

Your Integrated Orthopaedic Care Guide

A Patient's Guide to:

Shoulder Replacement Surgery



Dear Patient,

Welcome to the Toronto Western Hospital, University Health Network (UHN). We are privileged to provide you with your joint replacement surgery care. Our primary value is that the needs of patients come first and we are committed to ensuring you receive a patient-centred coordinated approach. Our team of healthcare professionals have come together as **one TeamUHN** to integrate your surgery and recovery care, to help you return to your everyday activities as soon as possible.

We are pleased to provide you with your Integrated Orthopaedic Care Guide to help you prepare for your upcoming surgery and recovery at home. Please use this guide in conjunction with UHN's My Surgery booklet that will be provided to you. We encourage you to read and refer to these guides frequently, at all your appointments and visits. Additional information is also available for your review on our website www.uhn.ca/Arthritis.

Our orthopaedic team at UHN is an industry leader in joint arthroplasty, utilizing the most current technology and specializing in handling complex cases. We treat more than 3,500 orthopaedic inpatients and 45,000 outpatients annually. On behalf of our TeamUHN, we look forward to providing you with your joint replacement surgery and supporting you through your recovery at home.

Sincerely,

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Your Integrated Orthopaedic Care Guide

Acknowledgements

Clinical Experts:

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Orthopaedic Surgeon Offices
Inpatient Orthopaedic Unit
Pre-Admission Department
Operating Room and Day Surgery Departments
Pre-Operative and Post-Anesthesia Care Unit
Anesthesiology Program
Allied Health Department
Altum Health

Patient Partners:

A sincere thank you to our patients who partnered with us to review and provide feedback on the guide. Your input has ensured that patients and families will find the information meaningful in supporting them through their joint replacement journey.

Project Team:

A special acknowledgment to our Schroeder Arthritis Institute Integrated Care Team for leading the toolkit development with our UHN teams and patients: Christopher Hawke, Advanced Physiotherapist Practitioner (APP), Marsha Alvares, APP and Manager – MSK Integrated Care, Samra Mian-Valiante, Director, Strategy & Transformation, Division of Orthopaedics, and Sandralee Rose, Project Manager.

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Schroeder Arthritis Institute
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KEY CONTACTS

For questions or concerns about:	Call:
Your pre-admission date Your surgery date Changes in your medical condition	Your Surgeon's office
Your outpatient rehabilitation appointment, date, time, location.	UHN Altum Health (See page 6 for your clinic's phone number)
Any concern or question AFTER surgery, including but not limited to: <ul style="list-style-type: none"> - Your incision (red, warm to touch AND has pus and a bad smelling odour) - A fever (temperature of 38° C or higher for 2 days). - Pain that seem unmanageable, despite taking pain medicine. 	Orthopaedic Help Line (416-603-5126) 24 hours a day / 7 days a week

If you have:

- Chest pain, tightness or shortness of breath.
- The worst headache of your life that is not relieved by pain medication.

Call 911 for an ambulance to take you to the nearest emergency department.

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GUIDE OVERVIEW

Welcome to Toronto Western Hospital's Schroeder Arthritis Institute, the goal of this guide and your integrated care team is to help you prepare for a successful total joint replacement surgical journey.

Your Integrated Orthopaedic Care Guide offers information to support you through each step of your joint replacement journey, including surgery, your recovery at home and outpatient rehab through UHN's Altum Health rehabilitation clinics. This guide should be used in partnership with your UHN My Surgery book and the UHN Schroeder Arthritis Institute website.

Throughout the guide you will see the following symbols:



'My Surgery Book link' symbol.

It means you can find additional information about this topic in the UHN My Surgery Book, on the page number indicated.



'Remember' symbol.

It means the information beside this symbol is important and something you need to remember.



'UHN Schroeder Arthritis Institute website' symbol.

It means the UHN Schroeder Arthritis Institute website offers additional resources about the topic next to the symbol.

UHN COVID-19 PREPAREDNESS

Current Toronto Western Hospital practices may change from the information provided in this guide, in response to the COVID-19 pandemic.



What to expect when arriving at Toronto Western Hospital

Everyone entering the hospital is required to wear a mask. Disposable mask dispensers are available at each entrance.



COVID-19 testing before surgery

Surgical patients **may be** required to have a COVID-19 swab test completed prior to surgery. You will be contacted a few days prior to your surgery day with the date, time and location of your scheduled test, if applicable. After your swab, you are required to self isolate at home until your surgery.



Visitor policy

UHN values the involvement of family members in the care of our patients, however due to the pandemic situation, there are times when we must rescind our visitor policy to our institution to ensure the safety of all staff and patients. Please visit the UHN website for the most up to date visitor information.



Follow-up appointments

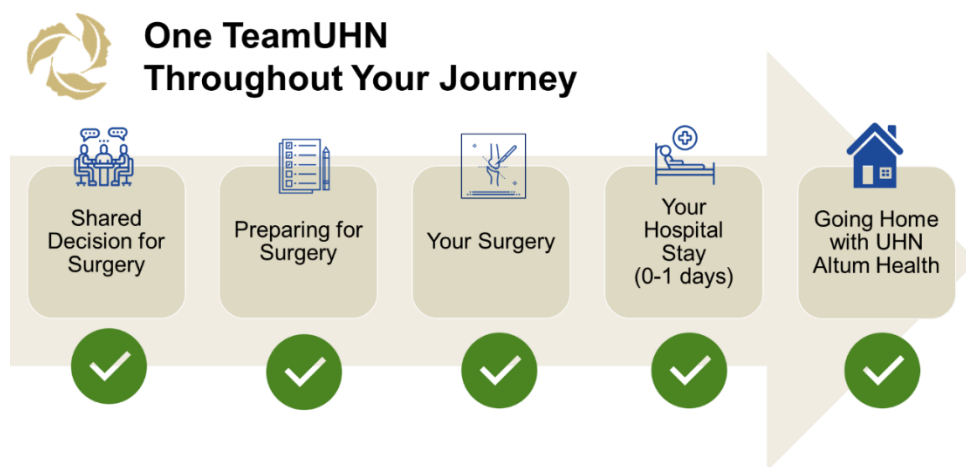
Some of your appointments may be scheduled as a virtual visit (appointment). During a virtual visit, you do not come to the hospital to meet in person. You will speak with your healthcare team using a regular telephone, smartphone or your computer.

