

TOTAL SHOULDER REPLACEMENT

JOURNEY GUIDE



ALBANY MED Health System

GLENS FALLS HOSPITAL

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Welcome!

Thank you for choosing Glens Falls Hospital for your upcoming total joint replacement surgery. We have been serving residents of the Adirondack region for over a century. Our promise to you and your family is to provide exceptional, patient-centered care, delivered by our compassionate and highly skilled, professional staff.

The need for surgery often causes anxiety, particularly if you have not experienced surgery in the past. Knowing what to expect, understanding what will happen and why, helps alleviate these concerns and reduces anxiety for you and your family. Your surgical experience is a cooperative effort between you, your joint coach, surgeon and our hospital staff. Our staff looks forward to assisting you through your surgery and recovery.

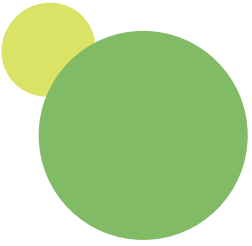
The information provided in this guide was prepared specifically for patients who are thinking about, or who are scheduled for total joint replacement surgery. It is meant as a general guide, however, your individual care will be directed by your care team. The information will guide you through the entire surgical experience, from the time you and your surgeon make the decision for surgery, and throughout your recovery. You are not expected to read it all in one day, nor memorize any of it. Keep this guide as a handy reference as you prepare for your surgery. Bring the guide to all appointments and to the hospital on the day of your surgery!

We encourage you to share this informational guide with members of your family and/or friends who will be providing you with encouragement, support and assistance.

Thank you again for choosing Glens Falls Hospital and placing your trust in us. We offer our best wishes for a speedy recovery!

Sincerely,

Your Healthcare Team



Appointment Page

Please use this page to keep all necessary surgical appointments in one place.

Surgical Date: _____

Pre-Admission Testing Clinic (PAT): _____

Location: Pruyn Pavilion, 3rd Floor, Glens Falls Hospital

Pre-Operative Testing: _____

You will be notified by your surgeon's office if you require any of the following appointments for clearance prior to your surgery.

Primary Care Appointment: _____

Cardiology: _____

Dental: _____

Other: _____

Post-Operative Appointments:

First Post-Operative Appointment: _____

Outpatient Therapy Appointment: _____

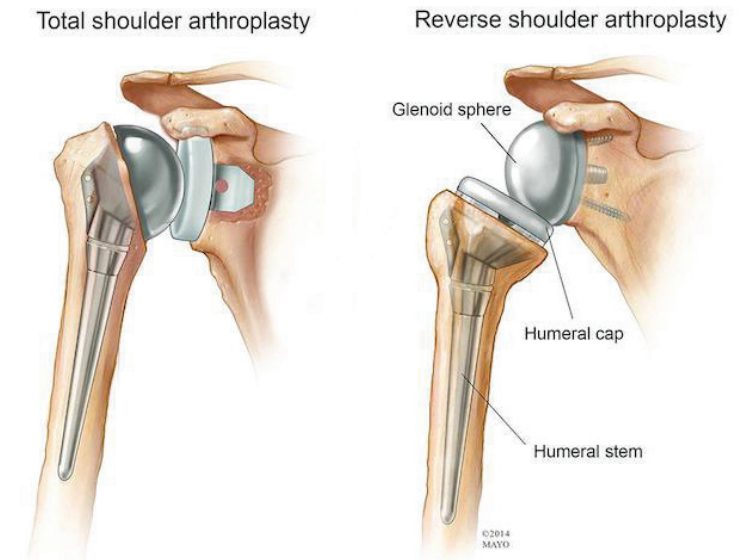
Other: _____



There are two different types of shoulder replacement surgeries, a **conventional shoulder replacement** and a **reverse total shoulder** replacement. A conventional shoulder replacement device mimics the normal anatomy of the shoulder: a plastic “cup” is fitted into the shoulder socket (glenoid), and a metal “ball” is attached to the top of the upper arm bone (humerus).

In a reverse total shoulder replacement, the socket and metal ball are switched. The metal ball is fixed to the socket and the plastic cup is fixed to the upper end of the humerus.

In a healthy shoulder, the rotator cuff muscles help position and power the arm during range of motion. In a patient with a large rotator cuff tear and rotator cuff dysfunction, these muscles no longer function. A reverse total shoulder replacement works better for people with irreparable rotator cuff damage because it relies on the deltoid muscle, instead of the rotator cuff, to move and position the arm. Your surgeon will make every effort to restore your shoulder to a healthy state. You should discuss what realistic outcomes to expect with your surgeon.



How Your Joint Works

Cartilage is a smooth substance that serves as a shock absorber and as a tough coat to prevent damage to underlying bone. The job of the cartilage is to make repeated movements between the bone smooth, safe and efficient. Over time, the cartilage may wear away, which can cause pain, stiffness and decreased mobility. Joint replacement surgery can relieve pain and assist you in returning to the activities and the lifestyle you enjoy.

Your shoulder is the most flexible joint in your body. It is a ball and socket joint, which allows you to move your arm in most directions. The shoulder joint has a ball-shaped end of the upper arm (humerus) bone.

This is held in place by muscles and soft tissue in a socket (scapula). When the shoulder is healthy, it can glide smoothly in the socket. When the shoulder becomes damaged, movement becomes difficult and painful. In shoulder replacement surgery, the damaged joint is replaced with a prosthetic device that provides smooth and comfortable range of motion. There are several variations of the shoulder replacement depending on extent and location of damage to the shoulder joint. The treatment options are either replacement of just the head of the humerus bone (hemiarthroplasty), or replacement of both the ball and the socket (total shoulder arthroplasty).



Ball and Socket Joint



Advanced Osteoarthritis



Total Joint Replacement

Preparing for Surgery

Pre-Admission Testing (PAT) Department and Clinic

Prior to your surgery, your physician's office will arrange an appointment with the PAT Department. Your physician will determine if you require an in-person visit with a provider in the PAT Clinic or a phone screening by one of the Registered Nurses (RN). If you are scheduled for an appointment at the PAT Clinic, that appointment will last approximately 45–60 minutes. This appointment includes the pre-surgical nurse screening and an assessment by the provider. Any required testing will be completed at this visit. Phone screenings are approximately 30 minutes long and you will have a separate appointment for your testing. Please have the information below ready for review during any PAT appointment.

