

SHOULDER

Surgery Guide
for Patients



CENTER FOR TOTAL
JOINT AND SPINE CARE
at Sky Lakes Medical Center

TotalJointandSpineCare.com

WELCOME FROM YOUR SURGEONS, SKY LAKES MEDICAL CENTER, & YOUR HEALTH CARE TEAM

We will all be working with you in partnership to prepare you for your shoulder surgery. Our goal is to return you to your maximum functional ability. You play a vital role in reaching that goal. Recovery is a process that starts before surgery. Recovery carries on at home and throughout your life. We could not achieve the expected outcomes without your hard work and effort.

You are our most important team member. Together, we will accomplish our team goals of: effective preparation, successful surgical procedure, smooth recovery, and finally, a successful rehabilitation.

We hope this information will assist you in preparing for your surgical procedure and will help to facilitate your recovery. Please read it carefully and feel free to ask questions of any team member.



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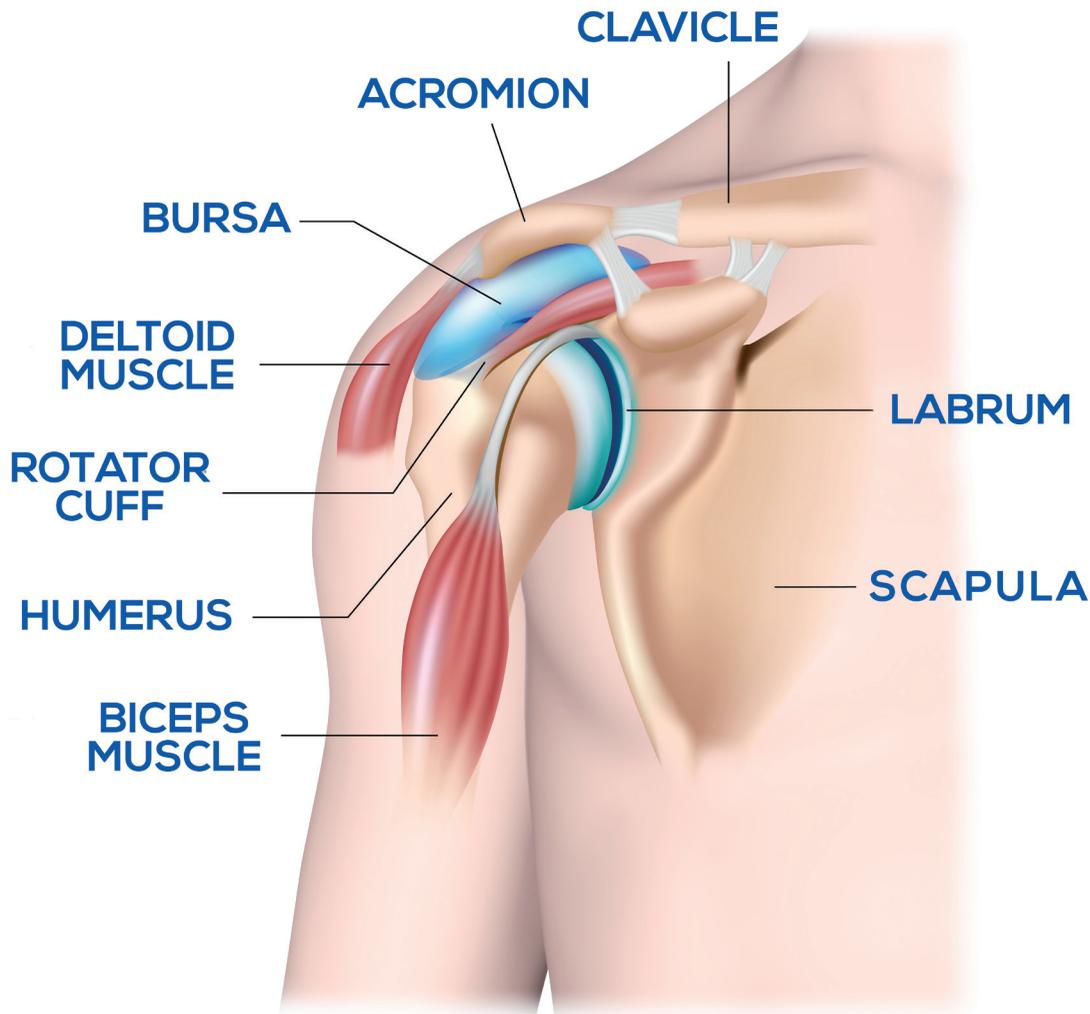
A POSITIVE APPROACH

