

# Total Shoulder Arthroplasty

## Patient Guide



Your guide to shoulder replacement.



**Saint Alphonbus**  
A Member of Trinity Health



At Saint Alphonsus, we are dedicated to delivering compassionate and healing care. It is our goal to make our a patient's recovery a complete success.

# Welcome!

## Saint Alphonsus Orthopedics

Thank you for choosing Saint Alphonsus. Your care will be managed by a multi-specialty group of doctors, providers, nurses and therapists. Each member of your team will review the details of your care with you and make sure all of your questions are answered.

Saint Alphonsus Orthopedics offers a unique program with a wellness mindset in a hospital setting. The décor, atmosphere and attitudes all reflect this focus. We strive to deliver compassionate, highly personable care to all of our patients.

Preparation, education, continuity of care and a pre-planned discharge are essential for an optimal result in joint surgery. Communication is essential to this process. This patient guide is a communication and education tool for you. Please take time to review the material before coming to the hospital.

### Overview of the Orthopedic Joint Program at Saint Alphonsus

The Orthopedic Joint Program is a unique, dedicated program within Saint Alphonsus.

#### Program features:

- Expert care by doctors, nurses, and physical and occupational therapists who specialize in orthopedic surgery.
- Family and friends who are educated to participate as “coaches” in the recovery process.
- A team that coordinates all care, before surgery and during your hospital stay, as well as discharge planning.
- Coordination of care throughout your journey.



# Darin Jurgensmeier, MD

Sports Medicine & Reconstruction



*I believe that every patient is an individual with a unique set of symptoms, goals and concerns. Careful communication and attention to detail are essential at every visit. My treatment plans include focused time for patient education, personalized therapy, and when necessary, the latest and least invasive surgical techniques. I want my patients to feel engaged as the central component of the team as we work together to restore or improve upon their function.*

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## SPECIALIZES IN:

### Shoulder Arthritis

- Shoulder Arthroplasty (TSA & Reverse)

### Shoulder Arthroplasty

- Rotator Cuff Repair
- A-C Joint Repair
- Biceps Tenodesis
- Instability/Labral Repair
- Distal Clavicle Excision
- Acromioplasty

### Shoulder Fracture Care Clavicle Fracture Care

### Knee arthroscopy

- Ligament reconstruction  
ACL, PCL, MCL, LCL
- Meniscal repair
- Alignment procedures
- Tendon Repairs
- Patellafemoral Instability/Malalignment
- Cartilage restoration
- Meniscus transplantation

### Hip Arthroscopy

- Femoral Acetabular Impingement (FAI)
- Labral Tears
- Tendon Conditions

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## MEDICAL SCHOOL

Oregon Health & Science University

## BOARD CERTIFIED

Orthopedic Surgery  
Orthopedic Sports Medicine

## RESIDENCY

Penn State Hershey Medical Center

## FELLOWSHIP

Cincinnati Sports Medicine  
& Orthopaedic Center

## ADDITIONAL TRAINING

Hip Arthroscopy  
The Orthopedic Specialty Hospital (TOSH)



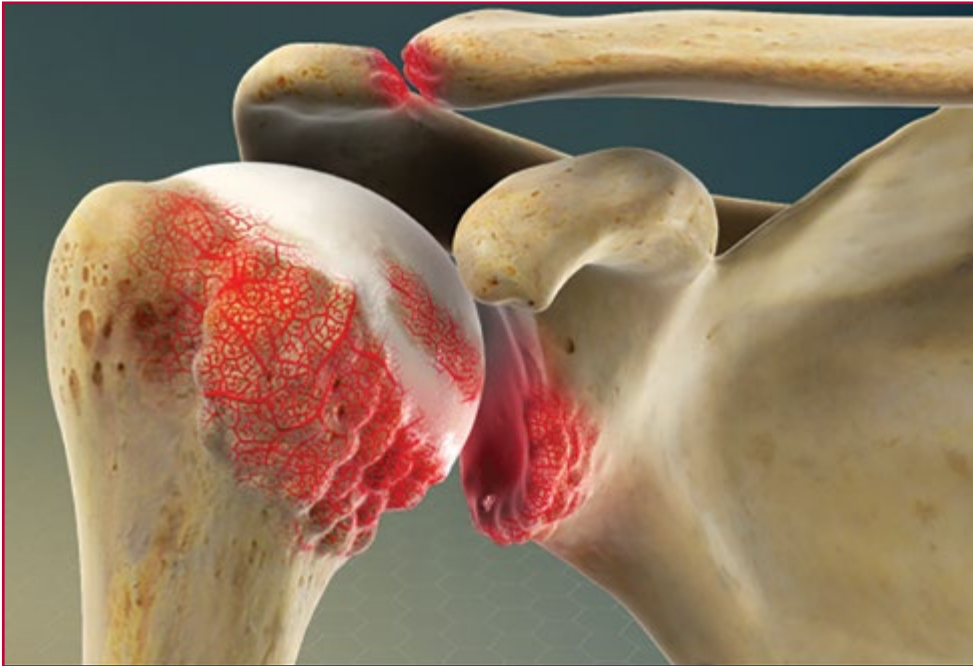
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# About Total Shoulder Arthroplasty

