

Shoulder Replacement Surgery *Patient's Guidebook*



Mercy
— EMHS MEMBER

Welcome to Mercy!

Mercy
Fore River Campus
175 Fore River Parkway
Portland, Maine 04101

Mercy
State Street Campus
144 State Street
Portland, Maine 04101

www.mercyhospital.org

Additional Contact Information

Main Number/Operator:	207-879-3000
Clinic for Surgical Services (PAT)	207-553-6145
Care Management (general inbox)	207-553-6205
Financial/Billing/Insurance Questions	207-879-3470
Pre-Registration	207-879-3860
Physical Therapy	207-879-3287
Occupational Therapy	207-879-3387
Orthopaedic Institute	207-553-6295
VNA Home Health & Hospice	207-780-8624

Thank you for choosing Mercy Hospital to meet your healthcare needs. Our staff and your surgeon are dedicated to providing you with the finest surgical care available.

Mercy Hospital is a 230-bed hospital with two acute care campuses: Mercy State Street and Mercy Fore River. Mercy Hospital provides a wide array of clinically excellent services and programs with a breadth and depth that complement its status as the fifth largest hospital in the state.

Mission Statement

For more than 90 years, Mercy has fulfilled its core mission of carrying out the healing work of Christ by providing clinically excellent, compassionate health care for all, with special concern for the poor and disadvantaged. Our ultimate goal is to help you regain your ability to engage in life at the level that gives you the greatest satisfaction. While YOU are the most important member of your health care team, be assured that there are a number of outstanding medical professionals serving on your team.

Directions to Mercy

Mercy Fore River, 175 Fore River Parkway, Portland, ME

From Points North: Take I-295 southbound to Exit # 5A. At the end of the ramp you should be in the left-hand lane. Take a left at the traffic light and remain in the left-hand lane, continuing straight onto the Fore River Parkway. The main entrance and patient drop-off are ahead on your left. Follow signs for patient parking.

From Points South: Maine Turnpike North (I-95) to exit 45; take I-295 northbound to Exit # 4 (U.S. Rte 1). Cross the Veteran's Bridge. At the traffic light you should be in the left-hand lane and turn left onto Fore River Parkway. Go through the next traffic light. The main entrance and patient drop-off are ahead on your right. Follow signs for patient parking.

From South Portland: Go over the Casco Bay Bridge, through the traffic light at the State Street intersection and stay in the right lane, turning right onto Park Street. Take another right at the stop sign onto Commercial Street. Head west on Commercial Street to the Veteran's Bridge intersection. Proceed straight through the light, over the bridge and onto the Fore River Parkway. After the next traffic light, the main entrance and patient drop-off are ahead on your right. Follow signs for patient parking.

From Points West (Congress St. and Rte. 22): Heading east on Congress Street/Route #22 into Portland, turn right at the traffic light after Norway Savings Bank, following the signs for South/I-295/Route 1/South Portland. At the next traffic light you should be in the left hand lane; continue straight onto the Fore River Parkway. The main entrance and patient drop-off are ahead on your left. Follow signs for patient parking.

Mercy State Street, 144 State Street, Portland, ME

From Points North (Rte. 26/100): Take the Maine Turnpike (I-95) south to Exit 48, Riverside / Larrabee (formerly exit 8). Turn left onto Riverside Street; follow to end and turn left onto Brighton Avenue (Rte 25). Follow past the Portland campus of the University of Southern Maine, then bear right (South) on Deering Avenue. Turn left at the next intersection onto Park Avenue. Turn right at Jct. of Rte 77 (State Street). The hospital will be on your right at 144 State Street.

From Points North (I-295): Take Exit 6A, turn slight right onto US-302/ME-100/Forest Avenue. Continue to follow, bear right and continue south on Rte. 77 (State Street). Go up the hill and cross Congress Street; the hospital will be on your right at 144 State Street.

From Points South (I-295): Take Exit 5 toward ME-22/US-1A, keep left at the fork in the ramp, turn right onto Congress St, turn right onto State St.; the hospital will be on your right at 144 State Street.

From Points West (Rte. 302): Follow Rte. 302 to Forest Avenue in Portland. Continue south on Forest Avenue until you pass under the I-295 overpass; then bear right and continue south on Rte. 77 (State Street). The hospital will be on your right at 144 State Street.

From Points West (Rte. 113/25): Follow Rte. 113 (SouthEast) to Rte. 25 (East) into Westbrook. Once on Rte. 25 (Brighton Avenue), continue past the Portland campus of the University of Southern Maine, then bear right (South) onto Deering Avenue. Turn left at the next intersection, onto Park Avenue. Turn right at Jct. of Rte. 77 (State Street). The hospital will be on your right at 144 State Street.

Planning Ahead Before Surgery

Replacing Your Worn Shoulder

When your arthritic shoulder causes pain and limits your daily activities, your doctor may suggest that you consider a shoulder replacement. While replacement surgery for shoulders is not as common as knee or hip replacement, it is performed frequently and has a good record under appropriate conditions. The goal of replacement surgery is to decrease your pain and improve your shoulder function. It is major surgery. This booklet is designed to help you learn about the procedure and post-operative care and rehabilitation. Your surgeon will discuss your unique situation, your surgery, and your rehabilitation. It is normal to be anxious or apprehensive about surgery, but the more you know about the process, the easier it will be for you. We hope your understanding of the surgery will make it easier for you and will improve your ultimate results.

