



Beaufort Memorial
JOINT REPLACEMENT CENTER



THE JOINT CONNECTION – Shoulder Replacement



JOINT CONNECTION

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APPENDIX

WELCOME TO Beaufort Memorial

Congratulations on your decision to have shoulder replacement surgery.

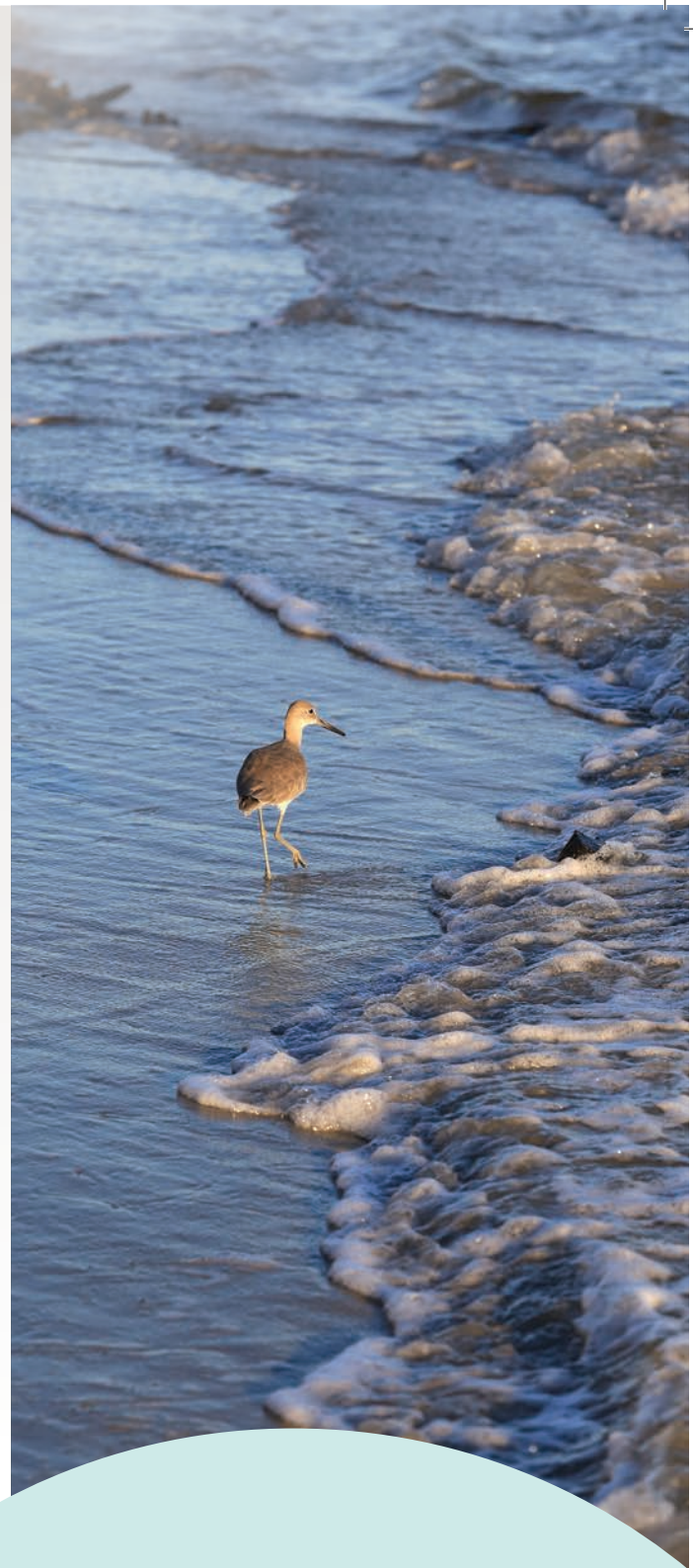
The experts at the Beaufort Memorial Joint Replacement Center have carefully planned every step of your care. We feel that the better informed you are about your surgery, the more likely it is that you will feel less anxious, and that you will have a positive experience and an excellent outcome.

Total joint replacement requires you to be an ACTIVE team member in your recovery and rehabilitation. We will educate, support, and assist you in returning to your optimal state of health before you are discharged from the hospital. Your doctors, therapists, nurses, and YOU will determine your goals for discharge.

It is important that you COMMUNICATE with all team members. Ask questions and seek clarification if you are not sure or do not understand. Our goal is to help you understand what is involved and participate in your care.

Thank you for choosing Beaufort Memorial for your total joint replacement care. You have selected a joint replacement center that has several advantages:

- A Total Joint Coordinator and in-house therapy
- Low complication rates
- A pre-operative education class
- Minimally invasive techniques
- A blood conservation program
- Experienced staff, specially trained to care for joint replacement patients just like you
- Therapy services to help you maximize your recovery



**Our mission is to
deliver excellent orthopedic
care to our patients, bringing you
the best medical options to restore
and/or improve your quality of life.**

UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

SHOULDER REPLACEMENT SURGERY

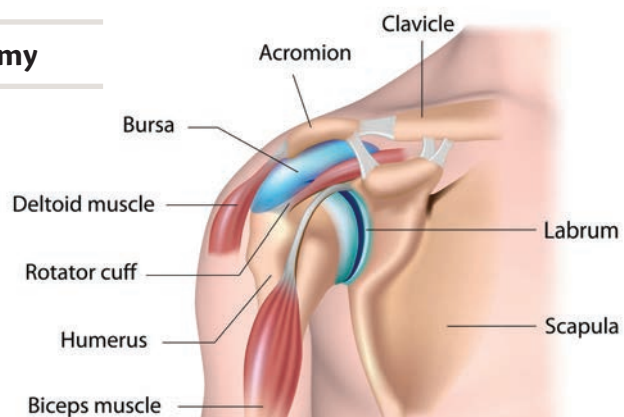
Introduction

- Shoulder problems are a common reason for people to seek medical attention. As many as 7.5 million people per year visit their doctor's office in order to be evaluated for shoulder issues. Symptoms may include stiffness, difficulty moving the shoulder joint, arm weakness or pain that prevents you from performing your work or daily activities.
- Injury to the shoulder can occur during activities involving repetitive overhead motion in sports, or from everyday activities that include reaching. Shoulder pain, stiffness and weakness can also be the result of wear and tear on the shoulder joint, which progresses over time.
- Some shoulder problems may be managed with non-surgical treatments. However, if you and your orthopedic surgeon have determined that shoulder surgery is necessary; your surgeon will discuss which type of procedure will be used to treat your particular shoulder problem.