Topics that will be reviewed during this visit or phone call:

- Medical history
- Surgical history
- Family history
- All medications that you are currently taking, including over-the-counter medications, vitamins and/or herbal supplements
- All allergies, including medications, environmental (including metals), food
- Name of all doctors involved with your care
- Advance Care Directives (Health Care Proxy, Living Will)

Members from your Total Joint Replacement Team will discuss which medications should be stopped before surgery. These could include, but are not limited to:

- Aspirin, or medications that contain aspirin
- Some anti-inflammatory medications (such as ibuprofen, Aleve, etc.)
- Topical pain relievers
- Some vitamins
- Fish oil
- Herbal supplements (such as ginseng, ginkgo biloba, garlic pills)
- Herbal teas

Based on your medical history, you may need to see other important providers such as:

- Primary Care office
- Cardiologist
- Dentist
- Any other specialists currently involved in your care



Joint Coach

Your friends and family who are involved in your daily life are important to you. Choosing a family member or friend to act as a coach, will help you through your total joint replacement surgery and recovery process. This person will be with you every step of the way. Your coach gives support during and after surgery, and keeps you focused on healing and recovery. Your coach will encourage you to continue exercising when you return home and ensure that your home remains safe during recovery. The joint coach will assist with laundry, simple house work, meal preparation and transportation to and from appointments.

**It is recommended that you have supervision from your joint coach for 1–3 days after you are discharged home from the hospital.*

For important information and updates regarding the visitation policy at Glens Falls Hospital, please visit glensfallshospital.org/patients-and-visitors/visitors.

Joint Coach's Checklist

The Joint Coach has an important job. They will become an informed and confident caregiver to their loved one. As a coach you will learn:

- How to support the patient at home
- Methods to control pain
- The exercise program the patient will need to follow at home
- Physical therapy and occupational therapy equipment
- Potential complications that can occur after surgery (pneumonia, blood clots, infection)





Pre-booking Total Joint Replacement Physical Therapy

Physical therapy after total joint replacement surgery is essential to a successful recovery. Therapy for total joint replacement is offered at all our locations. Our services consistently exceed national standards for functional improvement and patient satisfaction with function and overall services for orthopedic conditions as measured by UDS Lifeware. We offer the option of scheduling physical therapy services prior to surgery at all therapy locations. This allows patients to choose the days and times that work with their schedule and assures consistent days, times and clinicians. Simply call our main number at **518-926-2000** or any of the therapy locations and ask to pre-book your Total Joint Replacement therapy. It is recommended by your surgeon that you schedule your first therapy appointment after your first post-operative appointment with your surgeon (10-14 days post op).



Outpatient Physical Therapy Locations, Glens Falls Hospital

**The Rehabilitation and Wellness Center
The Hearing Center**
2 Country Club Road, Queensbury, NY 12804
Phone 518-926-2000 | Fax 518-926-2020

Physical Therapy at Main Street
17 Main Street, Queensbury, NY 12804
Phone 518-926-2040 | Fax 518-798-0815

Evergreen Medical Center
13 Palmer Avenue, Corinth, NY 12822
Phone 518-654-7647 | Fax 518-654-7303

Cambridge Medical Center
35 Gilbert Street, Cambridge, NY 12816
Phone 518-677-3961 | Fax 518-677-3180

Greenwich Medical Center
1134 State Rte. 29, Greenwich, NY 12834
Phone 518-692-9861 | Fax 518-692-7947

Please note, this list includes only the therapy locations offered by Glens Falls Hospital. You are welcome to work with any physical therapy provider of your choosing (regardless of their affiliation with Glens Falls Hospital).



Getting Ready for Surgery: Staying Healthy

Diet and Nutrition

Healthy eating and proper nutrition before and after your surgery aids the healing process and decreases the risk of a post operative wound infection.

- Drink plenty of fluids and stay hydrated.
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include, corn, peas, beans, avocados, whole wheat pasta and breads, broccoli and almonds.
- Eat foods rich in iron, such as red meat, dark green leafy vegetables, raisins and prunes.
- Eat food high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupe, red bell pepper and tomatoes.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens and fortified cereals.

Eat light meals, especially the first few meals after your surgical procedure. The combined effects of anesthesia and your medications may slow down your bowel functions. This can cause constipation after surgery.

Diabetes Guidelines and Blood Sugar (Glucose) Management

Managing your blood glucose is always important but is extremely important before surgery as it can help reduce the risk of infection and other complications following surgery. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet and may change your usual

medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-operative testing and continuing through the post-op period. Hemoglobin A1C is a blood test that determines average blood glucose over three months. If your A1C is greater than 7.5, your surgeon may delay your surgery.

Nicotine and Alcohol Use

Nicotine: Smoking, chewing and vaping causes breathing problems, increases the risk of medical complications and slows recovery. Nicotine also increases the risk of infection, increases blood pressure and heart rate, delays healing and can increase the risk for blood clots after surgery. If you use nicotine products, we encourage you to quit at least a few weeks before surgery. Your anesthesiologist requires no nicotine 24 hours before surgery.

If you need help quitting:

Glen Falls Hospital Smoking Cessation Class: Join C.R. Wood Cancer Center staff for a free, four-week smoking cessation class. To register or for more information, please call **518-926-6639**

Smoking Cessation Hotline:
NYS Smokers' Quitline
1-866-NY-QUITS **1-866-697-8487**
or nysmokefree.com

Alcohol/Drug Use: Research shows that stopping the use of alcohol or illegal drugs two weeks prior to surgery can improve your ability to heal. Your anesthesiologist requires that you do not use alcohol or illegal drugs, 24 hours prior to surgery. Before surgery, it is important to be honest with your healthcare providers about your alcohol and drug use. This information helps determine if you are at risk for alcohol/drug withdrawal or other related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Flu/Pneumonia Vaccines: If your surgery is between September and March, be sure your vaccinations are up to date. It is important to note, patients should receive their flu or pneumonia vaccine no later than 2-3 weeks before their surgery.

Dental Care: Poor dental health can be a source of infection which can spread to your new joint. Therefore, your surgeon may recommend that you see your dentist prior to surgery to ensure good dental health. If you require any dental work, it is recommended to have it done at least two weeks prior to your surgery. After your joint replacement surgery your surgeon may want you to take antibiotics prior to your appointment. They also may want you to wait a specific amount of time before any dental work is completed. Please contact your surgeon prior to your dental appointment to discuss further.

Things That Could Cancel or Delay Your Surgery

- Eating or drinking after midnight
- Chewing tobacco or gum
- Recreational drug use
- Using Marijuana or CBD within 48 hours prior to surgery
- Alcohol consumption
- Cold or respiratory symptoms
- Fever
- Vomiting and/or diarrhea
- Bladder infection
- Dental problems such as abscess, toothache, etc.
- Dental work such as a tooth extraction or filling too close to the scheduled surgery
- Broken skin on your surgical extremity (scrape, cut, ingrown toenail, ingrown hair, eczema or psoriatic lesions, etc.)
- Any other infection symptoms
- Unprotected sexual intercourse within two weeks prior to surgery. If there is any chance you may be pregnant, then your surgery will be canceled.

Please contact your surgeon if any of the above applies.

Preparing Your Home for After Surgery

It's important to prepare your home to be safe and ready for you after surgery. Use the following guidelines. Check each item box as you complete that item.