For the most up to date information, call your surgeon's office or visit www.uhn.ca/covid19

Integrated Care

The team of health care professionals at UHN has come together as your **TeamUHN**. The Integrated Care model means every step of your journey, from the time we first assess you, through to your surgery and recovery at home, will be supported and coordinated for you by your **TeamUHN**. Under this new model, your rehabilitation after surgery will be provided by UHN Altum Health.

Your **TeamUHN** includes your surgeon, residents and fellows, physician assistants, physiotherapy practitioners, anesthesiologists, nurse practitioners, pharmacists, registered nurses, physiotherapists, administrative staff and most importantly, **You**.



UHN Altum Health

Altum Health, a division of UHN, reaches beyond rehabilitation to deliver a full range of health care services, including prevention, acute care, surgical care and rehabilitation. Working alongside surgeons and specialists as part of **TeamUHN**, to ensure timely, integrated and coordinated care, to help you achieve the goals of your surgical journey. With 12 sites across Southern Ontario, our team of therapists are able to offer you individualized, evidence based care plans closer to your home. There is also potential for virtual rehabilitation, if appropriate, which can be discussed with your Altum Health team.

After surgery you will be provided a list of Altum locations for you to choose from. You will be cleared to start physiotherapy roughly 2-4 weeks after your surgery.



Leading
the new way
in Canadian
health care.

What is Altum Health?

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During your surgical journey, you will be provided a list of Altum locations for you to choose from. Your surgeon will let you know when you can book the physiotherapy appointment at your 2-week follow-up appointment.

SHOULDER CARE PATHWAY

Assessment approximately 2-4 weeks post-operation

Treatment sessions scheduled according to individual care pathway needs

Physiotherapy conducts assessments with Kinesiologist and PTA to prescribe exercise

1:1 care or group-based exercise class by Physiotherapist/Kinesiologist/PTA

On-site for up to 1 hour per session



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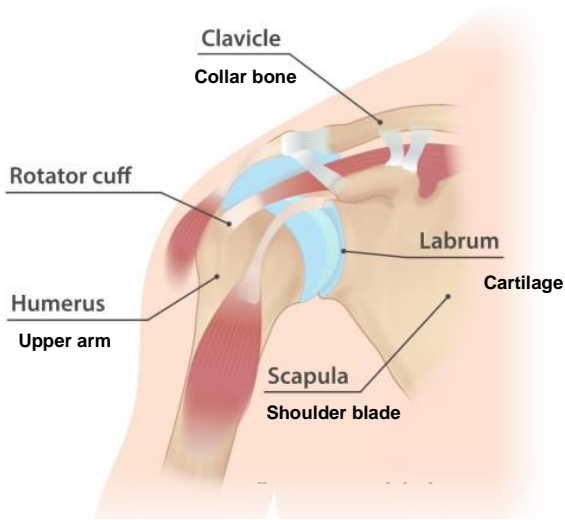
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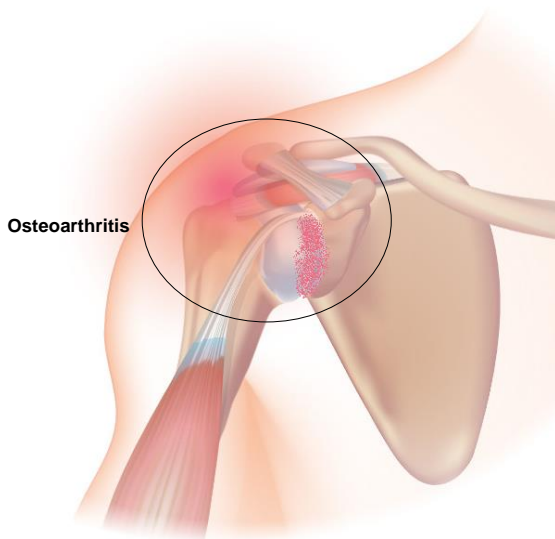
Step 1: UNDERSTANDING YOUR JOINT SURGERY

Understanding the Shoulder Joint



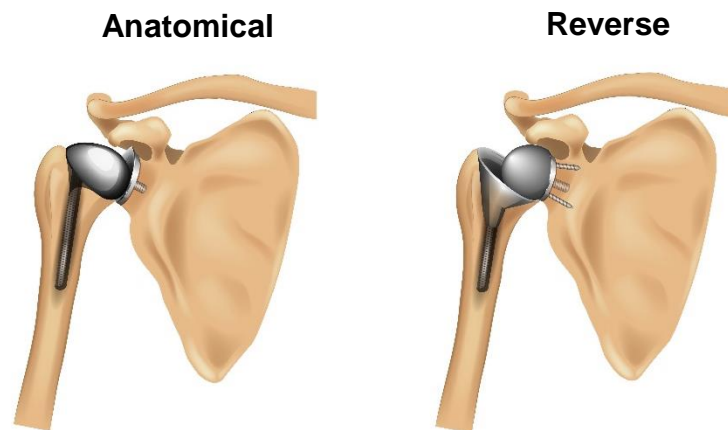
In a healthy shoulder joint, there is a smooth cushion of cartilage between the ball of the humerus (upper arm bone) and the socket (glenoid). This allows the joint to move smoothly and without pain.

Impact of Arthritis on the Shoulder Joint



Arthritis is a disease that causes the cartilage on the joint surface to erode and becomes uneven. This can cause pain, stiffness and swelling.

Total Shoulder Replacement Surgery



A shoulder replacement involves the surgeon removing the joint that has worn out, and replacing it with an artificial implant.

The specially designed metal and plastic parts are sized to fit to your joint to help improve your mobility, pain and function.