Preparing positively for surgery is a key step in your recovery. The surgery may improve your shoulder pain to allow you to be more active. It is important to know what to expect and what you will need to do during your recovery. Our goal is to help you become as independent as possible. Our care team is ready to assist you in any way we can.

Your stay will be short, but your recovery will continue beyond your discharge. It is important for you to make a commitment to follow your doctor's instructions in order to get the most benefit from shoulder surgery. Please talk with your doctor or the team if you have questions or concerns.

THE SHOULDER

Anatomy: The shoulder joint is the connection between the upper arm bone, shoulder blade, collar bone, and supporting muscles and tendons. When one or more parts of the shoulder joint do not work properly, the joint develops poor movement patterns, which can result in pain, decreased strength, or decreased range of motion.



Glenohumeral (Shoulder) Joint:

Glenoid (socket), humerus (upper arm bone), scapula (shoulder blade), acromion, clavicle (collar bone), rotator cuff (supporting muscles and tendons), and labrum (ligamentous rim).

Motion and Stability:

The ball-and-socket design of the shoulder joint allows for a large range of motion, but in doing so, leads to less stability as the socket depth is shallow. Together, the labrum and rotator cuff hold the head of the humerus (ball) in the socket in a balance between freedom of motion and stability.

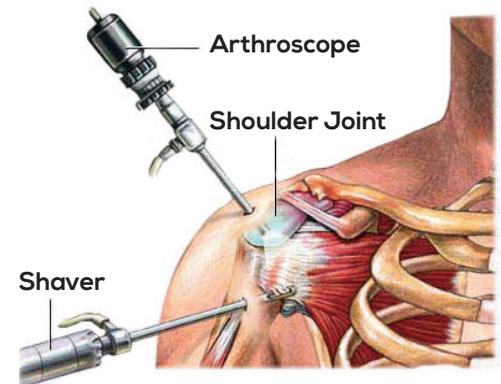
COMMON SHOULDER PROBLEMS

- » **Osteoarthritis (OA)** is the most common chronic condition of joints that occurs over time as the cartilage between bones slowly wears away. Cartilage typically covers the ends of bones and provides a smooth gliding surface, bone protection, and joint cushioning. Common symptoms are pain, inflammation, stiffness, and bone spurs.
- » **Rheumatoid Arthritis (RA)** is an autoimmune disease that breaks down cartilage in joints and creates joint inflammation. This disease commonly affects small joints on both sides of the body at the same time, often in the hands, feet, and arms.
- » **Bursitis or Tendonitis** is inflammation of the joint due to repetitive or overuse injuries. It is usually caused by pinching and rubbing of the bursa, tendons, and underlying structures between bones, and often creating pain with movement.
- » **Instability** is a frequently occurring injury involving the shoulder capsule, ligaments, labrum, and muscles that can lead to an increased risk for dislocations. Surgery may be required to increase stability depending on the extent of the injury.
- » **Labrum Tear** is a tear or detachment of the ligamentous rim that deepens the socket to the shoulder joint. The labrum also serves as the attachment site for tendons. Labrum injuries are often caused by motions above the shoulder, falls, or a dislocation.
- » **Impingement** is the result of poor movement patterns, often overhead, that damage the rotator cuff, cause chronic inflammation, and compress the joint space. Bone spurs may further compress tendons. Surgery may be required to repair the damaged tendons, create more space in the joint, or remove bone spurs.
- » **Rotator Cuff Tears** involve one to all four tendons that support the shoulder joint: supraspinatus, infraspinatus, teres minor, and subscapularis. The tendons of these muscles can tear partially or completely, leading to weakness, clicking, popping, or difficulty raising your arm.