A Healthy Shoulder

A normal, healthy shoulder has more motion than any other joint in the body. It is comprised of three major parts:

- The Socket (Glenoid)
- The Ball (Humeral Head)
- Supporting muscles

The ball, (the head of the humerus) rests against a small, shallow socket (glenoid). Muscles and other soft tissue hold the ball in the socket and allow you to move your arm up and down, to the side, across your body, and behind your back.

An Arthritic Shoulder

When your shoulder joint is healthy, the ball glides smoothly in the socket. That's because the ends of the bones are cushioned by a smooth covering (cartilage). Damage to the cartilage (osteoarthritis, rheumatoid arthritis), results in a rough, irregular surface causing pain and stiffness. Mild arthritis can be treated with over the counter medications such as Tylenol (acetaminophen) or anti-inflammatory medications Aleve (naproxen), or Advil (ibuprofen). When these simple medications are no longer helping your pain and your x-rays show substantial damage, shoulder replacement is an option.

There are two types of shoulder replacements: conventional total shoulder and reverse total shoulder. The indications for surgery, the procedure, and post-operative rehabilitation are different for each.

Conventional Shoulder Replacement

The conventional total shoulder replacement has been performed in the United States for more than 25 years with good success. Most patients have less pain and improved function. A plastic cup may replace your shoulder socket if it is worn. A metal ball replaces the worn head of your arm bone. A metal stem, which is attached to the ball, fits down into your arm bone.

What to Expect of a Shoulder Replacement

- Most conventional total shoulder replacements usually last 15 years or more
- The hospital stay is one day
- Rehab starts the day of surgery or the next day
- Your arm will be in a sling for several weeks
- Full recovery takes 6-12 months

What are the risks of conventional shoulder replacement surgery?

Infection: The risk of infection is low (less than 2%), but potentially very serious. This can occur soon after your surgery or even years later from bacteria that can enter your bloodstream and settle in your artificial joint. After surgery, you should take antibiotics before dental appointments to keep bacteria from spreading from your mouth to your shoulder.

Discomfort: Unfortunately, shoulder surgery can be painful. Pain medication, a sling, and ice will be helpful. Since all pain medications have complications (nausea, fatigue, constipation, depression) you will want to decrease these narcotics as the pain lessens and take over the counter medications instead. Your surgeon may also discuss the possibility of a nerve block with you, which is a local injection of medicine that numbs the group of nerves that supply the shoulder. Fortunately, more than 95% of patients who chose to have shoulder replacement report less pain after recovery from surgery.

Wear: Your artificial shoulder is comprised of components made of metal and polyethylene (a type of durable plastic). It can become worn out or possibly loosen from its attachment from the bone resulting in recurrent pain. High impact activities (chopping wood) are to be avoided. After your rehab is complete, you should not lift anything heavier than 25 pounds.

Fracture, Nerve Injury: These complications are uncommon, but could occur at the time of surgery resulting in weakness, numbness, and altered rehabilitation protocol.

Shoulder Weakness, Stiffness (Loss of Motion): Therapy is important after a shoulder replacement to gain optimal function and range of motion.



Planning Ahead Before Surgery

Contact Your Insurance Company

All insurance companies are different in the coverage and requirements for joint replacement surgeries. Although each doctor's office has staff that can assist you with processing your insurance claim, you may want to contact your insurance company directly for specific information prior to your surgery. From them, you should ask if pre-authorization, pre-certification, second opinion or a referral form is required.

You will also want to find out if your insurance covers home care or rehabilitation services such as a skilled nursing facility. Most doctors' offices will take the necessary steps to obtain your surgical pre-certification, but you will want to find out about your care options for after your surgery.

One of our financial counselors is available to assist you if you do not have insurance, have Medicaid or need to make payment arrangements. Please call our Patient Accounts department at 207-879-3860. A financial counselor will verify your insurance coverage and review your benefit level. The counselor will contact you at least 7 days prior to your surgery to advise you of any co-pay/deductible/co-insurance amounts that may be due. The representative will be able to take a credit care payment over the phone for your estimated amount due. We accept Visa, MasterCard or Discover. You can also bring cash, check or credit card to the financial counselor on the day of your pre-admission testing or surgery. If you are not able to pay the full amount you can also make an advance deposit towards the estimated amount due. The financial counselor is also available to financially screen for Medicaid or charity care. The financial counselor can be reached at **(207) 879-3470**. Feel free to use our toll free number as well **1-800-293-6583 ext. 6136**.

Pre-Registration

Pre-registration is essential to providing your care. After your surgery has been scheduled, call **(207) 879-3860** to complete the pre-registration process. Have your insurance card available for this call. You may be asked:

- Your legal name, date of birth, mailing address, phone number, Social security number
- Name of health insurance holder, his or her address, phone number and social security number
- Name of health insurance company, mailing address, policy and group number
- Your employer, their address and phone number
- Name, address and phone number of person to notify in case of emergency

Register for Pre-Op Education Class

Our educational class, Get Ready for Joint Replacement Surgery, is held weekly for anyone scheduled for joint replacement surgery at Mercy Hospital. The class typically lasts two hours. We strongly recommend that you attend this program before your surgery. You only need to attend one class and family members or friends are encouraged to attend with you. Our class schedule can be found online at www.mercyhospital.org or by calling our Joint Replacement Center at **(207) 553-6588**.

