

ORTHOPAEDICS

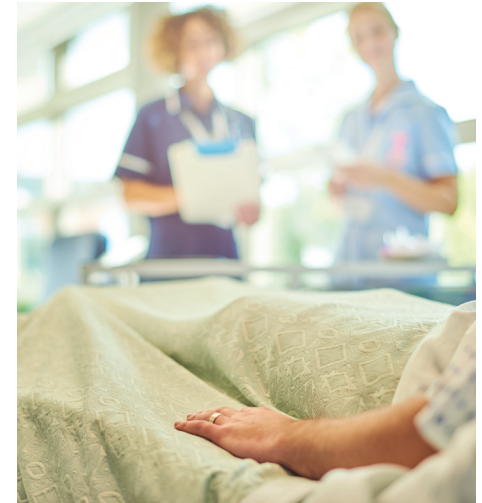


Shoulder Surgery Guide

FROM PRE-OP TO RECOVERY



Main Line Health®



BEFORE SURGERY

Commonly used phone numbers 2

Pre-op checklist 3

An introduction to the anatomy of your shoulder 3

Pre-op arrangements 6

Plan for surgery and recovery. 8

Taking showers just before surgery 10

YOUR HOSPITAL STAY

Day of surgery 11

Post Surgery 13

Occupational and physical therapy. 14

Learning to move more safely 14

Discharge planning. 14

AT HOME

At-home tips 15

Use of anticoagulants 18

Recognizing and preventing potential complications . . . 19

At-home how-to 20

APPENDIX

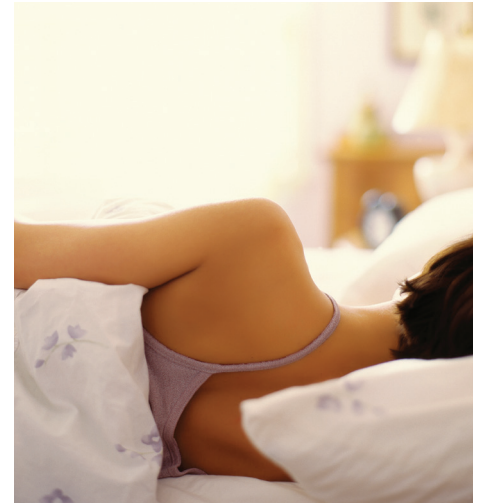
Appendix 1: Glossary of commonly used terms 23

Appendix 2: Postoperative care team 24

Appendix 3: Medication Tracker 25

Appendix 4: Commonly asked questions 27

Appendix 5: At-home checklist for postoperative shoulder surgery 29



Welcome.

Thank you for choosing Main Line Health for your shoulder procedure. Across its four acute care hospitals, Main Line Health's surgeons perform thousands of shoulder surgeries annually.

Our multidisciplinary team approach to care includes surgeons, nurses, anesthesiologist, therapists and care managers. You can be assured that our team will communicate with you every step of the way.

We want you to be as comfortable as possible for your procedure. This requires you to plan and prepare during the days ahead. To that end, this book will help you:

- Prepare mentally and physically for surgery
- Know what to expect before, during and after surgery
- Understand how your caregivers can help during this time
- Know what medical equipment will be used while healing
- Know what to expect during healing and recovery

After reading this manual, please check the "pre-op checklist" (on page 3) each week to ensure you're on track with your preparation. In the meantime, we look forward to taking excellent care of you.

Sincerely,

THE MAIN LINE HEALTH SURGICAL TEAM

Lankenau Medical Center | Bryn Mawr Hospital | Paoli Hospital | Riddle Hospital



Commonly used phone numbers

GENERAL QUESTIONS

Lankenau Medical Center

Kim Hogan | Orthopaedic Program Manager
484.476.8523 | hogank@mlhs.org

Bryn Mawr Hospital

Beth Mathews | Orthopaedic Program Manager
484.337.3412 | mathewsb@mlhs.org

Paoli Hospital

Donna Levan | Orthopaedic Program Manager
484.565.1537 | levand@mlhs.org

Riddle Hospital

Cara Peck | Assistant Nurse Manager/
Orthopaedic Program Manager
484.227.2801 | peckc@mlhs.org

DIRECTIONS AND PARKING

mainlinehealth.org/directions

SURGERY DATE CHANGE/ ILL PRIOR TO SURGERY

Call your surgeon's office.

PRE-SURGERY PREPARATION QUESTIONS

Pre-surgery billing/financial counseling (*all hospitals*)
484.337.1970

Anesthesia billing/insurance inquiries (*all hospitals*)
1.800.222.1442

—

Lankenau Medical Center

Preadmissions: 484.476.2530
Day of surgery issues: 484.476.2364

Bryn Mawr Hospital

Preadmissions: 484.337.4541
Day of surgery issues: 484.337.4905

Paoli Hospital

Preadmissions: 484.565.1087

Riddle Hospital

Preadmissions: 484.227.6236 | vinceg@mlhs.org

AFTER-SURGERY BILLING QUESTIONS

All hospitals

Billing Customer Service: 484.580.4360

Pre-op checklist

- **Choose a coach.** Select a family member or friend who can drive you to the hospital on the day of surgery, pick up your prescriptions, drive you home on the day of discharge and drive you to medical appointments during recovery.
- **Be prepared.** For those who have a power of attorney or living will document for medical affairs and decisions, a copy of the document is required for your chart.
- **Plan ahead.** To make the days following surgery easier, look around your home to make sure it is safe for your recovery (See page 9).
- **Attend preadmission testing/clearances.** Follow your surgeon's instructions for preadmission testing and medical clearance, which includes a physical examination, medical history and lab tests.

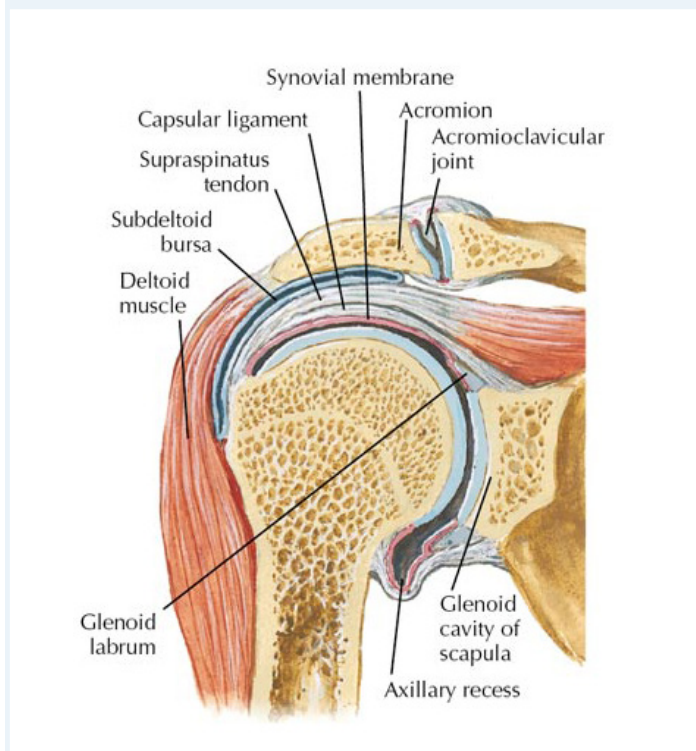
An introduction to the anatomy of your shoulder

The shoulder is made up of three bones: the scapula (shoulder blade), clavicle (collar bone) and humerus (upper arm bone). The upper part of the shoulder blade (acromion) projects over the shoulder joint. The collarbone meets the shoulder blade called the acromioclavicular (AC) joint; the other end of the collarbone joins the breastbone (sternum) called the sternoclavicular joint.

The joint capsule is a thin sheet of fibers that surrounds the shoulder joint. The capsule allows a wide range of motion yet provides stability. The rotator cuff is a group of muscles and tendons that attach your upper arm to your shoulder blade. The rotator cuff covers the shoulder joint and capsule.