A total shoulder joint replacement (also called arthroplasty) means replacing both sides of the joint with an artificial socket, metal ball and stem. Your surgeon may recommend an anatomical or reverse shoulder arthroplasty. There are a variety of reasons for recommending one implant type over another, such as the type of arthritis, the integrity of the rotator cuff, the amount of deformity, or previous surgery. The decision is often complex, but your surgeon will discuss the option they feel is most appropriate with you, as part of your pre-operative clinical visit.

Step 2: PRE-ADMISSION CLINIC

Virtual Visits

You may be scheduled for **virtual visits** (appointments). During a virtual visit you do not come to the hospital to meet in person. You will speak with your care team using a regular telephone, smartphone or your computer.

We are using virtual visits more often at UHN to reduce how many people come to the hospital. This is to protect our patients, staff and the community from the spread of COVID-19.

For more information, please visit

www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Virtual_Visits_at_UHN.pdf



Appointments

- **Pre-admission appointment**

Your surgeon's office will contact you to provide your pre-admission appointment. Parts of your appointment may be completed virtually by phone, online or in-person at Toronto Western Hospital (1st floor, Main Pavillion, Room 406).

- **Surgery appointment**

Your surgeon's office will contact you to provide your surgery date, time and any additional instructions.



See *UHN My Surgery* book page 21 for additional information.

Pre-Admission Clinic Appointment

The purpose of the Pre-Admission Clinic appointment is to prepare you for your surgery. Members of your **TeamUHN** will make sure you are medically fit for surgery and anesthesia. They will also give you information about what to expect before, during and after your hospital stay.

- Your surgeon's administrative assistant will contact you to book this appointment and provide instructions.
- Your appointment may be conducted in person or virtually and may be up to **6 hours in length**.
- It is required that you attend the appointment.

If your pre-admission appointment is **in-person**:

- **Bring all medications, herbal supplements, over-the-counter medication and vitamins in their original containers to your pre-admission clinic appointment**
- You may eat on the day of your appointment, unless told otherwise by your surgeon.
- Wear clothing that is easy to put on and take off for examinations and tests.

One week before your surgery, the surgeon's administrative assistant will give you an appointment time for your preadmission blood work and any swab tests that may be required.

Nursing Consultation

During your visit, a registered nurse will answer questions relating to your surgery and provide a complete check of your health, including:

- Any special medical needs you may have so that you can be better looked after in hospital.
- How you can look after yourself at home when you leave the hospital.

Depending on your health history, other health care professionals may also speak with you prior to your surgery.

Pharmacy Consultation

Your **TeamUHN** pharmacist will speak with you to discuss your current medications and answer any questions you may have.



Please have all of your medications with you in their original containers, including:

- Prescription medicines
- Over the counter medicines
- Herbal medicines
- Vitamins
- Cannabis products
- Please notify the pharmacist of any street drug use



See ***UHN My Surgery*** book page 16 to 23 for additional information about your pre-admission appointment.

Anesthesia Consultation

An anesthesiologist is a member of your **TeamUHN** who ensures you are safe and comfortable during your surgery.

Many factors influence the effect of the drugs used for anesthesia:

- Age
- Weight
- Alcohol
- Tobacco
- Prescription medicine
- Kidney and liver diseases
- Heart and lung diseases
- Street drugs
- Pregnancy

Anesthesia and surgery can affect all the major systems of your body. **It is important you discuss all your medical problems with your anesthesiologist**, so that you can be given anesthesia in the safest and most comfortable way.

Your anesthesiologist will talk to you about the potential risks and benefits of regional and general anesthetic. Together, the anesthesiologist and you will make an anesthetic plan that best suits your needs.

A regional anesthetic is the most common anesthetic used during total joint replacement surgery. In shoulder surgery, it is often supplemented by a general anaesthesia.

Regional anesthesia, commonly referred to as a “nerve block”, is where anesthetic (freezing) medicine is injected to numb the area undergoing surgery. Regional anesthesia provides excellent anesthesia and effective pain relief after surgery. Given the pain stimulus is removed during surgery, the general anaesthesia can be lighter (not as much drug to make you sleep). As such, nausea and vomiting post surgery may be less, narcotic use is less, and pain control for the first post-operative night is optimized.



See ***UHN My Surgery*** book pages 30 to 31 for additional information on anesthesia.



Co-Pilot

A co-pilot is a trusted person of your choosing, who is able to help you at various points during your surgical journey. Most importantly, they are recommended to be available on the day you are discharged home from the hospital.

You need to confirm your co-pilot arrangements before your pre-admission clinic appointment.

- Your co-pilot can be a family member, friend, neighbour, or hired care provider. This individual should be over the age of 18.
- Your co-pilot does not need to be available 24/7, but should be available to help when needed before and after surgery.
- For day surgery patients, it is strongly encouraged you have your copilot stay with you on the first night after surgery.
- On your day of discharge, your co-pilot can help you pick up your discharge prescriptions at Shoppers Drug Mart on the main floor of TWH, before you leave the hospital.

For the most up-to-date information about co-pilots accompanying you in the hospital, please **call 9A Orthopaedic Inpatient Unit at (416) 603-5769.**

Step 3: PREPARING FOR SURGERY

Preparing Your Home

Taking the time to prepare your home before surgery will help to provide a safe and comfortable environment for your recovery.

Common Areas

- Remove any potential tripping hazards or obstacles (such as rugs, cords and small objects) to ensure there is a safe walking path through all main common areas of your house.

Kitchen

- Ensure all food products and kitchen accessories are placed in accessible, easy-to-reach locations.
- Consider stocking up on groceries and precooking meals to store for your recovery.

Bedroom

- It is important that your bed height is accessible and your mattress is supportive.
- It may be more comfortable to sleep in a more upright position for the first few nights, as the shoulder immobilizer can make positioning difficult. Pillows can be used to support sitting more upright in bed.



See *UHN My Surgery* book pages 6 to 7 for additional information on preparing for surgery.



