

Joint MOVES

SHOULDER



Hamilton
Medical Center



HamiltonHealth.com/ortho

This information packet has been provided for: _____

Welcome to Joint Moves

Thank you for making Hamilton Medical Center your choice for your healthcare needs. It is our goal to anticipate and exceed your expectations as we care for you and your family.

If you have any questions, now or in the future, please do not hesitate to call Hamilton's orthopedic nurse navigator.



Breanna Ellis, LPN
Orthopedic Nurse Navigator
706-272-6511
cbellis@hhcs.org

Breanna Ellis graduated from Dalton State College with her LPN license in May 2018. She is currently enrolled in East Tennessee State University's Bachelor of Science in Nursing program and is scheduled to graduate in May 2023. She has served as a nurse in an urgent care setting and orthopedic practice. Breanna assists patients from start to finish in their total joint surgery process.

Hamilton's nurse navigator is available during weekday business hours for non-emergency questions related to your procedure. If you have an emergency, please immediately call 9-1-1 or go to the nearest emergency department.

Thank you again,
Hamilton Orthopedic Team

Quality of Life

Shoulder pain affects millions of Americans each year. Because of the pain associated with these disorders, doing the things we enjoy can become challenging.

Partners for Success

Now that you and your surgeon have agreed that it is time for shoulder surgery, it is important that you and those in your support system actively participate in the preparation process. We recommend that patients appoint a support person or "coach" who will commit to reading the material, attend all pre- and post-surgical visits, and remain supportive until your recovery is complete.

RESTORING YOUR QUALITY OF LIFE

Arthritis affects millions of Americans each year. Because of the pain and stiffness associated with this disease, doing the things we enjoy or do on a daily basis becomes challenging.

Many have different reasons for having joint replacement surgery. For most, the goal is to live without pain. Others would like to be more active with family, play golf, or travel. Whatever your reason, your surgeon and the staff at Hamilton Medical Center are here to help you restore your quality of life and get you back to doing the things that you enjoy most.

Our group of surgeons has spent their careers learning how to combat the effects of arthritis. Performing joint replacement surgery (arthroplasty) is one of the most effective ways to reduce your pain and improve your mobility. Joint replacement surgery removes the worn surface of your shoulder and replaces it with a smooth and long-lasting surface.

Hamilton Medical Center's Joint Moves program helps to reduce the amount of time spent in the hospital and accompanies you throughout your journey to recovery.

PARTNERS FOR SUCCESS

Now that you and your surgeon have agreed that it is time for joint replacement surgery, you must actively agree to the treatment and therapy plan until recovery is complete.

We will provide you with extensive preparation and education to ensure that the outcome is a positive one and that you are able to return to a better quality of life. It is important that you and your family are active participants in the preparation process and realize that your commitment is important to the success of your recovery.

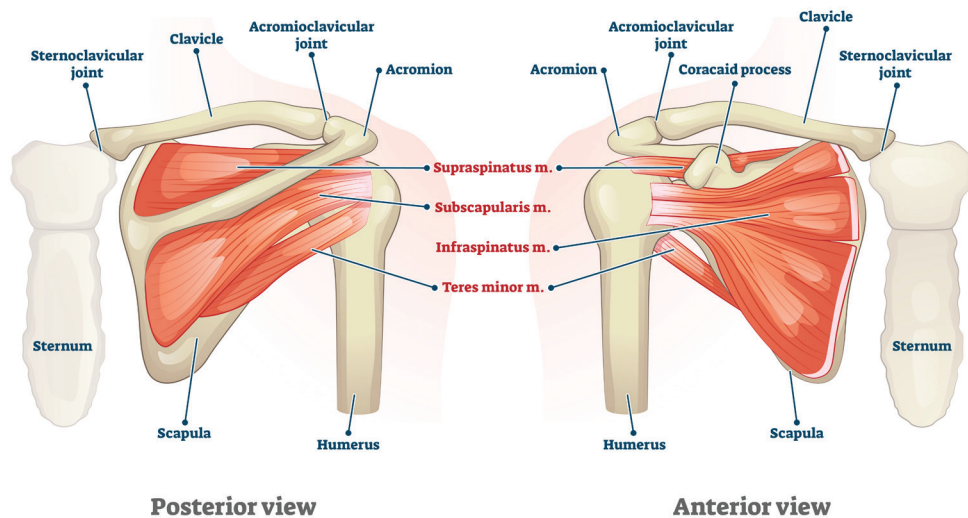
You should have a support person who will be committed to travel through this process with you. They should read the material and attend all pre- and post-surgical visits and remain as your support person until recovery is complete.

Hamilton Medical Center and your orthopedic surgeon are very much committed to accompanying you and your family through this process and are excited to help you with a successful surgery and positive outcome.

A HEALTHY SHOULDER

The shoulder joint is considered one of the most complex joints in the body. Three bones meet at the joint: the scapula (shoulder blade socket), clavicle (collar bone), and humerus (upper arm bone). The shoulder joint is unique in that the ball of the upper arm bone is two times larger than the socket of the shoulder blade. This creates a very movable joint, but demands a wide range of ligaments and muscles to keep the joint together.

SHOULDER ANATOMY



The muscle and ligaments allow the free and easy movement typical of a healthy shoulder. The muscles around the shoulder include the deltoid muscle which forms the bulk of the shoulder muscle mass; four smaller and deep muscles that comprise the rotator cuff; and multiple large muscles of the back and neck that help to stabilize the shoulder joint.

