate you to refill medications here. **

Side Effects

The side-effects to the medications you will be taking after surgery are listed on the [next page](#). Ask your nurse, or pharmacist, if you want to know more about the side effects to any medications you are taking.

Side Effects

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

Precautions

Blood Clots

Blood clots can sometimes occur after joint-replacement surgery. They can occur in the arm or leg as a deep vein thrombosis (DVT). When a blood clot goes unrecognized, it can break away from the vein and travel to the heart (heart attack), lung (pulmonary embolism), or brain (stroke).

To prevent a blood clot:

- Do ankle pumps 10 times every hour and walk once an hour (while awake) once home.
- Wear your SCDs while in the hospital.
- Take your blood thinner as directed (if prescribed).



Warning signs of a blood clot include:

- Pain in the calf or arm that is not relieved by ice, elevation, and pain medication.
- Swelling of the foot, ankle, or calf that does not get better with ice & elevation.
- Chest pain or shortness of breath. (If this chest pain or shortness of breath is sudden or severe, tell your nurse immediately)

It is normal to experience moderate swelling, warmth, and redness after surgery.

Constipation

Constipation is a common side effect of narcotic pain medication.

To prevent constipation:

- Get up and move every hour.
- Take Colace® (stool softener) daily and/or a mild laxative (MiraLAX®) if needed.
- Drink eight glasses of water a day.

Pneumonia

People who have had surgery have a higher risk of fluid buildup in their lungs due to moving around less than normal. This fluid buildup can cause pneumonia.

To prevent pneumonia:

- Get up and move every hour while awake.
- Use your incentive spirometer 10 times an hour while awake.



Infection

To prevent Infection:

- Keep your incision covered, as instructed, and dry — do not apply lotions or ointment.
- Shower as directed by your surgeon.
- Notify your surgeon or visiting nurse if there is *increased* drainage, redness, pains, odor or heat around the incision.
- Take your temperature if you feel warm and call your surgeon if your temperature exceeds 100.5 degrees Fahrenheit.
- Wash your hands! Ensure that you, your family, and your healthcare providers are all practicing proper hand hygiene.

Warning signs of infection include:

- Persistent fever (oral temperature greater than 100.5 degrees Fahrenheit)
- Shaking or chills.
- *Increased* redness, tenderness, or swelling
- *Increased* pain during activity and at rest.
- *Change* in color, amount or odor of drainage.



If you experience any signs of infection, call your nurse or surgeon immediately.

Remember: Walking is the best way to prevent complications.

Care Management

Plan to recover at home. You will rest better, heal faster, eat better, and have less chance of complications in your own home. Your surgeon will let you know before surgery if you will have home health services or go straight to outpatient therapy to continue your joint recovery.

Outpatient Therapy: Your surgeon's office will arrange your outpatient therapy prior to surgery. If you know where you would like to go for therapy, tell your surgeon's office when you schedule surgery.

Remember you will not be able to drive yourself to outpatient therapy, so ask someone to drive you. Your surgeon will let you know when it is safe for you to drive after surgery.

Your surgeon will see you in the office within 7 days of surgery to change your dressing. If your dressing starts to come loose or fills up with drainage, call your surgeons office. Do not take the dressing off.

Home Health Services: Home Health services include a nurse and a physical therapist. If you know which agency you would like to use, let your surgeon's office know. If home health services are not arranged before surgery, a Care Manager will visit you in your hospital room to make those arrangements before your go home.

If you are not sure which agency you would like to use, a list of home health agencies is listed on the next page.

You may use the website, **Medicare.gov**, as a resource to see the ratings of all the Home Health agencies.



Please do not hesitate to call our care management department with any questions at 757-886-6291.

Home Health Agencies

Bon Secours Home Health/Hospice *	(757) 889-4640	
Albermarle Home Care	(252) 338-4066	
All-4 One Home Care	(757) 962-7838	
Amedisys (Brookside)	NN (757) 223-5424	WMBG (757) 253-2536
A+ Healthcare Partners	(757) 966-5180	
At Home Care	(757) 220-2112	
Bayada Home Health Care	(757) 565-5400	
BioScrip Home Infusion	(757) 855-4255	
Bright Star Home Health	(757) 206-1167	
Comfort Care (Chesapeake Regional)	(757) 312-6464	
Encompass	(757) 226-7560	WMBG (757) 585-2530
Equilibrio Home Health (Southside only)	(757) 965-9942	
Generation Home Care	(757) 822-6991	WMBG (757) 259-7411
Dare Home Health (North Carolina)	(252) 475-5028	
Hope in Home	(757) 873-3410	
Interim Healthcare	(757) 873-3313	Norfolk (757) 466-1401
Intrepid	(757) 787-7202	Eastern Shore (757) 490-3009
Jewish Family Services	(757) 489-3111	
Kindred Home Care	(757) 499-2303	
Medi Home Health	(757) 420-7192	
Personal Touch Home Care/Hospice	(757) 595-8005	
Rappahannock Home Care	(804) 435-8587	
Riverside Home Health	(757) 594-5600	
Riverside Shore HH (Eastern Shore)	(757) 789-5000	
Sentara Home Care	(757) 553-3000	Wmsbg (757)259-6251
Southampton Home Health	(757) 569-6360	
Southeastern Home Health	(757) 234-6650	
Virginia Health Home Care	(757) 534-9222	
Williamsburg Landing Home Health	(757) 565-6552	