ABOUT YOUR SURGERY

Arthroscopy vs. Open Surgery

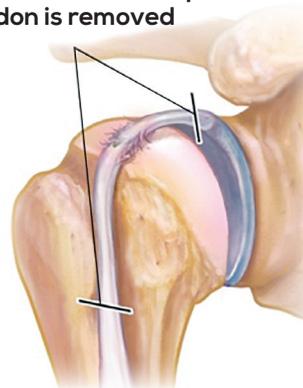
» **Arthroscopy Surgery:** A minimally invasive surgery in which your surgeon makes small incisions around your shoulder. Through these incisions, your surgeon uses a thin camera and tools to examine and repair the damaged tissues and structures of the shoulder joint. In certain cases, arthroscopy allows a quicker recovery. A brace and movement precautions may be required to protect the repair.



» **Open Surgery:** The surgeon makes an incision (typically a couple of inches) over the shoulder to expose the shoulder joint. Open surgeries are performed more often for large or more complex tears as they allow for direct examination and repair of the damaged structures. A brace and movement precautions may be required to protect the repair.

» **Bicep Tenodesis:** Removal of the damaged upper portion of the long-head of the biceps, often due to overuse. Your surgeon will then relocate the tendon attachment to the upper arm bone.

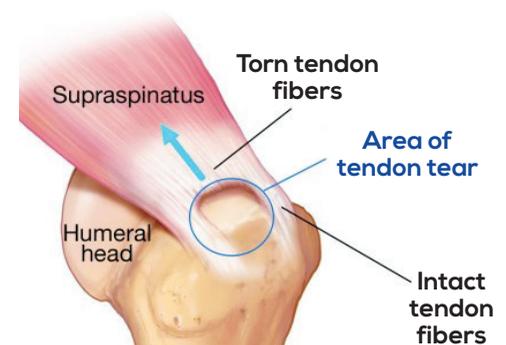
This portion of the biceps tendon is removed



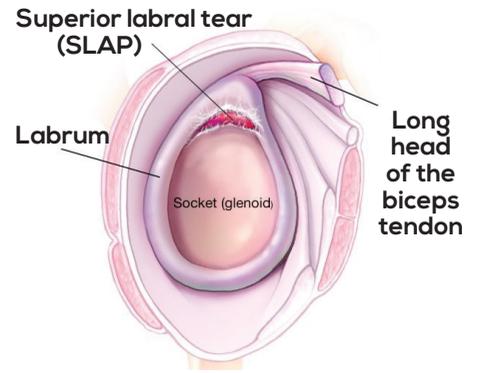
Biceps tendon fixed in a different location (biceps tenodesis)



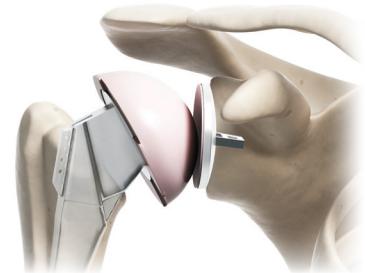
» **Rotator Cuff Repair:** Reattachment of torn tendons of the rotator cuff to the top of your upper arm bone. May also include removal of loose fragments or creating more space in the joint.



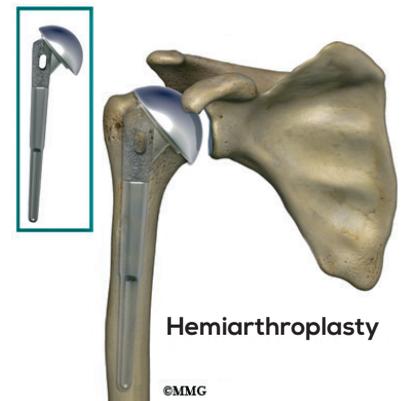
- » **Labral Repair:** Reattachment or removal of the torn ligamentous rim portion of your shoulder joint, often through arthroscopy. The two most common labral tears requiring surgery are: SLAP (superior labrum from anterior to posterior) and Bankart tears. Minor tears may not require surgery.