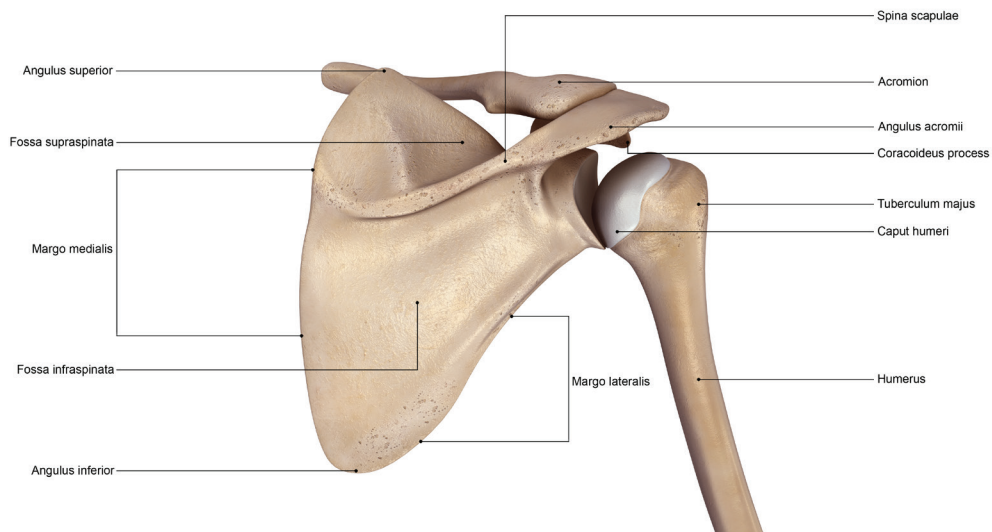
Tendons attach muscle to the bones. Muscle move bones by pulling on the tendons. The rotator cuff helps raise and rotate the arm. As the arm is raised, the rotator cuff also keeps the humerus tightly in the socket. A part of the scapula called the glenoid, makes up the socket of the shoulder. The glenoid is very shallow and flat.

The part of the scapula that connects to the shoulder is called the acromion. A bursa is located between the acromion and the rotator cuff tendons. A bursa is a lubricated sac of tissue that cuts down in the friction between two moving parts. Bursae are located all over the body where tissues must rub against each other. In this case, the bursa protects the acromion and the rotator cuff from grinding against each other.

The humeral head of the shoulder is the ball portion of the joint. The humeral head has several blood vessels, which enter at the base of the articular cartilage. Articular cartilage is the smooth, white material that covers the ends of bones in most joints. Articular cartilage provides a slick, rubbery surface that allows the bones to glide over each other as they move. Cartilage also functions as sort of a shock absorber.

The shoulder joint is surrounded by the watertight sac call the joint capsule. The joint capsule holds fluids that lubricate the joint. The walls of the joint capsule are made up of ligaments. Ligaments are connective tissues that attach bones to bones. The joint capsule has a considerable amount of slack, loose tissue, so that the shoulder is unrestricted as it moves through its large range of motion.

Articulatio humeri: Bony elements (Posterior view)

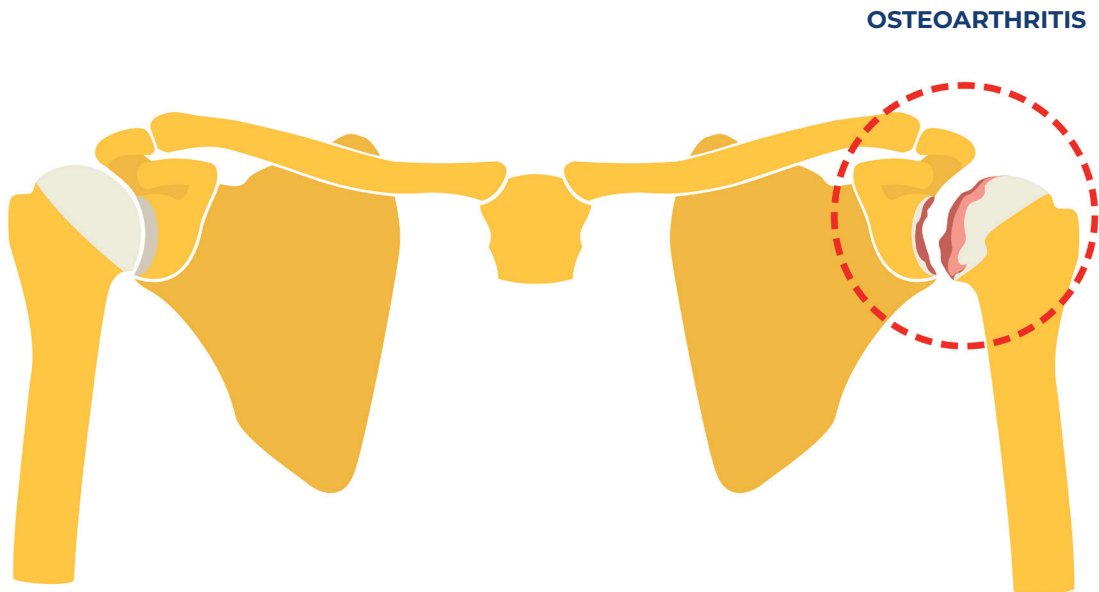


AN UNHEALTHY SHOULDER

The most common reason for undergoing shoulder replacement surgery is osteoarthritis (OA). OA is caused by the degeneration of the joint over time, through wear and tear. OA can occur with or without any injury to the shoulder. Because the shoulder is not a weight-bearing joint, it does not suffer as much wear and tear as other joints. OA is more common in the hip and knee.

OA is not the only type of arthritis that affects the shoulder joint. Systemic diseases, such as rheumatoid arthritis, may affect any joint in the body. Whatever the type of cause of the arthritis, the shoulder may become painful and difficult to use. If you and your doctor can't find ways to control your pain, or it become impossible to use your shoulder for daily tasks, your doctor may recommend shoulder replacement surgery.