The muscles attached to the rotator cuff enable you to lift your arm, reach overhead, and take part in activities such as throwing or swimming. A sac-like membrane (bursa) between the rotator cuff and the shoulder blade cushions and helps lubricate the motion between these two structures.

NORMAL ANATOMY OF SHOULDER BALL AND SOCKET



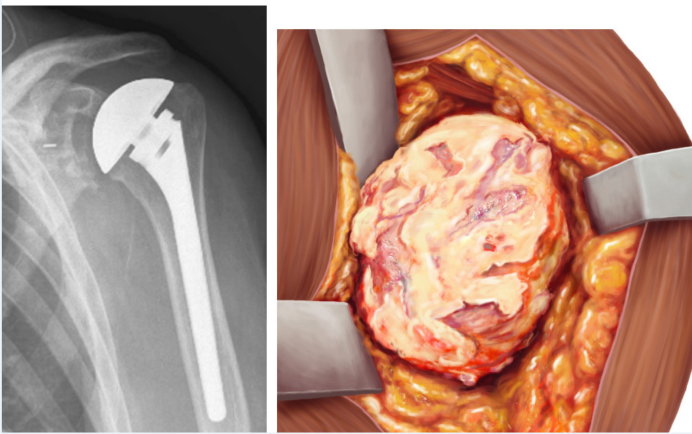
Netter medical illustration used with permission of Elsevier. All rights reserved.

Types of Surgery

Arthroscopic Surgery

In this procedure, the surgeon inserts a pencil-thin device with a small lens and lighting system into tiny incisions to look inside the joint. The images from inside the joint are relayed to a TV monitor allowing the doctor to visualize the joint in high definition. Surgical instruments can be inserted to make repairs. This procedure can be done on an outpatient basis with discharge on the day of surgery.

RADIOLOGY AND SCHEMATIC OF ARTHRITIS/OA



ARTHRITIS IMAGING



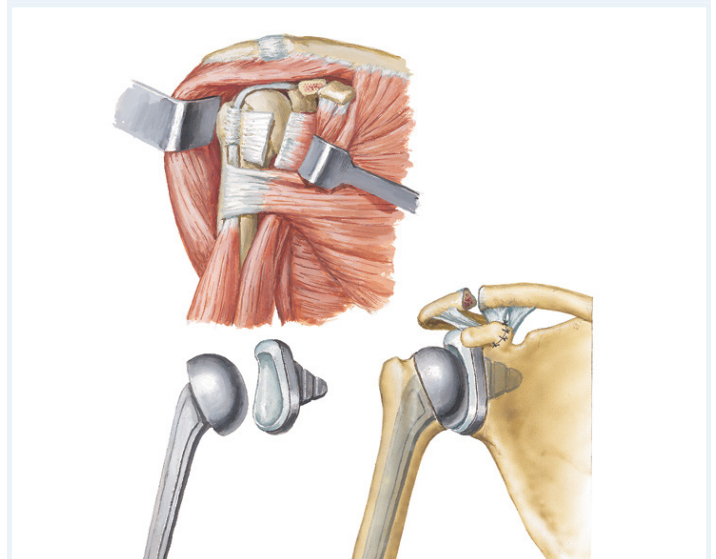
Open Surgery

This approach is necessary for shoulder replacement and some rotator cuff repairs. Open surgery can be done through small incisions of just a few inches. Recovery and rehab are defined by the type of surgery performed inside the shoulder, rather than the approach.

SHOULDER REPLACEMENT OPTIONS:

- **Primary Total Shoulder:** With this procedure, the head of the humerus is replaced with an implant that includes a stem with a smooth, rounded metal head. The socket is replaced with a plastic cup that fits the head of the ball perfectly.
- **Reverse Total Shoulder:** The normal structure of a total shoulder replacement is reversed. The ball portion is attached to the scapula and the artificial socket is attached to the humeral head. This allows the deltoid muscles of the shoulder to take over the work of moving the shoulder, increasing joint stability. This procedure is often indicated for patients with compromised rotator cuff function.
- **Shoulder Resurfacing:** The damaged humeral head is sculpted to receive a metal cap that fits on the bone, which then functions as a new smooth articular surface. This procedure is less invasive than a total shoulder replacement.

SHOULDER REPLACEMENT



Netter medical illustration used with permission of Elsevier. All rights reserved.

ARTHROSCOPIC SURGERY**WHAT TO EXPECT:**

- Surgery will last approximately one to two hours.
- You will be in the hospital most of the day.
- You will generally go home the same day, as per your surgeon and insurance.

SHOULDER REPLACEMENT SURGERIES**WHAT TO EXPECT:**

- Surgery will last approximately two to 2½ hours.
- You will be in the hospital one night, as per your surgeon, your procedure and your insurance.

Pre-op arrangements

START WITHIN THREE DAYS OF SETTING YOUR SURGERY DATE

- Arrange for a “coach”
- Avoid dental work, including cleanings and any other invasive procedures, for up to two weeks before surgery
- Preadmission testing
 - Fill out the Medication Tracker ([Appendix 3](#))
- Complete a living will



During the weeks before your surgery, many people will be asking you about your insurance coverage, medical history and legal arrangements. The following may help:

Arrange for a “coach”

Coaches are relatives or friends who:

- Help you prepare for surgery
- Assist with your recovery and rehabilitation
- Drive you to the hospital for your procedure and back home after discharge
- Pick up your outpatient pharmacy medications

Your coach will also be a first contact for updates from the healthcare team after surgery.

Manage your medical health

Speak with your primary care doctor about staying healthy for surgery, especially if you smoke, have diabetes or are obese.

Working with your physician to optimize your health reduces the risk of infections and poor wound healing.

If you are a current smoker, we advise you to:

- Quit smoking and/or using tobacco or nicotine products for at least two weeks **BEFORE** surgery.
- Avoid smoking cessation products such as Nicorette® gum, nicotine patches, nicotine vaping, and second-hand smoke. Nicotine, in any form, can delay bone fusion and healing.

Please discuss smoking cessation plans with your medical doctor. There are new medications available to help with this. Also, you may use the Main Line Health Contact Center at 1.866.CALL.MLH (225.5654) to find out about other resources or cessation classes.

Dental work

TWO WEEKS BEFORE SURGERY

- Avoid dental extractions, periodontal work, and cleanings along with other invasive procedures involving the risk of bleeding.
- If you require this work, please schedule well in advance of surgery.

UP TO 90 DAYS AFTER SURGERY

DO NOT schedule dental work (including routine cleanings) or other invasive procedures.

Preadmission testing and nursing assessment

ATTEND 10-14 DAYS BEFORE SURGERY (IF NOT ALREADY COMPLETED)

Your surgeon will provide instructions on medical evaluations needed before surgery, such as:

- Health history and physical exam
- Blood work, EKG or x-rays
- Other medical clearances

Your surgeon will provide instructions on medical evaluations needed before surgery, such as medical appointments and medical testing as needed.

You will need to have a COVID test no more than four days prior to your scheduled surgery.

Please have the following information filled out on the Medication Tracker (see [Appendix 3](#)):

- Allergies and side effects from medications and anesthesia
- Medications (prescription and over-the-counter) and herbal supplements
- Dose of each medication in milligrams (mg), milliliters (mL) or units, and when you take the medications (am vs. pm)

Please provide us with a list of dietary restrictions (e.g., vegetarian, gluten-free, kosher).

Finally, please plan to stay about two hours for pre-op clearance at the hospital or your physician's office.

- Your providers at this appointment will give you instructions and go through your medication list.
- Your providers at this appointment will also let you know what medication you can take the morning of surgery, if any are allowed.

Legal arrangements

If you have a power of attorney for medical affairs or a living will, you must provide copies of these documents in advance.

Insurance and copay information

For assistance from a financial counselor, see page 2.