Explanation and anatomy of normal shoulder

- Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle). The shoulder is a ball-and-socket joint: The ball, or head, of your upper arm bone fits into a shallow socket in your shoulder blade. This socket is called the glenoid.
- The surfaces of the bones where they touch are covered with cartilage, a smooth substance that protects the bones and enables them to move easily. A thin, smooth tissue called synovial membrane covers all remaining surfaces inside the shoulder joint. In a healthy shoulder, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost any friction in your shoulder.
- The muscles and tendons that surround the shoulder provide stability and support.
- All of these structures allow the shoulder to rotate through a greater range of motion than any other joint in the body.

Basic Shoulder Anatomy



UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

WHO NEEDS TOTAL SHOULDER ARTHROPLASTY (TSA)

Most common causes:

- Degenerative joint disease or osteoarthritis: a type of joint disease that results from the breakdown of joint cartilage and underlying bone
- Fractures
- Severe rotator cuff damage

Other causes:

- Rheumatoid Arthritis: is an inflammatory disease that occurs when your immune system mistakenly starts attacking healthy joints, causing pain, swelling, stiffness, and loss of physical function
- Avascular necrosis: a bone condition that results from poor blood supply to an area of bone, causing localized bone death

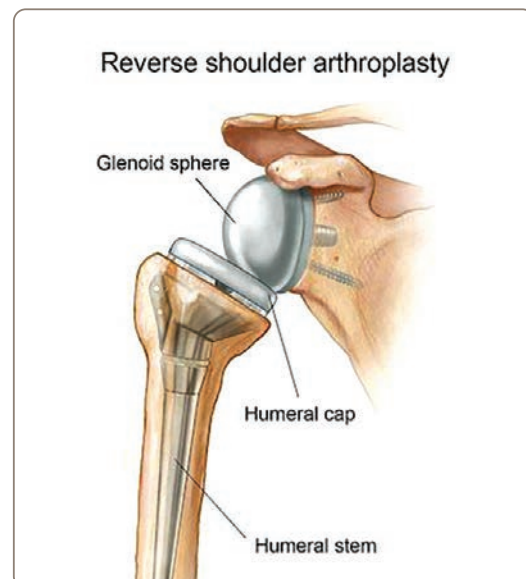
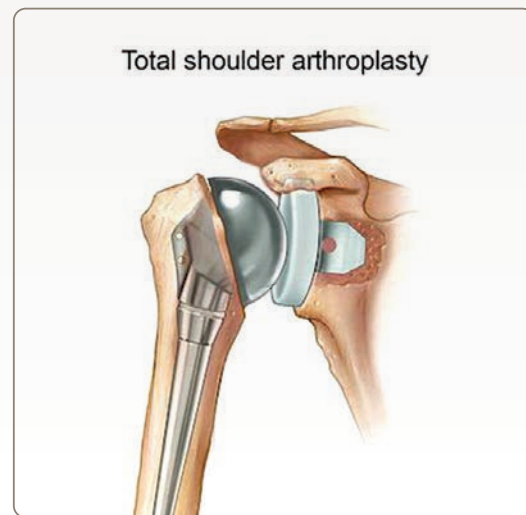
EXPLANATION OF THE TOTAL SHOULDER ARTHROPLASTY (TSA)

Anatomical TSA:

In shoulder replacement surgery, the damaged parts of the shoulder are removed and replaced with artificial components, called prosthesis. The treatment options are either replacement of just the head of the humerus bone (ball), or replacement of both the ball and the socket (glenoid).

Reverse TSA

A reverse total shoulder replacement works better for people with severe rotator cuff damage because it relies on different muscles to move the arm. In a healthy shoulder, the rotator cuff muscles help position and power the arm during range of motion. In a patient with severe rotator cuff damage these muscles no longer function. The reverse total shoulder replacement relies on the larger deltoid muscles, instead of the rotator cuff, to power and position the arm. It is called a “reverse” TSA because the components are reversed. The positions of the ball and socket are changed so that the ball is on the socket side of the joint and the socket is on the ball side.



UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

Continued

THE RISKS OF SHOULDER REPLACEMENT SURGERY

Joint replacement surgery is major surgery and although advances in technology and medical care have made the procedure very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider and your family. Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks, which include:

Blood clots: Blood clots can form in a vein and in your lungs after shoulder replacement surgery and can be dangerous. Blood clots are more common in older patients, patients who are obese, have a history of blood clots, smoke, or have cancer.

Infection: Infection is very rare in healthy patients having shoulder replacement. Patients with chronic health conditions (like diabetes), patients who take some forms of corticosteroids, and those who use tobacco/nicotine are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

Nerve, blood vessel, and ligament injuries:

Damage to the surrounding structures in the shoulder, including nerves, blood vessels and ligaments, are possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, resolves in 6-12 months.

Wound healing: Sometimes the surgical incision heals slowly, particularly if you take corticosteroids or have a disease that affects the immune system, such as rheumatoid arthritis or diabetes, or if you are a smoker.

Limited range of motion: Soon after your surgery, you will begin exercises to help improve the flexibility of your shoulder with a therapist. Shoulder replacement recovery is lengthy. Doing too much early in the recovery can damage the shoulder tissues.

Hematoma: Bleeding into the shoulder can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling.

Dislocation of the shoulder: A patient's shoulder may move out of place after surgery. If this occurs your surgeon will put the joint back in place, or surgery may be required to return the shoulder back to its position.

Loosening of the joint: Over the long term, loosening of the artificial shoulder joint might occur. Loosening may occur with trauma, wear and tear, or changes related to osteoporosis.



UNDERSTANDING YOUR JOINT REPLACEMENT SURGERY

WHAT RESULTS ARE TYPICAL? – You can expect a successful outcome from your shoulder replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis.

YOU CAN ALSO HELP REDUCE YOUR RISKS OF MANY OF THESE COMPLICATIONS BY:

- Reducing or eliminating the use of tobacco and alcohol
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand washing techniques
- Performing your exercises as directed by therapy
- Limiting activities as directed by your surgeon

PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

Your Joint Replacement Center (JRC) experience begins long before your actual surgery. These guidelines will prepare you for a rapid and safe recovery in your quest for improved mobility and health.