In most cases, doctors see shoulder replacement surgery as the last option. Sometimes there is a benefit to delaying shoulder replacement surgery as long as possible. Your doctor will probably want you to try nonsurgical measures to control your pain and improve your shoulder movement, including medication, injections, and physical or occupational therapy.



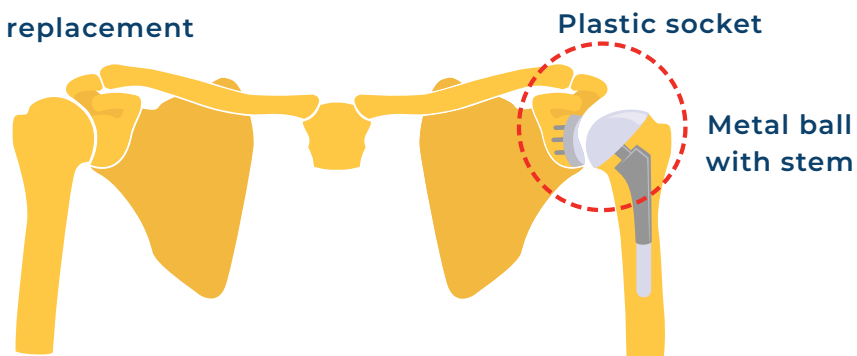
SHOULDER REPLACEMENT

There are two types of shoulder replacement: traditional shoulder replacement and reverse shoulder replacement.

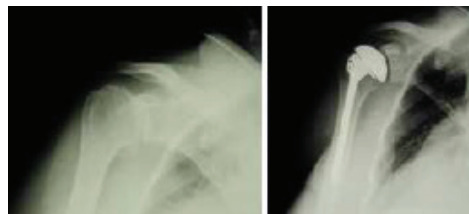
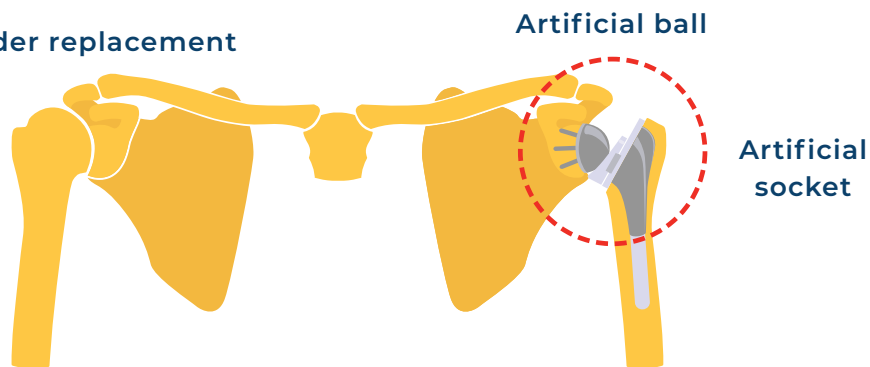
A conventional shoulder replacement device mimics the normal anatomy of the shoulder. A plastic "cup" is fitted into the shoulder socket (glenoid) and a metal "ball" is attached to the top of the upper arm bone (humerus). In a reverse total shoulder replacement, the socket and metal ball are switched. The metal ball is fixed to the socket and the plastic cup is fixed to the upper end of the humerus. In a healthy shoulder, the "ball" of the humerus is held in the shoulder socket by several muscles and tendons, including the rotator cuff tendon.

A reverse total shoulder replacement works better for people with a rotator cuff tear because it relies on different muscles to move the arm. In a healthy shoulder, the rotator cuff muscles help position and power the arm during range of motion. A conventional replacement device also uses the rotator cuff muscles to function properly. In a patient with a large rotator cuff tear, these muscles no longer function. The reverse total shoulder replacement relies on the deltoid muscle, instead of the rotator cuff, to power and position the arm.

Total shoulder joint replacement



Reverse total shoulder replacement





Before Surgery

PREPARE YOUR BODY

- Eat healthy foods like fruits, vegetables, lean meats, and whole grains.
- Get plenty of rest.
- Reduce or quit smoking.
- Reduce or stop drinking alcohol.
- Exercise as much as your body can tolerate to improve and/or maintain your muscle strength.
- If in season, we highly suggest you get a flu shot and, if you are eligible, pneumonia shot. You should get these shots preferable two weeks or more before your surgery. Your family and caregivers should also be vaccinated.
- Start a multivitamin

PREPARING FOR YOUR SURGERY

Once you and your surgeon have decided that it is time for joint replacement surgery, there will be several steps to complete prior to scheduling of your surgery.

- Authorization by your insurance company
- Attendance of Joint Moves pre-operative class (virtual)
- Attendance of Pre-Hab
- Medical clearance from your private medical doctor
- Dental clearance
- Specialist clearance for certain medical issues (cardiac issues, diabetes)

These steps are in place to ensure that you are well educated and optimized for surgery. Our goal is to minimize those risks associated with surgery and ensure a safe recovery. Once these are completed, you will receive a date for your surgery.

INSTRUCTIONAL VIDEOS

Watch ALL Instructional Videos With Your Support Person

Video Library:

www.hamiltonhealth.com/services/orthopaedics/joint-moves-video-library/

*This video has important information on dressing, use of the post-operative sling and your post-operative exercises.

Joint Moves Pre-Operative Virtual Class:

www.hamiltonhealth.com/jointmovesvideo

Password: hamiltonjoints



QR code scanning instructions:

1. Open your camera app on your smartphone.
2. Hold your device over the QR code so that it's visible on your smartphone's screen.
3. Follow the instructions on the screen to open the link or visit the link provided above.