Patients who attend this class have a better understanding of what they can expect before, during and after their surgery and their recovery is quicker and easier.

Clinic for Surgical Services

Once your surgery is scheduled and you have pre-registered, a nurse from the Clinic for Surgical Services (PAT) will call you. Some patients may need to come to Mercy for a pre-operative testing appointment. On the phone you will be asked about medications, your health history and prior anesthesia history. The nurse that calls you will discuss which medications you may take the day of surgery. There are some medications that should be discontinued for several days before surgery. Your surgeon will inform you of any medications you take that should be stopped.

The nurse will also confirm the date and time of your surgery, including what time to arrive at the hospital. Please have the following information readily available:

- List of all medications including prescriptions and over the counter medications
- List of prior surgeries
- Specialists (cardiologist, pulmonologist, etc.) names and telephone numbers

If you are scheduled for a pre-operative testing appointment, the following may be included in your visit:

- Blood (lab) work
- ECG
- Medical Management Consult
- Chest X-ray

Please let us know if you have had any recent tests. It is very important that you go to this appointment or your surgery date may have to be changed.

Preparing for Surgery

Advance Directive

Mercy supports and complies with our patients' advance directives. Please bring a copy of your Living Will and/or Durable Power of Attorney for Health Care for your medical records. If you do not have an advance directive, and would like information on creating one, ask your surgeon's office or visit www.mercyhospital.org/For-Patients-Visitors/Advance-Directives.aspx to obtain one.

Home Medications

The nurse that calls you will tell you what medications you may take before surgery. There are some exceptions and the nurse will instruct you to contact your surgeon for directions. The nurse will also tell you the date and time of your surgery, including what time to arrive at the hospital.

Stop Smoking

Before your surgery, it is very important to quit smoking. Smoking not only increases your risk of lung problems after surgery but also hinders healing. In some instances, your surgeon may choose not to operate if you continue to smoke. If you need assistance, please call the Maine Tobacco Helpline at **1-800-207-1230**. This free, confidential service has proven highly successful for many people.

Surgery Scheduling

Your surgery date will be scheduled by your surgeon's office. Please be advised your arrival time is approximately two hours prior to your scheduled surgery start time. You will receive a phone call if there is any change in the time of your surgery.





Nutrition

Eat healthy foods like fruits, vegetables, lean meats and whole grains. If your doctor has recommended you lose weight, it is very important that you do the best you can to do this. Extra weight increases your risk of complications after surgery.

Physical Examination

You may be asked to see your primary care physician to assess your overall health and identify any medical conditions that could interfere with surgery or recovery. Be sure to tell your surgeon about: all medications you take, all allergies or sensitivities, any history of phlebitis (blood clots) or pulmonary emboli (blood clots in your lungs) and recent infections. Joint replacement surgery will not be performed if you have any infections elsewhere in your body.

Dental Care

Although infections after joint replacement are not common, an infection can occur if bacteria enter the bloodstream. Any tooth or gum problems can be a source of infection and need to be treated before surgery. After surgery, your surgeon will advise you about antibiotics to be taken before dental work. Do not schedule any dental work one month prior or two months after surgery.

Planning Ahead After Your Surgery

Although your hospital stay will be short, things that can improve your recovery and will include your ability to:

- Arrange furniture so you can walk around easily
- Clear clutter from the floors of your home and remove any throw rugs so you won't trip and fall
- Check that hand rails are secure both entering your home and within
- Be sure you have a clear path to the entrance of your home
- Get a non-slip mat for the bottom of your bathtub to prevent slipping
- Wrap up or tape down any long electric/ telephone cords
- Sleeping in a reclined and supported position may be more comfortable after surgery. Using a recliner or multiple pillows may also make sleeping easier.
- Buy a cordless phone or portable phone
- Store food and supplies that you use often in cupboards or on counters that are at waist to shoulder level
- Place clothing that you use most often in drawers and closets at waist to shoulder level
- Buy or make individual meals that can be frozen or reheated easily
- If recommended by your surgeon, shoulder pulleys and other personal care devices can be purchased beforehand or bought in the Mercy Gift Shop.

Arrange to Have Someone:

- Take you home from the hospital by 10 AM on your day of discharge, usually after two nights in the hospital.
- Stay with you for the first week after you go home from the hospital
- Help with house cleaning, chores, and laundry
- Help with errands and groceries
- Take you to your doctor's office for follow-up visits
- Care for a child, spouse, pet, or parent while you are in the hospital and after you are discharged from the hospital

Home Care Services

After your hospital stay, you may need home care services that may include physical therapy, occupational therapy, nursing or other services. A discharge planner will discuss these options with you during your hospital stay. Mercy's affiliate home care agency is (VNA Home Health Hospice); call **(207) 780-8624**. Some insurers will pay for pre-operation home evaluations.

