

Shoulder

SURGERY

North
Kansas City
Hospital

M MERITAS
HEALTH

This planning guide provides you and your family with information about what to expect before, during and after surgery.

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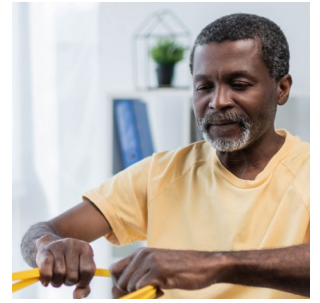


Welcome to North Kansas City Hospital

Thank you for choosing North Kansas City Hospital for your orthopedic surgery. During your time with us, our therapy team will teach basic self-care skills for use at home and share what it takes to return to your optimal level of activity. We will also provide education about your medications. Recovery varies from person to person, so we personalize your discharge plan to suit your individualized needs.

We are committed to providing a positive experience. If you have any concerns or questions, please discuss them with your nurse. If needed, you may reach the charge nurse at 816.691.1997 (ext. 11997 from a hospital phone). Please communicate any problems immediately so we can help resolve them.

After you are discharged, you may receive a CMS (Centers for Medicare & Medicaid Services) Hospital Consumer Assessment of Healthcare Providers and Systems survey. Your feedback regarding your experience is very valuable to us as we work toward fulfilling our mission to provide hope and healing to every life we touch.



Shoulder Surgery

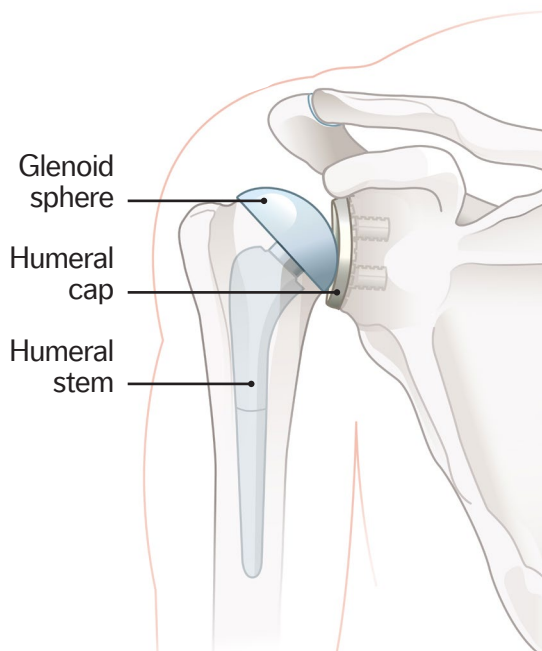
Shoulder pain can limit movement and dramatically impact your quality of life. When surgery is the best option for your shoulder condition, turn to our highly trained orthopedic specialists for exceptional, individualized care designed to help you regain an active lifestyle.

Your shoulder is a complex ball-and-socket joint capable of more motion than any other joint in your body. It comprises three bones: your upper arm bone (humerus), your shoulder blade (scapula) and your collarbone (clavicle).

Most problems in the shoulder involve the ligaments, muscles or tendons, rather than the bones. Some shoulder problems can develop slowly through repetitive, intensive training, while others are due to accidents, injuries, aging, or wear and tear.

We perform two different types of shoulder replacement surgeries.

Anatomic Total Shoulder Replacement

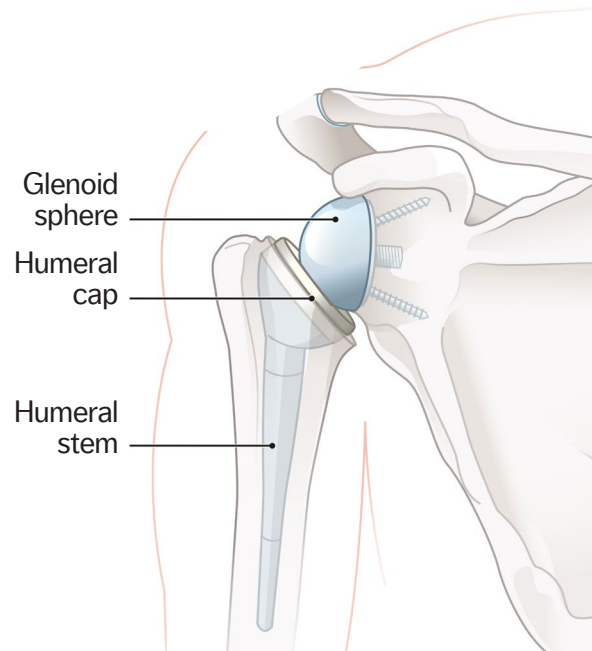


If medications and activity changes no longer relieve your shoulder pain, total joint replacement surgery can safely and effectively relieve pain and help you resume everyday activities.