Bathing Before Surgery

To reduce the risk of infection, your surgeon has asked you to follow the shower protocol below:

1. Starting 5 days before your surgery, shower everyday using your **NORMAL SOAP**.
2. 24 hours before your surgery, shower using **CHLORHEXIDINE SOAP**. **IMPORTANT:** If you have been given a pre-admission appointment on this day, please shower with the chlorhexidine soap **after** you have attended your appointment.
3. Day of your surgery, shower before your surgery using **CHLORHEXIDINE SOAP**.

5 days before surgery	4 days before surgery	3 days before surgery	2 days before surgery	24 hours before surgery	Day of Surgery
NORMAL SHOWER	NORMAL SHOWER	NORMAL SHOWER	NORMAL SHOWER	Use CHLORHEXIDINE SOAP	Use CHLORHEXIDINE SOAP

- The **CHLORHEXIDINE SOAP** is available for purchase under the names Stanhexidine or Chlorhexidine Wash 2% at any pharmacy.
- Do not use this soap if you have psoriasis or eczema. Speak with a pharmacist about alternative options.

How to take a shower using CHLORHEXIDINE SOAP:

1. Use the chlorhexidine soap from your neck to feet. **Avoid contact with your face, ears, eyes, anus and genitals.**
2. Use your usual shampoo on your hair.
3. Rinse the soap from your body.
4. Use your usual soap or cleanser on your face, ears, anus and genitals.
5. Use a clean towel each day to dry yourself. Dry the groin and anal areas last. Do not apply lotion.

- Test a small area for sensitivity. If your skin develops irritation, rash or allergic reaction from the chlorhexidine soap, stop using the chlorhexidine soap. Continue following the shower timeline and instructions using your regular soap.
- **Please notify your POCU nurse on the day of your surgery if you were unable to complete the chlorhexidine wash.**



DO NOT shave the hair in the area of your surgical site for 5 days before surgery.

Community Services and Resources

There are a variety of services and resources (such as respite care, in-home nursing care, grocery delivery) available for purchase within the community, to assist with your recovery.

To access a list of community services and resources, please visit:

https://www.uhn.ca/Arthritis/Orthopedics/Pages/community_resources.aspx

Step 4: DAY BEFORE SURGERY



DOs and DON'Ts the Day Before Surgery

- **DO NOT** shave the hair around your surgical site **for 5 days before surgery.**
- **DO NOT** use lotion, deodorant or powder after your shower.
- **DO** have a light supper (no fried or fatty food) on the **evening before surgery.**
- **DO NOT** eat solid food after **midnight** on the night before surgery.
- **DO drink clear liquids** (ex. water, apple juice, clear broth, tea or coffee without milk or cream), unless otherwise advised by your surgeon. **STOP drinking clear liquids 5 hours before your surgery.**
- **DO NOT** drink alcohol 24 hours before surgery.
- Take off all piercings and jewellery, including wedding rings. Please see a jeweler for assistance in removing jewellery, if needed.
- Remove nail polish on fingernails and toenails.



See *UHN My Surgery* book pages 24 and 25 for the 'Before my Surgery checklist' and additional preparation information.

Packing your Bag

Please bring the following with you on the day of your surgery. Please limit the amount personal belongings you bring to the hospital, only bring the most important items.

- Bring your usual walking aid to the hospital, if needed.
- Loose non-slip, closed toe footwear (other than slippers).
- Bring your cryo-cuff, if you have one (optional).
- A bag with your clothing, toiletries and personal belongings, if staying overnight.
 - Loose, stretchy shirts and leisure pants are easiest to put on after surgery.
- All your medications in their original bottles/containers.
- You will need your wallet and health card, but do not bring any other valuables with you to the hospital.



See *UHN My Surgery* book pages 26 to 27 for a list of recommended personal belongings to bring to hospital.



The hospital cannot be responsible for money or valuables.

We understand that you may have personal items with you in hospital, such as clothing, medications and personal support aids (for example, eyeglasses, contact lenses, dentures, hearing aids, mobility aids such as a cane, walker, prostheses or wheelchair). The hospital cannot be responsible for these items if they are damaged or go missing.

Step 5: DAY OF SURGERY



IMPORTANT REMINDERS

- **DO NOT** take any of your medications the morning of your surgery, unless your healthcare team has said it is okay.
 - If told to take medication, you can take it with sips of water
- Remember to take a chlorhexidine shower the morning of your surgery.
- **DO NOT** use lotion, deodorant or powder after your shower.
- You can brush your teeth the morning of your surgery, but **DO NOT** swallow any liquids.
- **Remember to bring your:**
 - Medications in the original bottles
 - Personal belongings bag, if staying overnight
 - Non-slip shoes
 - Health card and payment method (To purchase your prescription medication at discharge).

Arriving at the Hospital



You should arrive at the hospital **3 hours** before your scheduled procedure time. However, if your **surgery is at 8:00am, please arrive at 6:00 am** (Hospital units do not open before 6:00am).

When you arrive at the hospital, take the **Fell Pavilion elevator to the 2nd floor, Fell Pavillion, Room 116 to the Pre-Operative Care Unit (POCU).**

Pre-Operative Care Unit

On the day of your surgery, the Pre-Operative Care Unit (POCU) is where you will register before your surgery. Here your nurse will complete your pre-operative assessment and prepare you for surgery. The anesthesiologist will review all your information with you and make the final decision about your anesthetic.



See *UHN My Surgery* book pages 28 to 29 for additional information about the Pre-operative Care Unit.

Surgery



See *UHN My Surgery* book pages 29 to 36 for what to expect during surgery.

Post-Anesthesia Care Unit

After your surgery, you will go to PACU to recover from sedation. Here the registered nurses will check your vital signs, bandage, fingers (for colour, feeling and movement), and raise the head of your bed to get you sitting. You will also receive pain medicine.

Once you have fully recovered from your sedation and your vital signs are stable:

- If you are having day surgery, you will be discharged from the Day Surgery Unit.
- If you are scheduled to stay overnight, you will be moved to the 9th floor **9A Orthopedic inpatient unit**.