The better you are educated and the more you know about your Joint Replacement Surgery and recovery, the better your outcome. This is a virtual class taught by our Orthopedic Nurse Navigator. She will accompany you throughout your admission to the hospital and during your recovery. Education is a necessary step in getting prepared, and should take place early in the process. You will learn the following:

- How to prepare for surgery
- Special showers prior to surgery to decrease risks of infection
- Preparing your home
- What to expect day of surgery and during your hospital stay
- What to expect following discharge and recovery
- Physical Therapy expectations
- Obtaining necessary equipment
- Overcoming challenges

PRE-HAB

Pre-hab is a pre-operative consultation with physical therapy. You will be taught exercises to help strengthen muscles that will improve your recovery. They will also educate you and your support person on your post-operative sling, dressing and bathing.

THE RISKS OF JOINT REPLACEMENT SURGERY

Most joint replacement surgeries are performed without any complication, but there are potential complications associated with any surgical procedure. You should discuss this thoroughly with your surgeon.

IMPORTANT NOTE

If you happen to become ill within the weeks or days before your surgery, even if it is a simple cold, please contact your surgeon right away. We may need to reschedule your surgery until you are healthy again. If you get skin cuts, breaks, or rashes on your hand or arm that will be operated on, if you have any abscesses or draining wounds anywhere on your body, please let the surgeon know immediately.

***Smoking has been shown to increase the risk of post-operative complications. Every attempt should be made to stop smoking at least four to six weeks prior to surgery. Help is available with the Georgia Tobacco Quit Line at 1-877-270-7867. This is a free, confidential, and effective service to assist with quitting smoking and all forms of tobacco.**

INFECTION

We take numerous measures to reduce your risk of infection while in the hospital. Pre-admission testing screens you for potential infections, nasal sanitization is performed in pre-op, and you have special showers with an antimicrobial soap and a scrub in pre-op and OR. Antibiotics will be administered pre-operatively. Your surgeon has also sent you to your dentist to screen you for any hidden dental issues that could later result in a post-operative infection.

BLOOD CLOTS

Also known as a DVT, blood clots are a rare occurrence following surgery. Sequential compression devices (SCDs) will be placed on your lower legs during and after surgery to promote circulation. Walking and activity will help reduce your risk, as well as foot pumps and exercises given to you by your therapist. You will be discharged on a medication to help reduce your risk, such as Aspirin or Xarelto to be taken after your surgery. If you are currently on a blood thinner, those will be resumed following your surgery.

PNEUMONIA

On the day of your surgery we will provide you with an incentive spirometer to assist you with breathing exercises. This device helps to encourage you to take deep breaths and open your airways. Using it a minimum of 10 times an hour is encouraged. You should continue to use this for the first two to three days following your surgery.

DISLOCATION

If having shoulder replacement surgery, certain positions can cause the ball of your new shoulder joint to become dislodged, particularly in the first few months after surgery. Part of your education relates to your dislocation precautions to reduce your post-operative risk.

BLOOD LOSS

During surgery you will receive medication to help reduce the risk of bleeding. As with any surgery there is always a risk.

SEVERE COMPLICATIONS

You will meet with your orthopedic surgeon and an anesthesiologist prior to your surgery. They will discuss rare but potential complications that could arise from surgery and anesthesia.

DOING DAILY ACTIVITIES WITH ONE HAND

Once your shoulder surgery is planned, it is recommended that you practice doing daily activities with one hand before surgery. This will help you to feel confident after your surgery.

PREPARE YOUR HOME

- We recommend a cordless telephone.
- Be sure that there is a clear path to the entrance of your house.
- Rake leaves, clean out the garage and clear steps.
- Clear clutter from the floors of your home and remove small area rugs so you won't trip and fall.
- You may be more comfortable sleeping in a recliner. Before your surgery, check which side the recliner lever is on. Maybe it can be switched.
- Pay your bills prior to surgery, as you may not be able to write checks. You may use the keyboard on your computer.

In the Kitchen:

- To open jars, use a piece of waffle-weave shelf liner to help grip the jar on the counter or between your knees.
- Use rocker knives to help with one-handed cutting, or use pre-cut foods.
- Deep-sided dishes or container can help keep food on the plate.
- Put the bread or bun inside a container or against the side of a deep pan to keep it still while you put spread on it.
- Keep heavier items on the counter so that you can slide them from place to place.
- Only put lightweight items above eye level in cabinets.
- Store items in easy-to-open containers.
- Store liquids in small containers instead of half gallon or gallon containers.
- Buy or make individual meals that can be frozen and reheated easily.

PERSONAL CARE

- Use a shampoo bottle with a pump.
- Use liquid soap with a pump instead of bar soap.
- Use a long-handled sponge with a bendable handle to reach your back and opposite side. Wrap the sponge head with a towel after bathing to help you reach the same areas to dry.
- Some patients find that a hand-held shower head helps. Installing one is fairly easy and may not require a plumber.
- Use pop-top toothpaste instead of screw-on cap. Rest your toothbrush on the counter to put on the toothpaste.
- Put on deodorant by leaning forward and let your operate/injured arm dangle or swing away from your body. Spray deodorant may be easier.
- Use a gooseneck clamp to hold the hair dryer while you are your one hand to comb.
- Use clips to hold hair back instead of rubber band.

PRE-ADMISSION TESTING

Within two weeks of your surgery you will report to admissions in the main lobby. You will be taken to Pre-Operative Testing (PAT.) Here you will have the following:

- Necessary labwork will be drawn and a urine specimen will be collected. Unless you have had a recent chest X-ray and EKG at your doctor's office, they will perform one.
- Any other necessary testing will be done.
- Meet with a member of the anesthesia team to review your history and anesthesia plan.

