



TOTAL SHOULDER REPLACEMENT SURGERY

*Understand your condition.
Know your next steps.*

Introduction

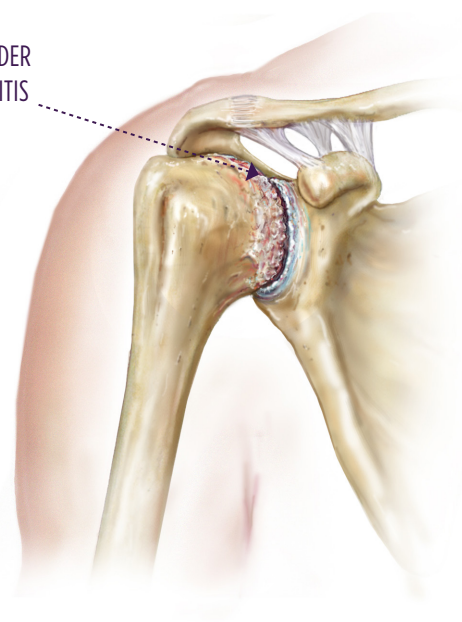
You may be a candidate for a total shoulder replacement if you have failed other treatments for osteoarthritis of the shoulder. These include no improvement in your symptoms after trying any of the following: anti-inflammatory medication, physical therapy, and/or cortisone injections. Additionally, if your pain is negatively affecting your daily activities and keeping you awake at night, you may also be a candidate.

About the procedure

During a shoulder replacement, the old damaged bone and cartilage are removed and replaced. Typically, a metal ball replaces the humeral head (ball), and a plastic concave disc replaces the glenoid (socket). The metal ball is attached to a stem that is placed in the healthy bone of the humerus. All of this work is performed through a four- to five-inch incision on the front of the shoulder.

There are several different types of shoulder replacements. Your orthopedic specialist will discuss with you the type that he or she feels will yield the best outcome. Typically, both the humerus and glenoid are replaced. There are also instances where only the humeral head is replaced. This decision is usually made during surgery and is based upon the quality of the cartilage surrounding the glenoid.

SHOULDER
ARTHRITIS



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Prior to surgery

The following will need to be completed in the weeks before surgery:

- » You **must** have a pre-op history and physical with your primary care provider within 30 days of surgery. The results should be faxed to the facility where your surgery is scheduled, and you should bring a physical copy of the original form with you to surgery.
- » There are several joint replacement education classes in the Twin Cities area. In these classes, fellow joint replacement candidates gather and learn about what to expect before, during, and after surgery. This is a wonderful opportunity to become more comfortable with this period of transition in your life, and we encourage our patients to participate. Your specialist's patient coordinator can help you find a class that works with your schedule.
- » Discontinue the use of vitamin E three weeks prior to surgery.
- » Prepare your house for your return after surgery. Simple things like cleaning up any clutter on the floor, clearing space to maneuver a walker, and placing a chair in your shower stall can all help decrease the risk of an accidental fall.
- » Any dental procedures need to be completed at least one month in advance of your surgery. In these types of procedures, bacteria can enter the bloodstream, causing infection and dramatically affecting your chances for a successful outcome.

- » Notify your specialist if you become ill with a cold, fever, congestions, etc. the week prior to surgery. These conditions may require the rescheduling of your surgery.

The following will need to be done in the days leading up to your surgery:

- » Refrain from smoking after midnight the night before your surgery.
- » Alcohol consumption is prohibited 24 hours prior to surgery.
- » Do not take any acetaminophen, ibuprofen, or other pain medications after midnight the night before your surgery.
- » If you are taking prescription blood thinners such as Coumadin (warfarin), Ticlid (ticlopidine), or Plavix (clopidogrel bisulfate), please inform your specialist's patient care coordinator. These medications will need to be stopped before the procedure, *but only after you receive permission from the physician who is prescribing these medications.*
- » A nurse from the hospital or surgery center will contact you 24 hours prior to surgery to tell you at what time your surgery is scheduled and to answer any questions you may have.