Medical Status

If you have any questions about inpatient vs. outpatient status, it's important to discuss this in advance with your surgeon or your surgical coordinator.

For more information about medical status, see [Appendix 4](#).

Plan for surgery and recovery

Seven to 14 days prior to surgery

Follow your surgeon's instructions on discontinuing certain medications during this time. These may include certain prescriptions, over the counter pain relievers as well as vitamins and herbal supplements. Those instructions and details may be in your surgeon's pre-op check list; please refer to that list if you received one.

Please note that for pain, you **CAN** safely take Tylenol over the counter as well as any other medications specifically approved by your surgeon.

If you take blood thinners (e.g., Plavix, Arixtra, Coumadin, Pradaxa, Eliquis or Xarelto), speak with the prescribing physician before stopping any of these medications.

If you are asked to stop taking medications, please do so before surgery as instructed.

If your surgeon indicates that you need to discontinue taking nonsteroidal anti-inflammatory drugs (NSAID), some of these drugs include the following:

- Ibuprofen (Advil/ Motrin)
- Naproxen (Aleve/Naprosyn)
- Meloxicam (Mobic)
- Celebrex
- Indocin
- Voltaren
- Lodine

You may also be asked to stop taking:

- Aspirin
- Osteoporosis medications (like Fosamax, Actonel)
- Vitamins, especially vitamin E and K and fish oil
- Over-the-counter herbal supplements
- Hormone-related medications, like Estrogen



PLAN FOR AT-HOME CARE AFTER SURGERY

Ask yourself: While I'm recovering, who will...

- Help me prepare meals?
- Take me home from the hospital, to my doctor appointments, and to physical therapy?
- Have my prescriptions filled upon discharge?
- Care for my pet while I'm in the hospital?

IMPORTANT: Always wash hands well after contact with pets. Keep pets clean. No sleeping with pets after surgery.

QUICK TIP

Frequent hand washing and daily skin cleansing promotes good health and hygiene. Daily skin cleansing helps remove microbes (germs) that may cause infections. This is especially important if you are having a surgical procedure.

MODIFY YOUR HOME

- Make entrances to your home and its' rooms as accessible as possible.
- Cut the grass and tend to your garden or other yard work
- Clear away all unnecessary clutter to reduce tripping hazards
- Tack down loose carpeting, put small area rugs away and remove electrical cords and other obstructions from walkways
- Install nightlights in bathrooms, bedrooms and hallways, and keep pathways clear
- Do your laundry and put it away
- Clean your house and put fresh linens on your bed
- If you are considering installing a grab bar in your bathtub/shower, make arrangements to install it now
- Consider using a tub bench or shower chair (not usually covered by insurance) to maximize your safety
- Place a rubber mat or nonskid adhesive strips on the bottom of your bathtub or shower stall
- Keep often used items at waist height and avoid reaching overhead or below your hips especially if the item is bulky or heavy
- Prepare and freeze single served meals and arrange for someone to shop for you
- Use a spray deodorant after surgery which will be much easier to work with than a roll-on or a deodorant stick
- Purchase handheld items and aids you may need (per therapist's advice during recovery)
- Arrange to have someone care for your pets or loved ones while you are away from home and in the early recovery period after surgery
- If you use a cane or walker already, consider how you will get around only using one arm for stability

Prior to discharge from the hospital, your therapists will advise you on what home modifications and aids you may need during your recovery.

SLING USE

After surgery you may have a sling or immobilizer applied to your arm/shoulder for a period of time to help limit use and movement. This is needed to allow the joint and surrounding area to heal properly.

Note: Not all insurers pay for assistive devices.

QUICK TIP

How can I gain access to my lab work or care summary after discharge?

Sign up for our Patient Portal before your surgery at: mainlinehealth.org/connect

PHYSICAL THERAPY (PT) ONCE YOU'RE CLEARED TO START: HOW TO PLAN AHEAD OF TIME

- Discuss your PT needs with your surgeon
- Call your insurance company for therapy coverage and copay information
- If you need outpatient therapy, choose a PT location that's close to home
- Plan for transportation to PT until you're cleared to drive

The day before surgery

The day before your surgery, someone will call you between 2:00 pm and 5:00 pm (Lankenau between 3:00 pm and 7:00 pm) with the scheduled time of your surgery and any additional details you might need.

Note: If your surgery is on Monday, you will be called on Friday afternoon.

EVENING(S) BEFORE SURGERY

- Use the recommended pre-op antibacterial soap as directed by your surgeon for joint replacement patients (the next section reviews instructions on how to use this soap).
- Please refer to Anesthesia directions for fasting guidelines prior to surgery.

PLAN ON BRINGING TO THE HOSPITAL (IF APPLICABLE TO YOU):

- Photo identification, insurance cards and copay
- Glasses with labeled case (no lenses that day), hearing aids and CPAP or BiPAP machine with mask (write down settings)
- Power of attorney documentation, advanced directive, living will (if applicable)
- Your favorite personal hygiene products
- Shoes with good heel (sneakers, loafers)
- Loose-fitting pants with elastic waistband (sweat pants, shorts) or opened front/button down shirt to accommodate dressings/bandages
- Patients can often become confused after surgery; pictures of loved ones can help you avoid this, as can crossword puzzles or a book
- Cell phone (with charger labeled with your name)

PLAN ON LEAVING THE FOLLOWING AT HOME:

- Tight-fitting clothes and flip-flops (safety hazard)
- Jewelry, credit cards, valuables, large sums of cash
- Medications, unless told otherwise

ONE TO TWO NIGHTS BEFORE SURGERY AND THE MORNING OF SURGERY

- Read instructions provided by your health care provider.

If your surgeon recommends, to prepare for surgery wash with a specific antiseptic soap, such as Hibiclens or Bactoshield. Available at local pharmacies (if not given by your surgeon's office or by Pre-Admission Testing), these soaps contain 4% chlorhexidine gluconate. If you're allergic to this or any other ingredients listed on the bottle, do NOT use these products. Talk to your provider about alternatives.

One or two nights before and the morning of surgery, shower or bathe with Bactoshield, Hibiclens or an alternative per surgeon request.

You may shampoo your hair and wash your body with your regular soap including the following areas, rinsing thoroughly to remove residue:

- Genital area
- Face
- Hair

Next, avoiding the 3 areas noted above, apply Hibiclens or Bactoshield to the rest of the body. Use this product as a liquid soap, applying directly to the skin and washing gently. Do not rub or scrub skin. Leave on the skin for two full minutes then rinse thoroughly with warm water.

DO NOT USE Hibiclens or Bactoshield in:

- Head, face, ears or mouth
- Genital area

After washing with antiseptic soap, **DO NOT:**

- Wash with your regular soap
- Apply lotions, powders or perfumes to areas cleaned with the antiseptic soap
- Use hair removal products or shave at or near the surgical site 48 hours before your procedure

DO NOT USE HAIR REMOVAL PRODUCTS OR SHAVE AT OR NEAR THE SURGICAL SITE WITHIN 48 HOURS BEFORE YOUR PROCEDURE.

**PLEASE REFER TO ANESTHESIA DIRECTIONS
FOR FASTING GUIDELINES PRIOR TO SURGERY**

Day of surgery

Morning of surgery (before leaving home)

Take **ONLY** the medications that the preadmission nurse or preoperative physician has instructed you to take with the smallest sip of water.

Arrival at the hospital

Please arrive on time. Upon arrival, you will meet members of our team, and our staff will ask you to provide the name and cell phone number of your designated contact (likely your “coach”).

All four hospitals are equipped with free WiFi.

LANKENAU MEDICAL CENTER

100 Lancaster Avenue, Wynnewood, PA 19096

Come to the main hospital, Frankel Lobby. The registration desk will guide you to your destination.