Care Management Services

If you are unable to arrange for someone to help you when you return to your home, after surgery you may need to stay in a rehabilitation or skilled nursing facility. Our Care Managers are available to assist you with making arrangements for home care services or other post hospital stay needs.

Call **(207) 879-6205** if you would like to speak with a care manager.

The Day Before Surgery

The day before your surgery, you can eat your usual diet for supper as well as eat or drink until midnight. You are not to eat or drink anything after midnight. You may brush your teeth. At your pre-admission testing appointment you will be instructed which of your medications you should take on the day of surgery. You should take these medications with a small sip of water. You will need to shower with antiseptic soap called Hibiclens, the evening before surgery and again the day of. See the instructions on the next page.



Preventing Surgical Site Infections

Before surgery it is important that you take an important role in your surgical care. A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. To assist in the prevention of a surgical site infection, we ask that you follow these instructions.

Tell your doctor about other medical problems you may have. Health problems such as asthma, diabetes, and sleep apnea could affect your surgery and recovery.

Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.

Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

Before surgery you will need to shower with a special antiseptic soap called chlorhexidine gluconate (CHG). Common names for this soap are Hibiclens® or Scrub Care, but any brand is acceptable to use.

NOTE: If you are allergic to CHG or for any other reason that washing with CHG is not possible, please follow the below instruction and use liquid Dial antibacterial soap. Avoid use of CHG on your head or face; keep out of eyes, ears and mouth. It should not to be used in the genital area.

Take 2 body washes with the CHG soap.

Shower the night before your surgery AND the morning of your surgery:

1. Wash your hair, face and genital area with your regular shampoo and soap. Rinse your hair and body thoroughly to remove any residue.
2. Turn off the water to prevent rinsing of the CHG soap too soon.
3. Apply the CHG soap to a clean, wet washcloth. Use the CHG soap as you would any other liquid soap. Wash from the neck down gently for 5 minutes. Pay special attention to the area of your surgery.
4. Turn the water back on and rinse your body thoroughly.
5. Do not use your regular soap after bathing with the CHG soap.
6. Pat yourself dry with a clean towel.
7. Do not apply any lotions, powders or perfumes.
8. Put on clean clothes.



Your Hospital Stay

Day of Surgery

Please do not bring valuables, including jewelry, cash, or credit cards to the hospital.

Please bring:

- This Patient Guide Book
- Exercise shoes with a closed-in heel and non-slip sole
- Knee length robe or cover-up for walking in the halls
- Glasses, hearing aid, and any other items you use everyday
- Short gowns, pajamas, underwear, socks/stockings and two (2) sets of clean, comfortable street clothes to wear to the hospital and to go home
- Loose fitting tops that zip or button up, and loose fitting pants
- Grooming items such as shampoo, toothpaste, and deodorant
- A list of medications you are currently taking (we will need the name, strength and what time of day you take them, and how often you take each medication). If you are using an inhaler, please bring it with you. Leave all other medications at home.
- A list of allergies (to food, material or medicine) and how you react to each one
- Your Advance Directive (Living Will) or Health Care Power-of-Attorney (if you have one). Our staff is required by law to ask if you have one when you are admitted. They will make a copy for your medical record and return the original.
- If you have sleep apnea please bring your CPAP or BiPAP

Pre-Surgical Care Area

On the day of surgery, please let us know if you have any new concerns or if there has been a change in your health since your pre-op visit. The pre-surgical area, also known as the Ambulatory Care Unit is where we begin to prepare you for your surgery. An intravenous catheter (IV) will be placed in a vein in the hand or lower arm. IVs are used to administer fluids and medication.

Anesthesia

An anesthesiologist will review your records and will meet with you prior to surgery. You will have general anesthesia, be unconscious and have no awareness or other sensations. Local anesthetic drug is usually injected around a bundle of nerves that provides sensation to the surgical area. The pain relief may last from 6 to 18 hours, with some numbness lasting longer at times.



Operating Room

A member of the OR Staff will take you to the Operating Room (OR) on a stretcher. There will be someone from the OR team with you at all times. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, ECG, and other devices for your safety. At this point, you will be ready for surgery. After surgery, your doctor will meet your family in the waiting room or call them at home if they prefer to go home while you are in surgery.

Post-Anesthesia Care Unit (PACU)

After surgery you will be taken to the recovery room, also called the PACU (Post Anesthesia Care Unit). There you will be watched closely by nurses specifically trained in caring for patients after anesthesia and surgery. You may wake up with a catheter in your bladder to drain urine, a drain near your incision and a dressing on your knee.

If you have had spinal anesthesia, you may be drowsy and numb from the waist down and unable to move. If you had a general anesthetic, you will be drowsy and may be a bit disoriented. We will quickly begin to treat your surgical pain with medications. Your discomfort should be tolerable but do not expect to be pain free.

You will be moved to your hospital room, when you are awake and your condition is stable. Once you are in your hospital room your family members or friends will be able to see you.

Your Hospital Stay

Managing Your Discomfort and Pain

Pain management is an important part of your care. Good pain control helps your body rest, and heal with greater comfort as well as help you feel better faster. Unfortunately, pain is a common experience after your surgery. Most of the discomfort occurs the first 12-24 hours following surgery but our goal is to help you to be as comfortable as possible.