- Move frequently used items in the kitchen, bathroom and bedroom to tabletop-height surfaces or to the middle shelves.
- Put nightlights in the bedroom, bathroom and/or hallway(s) to prevent you from tripping over something during the night.
- Pick up all throw rugs in your walking or standing path. Consider using double-faced tape to secure all carpet edges.
- Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It's best if all stairs have railings.
- If your bedroom/bathroom is on the second floor, consider relocating to the first floor of your home or stay with a family/friend who has a single-level home (temporarily). Do you have access to a portable commode?
- Put grab bars in the tub/shower. Consider other key areas for grab bars, such as by the toilet. (Grab bars should be installed into the wall studs to ensure that they are secure.)

It is important to make accommodations for your home setup and living arrangements prior to surgery. Should you feel that additional services (such as home care, skilled nursing) are necessary due to social issues (such as lack of transportation or home setup) they may not be covered by your insurance and may be an out-of-pocket expense.

- Have access to a tub/shower transfer bench for bathing.
- Consider a handheld shower head.
- Consider using a soap dispenser/liquid soap in the tub/shower rather than using handheld soap.
- Use items that are easy to open such as spray deodorant and toothpaste with a flip-top.
- Make your phone accessible to your primary sitting area and bed. Carry a cell phone in your pocket when you are home alone for increased ease of emergency access.
- Pick out a chair to sit in when you are home. A good chair is firm with armrests and ability to recline. You may be more comfortable sleeping in a recliner or propped up on pillows for a period of time after surgery.

Make plans to take care of the following tasks after your surgery. Check each box as you complete that item.

- Find someone to do your yard work.
- Arrange to have your paper and mail delivered to your door rather than curbside, as needed.
- Arrange transportation to the grocery store, community events, family activities and doctor/therapy appointments.
- Find someone to help care for your pet, if needed.
- Prepare and freeze a few meals before your surgery.

Things to Pack for the Hospital

Most patients are able to return home after surgery. However, sometimes patients need to stay overnight. Personal care items such as toothbrush/toothpaste, denture cleaner, soaps and shaving items are available for you at the hospital. If you prefer to use your own items, please pack a small bag with these personal items in it and encourage your joint coach to bring it to you after surgery.

Clothing:

- Button-up shirt/top
- Loose-fitting sleepwear or comfortable clothes
- Underwear or incontinence brief if used before admission
- Non-skid footwear without open back—preferably without laces, socks

Important Papers:

- The Total Shoulder Replacement Journey Guide
- Your most current list of medications and supplements, noting which ones have been stopped and when
- A copy of your Advanced Health Care Directives
- Workers Compensation Information if applicable
- Important telephone numbers

Other:

- Your CPAP or BiPAP machine, tubing and supplies (including settings), if used before admission
- Insulin pump supplies if used before admission
- Hearing aid batteries
- Your cell phone with charger
- Your insurance card and photo ID
- Your joint coach should bring a method of payment for your discharge prescriptions if you choose to utilize the Glens Falls Hospital Community Pharmacy

Do not bring:

- Jewelry
- Laptop, electronic devices
- Credit card/cash
- Medications—your care team will give you all necessary medications while you are here at Glens Falls Hospital

Provided by the hospital:

- Local phone services
- Wi-Fi
- Television

Equipment That May Be Used After Surgery

After a shoulder replacement, you will temporarily only have use of your non-surgical arm to complete everyday tasks. You may find that your balance is affected, and you may be considered a fall risk. We suggest you practice:

- Getting in and out of a chair with one arm; if this is difficult, consider a raised toilet seat or elevate other seats in your home.
- Getting in and out of the shower using one arm; consider a tub/shower bench and/or bedside commode.
- Completing activities, such as grooming, bathing and going to the bathroom with your non-surgical arm.

Below is some durable medical equipment (DME) that may be helpful to obtain prior to surgery.

• **3 in 1 Commode:** facilitates safe transfers for toilets because of the upper arm support. It can be used as a stand-alone (with a bucket underneath), placed over a toilet, or used inside of a walk-in shower as a shower seat. This can be used either at the bedside or in the bathroom.



• **Tub transfer bench:** to be used in a tub/shower combination. This bridges the gap between the inside and outside of the tub; and eliminates the need to step up and over the tub ledge to get into the tub. The tub transfer bench should have a backrest on it for added stability.



• **Shower chair:** allows you to sit in the shower safely. You may also use the 3 in 1 commode for this purpose. If you use your 3 in 1 commode as a shower chair, your joint coach should assist in moving it between the shower and toilet. The shower chair should have a backrest on it for added stability.



• **Handheld-shower attachment:** allows you to more easily bathe.



• **Single point cane:** may be used with instruction by a therapist if your balance has been affected following shoulder replacement.

The duration of the need of the equipment is temporary, and we encourage you to access equipment loan organizations. **Southern Adirondack Independent Living Center (SAIL)** offers free loan of a variety of equipment **518-792-3537**. You may also borrow from places such as American Legions, churches, fire departments, family or friends. We recommend you obtain the equipment approximately two weeks prior to surgery as most insurance companies do not cover the cost of the equipment.

Preparation Checklist

Approximately 2–4 Weeks Prior to Surgery:

- Please expect to receive a phone call to have an appointment scheduled with the Pre-Admission Testing (PAT) Clinic. This appointment typically takes place 1–3 weeks prior to surgery. You will be notified by your surgeon's office if you require additional clearances from a specialty physician (such as a cardiologist) or your primary care provider.
- Select your joint coach/caregiver.
- Begin smoking cessation.
- Limit drinking alcohol.

Approximately 2 Weeks Prior to Surgery:

- Prepare your home (see page 15) and meals for your return.
- Obtain recommended equipment.
- Begin preparing for pet care.

1 Week Prior to Surgery:

- Stop shaving below the neck.
- Avoid activities that may cause skin abrasions such as yard work.
- Arrange for transportation to and from the hospital and physical therapy appointments.
- If there are any concerns of infection (respiratory, bladder, skin, dental), please contact your surgeon.

2 Days Before Surgery:

- Pack your hospital bag (see page 16).
- Do your laundry and clean your house.
- Shower using Benzoyl Peroxide and Hibiclens.
 - Do not use the solution on your face or in your private areas.
 - Do not scrub the skin, just wash.

If you develop a rash from the antibacterial wash, stop using it immediately and use a different antibacterial soap, such as Dial.

The Day Before Surgery:

- Confirm your arrival time **1-800-634-0466 between 2:00pm and 3:00pm** to find out the time you need to arrive at the hospital for your surgery. If your surgery is scheduled for a Monday, call the Friday before.
- Wear freshly washed clothes and sleep in freshly washed sheets. This will help prevent infection.
- Remove all nail polish.
- Shower using Benzoyl Peroxide and Hibiclens.
- Do not use any lotion, powders or perfumes.
 - **No food or drink after midnight.**

Day of Surgery:

- Remember not to use lotion, deodorant, makeup, nail polish, powders, hair products or perfumes.
- Shower using Benzoyl Peroxide and Hibiclens.
- Bring your Total Shoulder Replacement Journey Guide.
- Take any medications you were instructed to take with a sip of water.