BRYN MAWR HOSPITAL

130 South Bryn Mawr Avenue, Bryn Mawr, PA 19010

Come to the Warden Lobby entrance (830 Old Lancaster Road) and proceed to the Buck Atrium to sign in at the registration desk. The surgical waiting area is on the ground level in the Buck Atrium.

PAOLI HOSPITAL

255 West Lancaster Avenue, Paoli, PA 19301

Come to the Department of Surgery desk in the Atrium lobby. The Atrium lobby is where you will check in.

RIDDLE HOSPITAL

1068 West Baltimore Pike, Media, PA 19063

Come to whichever entrance you were instructed by the person who called you the day before surgery.



Checking into hospital

At check-in, you'll be escorted to the holding area, where you'll be for one to two hours. A nurse and anesthesia team member will:

- Discuss final preparations for surgery
- Measure your vital signs
- Have you remove your clothing and undergarments
- Cleanse your skin with antibacterial wipes and (depending on procedure being performed) swab your nose to prevent infection
- Change into a gown
- Place an intravenous line to administer antibiotic and pain medications

For safety, the surgeon will ask you to confirm your type of surgery (for example, shoulder replacement) and surgical site (for example, right shoulder), before marking the site and confirming your consent. You will meet with the anesthesiologist regarding your anesthesia options (general, interscalene block, etc.)

In the operating room

After surgical prep, you will be transported to the operating room where we will:

- Apply leads for monitoring
- Administer anesthesia

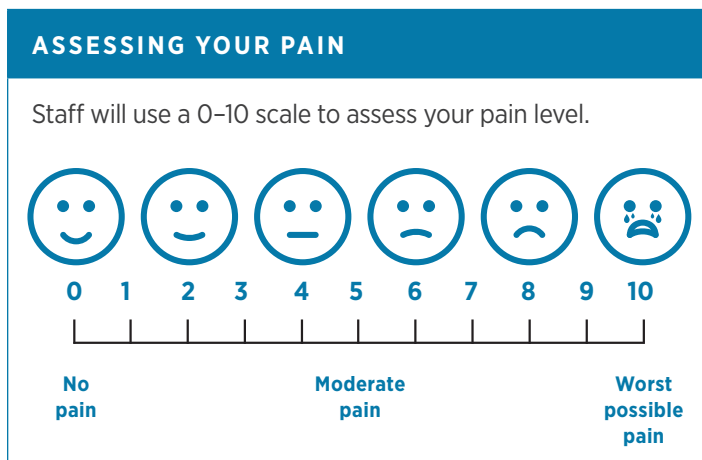
The surgeon will then perform the procedure.

A member of the anesthesia team will monitor and remain with you during the entire procedure. At the completion of your procedure, you will be taken to the Recovery Room/Post Anesthesia Care Unit (PACU).

After surgery

After surgery you will meet the nurse who will care for you during your stay in the PACU. The nurse will:

- Apply monitors
- Take vital signs every five to 15 minutes
- Make sure you can feel your hands and wiggle them
- Monitor your pain level (on a 0-10 scale)
- Medicate you as needed



If you are staying overnight, you will be taken to your new room after you recover from anesthesia. You will be cared for by an entire team of professionals under the direction of your surgeon. After surgery, you may be seen by the surgeon, resident, nurse practitioner and/or physician assistant to monitor and assure the best possible recovery and care from your surgery. The surgeon will update your coach after your surgery while you are in PACU.

In your room

When you arrive in your room you will:

- Receive a nursing assessment
- Your vital signs will be taken more often initially after surgery, then less often as you become more awake and alert
- Be given clear liquids and advanced to solid food as per your surgeon
- Be asked about pain

Your nurse will partner with you to always control your pain using the pain scale (0-10) as was done in the recovery room. The nurse will also assess your surgical dressing, drains and pumps, and orient you to your room and unit (for example, the nurse call light). Members of the care team will instruct you on how to perform exercises that will speed your recovery.

In your room you will also do exercises, such as:

- Ankle pumps: 10 times each hour while awake
- Cough and take deep breaths: 10 times each hour while awake
- Incentive spirometer exercises: 10 times, every hour while awake

Fluid can collect in the lungs after any surgery. Using the spirometer will help you breathe in and out correctly. The staff will instruct you on how to use this effectively.

Members of the care team will be visiting you frequently throughout your stay to check on your well-being and comfort.



Post Surgery

Pain medication and monitors

You may be connected to a monitor to ensure you are breathing fully. In order for you to be comfortable and start the recovery process you will receive different types of pain medications after surgery. **Pain is to be expected.** For some, pain begins as anesthesia wears off later on the day of surgery, but for others pain may increase the day after surgery. Pain is a normal part of healing after surgery caused by surgical inflammation. It varies for everyone, but all will have **some** amount of discomfort after as anesthesia wears off, so it is **important** to prevent pain from worsening.

The first 72hrs are crucial for managing your comfort and keeping pain low enough so that you are still able to move and follow your exercise program. While some pain is normal, too much pain will prevent you from doing your exercise program and will limit your healing/recovery potential. Some patients try to avoid stronger pain medications for several reasons. However, this early period after surgery and surgical type of pain is what they are used for. By taking it in advance of worsening pain, patients find they are in better control of pain from the start and may need less medicine overall.

Patients after surgery will be on a combination of medications that are referred to as a multi-modal pain management approach. You will be sent home with prescriptions that will vary in purpose. You will also be instructed to take some over the counter medications that are generally safe and help relieve pain in different ways. You will be given instructions on how and when to these medications.

Following the first 72 hours, many patients will notice pain and the need for pain medication will start to lessen slightly each day. You will not need it as frequently or regularly as right after surgery and will be able to wean or use less. Many surgeons expect their patients to be off of all opioids as soon as they no longer need them typically within the first several weeks.

Preventing blood clots

Early walking after surgery is key to preventing blood clots. The nurses and physical therapists will assist you with walking after your surgery.

- Your surgeon may or may not recommend medication for prevention of blood clots.
Be sure to follow your discharge instructions.
- Your surgeon may or may not order the use of sequential compression devices (SCD) to reduce blood clot formation.

What you might need after surgery

Based on your physician's protocol, you MAY also have any of the following:

- Oxygen therapy via nasal cannula or mask
- Incision covered with a dressing
- Blood pressure monitor
- Pulse oximeter and or carbon dioxide monitor
- Drain at surgical incision—reduces swelling, drains residual blood and will generally be removed as per your surgeon's orders prior to discharge
- Sling to immobilize and protect your surgical arm

PLEASE CALL, DON'T FALL!

Always use your call bell. We are here for you!



For safety, you'll wear a personal alarm that reminds you not to get out of your bed, chair or bathroom without assistance. For your safety, please do not get up unless a staff member is present. A staff member may also need to stay with you while in the bathroom. Please discuss this with your nurse.

Hand washing and hygiene

To minimize the risk of infection, we encourage good hand hygiene and other sanitary practices. After your procedure, we encourage you to:

- Remind doctors, nurses and caregivers to wash their hands.
- Wash your hands after going to the bathroom and before and after eating. Cleanliness is key. Ask for help if needed!
- Wash your hands before and after therapy.

Physical and occupational therapy

A therapist or a nurse will have you up and walking the day of surgery. A therapist will perform exercises the day after surgery at surgeon's recommendation. Studies have shown, that this early activity results in better recovery outcomes and returns patients home sooner with greater independence. This helps us keep you safer from surgery complications and the risks of being in a hospital longer than necessary.

Therapy will occur once daily, beginning on the day after surgery to help you recover your mobility, strength, range of motion and independence.

Therapy will include:

- Moving in bed
- Standing up from a chair, bed or toilet, and transferring in and out of seats
- Climbing stairs
- Walking 50-200 feet
- Bathe, groom and get dressed
- Get in and out of a car

You may or may not need a sling or immobilizer after surgery. Your surgeon will inform you if one is required. If it's required, the staff will instruct you on the correct application and wearing of it.

After surgery, you will be given specific instructions regarding your activity restrictions depending on the type of surgery you had performed.