Immediately after your surgery, you may have pain medications delivered in your IV and you will begin to take them in pill form. Make sure you let the nurses know what your pain level is so that they can help you manage your pain. Narcotic pain medications are commonly used to help manage your pain to a tolerable level. Side effects of narcotics may be nausea, constipation and depression. Therefore less is better, and as your pain diminishes you should take fewer narcotics.

In addition to medications, there are other pain reduction methods that have helped others relieve some of the anxiety of surgery, decrease muscle tension and increase circulation. Using some of these methods may also help you keep your mind off your discomfort. Try relaxation techniques, breathing exercises, music or humor.

Ask your health care team to help you manage your pain before it becomes uncomfortable. You will be asked frequently to rate your pain on a scale of 0-10, "0" being no pain and "10" being severe pain.

Nutrition

After your surgery, you will have a diet of clear liquids or soft foods until your body can tolerate a regular diet. The priority is good nutrition to promote healing, so we recommend you eat a variety of foods and drink plenty of fluids. If you have questions about your diet while in the hospital, please ask to see a dietitian.

If constipation becomes a problem, try: eating 5 – 7 servings of fresh fruit and vegetables daily, eating a hot breakfast with a hot beverage daily, increasing fiber in your diet with whole grain cereals and breads, drinking at least 6 – 8 (8 oz.) glasses of water daily, increasing physical activity as much as you can tolerate or using a stool softener (colace) or laxative

Preventing Complications

Coughing, deep breathing, and moving are important to do following surgery to prevent infections such as pneumonia. You may be taught to use a device called an "Incentive Spirometer" which is used to help keep your lungs healthy. To help prevent blood clots from forming in your legs, you should begin doing ankle pump exercises on the first day of surgery. All patients are encouraged to stand or walk within hours of their surgery. You may be discharged with anti-embolic stockings as well.

Call Your Surgeon If You Develop Any of the Following Complications

A representative will be available at all times to address your concerns

- ***Increased pain, swelling, or redness in or around the incision site***
- ***Bruising is expected***
- ***Any drainage from the incision***
- ***Sudden increase in pain or lower extremity weakness not relieved with rest***
- ***A temperature above 100.5°F or 38.1° C for 24 hours***
- ***Abdominal discomfort that persists longer than 24-48 hours***
- ***Redness, warmth, or tenderness in the back of the calf of your leg(s)***
- ***A persistent headache that is different when sitting or lying down***
- ***New problems urinating or having control of your bladder or bowel movements***
- ***Persistent nausea or vomiting***

After Your Surgery

Activity

Our goal is to get you home and back to your usual activities as soon as possible. You can look forward to getting out of bed the day of surgery and sitting in a chair. Physical and occupational therapy and your nursing staff will help you and review the following necessary techniques including getting in and out of bed, dressing, personal hygiene and specific shoulder exercises.

You will be able to go home once you are safe, comfortable, and able to perform simple shoulder exercises (if permitted) on your own. You may have a therapist visit you at your home to assist you. Consult your physician for when it is safe for you to drive.

Bathing and Dressing

It is usually okay to shower after 5 days. Keep your incision covered and as dry as possible and change your dressing immediately after showering. The sling is for your comfort. You should take your arm out of the sling to exercise your hand, wrist, and elbow several times each day. You may be sent home with support stockings. Wear them for a period of 5-7 days or as instructed by your doctor.

Pain

Keep your pain under control with pain medication and other pain relief methods:

- Take pain medication as recommended by your doctor. Usually we recommend over the counter Tylenol up to 3000mg each day (two 500mg tablets taken three times a day). This may be supplemented with specific narcotic medications as recommended by your doctor.
- Use an icepack to ice your shoulder as it will help to reduce swelling and decrease pain. Do not place ice directly on your skin. If you prefer, use a bag of frozen peas wrapped in a thin cloth and place it on your shoulder. Keep ice on your shoulder for no more than 20 minutes and repeat 3 to 4 times daily.



General Recommendations For Shoulder Replacement Surgery

After your surgery, your surgeon will schedule regular follow-up visits to assess for signs of wear or any other problems with your new knee. You should call your doctor's office immediately if:

- You have moderate or severe shoulder pain that requires medication
- Have numbness or loss/change of feeling in your arm or hand
- Experience redness, swelling, warmth, unpleasant odor, or liquid coming from your incision or joint

Call 911 immediately if you have sudden shortness of breath, chest pain or difficulty breathing.

Notify all dental and health care providers performing any procedures that you have an artificial joint, as some individuals or procedures may require antibiotics prior to the procedure. Your surgeon will let you know if these are necessary or not. If so, take antibiotics one hour before you are having dental procedures or other invasive procedures for as long as instructed by your surgeon.

Although the risks are very low for post-op infections, it is important to realize that a risk remains. An infection could spread to your artificial shoulder from somewhere else in your body as well. Please see the precautions below:

- If you should develop a fever of more than 101 degrees, or sustain an injury such as a deep cut or puncture, you should clean it best as you can, put a sterile dressing or Band-Aid on it and notify your doctor.
- Occasionally, antibiotics are necessary. A topical antibiotic ointment may be used to treat superficial scratches.
- Notify your doctor if the area is painful or reddened

When traveling, stop and change position every 30 minutes to prevent your joint from tightening. If you are flying, you will set off the security alarms at the airport. Just indicate that you have had a shoulder replacement and they may check you with a security wand.