See *UHN My Surgery* book page 38 for what to expect in the post-anesthesia care unit.

Step 6: HOSPITAL STAY

Visiting Hours

Hospital visiting hours are flexible, please be respectful of your roommates. Please **call our Orthopaedic Unit at (416) 603-5769** for additional information.



See *UHN My Surgery* book pages 12 to 14 and 34 to 35 for additional information.

Your Hospital Stay:

Your **expected day of discharge** is reviewed by your TeamUHN. Many patients are ready to go home the same day (day surgery) or the next day (inpatient surgery), once they have met all the discharge goals. We will not send you home if it is unsafe.

Your discharge goals include:

- You are medically stable
- Your pain is well controlled

Medication and Pain Control

Continuing your Regular Medication

While you are in the hospital, the doctors, nurse practitioners, nurses, and pharmacists review your regular medicines and assess whether you should continue taking them after your surgery.

Make sure to have a list of all medicines you take, and the name and phone number of your regular pharmacy, in case we need to check them.

Managing Pain in Hospital

You will recover and feel better sooner after your surgery when your pain is well controlled. While the medicine will not take away all of your pain, we will help you to reduce your pain to as low as possible. Please talk to anyone on your **TeamUHN** about your pain, such as your doctor, nurse practitioner, nurse, acute pain service team or physiotherapist.

The Acute Pain Service Team will visit you after your surgery to help manage your pain. They are a special team of nurse practitioners and anesthesiologists who will help create a pain medicine plan, using a variety of medicine.

- We encourage you to take your pain medicine as prescribed to keep your pain within your comfort level and at a level that will help you take part in activities of daily life and exercises.
- Applying ice is another way to help control pain and swelling.



See *UHN My Surgery* book pages 40 to 42 for additional information about managing your pain after surgery.

Preventing Falls

While you are in the hospital, we will take measures to keep you safe from falling.

We will put these items within reach of your non-operated side:

- Pull cord for light.
- Bedside and bathroom call bells.
- Bedside table, meals and drinks.
- Personal items, eyeglasses and hearing aids.
- Walker or gait aid, (if needed and if you are able to use one on your own).

We will make sure:

- You know the members of your health team and their roles.

- To check on you often and that your pain is managed.
- To check if your medication put you at risk of falling.
- Your bed is in the lowest position, with brakes locked.

How you can help stay safe:

- Wear non-skid footwear.
- Call for help if you feel weak or dizzy, for example, when getting into and out of your bed/chair or when walking.
- Do not lean on equipment for support, as most hospital equipment is on wheels.

Step 7: GOING HOME

Shoulder Immobilizer

After surgery, you will be instructed on how to wear the immobilizer that is required during the first 2 to 3 weeks, until you see your surgeon at your follow-up appointment.

The immobilizer (sling) stops the shoulder from moving outside of a certain range or motion. This allows the tendons at the front of the shoulder to heal appropriately, which is important for the stability of the implant.

When to Remove the Immobilizer

The immobilizer can be removed for showers and exercise. The medical team will let you know when you can stop using it, typically 4 to 6 weeks after surgery. See *How to get Dressed after Shoulder Surgery* for instructions on applying and removing the immobilizer.



Shoulder Movements to Avoid

- Do not move the shoulder/operated arm behind your body, above head, or externally rotate it (turning out away from body) greater than 30 degrees.
- Do not lift anything with your operated arm until you see the surgeon at the 2-3 week follow up appointment. Light tasks such as using a computer are acceptable.

How to get Dressed after Shoulder Surgery

The steps below will guide you through putting on/removing a shirt and immobilizer after your shoulder surgery:

Putting on your shirt:

1. Lay your shirt on your lap.



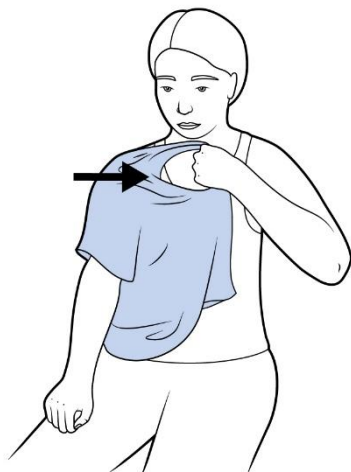
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2. Using your non-operated arm, guide the sleeve of your shirt over the operated arm until the entire arm is through the sleeve of your shirt.



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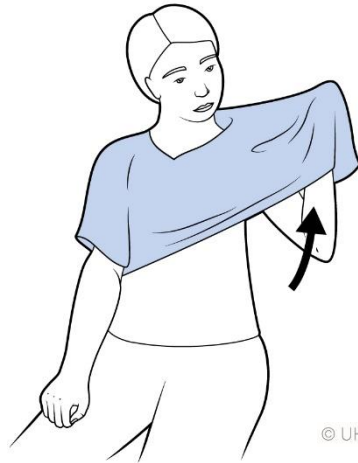
3. Find the head opening and pull your head through the shirt.



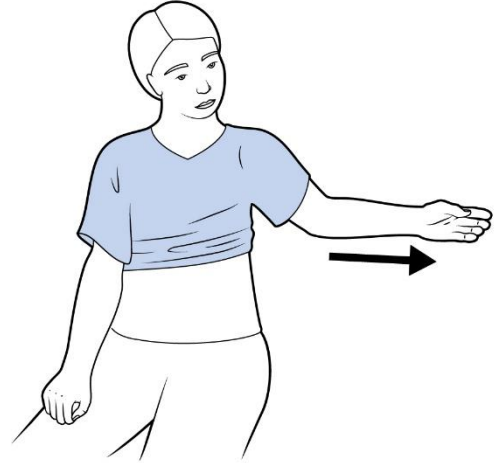
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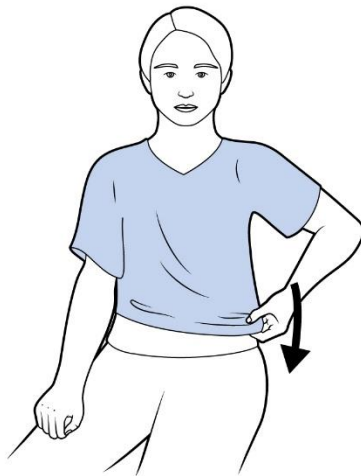
4. Put your non-operated arm through the other arm sleeve.