Therapists will educate you about equipment, if needed, to help you resume normal activities. This may include equipment such as a reacher to pick up things off the floor along with other long-handled devices. They will also educate you on any motion you are allowed to do with that surgical arm, and any precautions from your surgeon.

Discharge planning

The responsibility of the care manager is to work with your treatment team to plan for a safe discharge from the hospital to home. The discharge planner works in your best interest with your health insurance company to obtain authorization and arrange services and equipment you may need immediately after discharge upon going home. This person also communicates with your physicians, nurses and therapists about your medical progress.

Many factors determine your individual recovery and equipment needs:

- General medical condition
- Progress in meeting occupational/physical therapy goals
- Ability to manage the activities of daily living such as bathing, dressing, steps, and transfers in and out of a car
- Home environment
- Insurance guidelines

Timing of discharge varies depending on the type of shoulder surgery you have had. There are several things that need to happen medically and physically to make sure you are safe to discharge. Upon discharge, you should expect to go home to continue your recovery.

When you go home

Make a follow-up appointment with your surgeon. Please call to arrange if an appointment is not already listed on your discharge instructions or papers from your surgeon's office.

Follow discharge instructions for post-op primary care appointments. You'll receive instruction on activity restrictions, new medications/prescriptions and when to safely restart home medications and over the counter medications. Information about homecare visits or outpatient therapy (if required by your surgeon) may also be found on these instructions.

Have someone pick up any home medications and new prescriptions. Once home you may want to have someone stay with you or be available to check on you for the week following surgery.

At-home tips

There's no place like home — especially when you return from the hospital. You'll want to do all you can to make the transition easier by organizing things in advance. You have scheduled your shoulder surgery, and now it is time to prepare for your discharge before you ever come to the hospital.

Many shoulder surgeries are performed on a person's dominant arm; since that is the arm that we use the most. This surgery will have a significant impact on how you perform your Activities of Daily Living (ADLs). ADLs are the tasks we do daily often without having to think about them. ADLs include dressing, bathing, eating, sleeping, grooming, and working.

There are things you can do to prepare yourself preoperatively for how your surgery will impact your ability to perform these tasks, and we will cover some tips for you to use once you are discharged from the hospital.

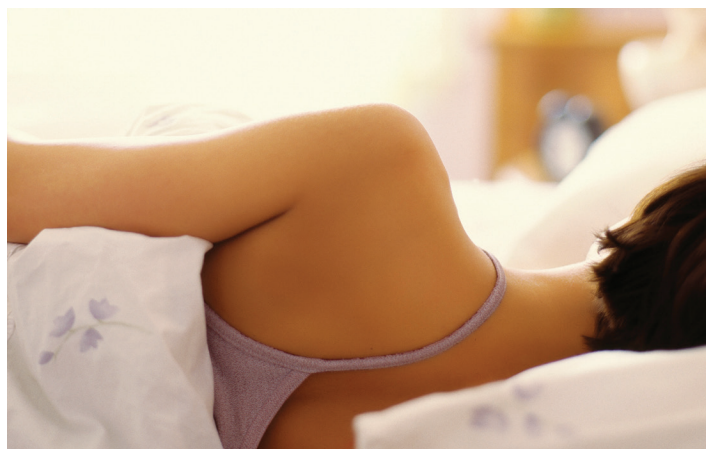
Sleeping

Something we all take for granted is getting in and out of bed, normally a simple task. At the hospital, patients have the benefit of side rails to grab onto to assist with bed mobility. We do not always have these at home. Also, depending upon the height of your bed, this simple task might prove difficult once you are discharged to home.

We recommend sleeping on your back with your sling on. You should have a pillow for your head, and a small pillow or folded towel under the elbow.

Always get in and out of bed on your non-surgical side; you should NOT use your surgical arm to help! Many patients have elected to purchase or rent an electric chair lift for when they come home from surgery. The reclining lift chair is a powered recliner that you can sleep in, like any other recliner, but the chair also can lift you to a standing position. This might prove very helpful since you will have only one arm to help get yourself up and down.

Consider using a step stool to get in and out of bed, perhaps even switching sides of the bed for ease of getting in and out on your non-surgical side.



Bathing and toileting

Washing yourself without using your dominant arm is something that will take a little getting used to doing, as will using the toilet. It may seem embarrassing to talk about, but we all clean ourselves as a matter of habit and routine, and that routine will be different when you come home from the hospital. The only way to prepare for this change is to practice using your other hand with your washcloth, as well as your toilet paper. Equipment is available to assist with bathing and toileting if needed.

Dressing and Grooming

Dressing yourself will also be a much different process when you come home from the hospital. Prepare outfits for yourself before you come to the hospital that will be easy to get on and off using only one arm. Sweat outfits and slip on shoes will make getting dressed a much easier process. Again, practice putting your clothes on with only one arm to get used to the process.

Remember to dress your surgical arm first, using one size larger shirts with button ups for ease, along with athletic shorts or pants with elastic waist bands for ease in dressing and toileting. For gentleman, we recommend an electric shaver to assist with your personal grooming. By practicing with the nonsurgical arm, shaving, brushing your teeth and your hair, will be much simpler after surgery. Another tip that will make life easier is to use a spray deodorant which will be much easier to work with than a roll on or a deodorant stick.

Eating

Eating will also take some practice since most of us use one hand to hold our fork. If you eat with your surgical arm, practice eating using the other hand. Preparing meals in advance of your surgery that are easy to make and eat with only one hand is recommended. Remember to cut food into portions that you can eat before you store your meals since using a knife and fork together after surgery may not be possible for a short time. Also, we recommend that you look for pop tops for soups and canned goods that will be easy to open without having to use two hands. An electric can opener can also come in handy. For any frozen foods, open the boxes ahead of time for easier access when you get home. Consider other ergonomic equipment like rocker knives for ease cutting one handed.

Working

Physical tasks that require two hands will not be permitted in the short term. Many of us do most of our work on the computer. A speech recognition program such as “Dragon Speak” will make operating your computer and typing documents a much easier process. Like all other tips provided, a speech recognition program takes some getting used to using, so practicing beforehand will make for a much smoother transition when you get home from the hospital.

Returning to work is usually directed by your surgeon and depends on the type of job and the type of surgery you have had.

Precautions

Rotator Cuff Repair, Bankart Surgery, Labral Repair, and Bicep Tenodesis: You will be asked to wear a sling or abduction pillow during the day and at night while lying down. Your physician or therapist will let you know when you no longer need to immobilize your arm. Typically, you will wear the sling for 4-6 weeks. Failure to follow this precaution can disrupt the stitches in your muscle/ tendon/ labrum and lead to a failed surgery.

Total Shoulder Replacement: You will be asked to wear a sling or abduction pillow during the day and at night while lying down. Your surgeon will let you know when you no longer need to immobilize your arm. Typically, you will wear the sling or brace for 3 to 4 weeks.

Pain and Swelling Control

To control the pain it is necessary to minimize swelling. Try to ice 15-20 minutes approximately every 2 hours. When using ice, you should place a small barrier (pillowcase or towel) between the ice and your skin to protect the skin from damage. If you have been instructed to exercise your shoulder, it is best to ice after the exercise. It is also important to follow the physician’s instructions regarding medications.

Positioning

SLEEPING POSITION

- **Patients without a sling:** When sleeping on your back, place a pillow under your head and one pillow under each arm (elbow, forearm, and hand should rest on the pillow). If you choose to sleep on your side, sleep with the surgical side up and rest your arm on a pillow (as if hugging the pillow). You may find it helpful to roll up a small hand towel and gently place it between your arm and the side of your body.
- **Patients with a sling:** When sleeping on your back, place a pillow under your head and one pillow under each arm (elbow, forearm, and hand should rest on the pillow). We recommend that you do not sleep on your side at this time. If you are unable to sleep in bed, try resting in the recliner with your arm supported.