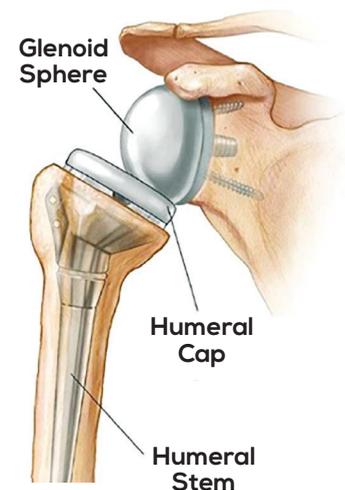
- » **Total Shoulder Arthroplasty:** Removal and replacement of damaged shoulder joint surfaces with artificial (metal and plastic) prosthetic components.



- » **Partial Shoulder Replacement (Hemiarthroplasty or Resurfacing):** Resurfacing of one or both of the shoulder joint surfaces and/or removal and replacement of one of the joint surfaces. This surgery may be for younger, more active populations, with intact cartilage surfaces.



- » **Reverse Total Shoulder (Arthroplasty):** Removal, replacement, and switching of the shoulder joint surfaces. The ball at the top of the upper arm bone becomes the socket, and the socket on the shoulder blade becomes the ball. This surgery may be necessary following a complete rotator cuff tear or previously failed replacement. The new reversed positioning of the joint allows for the deltoid muscle to assist with lifting the arm instead of the absent rotator cuff.



INFECTION IS A RISK WITH ANY SURGERY

Every precaution is taken to reduce the risk of infection. You will be given an intravenous (IV) antibiotic before and after your surgery.

PREPARING FOR YOUR SURGERY

Check Out Our Pre-Op Video Online!

TotalJointandSpineCare.com/ShoulderVideo

- » Information and tips for you to prepare for your surgery, as well as being one-handed during recovery.



Meal Preparation

PREPARING FOR YOUR SURGERY

Whether you are returning to your home the day of your surgery or the day after, we encourage you to plan for and arrange sufficient support to help assist you for at least a few days after your surgery.

2 + Weeks Before:

- » Make arrangements for adequate help at home. Ideally, someone should stay with you nearly full-time for the first week.
- » Arrange transportation for your follow-up appointments and necessary errands as you will not be allowed to drive until approved by your surgeon.
- » Plan your daily activities to limit your trips up and down stairs. Lightly hold railing with your unoperated arm for added balance without straining the supporting muscles of your shoulder.
- » Arrange phones and frequently used items within easy reach.
- » Make sure that you have good lighting and that the light switch is within easy reach.

DAY OF SURGERY

What to Bring

- Glasses/contact lenses with case
- Dentures
- Hearing aids and prostheses
- Identification and insurance cards
- Loose fitting pants or shorts
- Pull over t-shirt two sizes larger than your normal

Night Before

Do not eat or drink after midnight, including chewing gum or candy. You may brush your teeth or rinse your mouth as often as you wish, but do not swallow.

Follow your doctor's orders about your medication. Your doctor may have you take certain medications with a sip of water the morning of your surgery, but always check first. Try to get a good night's sleep. Being well-rested before surgery is helpful.

*Call your doctor right away if you get a cold or infection before your surgery.

Leave at Home

- Jewelry
- Keys
- Unnecessary Valuables

DAY OF SURGERY (cont.)

A bath or shower must be taken the morning of your surgery, before you arrive at the hospital. This aids in preventing infections. Follow any special instructions given by your doctor. Do not apply makeup. Do not wear contact lenses before or during surgery. Remove all jewelry, including rings on the side of your surgery and leave them at home. Most patients are discharged home soon after surgery; however some patients may stay a night in the hospital. Your doctor will discuss this further, if it is a possibility.