Total Shoulder Replacement for the treatment of advance shoulder Joint osteoarthritis, severe rotator cuff damage, or a combination of both.



Shoulder with Osteoarthritis

## Total Shoulder Arthroplasty Surgery

### Indications for Surgery

1. Painful bone-on-bone arthritis in the shoulder joint with:
  - a. Restricted motion limiting tolerance to daily activities that require lifting the arm such as washing, dressing, or eating
  - b. No pain relief from conservative treatment for shoulder arthritis
  - c. Patients with complex shoulder or upper arm fractures from trauma or osteonecrosis

### Goals of Total Shoulder Arthroplasty

1. Relieve pain
2. Increase range of motion
3. Improve overall daily functional use of the upper extremity
4. Patients generally find improved motion as well, but these improvements are not as consistent as pain relief

## Surgical Risks

Risks are rare but may still occur including:

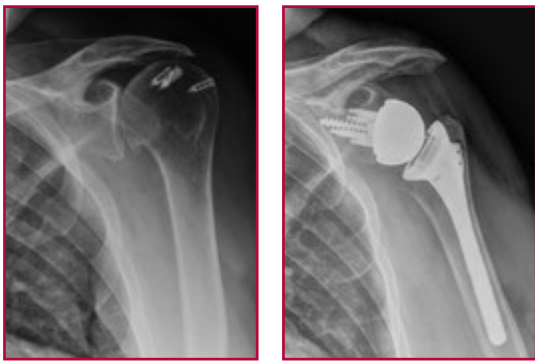
1. Problems with general anesthesia which may be dependent on other medical issues the patient has
2. Infection or blood clot (DVT)
3. Dislocation/instability
4. Loosening of the implant
5. Damage to nerve or blood vessels

**The Procedure:** Replacement of the head (ball) of the upper arm bone (humerus) with a stem prosthesis and the socket (glenoid), along with removal of bone spurs.



**Total shoulder arthroplasty before and after**

**Total Shoulder Replacement:** Involves replacing the ball with a short stem prosthesis and metal cap and replacing the socket. This is recommended for patients who have severe arthritis that is causing pain, stiffness, limited motion and decreased daily functions.



**Reverse total shoulder arthroplasty before and after**

**Reverse Shoulder Replacement:** Designed for patients who have an irreparable rotator cuff injury that has caused damage to the joint. In this procedure, the location of the prosthetic ball and socket components are switched to allow the deltoid muscle to become the primary mover of the shoulder instead of the damaged rotator cuff. This has the potential for a patient with this condition to gain greater range of motion compared to the conventional shoulder replacement.

## General Expectations

- Recovery and functional improvement will be gradual over several months.
- Your progression and surgical outcome will be individual, based on your overall health and activity level prior to surgery. Participation in physical therapy and home exercise program, along with compliance with early restrictions and precautions will help ensure a successful recovery.





# Preparation for Surgery

## General Preparation

- You will be required to stop nicotine use prior to surgery.
- Please reduce or stop usage of narcotics prior to surgery to help manage your post-operative pain
- Clearance is required for several medical conditions prior to surgery. If you have any heart/lung/liver/kidney/dental conditions or diabetes, medical clearance is required. It is your responsibility to obtain a letter of medical clearance from the appropriate provider and fax this to our office.
- **Complete dental cleaning 2 weeks prior to surgery. Avoid non-emergent dental work 3 months after surgery. Call our office is questions or concerns.**

## Caregiver Support

- We recommend arranging for a designated caregiver or coach to assist with personal care, medication management, meal preparation, transportation, and other activities that require use of your surgical arm, especially during the first few weeks while in the shoulder immobilizer.