Sleeping in a semi reclined position in a lounge chair/recliner or propped in the bed with a wedge is helpful the first few nights home as your body starts the healing process and gets used to the sling/brace.

CHANGING POSITIONS

Be careful not to use your surgical arm when moving around or trying to get out of bed.

SITTING POSITION

Sit with a pillow under your arms to take the weight off your shoulder and neck.



FOLLOW RESTRICTIONS OR PRECAUTIONS YOUR SURGEON MAY HAVE GIVEN TO YOU.

See your discharge instruction sheet and follow instructions regarding showering and dressing changes.

Home Exercise Program

(See Separate Sheet from your surgeon)

It is important to perform all your exercises as instructed to prevent loss of motion and decrease muscle stiffness. Exercises may be mildly uncomfortable, however should not cause significant pain. Stop any exercise that causes excessive or prolonged pain. Your therapist will progress your exercises when you have your post-op physical therapy visit.

Skin Care

When your arm is immobilized heat and moisture can become trapped under your arm causing skin irritation or a rash. To help prevent this from happening be sure to keep this area clean and dry. To do this place a soft cloth under your arm and wear clothing that can be easily put on and taken off like a buttoned shirt or a tee shirt that has been cut in the front. To clean under your arm, lean forward to let your arm dangle away from your body. **DO NOT ATTEMPT TO LIFT YOUR ARM!**

Tips for surgical incision care

Your incision may be closed with dissolvable stitches, staples or regular stitches. If you have visible stitches or staples, these will need to be removed in about 14 days after surgery, so be sure to make your follow-up appointment with your surgeon for this to happen.

While at the hospital, you'll wear a dry gauze dressing. Once at home, follow surgeon's instruction if a dressing is needed. Do not apply any ointments or lotions to the incision area while it's healing.

YOU MAY NOT BATHE IN A TUB, SWIM OR USE A HOT TUB UNTIL YOUR INCISION IS FULLY HEALED.

Protect your incision site

- Do not shower until your orthopedic surgeon advises you to
- NO lifting or pushing with the surgical arm anything weighing more than a Kleenex. This includes no pushing up from sidelying. NO weight, no picking up plates or cups, nothing until you are cleared by your surgeon.
- Avoid walking when rushed, distracted, dizzy or tired. Avoid being dizzy by staying hydrated, resting for a moment between position changes and remembering to BREATHE as you get up and down.
- Don't walk on any surface you cannot verify is dry and flat. This means initially avoiding grass, gravel, leaves, mud, snow, ice, and sand.
- Avoid crowds if you can. If not, walk with a friend on your surgical side with their hand in the small of your back. This enables them to protect you from being bumped.
- Look down often but maintain good posture. Have any floor level hazards removed from your home (e.g. kid's toys, cords, small area rugs, clutter)

Driving

Resume only as directed by your surgeon (this is discussed at first postoperative visit).

- Be careful getting in and out of the car.
- Avoid twisting and bending. Instead turn body all at once as a unit.
- No car rides unless approved by surgeon except for after-surgery follow-up visit.
- Never drive while taking opioid pain medications.

PLEASE CALL YOUR SURGEON'S OFFICE IMMEDIATELY OR GO TO THE EMERGENCY ROOM IF YOU:

- Notice any increased drainage, redness, or swelling
- Have a fever of 101.5 or greater
- Are unable to maintain your pain goal or have increasing pain, numbness or tingling, muscle weakness
- Have difficulty with swallowing or breathing
- Are unable to control your bowel or bladder

Please call your surgeon's office immediately or go to the emergency room.

Tips to prevent infection

DO:

- Eat a healthy diet and stay hydrated.
- Keep your incision clean, dry and protected.
- Notify your doctor right away of open skin irritations, infections (urinary tract, respiratory) or fevers.
- Practice good hygiene, wipe down cell phones with alcohol, and keep your home clean (linens, bathroom).
- Keep pets clean and away from incision site, and wash hands after contacting pets.

DO NOT:

- Use lotions or powder on or around your incision
- Touch your incision without washing hands first
- Wear artificial nails
- Swim or get into a hot tub
- Sleep with pets for four weeks after surgery

Be sure to ask your doctor when you can continue with these activities.

Use of anticoagulants

Your surgeon might prescribe a blood thinner (anticoagulant) to prevent blood clots. This can be an Aspirin or—as necessary—a stronger anticoagulant. While safe when taken as instructed, blood thinners can cause bleeding if you fall or have an injury.

If on blood thinners, call your surgeon immediately if you experience bleeding from anywhere (e.g., urine, surgical site, nose, etc.) Please also notify your surgeon if you have the following:

- Oozing from the surgical site
- Painful swelling in your arm, elbow or hand
- Cold, numbness or tingling of arm (If you've had a nerve block this is normal up to 18 hrs)
- Dizziness or confusion
- Rapid or unusual heartbeat
- Chest pain or shortness of breath
- Vomiting or nausea that persists for more than 24 hrs
- Fever above 101 degrees

Tips for being around pets

- Keep pets clean and away from incision site.
- Always wash hands after contact with pets.
- Do not sleep with pets during the post-op period. Some domestic pets have organisms like MRSA which can be transmitted to humans.

TAKE A PROACTIVE APPROACH TO PREVENT INFECTION

Notify your physicians and dentist. Let them know you've had shoulder surgery and to update your medical history.

If your surgeon recommends, take prophylactic (preventative) antibiotics prior to any invasive procedure, including teeth cleanings. Your surgeon will give you more information regarding how long to continue taking the antibiotic.

THINGS TO AVOID WHILE ON ANTICOAGULANTS

Over-the-counter drugs like aspirin-containing compounds, nonsteroidal medications (e.g., ibuprofen or Aleve) and vitamins can interact with anticoagulants and cause bleeding. Avoid these products while on a blood thinner.

For similar reasons, you should also avoid or postpone the following:

- Drinking alcohol
- Using a straight-edge razor
- Getting a procedure (e.g., dental work)*

*If it is not possible to postpone a procedure, be sure that your dentist or physician is aware that you are taking anticoagulants and that you have had a recent joint surgery.

Recognizing and preventing potential complications

Infection

While rare, call your surgeon immediately if you notice the following signs of an infection:

- Increased swelling and redness
- Increased drainage or drainage that changes color or has an odor
- Surrounding skin that is hot to the touch
- Increased pain in your incision, not relieved by pain medication and not associated with exercise
- Night sweats or fever greater than 101 degrees

Blood clots

Do not take a “wait and see” approach. Call your surgeon immediately if you experience the following signs of a blood clot:

- Increased swelling in your thigh, calf or ankle that does not go down when your feet are elevated above heart level
- Pain and tenderness in the calf of either leg
- Increased warmth or redness in either leg

Blood clot in lungs

(pulmonary embolus or PE)

A pulmonary embolus is a blood clot that has traveled to your lungs.

CALL 911 IMMEDIATELY IF YOU EXPERIENCE:

- Sudden chest pain or chest pressure
- Shortness of breath, difficult and/or rapid breathing
- Sweating
- Confusion

A PE can be life threatening. Do **NOT** take the time to call your orthopaedic surgeon.

Call 911 immediately.



At-home how-to

Breathing exercises

To reduce the risk of developing a lung infection, practice the techniques below daily before surgery. Perform regularly after surgery:

COUGHING & DEEP BREATHING

1. Sit down and take a deep breath in. (If you have obstructive pulmonary disease, such as emphysema, take a shallow breath in.)
2. Forcefully cough, covering your mouth with the crook of your arm.
3. Repeat 10 times daily.



Activities of daily living (ADL)

TIPS FOR GETTING AROUND

For the next few weeks, you may have to stop and think about how to do certain activities that previously were automatic, like getting into bed or out of a chair. Soon they will become natural again. In the meantime, follow these guidelines to help you during your recovery period:

STAIR CLIMBING

1. Hold hand rail in the non-surgical hand.
2. Step up with stronger leg to the first step.
3. Step up with weaker leg. Both feet will be on the same step.
4. Move hand up handrail.
5. Repeat.