Conventional Shoulder Replacement Rehabilitation

Phase 1 - Until first post-operative appointment

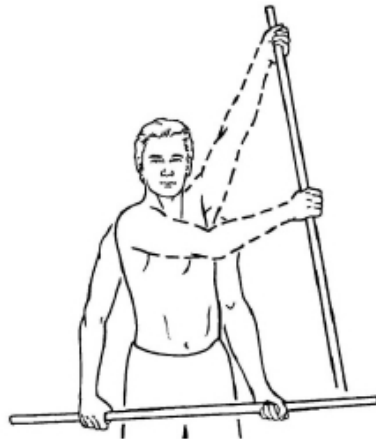
A careful, well-planned rehabilitation program is an important piece to the success of a shoulder replacement to help gain back strength in your shoulder and flexibility. Prior to surgery, your surgeon may have introduced some common physical therapy exercises that are typically done during the first week after surgery and until your first visit. This period is known as Phase 1.

The primary goals at this point are comfort and avoiding shoulder stiffness. The exercises may vary, but usually will include gentle shoulder pendulum and range of motion exercises for the hand, wrist and elbow. Patients gradually progress to Phase 2, then 3 when specific therapy goals are met.

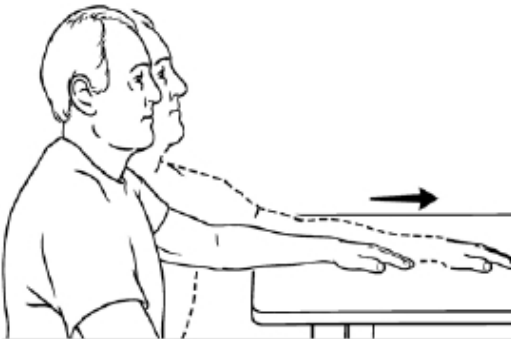
Every patient is different, so depending on the specifics of your procedure, your surgeon may ask you to wait on certain exercises until your shoulder is ready. It is important to follow your surgeon's specific guidelines for physical therapy rehabilitation after your shoulder replacement.



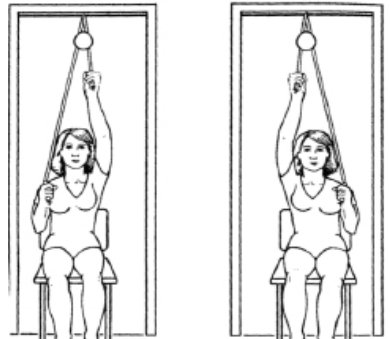
Gentle Shoulder Pendulum



Range of Motion using Wand or Cane



Range of Motion To and From



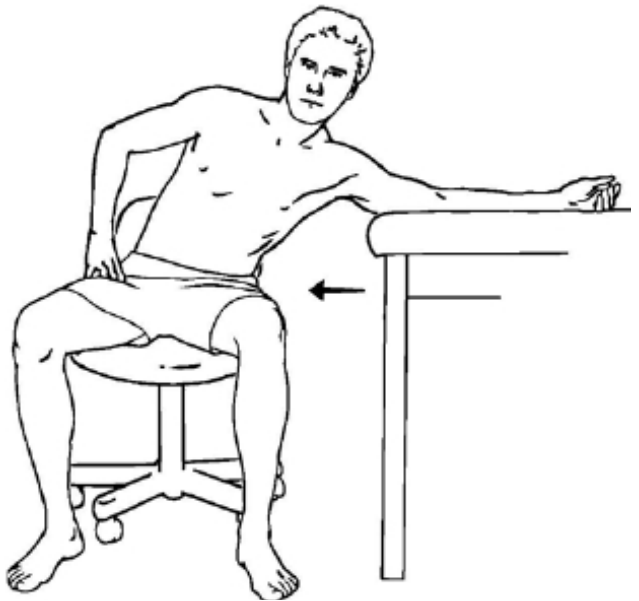
Gentle Pulley Exercises

Phase 2 Moderate Stretching - After approval by your surgeon

Patients move into Phase 2 once they have successfully completed Phase 1 and the therapist/surgeon has approved additional exercises. These usually include some overhead and side stretching exercises to help prevent stiffness and gradually regain flexibility following surgery.



