

## **A Joint Effort**

*Essential Information  
to Prepare for Your  
Surgery*



# **Shoulder Replacement**

 **ENLOE**  
HEALTH



# Set Yourself Up For Success

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## BEFORE SURGERY, DO THE FOLLOWING:

- Read this booklet.
  
- Identify a care partner who meets the requirements listed in the **Preparing Yourself** section of this booklet.
  - Share this booklet with your care partner.
  - Review the **Care Partner Checklist** on page 2 with your care partner.
  
- Gather important paperwork listed in the **Important Paperwork** section.
  
- Complete the shopping list on the last page.
  
- Attend Enloe Health's virtual ***A Joint Effort*** class utilizing the instructions on the following page

Before surgery, an Enloe Health Joint Replacement liaison nurse will call you to gather needed information, go over your hospital stay, answer questions and more. You may also reach out to a nurse directly by calling one of these caregivers:

**Kristin Davidson, RN**  
Liaison Nurse  
530-332-5474

**Flora MacNeil, RN**  
Liaison Nurse  
530-332-5470



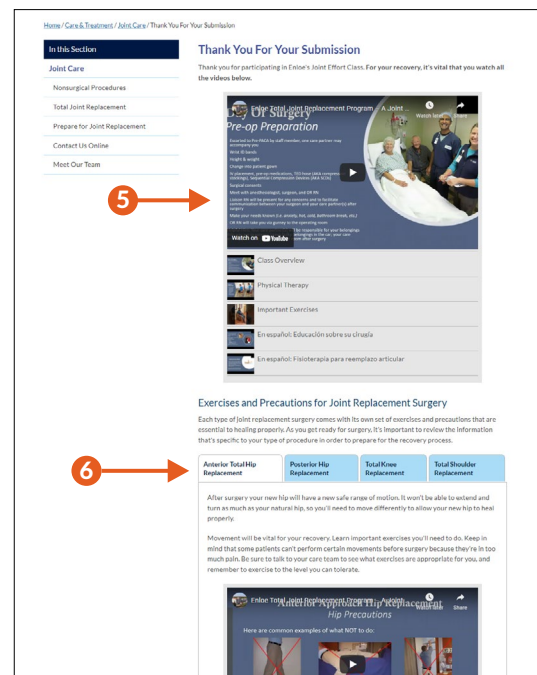
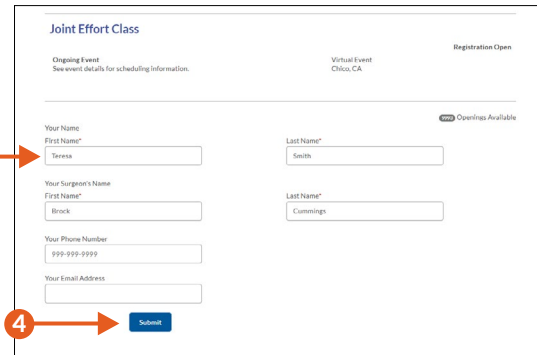
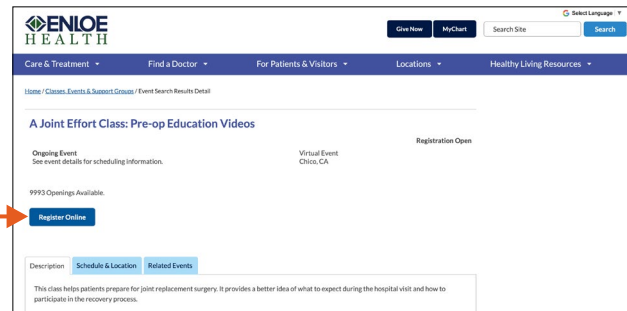
# A Joint Effort Class

## How to Prepare for Your Orthopedic Surgery

We are happy to announce there are now reference videos to supplement our *A Joint Effort* classes! In these videos, you can review information regarding your hospital stay, physical therapy, at home exercises and much more.

### To view the videos:

1. Visit [www.enloe.org/joint-effort](http://www.enloe.org/joint-effort).
2. Click "Register Online."
3. Fill out the form.
4. Click "Submit."
5. View the videos at the top of the page.
6. Scroll down and view the videos that pertain to your particular surgery.



You can also scan this QR code with your mobile device to begin accessing the videos.

These videos should be reviewed no later than your pre-operative appointment with your surgeon. Please know your precautions and practice your exercises before you are admitted to the hospital.

# Care Partner Checklist

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## CARE PARTNER, USE THIS CHECKLIST TO BEST HELP YOUR LOVED ONE BEFORE AND AFTER SURGERY.

- Plan to stay with your loved one continuously for at least four days (96 hours) after discharge and plan to offer daily assistance after that. Your loved one should always have easy access to a portable phone when home alone.
- Bring payment for any needed prescriptions. A pharmacy is located inside Enloe Health Medical Center for your convenience.
- Plan for transportation to and from appointments and to assist with needed errands for two to eight weeks (or longer if not cleared to drive by the surgeon).
- Use a whiteboard or notepad to track the last doses of pain medication. Consider organizing medications into daily pill storage containers to help your loved one take medications as prescribed.
- Review your loved one's exercises and encourage him or her to practice them before surgery. Learn and practice them yourself, too. Encourage daily exercises after surgery with the appropriate number of reps and duration. Written instructions will be provided.
- You may need to help your loved one with his or her compression stockings for three to four weeks.

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## ASK YOUR LOVED ONE IF YOU CAN HELP WITH THESE TASKS BEFORE SURGERY:

- Prepare the household by removing potential tripping hazards, such as throw rugs, electrical cords and household clutter.
- Arrange for assistance with pet and child care. Your loved one will not be able to babysit, walk the dog, clean the cat box, etc. Pets may also present a tripping hazard. If pets will interfere with receiving home health physical therapy, other arrangements will need to be made during this time.
- Find a creative way to carry items from room to room while safely using a front wheel walker. Consider using a walker bag or basket, reusable grocery bag, box, or apron.
- Fill the refrigerator and freezer with easy-to-prepare meals and snacks. Place frequently used pantry and cabinet items between waist and shoulder level.
- Prepare frozen water bottles for the cold-therapy machine. The machine will accommodate four 16.9-ounce plastic water bottles with shrink-wrapped labels only.
- Ensure prescriptions for usual medications are filled before surgery. Don't forget to purchase stool softeners and laxatives, like Colace and Senna.