To make sure you and your "First Mate" (caregiver or support person) are prepared for your joint replacement surgery, it is important that you carefully and thoroughly review this Joint Connection Patient Education Book before surgery. The information will help you better understand the joint replacement process and what to expect every step of the way as you prepare for your experience. Please call us at 843-522-7435 if you have any questions or concerns regarding this information.

HELP FROM YOUR FIRST MATE (COACH)

Recovering from shoulder replacement is a team effort. Your First Mate's support, encouragement and

companionship can make all the difference, not just in the hospital, but also throughout the weeks before and after your surgery. We strongly recommend that your First Mate is present during the therapy sessions in the hospital. This person should be someone who is willing to support you every step of the way and who can participate fully in activities before surgery and during your recovery.



PREPARING FOR YOUR JOINT REPLACEMENT SURGERY

Continued

MEDICATIONS YOU MAY TAKE PRIOR TO SURGERY

– You may take your prescription medications as directed by your JRC surgeon. These may include over the counter medications such as Tylenol®, Claritin® and Benadryl®. During your pre-admission testing appointment, a nurse will review which medications you should take the morning of surgery. Take the designated medications with small sips of water.

MEDICATIONS YOU MAY NEED TO STOP TAKING PRIOR TO SURGERY

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery. If you take the following medications you must stop taking them prior to your surgery:

- **Two weeks prior:** Prescription diet medications, Methotrexate™ and other rheumatoid arthritis medications.

The American Society of Anesthesiology has recommended you stop the following supplements: Ginkgo Biloba, Garlic or Garlique, Ginseng, Glucosamine, Green Tea (capsule form), Kava, Echinacea, St John's Wort, Valerian, Vitamins A, C, and E and Fish Oil.

- **Seven days prior:** Blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin®, Plavix®, Effient®), aspirin, compounds containing aspirin, hormone replacement therapy. Anti-inflammatory medications (such as Ibuprofen®, Motrin®, Advil®, Aleve®, Naproxyn®, Relafin® or Diclofenac®) may need to be stopped prior to surgery. Your physician will advise you which medications to stop.

BLOOD CONSERVATION PROGRAM HELPS RECOVERY

Reducing your risk of needing a blood transfusion

Even though blood is safer than ever before, transfusions still carry risks. Avoiding transfusions when possible offers multiple benefits to you. Through our Blood Conservation Program, alternative treatments and methods may be used by your doctors to **reduce your chances of having to receive blood.**

Ask your doctor if you qualify for any blood conservation treatments. Let your doctor know

if you have concerns about receiving a blood transfusion or if you do not wish to receive blood due to religious or personal beliefs.

Beaufort Memorial has a dedicated Blood Conservation Coordinator. The coordinator is an RN who has specialized training in blood conservation techniques. If you have any questions about blood transfusions and how to avoid them, contact the Blood Conservation Coordinator at 843-522-5293.

REDUCING RISK OF INFECTION

Your overall health is important when you are having a planned surgery. Here are some things you can do to help decrease your risk of developing a surgical site infection.

- Avoid shaving near the surgical area for 48 hours prior to surgery. This may contribute to microscopic cuts in the skin that allow bacteria to enter.
- Make sure you eat nutritiously.
- Control your blood sugar. Research has shown better outcomes with better controlled blood sugars.
- Shower with antiseptic soap as instructed.
- Stop tobacco use at least 30 days prior to surgery.
- Tell your surgeon if you have any other infections. This may include an ingrown toenail, bladder infection, skin sores, a tooth abscess, colds, etc.

- Dental care: You must call the surgeon's office if any dental problems arise prior to your scheduled surgery. Dental work should be completed at least three weeks prior to your surgery and avoided three months after surgery, if possible.
- Clean hands: Hand hygiene is very important for you and your caregivers. Please wash frequently or use the alcohol-based sanitizer products.

Notify your orthopedic surgeon if:

- You have increased shoulder pain at rest.
- You undergo a procedure or have a condition through which bacteria might spread into your bloodstream.
- You have a persistent fever above 101 degrees for two days.

While the risk of infection following joint replacement surgery is relatively low, it is important to take the possibility seriously.

SHOWER PREP INSTRUCTIONS

Your surgeon recommends Chlorhexidine Gluconate (Hibiclens) soap to reduce the amount of germs on your skin prior to surgery to decrease your chances of infection. It will be given to you at your pre-op appointment. You may also purchase it at local drug stores.

Take a shower using Chlorhexidine Gluconate (Hibiclens) each day for five days, including the morning of surgery.

On the day you start your Hibiclens shower, make your bed with clean sheets. Do not sleep with pets during this time or after your surgery until your incision has healed.

Directions:

1. Wash all areas as normal, using your regular soap – then rinse.
2. Use the Chlorhexidine Gluconate (Hibiclens) on a clean washcloth.
3. Wash the area where you are going to have surgery thoroughly.
4. Also wash entire body from neck down (omitting the genitals) thoroughly.
5. Rinse as usual and dry off with a clean towel.
6. Do not apply lotions or powder after shower on the day of surgery.
7. Dress in clean clothes or pajamas.



HOME SAFETY PREPARATIONS

There are a number of tips that you and your family can implement to help make your home safe and comfortable for your return home:

- Check your home for tripping hazards like throw rugs and cords. Area rugs should be picked up, removed, tacked down or secured with a non-skid pad. All electrical cords should be tucked out of the way.
- Have nightlights installed in the bathrooms, bedrooms and hallways.
- Arrange furniture so that it doesn't block walking areas.
- Check the bed and chairs that you will spend most of your time in when you return home.
- Chairs with wheels should not be used under any circumstance. Arrange your "nest," or where you will spend most of your time, with conveniences (i.e., music, TV, lap desk, water pitcher, pillows, etc.).
- Determine what items from dressers, cabinets and shelves you will need immediately after returning home. Any items that are currently stored either high or low and require excessive bending or reaching should be moved to counter height. This includes items in bathrooms and kitchens.
- Have non-slip bath strips or rubber mats in the tub or shower. Replace bar soap with easier to hold liquid soap or soap on a rope.
- If you have pets of any kind, you may want to consider boarding or finding a caretaker for them for a few days after your return.
- A cordless phone or cell phone should be available. It should be tucked in a pocket and carried with you at all times for easy use. Emergency numbers need to be close to the phone and easy to access.
- In order to minimize cooking, prepare meals in advance and freeze them. Alternatively, you can also purchase individual serving-size meals for times when you are alone. The goal is to plan ahead.
- Attend to any outdoor work, like gardening or cutting the grass, prior to your surgery.
- Wash any laundry that you may have. Have loose fitting/ oversized, comfortable shirts and wash-and-wear clothing for your first days at home.
- Clean your home prior to surgery. Put clean linens on your bed.
- Plan to have your First Mate or a support person stay with you at home until you are able to perform activities of daily living independently and safely. Typically, this occurs in the first few days after you return home.