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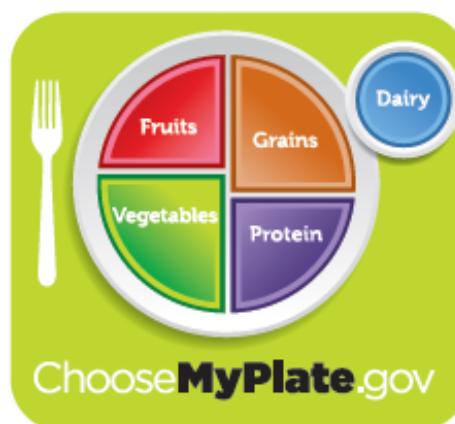
Appendix

Eating Health

Eat Healthy

Good nutrition is important for healing. To have a good diet, eat three meals per day and do not skip meals.

- Make sure to eat protein.
- If you are diabetic, keep your blood sugars under control.
- Choose foods and drinks low in saturated fats and sodium, and have no added sugar.
- To get the right nutrients, use all five food groups.



How many grams of protein do you need daily?

- | | | | |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| • 110 pounds:
40 to 50 grams | • 160 pounds:
58 to 72 grams | • 210 pounds:
76 to 95 grams | • 260 pounds:
95 to 118 grams |
| • 120 pounds:
44 to 55 grams | • 170 pounds:
62 to 77 grams | • 220 pounds:
80 to 100 grams | • 270 pounds:
98 to 123 grams |
| • 130 pounds:
47 to 59 grams | • 180 pounds:
65 to 82 grams | • 230 pounds:
84 to 105 grams | • 280 pounds:
102 to 127 grams |
| • 140 pounds:
50 to 64 grams | • 190 pounds:
69 to 87 grams | • 240 pounds:
87 to 109 grams | • 290 pounds:
105 to 132 grams |
| • 150 pounds:
55 to 68 grams | • 200 pounds:
73 to 91 grams | • 250 pounds:
91 to 114 grams | |

Food with Protein	Serving Size	Protein (grams)
Cottage cheese	1 cup	28
Ricotta cheese	1 cup	28
Beef, fish, pork, chicken or turkey	3 ounces	21
Vegetarian burger	1 patty	10-15
Tofu	½ cup	13
Soy milk	1 cup	9
Milk (all types, including chocolate milk)	1 cup	8
Yogurt	6 ounces	8
Cooked dried beans, peas or lentils	½ cup	8
Peanut butter or other nut spread	2 tablespoons	8
Cheese	1 ounce (1 slice)	7
Egg	1 large	6
Nuts or seeds	2 tablespoons	3-5
Bread	1 slice	2
Cooked cereals, pasta, rice or vegetables	½ cup	2

Make Your Wishes Known

Put Your Health Care Decisions in Writing

ADVANCED MEDICAL DIRECTIVE

An advanced medical directive is a legal paper letting your care team know what you want done if you are not able to tell us. It is our policy at Mary Immaculate Hospital to respect and follow your wishes.

There are different types of advanced medical directive:

Living Wills ---Written instructions that tell you wishes for your health care. The Living Will is your wishes in writing when you are not able to tell us what you do and do not want done.

Health Care Agent (may be called a medical power of attorney) ---A legal paper that lets your care team know who you want to make decisions about your medical care if you can't.

Health Care Instructions ---Your chose regarding the use of life-sustaining equipment, hydration, nutrition, and use of pain medicines.

At Bon Secours Mercy Health Mary Immaculate Hospital, it is our policy to respect and follow our patient's wishes for their care.

On admission to the hospital you will be asked if you have an Advance Medical Directive. If you do, **please bring copies of the documents to the hospital with you**, so they can become a part of your medical record. If you do not have one and would like to get one let us know.

Advance directives are not a requirement for hospital admission.

Frequently Asked Questions

Am I too old for joint replacement surgery?

Age is not a problem if you are in reasonable health and have the desire to continue living a productive, active life. You may be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

Will the surgery be painful?

You will have discomfort following the surgery, but it should be tolerable with the appropriate interventions, such as medication, ice, and mobility.