When you arrive you will have a brief wait before meeting a registered nurse. He or she will take your vitals, such as your temperature, pulse, and blood pressure.

Your surgeon will estimate how long your surgery will take. Family members and friends should not be alarmed if your surgery takes longer. Surgery times are sometimes delayed or changed due to other patient's emergencies or cancellations. Every attempt will be made to notify your family if your surgery is delayed.

While you are in surgery, your family should wait in the waiting area. Your surgeon will usually update you after the procedure is completed. If you need additional information, please inquire at the registration desk.

Please ask your surgeon or anesthesiologist if you have any further questions.

RECOVERY

Most surgeries take approximately one to two hours. After which, you will spend about one hour in the recovery room. Your surgeon will usually meet with your family in the waiting area after your surgery.

After surgery, some pain is to be expected as you recover. The amount and intensity of the pain experienced differs from one person to another. No two people are exactly alike.

While some degree of pain is unavoidable, our goal is to make your stay with us and your recovery period at home as comfortable as possible.

You will be asked how your pain is affecting you. This will help us know how your activities, medication, and other comfort measures are helping.

ACTIVITY FOLLOWING SURGERY

Wearing a Brace

Your doctor may prescribe a shoulder brace: an immobilizer or sling. If ordered, your care team is available to review with you how to correctly wear the brace. Your discharge instructions will have additional detail related to your specific surgery and brace instructions.

Walking

You will be out of bed and walking with assistance soon after the surgery.

- » If a brace is ordered, you will need to wear it while resting and during activity, unless otherwise directed by your surgeon.
- » If you normally use a walker when walking, you may have to temporarily switch to a cane.
- » We recommend that you walk with assistance several times a day.

Sleeping

It may be beneficial to sleep in a semi-reclined position or in a recliner because this allows your shoulder to remain in an optimal healing position. This may also decrease the likelihood of rolling onto your surgical arm or unintentionally pushing with your surgical arm. Depending upon your surgery, your surgeon may prescribe sleeping in a shoulder brace.

Getting Out of Bed

After surgery, we recommend you bend both knees and use your legs to push and roll in one motion toward your unoperated shoulder. While lowering your legs out of bed, raise up by pushing with your unoperated arm. Reverse this process when getting out of bed.

Sitting in a Chair

Stable chairs with armrests are recommended.

- » Feel for the chair with the back of your legs and reach back with your unoperated arm for the armrest to help guide you into the chair.
- » Slowly lower yourself with your legs performing most or all of the work.

Getting Up From a Chair

- » Scoot to the edge using your hips and legs.
- » Place feet firmly on the floor.
- » Lean forward at your hips.
- » Push up with your legs to stand, using your unoperated arm on the armrest to help balance and guide you.

SURGERY PRECAUTIONS | AVOID THESE MOVEMENTS

Specific precautions and their duration depend upon your surgery. Your surgeon will prescribe these, if any, after surgery. Your care team will educate you on which motions you will need to avoid to keep your shoulder surgery safe. In general, you should prepare to temporarily be one-handed, using only your unoperated arm and to be restricted from placing any weight through your surgical shoulder and arm.

Driving

You should not drive while you are prescribed to wear a brace. Typically, this can be 4-8 weeks, depending on your surgery. Your doctor will clear you to return to driving when your shoulder is allowed out of the shoulder brace, you are no longer taking narcotic medication, and when you have gained adequate strength in your shoulder.



TAKING CARE OF YOURSELF AT HOME...

BARRIERS IN YOUR HOME

Think about possible barriers in your home and share this information with your therapist:

- > Number of stairs
- > Bedrooms on the second floor
- > Bathroom sizes, set ups, and locations

To help in planning for your discharge, inform your care team who is going to be with you when you go home and for how long each day.



EQUIPMENT AT HOME

Equipment recommended by your healthcare providers, such as a reacher or a sock aide is not typically covered by insurance, but can be acquired at several locations in the community. Your occupational therapist can help you regarding community resources.