We offer different types of shoulder replacements tailored to your individual condition.

Through shoulder replacement surgery, we remove the damaged parts of the shoulder and replace them with highly refined artificial components. This may include replacement of just the head of the humerus bone (ball) or replacement of both the ball and socket (glenoid cavity).

Reverse Total Shoulder Replacement



Reverse total replacement is usually done to repair a complete tear to the rotator cuff, repair a previous shoulder replacement that failed, or for arthritis of the shoulder. A special surgical technique is used to allow you to use the muscle over the shoulder (the deltoid) instead of the torn rotator cuff to lift your arm.

Eating Healthy

Healthy food promotes healing, so it's important to eat well before and after surgery. A healthy diet also is an essential part of your overall wellness.

The following information will help you continue a healthy diet after returning home.

For more information or individual calorie needs, visit choosemyplate.gov.

Protein

After surgery, it is especially important to eat enough protein to heal.

What is protein?

Protein is a nutrient the body needs for normal growth, wound healing and building lean body mass to fight off infections.

How much do I need?

You should strive to eat two servings (6-8 oz total) of protein per day. A piece of meat the size of a deck of cards is approximately 3 oz. One ounce is equivalent to one egg, 1/4 cup beans or peas, or 1 Tbsp peanut butter.

How do I get a variety of protein in my diet?

Vary your protein choices by eating nuts, beans and fish. Eat fish at least twice per week.

Choose lean or low-fat meat and poultry. Chicken and fish have the least amount of fat. If you eat beef or pork, choose leaner cuts, such as rounds and loins.

Eat an egg. Research now shows an average of one egg per day doesn't increase your risk for heart disease. Remove the yolk to reduce the cholesterol and fat content.

Experiment with different cooking methods. Try grilling, broiling, roasting or baking to avoid extra fat.

Try nuts and seeds. Snack on unsalted nuts and seeds or add them to salads.

Fiber

A high-fiber diet helps prevent constipation after surgery.

What is fiber?

Fiber is a carbohydrate the body can't digest. It assists with digestive health, keeps you regular and makes you feel full longer. Fiber also has the potential to lower bad cholesterol.

How much do I need?

Strive to get 25-35 gm of fiber daily. If you don't currently get this much fiber, increase your intake slowly. Drink plenty of fluids and exercise to help your body adjust to a high-fiber diet. Drink at least 8 cups of water per day.

How do I add fiber to my diet?

- ▶ Eat whole-grain cereals and breads.
- ▶ Choose cereals with more than 3 gm of fiber.
- ▶ Aim for five daily servings of fruits and vegetables.
- ▶ Eat fruit instead of drinking juice.
- ▶ Add beans to soups, chili, salads and casseroles.
- ▶ Double vegetables in stews, soups, casseroles and spaghetti sauces.
- ▶ Add ground or milled flaxseed to your diet as a great source of Omega-3 and fiber.

HIGH-PROTEIN FOODS

Beans	Fish	Peanut butter
Beef	Milk	Poultry and eggs
Cheese	Nuts	Yogurt

HIGH-FIBER FOODS

Beans	Nuts
Bran cereal	Oatmeal
Fresh or frozen peas and lima beans	Vegetables (especially broccoli, carrots and spinach)
Fruit (especially apples, peaches, pears, raisins and strawberries)	Whole-wheat bread, crackers and pasta

Home Checklist

Take an active role in your recovery by completing as many checklist items as possible before your day of surgery.