Remember DO NOT shave the surgical limb prior to surgery. Women, please do not shave your underarm for 48 hours prior to surgery day. DO SHOWER. You will be given an antibacterial soap and specific showering instructions prior to surgery.


WHAT TO BRING TO THE HOSPITAL

- Bring this book to the hospital for reference.
- Bring all the medications you take in the original bottles-prescriptions, over the counter, and herbal supplements. Do not bring controlled substances like narcotic pain medications, sleeping pills, or anxiety medications. Just write those down on a list with the dosages and include it with the other medications.
- Personal toiletries (electric razor if you want to shave).
- Footwear that you can easily slip into or has Velcro fasteners and is close-toed. It may be difficult for you to bend and tie your shoes.
- Comfortable clothing: Pants or shorts with an elastic waistband, loose fitting button down shirt, V-neck T-shirt or polo shirt, footwear that is easy to slip on and has a back on them (no flip flops or sandals/slippers that have an open heel).
- Eye glasses, contact lenses, and dentures in their cases, marked with your name.
- If you have bladder issues, you may want to bring Depends® or pads.
- If you would like, you may bring your cell phone, computer, or tablet. However, make sure it is secure while you are here. WiFi is available throughout the hospital.
- BiPAP or CPAP machine and mask if you sleep with one at home.
- ID and insurance cards. If you plan to utilize Publix bedside delivery service or new prescriptions, please bring a method of payment (cash, checks, and cards are accepted).

DO NOT BRING

- Large amounts of money.
- Jewelry.
- Valuables of any type – If you do bring valuables, they must be secured in the hospital safe.





YOUR ITINERARY: COUNTDOWN TO SURGERY

4 WEEKS BEFORE SURGERY

- View or attend pre-operative education class and appointment.
- Stop smoking or tobacco/nicotine products.

2 WEEKS BEFORE SURGERY

- Start making home preparations.
- Stop taking prescription diet medications, herbal supplements (as stated previously), Methotrexate and other rheumatoid arthritis medications. THESE ARE EXAMPLES ONLY. Please discuss all your current medications and supplements with your surgeon and/or nurse liaison and follow their directions.

7-10 DAYS BEFORE SURGERY

- Stop taking NSAIDS, aspirin, and blood thinners as directed by your physician.
- Reduce alcohol consumption.

4 DAYS BEFORE SURGERY

- Change bed linens.
- Stop sleeping with pets.
- Start the Hibiclens shower process.

DAY BEFORE SURGERY

- Pack your bag for the hospital.
- Do not eat or drink after midnight or as instructed.

DAY OF SURGERY

- Take a shower and clean your body, focusing on the shoulder with the special cleanser as you were instructed.
- It's ok to brush your teeth, but do not swallow any water.
- Wear clean, comfortable clothes. Avoid wearing any fragrance, deodorant, cream, lotion or nail polish.
- Take any medications with a small sip of water as instructed during your pre-operative testing. Report to the check-in area on time.

ARRIVING AT THE HOSPITAL

Beaufort Memorial campuses are tobacco-free. This is for your health and the health of those around you. Your First Mate is welcome to stay with you at all times except while you are in the surgery area. There may be special visiting restrictions in place; please refer to BeaufortMemorial.org/Visitors for current guidance.

The day of your surgery will be a busy one. Several hours will pass between the time you check in at the hospital and the time that your surgery is completed.

- It is important that you arrive at the hospital at the designated time. This will give you plenty of time to check in and prepare for surgery. You will check in at the desk in the surgical lobby, entrance four (see campus map in the back of this book). The nurse will help you prepare for surgery. Once you are taken to the operating room, your First Mate or family member can wait for updates in the surgical lobby or leave a phone number so we can contact them.
- A “tracking number” will be assigned to you and instructions will be given on the use of the tracking board. This enables your family/friends to “track” you throughout your surgical process.
- A nurse will review your planned procedure and allergies with you, along with additional information. She/he will review your past medical history and medication list. This is done to ensure any changes in your medical history or medications are not overlooked.
- You will be placed on several monitors – a blood pressure cuff on your arm, oxygen-sensing device on your finger (similar to a clothespin), as well as three sticky circles on your chest for the heart monitor. Your temperature and breathing rate will be monitored. These are known as your vital signs. Your vital signs will be monitored continuously until you are discharged to your hospital room post-operatively.
- All pre-operative orders given by your surgeon will be completed. These may include:
 - An intravenous line (IV) started for administration of fluids and medications during and after your surgery.
 - Hair removal by appropriate means, as needed.
 - Application of special compression wraps called Sequential Compression Devices (SCDs) to aid the circulation in your legs and feet, which helps reduce the risk of blood clots.
- Additional procedures and/or treatments will be completed based on your individual needs. Your surgeon will mark and verify the operative site in the peri-operative area.
- When the surgical room and your surgeon are both ready, you will be taken to the operating room and moved to the operating table.

ANESTHESIA SERVICES

General Information

While you are in the peri-operative area, your anesthesia care provider will examine you, discuss your medical history and determine the best plan for your anesthesia care.

- It is important that you tell your anesthesia care provider of any prior problems or difficulties you have had with anesthesia.
- Your anesthesia care provider will discuss the risks and benefits associated with the various anesthesia options, as well as the potential side effects that can occur with each.

THE OPERATING ROOM

You will be transported to the operating room (O.R.) on a stretcher. The staff will help you slide onto the operating table. Your shoulder also will be cleansed and prepared with a colored surgical scrub.

