



Department of Orthopaedics  
ALICE PECK DAY MEMORIAL HOSPITAL

## Welcome to Shoulder Joint School



Department of Orthopaedics, Alice Peck Day Memorial Hospital

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### Goals of Shoulder School

- To prepare patients and their support person(s) before and after surgery:
  - Mentally
  - Physically
  - Functionally
  - Emotionally
- The surgeons require the patients to attend this class because they want to improve outcomes and satisfaction.
- We want to make this as easy and enjoyable as we can.

## Masking and Visitor Policy

- Please visit our website for our most up to date visitor policy: [www.AlicePeckDay.org](http://www.AlicePeckDay.org)



## The Hardest Work

- The hardest work starts after the surgery is complete.
- You are in control of how well you will do after surgery, how quickly you recover, and how much use and function you will regain in your arm.



## When to Call

- Call the Orthopaedic clinic if you have a change in your health before surgery such as:
  - A **fever** of 100.5 F or greater.
  - A **cold** or **flu** with a productive cough.
  - Any type of **skin infection**, **rash**, or **scratch**.
  - You experience any **urinary burning** or **frequency**.

## Smoking Cessation

- Smoking can increase your risk of infection and it can slow down the healing process. Talk to your Primary Care physician about cessation support.



**NO SMOKING**

## APD Culture of Safety

- Simple interventions used to help prevent surgical complications:
  - Minimizing infection risk.
  - Preventing blood clots.
  - Preventing respiratory complications.
- Redundancy: We use a team approach to make sure no information is missed.

## Minimizing Risk/Complications

- Do not shave the surgical arm, including armpits for at least five days before surgery.
- Avoid shaving your face at least three days before surgery.
- Shower with Hibiclens (antimicrobial scrub).
- Use half the bottle the night before and half the morning of surgery.
- Use as a full body wash; use your own shampoo and your own face wash.
- Do not use deodorants, body lotions and/or oils after showering. Apply nothing to the body or skin after showering.



## Minimizing Risk/Complications

- Wear clean, laundered clothes after each shower and before bed.
- Use clean, laundered bed sheets the night before surgery.
- Bring a loose button-down shirt to wear over the bulky bandages on your shoulder.

## Preventing Respiratory Complications

- Patients with history of breathing problems or sleep apnea: bring inhalers or CPAP.
- Incentive Spirometer:
  - If you have a respiratory problem, this device may be used before and/or after surgery.
  - Helps prevent pneumonia and to expand lungs more fully.



## Important Note

- Your G-Force immobilizer will be fitted during your consent signing appointment. It will be labeled and stored for you until surgery.
- You will wake up from surgery with it on.
- Hand and wrist should be full supported by the sling.
- Elbow should be all the way back and resting on the bottom of the sling. The sling should not be pressing shoulder forward.



## Sling

- Instructions on how much you need to wear it will be given at discharge but be prepared to wear it day and night for 4 to 6 weeks.
- No driving for 4 to 6 weeks or until Orthopaedic provider clears you.
- You may find comfort sleeping in a recliner; check where the handle is.



### Important Note

- You will be prescribed opioid medication for breakthrough pain measures after surgery.
- It will be sent to the pharmacy of your preference.
- Call or message through the myD-H portal the Orthopaedic clinic for pain medication refills.
- Don't wait until it runs out.
- We usually need at least 48 hours to complete a refill request.

### New Vaccinations Prior to Surgery

- You should not receive any vaccination including the COVID vaccine, flu vaccine, shingles, tetanus, etc. for 2 weeks prior to your surgery.
- The reason for this is that some people have a reaction to vaccines that mimics being sick and can cancel surgery.
- You may receive a vaccine any time after surgery.
- The concern is only prior to surgery.

## 1 Week Prior to Surgery

### PAT – Pre-Admission Testing:

- You will receive a letter in the mail with your PAT date and time for you to call the hospital.
- Have your information ready: medical and surgical history; current medications.
- You will receive personalized instructions; including medications you may or may not take before or on the morning of surgery.