In preparation for this visit, bring all medication bottles, even supplements or vitamins. If you take medications differently than they are labeled, please tell the nurse. Drink plenty of water. Hydration will improve your lab results and make it easier for the nurse to draw your blood. It is ok to eat the day of your visit. You will receive information on what medications to hold, what medications are ok to take day of surgery, and the time you should report to the hospital the morning of your surgery. A consultation with a member of the Anesthesia Department will occur during this visit. They will discuss your medical history and answer any questions you may have. They will also discuss your anesthesia plan for your procedure.

Medications like Coumadin, Plavix, or Aspirin may be stopped for five to seven days before surgery (or as directed by your physician). A member of the anesthesia team will direct which medications are to be taken or held prior to your surgery and you will be given written instructions.

This is also a good time to purchase your pre-surgical drink and pre-surgical shower soaps. These are available in the hospital gift shop and pharmacy.

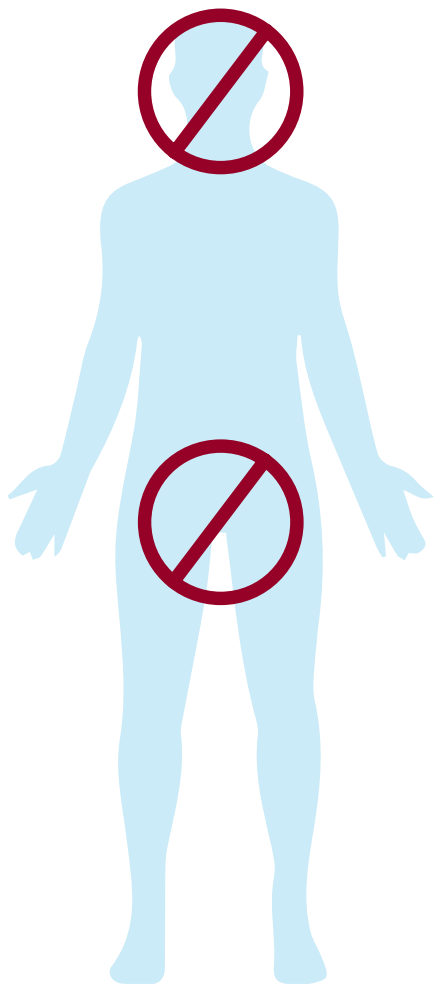
WHAT OTHER MEASURES WILL HELP TO PREVENT INFECTION?

Even before the three days leading up to your surgery, personal hygiene is extremely important. Make sure you take daily showers with antibacterial soap. Make sure you wear clean clothes daily. Use clean sheets, towels, and washcloths. Wash your hands frequently.

HOW TO PREVENT INFECTION

Fortunately, infections after shoulder replacements are extremely rare. When most people think about infections, they think about staph infections. However, the most common bacteria that create infections around the shoulder are called C. Acnes. This is the same bacteria that causes pimples. It is a naturally occurring bacteria present on everyone. The highest concentrations on the human body are found on the chest, back and shoulder. Standard skin cleaning solutions for surgery are not very effective in getting rid of C. Acne. C. Acne actually lives right below the skin in the hair follicles. We ask you to use benzoyl peroxide wash for your skin prior to the surgery and we clean you with this prior to going to the operating room. Studies have

shown benzoyl peroxide is extremely effective in preventing a C. Acne infection. We also use hydrogen peroxide on your skin after we make the incision to help eradicate C. Acne. Please help us prevent infection by using your washes prior to surgery.



***Two specific shower instructions are required for patients having shoulder replacement surgery.**

First:

Wash with 10% benzoyl peroxide wash (8 oz) for daily for three days prior to surgery. Using a clean washcloth each day, concentrate on the neck, shoulder, and armpit of affected shoulder. Wash with benzoyl peroxide soap first then CHG/Hibiclens for the last three showers.

Second:

Pre-Surgical Shower Instructions with CHG or Chlorhexidine Gluconate

All patients undergoing joint replacement surgery are required to perform **three** pre-surgical showers to help decrease bacteria and reduce the risk of a post-operative infection. Showers begin **two days before** your surgery date. The final shower should be the **MORNING** of your surgery.

1. Wash your hair using your normal shampoo.
2. Wash face and private area with antibacterial soap.
3. Using a **CLEAN** washcloth, use the Hibiclens soap with each shower and wash from the neck down (**avoiding private area and face**). Pay special attention to the area that will be your surgery site. Leave on three to five minutes and rinse thoroughly.
4. Using **CLEAN** towel, dry your body

The night before your surgery, place clean sheets on the bed, wear freshly laundered pajamas, and keep pets out of the bed.

- Do not use lotions or creams or make-up once showers begin
- Ladies should shave prior to the first shower
- Remove **all** nail polish
- Deodorant is permitted for total hip and total knee surgery, but not for those receiving a total shoulder replacement.
- Wear clean, warm and loose fitting clothes to the hospital.

CAUTION: Do not use Hibiclens (CHG) on your head or face. Avoid contact with your eyes. (If contact occurs, flush eyes thoroughly with water). Do not use if you are allergic to CHG or any inactive ingredients in this soap. Avoid use in the genital area, as irritation may result. Use your regular antibacterial soap in that area.

Why the shower?

Washing with the Chlorhexidine will kill the germs on your skin and help prevent an infection.

What if I have trouble reaching any part of my body?

Ask someone to help you.

What if I am allergic to Chlorhexidine?

- Do not use the Chlorhexidine
- Ask your surgeon what to use instead

What about shaving?

Avoid shaving the day before or the morning of surgery.