## Equipment and Supplies

- A shoulder immobilizer (the Arc or soft shoulder immobilizer) will be fitted to you and applied after surgery before you are moved to the recovery room. This needs to be worn for approximately 6 weeks after surgery to protect the shoulder for proper healing.

For instructions in putting on, removing and care of this immobilizer go to [www.breg.com/blog/media/arc-2-0-shoulder-brace-application-video/](http://www.breg.com/blog/media/arc-2-0-shoulder-brace-application-video/).



**Breg's Arc shoulder immobilizer**

- We recommend having several extra pillows on hand to help support the surgical arm for comfort when resting in bed, or in a recliner chair after surgery.



Reclined positioning

- A comfortable recliner chair can be a nice alternative to sleeping reclined in the bed. A small pillow to support the back of the surgical arm can be helpful to keep it in a neutral and comfortable position.
- Loose, easy to put on clothing - sweatpants and oversized shirts (button vs zipped) are recommended. You will not be able to zip or button pants without assistance from a caregiver, due to the immobilization of the arm.
- We recommend purchasing a soft gel ice pack for pain management after surgery. One that is rectangular in size or design to go around the neck. This can be gently laid over the shoulder with a cloth barrier, or you may use an ice machine if you have one available or wish to purchase one.



Seated with gel pack

## Time Off Work

- Please inform us if you are working. The amount of time needed to take off work will be determined based on the type of work you do.
- Provide us with time off request forms. Include a name and fax number where the documents need to be returned.
  - Employers can fax forms directly to our clinic (208) 302-3554.

## Day of Surgery

- Estimated time for surgery is 1.5 -2 hours.
- Time of surgery will be finalized 24-48 hours prior. You will be notified if your schedule time changes.
- Length of hospital stay after surgery will be determined based on your specific health requirement. Many people can go home the same day. An extended 24-48 hour hospital stay is also common.

## Anesthesia

- The anesthesiologist will meet with you the morning of surgery to discuss any concerns you might have about the medications during surgery.
- A nerve block pain catheter will be placed above the shoulder to numb the area and control pain after surgery.



# Patient's Guide to Surgery

## Pre-Surgical Screening (PSS)

A Pre-Surgical Screening Nurse will call or meet with you before your surgery to ensure you are prepared and safe for anesthesia. Please have your list of medications and medical/surgical history available.

As directed by your doctor, you will receive a pre-surgery phone call and/or asked to attend a pre-surgery appointment at the hospital a few days before your surgery.

Follow the surgical preparation instructions provided to you by your PSS nurse.

## Night Before Surgery

Continue to follow instructions as provided by PSS concerning:

- Bathing & showering: refer to Pre-Surgical Showering Instructions
- Remove rings, jewelry, piercings and leave at home, including wedding rings
- Remove all nail polish and artificial nails
- Follow PSS food and intake instructions
- Pack your belongings and leave all valuables at home
- Confirm your ride from the hospital

## Day of Surgery

Continue to follow instructions as provided by PSS concerning:

- Bathing & showering: refer to Pre-Surgical Showering Instructions
- No food
- Clear liquid intake per PSS guidelines
- No chewing gum, tobacco products or mints

## Check in at Saint Alphonsus registration desk:

LEAVE YOUR BAG & EQUIPMENT IN THE CAR UNTIL ROOM IS ASSIGNED.  
BRING THIS GUIDE TO YOUR SURGERY.

## Bring These Items

- Identification card, insurance card and copay
- A list of your medications with the time of the last dose they were taken
- Your glasses and a glasses case
- Comfortable and loose clothing that is easy to get on and off

## After Surgery

- Follow your discharge instructions regarding dressing care
- Make sure your ride home is aware of your discharge date/time

## After Discharge

- Have coach or other helper at home with you
- Follow the discharge instructions provided by the hospital and surgeon
- Schedule or attend follow up appointments

# Pre-Surgery Food and Beverage Guide

To improve your surgical outcome,  
Please follow the instructions below:

1. **DO NOT** eat solid food 8 hours before you arrive at the hospital.
2. Two hours before you arrive, drink a clear liquid containing at least 45 grams of carbohydrates.