Before Surgery (1-4 weeks)

- Arrange for someone to help with household duties and transportation after you return home.
- Arrange for someone to care for any pets for the first week or two after you return home.
- Begin eating a diet rich in protein and fiber.
- Call your doctor if you develop tooth pain, skin tears, abrasions, cuts, bites or shaving nicks that may still be present on the day of your surgery.
- Complete all pre-surgery testing appointments and labs.
- Consider installing a raised toilet seat and grab bars; find a reacher (suggested).
- Drink plenty of water and/or sugar-free drinks.
- Practice your pre-surgery exercises daily. (See page 8.)
- Prepare your home for your return.
 - Arrange your bedroom on the first floor, if possible.
 - Reduce clutter.
 - Remove tripping hazards, such as rugs and cords.
 - Schedule your first physical/occupational therapy appointment for two to three days after surgery, unless otherwise instructed.
 - Stock your pantry and freezer with one week's worth of easy-to-prepare and make-ahead meals.

What to Do After Surgery

- Eat a well-balanced diet and stay hydrated.
- Keep your mobile phone within reach at all times.
- Keep your follow-up appointment with your surgeon.
- Try to get seven to eight hours of sleep each night.
- Use gel ice packs for pain (have two available so you can alternate).
- Use the log roll technique to get in and out of bed.

When to Call Your Doctor

- Fever above 101°F by mouth or shaking chills (100°F if immunocompromised)
- Signs of infection, such as redness, swelling or drainage around your incision
- Sudden increase in pain
- Decreased ability to straighten your arm
- Calf pain or swelling
- New numbness, tingling, pain or change in color of affected arm (bluish)

Recommended Equipment

Having the following equipment will make taking care of your personal needs easier in the weeks following surgery. Contact insurance for coverage.



Elevated toilet seat



Grab bars and/or shower rails



Ice packs



Reacher



Tub/shower bench

Pre-Surgery Preparation

Pre-Surgery Testing

Before your surgery, you will receive a health evaluation that includes a medical history and physical exam. Your preoperative preparation may also include labs, a nasal swab, an electrocardiogram (EKG) and X-rays. Tell your doctor if you have recently had an infection or cold, have an allergy to antibiotics or other medications, have taken steroids in the past year or are taking blood thinners such as aspirin.

Check with your doctor to find out if you should take your usual daily medications on the day of surgery. You may be instructed not to take some medications before surgery, particularly non-steroidal anti-inflammatory drugs or blood thinners.

If you have any changes in health or skin rashes/wounds, call the Pre-Surgery Clinic at 816.691.1344 as soon as possible.

Choosing a Spokesperson

During admission, we'll ask you to choose a spokesperson(s) and add the name(s) to your electronic medical record. This person(s) can:

- ▶ Keep your family informed during your stay.
- ▶ Be the same person who is legally responsible for making medical decisions on your behalf if you are unable to do so, but that is not a requirement.
- ▶ Make decisions about visitors if you are unable to do so.

We respect your right to keep your personal health information private. We will only release information to your selected spokesperson(s). Thank you for understanding.

Night Before Surgery

Bedsheets

Place clean sheets on your bed before showering and keep them as clean as possible overnight. Do not allow pets in your bed.

Showering

The night before surgery, you need to shower with chlorhexidine gluconate (CHG) soap. CHG is an antibacterial soap that helps reduce the risk of a surgical

site infection. A common brand name for this soap is Hibiclens®. If you are allergic to chlorhexidine, ask the Pre-Surgery Clinic nurse for a different option.

Showering Instructions

- ▶ Shampoo your hair with your normal shampoo and rinse.
- ▶ Turn off the water; apply CHG soap to your entire body from the neck down; wash for three to five minutes; avoid getting the soap in your eyes or ears.
- ▶ Turn the water back on and rinse off; do not use your regular soap after rinsing.
- ▶ Do not use any lotions, creams, powders, deodorants or makeup after drying off.
- ▶ Wear clean pajamas to bed.
- ▶ Repeat the same shower process the morning of your surgery.

Eating and Drinking

You will be told when to stop eating and drinking prior to surgery.

Pets

Before your surgery, arrange for someone to care for your pets for at least the first two weeks of your recovery. To reduce your risk of a surgical site infection, it is important you do not allow pets in your bed. To prevent falls, keep your pets secured when you are up and walking.

Oral Care

Brushing and flossing your teeth twice a day is always important. It is even more important when you are in the hospital or recovering from surgery. Studies show the bacteria in your mouth grow even faster when you are not in your normal environment, start taking new medications or are not up walking as you normally would.