- The anesthesiologist or nurse anesthetist will continue to monitor your vital signs and care for you during your procedure. A registered nurse assigned to your case also will assist in your care throughout surgery.
- While you are in surgery, family/friends may wait in the Surgery Center lobby. The O.R. nurses will update your family/friends of your progress periodically.
- When surgery is complete, you will be transported to the Post-Anesthesia Care Unit (PACU) by your surgical nurse and a member of your anesthesia care team. Your surgeon will contact your family to discuss your procedure.

In PACU you will receive constant care from a specially trained registered nurse knowledgeable in post-anesthesia care. The PACU may seem bright and busy. You will hear monitors beeping and may see other patients. Your nurse will be close by your bedside and will ask you frequently to move your legs and feet, cough and take deep breaths. He or she will perform frequent checks of your surgical site and pain management.



WHAT TO EXPECT AFTER SURGERY

AFTER YOUR SURGERY – After your stay in the PACU, you will be transported to your room. Your nurse and his/her team will provide your care. Communication with your health care team will provide the best outcome possible. Do not be afraid to ask them for assistance.

Your nurse will closely monitor you for the first 24 hours. The nursing team will monitor and observe the following:

- Vital signs hourly at first, then as needed.
- Your bandage will be checked frequently for excessive bleeding. Some bleeding is expected and normal. You may have a drain in place to assist in decreasing fluid accumulation at your surgical site that could lead to hematoma or wound healing complications. The bloody drainage will need to be below a certain level prior to drain removal.
- Cough and Deep Breathing (C&DB) – You will be encouraged to C&DB every hour while you are awake. This helps prevent fluid from accumulating in your lungs and reduces the risk of pneumonia.
- Incentive Spirometer instruction, a breathing exercise tool, will be given. You will be asked to do this frequently throughout your hospital stay.

Pain management – Your surgeon and Joint Replacement Center (JRC) team will work with you to make sure you are as comfortable as possible, keeping your pain under control.

Diet – You will start with ice chips and liquids, then eat lightly the day of your surgery. Your diet will be progressed as you can tolerate. If you experience nausea, ask your nurse for medication that can help.

Medications – Your nurse will make sure you receive your home medications as ordered by your doctor and you may be started on a blood thinner to help prevent blood clots.

Activity – Therapy or your nursing staff will be assisting you to get out of bed, take a few steps, and sit in the chair for a short period. Keeping the head of the bed up, doing your exercises including ankle pumps, and using your Incentive Spirometer are all



WHAT TO EXPECT AFTER SURGERY

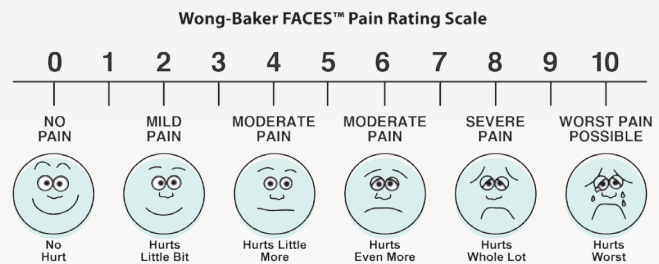
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important to your recovery.

MANAGING YOUR PAIN

- Each of us feels and reacts to pain in different ways. How you feel can depend on experiences you have had in the past, anxiety, stress and other factors.
- Make sure to tell your healthcare team if you are allergic to any pain medicine, if you have had pain medicine that did not work well in the past, or if you have had side-effects to pain medicine such as itching, vomiting, blurred vision or confusion.
- It is our goal to minimize and control your pain as much as possible. We may not be able to make you pain-free immediately after surgery, but we will make the pain as tolerable as possible.
- Staff will often ask about your pain, where it hurts and what type of pain you are having. The following pain scale will help your caregivers understand how you are feeling.

PAIN RATING SCALE – You are the only one who knows how much pain you feel. Be honest with your caregivers. Always let them know if your pain suddenly changes. Medication is our primary defense against pain, but there are additional methods to relieve pain including repositioning, cold therapy and relaxation techniques. When you leave the hospital, your doctor will provide a prescription for pain medicine. Do not be afraid to take pain medicine when you need it, following the directions provided.



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PREVENTING NAUSEA AND VOMITING

– Nausea can be a result of surgery, pain medications or both. Let your nurse know when you feel nauseated so that he/she can administer medication to help, if needed. Tell your nurse if there are other methods that you have used in the past to relieve nausea. Often taking pain medication with a meal or snack may help to decrease nausea. Also, be aware of possible constipation issues. This is a common side effect of pain medications and can contribute to nausea. Have an over the counter laxative available at home if needed.

YOUR RECOVERY SCHEDULE

DAY OF SURGERY – Although each patient is different, here are things you can expect on the day of surgery:

- The nurses will closely monitor you to make sure you can urinate. During this time you will need to drink plenty of fluids and save all urine so the staff can record the amount.
- The IV that was placed pre-operatively will be left in place to provide you with fluids, pain medications, antibiotics and other medications, as necessary. It will be removed when you no longer need it.
- You will wear foot or leg pumps (SCDs) which are used to reduce the risk of blood clots. For the pumps to be most effective, they must be worn while in bed or while resting in your recliner. Ask for assistance before getting out of bed, to remove the devices and prevent tangling and falling.
- Oxygen is sometimes used immediately after surgery, delivered to you through a tube in your nose.

DAY OF SURGERY AND/OR POST-OPERATIVE DAY #1 – Your health care team will continue to observe and monitor you after surgery. They will assist you with activities as needed, including getting up and walking around. Please ask for assistance at all times, as your safety is our primary concern.

- You may have blood drawn so that the lab results are available for your physician to review whenever he makes rounds.
- Occupational Therapy (OT) staff will assist you in independence with activities of daily living (ADLs) such as safely bathing, grooming and dressing. The OT will evaluate your ability to perform your ADLs, recommend any special equipment you may need, and begin instruction on using special techniques and equipment for completing self-care, including: bathing, dressing, and toileting without risking damage to your new joint. OT will instruct you in post-operative precautions including: no active movement of the shoulder, and no weight bearing into the operative arm at all. They will also educate you about bed positioning, sling removal and application, adaptive bathing and dressing techniques, and exercises for edema control.
- Your care coordinator will visit to discuss discharge planning for any home needs. Please have a plan for your continued therapy at home or in an outpatient clinic unless your surgeon has deferred this plan for 2 weeks until you are seen at the office for follow up visit.
- Pain and nausea medication are available on an as-needed basis. Please maintain communication with your nurse about your pain and nausea levels so they can assist you in controlling these.