# Shopping List

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## BEFORE YOUR SURGERY, BE SURE YOU HAVE:

- 16 16.9-ounce plastic water bottles  
(shrink wrap labels only; no paper labels)
- Stool softeners  
(e.g., Colace or the generic equivalent)
- Laxatives  
(e.g., Senna or the generic equivalent)
- Frozen or prepared meals

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## OPTIONAL OCCUPATIONAL THERAPY AIDS

- Dressing stick
- Reacher
- Leg lifter
- Long-handled shoe horn
- Sock aid

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## OPTIONAL MEDICAL EQUIPMENT

- Shower chair or tub transfer bench
- Toilet riser with handles







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## Welcome

Thank you for choosing the trusted, multidisciplinary team at Enloe Health Joint Replacement for your procedure. These caregivers are committed to you and will work to help restore your mobility, so you can get back to the activities you enjoy. You will be a vital part of your care team. That's why caregivers will help you become an active participant. In the meantime, use this booklet to learn:

- How to prepare for your surgery
- What to expect before and after surgery
- Valuable exercises that will help you recover
- Important precautions to keep in mind
- And more

If you have questions, please contact your surgeon's office or the Joint Replacement liaison nurse at 530-332-5470 or 530-332-5474.

Sincerely,

*The Enloe Health Joint Replacement Team*

# About Enloe Health

At Enloe Health, our mission is elevating the health of our communities. We achieve this through our values:

- **SAFETY** – Embracing the shared responsibility of safety for all
- **ENGAGEMENT** – Empowering active participation and ownership of results
- **TRUST** – Fostering trust with competency, character and honesty
- **EXCELLENCE** – Relentlessly pursuing innovative improvement
- **BELONGING** – Cultivating an environment of belonging with compassion, acceptance and respect

At Enloe Health, we embrace Planetree – an internationally recognized not-for-profit organization that partners with health care providers around the world to personalize, humanize and demystify care. In 2018, Enloe achieved Planetree’s highest honor, Gold Certification for Excellence in Patient-Centered Care. We look forward to caring for you.



## Our Campuses

Enloe Health Medical Center is located at 1531 Esplanade in Chico. **1**

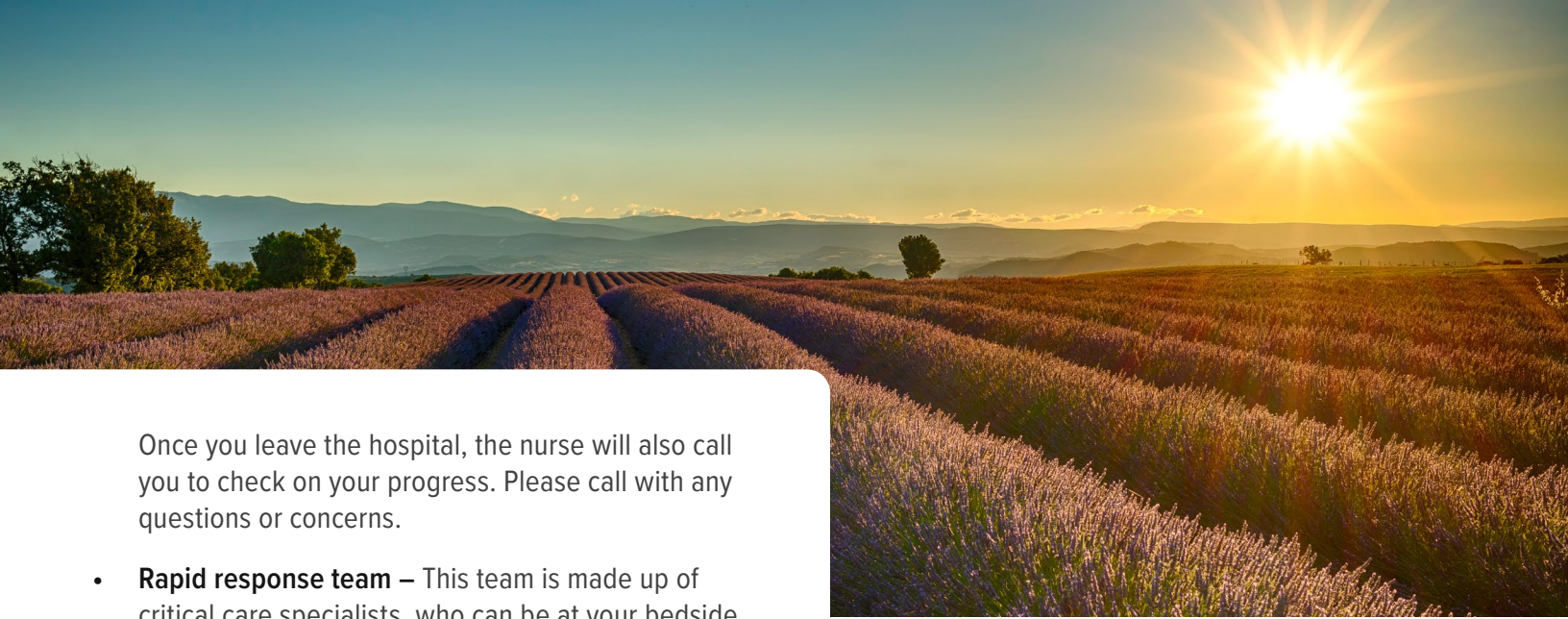
The Fountain Medical Plaza, where you’ll have some of your appointments, is at 251 Cohasset Road in Chico. **2**