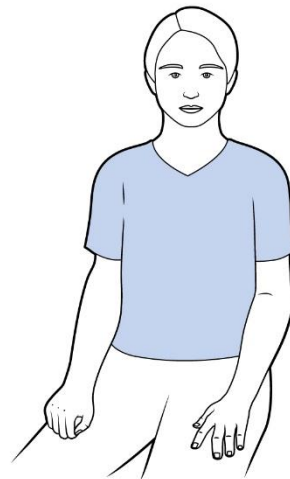
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5. Pull your shirt down over your stomach and back



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Putting on your shoulder immobilizer:

1. Place a pillow on your lap and rest your operated arm across the front of your body, on the pillow.



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2. Place the immobilizer chest strap across your chest, just above the pillow and hold it in place with the hand of your operated arm.



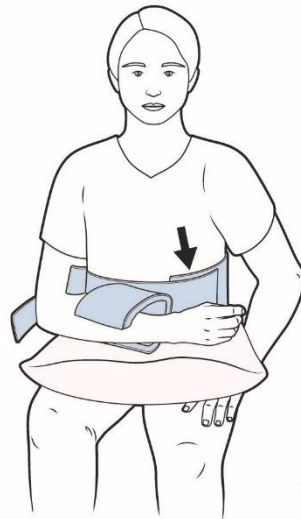
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- Using your non-operated arm, wrap the large chest strap around your back.



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- Secure the chest strap using the velcro attached.



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- Wrap the wrist strap around the wrist of your operated arm and secure it with velcro.

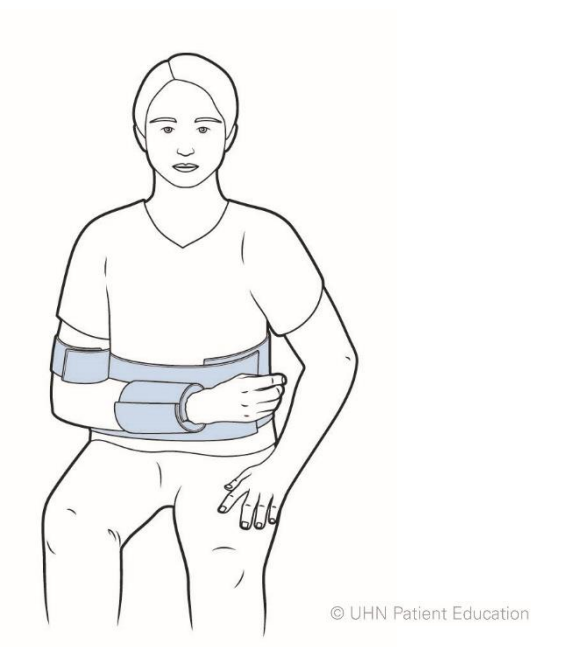


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6. Wrap the arm strap around the upper portion of your operated arm and secure it with velcro.



7. The immobilizer should feel comfortable and support your arm and shoulder.



Removing your shoulder immobilizer:

1. Place a pillow on your lap under your arm and immobilizer, your arm across the front of your body.
2. Undo the upper arm velcro and remove the strap from around your operated arm.
3. Undo the wrist velcro and remove the strap from around your wrist.
4. Undo the chest velcro.
5. Using your non-operated arm, remove immobilizer from around your chest and under your operated arm. Rest your operated arm on the pillow.

Removing your shirt:

1. Using your non-operated arm, reach underneath the shirt on the operated arm side and pull the armpit of the shirt down over the elbow of the operated arm – keeping the shoulder as close to the body as possible throughout the movement.
2. From the outside of your shirt, use the non-operated arm to remove the shirt from behind your operated arm, around the shoulder and clearing the elbow, pulling the shirt forward and upward toward the front of the body. Rest your operative arm against your stomach throughout movements.
3. Using your non-operated arm, reach behind your head and grasp the neck of your shirt.
4. Pull your shirt over your head, towards the front of your body and off the non-operated arm.
5. Slide the shirt down and off your operated arm.

Adapted with permission from "How to get Dressed After Shoulder Surgery with a Shoulder Immobilizer" (2019), UHN Patient Education & Engagement.

Transportation Home

If you are having day surgery, the day surgery unit will contact your co-pilot when you are ready to be discharged.

If you are staying in hospital overnight, please arrange for your co-pilot, friend or family member to arrive at 11:00am the day after your surgery to provide your transportation home.

Discharge Instructions

Before discharge, you will be given the following information:

- A **prescription for pain medicine and possibly a laxative.**
 - **You may experience wait times up to one hour at the hospital main floor pharmacy.**
- A **follow-up appointment with your surgeon** (2-3 weeks, or as determined by your surgeon).

Managing your Medicine at Home

- You may or may not have pain at the time of discharge. **Your pain will get worse before it gets better in the days following your surgery.** Pain is a normal part of surgery and is to be expected. Pain should start to improve gradually 1 week after surgery.
- Keep taking your pain medicine as needed. You may need to take it regularly in the first few days after surgery but less frequently over the week as the pain improves. **It is especially important that you take your pain medication 30 minutes before you do any physical activity.**
- As your pain level improves, try to extend the interval of time between your doses of pain medication to wean yourself off.



Please refer to page 34 of this guide for information about taking opioid medicine and how to wean off your pain medicine.

Step 8: RECOVERY INSTRUCTIONS

When to Seek Help:

If you have a **blood clot in your lung**, you may experience:

- Shortness of breath
- Fast heartbeat
- Possible pain in your mid-back

THIS IS A MEDICAL EMERGENCY. Call 911 or go to the nearest emergency department.