Going down stairs

1. Hold hand rail in the non-surgical hand.
2. Step down with the weaker leg to the first step.
3. Step down with stronger leg. Both feet will be on the same step.
4. Move the non-surgical hand down the handrail.
5. Repeat

STAIR CLIMBING (SIDEWAYS)

1. Stand with your feet parallel (sideways) to the stairs.
2. Be sure to face the side with the handrail.
3. Grab the handrail with your non-surgical hand/arm.
4. Step up with the leg closest to the stairs followed by bringing your other leg up on the same step.
5. Continue this stepping motion with your non-surgical hand on the rail until you've reached the top of the stairs. Always lead with the foot closest to the steps. Don't let your feet cross while climbing up the stairs.

To go down stairs repeat step 1, 2 and 3.

4. Holding the handrail with your non-surgical hand, step down with foot closest to the stairs, being careful to leave enough room for your other foot. Do this one step at a time avoiding crossing feet until you've reached the bottom.

GETTING OUT OF A CHAIR

Chair with arms

1. Scoot forward to the front edge of the chair.
2. Place both feet firmly on the floor.
3. Place your non-surgical hand on the arm of the chair.
4. Lean forward slightly and push up from the chair using your non-surgical hand.

Chair without arms or a sofa

1. Scoot forward to the front edge of the chair/sofa.
2. Place both feet firmly on the floor.
3. Place your non-surgical hand on the chair.
4. Lean forward and push up using your non-surgical hand.

TOILETING

Depending on your abilities, a raised toilet seat may make it easier for you to get up and down.

Sitting down on the toilet

1. Take small steps toward the toilet and turn until your back is to the toilet. Do not pivot.
2. Back up to the toilet until you feel it touch the back of your legs.
3. If using a commode with arm rests, reach back for the arm rest with your non-surgical hand and lower yourself onto the toilet.
4. If using a regular or raised toilet seat without an arm rest, keep the surgical arm in front of you and reach back for the toilet seat with the other. Lower yourself gently.

Getting up from the toilet

If using a commode with arm rests, use the arm rest on your non-surgical side to push up. If using a regular or raised toilet seat without arm rests, place your non-surgical hand on your thigh and push off your thigh. Balance yourself before you start walking.

GETTING INTO THE BATHTUB USING A BATH SEAT

Place the bath seat in the tub facing the faucets.

1. Walk toward the bathtub and turn until you can feel it touch the back of your legs. Be sure you are in front of the bath seat.
2. Reach back with your non-surgical hand to grasp the back rest of the bath seat.
3. Slowly lower yourself onto the bath seat.
4. Lift your legs over the edge of the tub.

Take care to keep your incision dry until instructed otherwise.

GETTING OUT OF THE BATHTUB USING A BATH SEAT

1. Lift your legs over the outside of the tub.
2. Scoot to the side of the bath seat.
3. Hold onto the seat with your non-surgical hand.
4. Slowly push off the tub seat.
5. Balance yourself before continuing to move. Using a bath seat, grab bars, long-handled bath brushes and a handheld shower can make bathing easier and safer. Keep in mind, however, these items are not typically covered by insurance.

GETTING INTO BED

1. Gently lower yourself to a sitting position on the edge of the bed.
2. Slowly bring your legs up as your torso lowers to the bed on your side.
3. Keep your knees bent as you gently log roll onto your back.



GETTING OUT OF THE BED

1. While on your back, slowly bend your knees up.
2. Reach across your body with your non-surgical arm to grab for the edge of the bed as your knees come down into a side-lying position on the bed (log rolling).
3. Gently push yourself up to a sitting position using your non-surgical arm.



GETTING INTO THE CAR

1. Move the front passenger seat all the way back to allow the most leg room and area to pivot.
2. Walk toward the car and turn.
3. Back up to the car until you can feel it touch the back of your legs.
4. Place your non-surgical hand on the dashboard of the car or the back of the seat for stability. Do not hold on to the car door as it may move.
5. Lower yourself down onto the seat, being careful not to hit your head.
6. Turn frontward, leaning back as you pivot.
7. Return car seat to its upright position.
8. Make sure you use your seat belt. We want you to arrive safely. If your car has fabric seat covers, place a plastic grocery bag on the seat to help you slide once you are seated, and remove bag after seated in the car.

GETTING OUT OF THE CAR

Reverse the previous instructions for getting into a car.

Appendix 1: Glossary of commonly used terms

Unmasking the jargon

With all of the medical terminology and alphabet soup of acronyms you hear at a typical hospital, you might feel like you're on another planet! Here is a list of terms and definitions you might come across while in the hospital.

ADL (Activities of Daily Living) — for example, hygiene (bathing grooming, shaving and oral care), dressing, feeding yourself and toileting

Ambulation — how a patient walks

Anticoagulant — blood thinner medication, for example, Coumadin and Lovenox or aspirin

Arthritis — inflammation of a joint(s)

Bed mobility — how a patient moves in bed

Bilateral — pertaining to both sides of the body

Cartilage — a firm, thick, slippery tissue that coats the ends of bones where they meet other bones to form a joint; it allows bones to slide and glide over each other and acts as a protective cushion between them to absorb the stress applied to joints during movement

DJD — Degenerative Joint Disease (same as OA)

DME — Durable Medical Equipment equipment (walker, raised toilet seat, etc.) that helps you walk and perform your ADLs safely

DVT — Deep Vein Thrombosis a blood clot that forms in a vein (for example, in your calf)

Extension — straightening

Flexion — bending

Functional status — evaluation of a patient's mobility (for example, bed mobility, transfers and ambulation)

FWB — Full Weight Bearing

Home care rehab — physical rehab services received in your home

Inpatient rehab — physical rehab services at a facility where you stay overnight for a period of time (for example, acute rehab, sub-acute rehab or a SNF)

Isometric exercise — contraction of a muscle without any visible movement of the joint

IV (Intravenous) — a port is inserted into your vein that enables fluids and medications to be delivered directly into your bloodstream

NPO (Non Per Os) — nothing may be taken orally (no eating or drinking)

NWB — Non-weight Bearing

OA (Osteoarthritis) — arthritis caused by the breakdown and eventual loss of cartilage

OR (Operating Room) — the room where your surgery will take place

OTC (Over-The-Counter) — medicine sold directly to the consumer, without a prescription

Outpatient rehab — physical rehab at a facility that does not require an overnight stay

PACU (Post Anesthesia Care Unit) — the recovery room where you will be taken immediately after surgery; when you are medically stable, you will be transferred to the orthopaedic unit

PASS — Pre-Anesthesia Surgical Screening (may also be referred to as PAT Pre-Admission Testing)

PAT — Pre-Admission Testing

PE (Pulmonary Embolus) — a life-threatening condition where a blood clot travels to the lungs

Post-op (Post-operative) — after surgery

Pre-op (Preoperative) — before surgery

PRN (Pro Re Nata) — as needed

PWB — Partial Weight Bearing

ROM (Range Of Motion) — the amount (measured in degrees) that a joint can move

SNF — Skilled Nursing Facility

Subcutaneous — just under the skin

Syringe — needle

Transfers — how a patient moves from a bed, chair, etc. from a sitting to a standing position

Unilateral — pertaining to one side of the body

WBAT (Weight Bearing As Tolerated) — ability to put as much weight on the operated leg(s) as a patient can tolerate

Appendix 2: Postoperative care team

SURGEON

You picked your surgeon because you trust him/her to do the best job on your surgery. Your surgeon will direct your care and lead a team of dedicated professionals that includes physician assistants (PAs), nurse practitioners (NPs) and residents who will make sure you have a great experience.