To reduce your risk for complications after surgery, such as pneumonia, brush your teeth three to four times per day, after meals and at bedtime.

ITEMS TO BRING TO THE HOSPITAL

The following checklist will help you prepare for your hospital stay.

Please bring only items that are absolutely necessary.

- Contact lenses and supplies
- CPAP machine (if used at home)
- Dentures and denture cup
- Eyeglasses and case
- Full set of loose-fitting, comfortable clothing (socks, elastic waist pants or shorts, underwear, etc.) and **button-up shirt**
- Hearing aid with extra batteries or charger
- Important phone numbers
- Insurance cards/information
- List of current medications (include name of medicine, dosage, frequency, vitamins, over-the-counter medicine and dietary supplements, such as herbal products); please do not bring any medicines or medicine containers
- Notepad to write down your questions/concerns or important information from your healthcare team
- Personal care items, such as your toothbrush, comb or brush
- Shaving equipment (An electric razor is necessary if you take blood thinners.)
- Sturdy, flat slippers or comfortable shoes with an enclosed back and nonskid soles; no flip-flops or scuff/slide slippers
- Oral care supplies (toothbrush, toothpaste, floss, mouthwash)

ITEMS TO LEAVE AT HOME

- Credit cards
- Money
- Jewelry (all patient rooms have a clock, so a watch will not be needed)
- Purse
- Medicines and medicine containers
- Other valuables

Exercises Before and After Surgery

To help speed your recovery, practice these exercises *BEFORE* your surgery (within pain limitations).

Breathing Exercises

Breathing exercises help protect you from acquiring pneumonia. Use your incentive spirometer every hour, doing five to 10 breaths each time while you are awake.

1. Sit up straight and tall, and hold the spirometer in your hands.
2. Take a deep breath in and let it out.
3. Place the mouthpiece in your mouth. Make sure your lips completely cover the mouthpiece.
4. Breathe in slowly through the mouthpiece (like sucking through a straw).
 - ▶ Keep the range indicator (little marker on the side chamber) in the target zone.
 - ▶ Breathe in until the piston (large marker in large chamber) makes it as high as you can.
5. Hold your breath in for three seconds and then let it out.



Repeat this exercise while you are in the hospital and continue doing so throughout your recovery.

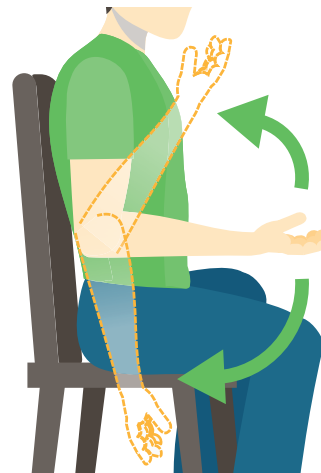
At-Home Exercises

Your therapist will confirm which exercises your physician wants you to do.



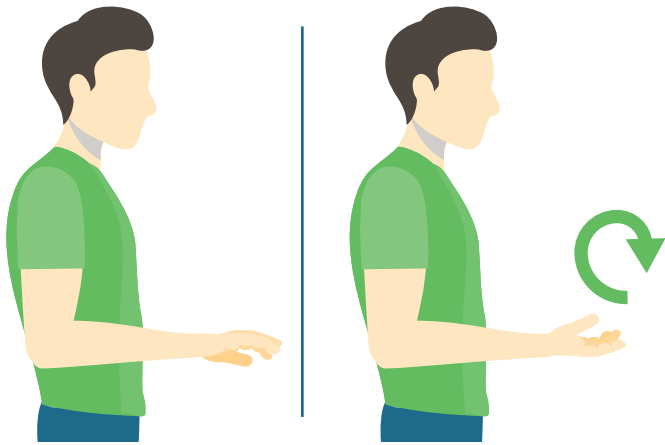
Pendulums

- ▶ Bending over at the waist, let your affected arm relax. Gently move your body to swing your arm with gravity in circles both clockwise and counter clockwise.