How long, and where, will my scar be?

The scar will be approximately 4-6 inches long. It will be in the front of the shoulder, moving downward in the direction of your elbow. You may notice some numbness around the scar as it heals. This is normal and will not cause any problems.

When can I take a shower after surgery?

Showering after surgery is dependent on your surgeon. Specific information will be provided upon discharge. Sponge bathing may be necessary in the immediate post-operative period to ensure your dressing stays clean and dry.

When will I be able to get back to work?

Your surgeon will let you know when you will be able to return to work, but it greatly depends on your recovery and your occupation.

When can I start driving?

About four to six weeks after surgery, but not until your surgeon gives you the OK to drive

Frequently Asked Questions Regarding the CHG Skin

Preparation:

If I perform my CHG bathing at night prior to bed, may I shower again in the morning?

Yes. You may take a normal shower again in the morning, if necessary, but use the cleaning solution only during the nightly shower. (DO **NOT** SHOWER ON THE MORNING OF SURGERY.)

Do I need to wash the comforter on my bed every day as well?

No. If the comforter is clean, only the towels, pajamas, and sheets need to be cleaned each day for the three days prior to surgery.

Can my spouse sleep with me? What about my dog or cat?

Yes, your spouse may sleep with you. It is recommended that your pet sleep elsewhere if normally under the sheets with you in the bed.

Do I need to clean my sheets every day after surgery?

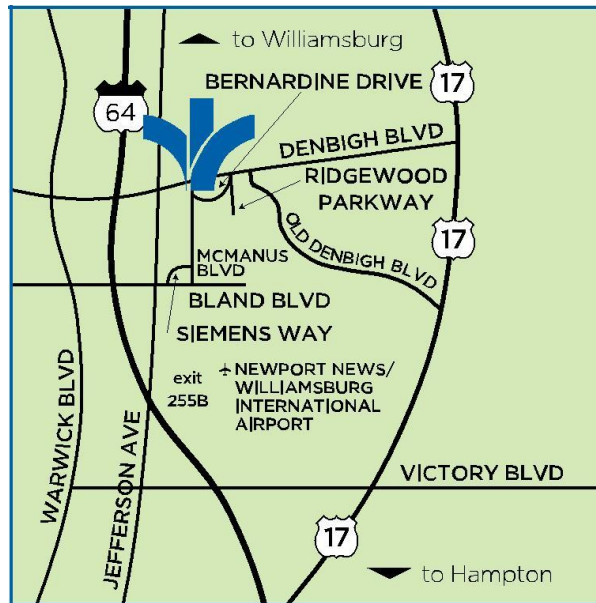
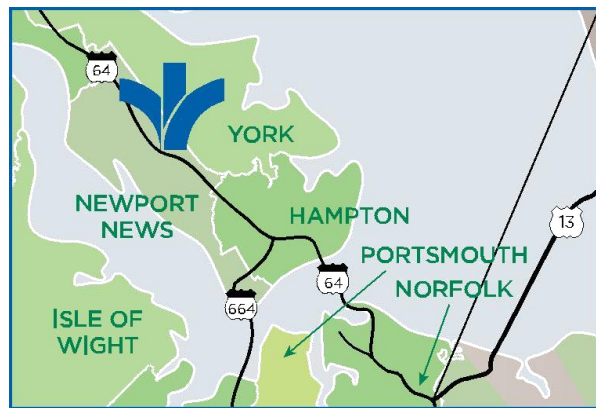
No. Post-operatively your incision area will be covered and not exposed.

If I have difficulty reaching my back, is it okay to use a sponge with a handle to reach it?

Yes, if the sponge is new and clean you may use it to clean areas you cannot reach. Sponges with handles can be found at most drug stores.

Directions & Maps

From I-64, take Exit 255B toward the Newport News/Williamsburg International Airport. Stay on Jefferson Avenue for approximately ½ mile. Turn right onto Bland Boulevard, then take a left onto Siemens Way at the stop light. Continue to follow Siemens Way around to the right. Turn left onto McManus Boulevard, directly across from the airport. Follow the road almost to the end and turn right onto Bernardine Drive. Bon Secours Mary Immaculate Hospital is on the right.