If you have an **infection**, you may experience:

- A fever, higher than 38° C
- Yellow discharge and redness at the surgical incision
- Signs of infection in any part of your body

Call (416) 603-5126, we are available 24 hours a day, 7 days a week. If for any reason you are unable to reach us, go to the nearest emergency department.

Bandage Care

- Your incision, the cut made during surgery, will be covered with a bandage (dressing) after surgery.
- Watch around the bandage for increased redness, any fluid leaking or a bad smelling odour. **If this happens, call the 24/7 Orthopaedic Help line (416) 603-5126.**

- When showering, water can run over the bandage after day 3 post-op, but do not point the shower head directly at it and do not submerge the bandage underwater, or take a bath.
- You will follow up with your surgeon 2-3 weeks after your surgery. They will remove your bandage and sutures at that time.
- Do not submerge yourself in a bathtub, pool or hottub until the wound is completely healed (approximately up to 12 weeks after surgery).



See *UHN My Surgery* book page 46 to 50 for additional information about bandage and skin care after surgery.

Swelling

Swelling is normal and should be **expected to last for several weeks to 6 months after your surgery**. You can manage your swelling in hospital and at home with the following:

- **Ice pack** (Apply for no longer than 10-15 mins at a time and always place something between the skin and the ice pack, like a thin cloth).
- **Game Ready or Cryocuff System** (speak to your nurse, surgeon or physiotherapist).

Exercises After Surgery

A complete exercise guide can be found in **Step 9 on page 40** of this book. To help you best recover after your surgery, **try to do your exercises 3 to 4 times a day** by yourself or with the help of your family or caregiver at home.

Pain Medication Management

The information in this section includes:

- **How to control your pain**
- **Why you need to wean off your pain medicine**
- **How to wean off slowly**
- **What happens if you stop suddenly**

You may be prescribed opioid medicine to help you with pain. Opioid medicines are a stronger pain medicine that your doctor or nurse practitioner gives you a prescription for. Your pain should improve slowly over time.

As your pain gets better, you will need to wean off your opioid pain medicine. This means slowly reducing the amount you take until you are not taking it anymore. This is important because this kind of medicine can be addictive.

If you are not sure how to wean off your opioid medicine, talk to your family doctor or nurse practitioner. You can also talk to the doctor or nurse practitioner who prescribed the opioid medicine for you.

How can I control the pain?

Your doctor or nurse practitioner may prescribe opioid pain medicine for you. As you slowly reduce the opioids, you can use other medicines to help you control your pain. While you were in hospital, these medicines may have been ordered for you. Some examples are:

Non-steroidal anti-inflammatory drugs (NSAIDS)

- These are drugs that prevent swelling, like ibuprofen (Advil), celecoxib (Celebrex) or meloxicam (Mobicox). NSAIDs also have daily limits on the amount you can safely take.

Acetaminophen (Tylenol)

- If you have a problem with your liver, talk to your pharmacist about how much to take. You may need to reduce the total daily amount of Tylenol you can safely take.

Once you are off the opioids, you can wean off the other pain medicine. You can wean off more quickly, until you are not taking any more pain medicine.

Side effects of opiate medicines:

- Drowsiness
- Nausea and vomiting
- Itching
- Constipation

Signs and symptoms of an opioid overdose

- Weak or no breathing
- Dizziness
- Confusion
- Pale or bluish colour under the lips, gums, around eyes, and nails
- Cold or clammy skin
- Extreme drowsiness — unable to wake up or move, even when shouted at or shaken
- Choking or coughing or gurgling or snoring sounds
- Pupils are very, very small

If you notice these signs, call 911 right away and give naloxone, if available.

- Naloxone is a medicine that can help to reverse the effects of the overdose. More than one dose may be needed. The effects of naloxone are temporary.
- Naloxone is available from your pharmacy without a prescription.

How do I wean off?

Do not stop taking the opioid pain medicine right away. You should slowly reduce the amount you are taking until you are off the pain medicine.

You may be taking 2 kinds of medicine:

- A long acting (sustained release) pain medicine such as Hydromorph Contin, Oxyneo, or MS Contin
 - A short acting (immediate release) pain medicine such as oxycodone, hydromorphone, morphine, or codeine
- ✓ **Wean off the long acting medicine first.**
- ✓ **Then wean off the short acting medicine.**

If you are taking Percocet (which contains 5 mg of oxycodone and 325 mg of Tylenol in each tablet), limit the total amount of Tylenol you take. Ask your family doctor, nurse practitioner or pharmacist to help you with this.

How slowly should I wean off?

There is a Canadian guideline for using opioids safely.

If you have been taking this medicine for less than 1 month after surgery:

- Slowly wean off the pain medicine.
- See the examples on the next page.

If you have been taking pain medicine for more than 1 month:

- Wean off the medicine more slowly.
- Speak with the doctor or nurse practitioner who orders your pain medicine. They can help you with this weaning process.

Examples:

Do this to wean off long acting pain medicine:

Slowly reduce the dose you are taking. For example, you may take 1 less dose of the medicine every day. Do this over several days.

Your family doctor or nurse practitioner can help you cut down on the medicine. For example, if you are taking this medicine:

- 3 times per day, reduce to 2 times per day for 4 to 5 days
- 2 times per day, reduce to 1 time per day for 4 to 5 days
- 1 time per day, try stopping

Important: Never cut, chew or crush this kind of medicine.

Do this to wean off short acting pain medicine:

1. When you start weaning off the medicine, increase the amount of time between doses. For example, if you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days.
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

2. After step 1, start to reduce the dose. For example:

- If you are taking 2 pills each time, start taking 1 pill each time.
- Do this for 1 to 2 days.
- If you are taking 1 pill each time, cut the pill in half and take only half a pill each time. Do this for 1 to 2 days.