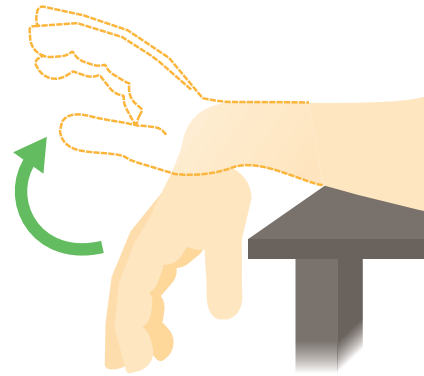
Elbow Flexion/Extension

- ▶ Sit or stand.
- ▶ Begin with arm at side, elbow straight, palm up.
- ▶ Bend elbow upward.
- ▶ Return to starting position.
- ▶ Perform one set of 10 repetitions twice a day.
- ▶ Perform one repetition every 4 seconds.



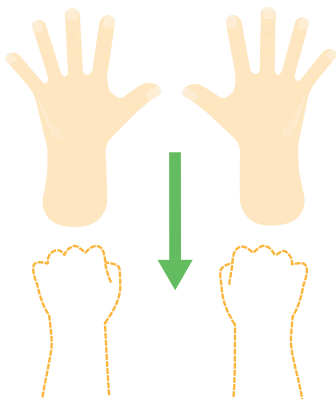
Forearm Supination/Pronation

- ▶ Stand or sit, arm at side, elbow bent to 90 degrees, palm down.
- ▶ Rotate elbow/forearm palm up through available range.
- ▶ Return to start position.
- ▶ Perform one set of 10 repetitions twice a day.
- ▶ Perform one repetition every 4 seconds.



Wrist Flexion/Extension

- ▶ Keep elbow tight at side. Bend wrist up and down. Do not move shoulder. Only move wrist.
- ▶ Perform one set of 10 repetitions twice a day.
- ▶ Perform one repetition every 4 seconds.



Finger Open/Close

- ▶ Begin with fingers straight and spread apart.
- ▶ Close hands into a fist.
- ▶ Open and spread fingers.
- ▶ Repeat.
- ▶ Perform one set of 10 repetitions twice a day.
- ▶ Perform one repetition every 4 seconds.

Surgery and Recovery

On the day of surgery when you arrive in Pre-Op, you will meet the anesthesiologist and discuss the anesthesia that will be used.

In Pre-Op, you will be asked to wash your body with antibacterial wipes. A nurse will start an intravenous (IV) line to provide you with fluids during surgery and give you any medications your surgeon ordered.

You will be asked to rate an acceptable pain level. Our team will use that pain level to determine if your pain management plan is effective. Joint replacement surgery can be painful, so some pain is to be expected, especially in the first few days after surgery.

During surgery, your spokesperson will be updated on your progress and informed when you return to your room.

When you awaken in the Recovery Room, you will still have the IV in your arm. Depending on your surgery, you may have a bandage on your arm or shoulder, and you may be wearing an immobilizer to stabilize your arm.

After you have recovered from the anesthesia, you may move to a room on our Orthopedic Unit, or you may be ready to go home. Some patients are discharged directly from the Post-Anesthesia Care Unit.

A nerve block, a type of anesthesia, is given prior to or after your surgery to block pain in your shoulder. This technique is often done in combination with other anesthesia. The area may remain numb for about 12-48 hours. You may leave with a nerve catheter and a medication pump to reduce pain. You will be instructed on how to remove your catheter three days after surgery and mail the pump back.

After Surgery

It's important for you to do several activities while in bed to decrease your risk for complications and help you recover.

- ▶ Continue deep breathing and coughing to prevent lung congestion. Take a slow, deep breath, hold it for 1 to 2 seconds, then let it out. Repeat 10 times every hour while you are awake and at night if you awaken. We will give you an incentive spirometer to help in these exercises.
- ▶ Do the exercises you learned prior to surgery (see pages 8-9).
- ▶ You may be fitted with white elastic stockings and/or sequential compression to prevent blood clots during hospitalization. Your nurses will periodically remove the devices.
- ▶ Immediately after surgery, you will receive IV fluids. When you can take liquids by mouth, it is essential to drink a reasonable amount each day to maintain good kidney function. Don't postpone urination. This could lead to overfilling your bladder and difficulty in passing urine. Call your nurse for assistance.

Medication

During the postoperative period, you may experience pain. Medication, ice bags, position changes and relaxation exercises can relieve your discomfort.