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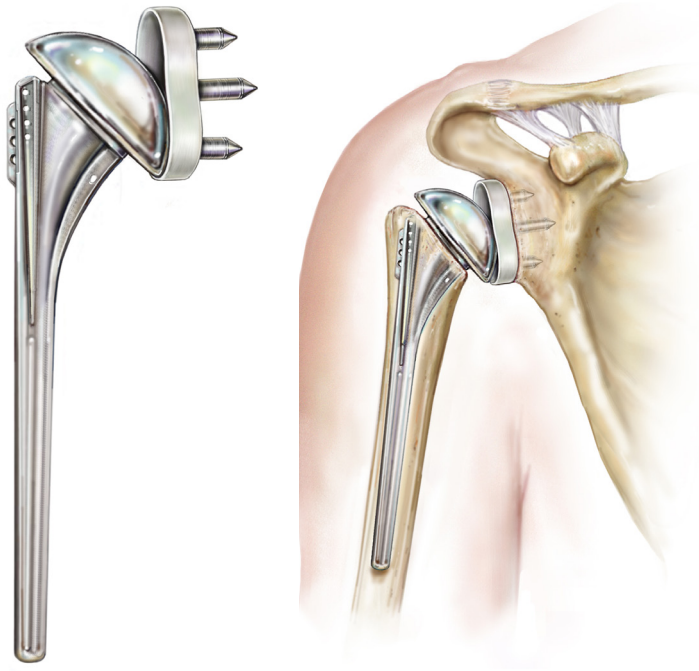
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The day of surgery

Arrive at the hospital or surgery center two hours prior to your surgery. During this time, your nurses may run minor tests, check your blood pressure, and take your pulse. Your anesthesiologist will meet with you to discuss the type of anesthesia you will receive.

For more information, please refer to the presurgery handout you received.

Antibiotics are administered prior to surgery to help protect against any potential infection. During this time, your family may remain with you until you are taken to surgery. A member of your specialist's team will also come in and address any last-minute questions or concerns you might have.



Recovery

Initially you will be placed in a recovery room for several hours so that we can monitor you closely as the anesthesia wears off. During this time, your family will be notified that the surgery is complete and that you are in recovery. After the effects of the anesthesia have subsided and you are medically stable, you will be moved to a hospital or Care Suites room, and your family will be able to visit you.

Most joint replacement patients are admitted to the hospital or Care Suites for two to three days. This time frame varies depending on your medical history, overall health, and rate of recovery. During your stay, you will use a constant passive motion machine and participate in physical therapy several times a day.

Contact your specialist immediately if you develop a fever or chills, have pain that is not relieved by medication, excessive unrelenting drainage, calf pain, or if you fall. Call 911 immediately if you experience any shortness of breath or develop chest pain.

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Leaving the hospital or Care Suites

Once discharged from the hospital or Care Suites, some patients wish to stay in a rehabilitation facility. This allows you to be closely monitored and receive continued physical therapy. If you choose to go home, a physical therapist can visit your home to facilitate your recovery. The decision to go to a rehabilitation facility or return home is based on several factors, and your specialist's team can help you determine which is the appropriate choice for you.

Your first post-op visit

One to two weeks after surgery, your specialist will want to see you in clinic. At this appointment, you can expect to have any remaining sutures removed, take X-rays, and receive instructions and guidelines for the next four to six weeks. Your specialist will provide you with physical therapy orders and can write a referral to a physical therapy clinic if you need it.

NOTES

Potential complications during and after surgery

It is important to have realistic expectations about your shoulder replacement surgery. Although they are rare, there are potential complications with any surgery, and you are expected to have reasonable understanding of the risks. Please refer to our preoperative informational handout for further information regarding potential complications and risks associated with surgery. Do not hesitate to discuss concerns with your specialist at any time, including the possibility of your surgery not having the desired outcome.

Long-term outlook

The purpose of this information is to inform and ease any reservations you may have regarding surgery. This sheet should be thought of as educational and read with the understanding that any information your orthopedic specialist provides you overrides the information covered here.

The National Institutes of Health identifies total shoulder replacement preoperative education as one of the main factors in increasing your chances of a positive outcome. Our goal at Summit Orthopedics is to assist you in this regard and help you have the best experience possible as you transition into this new phase of your life. Should you have any questions or concerns, do not hesitate to contact your specialist's team. They are available to help you and address any questions or concerns that you may have.