# Your Care Team

## YOUR JOINT REPLACEMENT PROGRAM CARE TEAM WILL INCLUDE SEVERAL PEOPLE, INCLUDING:

- **You** – You are the most important member of your care team.
- **Our office staff** – These caregivers include reception staff, billers, schedulers and our medical assistants. They will schedule your pre-operative appointments and ensure all the needed clearances are complete before your surgery.
- **Orthopedic surgeon** – This caregiver will perform your surgery and manage your care during your hospital stay.
- **Physician assistant/nurse practitioner** – This caregiver will collaborate with your surgeon to diagnose and treat you before, during, and after your procedure. He or she will also assist your doctor during surgery.
- **Anesthesiologist** – This caregiver will assess you to determine the best anesthesia plan for your surgery and afterward to control any pain or nausea you may experience.
- **Primary care provider** – This caregiver oversees your health care management. He or she will receive information regarding your surgery, hospitalization, and pre- and post-operative tests.
- **Hospitalist** – This caregiver is a hospital-based physician who may follow your care during your hospital stay. He or she will collaborate with your surgeon to meet your needs.
- **Registered nurses** – These caregivers will be involved in all phases of your care before, during and after your hospital stay.
- **The ESPAA team** – These caregivers will coordinate all your pre-operative information gathering and the testing needed before your surgery. Please note you must meet with Enloe's Surgical and Procedural Assessment Area (ESPAA) team before your procedure.
- **Pre-PACA nurse** – This caregiver will prepare you for your procedure on the day of your surgery. He or she will review your history, start your IV, get the necessary consents signed, answer your questions and more.
- **Circulating nurse** – This caregiver will ask you many of the same questions as your Pre-PACA nurse. This repetition is a requirement and helps ensure your safety. This nurse will also take you to the operating room and remain with you during your procedure.
- **Post-PACA nurse** – This caregiver will be with you in the recovery area. He or she will take your vital signs, manage your pain and nausea, encourage you to cough and breathe deeply, monitor your surgical site, and more.
- **Your inpatient nurse** – This caregiver will assist you once you get to your hospital room. He or she will monitor your condition, provide medication, communicate with your care team and more. This caregiver's name and phone number will be on the white board in your room.
- **Certified nurse assistant** – This caregiver is responsible for taking care of your basic needs, obtaining your vital signs, and assisting with personal hygiene and toileting. His or her name and phone number will also be on your room's white board.
- **Charge nurse** – This caregiver is the shift manager. He or she will check on you and can be a resource. His or her name and phone number will also be on your room's white board.
- **Liaison nurse** – This nurse is your personal resource before, during and after surgery. He or she will help you understand and prepare for your procedure, and will talk to you before surgery about your plan for leaving the hospital. On the day of your surgery, this nurse will greet you in the pre-surgery area and will update your care partner during your procedure.



Once you leave the hospital, the nurse will also call you to check on your progress. Please call with any questions or concerns.

- **Rapid response team** – This team is made up of critical care specialists, who can be at your bedside within minutes if needed. This team can often prevent emergencies. That’s why we ask loved ones to let us know if they notice a change in a loved one’s health that concerns them, so the Rapid response team can be activated if needed.
- **Physical therapists** – These caregivers will collaborate with you after surgery to make sure you’re moving correctly and are able to perform your recommended exercises. You will receive therapy in the hospital and once you return home.
- **Occupational therapist** – This caregiver will visit you to see how well you can complete activities of daily living, like getting dressed, bathing and going to the bathroom.
- **Care partner** – This person is a loved one who will be by your side as your advocate and support person during your surgery and recovery. This person should pay close attention to your care, speak up if something doesn’t seem right, and know your wishes about resuscitation and life support. Your care partner is encouraged to attend all of your appointments and classes.
- **Case Management team** – This group consists of a nurse, social worker and assistant. These caregivers will help to plan your discharge.
- **Sterile Processing** – This team plays a critical role in preventing infection by sterilizing, cleaning, processing, assembling, storing, and distributing medical equipment and reusable surgical instruments.

### PATIENT COMMENT LINE

Enloe Health has a Patient Comment Line for you to tell us about your experience. You can compliment staff, suggest improvements and more. **The line is accessible 24/7 by calling 530-332-7878.** When you call, feel free to leave anonymous comments or provide your name and phone number if you would like us to call you back.

### Again, you are the most important member of your care team. That’s why it’s important you:

- Let us know how you’re doing.
- Tell us if you need something specific from your care team.
- Ask questions about anything you don’t understand.
- Share your concerns with a member of your care team.

# Understanding Shoulder Replacement

Your shoulder is a ball-and-socket joint. The bone in your upper arm has a rounded end that fits into your shoulder socket. Muscles and ligaments support the joint, and cartilage lines and cushions it, but cartilage can wear away. As it does, the shoulder becomes stiff and painful.

Shoulder replacement surgery can relieve pain and restore movement. Enloe Health Joint Replacement Program offers the latest surgical techniques to increase your mobility. These include:

- Shoulder replacement
- Reverse total shoulder replacement

**During a shoulder replacement procedure, your surgeon may:**

- Replace just the ball of your shoulder; this is called a partial replacement
- Or replace both the ball and the socket; this is called a total replacement

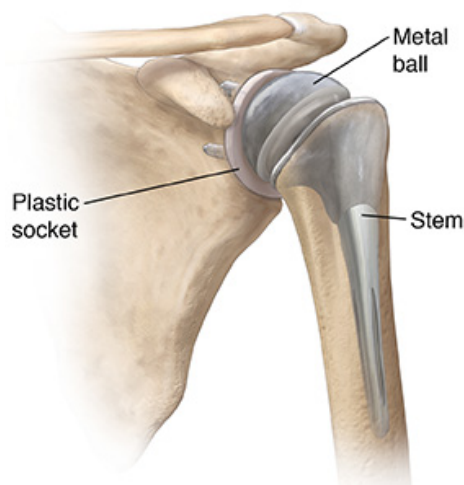
## REVERSE TOTAL SHOULDER REPLACEMENT

The muscles and tendons that surround your shoulder joint make up your rotator cuff. If this area is troubling you, you may need a reverse total shoulder replacement. This surgery is the opposite, or reverse, of a standard total shoulder replacement surgery.

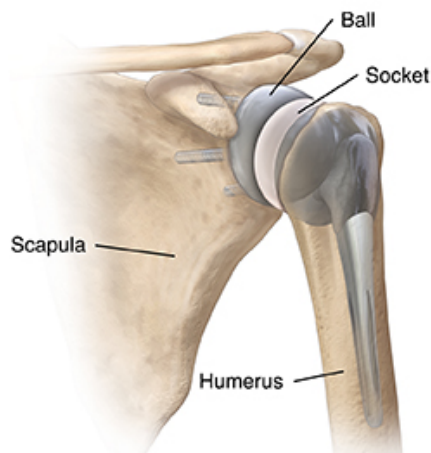
**In the standard surgery,** the ball of your humerus is replaced with an artificial ball, the socket of the scapula is replaced with an artificial socket, and the new joint still uses the rotator cuff muscles to move the arm and shoulder.

**In a reverse total shoulder replacement surgery,** the ball of the humerus is replaced with an artificial socket, the socket of the scapula is replaced with an artificial ball, and another muscle moves the arm and shoulder since the rotator cuff is damaged.

## Total Shoulder Replacement



## Reverse Total Shoulder Replacement



**Every surgery has risks. These include:**

- Infection
- Blood loss
- Dislocation of your artificial joint
- Stiffness, pain and limited movement
- Problems with anesthesia

Talk to your care team if you have questions.