You may go home as soon as you have met your goals. Your goals for your independent and safe discharge from Beaufort Memorial's Joint Replacement Center are as follows:

- Understand all precautions and safety concerns.
- Understand how to safely perform self-care tasks such as: bathing, dressing, grooming and hygiene.
- You are able to mobilize safely with or without assistance from a First Mate.



PREPARING TO RETURN HOME

Care Coordination Services

The care coordinators can help you with any discharge needs you may have, such as setting up therapy. They can also give you information about community resources. They coordinate everything with you and the staff both in and out of the hospital.

Things you can do prior to surgery to assist with your discharge plan:

- Talk to your family and support system about how they are able to help at home upon discharge. We do encourage you to choose a caregiver or “First Mate” to support you during your recovery from joint replacement surgery. Please talk to your care coordinator early in your hospital stay about concerns you have about going home.
- Please confirm your discharge time with your nurse or doctor to assist in arranging your ride home. We will make every effort to have everything ready for your planned discharge.
- Also, make arrangements for a family member or friend to pick you up when you are discharged from the hospital. Care coordinators are available in the Joint Replacement Center and one will check with you after surgery. If you or your family would like to speak to them sooner, please alert your nurse and she will contact them.
- Continued physical therapy is key to your recovery. You will be working with your surgeon and a team of professionals who will care for you during your hospital stay. When you have met your therapy goals, you will be discharged from the hospital to home with continued therapy as an outpatient or with home health.
- If you need daily assistance at home but don't have family or friends to help you, ask your doctor if he/she can recommend a home care agency. If he/she has no recommendation, ask your care coordinator for a list. This service may not be covered by insurance.

HOME HEALTH – Your care coordinator will work with you to arrange home care services if

ordered by your doctor. She will also tell you if your insurance has preferred providers of these services. Once you make your choice, your coordinator will forward your orders to that agency.

OUTPATIENT THERAPY – Your doctor will want you to continue your therapy for a while after you leave the hospital. Beaufort Memorial offers two convenient locations for outpatient therapy following joint replacement. Ask your care coordinator to assist you in making your first post-discharge appointment.

IN OKATIE:

Okatie Medical Pavilion

122 Okatie Center Blvd North, Suite 200
843-706-8841

IN BEAUFORT:

Beaufort Memorial Medical and Administrative Center Outpatient Rehabilitation Services

990 Ribaut Road, First Floor • 843-522-5593

DISCHARGE CHECKLIST

for the Patient and First Mate

- How do I manage my blood thinner?
- How do I use my pain medication?
- How do I change my dressing? And how often?
- What are the signs and symptoms of infection?
- What are my “Do’s and Don’ts”? (post-operative precautions)?
- Do I use ice or heat for my pain and swelling?
- What is my therapy plan after discharge?
- What will I need help with at home?
- What questions do I have that have not been addressed?
- When would I need to call my doctor?
 - Signs/Symptoms of an infection
 - Signs/Symptoms of a blood clot
 - New onset of surgical joint area pain

YOUR CONTINUED RECOVERY

PREVENTING BLOOD CLOTS/ PULMONARY EMBOLI (VTE/PE)

After joint replacement surgery, you are at increased risk of developing a blood clot. There are many ways to decrease this risk, including: being as mobile as possible, as early as possible; wearing sequential compression devices (SCDs) on your feet/legs while in bed; and, performing exercises as instructed by your therapist. Some patients may be given an anticoagulant (blood thinner) after surgery.

What is an Anticoagulant/Blood Thinner?

An anticoagulant (blood thinner) is used to help prevent and treat blood clots. It is normal for the body to form blood clots to stop bleeding. However, if a blood clot develops inside a vein, it can block the normal flow of blood and cause problems, such as a deep vein thrombosis in the leg or arm. If a DVT travels from the legs or arms and goes to the lungs, it is known as a pulmonary embolism (PE). Your physician may prescribe a blood thinner, usually aspirin. Medication should be taken at the same time each day. You may be on a blood thinner for two to four weeks or longer.

Because your blood will take longer than normal to clot, you will need to watch for bleeding. Here is a list of what to look for every day:

- Bleeding from your nose
- Bleeding from your gums when brushing your teeth
- Excessive bruising
- Small bleeds under the skin which may look like red freckles
- Coughing or spitting up blood
- Bleeding for more than 10-15 minutes from new cuts and scrapes
- Oozing from old cuts or scrapes
- Blood in your urine
- Blood when you have a bowel movement (this may look like red streaks in your stool or may look like black stool.)

Call your doctor's office to report any of these signs.

While taking your anticoagulant, here are other ways you can reduce the risk of developing blood clots or bleeding:

- Eat a balanced diet. Do not make big changes in what you eat or drink without telling your doctor.
- Be sure to reduce your risk of falling. Review the "Safety in the Home" section of this book.
- When sitting down for a prolonged period of time, recline and rest with your feet higher than your hips and avoid crossing your legs.
- Do not smoke.
- Do not have more than one alcoholic drink per day, as too much alcohol can interfere with how the medication works in your body.
- Take extra precautions outdoors and on wet surfaces.