Pre-Surgery hydration options include\*:

- Ensure Pre-Surgery Clear Carbohydrate Drink, 10-oz (see below)
- 16-oz sports drink, or 8-oz clear juice such as apple, white grape, etc. (no red or purple drinks)
- Tang, 16-oz serving

**\*Pre-Op carb loading is NOT recommended for insulin-dependent diabetics**

3. You may liberally drink water, black coffee or tea up to 2 hours before you arrive. No cream or milk type products should be added.



PREPARATION FOR SURGERY

## Ensure Pre-Surgery Clear Carbohydrate Drink



This drink contains carbohydrates and antioxidants specifically formulated to satisfy your hunger before surgery, help with post-operative nausea and pain after surgery, and improve your recovery time. When purchasing, be sure to select the PRE-SURGERY product. **This product SHOULD NOT be confused with other Ensure Clear products such as Ensure Clear Nutrition Drink or Ensure Clear Therapeutic Drink.**

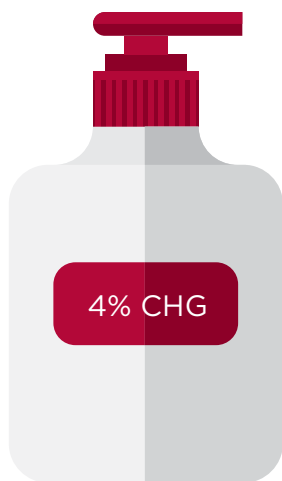
This product may be purchased for \$2-3 at Saint Alphonsus MedNow pharmacies or from online retailers (Amazon, Walmart & Walgreen's). Order in advance to allow for shipping if you purchase online.

Saint Alphonsus MedNow Pharmacy Locations:

- **Boise Pharmacy**  
999 N. Curtis Rd., Ste. 102  
Boise, ID 83706  
Phone: (208) 367-2167  
Fax: (208) 367-3915  
Mon-Fri: 8:30 am - 6:30 pm  
Sat: 9:00 am - 1:00 pm

- **Nampa Pharmacy**  
4400 E. Flamingo Ave.  
Nampa, ID 83687  
Phone: (208) 288-4660  
Fax: (208) 288-4664  
Mon-Fri: 8:00 am - 6:00 pm

# Pre-Surgery Showering Instructions



The use of Chlorhexidine Gluconate (CHG) 4% skin cleanser has been shown to **DECREASE** bacteria (germ) levels on the skin and may reduce your risk of a surgical site infection.



## IT IS RECOMMENDED TO SHOWER:

- Night before surgery AND the morning of surgery
- Two nights before surgery AND the morning of surgery
- Five nights before surgery (pending results of nasal swab, if positive, you will receive a phone call)

Shower with a skin cleanser containing 4% Chlorhexidine Gluconate (CHG). Some brand names of CHG skin cleansers are Hibiclens or Betasept, which are available at local drugstores and online retailers.

## A skin cleanser containing 4% CHG should not be used:

- On children less than two years of age
  - If you are breastfeeding
  - On the face, eyes, ears, mouth or genital area
  - On open wounds
  - If allergic to CHG
1. Refer to label or package insert for complete manufacturer's instruction.
  2. Wash and rinse your hair with regular hair product if desired.
  3. Wash and rinse your face and then genitals using your regular soap product.
  4. Wet your entire body and step away from the shower stream.
  5. Wet a clean washcloth and apply CHG cleanser to the cloth.
  6. Clean your entire body from the neck down.
    - CHG will not make "suds", but it is still working.
    - Pay special attention to the area where you will have surgery as well as the belly button, hands and feet.
  7. Ask someone for help if you are unable to wash certain areas of your body.
  8. While away from the shower stream, keep the soap on at least two minutes before stepping back into the shower stream.
  9. Rinse well and gently dry with a freshly laundered clean towel.
  10. After you shower, do not use any other soap product after the CHG product.



Do not use any powder, deodorant, perfumes or lotions prior to surgery.



Wear freshly laundered pajamas to bed the night before surgery and sleep on freshly laundered sheets.