# Preparing for Your Joint Replacement

Joint replacement surgery can relieve your pain, allowing you to live a more active lifestyle. Your primary care physician will assess your need for a joint replacement and refer you to an orthopedic surgeon if appropriate. You and your orthopedic surgeon will discuss your treatment options.

If your pain is too great or your mobility is too limited and other treatments no longer help, joint replacement surgery may be an option. If this is the case, you will need several weeks — or months — to prepare, physically and mentally. Use this time to learn as much as you can and plan ahead for the challenges and changes surgery may bring. This will help improve your experience.

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## REVIEW THE EDUCATIONAL MATERIAL

To prepare for your surgery, you'll need to review this book with your care partner. There is also an online version. You will learn:

- About your care team
- About the preparation process for surgery
- What to expect before and after your surgery, as well as during your hospital stay
- About therapy and exercises to help you recover
- Precautions after surgery
- And more

Visit [www.enloe.org/joint](http://www.enloe.org/joint) to view the online class, learn more about our program and view success stories. Directions on how to access the class are in the beginning of this booklet.

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## IMPORTANT PAPERWORK

You will see several caregivers, who will ask you the same questions, in the weeks before your surgery. This is done for your safety and to adhere to medical insurance guidelines. Providing your care team with the following information can reduce frustrations and speed up your visits. Please prepare a list of:

### Please prepare a list of:

- The doctors you're seeing and the reasons for seeing them; include names, addresses and phone numbers
- Your medical conditions and previous operations
- The medications, vitamins and minerals you take regularly; include the names, dosage and frequency; your doctor may advise you to stop taking certain medications or supplements before surgery
- Any allergies or adverse reactions you've had to medications or anesthesia; include the names of the medications, why you took them and a description of your reaction
- Any dietary allergies or restrictions you have
- Your insurance coverage; include the name of the company, the plan or group number and contact information; review your plan and contact your insurance if you have questions about coverage limits and out-of-pocket expenses

### As you're preparing your paperwork, please also provide your surgeon's office with:

- Disability/Family and Medical Leave forms so they can be completed before your surgery
- Information about legal arrangements you have made, such as an Advance Health Care Directive or Durable Power of Attorney for Health Care; bring a copy of these documents with you to the hospital, as they must be witnessed/notarized before your arrival
- The name and telephone number(s) of your care partner



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## YOUR PRE-ADMISSION SCREENING

A caregiver from the Enloe Surgical and Procedural Assessment Area (ESPAA) will contact you before your surgery. Your pre-admission testing will be done at ESPAA, which is located at:

**Fountain Medical Plaza**  
**251 Cohasset Road, Chico, CA 95926**

Your pre-admission screening will include a nursing assessment, blood tests, urine sample and an EKG. Results will be provided to your primary care provider and orthopedic surgeon. This appointment will take about an hour. Please come with your:

- Insurance card
- Picture ID
- Advance Health Care Directive (if you have one)
- Medication list; include over-the-counter medications, herbs, vitamins, eye drops, inhalers, etc.
- Medical and surgical history
- Current medical problems
- Allergies

### **When your screening is complete, ESPAA caregivers will provide you with:**

- A date and time for your surgery; this is subject to change by your surgeon's office
- When to arrive at the hospital's North Entrance on the day of surgery
- When you can last eat and drink; do not eat anything after midnight on the night before your surgery, unless otherwise instructed
- What medication to take the morning of surgery with water
- Medications you will need to stop (if applicable) and when to stop them before surgery

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## YOUR APPOINTMENT WITH YOUR PROVIDER (SURGEON, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER)

You will also see your provider in his or her office before your surgery. During this time, be sure you:

- Know if you are having a total shoulder or reverse total shoulder replacement. You'll need to take different precautions after surgery, depending on the approach used.
- Know what responsibilities you have to ensure a positive outcome.
- Ask any questions you have and provide any paperwork necessary for disability/family medical leave, DMV disabled placards, etc.
- Understand the potential risks and complications.
- Know what to expect after surgery.
- Discuss what pain medication or blood thinners may be ordered for you.

### **During your journey, it's also important to notify your surgeon if you:**

- Think you have an infection anywhere in your body
- Get a fever, cold or another illness during the week before your scheduled surgery
- **Have dental work scheduled before or after surgery**
- Have a dental emergency, such as a toothache or broken tooth before surgery
- Have a colonoscopy scheduled within three months after surgery
- **Get a cut, rash, scrape or another open wound**
- Have a sensitivity, or allergy to medications, metal (including jewelry and/or dental fillings), latex, tape, and/or anesthetic agents
- Have a history of bleeding disorders, or if you're taking blood thinners, aspirin or other medications that affect blood clotting; you'll need to stop those medications before surgery

You should also let your doctor know all the medications and herbal supplements you're taking. You may need to stop these.



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## PREPARING YOUR HOME

Before your surgery, you'll need to prepare your home so it's ready for your return. Not sure where to start? These tips can help:

- You may need to rearrange furniture or temporarily change how you use the rooms in your home. For example, you may need to make your living room your bedroom.
- Eliminate tripping hazards by removing throw rugs, securing electrical cables around the perimeter of your rooms and fixing faulty flooring.
- If you have pets, consider coordinating a pet sitter or keeping them away from the area in which you will be walking.
- Consider placing grab bars or a raised toilet in your bathroom.
- Have a firm chair with arms in your designated recovery area.
- Do not use chairs with wheels.
- Place items you use regularly at counter-level, so you don't have to reach up or bend down.
- If you're the cook in your house, make double batches of everything for a week or two before surgery. Then freeze half, so you have ready-made meals when you get home. Or stock up on ready-made foods you enjoy.

You should also shop for items that will make your life easier after surgery. This might include a long-handled shoehorn, a long-handled sponge, a grabbing tool, a footstool and a way to carry items while using your walker – for instance, a walker bag, apron or cargo shorts.



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## PREPARING YOURSELF

You'll also need to do a few things to prepare yourself for surgery. You will need to:

- Arrange for someone to take you to the hospital, bring you home and stay with you for at least 72 hours after your surgery. You will also need help with day-to-day tasks. You will also need assistance with transportation for several weeks.
- Shop for necessary supplies, and arrange for someone to help you with pet care, grocery shopping, errands, etc.
- Lose weight if needed.
- Learn and practice your pre-op exercises.
- Wash with special medicated wash (Hibiclens) the night before and the morning of your surgery. Caregivers at your surgeon's office will give this to you at your pre-op appointment.
- Stop smoking and all other forms of nicotine use.