Remember:

- Do not use lotions or powders once beginning your showers.
- Wear freshly washed pajamas following your shower.
- Place clean sheets on the bed the night before surgery.
- Avoid pets in the bed.
- Remove all nail polish.

PRE-OPERATIVE HYDRATION

“ERAS” or enhanced recovery after surgery includes drinking clear liquids before surgery. Drinking approved liquids prior to surgery can help to reduce your risk of post-operative nausea and vomiting. Please **review the approved list** given to you in pre-op and follow the directions closely. You are allowed to drink clear liquids **two hours prior to your surgery**. You will also be asked to purchase the pre-surgical drink, unless you have diabetes. The drink is available in the hospital gift shop.

WHAT SHOULD YOU PACK FOR THE HOSPITAL

- A loose-fitting shirt that buttons up and is larger than the size you normally wear to easily fit over your shoulder bandages and sling.
- Slip-on shoes (No Crocs, flip flops, or house shoes)
- CPAP if used. In case of an overnight stay.
- Toiletries, such as a toothbrush, toothpaste and deodorant.
- Eyeglasses instead of contacts. Glasses are easier to take care of and are less likely to be lost.
- Dentures
- Hearing aids
- A “going home” outfit like a sweat suit or other clothing that is easy to put on and take off; the top should zip or button up, not pull over. Pants should have an elastic waist.

MORNING OF SURGERY

- Complete your final shower with Chlorhexidine and Benzoil Peroxide.
- Begin hydration with surgical drink and approved liquids
- Take medications **only** as directed by Anesthesia
- Dress in warm, loose, and comfortable clothing
- Pack a small bag in case of overnight stay, including your CPAP. Leave these in the car until admitted to the room.
- Bring your sling if the doctor gave it to you pre-operatively in the office.
- Report to Admissions as directed.
- Leave all prescription medications at home but bring a complete list.
- Leave all valuables home.

PRE-OPERATIVE AREA

Upon arrival to the hospital, check in at the Admissions Desk. You will be taken to the Pre-Operative area to prepare for surgery. Your support person can join you once preparation is completed. You will remain in Pre-Op for approximately two hours.

- Your nurse will ask several questions related to your surgery and home preparation.
- An IV will be started so that medications can be given.
- White sequential compression devices (SCDs) will be placed on your lower leg, to reduce risk of blood clots.
- And non-skid socks will be placed on your feet.
- You will be placed on a cardiac monitor and your vital signs will be monitored.
- You will be placed in a special gown that can be connected to a cooling or heating device if you are uncomfortable.
- Your nurse will clip the hair on your operative limb and will follow with a Chlorhexidine scrub, benzoyl peroxide, and a wrap in sterile towels.
- A member of the anesthesia team will discuss your anesthesia plan and history with you.
- Your surgeon will visit, and place his initials on your operative site, and answer any questions you or your support person may have.
- Your nurse will give you IV medications to help relax you and a member of the anesthesia team will administer your nerve block to help control your post-operative pain.
- Your nurse navigator will meet with you and your support person to review your plans for the day and discharge education.
- Antibiotics will be started in your IV.
- An operating room nurse will ask questions and accompany you to the operating room. Your support person will be given your belongings and then will remain in the surgical waiting area.

DURING SURGERY

Upon arrival to the operating room, you will be positioned for your anesthesia and surgery. Medication will be given to relax you. Your operative limb will be once again prepped with Chlorhexidine. Anesthesia will be administered and you will sleep throughout the procedure. Your surgery typically takes approximately one hour, but you will be away from your family for approximately three hours including anesthesia, positioning, surgery, and recovery.

POST-OP/RECOVERY

You will remain in the Post Anesthesia Care Unit for approximately one hour to recover and wake up prior to your transfer to post peri-operative room. Your surgeon will call your support person in the waiting room once the procedure is completed. When you are awake and stable, you will be transferred to your room. Upon arrival to your room, your support person will be notified and they may join you.

WHAT HAPPENS AFTER SURGERY?

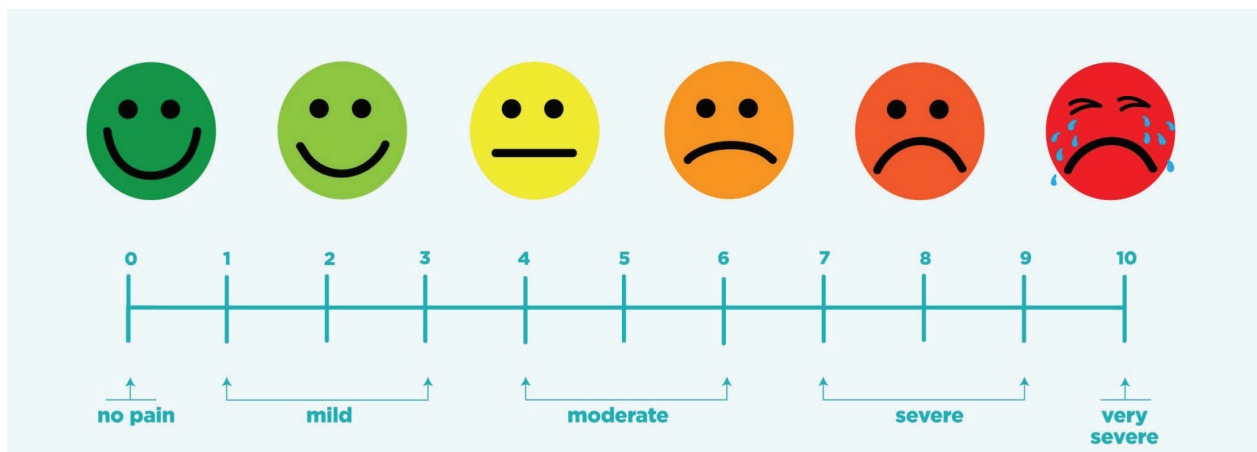
You will meet your nurse and they will monitor vital signs and help with keeping you comfortable. You will be encouraged to eat/drink when you are awake. Therapy will come to your post-peri-operative room and evaluate you. Cold gel packs were applied in recovery. This is an essential part in relieving pain and reducing swelling. Continue with the compression and notify your nurse if the gel packs become warm.