Once you can eat and drink, your nurse will help identify which oral medications can make you most comfortable.

You may also be prescribed a laxative to soften your stool and promote regular bowel function. Medication, inactivity and diet can cause constipation.

Your Incision and Bandages

Your nurse will give you instructions for how to care for your incision.

Mobility After Surgery

Your nurse and therapy team will review your postoperative instructions. Our team will work to get you out of bed and walking the day of surgery.

Occupational Therapy

You will review how to perform self-care activities, including bathing and dressing with one-handed techniques and how to remove and put on your sling/immobilizer. Assistive devices, such as a long-handled sponge and reacher, may make these tasks easier and can be purchased at area pharmacies, the NKCH gift shop and medical supply stores. Your therapist may recommend grab bars, a toilet riser and a shower chair as well as demonstrate post-op exercises and educate you on your precautions.

Managing Your Pain

Pain is a sensation that hurts enough to make you uncomfortable, whether you feel distress or severe discomfort. Your doctors and nurses will work with you to manage your pain.

Pain control can help.

- ▶ Enjoy greater comfort while you heal.
- ▶ Get well faster. With less pain, you can start walking sooner, breathing better and regaining strength. You may even leave the hospital sooner.
- ▶ Improve your recovery results.

Measure your pain.

- ▶ You may be asked to rate your pain on a scale using the chart below or to choose a word that best describes your pain.
- ▶ Reporting your pain as a number helps your doctors and nurses know how well your treatment is working and whether to make any changes.
- ▶ You will work with your nurse to set an acceptable pain goal (such as keeping your pain level below 4 on the scale).

Are there general guidelines to relieve pain?

Try to manage pain before it starts or gets worse by using a pain-relief method on a regular schedule. If pain begins, don't wait for it to worsen before doing something. It may be necessary to take pain medication around the clock.

Will I become addicted if I use opioids for pain relief?

No. Opioid addiction is defined as dependence on the regular use of opioids to satisfy physical, emotional and psychological needs rather than for medical reasons. Pain relief is a medical reason for taking opioids. Opioids work on the pain. Constipation is a common side effect of taking opioids. If you become constipated, tell your doctor or nurse.

Tell your doctor or nurse about any pain that won't go away.

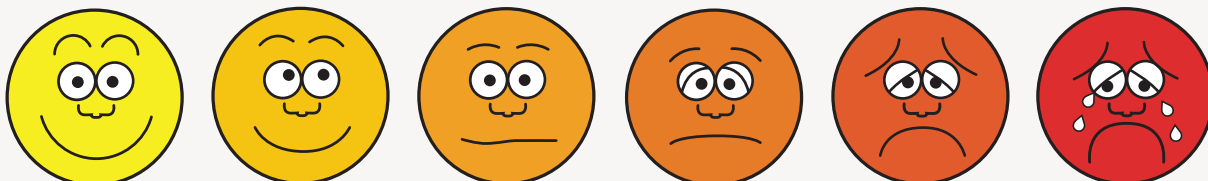
Don't worry about being a "bother." Pain can be a sign of problems. Your nurses and doctors want and need to know about it.

PAIN SCALE

1 2 3
MILD PAIN

4 5 6
MODERATE PAIN

7 8 9 10
SEVERE PAIN



Discharge Options

Arrange to have a responsible adult with you for the first 48 hours after you return home. While most people are in the hospital for no more than a day, some need another care option. To help your transition go smoothly, plan your next steps before surgery.

Outpatient Therapy

Your doctor may recommend outpatient rehabilitation therapy. For your convenience, NKCH provides outpatient therapy services at several locations. At the end of your outpatient therapy, your therapist can help you move to NKCH's Therapy Transition Program so you can continue your recovery. **To schedule your first post-surgery outpatient therapy appointment or for more information, call 816.691.1795.**

Home Health

If you live alone or have limited access to transportation, home health therapy may be an option if you qualify. A home health physical/occupational therapist usually visits three days each week for up to two weeks. Most insurance providers cover home health services. **If you would like more information, call 816.691.1358.**

Returning Home

Preparing for Home

If you live alone, some additional help may be needed. Before your discharge, make the necessary arrangements regarding your release from the hospital (including help at home and a ride home). Plan to have an adult stay with you for the first 48 hours after surgery.