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## HELP WITH NICOTINE CESSATION

Nicotine delays the healing process. It reduces the size of your blood vessels and decreases the amount of oxygen in your blood. It can also increase your blood pressure and heart rate. That's why it's important to stop using nicotine before you have surgery. If you need help, talk to your care team about available resources and try these tips:

- Decide to quit.
- Limit the areas where you smoke or use nicotine.
- Reward yourself for every day you go without nicotine.
- Remind yourself you can do this. Be positive.
- Take it one day at a time. If you slip, get back to your decision to quit.

\* Ask your surgeon about Enloe Health's Pre-Optimization services if you need assistance with losing weight or stopping nicotine use.




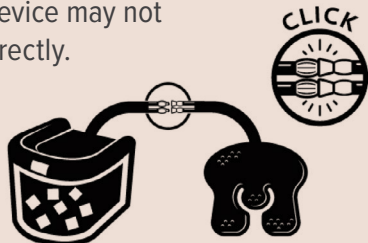
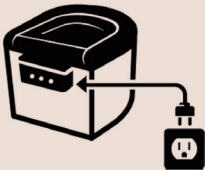
## PROVIDED EQUIPMENT

### Cold Therapy Device

- You will be provided with a cold therapy device to use after surgery. It will be applied to your surgical area to help to reduce pain and swelling.
- Refer to your surgeon's instructions regarding how much and how long you should use the cold therapy device.
- Keep the protective pad between the cooling pad and your skin to prevent injury.
  - **HELPFUL TIP:** If the protective pad becomes unusable, place a pillowcase over the cooling pad to help protect your skin.
- **HELPFUL TIP:** It is recommended to get eight to 12 16.9-ounce water bottles that have plastic labels and no glue. These can be used as ice packs inside the machine to reduce the usage of ice and frequency of refilling. The machine fits four bottles at a time and can be rotated out as needed.
- If the device stops working, call the liaison nurse at 530-332-5470 or 530-332-5474.
- These devices are considered disposable. Please contact the number on the machine to receive a new one if it has been more than three weeks since your surgery. If you have a cold therapy device from a previous surgery, you will get a new one to reduce the chances the device will fail.



## COLD THERAPY DEVICE INSTRUCTIONS FOR USE

- 1 Add ice to fill line. Please do NOT overfill. Overfilling will cause overflowing. Using “bricks” of ice, or frozen bottles of water instead of ice cubes or ice chips, will cause the ice to last longer. 
- 2 Add cold water to fill line. Please do NOT overfill. If you add the water first, your unit may overflow as the ice melts. Please add the ice first and then the water. 
- 3 Place lid on device and make sure the label is facing up. Secure the lid by raising the handle. This will engage the lid locking mechanism. 
- 4 Connect the cold therapy hose to the cooling pad. To ensure a reliable connection, snap or click the hoses together into place so the fit is tight and snug. If the connections are not snapped together properly, the hoses may leak or the device may not cool correctly. 
- 5 To turn the device on, insert the cord into the connection on the back of the device and plug the power supply into the wall outlet. 



# The Day of Your Surgery

## IMPORTANT REMINDERS

Your procedure will take place at Enloe Health Medical Center. On the day of surgery, be sure to take your ordered medication with a sip of water and arrive at Enloe's North Entrance at the specified time.

### Please:

- Do not eat or drink anything after the instructed time. This includes gum, mints, cough drops, etc., unless instructed otherwise by your care team.
- Do not drink water while brushing your teeth.
- Do not wear eye makeup or jewelry.

**NOTE:** Your care partner will be asked to keep your belongings during your surgery until you're in your hospital room. Please leave bulky items in your car.

## WHAT TO PACK

When you're getting ready to head to the hospital, be sure to pack:

- Your ID and insurance card
- Advance Health Care Directive or Durable Power of Attorney (*completed/witnessed/notarized before your arrival*)
- Your care partner's phone number(s)
- Your list of medications
- A list of any allergies you have
- Loose, comfortable clothing
- Slippers or shoes with non-skid soles

Leave these items at home:

- Cash and credit cards
- Your medications
- Valuables

## NORTH ENTRANCE



## A Note About Parking

Street parking is limited around Enloe Health Medical Center. However, free valet parking is available from 7 a.m. to 9 p.m. at the Main Entrance on weekdays (excluding holidays). Please note that valet staff members do not accept tips. You're also welcome to park in the Enloe Health Parking Structure, located at 130 W. Sixth Ave.

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## CHECKING IN (PRE-PACA)

Your care team will call you one business day before your surgery to let you know what time to arrive at the hospital. Please arrive on time. You will check in at the North Entrance and complete the needed forms. Registration staff will ask for your photo ID, insurance card, legal health documents (if complete) and your care partner's contact information. Then you'll wait in the lobby, where a caregiver will meet with you and escort you and your care partner to the pre-surgery area. This area is small, so only one care partner may accompany you. Next, a caregiver will:

- Review your medical and surgical history
- Check to see when you last took all your medications
- Place your IV
- Give you pre-op medications
- And more

Use this time to share your needs if your care team is not already addressing them and ask any questions you may have.

Later your **liaison nurse** will be in to see you before you are taken into the operating room. This caregiver will be your contact person for you and your care partner and can answer any questions that arise. He or she will also escort your care partner to the lobby, where your loved one can wait. After surgery, your surgeon will speak with your care partner. The liaison nurse can also help arrange a phone call to your care partner if he or she is unable to speak with the surgeon in person. This caregiver will also provide your room number to your care partner.

The **circulating nurse** will be with you during your procedure. This caregiver will introduce him or herself in the pre-surgery area and will review your chart to ensure you're ready for surgery. Later, the circulating nurse will take you to the operating room.

Your **orthopedic surgeon** will confirm your surgical procedure and mark your surgical site. This caregiver will also answer any questions you may have and update your care partner when surgery is complete.

Your **anesthesiologist** will do a thorough assessment of your medical history, medications, allergies and sensitivities. Then he or she will explain the sedation

that best suits you and how it will be administered. There are several types of anesthesia. These include:

- **General** - This is given through an IV, and acts on your brain and nervous system, putting you into a deep sleep. Your blood pressure, heart rate, breathing and body temperature will be continuously monitored.

Please speak with your surgeon's office before the day of your surgery if you have questions.