Wall Walking Stretch

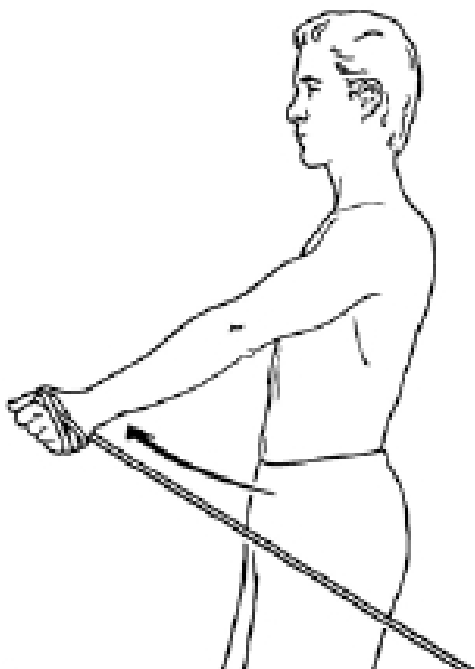


Side Reach Stretch

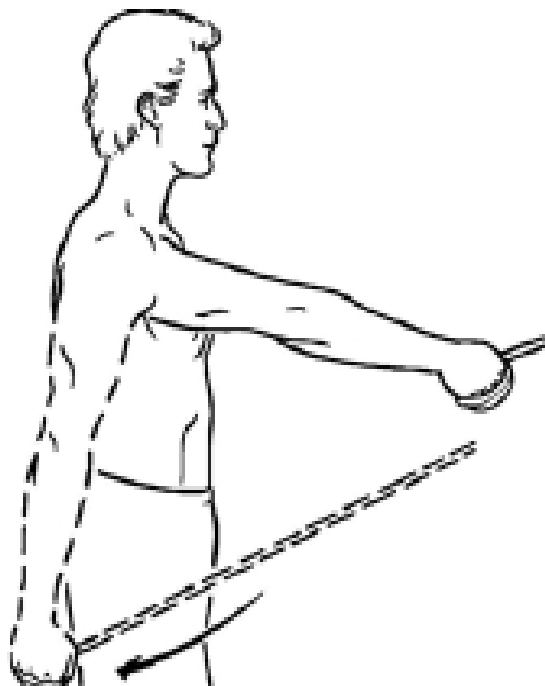
Conventional Shoulder Replacement Rehabilitation

Phase 3 Strengthening - After approval from your surgeon

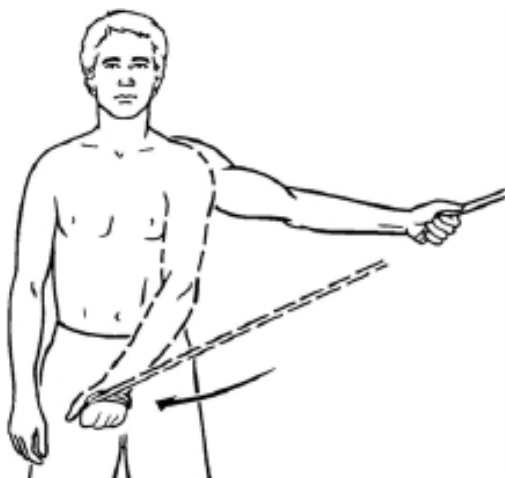
Resumption of normal daily activities is the best exercise. Additional strengthening will begin after Phases 1 and 2 are complete and once approved by your doctor. Do not start these exercises until you have necessary supplies and instructions, including which exercises to perform and how often. Patients can anticipate gains in shoulder function and strength that plateau around one year after surgery.