Day of Surgery

Parking Information

As you enter the Glens Falls Hospital campus, watch for signs for both the Tower Entrance and for Visitor Parking. You can choose to park in Visitor Parking or free valet parking is available:

• **6:45am – 4:00pm** Tower Entrance

If the person driving opts for Valet Parking, they can reclaim their car keys at the Tower Entrance until 4:00pm. To pick up your vehicle after 4:00pm, have a staff member contact security to arrange for retrieval of your keys/vehicle. See page 38 for map of valet parking.

Entering the Hospital

When you arrive at Glens Falls Hospital at your appointed time, you should enter through the Tower Entrance and proceed to the patient access desk located in the West Lobby. After you've been seen by a patient access specialist, you will be directed or assisted to 4 Central/AM admissions.



4 Central/AM Admissions

You will check in at the desk on 4 Central. Your family/friends/joint coach will be asked to wait in the Family Waiting Room for approximately 30 minutes while the nurses are preparing you for surgery.



If there is any further testing ordered by your surgeon (lab or X-ray, for example), it will be done at this time. You will be changing into a hospital gown; your surgical site will be scrubbed and the hair will be clipped. Your RN will review your history, obtain vital signs and establish IV access. Your loved ones will then rejoin you to keep you company while you wait for surgery. You will meet your anesthesia provider and discuss anesthesia options. The surgeon will confirm the correct surgical site and mark the skin. Throughout this process, you will be asked to confirm your name, date of birth and surgical site multiple times for safety purposes. You will be asked to remove your glasses, hearing aids and dentures. We recommend you give these to your family for safe keeping. Exception: If you need your hearing aids or glasses to communicate, you will be allowed to wear them into the operating room. If they need to be removed in the operating room, the nursing staff will safeguard these for you until you arrive in the Recovery Room, which is also known as the Post-Anesthesia Care Unit (PACU).

You will meet the RN who will be present during your surgery, and they will bring you to the operating room. Your family will be directed back to the Family Waiting Room, where they can monitor your progress via a tracking board while you are separated.

The surgeon will update the family after the surgery, in the waiting room. If your family needs to leave, they should provide their contact information to the secretary at the 4 Central check-in desk.

Information For Your Family/Friends

Your family or friends will be able to follow your progress through the surgical unit with our tracking board. Upon admission, you will have a number assigned to you, and your family will receive a card with that number on it. This number will appear on the tracking board located in the Family Waiting Room on 4 Central. Tracking you by a number ensures your privacy. Periodically, the tracking board will update your loved ones as to where you are in the surgical process. When your surgery is finished, your surgeon will go to the Family Waiting Room to speak to your family/friends. For confidentiality reasons (HIPPA Privacy Rule), your surgeon can only tell them information about your surgery with your approval. You should discuss this with your surgeon before surgery.

For important information and updates regarding the visitation policy at Glens Falls Hospital, please visit [glensfallshospital.org/patients-and-visitors/visitors](https://www.glensfallshospital.org/patients-and-visitors/visitors).

Important Note: On the day of your surgery, it is best if your family/friends take care of your hearing aids, dentures, glasses and any valuables you may have brought with you (jewelry, cash, electronics, etc.) to the hospital. When you check in for surgery, bring only the items you will need before your surgery. Other items you will need during your hospital stay (clothes, personal belongings, etc.) can be brought to your room by your family after surgery.



Anesthesia Information

You and your anesthesia provider will decide on the best option for your anesthesia treatment plan based upon several factors: your medical condition, previous experience with anesthesia and a discussion with your anesthesiologist or nurse anesthetist.

An intravenous (IV) line will be started before surgery to give you fluids and medications throughout the process. Typically, a sedative will be given on your way to the OR to relax you and decrease anxiety. In most people, this medication will also cause amnesia (forgetfulness) and it's likely you will not remember anything about the experience. All patients are placed on monitors so your anesthesia provider can closely follow your vital signs throughout the surgery. There will always be someone from the anesthesia team with you throughout your surgery, and their only job is to make sure you are safe and comfortable during your operation.

General Anesthesia

General anesthesia keeps you in a deep sleep that affects your entire body. We will give you medicine through your IV that will allow you to go into a deep sleep. Once you are asleep, a special breathing device is placed into your mouth and throat that allows you to keep breathing safely during the surgery. The tube is removed at the end of the operation, and you will only know it was there if you develop a scratchy or dry throat that may last a day or so. You will be breathing a mixture of oxygen and anesthetic gases and will receive special medications that will make sure you stay asleep throughout the surgery.

General anesthesia is usually well tolerated, but some patients may be more sensitive to side effects afterwards. Potential side effects include:

- Nausea
- Vomiting
- Headaches
- Muscle aches

If you know you get “sick” after anesthesia (or from the pain medicines you get after surgery) or suffer from motion sickness, please let us know ahead of time. There are many medications that can be given before you wake up to prevent nausea and vomiting. In addition, please let your anesthesia provider know if you have experienced any side effects or complications during any previous procedures.

Nerve Blocks

Nerve Blocks are an additional way to provide excellent pain relief after total shoulder replacements and many other orthopedic surgeries. By using an ultrasound device, local anesthetics can be placed around the specific nerves that lead to the surgical site, with pain relief that usually lasts 18–24 hours. Patients typically need much less IV pain medicine, especially narcotics, which means fewer side effects like nausea, vomiting, confusion and breathing problems—all of which can slow your recovery. Your anesthesia provider will discuss the best options for pain control with you and will answer your questions and concerns.

The Operating Room

You will be transported on a stretcher into the operating room where there are several staff members waiting to prepare you for your procedure. You may notice music playing in the background and that the room is cool. You will be introduced to the staff members and asked for the final time to confirm your name, date of birth, site of surgery and what procedure you are having done. You will be assisted in moving from the stretcher to the operating room table and your nurse will provide you warm blankets. Your anesthesia provider will place several monitors on you.

Your team wants you to be as comfortable as possible while you are in the operating room. Please let your nurse know if you have pain or discomfort in other parts of your body, (e.g., other joints, neck, back) when you are positioned for surgery. Additional padding is available to ensure you are comfortable. We will keep you warm throughout the entire procedure with a special warming blanket. The next thing that you will be aware of is waking up in the Recovery Room.