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## INSIDE THE OPERATING ROOM

As noted earlier, the circulating nurse will take you to the operating room. You'll meet your surgical team and your surgical plan will be reviewed again with you. These repeated checks are safeguards for your safety. Inside:

- The room will be cold. Warm blankets will be provided.
- Your care team will help you relax as members talk you through each step of the anesthesia process. Your anesthesiologist will continuously monitor your heart rate, blood pressure, breathing and blood oxygen during your procedure, which will last 1.5-3.5 hours.

Once you're asleep:

- You'll be positioned on the operating table.
- The skin over your surgical site will be cleansed.
- A urinary catheter may be placed.

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## A GLIMPSE INTO THE RECOVERY AREA

When your surgery is complete, you will be taken to Enloe's recovery area. A nurse will monitor your condition and manage any pain, shivering or nausea you may experience. This caregiver will encourage you to breathe deeply and cough. You may notice you have:

- Compression devices on your legs
- Cardiac monitoring
- Blood pressure monitoring
- An IV
- And a device on your finger to monitor your blood oxygenation



Your nurse will also apply the cold therapy device to your surgical site. You'll take that device with you to your hospital room and to your home once you leave the hospital. You will stay in the recovery area for about an hour or until you're stable enough to be transferred to your hospital room in Enloe Health's Surgical Care Unit.

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## YOUR CARE PARTNER

Your care partner is a loved one who will be by your side as your advocate and support person during your surgery and recovery. This person should pay close attention to your care, speak up if something doesn't seem right, and know your wishes about resuscitation and life support.

### During Surgery

- Your care partner may wait in the lobby during the surgery. If he or she chooses to do this, the liaison nurse will give your care partner a case number, which can be used to track your progress through surgery. The progress will be displayed on the monitor in the lobby.
- Care partners should take a break from the hospital during surgery. They can use this time to eat or just spend time away, so they are available after surgery.
- Your care partner should always be available by phone. This allows the liaison nurse and surgeon to call with updates. Please ask your care partner to turn off call screening or blocking. Some of these services may block our phone calls.

### After Surgery

- Your care partner may visit once you leave the recovery area and arrive in your hospital room.
- When Enloe Health caregivers are providing education, your care partner should listen and ask questions, so he or she knows how you need to be cared for at home.
- Your care partner may spend the night in your room.
- Your care partner should be available during discharge time the day after surgery. Our tentative discharge time is between 10 a.m. and noon.



## During Your Hospital Stay

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### WHAT TO EXPECT IN YOUR ROOM

All of the rooms in Enloe Health's Surgical Care Unit are private, and your care partner can stay with you. Once you're in your room, your care team will check on you regularly to:

- Monitor your heart rate, blood pressure, breathing and temperature
- Work with you to control any side effects of surgery you may have
- Administer medications
- Advance your diet as appropriate
- Walk
- Monitor your cold therapy device

You'll also have regular:

- Pain checks – Your pain needs to be tolerable, so you can perform your physical therapy. Your care team will ask you frequently about your pain level and may administer medication. Ask for pain medication before your pain becomes unmanageable.
- Blood tests – A laboratory technician will draw your blood every day you're in the hospital.
- Bedside care – Caregivers will monitor your condition, surgical dressing, IV and more.

During your hospital stay, be sure to use your incentive spirometer 10 times every hour while you're awake. Your care team will show you how to do this.

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## OCCUPATIONAL THERAPY

An occupational therapist will also see you during your stay at Enloe Health Medical Center. This caregiver will assess your ability to do daily tasks, like getting dressed and using the bathroom. Your occupational therapy team's goals are to teach you proper body mechanics and safe ways to:

- Dress and undress yourself
- Bathe
- Use the restroom
- Complete grooming tasks
- Transfer into the shower, onto the toilet or into bed
- Reach for or pick up items
- Do other activities that are important to you

This caregiver will also suggest assistive devices that may help you during your recovery.

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## PREVENTING BLOOD CLOTS

Anyone who has surgery has an increased risk of developing a blood clot. At Enloe Health, caregivers use several techniques to minimize your risk. These include blood-thinning medications and:

- **Compression stockings (TED hose)** – These are specialized hosiery that help increase your circulation. You will wear these at home according to your surgeon's instructions.
- **Sequential compression devices (SCDs)** – These gently massage your legs by inflating with air. You should wear them whenever you're in your hospital bed.
- **Movement** – One of the most important things you can do to lower your risk is to walk. Physical therapy caregivers will start working with you the day of your surgery and will see you two times a day after that. You should also start doing the ankle pumps you have been taught as soon as you wake up after surgery.

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## PREVENTING PNEUMONIA

Pneumonia is a risk of surgery. To prevent it, you will be taught to do the following while you are in the hospital and at home:

- Use your incentive spirometer 10 times a day.
- Breathe deeply and cough.
- Slowly move more and more while maintaining precautions.
- Take your medications as directed.

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## MANAGING YOUR NAUSEA

If you have nausea after your surgery, let your care team know right away. Several things can help, including aromatherapy and medications. You can usually have clear liquids, such as juice, broth and gelatin right after surgery. But your intake will be limited as we monitor any nausea you may experience. As your body starts to function normally, you'll be able to have more liquids and solid foods. Please keep in mind that this progression varies from patient to patient.

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## MANAGING YOUR PAIN

You will experience some pain after your surgery. But several treatments can reduce it. Your care team will determine the best option for you. You may receive pain medications:

- In the form of a pill that you can request every 4-6 hours as needed
- When administered intravenously (IV), these medications work faster but do not last as long; they're used to treat pain that's not controlled by oral medications

**NOTE:** Some medications have side effects. These include drowsiness, nausea, vomiting, dizziness, constipation, rash, itching, dry mouth and decreased appetite.

While medications can help control your pain, other methods can help, too. These include:

- Ice, which reduces swelling as well; ice and elevate your leg when you go home
- Physical activity, which can also improve your mobility and mood



## Going Home

Most patients stay in the hospital for one night after their surgery, depending on the procedure and the patient's progress. Your care team will work with you to ensure you're medically stable and able to manage daily tasks before you head home.

Your surgeon and one of the Joint Replacement's physician assistants or nurse practitioner will check on you regularly to assess your readiness to leave the hospital. When you're ready to head home, needed services will be put into place – for instance, home health physical therapy and skilled nursing facility services if needed.