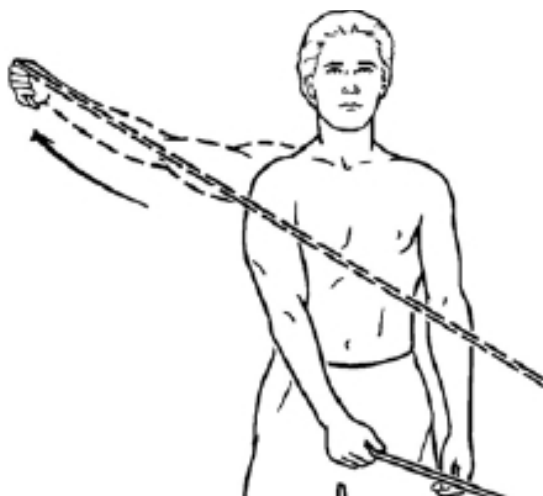
Resisted Flexion



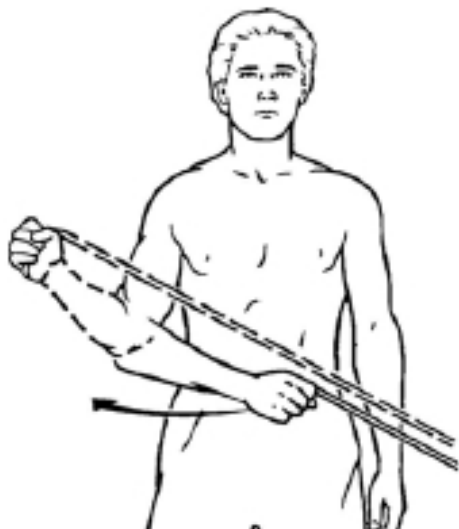
Resisted Extension



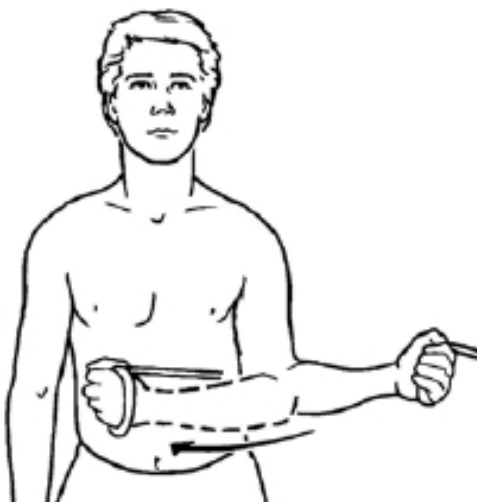
Resisted Adduction



Resisted Abduction



Resisted External Rotation



Resisted Internal Rotation

Reverse Shoulder Replacement Rehabilitation

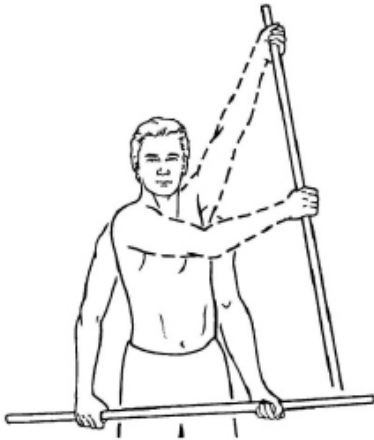
A careful, well-planned rehabilitation program is an important piece to the success of a reverse shoulder replacement to help gain back strength in your shoulder and flexibility. Prior to surgery, your surgeon may have introduced some common physical therapy exercises that are typically done during the first week after surgery and until your first visit. This period is known as Phase 1.

The primary goals at this point are comfort and avoiding shoulder stiffness. The exercises may vary, but usually include gentle shoulder pendulum and range of motion exercises for the hand, wrist and elbow. Patients gradually progress to Phase 2, then 3 when specific therapy goals are met.

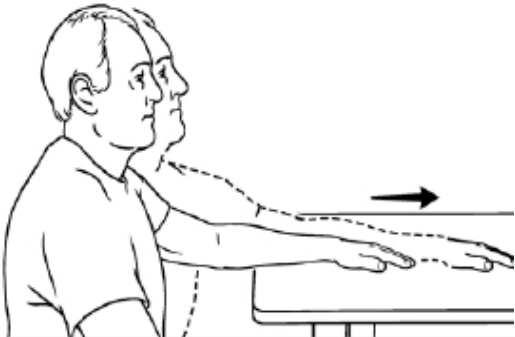
Every patient is different, so depending on the specifics of your procedure, your surgeon may ask you to wait on certain exercises until your shoulder is ready. It is important to follow your surgeon's specific guidelines for physical therapy rehabilitation after your shoulder replacement.



Gentle Shoulder Pendulum



Range of Motion using Wand or Cane



Range of Motion To and From

Phase 2

With a reverse shoulder replacement, there are usually no specific stretching exercises in Phase 2. As directed by your surgeon:

- Use sling as directed
- Use of your arm in daily activities as tolerated to build strength*

Motions to AVOID* for 12+ weeks post-surgery unless advised by your surgeon:

- Adduction & Extension (i.e. tucking your shirt into your pants in back)
- Any shoulder motion behind your back

Phase 3 – Strengthening

Resumption of normal daily activities is the best exercise. Strengthening exercises for reverse shoulder replacement are typically different from conventional shoulder replacement exercises and will begin after Phase 2 and once approved by your doctor. Patients can anticipate gains in shoulder function and strength that plateau around one year after surgery.

Additional Resources

Lodging

If you are traveling a distance to have your surgery, there are a number of other options for lodging in the greater Portland area. Some of the area hotels/motels offer a discount for family members. Please call for rates. You will need to inform the hotel/motel that you have a family member at Mercy Hospital.

Best Western Merry Manor

700 Main Street
S. Portland, ME 04106
(207) 774-6151

Clarion Hotel

1230 Congress Street
Portland, ME 04102
(207)774-5611

Comfort Inn

90 Maine Mall Rd
S. Portland, ME 04106
(207)775-0409

Courtyard by Marriott Portland Airport

100 Scarborough Drive
S. Portland, ME 04106
(207)253-5005

Eastland Park Hotel

157 High Street
Portland, ME 04101
(207)775-5411

Hampton Inn Portland Downtown Waterfront

209 Fore Street
Portland, ME 04101
(207) 775-1454

Holiday Inn By the Bay

88 Spring Street
Portland, ME 04101
(207)775-2311

Holiday Inn Express

303 Sable Oaks Drive
S. Portland ME, 04106
(207)775-3900

Portland Regency Hotel

20 Milk Street
Portland, ME 04101
(207)774-4200

Gary's House
97 State Street
Portland, ME, 04101

Gary's House is a comfortable and affordable home-away-from-home for patients that are traveling a significant distance. All guests who have had outpatient surgery must be accompanied by an adult companion. All surgical patients must receive a referral from the surgeon.

To make a reservation, call (207) 535-1320

Suggested \$15.00 donation

Other Useful Visitor Links

Restaurants, Shopping and Additional Information
www.portlandmaine.com

Portland International Jetport
www.portlandjetport.org



Patient ID Sticker



Mercy
— EMHS MEMBER

I acknowledge that I received this information booklet about my upcoming surgery.

Patient Signature

Date

Representative Signature

Date



*Do Not Write
on This Page*



Mercy
— EMHS MEMBER

Mercyhospital.org