Recovery Room/ Post-Anesthesia Care Unit (PACU) and 4 West

You will be transported from the operating room to the Recovery Room, which is also known as PACU (Post-Anesthesia Care Unit). This is where you will be cared for immediately after your surgery. Here, a specially trained nurse will be monitoring your heart rate, blood pressure, temperature, respiratory rate and oxygen levels as well as continuously monitor your pain level. You will notice that you are receiving oxygen while in the PACU. Your care team will wean you off oxygen or return you to your baseline oxygen needs prior to discharge home. The PACU is a busy place and you will hear beeps and other noises, other patients as well as the voices of the medical staff. Generally, family members are not permitted in this area until a patient is ready for the discharge process. At this point, a registered nurse will review instructions on how to care for your new shoulder with you and your family prior to leaving the hospital.

Your time in the hospital will depend on how fast you are recovering from surgery as well as your past medical history. Some patients will be transferred from the PACU to a post-operative surgical floor (4 West) for a period of several hours or until it is safe for discharge home. If you are transferred to



4 West, you will continue to receive medication as needed to control your pain and your health will be carefully monitored.

Patients may meet with a member of the therapy team while in the hospital (see page 6). However, some patients will be discharged home to begin their therapy in the outpatient setting after their first follow-up appointment. Your outpatient therapist will continue to progress your exercise program following surgeon recommendations.

Discharge Prescription Program (Located on the first floor, near the Tower Entrance.)

Discharge medications ordered by your surgeon will be electronically sent to the pharmacy of your choice. Glens Falls Hospital Community Pharmacy offers discharge prescription program as a courtesy. Copays can be paid by credit/debit card, cash, check or flex spending account. You will be responsible to pay your copayment for your prescription when you retrieve your medications. Majority of prescription insurance plans are accepted.

Hours

Monday – Friday: 7:00am – 5:00pm

The pharmacy is closed from 12:15pm – 12:45pm for lunch.

Safety

Glens Falls Hospital is committed to the safety of its patients. Your healthcare team wants to be sure you are well cared for while you are with us. The hospital staff will continue to ask your name and birth date throughout your stay. Your name/ID band will be scanned by your nurse any time you receive medications.

While you are at Glens Falls Hospital, you will be considered a fall risk. You will be wearing a yellow wristband and yellow socks to identify you as such. You are at an increased risk for fall because:

- You are unsteady on your feet.
- Your strength may be decreased.
- You are in unfamiliar surroundings.
- You are receiving pain medication.

- You have just had surgery.
- You are attached to an IV.
- You may be experiencing dizziness.

You will be instructed to use your call button and wait for staff assistance. Do not wait until the last minute to press the call button. Staff will assist you anytime you are out of bed. They will remain with you in the bathroom as patients most often fall during restroom activities. There are alarms set on your bed and chair to alert us if you are moving without assistance. **Family and friends should not assist you to get up.** Our experienced staff is skilled in assisting patients with transfers and using the correct equipment/techniques to ensure your privacy and your safety. Your safety is our concern, and your cooperation is important.



Recovering from Surgery

Activities and Advice for Your Recovery

- You will be asked to keep your arm in a sling with or without a bolster pillow (see applying/removing sling page 30) except while doing certain approved, post-operative exercises (see page 28) until your first follow-up appointment which is typically two weeks following surgery.
- Your surgeon will ask you to not bear any weight on your surgical arm (Non-Weight Bearing). This means, you cannot lift, push, pull or carry anything with this arm. It can be difficult to complete certain self care activities or responsibilities because of this, and we do recommend you ask your joint coach to assist with those activities.
- You will leave the hospital with an Aquacel dressing on your surgical incision. This dressing is waterproof and should stay intact until your first post-operative appointment. You should monitor your dressing and surrounding skin for any signs or symptoms of an infection. See page 34.
- You may shower after surgery as long as your Aquacel dressing is intact. While showering, keep your operative arm across your body and DO NOT REACH for objects with your surgical arm. It is safe to wash under your surgical arm. To do so, bend over at the waist and let the arm passively swing away from the body. Ensure that the underarm is completely dry. After the shower, you must put your sling back on.
- No tub bathing, swimming or soaking until cleared by your surgeon.
- Apply ice to the shoulder to help reduce swelling and discomfort. It is recommended that you use ice several times per day for 20 min on and off.
- When sleeping or resting, you may be more comfortable in inclined positions (such as in a reclining chair) with a pillow under the forearm.
- Avoid long periods of sitting without the arm being supported or long-distance traveling for two weeks.
- No driving until instructed by your physician.



Managing Your Pain

It is expected that you will have pain following your shoulder replacement. Methods of pain control include ice, elevation, repositioning and exercise.

If you use prescription narcotics for pain control, there are several side effects to be aware of. Some of these side effects include:

Constipation

An over-the-counter laxative or stool softener may be helpful to promote regular bowel movements. It is also important to ensure that you are drinking adequate fluids. It is recommended to drink 8–10 glasses of water per day.

Nausea and Vomiting

Nausea and vomiting are common side effects of narcotic pain medication. To prevent this, try eating a small meal or snack prior to taking any medications.

Drowsiness

You should not drive a vehicle or operate any machinery while taking narcotic pain medications. *For more information, please contact your pharmacist.*

Your doctor will choose a method of pain management based on your surgery, your medical history and the amount of pain you are having. Your pain may not go away completely, but our goal is to make sure you are as comfortable as possible.

Wong-Baker FACES™ Pain Rating Scale



©1983 Wong-Baker FACES™ Foundation. Used with permission.



Precautions

“Shoulder precautions” are shoulder positions that you should avoid for the first 12 weeks of your recovery to prevent dislocation of your new shoulder joint. Patients who have had a shoulder replacement are at high risk of shoulder dislocation while performing common activities and motions such as tucking in a shirt or performing bathroom/personal hygiene activities. Completing these activities with the surgical arm is an especially dangerous activity during recovery.

Conventional Total Shoulder Arthroplasty and Reverse Total Shoulder Arthroplasty (rTSA)

- Sling should be worn continuously (including while sleeping).
- While lying on one’s back, a small pillow or towel should be placed under the elbow to position your elbow in proper alignment with your shoulder. You should always be able to see your elbow.
- No lifting.
- No supporting of body weight by hand of surgical arm.
- No excessive stretching or sudden movements.
- Avoid any active range of motion of your surgical shoulder until instructed by your therapist or surgeon. **Active range of motion** is the movement of a joint provided entirely by the individual performing the exercise. In this case, there is no outside force aiding in the movement. You should avoid active shoulder motion until told otherwise by your surgeon.
- No shoulder motion behind the back (especially after rTSA).
- Avoid moving your elbow back beyond your waist. Remember, you should always be able to see your elbow. (Especially after rTSA).
- You may have other precautions and movement restrictions based on your type of surgery and individual needs which your total joint team will review with you.