YOUR CONTINUED RECOVERY

Continued

ALSO:

- Tell all your doctors and dentists that you are taking an anticoagulant and are on bleeding precautions.
- Keep ALL of your doctor appointments.
- Do NOT use a regular razor. Instead, use an ELECTRIC razor to decrease the risk of nicks or cuts.
- Do NOT use bath oils or trim corns or calluses. Use caution when nail-clipping.
- Do NOT go barefoot. Wear shoes or slippers, especially when outside.
- Do NOT take any new medications (prescription or over-the-counter) without checking with your doctor first. Many prescription and over-the-counter medications interact with blood thinners such as:
 - Aspirin, aspirin-containing preparations
 - Ibuprofen (Motrin, Advil)
 - Naproxen (Aleve, Orudis KT)
 - Cimetidine (Tagamet)
 - Chondroitin
 - Ranitidine (Zantac)
 - Coenzyme Q10
 - Pepto-Bismol

Herbal supplements Herbal supplements may also interact with anticoagulants, including: fish oil capsules, Vitamin E and K, Ginkgo Biloba, Bilberry, Ginseng, Devil's Claw, Dong Quai, green tea (limit to 2-3 cups per day), herbal teas with tonka beans, melilot (sweet clover), or sweet woodruff (papain), garlic and ginger (in larger amounts – not the amount to season foods), Chinese herbal medicines (like danshen and methyl salicylate oil), Vitamins A, E, and possibly C. The amounts in a multivitamin supplement are not a problem, but if you wish to take larger amounts, let your doctor know.



AT HOME CARE

Incision Care

- Keep incision clean and dry to help prevent infection. You will be given instructions depending on your specific dressing chosen by the surgeon. You may have an Aquacel®, PICO, Prineo®, or 3M Tegaderm® over the incision. These will not require changing but will need to be monitored. The nurse will review details with you and your First Mate.
- Shower per physician instructions. Some of the dressings used (such as PICO) may prohibit showering for a time.
- Check the incision for any sign of infection (redness around the incision, foul smelling or pus-like drainage, or if you experience high fever/chills)
- Change your dressing as instructed by your physician.
- Gauze bandages and tape are available at a drugstore.

Prevention of Blood Clots (DVT/PE)

- Finger, Hand, Wrist, forearm exercises
- Walking
- Blood thinners such as Eliquis or Aspirin, as prescribed by your surgeon

Signs of Blood Clots in Arms

- Increased swelling in the arm
- Unusual pain in the arm
- Pain, redness, or warmth in the arm

NOTE: Blood clots can form in any extremity. Please call your physician if you experience any of these symptoms.

Signs of Pulmonary Embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Coughing up blood

Dial 911 if you experience any of these symptoms.

Control Discomfort

Take your pain medication as prescribed, and always at least 30 minutes before physical or occupational therapy. Use ice therapy for comfort and to decrease swelling, especially after physical activity.

Appetite Changes

Your appetite may not be normal. Drink plenty of fluids so that you do not become dehydrated. Your appetite will return to normal gradually.

Sleep and Rest

You may have trouble sleeping at first. Try not to sleep or nap too much during the day. You will return to your usual sleep pattern.

Other Changes

Pain medicine contains an ingredient that can constipate you. You may use an over-the-counter laxative or stool softener. Drinking lots of fluid and walking will also help to decrease constipation.



LIFE AFTER YOUR JOINT REPLACEMENT

How long will I be in the hospital? Generally, patients who have had shoulder replacements go home the day of surgery or stay one night in the hospital.

Will I need more therapy after I leave the hospital? Yes, most patients need about 12 weeks of continued physical therapy.

What can I do to prepare my home and my body for surgery? Refer to the home safety checklist in this book.

Are there activities that may damage my new joint? Yes. You cannot perform active movements or bear weight on the arm until cleared by your surgeon or therapist. Wear your sling until instructed to do otherwise.

What about sleep and rest positions? Initially you may be more comfortable sleeping in a recliner chair. No pushing up from a bed or chair with your operated arm for some time. Wear your sling while sleeping until instructed you can stop by your doctor. You may be more comfortable with a pillow behind your arm for support while seated or lying in the bed.

When can I drive? You should not drive until off pain medications and have the ability to manage the wheel and all necessary auto controls safely.

When can I swim, take a bath or shower? Your incision needs to remain clean and dry until healed. Your nurse and/or occupational therapist will make recommendations on how to keep your wound dry while showering, based on your dressing and wound closure. Absolutely no soaking in water until your doctor has said that you may, to prevent chances of infection. This may be a month or longer.

Can I ever have an MRI after joint replacement surgery? Yes, but always remind the technician and all your doctors of your joint replacement.

Will I set off an airport metal detector? Maybe, and you will then need to be checked with a hand wand. Identity cards are no longer allowed, since they are so easy to reproduce. Allow extra time for this when you travel.

What about precautions when seeing the dentist or having minor surgical procedures? Your dentist or health care provider may wish to order preventive antibiotics when you have any dental work. Always let health care professionals know that you have had a joint replacement.



HELPFUL PHONE NUMBERS

Beaufort Memorial Hospital (BMH)

843-522-5200 or TOLL FREE: 877-532-6472

TO YOUR ROOM:

843-522-5xxx – your room number

WEB ADDRESS: www.bmhsc.org

ADDRESS: 955 Ribaut Road, Beaufort, SC 29902

Please ask that cards and flowers have your name and room number on them.

Total Joint Coordinator

Andrea Sadler, PT

843-522-7435 Office • 423-341-2422 Cell

Andrea.Sadler@bmhsc.org

Surgical Liaison

PRE-OPERATIVE QUESTIONS:

843-522-5954 • 843-522-5118 • 843-522-5654

Blood Conservation Coordinator

Mary Ann Taylor, RN • 843-522-5293

Mary.Taylor@bmhsc.org

For more information about the Blood Conservation Program visit BeaufortMemorial.org/BloodConservation

Care Coordination Director

Carrie Confare • 843-522-5052

Carrie.Confare@bmhsc.org

BMH Outpatient Physical Therapy

PORT ROYAL MEDICAL PAVILION

ORTHOPEDIC SPECIALTY CLINIC:

843-522-5850 • 1680 Ribaut Road

OKATIE MEDICAL PAVILION

MAIN DESK: 843-706-8660

OKATIE REHAB SERVICES:

843-706-8841 • 122 Okatie Center Blvd North

JOINT REPLACEMENT CENTER

NURSES STATION (24 HOURS)

843-522-5488

Beaufort Memorial Orthopaedic Specialists

Dr. Leland Stoddard – 843-522-7100

Dr. Vandit Sardana – 843-524-3015 Option 2

Beaufort Orthopaedic Sports & Spine Center

Dr. Mark Dean, Dr. Douglas Scott

BEAUFORT

843-525-0045

BLUFFTON and HILTON HEAD

843-681-2363



SPECIAL REHABILITATION CONSIDERATIONS

after Joint Replacement

- You can expect swelling in your shoulder area for a few months after surgery.
- To help reduce swelling, perform RICE – Rest, Ice, Compress, Elevate.
- Put ice packs on operative shoulder.
- Do fist pumps at least every hour to compress your muscles and support circulation.
- Walking is an excellent exercise to help build strength and general conditioning.
- When sitting, avoid low chairs and sofas. Instead sit on a higher chair or a chair with a firm pillow in the seat. You won't be able to push up with both arms for a while after surgery.