Wear freshly laundered clothes to the hospital.



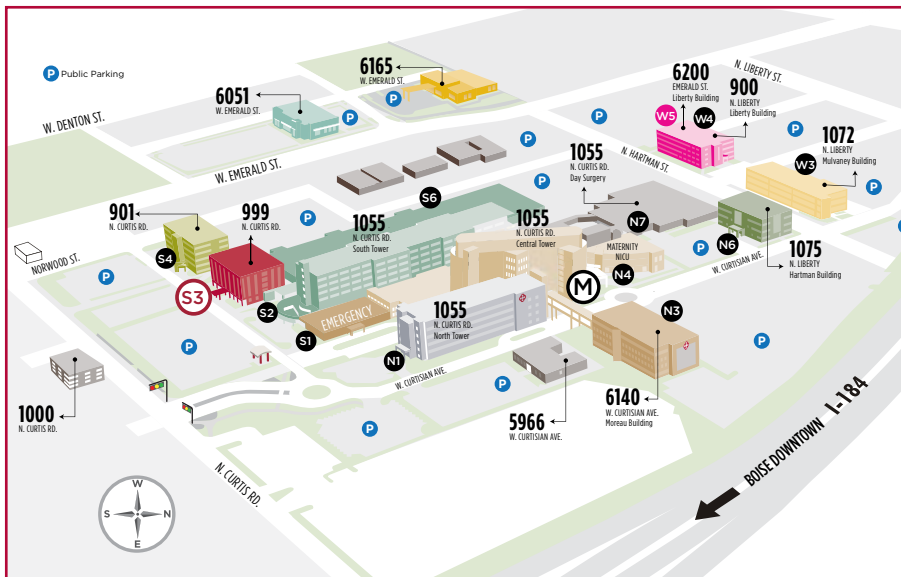
Attempt to avoid contact with animals/pets after showering with the CHG skin cleanser the night before and the morning of surgery.



Do not shave near your incisional area for one week prior to surgery. Shaving with a razor can increase your risk of an infection where you have surgery.



# MedNow Pharmacy Locations

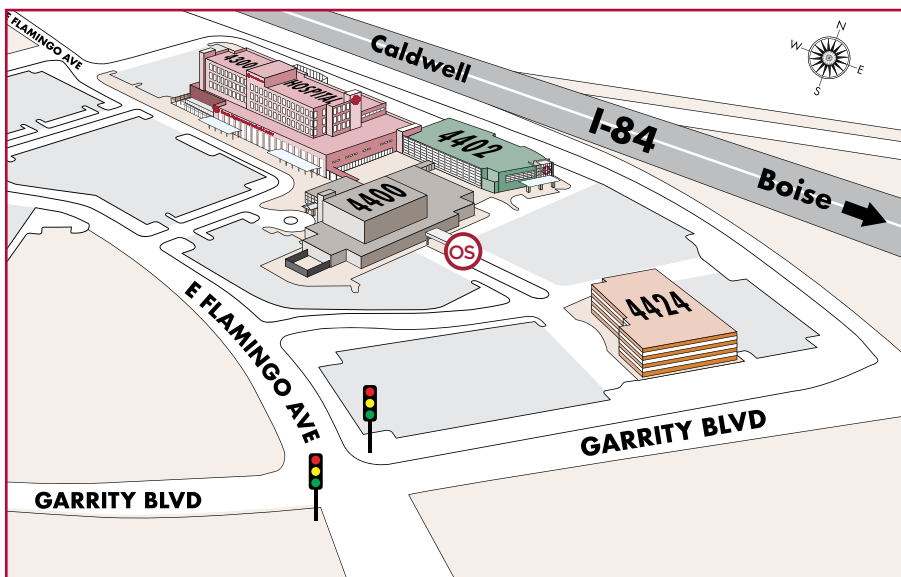


## MedNow Pharmacy Boise Entrance (S3)

Saint Alphonsus  
Regional Medical Center Campus  
999 N. Curtis Rd., Ste. 102  
Boise, ID 83706

Phone (208) 367-2167  
Fax (208) 367-3915

Mon-Fri 8:30 am - 6:30 pm  
Sat 9:00 am - 1:00 pm



## MedNow Pharmacy Nampa Entrance (OS)

Saint Alphonsus  
I-84 & Garrity Campus  
4400 E. Flamingo Ave.  
Nampa, ID 83687

Phone (208) 288-4660  
Fax (208) 288-4664

Mon-Fri 8:00 am - 6:00 pm



# After Surgery

## Returning to Home Planning

- Please have your caregiver/coach with you when receiving instructions prior to discharge from the hospital.
- Make sure you have transportation arranged to return home.
- Make sure you will have help at home for the first few days after surgery.