- Progressive relaxation, a technique that involves tensing specific muscles, then relaxing them
- Listening to music, which can also help you relax and boost your mood; feel free to bring your favorite music to the hospital
- Deep breathing, which releases muscle tension, relaxes the mind and allows you to focus on something besides pain
- Guided visualization, which helps you see yourself successfully doing something you find challenging; this can also reduce anxiety, improve your confidence and help you cope

### People experience pain differently, but it's important to remember:

- You will not be totally pain-free after surgery and during your recovery.
- You will feel more pain once you're home and your nerve block and spinal anesthesia wear off. Be sure to take your pain medication as directed.
- Your goal should be to reduce your pain to a level that allows you to do your physical therapy, exercise, walk as directed and get restorative sleep.

- A provider will assess you and clear you to go home when your pain is managed with oral medication and there are no signs of complications from surgery.
  - A physical therapist will assess you and clear you to go home when you are able to:
    - Walk safely with your walker
    - Sit and stand from a chair, toilet, and bed independently
    - Understand your precautions and exercises
  - The bedside nurse will review the discharge instructions and provide them in a packet known as the after-visit summary.
  - A case manager will verify the home health services are arranged.
- NOTE:** Outpatient services are arranged by your surgeon's office.
- You'll take these items home with you if they're provided:
    - Compression stockings
    - An incentive spirometer
    - A cold therapy device

**Helpful hint:** Plan to go home in a mid-size vehicle. Some vehicles are too low or too high to get into after surgery. You can use pillows to build up the seat if necessary.

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## GOING TO A SKILLED NURSING FACILITY

In rare cases, you may have to go to a skilled nursing facility after surgery. This is not the preferable discharge plan, and we encourage discharge to home as the priority. Going to a skilled nursing facility requires a 3 three-night stay in the hospital and case management coordination.

**NOTE:** Joint replacement surgeries do not qualify for placement at Enloe Health Inpatient Rehabilitation upon discharge from the hospital.

## Recovery at Home

To help your recovery, be mindful after your procedure. These tips are a great place to start:

- Only take recommended medications. Contact your surgeon if the medicines prescribed are not controlling your pain.
- Take your pain medication as directed. Consider taking pain medication prior to a visit from your home health physical therapist
- Do your physical therapy exercises three times a day.
- Remember to ice and elevate at least three times a day
- Find a balance between rest and physical activity
- Avoid falls to prevent dislocating your new joint.

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## REDUCING SWELLING

It's not uncommon to have swelling around your surgical site, into your groin and/or scrotum, and down into your toes on the leg that was operated. In fact, it's normal to have intermittent swelling for up to a year after surgery. To help control swelling:

- Use the cold therapy device provided to you at the hospital.
- Elevate your leg above your heart for a least 1 hour three times a day. It's best to do this in a reclining position.

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## CARING FOR YOUR DRESSING

An **occlusive dressing** is an airtight and watertight dressing. If your surgeon uses one of these, leave it in place until your follow-up appointment unless directed otherwise. You may shower with it on. Be sure to check your dressing every day after showering.

If your surgeon uses a **non-occlusive dressing**, follow your surgeon's directions for dressing care. Do not shower until after the surgical dressing is removed. Avoid soaking your incision, or having a direct stream of water coming into contact with it.

Let your surgeon know right away if you have drainage from your incision that saturates your dressing or if water gets underneath the dressing. It's also important to contact your surgeon if you have:

- A fever of greater than 101 degrees
- The chills
- Increased redness, swelling or tenderness
- Excessive drainage
- A foul odor coming from your incision





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## A WORD ABOUT CONSTIPATION

Constipation is common after surgery. Medications, stress, changes to your diet and decreased activity can contribute to it. The condition can cause discomfort and/or pain, and can be a big challenge after surgery. Plan to prevent — rather than treat — constipation. These tips can help:

- Increase your physical activity as soon as possible after surgery by walking.
- Only use the medication necessary to manage your pain.
- Consider using a non-narcotic pain reliever after surgery.
- Take a stool softener every day for as long as you're taking pain medication. Add a laxative if it has been 24-36 hours since your last bowel movement. Purchase these over-the-counter medications, like Colace, MiraLAX or Senna, before your surgery.
- Drink plenty of water and other non-caffeinated fluids (at least 64 ounces a day), provided your caregiver has not restricted your fluid intake.
- Eat high-fiber foods. These include beans, whole grains, bran cereals, fresh fruits, vegetables, prunes and dried fruits.
- Eat small, frequent meals throughout the day instead of large meals.

If these strategies fail or if your discomfort is severe, seek medical care. Usually a primary care physician is best suited to treat constipation.

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## SLEEP POSITIONING

You may sleep in any position that is comfortable and allows for the cold therapy device to stay in place. Try to avoid staying in one position for an extended period, to protect your skin. Avoid sleeping on the operated side to minimize swelling.

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## PREVENTING INFECTION

As with any surgery, there is a risk for infection. With joint replacement surgery, you will have an implant to which bacteria can attach itself. Bacteria can enter your body through breaks or cuts in the skin that result from future surgical wounds, dental procedures and colonoscopies. There are several things you and your care team can do to minimize your risk.

### Before surgery:

- Tell your surgeon's office if you have a rash or any open areas on your skin.
- Shower with Hibiclens, a disinfectant soap, the night before and the morning of your surgery. This soap will be provided to you.

### In the hospital:

- Your surgical site will be thoroughly cleaned and prepped.
- You will receive a nasal swab to check for bacteria that may cause infection. If you have this bacteria in your nose, you will receive additional antibiotics to avoid infection.
- You will be prescribed IV antibiotics before, during and after surgery.
- Traffic will be minimized in the operating room.
- Caregivers will adhere to strict sterile techniques during surgery.
- Surgical instruments will go through a strict sterilization process.
- Your implant will be pre-packaged to ensure sterility.

### Recovering at home:

- Use proper hand hygiene. To wash your hands correctly:
  1. Wet your hands with clean, running (warm or cold) water.
  2. Apply soap.
  3. Lather your hands by rubbing them together.
  4. Lather the backs of your hands, between your fingers and under your nails.
  5. Scrub for at least 20 seconds.



- Bathe regularly while abiding by wound-dressing directions.
- Follow your wound care instructions.
- Use your incentive spirometer as instructed – doing so prevents pneumonia.
- Have a clean home environment with regular cleaning, dusting and good ventilation.
- Have a healthy, balanced diet to support your immune system and promote healing.
- If prescribed, use your prescribed antibiotics as directed and complete the full course.
- Make sure to attend all your follow-up appointments and adhere to recommendations from your care team.

Contact your surgeon's office before undergoing procedures, such as dental work or colonoscopies.

**NOTE:** People with immune deficiencies, those who are receiving immunosuppressive treatments and those who suffer from obesity have a higher risk of infection.