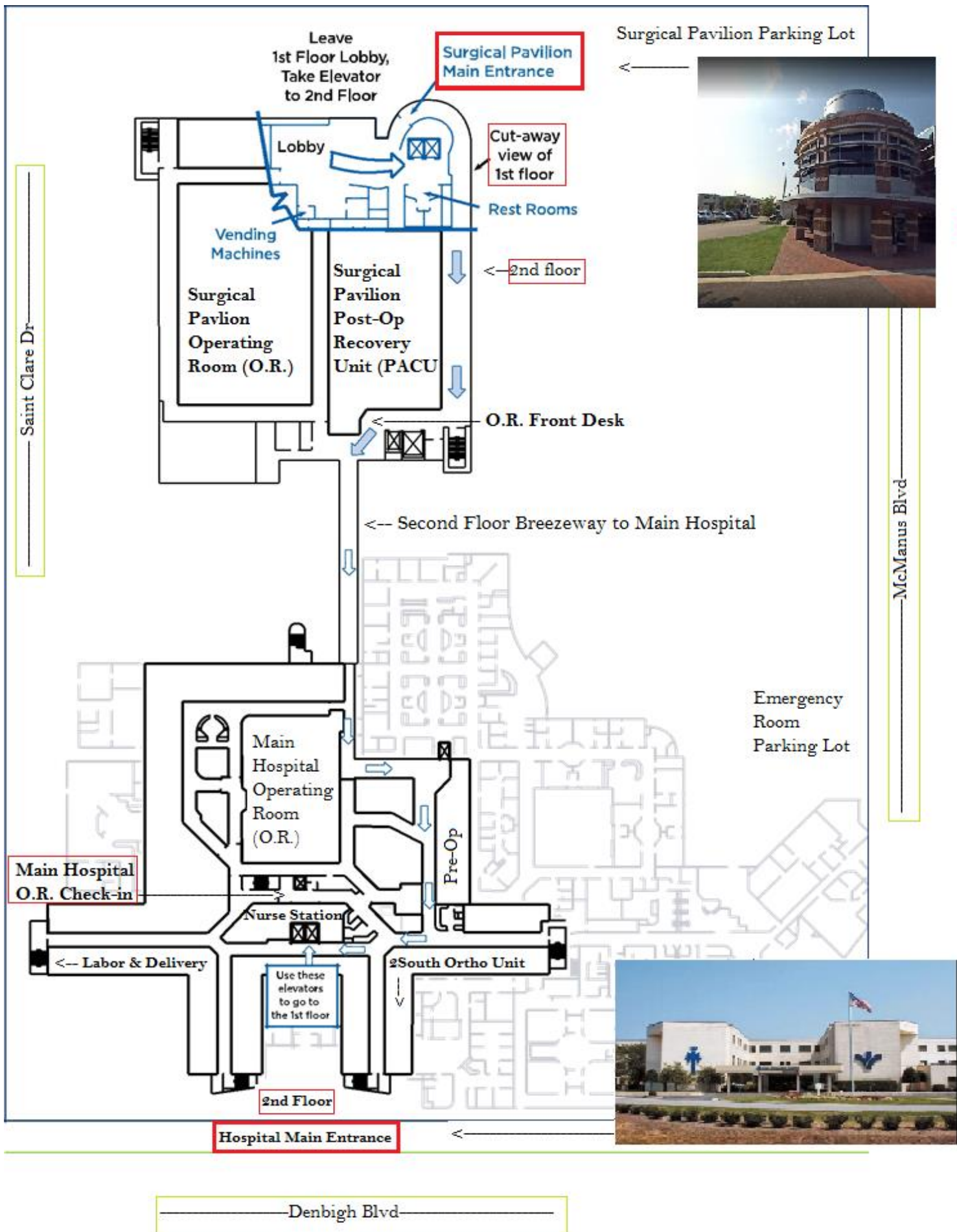


Directions from Surgical Pavilion First Floor to the Main Hospital 2 South Orthopaedic Unit

The following page is a map of the second floor of the surgical pavilion and the main hospital. There is a small cut-out of the first-floor lobby of the Surgical Pavilion Main Entrance (**red block top of page**). If you follow the blue arrows onto the elevator and out to the second floor, it will lead you through the surgical pavilion and second floor breezeway, directly to 2South Orthopaedics in the main hospital.

Directions from the Main Hospital Entrance to the Main Hospital Operating Room Lobby

Enter through the main hospital entrance (**red block bottom of page**) and onto the elevators immediately inside to the second floor. Once the elevators open, you will find the 2 South Orthopaedics nurses' station on the left-hand side. Behind it you will find the Operating room lobby (check-in).



Hotel Discounts

Bon Secours patients and families have a new reason to feel good about choosing us as their health partner. You'll now be able to stay closer to your loved ones at a substantial discount. There are participating hotels near our award-winning Bon Secours hospital where you can receive these wonderful benefits:

Courtyard Marriott
105 Cybernetics Way
Yorktown, VA 23693
757-874-9000

Residence Inn
531 St. Johns Road
Newport News, VA 23602
757-842-6214

Comfort Suites
12570 Jefferson Ave.
Newport News, VA 23602
866-348-7755

Courtyard by Marriott
530 St. Johns Road
Newport News, VA 23602
757-842-6212

You must mention that you are seeking the "Bon Secours discount."