We request that you always ask for nurse assistance when walking, to reduce your risk of a fall or injury. After therapy evaluates you and you safely meet the discharge requirements you will go home the same day. Your nurse and or nurse navigator will review all discharge education with you and your support person.

PAIN

During your hospitalization, your pain will be controlled by a “multimodal” approach. That means that we will use multiple medications and interventions to treat your pain. Prior to surgery, you received a nerve block performed by Anesthesia. This medication was injected above your surgical site to “Block” the pain signals being sent to your brain. While in surgery your surgeon will inject a “cocktail” of long lasting medication to help reduce the amount of pain you could have for up to 72 hours.

Following your surgery, your pain will be addressed using medications taken by mouth. Some pain medication may be given intravenously if it is not controlled by the oral medication.





Day of Surgery

Using the pain scale, your nurse will have you rate your pain so that you can receive the appropriate level of treatment for pain based on your physician's orders. It is important that you communicate with staff regarding your level of pain and the degree of relief obtained. A common side effect of pain medication is nausea, your physician will include orders for medication to reduce the nausea, but it is important to take this medication prior to the onset of nausea, and always take your pain medication with food.

Once you go home, it is important to start your pain medication before the pain becomes severe. Most pain medications include acetaminophen. Adding additional Tylenol to this medication could affect your liver function. Please discuss this with your physician prior to taking.

Questions about your pain level will be asked frequently. The hospital measures pain on a scale of 1-10, with 10 as the highest level of pain.

DIABETIC PATIENTS

A Diabetic patient's blood sugar is monitored throughout the surgical experience. This will help with the healing process. We recommend blood sugars being consistently less than 200 to prevent infections. It is important post-operatively to maintain a healthy diet and good blood sugar levels to reduce the risk of complications and infection. You may receive insulin in the hospital to help maintain a healthy blood glucose level.

ACTIVITY

After surgery, it is very important that take deep breaths and cough multiple times every hour while awake. The nurse will instruct the use of an incentive spirometer. This device should be used every hour while awake, which helps to prevent pneumonia after surgery. Cough and deep breathing should be continued at home until activity returns to normal.

An occupational therapist will meet with you and your family once you recover from anesthesia. They will assist with education on applying the sling, exercises, showering and other activities of daily living.

Unless cleared by Physical Therapy, you must have a nurse or therapist present when you are out of the bed and attempting to walk or use the toilet.

DISCHARGE INSTRUCTIONS

Once you have received your therapy and your surgeon has cleared you, your nurse will complete your discharge. A printed discharge education packet will be given to you by your nurses. If there is any information that you do not understand, please ask the nurse before you leave. Please have your support person review material given prior to discharge.

MEDICATIONS

Your surgeon may have given you your prescriptions prior to surgery. If not, he will write them for you prior to discharge. These can be filled here at the hospital and delivered to your room.

BATHING

You may shower the day following your surgery. Your incision will be covered with a special dressing that is designed to reduce the risk of infection. Do not use a tub bath or pool. This dressing will remain in place until your follow up appointment with your surgeon. If your dressing becomes soiled or loose, notify your surgeon. Therapy will educate you and your support person on how to shower safely.

DIET

It is important to eat a healthy diet including fruits, vegetables, and protein. Protein helps with wound healing. Fruits and vegetables help with constipation. Hydration is important to help reduce issues you may have with constipation, you should drink at least 64 ounces of water daily. You should include protein shakes in your diet if you have a decreased appetite.

EXERCISE

Perform shoulder, wrist, and elbow exercises daily as directed by physical therapy.

CONSTIPATION

The pain medication you will take following your surgery is typically an opioid pain medication. Constipation is a common side effect of these pain medications. Even if you have regular bowel movements prior to having your surgery, you are very likely to experience constipation post-operatively. Your diet and fluid intake is altered and your decrease in activity will all contribute to constipation.

Daily:

- Colace is a stool softener that makes stool easy to pass. This is an over-the-counter medication, but your surgeon may give you a prescription. The usual dose is 100mg twice daily. This is only a stool softener, not a stimulant.
- Miralax is dissolved in a glass of water or juice. This is an over-the-counter medication. Take daily.

If No BM 1-2 Day Post-Operatively:

- Laxative: Most patients have a preference for an over-the-counter laxative. They can be harsh and habit forming, but only if used on a long term basis.
- Rectal suppository: Sometimes needed when laxatives do not work
- Fleets /enema: Should be used if the above medications prove ineffective

When the combination of the stool softener and Miralax do not alleviate your constipation, you may have to take a different approach. You may have hard stool present in you rectum which is preventing the softer stool from passing. At this point, a suppository may be required to get things moving. A second one may be required if the first one does not give results. If these steps do not relieve your problem, please call your physician.

Being proactive early in the process should prevent you from becoming uncomfortable and requiring harsher medications. Other tips to help reduce your risk of constipation:

- Hydration, make sure you drink 64 ounces of water daily.
- Include fruits and vegetables in your diet.
- Add foods that are higher in fiber content like oatmeal and cereal.
- Increase your activity as you are able.
- Do not allow several days to go by before an intervention takes place.