Immediate Post-Operative Exercises

These exercises can be performed immediately after surgery to minimize weakness and stiffness to your neck, elbow, wrist and hand while your surgical arm is in a sling/immobilizer. Once your nerve block has worn off completely (typically 2–3 days), your surgeon may clear you to begin additional exercises to your operated shoulder. You will need to be instructed by a physical or occupational therapist to ensure you are performing the additional exercises correctly and should have an appointment with a therapist after your first post-operative appointment with your surgeon. You should bring your joint coach to your therapy session as there are some exercises that require assistance from another person. See page 12 regarding scheduling your therapy appointments in advance.

Cervical Range of Motion

1. Slowly lower your head as if to look at the floor.
2. Slowly raise your head as if to look at the ceiling.
3. Bend your neck to the right side lowering your right ear to your right shoulder. Then bend your neck to the left side lowering your left ear to your left shoulder.
4. Turn head to look over right shoulder, then turn head to look over left shoulder.



Elbow

1. With your hand open and elbow as straight as possible, bend your elbow up as if to touch your shoulder.
2. Slowly straighten your elbow back to the starting position.



Wrist

1. Rest your forearm resting on the arm of the chair so that your hand is hanging off the end.
2. Bend your wrist down, and then raise your hand up.



3. Rotate your hand so that your palm is facing down toward the floor. Then rotate your hand so that your palm is facing up toward the ceiling.

Hand

1. Open your hand, spreading your fingers wide.
2. Close your hand into a fist.



Stair Training

- If you have stairs with no railing, you may need to use a one-arm device such as a cane if your balance is affected after your shoulder replacement.
- If you only have stairs with one railing, use the available railing with your non-affected side and go up and/or down the stairs sideways facing the railing.



For your safety, exercises should only be performed upon resolution of peripheral nerve block.

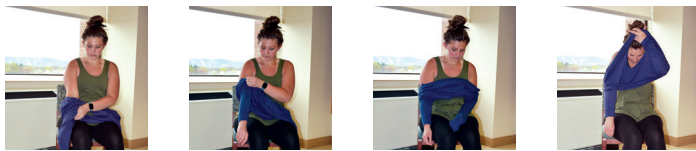
Goals

Dressing

With or without the use of adaptive equipment provided by your therapist.

Pullover Shirt

1. *Dress the surgical arm first.
2. Place shirt on lap, back of shirt facing up. The neck of the shirt should be open at your knees. Using your non-surgical arm, gather up the clothing to expose the armhole. Place the surgical arm through the sleeve.
3. Place your non-surgical arm through the other sleeve.
4. Before putting the shirt over your head, make sure both sleeves are pushed up over your elbows.
5. Gather back of shirt from hemline to collar with non-surgical hand. Lean forward and duck your head, then pull the shirt over your head.



To remove a pullover shirt, undress your non-surgical arm first:

1. Start at top of back, gather shirt material up with your non-surgical hand.
2. Lean forward and pull shirt over your head with your non-surgical hand.
3. Remove shirt from the surgical arm first, then from the non-surgical arm.

Buttoned Shirt/Jacket

1. Dress the surgical arm first.
2. Place shirt opened on your lap. The inside should face up with the tag showing. The neck of the shirt should be open toward your knees.
3. Lift your surgical arm and place it into the armhole.
4. Pull the armhole above your elbow and onto the shoulder.

5. Bring the rest of the shirt around your back. Throw it over the shoulder or reach for it behind your neck.
6. Put your non-surgical arm through the sleeve.
7. Button the shirt from the bottom and work upward.



To take off a buttoned shirt/jacket, undress your non-surgical arm first.

Bra

- Consider a loose sports bra without any fastenings. This can easily be pulled over your head.
- If you choose to wear a bra that fastens, it will be easiest with a bra that fastens in the front. Fasten the hooks in the front. Swivel bra around the waist and then pull straps up.

Pants

- If you choose to wear a belt, put the belt on your pants before dressing.
- Button closers are easier when the buttonhole is enlarged to allow the index finger to pull the hole to the button.
- Loose fitting pants with an elastic waistband may be easier initially.



Do not attempt to tuck your shirt into your pants with your surgical arm as you will be at risk of shoulder dislocation.

Shoelaces

- Slip-on shoes may be easiest.
- Elastic or curly laces will stretch to accommodate the foot once inserted and fastened.
- Velcro fastenings.

Applying and Removing Your Sling

To apply a shoulder sling correctly

1. Gently pull the sling over your surgical arm and elbow. It should fit snugly around the elbow. Your hand should come to the very end of the sling. Make sure the end of the sling doesn't cut into your wrist or hand; if your hand hangs at your wrist, your sling may be too small.
2. Take hold of the strap behind your elbow and bring it around your neck. Then feed it through the loops near your hand.
3. Tighten the straps so your hand and forearm are elevated above the level of your elbow. This helps to prevent blood and fluid from pooling in your hand and wrist.
4. Fasten the strap with the Velcro fasteners. You may wish to put a small piece of terry cloth under the strap for comfort around your neck.
5. Some slings have a strap that goes around your back to keep the elbow close to the body. This is called an **immobilizer**. If it has one, reach behind and pull the strap around your back, fastening it near the hand. Make sure the strap is not too tight. You should be able to fit two or three fingers between your body and the strap of the sling. The immobilizer should always be worn when you are wearing your sling.

6. Other slings may have an additional appliance called a bolster pillow. Depending on your surgery, your surgeon may order a bolster pillow to allow for specific alignment of the shoulder during healing. This pillow will attach to the inside of your sling, typically by Velcro. The bolster pillow should be snug, but you should be able to fit two or three fingers between your body and the pillow. The bolster pillow should always be worn when you are wearing your sling.



Quick Reference Guides

Tips for Performing Hygiene Activities Using Your Non-Surgical Arm

Bathing

- Initially it may be safer and more comfortable to perform your bathing and dressing activities sitting down. This will decrease your risk of falling especially if your balance is affected after your surgery.
- Use a self-soaping sponge or body puff sponge, as this will hold soap in the sponge longer.
- Use a hand pump soap dispenser or sensor soap dispenser.
- Place a washcloth on a flat surface underneath the soap dispenser to obtain the soap.

Hair

- Wash your hair using a shower or shower attachment.
- Use flip-top bottles and tubes that are easy to control.

Teeth

- Use toothpaste dispensers (i.e. those that you press down with your thumb or that automatically dispense) or flip-top tubes.
- Floss your teeth with a disposable flossing tool that has a handle.

Toileting

- To use a standard toilet paper holder pre-tear the paper in desired amounts depending on your need. Leave this within reach.
- Use prepared moist toilet tissue—they are generally in easy to use flip-top containers.



Frequently Asked Questions

Will I need help at home? Yes. For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other tasks. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens on the bed and single-portion frozen meals will help reduce the need for extra help. It is recommended by your surgeon that you have 24/7 supervision for at least the first few days at home.

Where will I go after discharge from the hospital? Most patients go directly home and begin therapy at an outpatient physical therapy facility.