No active movement

Do not actively move your shoulder until cleared to do so from your orthopedist or your therapist.

No weight bearing

Do not bear weight into your arm until cleared to do so from your orthopedist or the out-patient therapist.

Wear sling at all times except when showering

Continue to wear your sling at all times until cleared to remove sling by your orthopedist or therapist. Wear sling at all times except when showering. You will be given a special sling by the OT to use during the shower. Once out of the shower, remove the wet sling and hang to dry. Dry your upper body and reapply regular sling as instructed.



BREG ATLAS SHOULDER SLING



UNIVERSAL SHOULDER SLING



BREG SLINGSHOT 2



KAHUNA SHOULDER BRACE

SPECIAL REHABILITATION CONSIDERATIONS

Continued

Bathing:

- Remember to use the “pendulum” technique to wash under your arm—leaning forward to allow gravity to bring your arm away from your body—instead of actively moving your arm.
- Use your long handled sponge with your non-operative hand to wash under your non-operative arm.

Dressing

- Move clothing to arm, not arm to clothing.
- Wear clothing a size or two larger than normal.
- Front button-down, loose V-neck or polo style shirts are best.
- Your therapist will demonstrate dressing techniques during hospitalization.
- Remember, no movement of shoulder.

Sleeping

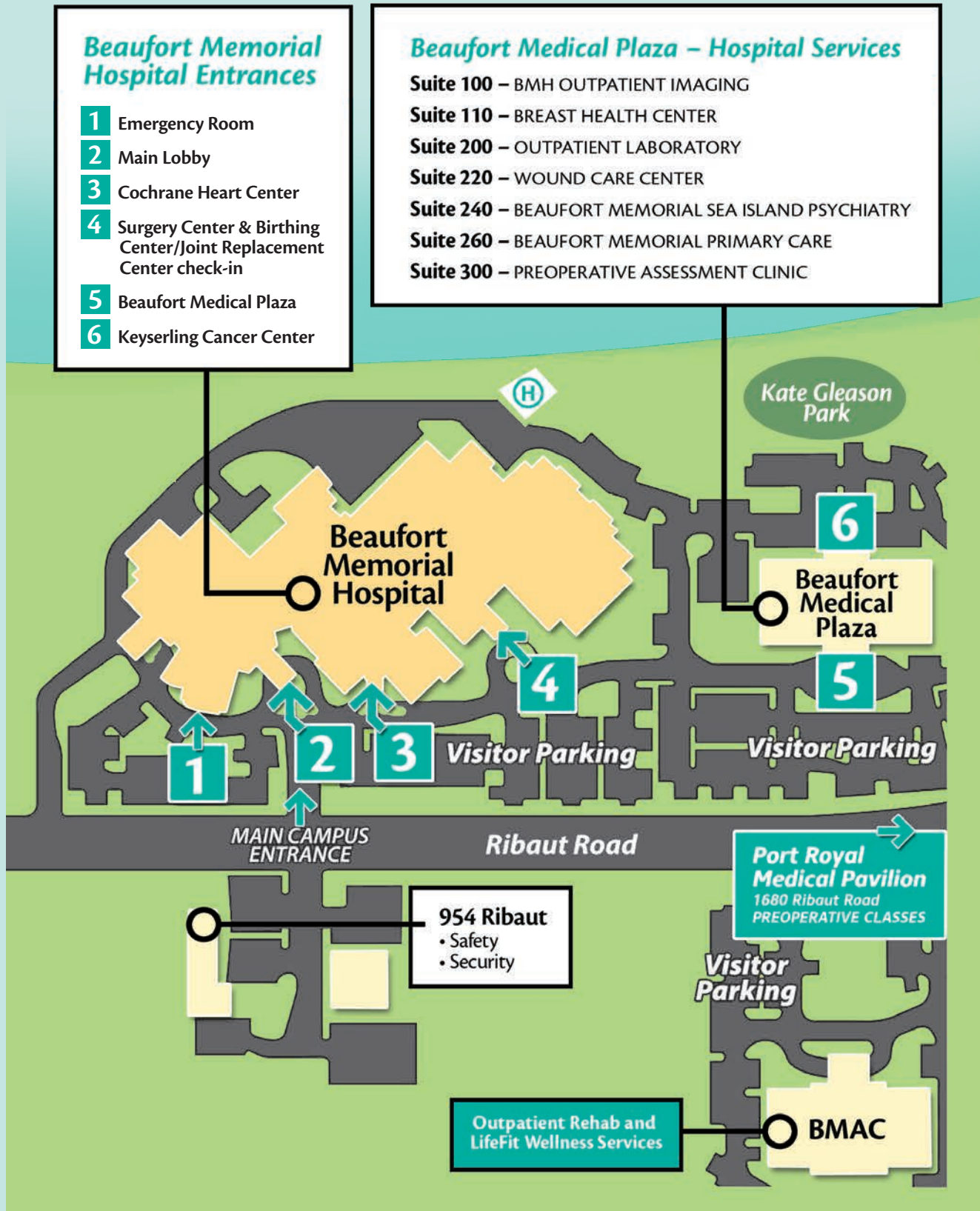
- Initially you may be more comfortable sleeping in recliner chair.
- No pushing up from bed or a chair with operated side.
- Exit/enter bed from non-operated side if possible.
- Place a pillow behind upper arm when lying to prevent it from moving too far backward.
- Wear your sling while sleeping until instructed to do otherwise by your orthopedist or therapist.

Assistance

- If you live alone you will need extra help for the first week.
- Think about who can assist you with transportation, meal preparation and household activities as needed.
- If you normally use a cane, do not use it with your operated arm.
- Do not use a walker or other two-handed device.



BEAUFORT MEMORIAL CAMPUS MAP





BeaufortMemorial.org
Phone – 843-522-7435
Doctor Referral Line – 843-522-5585