## The Evening Before Surgery

- You will receive a call from the hospital, between 3:00 PM and 4:00 PM the evening before your surgery to confirm the time of arrival to the hospital on the day of surgery.
- Eating: do not eat after midnight, the night before surgery.
- Drinks: clear liquids 16 fluid ounces up until four hours prior to coming in for surgery.





## What are clear liquids?

- You can drink only the things you can see through.
- These include:
  - Plain water.
  - Fruit juices without pulp, such as grape juice, filtered apple juice, and cranberry juice.
  - Soup broth (bouillon or consommé).
  - Clear sodas, such as Ginger Ale and Sprite.

## The Day of Surgery

- You must be dropped off at the Main Entrance of the hospital and check in at admissions desk.
- Then wait in lobby for a Same Day Surgery (SDS) nurse who will direct you to your pre-op room, where you will be prepared for surgery.
- SDS – Same Day Surgery or “Pre-Op”.
- This is the hospital department where you will be prepared for your surgery by nurses working with the Surgeon, Physician Assistant and Anesthesia Provider.
- At this time you are allowed to have one support person wait in the lobby for you. They will not be allowed in the same day surgery area.
- Please note that our visitor policies change regularly due to COVID-19. Please check our website for current information.

## In Your Pre-Op Room

- Please arrive without jewelry, makeup, contacts or nail polish including acrylics, gel nails/fake nails.
- We can store removable dental work, hearing aids, and eyeglasses for you.
- We will transport your belongings to the recovery room locker then to your hospital room in the Medical Surgical unit.
- You will be asked to undress and wear the provided hospital gown and socks.

## Same Day Surgery: What to Expect

- Your surgical site will be clipped, free of excess hair; antimicrobial scrub is applied.
- Nurse will:
  - Take vital signs.
  - Complete assessment.
  - Start intravenous line (IV) on opposite side of surgical side.
- You will be asked to initial your own surgical side.
- Your Surgeon will also mark the surgical side.

## What to Expect (cont.)

### Before you go to the OR:

- Operating Room Nurse:
  - Confirms your information; asks if you have any questions.
  - Seeks permission to provide telephone updates to your support person.
- Surgeon and Physician Assistant:
  - Confirms type of surgery, reviews health information and consent.
  - Writes own initials near surgical site.

## SDS: What to Expect

- Anesthesia provider:
  - Reviews your health information and examines you.
  - Explains the interscalene block and what to expect in the OR.
  - Answers your questions and has you sign a consent for Anesthesia.
  - They will be managing your medical care during your surgery.
  - The anesthesia provider will discuss with you whether a nerve block is appropriate.
  - An interscalene nerve block is when a local anesthetic is injected around the nerves that lead to the shoulder.
  - This is done to help significantly decrease post-op pain.

## About the Interscalene Block

- Patients having shoulder surgery commonly are given an interscalene block; a form of regional anesthesia that is usually recommended by anesthesia providers and surgeons.
- During “the block” you are fully monitored with an oxygen mask, cardiac leads and pulse oximeter.
- An ultrasound device is used on the neck area of the surgical side to see the nerves of the neck and inject numbing medication.
- A nerve stimulator is used to confirm that we are surrounding the nerves in the surgical area.

## Interscalene Block (cont.)

- During this procedure, you will feel relaxed and have IV medication.
- The surgical shoulder, arm, and fingers will feel numb before, during and immediately after surgery.
- The block will significantly reduce pain for an estimated 12 hours, even up to 30 hours and sometimes longer.
- After the block is completed, you are taken to the OR and further anesthesia will be given.

## Before Going to the OR

- You will receive a low dose of IV sedation.
- Your anesthesia provider and a nurse will begin the interscalene block in the same room that you are prepared in.
- This may take 20-30 minutes.

## In the OR

- You will be properly positioned, antimicrobial scrub will be applied again and all safety checks are completed. This process may take 30-45 minutes.
- Then surgery begins.
- The OR nurse will contact your support person via cell phone, when surgery begins and towards the completion of surgery.