Can I shower after my surgery? You will have a waterproof dressing in place which will allow you to shower as long as it remains intact (see page 25). You are not permitted to soak in a tub/swim until cleared by your surgeon.

When can I return to work? Return to work depends on the type of work you do. On average, it ranges from 4–12 weeks. You should speak with your surgeon for clearance.

How do I go through airport security with my new joint replacement? Total joint replacements may set off sensitive metal detectors at airport security checkpoints. You should inform a Transportation Security Officer (TSA official) before screening begins that you have an implant. Many airports now use full-body, X-ray scanners, which makes the location of the implant clear to

the screeners. Other airports may also use a pat-down method to clear you for your flight.

Do I need antibiotics before going to the dentist? Total joint patients can be at risk of infection when they are having certain procedures that are not sterile, such as dental work. You should speak with your surgeon and dentist about the use of antibiotics prior to dental procedures.

Are there any medications that I should take after discharge?

Anticoagulant: helps prevent blood clot from forming and is usually taken for 3–6 weeks after surgery. This could be an over-the-counter (OTC) aspirin, blood thinner tablet or an injection. It is extremely important that you take this medication as directed. Contact your surgeon if you experience excessive bruising, nosebleeds or blood in your urine/stool. If you were already prescribed an anticoagulant prior to surgery, you may be encouraged to return to your normal medication and dosage after surgery. However, your surgeon may change your prescription after surgery for a short time based upon your individual risk factors.

Pain Medication: it is important to take your medication as needed, however, you should use ice, elevation and repositioning as your first resort. You should not expect to be pain-free after surgery but should have a tolerable level of pain. Don't wait until your pain is too uncomfortable, as most pain medications take 30 minutes to work. Preplan to utilize all methods of pain control per your pain tolerance to allow you to participate in your daily activities and therapy.

Recognizing and Preventing Potential Complications

Complication	Symptoms	Prevention
Deep Vein Thrombosis (DVT) A blood clot in a deep vein. This happens most often in the leg, but it can also happen in the arms or other parts of the body.	<ul style="list-style-type: none"> • Pain • Swelling that does not go down with elevation • Redness or discoloration • Warmth localized to one area • Heat/tenderness in groin, thigh, back of knee, calf, ankle or arms 	<ul style="list-style-type: none"> • Walk as early and often as possible after surgery. • Perform ankle pump exercises several times each hour when resting. • Take prescribed blood thinning medication. • Utilize TED stockings if ordered by surgeon.
Pulmonary Embolism (PE) A blood clot in the lung.	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Rapid heart rate • Coughing up blood • Dizziness • Fainting • Excessive sweating 	<p>PLEASE CALL 911, THIS IS A LIFE-THREATENING EMERGENCY</p>
Incision Infection	<ul style="list-style-type: none"> • Fever above 100.4°F • Increased redness at or around incision • Green or yellow drainage • Foul odor • Increased pain 	<ul style="list-style-type: none"> • Call your surgeon if any of these symptoms begin. • Handwashing is key in preventing infections. • You may be given antibiotics while you are in the hospital to help prevent infection.
Pneumonia An infection in one or more of the lungs.	<ul style="list-style-type: none"> • Fever above 100.4°F • Persistent cough • Shortness of breath associated with pain 	<ul style="list-style-type: none"> • Practice deep breathing and coughing exercises. • Handwashing is key in preventing infections. • Call your surgeon and/or call 911 if your symptoms are severe.

Your Role in Infection Control

Bacteria are commonly found on healthy people but could cause an infection after total joint replacement surgery. At Glens Falls Hospital, patients are checked for colonization of bacteria. Patients are asked to shower with the Hibiclens provided for two days before and the morning of their surgery. Your pre-op nurse will provide instruction on additional “nose to toes” cleansing in your AM Admission room prior to surgery. All patients will receive antibiotics pre- and post-operatively. While you are recovering, it is best to avoid family or friends who are ill or may have a contagious condition.

After surgery and during your recovery, you and your caregiver need to be sure to:

- Keep your incision dry unless your surgeon has allowed you to get it wet.

Contact your surgeon right away if you note any of the following:

- Increased redness, heat, swelling or foul-smelling drainage at the incision.
- Increased pain at the surgical site.
- Persistent fever greater than 100.4°F or chills.

If you have diabetes, your risk for infection is higher. Controlling your blood sugar will help you heal faster and prevent infections. For these reasons, be sure to:

- Maintain your diabetic diet.
- Continue using your prescribed medications.
- Avoid alcohol—this will better control your blood glucose.

Handwashing is very important in preventing infections.

You should wash your hands:

- Before preparing and eating food.
- Before touching your eyes, nose or mouth.
- After using the restroom.
- After blowing your nose, coughing or sneezing.
- After touching surfaces (tables, door knobs, telephones, remote controls, etc.).

The best way to wash your hands is to:

- Use soap and water—wet hands with warm water and use liquid soap.
- Rub hands until lather forms. Rub all over your hands, in between fingers and fingernails.
- Rub for 30 seconds (about the time it takes to sing “Happy Birthday” twice).
- Rinse under running water.
- Dry with a paper towel and use the towel to turn off the faucet and open the door.
- While you are in the hospital, you may also use the alcohol foam to clean your hands.

For general questions regarding infection control, you may contact the Glens Falls Hospital Infection Prevention Department at **518-926-2181**