INCISION CARE

Keep dressing clean and dry and change as instructed. Monitor incision for warmth, redness or increased drainage. Do not apply lotions, creams, oils or powders near incision.

PAIN MANAGEMENT

Pain experienced following shoulder surgery is different for everyone but can be significant for the first few weeks. Assess and address your pain frequently, modify your activities, and increase your focus on proper body positioning to help decrease pain intensity and frequency. Follow instructions on your pain medication label as prescribed by your surgeon.

Your pain medication may cause side effects such as nausea, drowsiness, confusion, and constipation. Ask your nurse any questions you may have about side effects. It is most helpful to take pain medication before pain becomes severe. If you wait too long to take pain medication, it becomes harder to get relief.

Other pain relief measures such as ice, changing your position or getting up and moving work well. Taking your mind off the pain by listening to music, watching TV, reading, or visiting with family and friends is very helpful in controlling both pain and anxiety.

As you heal, your need for pain medicine should decrease. Talk with your care team and surgeon if you have any questions or concerns about your pain management at any time during your recovery.

If you were taking such medicines as Motrin, Naprosyn, ibuprofen, or Celebrex before your surgery, check with your surgeon before taking these again at home.



TAKING OTHER MEDICATIONS

Most of your home medications for high blood pressure, heart problems, or other medical problems will be continued during your surgical stay. Check with your surgeon if you have any questions about your medications.

ACTIVITIES OF DAILY LIVING WITH A SHOULDER BRACE

TAKING OFF THE BRACE: Use your unoperated arm to help lift your surgical arm in the brace up to a table or other waist high surface. Make sure your surgical arm is supported and cradled before removing your arm out of the brace.

PUTTING ON YOUR BRACE: Position your brace on a table or other waist high surface. Use your unoperated arm to support your surgical arm into the sling portion of the brace. Make sure each strap and buckle is secured before moving away from table.

FIT: Place your elbow fully in the corner of the sling. Your thumb should line up with the middle of your chest, your hand near your belly button. The curved pillow portion of the sling is to be placed between your arm and your torso, not underneath. Straps around the waist and over the shoulder should be snug and not cause excessive stress on your neck. The exercise ball is meant to be a reminder to use the muscles of your hand and wrist. Visit our instructional video online to view a demonstration on brace fit.

TotalJointandSpineCare.com/ShoulderVideo

EXERCISES

Visit TotalJointandSpineCare.com for Helpful Videos of Our Exercises!

Before your surgery, perform these exercises, as allowed by your surgeon, to help increase your strength and improve your overall comfort. Begin them a month or two prior to your surgery, if possible. **10-15 repetitions, 3 times a day, focusing on the muscles involved in each exercise.**

After your surgery, your surgeon will inform you of any shoulder precautions, and what motions and activities are safe for you to perform while your shoulder heals. Ask your surgeon or therapist if you have any questions on your approved motions.



Pendulum: Begin standing with your trunk bent forward, using your unoperated arm for support on a table or countertop and your surgical arm hanging straight towards the ground. Slowly shift your body weight in a circular motion, letting your hanging arm swing in a circle at the same time. Make sure the movement comes from your body not your arm muscles.



Forearm Pronation & Supination: With your arm in sling or supported on a table or countertop, slowly turn your palm up toward the ceiling, pause briefly, then turn your palm down. All motion should come from your wrist and forearm.

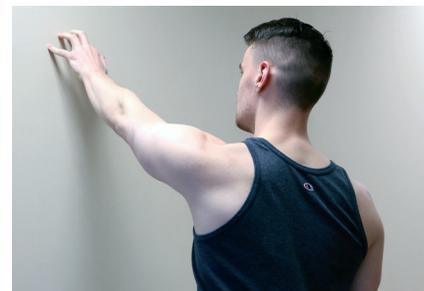


Scapular Stabilization: While seated, with your shoulders relaxed and your forearms supported, slowly squeeze your shoulder blades together. Hold for 10 seconds, without raising your shoulders, then slowly relax.