Case Management/Social Services can provide you with information and help you obtain any equipment you may need. Coverage for home equipment depends on your insurance.

You will leave the hospital on the medications you were taking before you were admitted. Your doctor may prescribe additional medication such as a blood thinner.

Driving and Travel

You can be a passenger in a vehicle for one to two hours at a time. When traveling, perform ankle pumps and take frequent walking breaks to help with circulation. You will likely not be able to drive for a few weeks because of limited shoulder mobility. Check with your doctor to determine when you can be cleared to drive after surgery.

Sleeping

Finding a comfortable sleeping position after surgery can be challenging. Many people find it most comfortable to sleep in a recliner or semi-upright position.



Continue wearing your sling or immobilizer at night, even when sleeping. Place extra pillows behind and/or under the surgery side to support your arm more while sleeping. Use ice for pain relief prior to bed.

Getting Dressed

Many people find button-down shirts are easier to put on after surgery. If you prefer wearing T-shirts, consider buying a larger size or wearing looser fitting shirts for ease.

How to put on a button-front shirt: After removing your sling, put the shirt sleeve over your surgery side first. Using the other arm, reach behind your back to find the other sleeve and slide it over that arm.

How to put on a T-shirt: Put the first sleeve over your surgery side. Next, pull the shirt over your head, then put the unaffected arm through the other sleeve.

Sexual Activity

With proper precautions, sexual activity is possible. Ask your doctor, nurse or therapist if you have questions or concerns.

Follow-Up Care

Your doctor may want to see you to follow your recovery progress. Call your doctor with any questions during your recovery.

Future Procedures

Remind your doctor or dentist of your shoulder implant prior to dental appointments (including a routine cleaning) or any invasive procedures such as a colonoscopy. Your doctor will determine whether antibiotics are necessary to treat and/or prevent infection. You may be advised to wait a period of time after your surgery to have dental procedures.

CALL YOUR DOCTOR IF YOU EXPERIENCE:

- ▶ Fever above 101°F by mouth or shaking chills (100°F if immunocompromised)
- ▶ Signs of infection, such as redness, swelling or drainage around your incision
- ▶ Sudden increase in pain
- ▶ Calf pain or swelling
- ▶ New numbness, tingling or pain in the legs and/or arms

Returning Home

How to Wear a Shoulder Immobilizer

Wear your shoulder immobilizer according to your doctor's instructions. These instructions explain how to put on your shoulder immobilizer. To remove the immobilizer, reverse the instructions below.



Place your arm into the sling with the pillow placed between your arm and body. Make sure your elbow is as far back into the sling as possible.



Pull the strap with the padding up and over your shoulder and around your neck so the padding rests on your neck. Attach the clip or clips above the wrist until you hear them click.



Attach the Velcro® thumb strap in the space between your thumb and fingers to keep your hand from sliding forward.



Attach the Velcro strap over the top of the sling to close it.



Attach the last strap around your waist from the back to the front and clip into place.



Position the pillow with the cutout on your side into a comfortable position.

The immobilizer should make your shoulder feel supported, not jammed into your socket or hanging loosely from your shoulder. You can adjust this by separating the Velcro straps around your neck to either loosen or tighten them.

Preventing Falls

By increasing your awareness of safety issues around your home, you can prevent falls.

Proper Hand Placement While Standing Up and Sitting Down

- ▶ When getting up from a chair, push up from the chair using your nonoperative arm to get your balance. Then, start walking.
- ▶ When sitting down, reach back with your nonoperative arm for the chair before sitting.

Other Considerations

- ▶ Wear well-fitting shoes with nonslip soles.
- ▶ Wear glasses and/or contacts (if you use them).
- ▶ Call for help if you feel dizzy or weak when getting up.
- ▶ To clean up spills, use a reacher, or sit in a chair and use your feet.
- ▶ Use a night-light to guide your way to the bathroom at night.
- ▶ Follow your doctor's recommendations for exercises to keep your arms, legs and bones strong.
- ▶ If someone helps you walk, wear a gait belt.
- ▶ Use a nonslip bathmat, traction strips and/or grab bars in the tub or shower stall.
- ▶ Take extra care if your medications have changed. You don't know how new medication may affect you.
- ▶ Arrange for someone to care for any pets for the first week or two after you return home.



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