## As Your Surgery Ends

- You will be transported to the PACU or “Post Anesthesia Care Unit,” also called the “Recovery Room.”
- Your surgeon will call and speak with your support person to discuss the surgery.

## In the Recovery Room

- As you wake up, PACU nurses will be monitoring you.
- They will notify your support person when you are awake and ready for discharge.
- PACU – Post Anesthesia Care Unit Or “Recovery Room.”
- The hospital department where care is provided immediately following surgery by specially trained registered nurses working with the anesthesia provider, surgeon and physician assistant.

## Total Shoulder Replacements

- Total shoulder replacement surgeries are usually admitted to the Medical Surgical unit and often stay overnight for one night, and are discharged to go home the next day.

## What to Expect in the Recovery Room

- Numbness in fingers and arm of surgical side.
- Fully monitored.
- Oxygen to face by mask or nasal cannula.
- IV fluids and medications.
- Immobilizer will be on.
- Ice therapy – a large bag of ice will be applied over thick bandages to help control pain and swelling.

## Going Home

- Normal vitals (within your own norm).
- No vomiting.
- Independent transfer (from bed to bathroom).
- Ability to urinate.
- Your support person receives your discharge instructions.
- A nurse will help you with your clothing and will teach you how to remove and wear your Immobilizer correctly.
- NOTE: It is unlikely that you will stay overnight, however, occasionally patients with a more complex medical history, such as respiratory complications, stay for observation.

## When You Arrive Home

- Before the block wears off:
  - Take a dose of pain medication (already prescribed to you).
  - Do not wait for the pain to become obvious!
- Place another dose of pain meds by your bedside.
- As your arm wakes up:
  - Notice more sensation and movement in your arm, wrist and fingers.
  - You can wiggle your wrist and fingers.
  - A normal “tingling – feeling” in your arm.



## When You Arrive Home (cont.)

- Ice it! Use either a Cryocuff or a bag of ice.
- No showers until bandages are changed three days later in office or as instructed.
- Only use your non-surgical arm during routine tasks, such as:
  - Eating, brushing your teeth, pushing yourself up from bed, chairs or toilet, etc.
  - If you can, try to limit use of stairs. Use your non-surgical arm to hold banister.

## Common Reactions

Common reactions after shoulder surgery include:

- As you might expect, your body may react to shoulder surgery in one or more ways.
- These are normal reactions:
  - Small amount of blood or fluid leaking from your incisions.
  - Slight bruising along shoulder, upper arm, chest, or elbow.
  - Swelling of the shoulder and upper arm.
  - Mild numbness close to the surgical site for 6 - 9 months.
  - Your arm may look yellowish/orange from the surgical soap; it will eventually fade.

## When to Call the Clinic

- Wounds become very red, irritated or “angry” looking.
- Fluid constantly leaks from the wound or foul odor from incision after several days.
- Your temperature goes above 101.5 degrees and does not decrease for some time.
- Running low on pain medications; best to call before the weekend.
- NOTE: If you call after hours or on a weekend, call the Orthopaedic clinic and the Orthopaedic provider on call will assist you.

## Wound Care

- Thick layers of bandages will cover the incisions. Sponge-baths only.
- Bandages may show a little blood – do not remove.
- If your underarm gets sweaty, use a soft cloth under your arm; it may help absorb sweat and prevent irritated skin.
- Dr. Houde patients, three to four days after surgery, you will be scheduled with an orthopaedic nurse to remove heavy bandages and clean your incisions.

## Dr. Lin Patients

- You may sponge bathe for the first three days after surgery, then you will remove your bandages and may shower on day four with your incisions uncovered.
- After shower, please towel dry and redress your incisions with bandages.
- You may have tails of suture sticking out of the edges of one or more of your incisions.
- Please know that this is normal and the tails will be cut approximately two weeks after surgery.

## Wound Care (cont.)

- After cleaning your incisions, your Nurse will place small Steri-Strips and Silverlon bandages.
- Dr. Houde patients, if you had sutures (stitches) on the outer skin, your nurse will remove them about 14 days after surgery.
- After this bandage change you may shower. Do not scrub your incisions! Do not allow soaking! Until incisions are completely healed. Usually four weeks after surgery.