MEDICAL PHYSICIAN

The cardiologist and/or a medical physician who cleared you for your surgery will monitor your medical care after your surgery. These skilled physicians work closely with our hospital care team. They are experienced in caring for patients with medical issues after surgery.

PHYSICIAN ASSISTANTS (PAS) AND NURSE PRACTITIONERS (NPS)

These team members are an important part of the surgery team, both in the OR and post-operatively. They will be in constant communication with your surgeon to make sure that you get the best care possible, and that you are informed about your medical status at all times.

NURSING CARE

When you arrive in your room, your nurse and patient care technician will help you get settled in. He/she will show you where your call bell is located, help you change into your gown, take your vital signs, make sure all of your belongings have been transferred from the pre- and post-op area, assess your pain level and treat appropriately and provide you with a snack and something to drink until your meal arrives.

PHYSICAL THERAPY

Physical therapy might be needed to assess your ambulation and navigation of steps if the Occupational Therapist determines you are not steady on your feet after surgery.

OCCUPATIONAL THERAPY

Occupational therapy will begin within 24 hours of your surgery. The occupational therapist will review the activities of daily living after having shoulder surgery, such as dressing, toileting, bed transfers and chair transfers. They will also review your sling/immobilizer wear and any motion your surgeon is allowing you to do with the surgical arm.

CARE MANAGER

The care manager will meet you the day after your surgery. He/she will review your home situation and your plans for discharge. The length of your stay at the hospital will be determined by how well you do post-operatively. If you are going to a rehabilitation facility, your insurance company is involved in authorizing and determining your length of stay at the facility.

Members of your care team may also include:

- **NM—Nurse Manager**—manages nursing care and orthopaedic unit
- **SW—Social Worker**—may handle your discharge planning
- **Respiratory therapist**—specialist in airway management, mechanical ventilation and pulmonary hygiene; they evaluate and treat respiratory and cardiovascular problems, if needed
- **US**—Unit Secretary
- **Environmental services**—provides housekeeping services
- **Host/hostess**—delivers your meals

Appendix 4: Commonly asked questions

WHEN MAY FAMILY/FRIENDS CONTACT ME AFTER SURGERY?

After your surgery, it may take between two and six hours to arrive on the surgical unit if you are staying overnight. The recovery time for each individual can vary and depends on your response to anesthesia and pain medications.

Once you are brought to the surgical unit, the staff will need a few minutes to get you settled and comfortable before you are ready to contact your family/friends.

MAY I TAKE MY OWN MEDICATIONS?

NEVER take your own medications while you are in the hospital, unless you are requested to do so by your nurse. Please bring a current list of your medications ([Appendix 3](#)) so that we can have them ordered for you by your doctors.

AM I CONSIDERED AN INPATIENT OR OUTPATIENT?

If you have any questions about inpatient vs. outpatient medical status, it's important to discuss this in advance with your surgeon or your surgical coordinator.

- A general rule of thumb is, your stay in the hospital may be considered an outpatient stay if you stay only one overnight.
- If you stay more than one overnight due to medical reasons, you may be considered an inpatient.
- Be sure you know what your insurance plan covers for inpatient vs. outpatient and which one your surgeon is recommending.
- The surgeon's office may also need to contact your insurance company for approval for the surgery based on your status as an inpatient or an outpatient. This is called a prior authorization. With certain insurances, you cannot proceed with surgery unless you have this authorization.
- Be sure your surgeon's office has contacted your insurance company for a prior authorization, if needed, as this can mean that your copay is different.

HOW LONG WILL I BE IN THE HOSPITAL?

Your length of stay is dependent upon the type of procedure being done, your medical status and how well you are progressing with your therapy. On average, joint replacement patients spend one night in the hospital after surgery, patients having arthroscopic surgery typically go home the same day as surgery.

WHERE WILL I BE GOING AFTER SURGERY?

You should expect to go home after discharge from the hospital. Further therapy services are arranged for by an assigned social worker or case manager if there is a medical or physical need after a therapy evaluation and as per physician protocol.

HOW SOON AFTER SURGERY MAY I EAT?

Surgical patients usually start with clear liquids. If you do not become nauseated, you will be advanced to your preadmission diet.

WHEN MAY I SHOWER?

This varies depending on your surgeon's instructions, but typically you may shower within a few days after surgery or as instructed by nurse on discharge.

WHAT ARE ANTICOAGULANTS?

Anticoagulants (blood thinners) are a type of drug your doctor prescribes to prevent blood clots. Commonly used medications are Coumadin, Lovenox, Arixtra, Xarelto, Plavix, Eliquis and aspirin. If ordered by your physician, you will be directed to stay on one of them for a period of time after surgery. If on Coumadin (Warfarin), you may need to have your blood tested to monitor the effect of the drug and to regulate the dosage. Once discharged home, arrangements will be made to continue monitoring your blood.

HOW OFTEN WILL I RECEIVE THERAPY?

After your initial evaluation in the hospital, you will receive therapy once a day. Your therapist will be instructed by the surgeon as to what therapy you need.

Appendix 4: Commonly asked questions

WHERE DO I GET THE EQUIPMENT I NEED?

Patients being discharged to home may receive equipment from either the physical therapist, occupational therapist or case manager. A three-in-one commode and a single point cane may be recommended by the therapists. Many insurance companies do not cover this. The discharge planner will let you know. Handheld tools are not covered by insurance companies. You will need to purchase them if the therapist recommends you need them.

WILL I BE ABLE TO USE STAIRS AT HOME?

Your physical therapist will make sure you can successfully navigate stairs prior to your discharge home. You will find that your endurance will improve once you are home, but it would be beneficial to have someone available to assist you in the first days after discharge.

WHAT IF I HAVE AN ISSUE WHILE I AM IN THE HOSPITAL?

Please do not wait until after you are discharged to voice any concerns that you may have. Members of the nursing administration, as well as our volunteers, make daily rounds. Your suggestions are very important to us. We want your stay to be a superior patient experience.

WHO WILL I SEE IN THE HOSPITAL AFTER MY SURGERY?

You will be cared for by an entire team of professionals under the direction of your surgeon. After surgery you may be seen by the surgeon, surgical resident, nurse practitioner and/or physician assistant to monitor your progress and assure the best possible recovery from your surgery.

Appendix 5: At-home checklist for postoperative shoulder surgery

Use this page to track important information when you get home.

Patient name _____ Primary care physician _____
 Date of birth _____ Date of surgery _____ Telephone _____
 Surgeon _____ Emergency contact _____
 Telephone _____ Telephone _____

DATE / TIME					
MEDICATION FOR SEVERE PAIN					
MEDICATION FOR MILD PAIN					
BLOOD THINNER					
MEDICATION FOR CONSTIPATION					
MEDICATION SIDE EFFECTS?					
THERAPY APPOINTMENTS					
OCCUPATIONAL THERAPY/ EXERCISE ON OWN					
DR. APPOINTMENT/ SURGEON					
DR. APPOINTMENT/ PRIMARY CARE					
QUESTIONS I HAVE Example: When can I drive?					

Remember to take this to your doctor appointments.

Appendix 5: At-home checklist for postoperative shoulder surgery

DATE / TIME					
MEDICATION FOR SEVERE PAIN					
MEDICATION FOR MILD PAIN					
BLOOD THINNER					
MEDICATION FOR CONSTIPATION					
MEDICATION SIDE EFFECTS?					

THERAPY APPOINTMENTS					
OCCUPATIONAL THERAPY/ EXERCISE ON OWN					

DR. APPOINTMENT/ SURGEON					
DR. APPOINTMENT/ PRIMARY CARE					

<p>QUESTIONS I HAVE</p> <p>Example: When can I drive?</p>					
---	--	--	--	--	--

Remember to take this to your doctor appointments.



Main Line Health[®]

mainlinehealth.org | 1.866.CALL.MLH

Membership on the medical staff of Main Line Health hospitals does not constitute an employment or agency relationship.