You may need to wean off opioid pain medicine faster than the above examples if:

- The medicine is too strong for you (you feel sleepy)
- You have sleep apnea (you have short but repeated stops in your breathing during sleep)

Safely store and dispose of your pain medicine

Pain medicine that is not stored or disposed of safely could be stolen or taken by mistake.

Safe storage

- Store pain medicine in a locked drawer or cabinet.
- Do not share your pain medicine. Pain medicine prescribed to you can be dangerous to others.

Safe disposal

- It is dangerous to keep unused or expired pain medicine that you no longer need.
- Take unused or expired pain medicine to a pharmacy for safe disposal.
- Do not flush medicine down the toilet.
- Do not throw medicine in the garbage.

What happens if I stop suddenly?

If you stop your opioid medicine suddenly, you may have symptoms of withdrawal. These can include:

Physical (body) symptoms like:

- Sweating
- Vomiting (throwing up)
- Fever
- Nausea (wanting to throw up)
- Diarrhea
- Shaking
- More pain

Other symptoms like:

- Cravings
- Feeling agitated or irritable
- Feeling tired and having trouble sleeping
- Aggression (feeling angry towards people)
- Anxiety (worried all the time)

These symptoms may start from 6 to 24 hours after taking your last dose of opioid pain medicine.

You can wait for the symptoms to pass over the next day or two. Or you can speak with your family doctor, nurse practitioner or pharmacist. They can give you medicine to help control your symptoms of withdrawal.

Withdrawal symptoms are not a sign that you are addicted. They are a sign that your body is used to taking the opioid regularly and needs to wean off it slowly.

Opioid medicines are not usually addictive if you take them for pain. But they can lead to addiction if you do not manage them carefully. So it is important to wean yourself off these medicines as soon as possible.

To prevent addiction, you may need to stop taking the opioid medicine and accept a moderate amount of pain.

If you have trouble reducing your pain medicines, please contact your family doctor, surgeon, prescribing doctor or nurse practitioner for help.

Remember:

- Do not drink alcohol while using opioid pain medicines
- Do not use sleeping pills or sedatives without talking to your doctor or nurse practitioner first.

Step 9: EXERCISES

You should complete the exercises in this chapter **after your replacement surgery**. You can start these exercises immediately following your surgery.

1. Pendulum Exercise



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Repeat: 5 10 times

Tempo: Slow

How often: 3 4 times a day

How to prepare:

- Stand with back leaning against a supportive surface, such as a wall and lean forwards.
- Bend the elbow of the operated arm to 90 degrees. Support the weight of your operated arm at the elbow with your non-surgical hand.

How to do:

- Gently rotate the operated arm in a circular motion
- Keep the operated arm in front of you while completing the motion.

2. Passive Elbow Flexion and Extension



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Sets: 2 3

Repeat 10 times

How often: 3 4 times a day

How to prepare:

- Sit down and rest your operated arm on a supportive surface.
- Remove your sling
- Hold your operated arm with the other hand to support it.

How to do:

- Gently bend and straighten the elbow of your operated arm.

3. Wrist Flexion and Extension



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Sets: 2 3

Repeat: 10 times

How often: 3 4 times a day

How to prepare:

- Sit down with your operated arm supported and wrist over the edge of a table/firm surface.

How to do:

- Slowly move your wrist downward and upwards to the end ranges stretching the muscles in the forearm.

4. Pronation and Supination Exercise



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Sets: 2 3

Repeat: 10 times

How often: 3 4 times a day

How to prepare:

- Can be done sitting or standing
- With your operated arm by your side, bend the elbow to 90 degrees.

How to do:

- Slowly rotate your forearm so that your palm is facing up to the ceiling, then slowly return to the starting position with the palm facing down to the ground.

5. Hand range of motion



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Sets: 2 3

Repeat: 10 times

How often: 3 4 times a day

How to prepare:

- Can be done sitting or standing
- With your operated arm by your side, bend the elbow to 90 degrees.

How to do:

- Gently open and close both hands. Really stretch the fingers when opening and squeeze closed gently when making a fist.

FREQUENTLY ASKED QUESTIONS

What if I need to have another surgery or procedure?

Before having any surgery or procedure done for the first year after your joint replacement surgery, tell the health practitioner doing the procedure that you have had your joint replaced.

Antibiotics should not be routinely needed for procedures performed more than 3 months after your joint replacement. If your health practitioner is concerned, you can speak to your orthopaedic surgeon to determine if any special precautions are needed.

What do you need to know about having dental work before and after surgery?

Maintain good oral health. Try to get any required cleanings or dental work done a minimum of 2 weeks before your surgery date.

Avoid dental cleaning and dental work for 3 months after joint replacement surgery, if at all possible.

Antibiotics should not be routinely needed for procedures performed more than 3 months after your joint replacement surgery.

If you DO need to see the dentist within 3 months of surgery, talk to your orthopaedic surgeon to see if any special precautions are needed.

What if I get an infection in any part of my body?

If you get an infection in any part of your body, take a full course of antibiotics as ordered by your doctor.

When will I be able to go back to work?

This depends on the type of work you do. Ask your surgeon at your follow-up appointment.

When will I be able to go swimming or play sports?

Ask your surgeon before swimming, taking part in any hydrotherapy activities, or sports.

How long will the implant (prosthesis) last?

This depends on your activity level after your surgery. Generally a modern total shoulder replacement lasts roughly 10-15 years. You will have scheduled follow ups with your surgeon every few years to check the implant.

Can I sleep on my side?

You can sleep on either side, as tolerated. The immobilizer should be worn at night and may make sleeping on the operated arm difficult. Many people find sleeping in a more upright position necessary for the first few days.

How soon will I be able to travel?

Air travel and other forms of longer-distance travel, especially in the first 6 weeks after surgery, can increase the risk of complications. Please speak with your surgeon if you anticipate a need to travel soon after surgery.

When can I have sex again?

About 6 weeks after surgery.

When can I drive again?

Most people will need to wait 6 weeks before driving, but this depends on the type of surgery you had. Please ask your doctor for more information before you start driving again. Also check with your car insurance.

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