## Common Issues After Surgery

- Constipation:
  - Suggestions: COLACE: 100mg every 12 hours and MIRALAX: 17 gram capful once daily.
  - Use both these medications together.
- Sleeplessness:
  - Suggestions: TYLENOL PM or ADVIL PM.
  - Muscle Spasms:
    - Suggestions: Call us, and we may prescribe a “Muscle Relaxant” for severe muscle spasms.

## Warnings and Precautions

- Avoid using the shoulder at all except as directed in the discharge instructions as well as by your physical therapist.
- Please do not do things you think you are able to do before you are told that you are able to do them.
- We see far too many patients with a re-tear or re-injury because they have done too much too soon, or did something they should not be doing with that arm.

## Disability and FMLA

- If you are employed and working:
  - Please contact your HR department and request any paperwork that they need us to fill out.
  - Drop the paperwork off to our office and we will fill out and give it back to you so you can give it back to your employer.
  - That way you still get a paycheck and have documentation from your surgeon for being out of work.
  - Doing this early in the process helps expedite timely disability payments and reduces stress.

## Nursing Numbers



- Dr. Houde patients: (603) 308-0449



- Dr. Lin patients: (603) 308-0425

A white slide with a green header bar at the top. The Dartmouth Health logo is in the top left corner, with "Department of Orthopaedics, Alice Peck Day Memorial Hospital" to its right and the number "44" in the top right corner. The title "Physical Therapy Overview" is in green. Below it is a bulleted list of three items in green text.

**Physical Therapy Overview**

- There are many different types of shoulder procedures.
- Your orthopaedic provider will discuss your individual needs.
- This is a general overview about your experience: physical therapy, preparing your home and safety tips.

## Physical Therapy

- PT will help with:
  - Range of motion
  - Pain
  - Swelling
  - Strength
- PT is an expectation and necessary for your successful recovery.
- Take the recommended pain medication at least 30 minutes to one hour before PT.
- Your therapist will begin with moving your elbow and wrist.
- Your therapist will move your shoulder around two to three weeks after surgery.

## Recovery

How well you do during recovery depends on:

- How well your pain is managed.
- How well you and your therapist work together.
- How compliant and consistent you are with therapy.
- The extent of your surgical procedure.



## Shoulder Recovery

- Recovery time can vary widely; anywhere from 6 -12 months.
- Returning to “modified duty” and “desk work with minimal use of surgical shoulder” may be between 1½ - 2 months after surgery.
- Returning to sports and job duties that require lifting will not be allowed for a longer time. However, please talk to your orthopaedic providers with your specific questions.

## Understanding Pain Management

- The goal is to:
  - Effectively control pain, allowing the patient to actively participate in physical therapy and daily activities.





## Pain & Pain Management

- Pain is expected following surgery; pain is part of healing.
- Stay on schedule with pain medication.
- Stay ahead of your pain; it is hard to catch up if you don't keep up.
- Don't be a hero.

## Home Changes & Preparation

- If you plan on being home alone most of your day, make sure everything is easy to reach, such as a wireless phone.
- Stock up premade single meals or frozen food, that can easily be reheated.
- Kitchen supplies on counters or stovetop. Refrigerator items placed in the door; not in crispers.
- Remove trip hazards.
- Stock up on pillows.



## Ideas for Adaptive Equipment



Grab Bar



Long Shoe Horn



Long Handle Sponge



Self-Wipe Toilet Aid



Tub/Shower Chair



Hand Held Shower

## Bathroom Setup Tips

- Soap pump or wall mounted soap dispenser.
- A non-skid bath mat inside and outside the tub for firm footing; keep floor dry.
- Do not use grab bars with surgical arm.



## Caution While In the Shower

- Do not actively raise your surgical arm!
- Keep your surgical arm hanging straight down by your side or hold close to your body.
- To clean under your arm:
  - Lean slightly towards the surgical side.
  - Let your arm hang down as your arm moves away from you body.
  - Reach under it with your other hand to clean it.
- Do not soak in a bathtub, hot tub, or swimming pool. This may increase swelling and pain; placing you at risk for surgical site infection.
- Add a bench in or outside of the shower in case you become dizzy.