## Pain Management

- A nerve block pain catheter, ON-Q Pain Relief System, will be placed above the shoulder to numb the area and control pain after surgery. This system delivers local anesthetic nonnarcotic medication to your surgical site for 3-4 days. When the medication is gone, remove the catheter by gentle pressure, twisting the tube if needed. The catheter should come out easily. For how to remove instructions, go to [myon-q.com/on-q-pump/](http://myon-q.com/on-q-pump/). If you have concerns, you may call our office.
- Pain medication for acute post-operative pain will be prescribed before you are discharged from the hospital. Refer to the discharge instructions for details.
- Take Tylenol to help wean off the pain medication. Refer to discharge instructions for details.
- It is helpful to log the time your pain medication was taken and set a timer at night to adequately space your dosage without confusion. A medication log is provided in this packet.
- Apply a gel ice pack to the involved shoulder, for 15 -20 minutes several times a day as needed for pain control and to reduce swelling. Remember to use a cloth barrier between the gel pack and your skin.



Seated with gel pack



## Medications

- If you were on blood thinners prior to surgery, you may begin taking these again the morning after surgery.
- If you were not on blood thinners, take Aspirin 325mg twice daily for the 1st week and once daily for the second week to prevent blood clots. See discharge instructions for detail.
- Post-operative pain medication and inactivity may cause constipation. Take over-the-counter stool softeners (Senna S) to prevent this.

## Wound Care

- Remove the dressing when the ON-Q Pain Relief System medication runs out (usually day 3-4 after surgery). Leave the underlying steri-strips in place over the incisions. They will fall off within 2 weeks after surgery. Do not put ointment or lotion over the incision.

## Showering

- It is ok to shower after the dressing has been removed (day 3-4 after surgery - see above). Do not soak, submerge or scrub incision site. Stand sideways to avoid direct water stream contact with the incision. Pat dry after. Do not put ointment or lotion over the incision or put on a shirt (no active motion of the shoulder).

## Personal Care and Precautions

- Always wear the shoulder immobilizer including when sleeping.
  - It is ok to adjust the position of your forearm and elbow in the immobilizer for comfort.
- No Weight Bearing through the shoulder or arm - do not use the arm to help when getting up or when maneuvering in bed.
- Several pillows or a wedge can be helpful to support your shoulder in a reclined position in bed. Make sure to support the upper arm so that it does not drop backward. Keep it in line with the trunk for comfort. When laying on your healthy side, use a pillow to support the surgical arm so that you maintain protection of the shoulder in the immobilizer.



**Reclined positioning**

- If you have difficulty taking a deep breath, sit up-right with good posture (see picture below) and focus on belly (abdominal) breathing. When the nerve block is still working, it can weaken the diaphragm. Deep breathing and coughing will improve the diaphragm strength and improve your rib cage mobility.
- Posture correction and support of the arm when sitting is also helpful.



**Seated poor posture**



**Seated good posture**

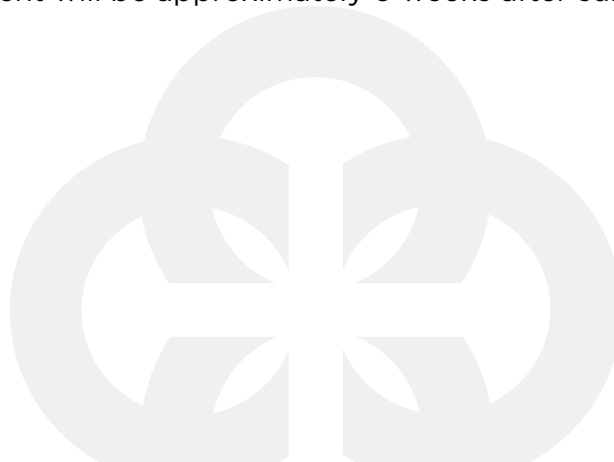
- Most patients find it beneficial to take short walks every few hours.
- Please drink plenty of water/clear fluids and eat a healthy diet to improve recovery.