Assisted Shoulder Flexion: Begin in a standing upright position. Use your unoperated arm to help raise your surgical arm in front of your body as high as you can. Make sure to keep your surgical shoulder level and do not arch your back as you raise your arm. You should be supporting the movement of your surgical arm through the whole motion.

Active Shoulder Flexion/Wall Walk: In a standing upright position, start with your arms straight and your hands resting on a wall at shoulder height. Slowly walk your hands up the wall with your fingers one at a time. Make sure to keep your body straight during the exercise. Only walk your hands as far as you can without feeling any pain.



ACCESS TO UNDERARM AND BATHING: Your doctor will inform you when you are able to let water run over your incision. While standing or seated, remove your arm from your brace; let it rest down at your side. While holding onto a sturdy counter or table with your unoperated arm, bend forward at your waist, let gravity pull your operated arm away from your torso. This position allows you access to wash your underarm and apply deodorant. Ask your therapist about other assistive devices you may benefit from, including a shower chair or long handled sponge.

DRESSING:

Upper Body - Oversized pull-over T-shirts two sizes larger than your normal are preferred after surgery as they are easier to manage. Brace your unoperated arm on a sturdy counter or table, bend forward at your waist, let gravity pull your arm down and away from your torso. Use your unoperated arm to put the sleeve on your operated arm up to your shoulder. Standing up, let your surgical arm rest at your side while you put your unoperated arm into the other sleeve and use your unoperated arm to pull your shirt over your head.



Lower Body - It may be easier to use elastic waist band pants and easy slip-on shoes. You may also benefit from a long-handled shoe horn in order to provide ease when putting on shoes. If you are having difficulty reaching down for pants, consider using a reacher and for assistance with socks using a sock aide.

TOILETING: If your surgical arm is your dominant arm, practice using the restroom with your non-dominant arm before surgery. Ensure you are able to stand from your toilet without pushing up with your surgical arm.

HOUSEWORK: You will need assistance for two-handed activities including opening jars, preparing food, mowing the lawn, etc. If you frequently use certain items that are stored in hard-to-reach spots it may be beneficial to relocate them to waist level or within easy reach. If your surgery is performed on your dominant arm, practice writing and signing your name with your non-dominant hand.

SLEEPING: If ordered, sleep with your arm in a shoulder sling, unless otherwise specified by your surgeon.

EATING: If dominant hand has undergone surgery, consider using a bowl or plate with a raised side as it is easier to use your non-dominant hand while pushing food onto the utensil.



SHOULDER ACTIVITY LEVELS

Following surgery, your surgeon will prescribe safe shoulder activity and movement levels. These levels describe your initial limits for optimal healing, not to be exceeded.

Education and training will start with the lowest applicable level initially and increase in intensity towards these safe limits.

Do not progress to the next level until you are cleared by your surgeon or therapist. Progressing to a higher level is based upon evidence-based surgical protocols, tissue healing time, and care team assessments.

REHABILITATION GOALS:

- ✓ Strengthen the muscles supporting your repaired shoulder
- ✓ Increase your functional range of motion to your needs
- ✓ Return to normal shoulder mechanics
- ✓ Prevent re-injury with gradual progression of activity
- ✓ Safely return to work and recreational activities



When to Call My Surgeon

- » Round the clock nausea/vomiting, not keeping fluids down for over 24 hours
- » Excessive and/or discolored drainage from the incision
- » Excessive swelling or pain in the leg or calf
- » Hot to the touch or red incision
- » Fever over 102 degrees



Dan O'Brien Way

Daggett

Campus Drive

Uhrmann Rd

Dahlia Street

Crater Lake Parkway

Campus Drive

Shallock Ave

Dahlia Street

Daggett Avenue



Biehn Street

Crater Lake Parkway

Campus Drive



Bryant Williams Drive



Clairmont Drive

Clairmont Drive



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