## Dress Yourself

- How to put on a shirt:
  - Use the nonsurgical arm first to pull the shirt sleeve onto your surgical arm.
  - Make sure to pull your sleeve up as far up as possible on the surgical arm and over your head.
  - Now put the unaffected arm into the other sleeve.
- How to take off a shirt:
  - Take the sleeve off your non-surgical arm first and over your head.
  - Use your non-surgical arm to remove clothing from your surgical arm.

## Passive Range of Motion

- Circular Pendulum:
  - May start at 2 - 3 weeks after surgery.
  - You may be able to bend forward close to 45 degrees at the waist, using a table for support.
  - Relax your arm and rock your body in a circular pattern while your surgical arm swings on its own.
- Active range of motion exercises (not shown here; will begin 6 weeks after surgery. PT will continue to guide you).



## First 4 Weeks After Surgery Immobilization

- Do not actively move your shoulder.
- Wiggle your fingers often.
- Gentle range of motion of elbow and wrist.
- If you live alone you will likely need assistance for the first 4 - 6 weeks.
- Begin weekly physical therapy and daily at-home therapy.
- This involves passive range of motion to tolerance.



### 4 - 6 Weeks After Surgery (1 - 1½ months)

- Progress with passive range of motion.
- Continue exercises you have been working on; your Physical Therapist moves your arm for you.
- Maintain elbow and wrist range of motion to minimize stiffness.
- Use sling; remove it for therapy and showering.
- Keep icing!



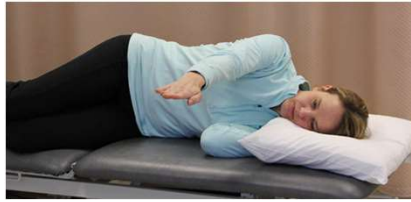
### 6-8 Weeks After Surgery (1 ½ -2 Months)

- Continue passive range of motion and begin active range of motion.
- These exercises will support the muscles in the shoulder joint.
- Goals: reaching above shoulder height.
- Begin weaning off from sling during “light, daily activities only” and discontinue use to tolerance.
- May begin strengthening exercises.



### 8-12 Weeks After Surgery (2-3 Months)

- Begin strengthening exercises. The goal is to elevate your arm to shoulder height.
- Example of active range of motion:



### 13-16 Weeks After Surgery (3 ½ - 4 Months)

- The goal is to achieve full range of motion.
- Continue to progress with active range of motion.
- Goals: carry lightweight for short periods of time; reaching in front and to the side with light objects.
- May return to work-specific activities and prepare for discharge from PT.

## FAQ's

- When do I wear the shoulder sling shown on this picture?
- After the first 4 - 6 weeks, your Orthopaedic Provider will have you move to this thinner sling. You will not have to wear your immobilizer.
- You will wear this sling as needed for another two weeks.
- When wearing the sling make sure you are not shrugging/actively holding the shoulder. That is what the sling is for.
- Make sure you always re-clip the waist strap when getting up. This decreases the chance of falling.

## FAQ's

- Can I drive?
  - No driving for at least 4 - 6 weeks and until you are cleared by your orthopaedic provider.
- Reminder:
  - NEVER drive while taking pain medication or when wearing your immobilizer or sling.



## FAQ's

- “I was feeling better, but now the pain has increased. I go to PT at least twice per week and do my home exercises, I eat well and use ice as needed. But it hurts!”
- Most people expect going back to normal shortly after surgery, especially if they've been feeling good most of the time. Everyone is very different in recovery time. Most people are not back to normal even after several months. It is common to feel comfortable for a while, then feel discomfort again.
- Give yourself more recovery time!

## Call the Clinic

- Call the Orthopaedic Clinic at APD with Any Questions or Prescription Refills  
– (603) 442-5630





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Thank you for choosing APD.