Joint Replacement Caution Zones

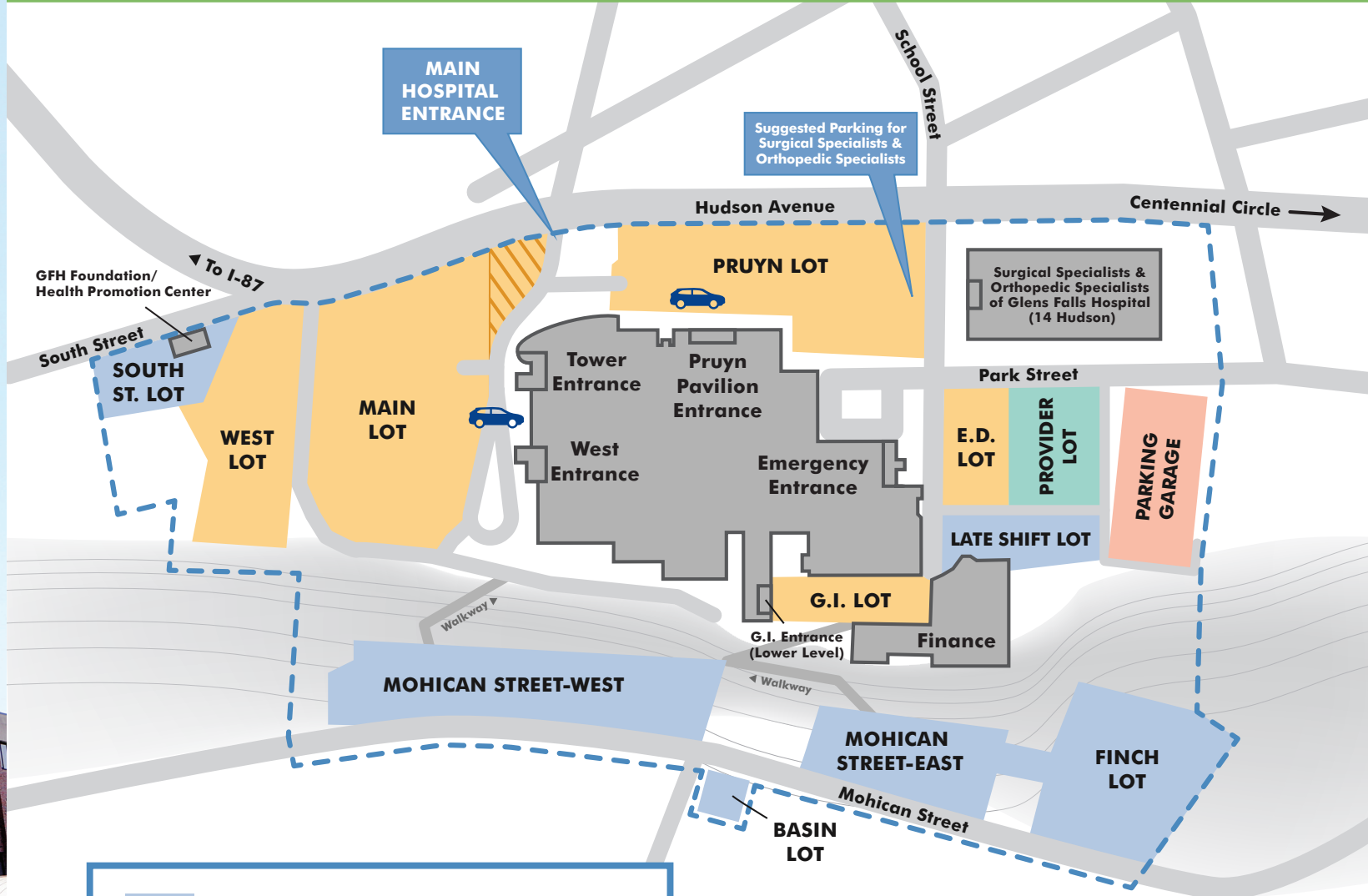
Green Zone All is good	<ul style="list-style-type: none"> • Low grade temperature of 100.0°F–100.4°F • Bruising of operative arm • Mild constipation • Mild drainage to dressing • Fatigue • Decreased appetite • Pain controlled by ice, elevation, repositioning and pain medication 	Symptoms are normal and to be expected. Continue to increase activity daily.
Yellow Zone Caution	<ul style="list-style-type: none"> • Temperature over 100.4°F • Uncontrolled shaking or chills • Increase in swelling from previous day in arm, no improvement with elevation and ice. • Increased swelling in extremities or localized pain in extremities with warmth and/or redness • Increased redness, heat, drainage, odor, swelling in and around incision • No bowel movement in more than 3 days • Pain not controlled by ice, elevation, repositioning and pain medication • Increased bleeding of any kind, such as from the incision, nose bleed, etc. • Blood in urine or stool 	Call your surgeon's office to report symptoms.
Red Zone Emergency	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Sudden weakness or numbness of face, arm or leg, especially on one side of the body • Difficulty speaking or blurred vision • Unable to think clearly • Localized chest pain with coughing or when taking a deep breath • Pale, cool, numb arm, hand or fingers 	Seek medical care immediately or call 911 .
REMEMBER! *Wash your hands. *Take your medications as prescribed. *Keep all follow-up appointments. *Drink 8–10 glasses of water daily. *Eat protein. *Balance rest and activity. *Walk every 45 minutes.		

Important People & Phone Numbers

	Name	Phone	Comments
Glens Falls Hospital Main Number		518-926-1000	
Orthopedic Surgeon			
Pre-Admission Testing		518-926-6366	
Surgical Services/ 4 West		518-926-6320	
Outpatient Therapy	Outpatient Physical Therapy Services at Glens Falls Hospital	518-926-2000	See page 12 for locations.
Free Equipment Loan	Southern Adirondack Independent Living Center (SAIL)	518-792-3537 (Queensbury)	71 Glenwood Ave. Queensbury, NY 12804
		518-584-8202 (Saratoga Springs)	3065 NY-50, Saratoga Springs, NY 12866



Complimentary Valet Parking

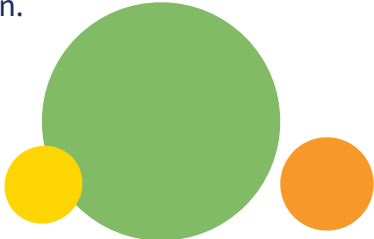


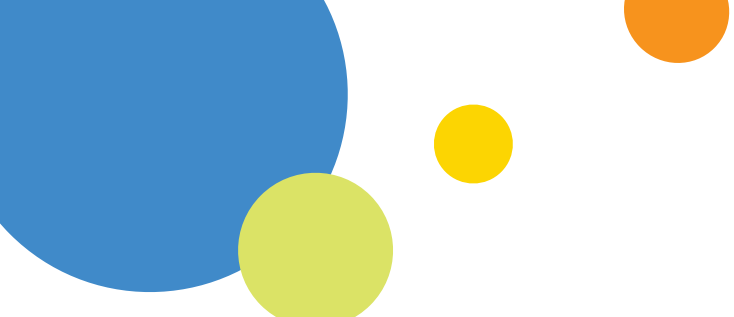
- Employee Parking
- Patient/Visitor Parking
- Employee/Visitor Parking
- Valet Parking
- Valet Drop-Off
- Tobacco-Free Area

GLENS FALLS HOSPITAL IS A TOBACCO-FREE CAMPUS
 NYS Law prohibits tobacco use of any kind within 15 feet of hospitals and healthcare facilities

Important Information About Smoking/Nicotine/Chewing Tobacco/E-Cigarettes

- Studies show tobacco use increases the risk of infection and other complications after surgery. Please refer to page 14 for more information.
 - Eliminating tobacco use for 6–8 weeks before and after surgery greatly decreases your chances for post-operative complications.
 - Stopping tobacco use for any length of time is beneficial. That benefit increases the longer you abstain from tobacco.
- If you need help quitting smoking, please refer to page 14 of this guidebook.
- You should speak with your physician regarding tobacco cessation products that are available to you during your hospitalization.





ALBANY MED Health System

GLENS FALLS HOSPITAL

100 Park Street, Glens Falls, NY 12801
518-926-1000 • glensfallshospital.org