### Visits to Physical Therapy

- Physical Therapy and your home exercise program will help manage pain, restore functional mobility and build strength. This is a necessary part of a successful recovery.
- A physical therapist will see you for 1-2 visits if you are admitted to the hospital vs going home after surgery.
- A referral for outpatient physical therapy along with specific information about your surgery and rehabilitation plan will be sent to the clinic of your choice after you have been discharged from the hospital.
- For a list of Saint Alphonsus physical therapy locations please visit [www.starspt.org](http://www.starspt.org)
- Outpatient physical therapy treatment should start within the 1st week you are home unless otherwise directed.
- We recommend your caregiver or coach attend these sessions with you during the time you need assistance.

### Physician Follow-ups

- The first follow-up appointment will be 10-14 days after surgery. The second follow-up appointment will be approximately 6 weeks after surgery. These two



appointments will be scheduled at the time your surgery is scheduled. Follow-ups after the six-week appointment will be every 4-8 weeks depending on how your recovery is going or if you have specific insurance requirements.

### **WHEN TO NOTIFY YOUR DOCTOR**

- Temperature greater than 101.5° F
- Intolerable pain that is not relieved by pain medication or repositioning.
- Redness, swelling or pus-like drainage from the incision.
- Numbness/tingling of the fingers, which does not subside with repositioning or pain medication.
- If you have developed signs or symptoms of blood clot: pain in your chest, difficulty breathing or pain/tenderness in an arm or leg.
- If you have any problems with the immobilizer, or it is not fitting well, please call our office. Your physical therapist may also be able to help you with this.



# Post-Operative Expectations

## Recovery Time

- **Protective Phase** - During the first six weeks after surgery the shoulder immobilizer/brace will protect your shoulder and help with healing. You will work on passive and actively assisting range of motion of the shoulder, assisting range of motion of the elbow and active range of motion of the forearm, wrist and hand. All motion gains should be gradual and not forceful.
- **Active Phase** - About six weeks after surgery you will wean off the immobilizer/brace and gradually increase activities from assisting the arm through range of motion to actively moving the shoulder through pain free motion. We will ask you to maintain the same precautions of no weight bearing through the shoulder or arm. You may be able to tolerate some light desk work at this time. You may also drive if you are no longer on pain medication. **For reverse total shoulder patients, we want you to avoid reaching behind your back.**
- **Strengthening and Functional Phase** - The average patient should have functional active motion in the shoulder about 12 weeks after surgery. When this goal is met, your physical therapist can direct you to start light strengthening exercises within the precautions of your specific surgery. We will communicate with you and the therapist about this progression. You may be able to do light household chores at this time. Limit lifting to no more than 2-3 lbs.
- Depending on your goals, some activities may take 6 months to a year to return to.
- Your progression and surgical outcome will be individual, based on your overall health and activity level prior to surgery. Participation in physical therapy and home exercise program, along with compliance with early restrictions and precautions will help ensure a successful recovery.



# Home Exercise Program

## Home Therapy Program

- Begin these exercises the day after you return home from surgery and repeat 3-4 times per day. Continue exercises as instructed by your physical therapist.
- Active Range of motion of wrist, forearm and elbow can be done out of the shoulder immobilizer as illustrated below – make sure to keep the elbow supported on a pillow on your lap as shown or on a table. Pendulums should be performed to comfort with gentle passive motion.

## Activities

- You should be up and walking for short duration (5-10 minutes), 4-5 times a day.
- Do not drive, operate any machinery until released to do so at your physician follow-up appointment.
- If you have difficulty taking a deep breath, sit up-right with good posture (see picture below) and focus on belly (abdominal) breathing. When the nerve block is still working, it can weaken the diaphragm. Deep breathing and coughing will improve the diaphragm strength and improve your rib cage mobility.

## Wrist Motion

1. Rotate your hand side to side with your palm down. 1-2 sets of 10-15 reps each
2. Flex your wrist upward with palm up. Extend your wrist up with palm down. 1-2 sets of 10-15 reps each
3. Lift hand upward and downward keeping forearm supported 1-2 sets, 10-15 reps



1.



2.



3.