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## NUTRITION

Proper nutrition after surgery is essential. Good nutrition will promote optimal healing and boost your immune system, reducing your chances of infection. A healthy, well-balanced diet includes:

- Protein, which you can get from eggs, beans, fish and milk
- Iron, which you can get from red meat, seafood and spinach

- Vitamins and minerals, which you can get from berries, citrus fruit and green, leafy vegetables
- Fiber, which you can get from beans, broccoli, berries, whole grains and apples
- Water; drink at least 64 ounces a day

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## WHO TO CALL

We are available after you go home. If you have questions about your incision, dressing or medications, if your pain is not controlled, or if you have any concerns, please call your surgeon's office. Caregivers are available any time of the day. If your cold therapy device stops working or you have general questions, please call the liaison nurse at 530-332-5470 or 530-332-5474. The liaison nurse is available Monday through Friday, 7 a.m. to 4 p.m. If no one answers, leave a message, and the nurse will return your call.

### Call 911 if you are experiencing signs of:

#### A heart attack; symptoms include:

- Pain or pressure in your chest, jaw, left arm or shoulder blade
- A sudden onset of indigestion symptoms
- Shortness of breath or lightheadedness
- A feeling of impending doom

#### A stroke; symptoms include:

- Facial droop
- Changes in vision, balance or speech
- Trouble controlling one side of your body
- Severe headache

#### A blood clot in the lung; symptoms include:

- A sudden onset of cough
- A sudden onset of shortness of breath or lightheadedness
- Bloody sputum

# Physical Therapy

## DURING YOUR HOSPITAL STAY

The physical therapists and occupational therapists you see during your stay at Enloe Health Medical Center will play an important role in your recovery. Being able to perform simple daily tasks — such as getting out of bed and using the bathroom — may seem difficult.

An Enloe Health physical therapist will see you soon after your surgery and evaluate your needs. You'll work with physical therapists during your hospital stay. These caregivers will go over:

- Your personalized exercise program
- Getting in and out of bed safely
- Walking properly
- Precautions you need to take
- And more

Moving soon after surgery is linked to better outcomes and fewer complications. Expect to get out of bed to sit in a chair for all your meals, to perform your exercises three times a day, walk with your care team. Your physical therapy team's goal is to teach you proper body mechanics and safe ways to:

- Get in and out of bed
- Move from sitting to standing
- Go from standing to sitting
- Do your exercises

You will need to show your care team you can do the following safely before leaving the hospital:

- Your joint replacement precautions
- Independently transfer
- Your home exercise program
- Walk about 100 feet
- Your ability to use the stairs



An occupational therapist will also see you during your stay at Enloe Medical Center. This caregiver will assess your ability to do daily tasks, like getting dressed and using the bathroom, and help you with any challenges you face. Your occupational therapy team's goals are to teach you proper body mechanics and safe ways to:

- Dress and undress yourself
- Shower
- Use the restroom
- Complete grooming tasks
- Do other activities that are important to you

## YOUR ACTIVITY LEVEL

Remember to pace yourself to reduce soreness, pain and swelling. Shoulder replacements heal slowly, and outpatient physical therapy will not start for several weeks after your procedure. Do not overdo it. This will increase your pain and swelling, making sleeping and exercising more difficult.

## IMPORTANT EXERCISES

Exercise to the level you can tolerate. Some patients can't perform exercises before surgery because they're in too much pain. But keep in mind that exercise is part of your recovery and will help speed the healing process. Learn your after-surgery exercises before your joint replacement. This will make them easier to perform after your procedure.

## Pendulum Exercises\*

*\*Ask your surgeon if you should do these after surgery.*



- Do not actively lift or move your operated arm with your shoulder muscles.
- The movement should come from your body, not your shoulder. Let gravity do the work and go slowly.
- To start, bend at the waist, so your operated arm is dangling straight down. You may want to hold on to a table or chair for support.
- Gently rock your body in a circular motion to move your arm in a circular pattern.
- Swing your arm forward and backward.
- Then swing your arm side to side.
- Perform one set three times a day for 5-10 minutes or as directed.

## Ankle Pumps

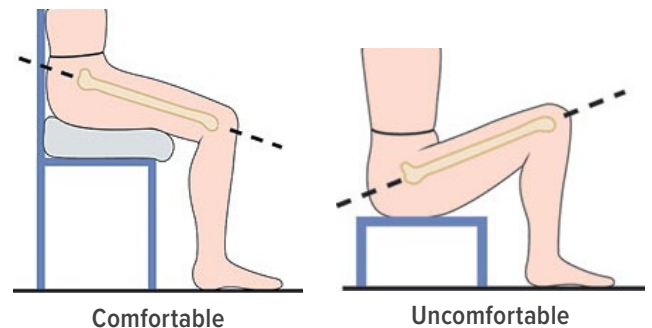
- Pull your foot upward toward your body as far as possible, then point your toe downward as far as possible.
- Perform one set of 20 repetitions every hour.

**Helpful hint:** All shoulder, hip and knee replacement patients should do this exercise. It helps prevent blood clots while you are less active.



## SITTING COMFORTABLY

- Transferring to and from a seated position is much easier if your knees are lower than or level with your hips.
- Place a firm pillow on the seat of your chair, couch, car, etc., if necessary.
- Use a toilet riser if you want to adjust the height of your toilet.







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## OUTPATIENT PHYSICAL THERAPY

For shoulder replacement, your surgeon's office will arrange outpatient physical therapy, beginning when your surgeon thinks you are ready. The focus will be on safely increasing the range of motion in the new joint as well as strengthening the muscles surrounding the joint. Balance exercises will also be performed to help decrease the risk of falling. Heat or ice may be used in therapy. Heat may be used to warm up a tight muscle and ice may be used after the exercises to reduce swelling and soreness.

Your physical therapist will keep in mind any personal goals that you may have (such as returning to golf, swimming or bicycling) to ensure that you perform specific exercises to help you reach your goal.

- Consider taking pain medication (as needed) 30-60 minutes prior to your exercise session.
- Continue your home exercise program as directed. As you recover, the exercises will get easier. Doing the exercises assigned by your therapist will help you move your new joint and enjoy greater independence.

### **As you return to your normal activities, it's important to:**

- Check with your surgeon and therapist before returning to recreational activities.
- Return gradually and with the guidance of your physical therapist.
- Minimize stress on your new joint.
- Avoid contact sports.



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 **ENLOEHEALTH**  

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**JOINT REPLACEMENT**

1531 Esplanade  
Chico, CA 95926  
530-332-5446