### Grip Strength

Grip a stress ball or the device in your shoulder sling. 1-2 sets, 10-15 reps



**Grip strength**

### Forearm Pronation and Supination

With forearm supported as shown below, rotate your palm up and down slowly in pain free motion. 1-2 sets, 10-15 reps



**Forearm Pronation**



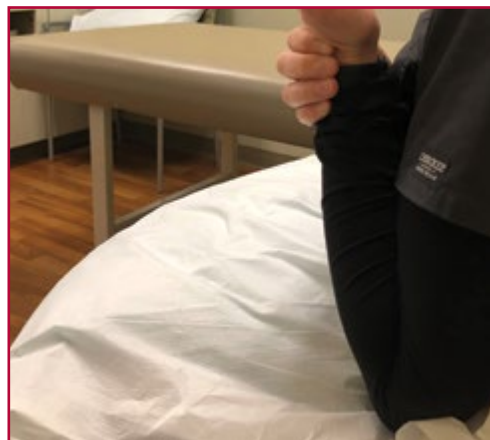
**Forearm supination**

### Elbow Extension and Flexion

Hold your involved wrist with your uninvolved hand and slowly flex your elbow. With the same forearm support slowly extend your elbow. 1-2 sets, 10-15 reps



**Elbow Extension**

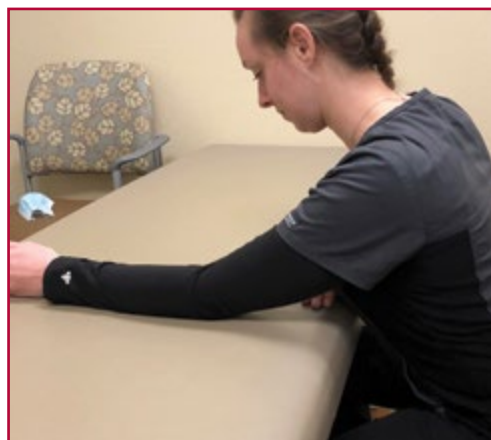
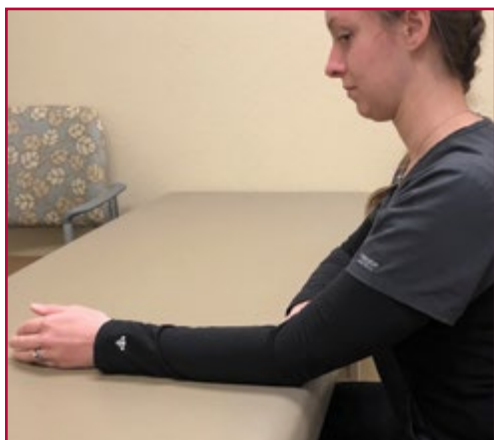


**Elbow Flexion**



### Seated Table Slide

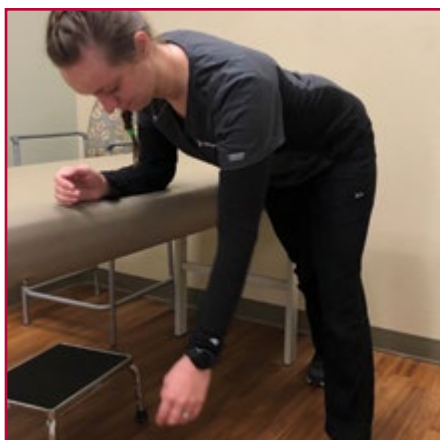
Support the forearm on the table with thumb up. Slowly slide the forearm forward to comfort. Lean forward at the trunk to assist with this motion. Slide the forearm back to neutral by slowly leaning your trunk backward. Place a towel under the forearm to ease the glide and reduce friction. Use the other hand to help with this movement if needed. 1-2 sets, 10-15 reps



**Seated Table Slide**

### Shoulder Pendulums

Bend forward, placing your uninvolved hand on a table for support. Rock your body in a circular pattern to move your arm clockwise 10 times, then counterclockwise 10 times. Keep your arm relaxed during the exercise. The circular movement should occur throughout your shoulder joint. 3-5 sets each direction



**Pendulum**















# Saint Alphonsus

A Member of Trinity Health

[SaintAlphonsus.org/Ortho](http://SaintAlphonsus.org/Ortho)