FOLLOW-UP

A follow-up appointment with your surgeon will be in 10 days to 12 days. He will check on your progress with activity and determine when you may start outpatient physical therapy. If you have staples, they will be removed at this time. This appointment will be noted on your discharge packet.

***Do not drive until cleared by your doctor. Do not drive if you have taken pain medicine.**

PREVENTING POST-OPERATIVE INFECTIONS

An incision is a “cut” through the skin that is made during surgery. You may have bruising and slight redness and warmth around your wound. This is normal, and it will eventually go away on its own.

- Keep good hygiene. Cleanliness is important for good wound healing. Wash hands often.
- Stop or lessen smoking.
- If diabetic, maintain a healthy diet, monitor and control blood sugars.
- Maintain a healthy weight.
- Get lots of rest. Sleep when you are feeling tired.
- Eat a healthy diet. Nutrition is important for wound healing.
- Do not take tub baths, go swimming or do other activities that may soak your wound.
- Avoid wearing tight clothes that rub against your incision.
- Once the dressing is removed, do not soak in a tub. Allow the shower to run over your incision.
- Do not apply creams, ointments, or medications to your incision.
- Do not touch or allow any family member to touch your wound.
- If you have staples, they will be removed in 10-14 days. You will then have little paper strips in place to help reinforce your wound. These will come off on their own.
- Continue with a multivitamin and vitamin C.
- Have family and friends entering the home observe good handwashing habits.
- Keep you environment as clean as possible. Use clean bed linens, wear clean clothing, and use disinfectants to clean the bathroom. Avoid having pets in the bed while you are recovering.
- Use an antibacterial soap.
- Handwashing is one of the best ways to stop the spread of many infections.

PREVENTION OF POST-OPERATIVE COMPLICATIONS

Prevention of blood clots from forming is extremely important after total joint replacement surgery. Different medications are used. Your surgeon will decide which medication works best for you. If you are currently on a “blood thinner” prior to your surgery for other health issues, you will probably resume those.

Aspirin: Aspirin is most commonly used to help prevent blood clots from forming in your body. Take this as directed by your surgeon. If you have to stop this please let your surgeon know. You will need something to take in its place. If you currently take an 81mg aspirin, you will be directed to stop taking this until your new prescription of higher dose aspirin is completed.

Other blood thinners are Xarelto, Eliquis, Coumadin, Lovenox and Plavix. Blood thinners should be taken the same time each day.

Activity: By simply walking and doing therapy, you are decreasing your risk for blood clots. You should walk every one to two hours during waking hours. When resting, do your ankle pumps. This will keep blood from pooling in your lower extremities.

SIGNS AND SYMPTOMS OF A BLOOD CLOT OR DVT (DEEP VEIN THROMBOSIS)

- Pain in your leg. This pain often starts in your calf and can feel like cramping or soreness.
- Red or discolored skin on the leg
- A feeling of warmth in the leg
- Swelling

*If you develop signs or symptoms of a DVT, contact your doctor. Some swelling is common following Total Joint Replacement Surgery. Your Surgeon can help you determine what is normal and what is abnormal.

*If you develop sudden shortness of breath, chest pain or discomfort that worsens when you take a deep breath or cough, dizziness or lightheadedness, rapid pulse, coughing up blood - this could be a symptom of a Pulmonary Embolism (occurs when a blood vessel in you lung becomes blocked by a clot). Seek medical attention immediately.

GOING HOME ON BLOOD THINNERS

Blood thinning medications are also called anticoagulants. Your surgeon will have you start these medications the morning following your surgery. You may discharge on the same medication for a length of time determined by your surgeon. Occasionally, a patient will have to use a blood thinner in a shot form. You and a family member will be taught how to administer this prior to leaving the hospital.

Make sure you take this medication exactly as ordered, take it at the same time each day. Talk with your doctor before taking Advil, Motrin, Ibuprofen, Celebrex, Naproxen, Aleve, or Mobic. Some over the counter supplements may not be safe with your anticoagulants, discuss all medications with your physician.

You will need to limit activities where you could fall, cut yourself, or suffer injury. If you develop a cut or laceration, you may apply pressure. Ice and elevation will help. If bleeding does not stop, you may need to call 911 for emergency assistance.

Should you develop a nose bleed, pressure to the bridge of the nose and use of an ice pack may help. If bleeding continues, seek medical help. If you have a fall, feel dizzy, weak or faint or have confusion, blurred vision, or a severe headache, notify your doctor immediately.

Notify your doctor if you seem to bruise easily, have bleeding from gums, have blood in your urine, if your bowel movements are dark, maroon or red, you experience nose bleeds, vomit blood or coffee ground material. They need to know if you are having bleeding from your surgical wound.

CALL YOUR SURGEON:

- If you notice the incision has become red, swollen, warm, or has drainage.
- If you develop a fever greater than 101, that does not go away.
- If you develop an increase in pain above what you have been experiencing, or decrease in joint movement.
- Bleeding or drainage from your wound, drainage that has an odor, becomes thick, tan, or yellow.
- Incision opens up
- Blisters form around your incision

Please notify your surgeon of any concerns before going to the Emergency Room or seeking treatment (unless it is an emergency.) If you are placed on antibiotics by anyone other than your surgeon please notify them as soon as possible.

*If you require readmission to a hospital or make a trip to the Emergency Room, please notify your surgeon or nurse navigator.

DRESSING

Taking off the Shirt:

1. Reach back with your non-operated/uninjured hand behind your neck and start to gather the shirt up in your hand.
2. Lean slightly forward, lower your chin and pull the shirt over your head.
3. Pull your non-operated/uninjured arm out of the sleeve.
4. Use your non-operated/uninjured hand to pull the other sleeve off the operated/injured arm.

Putting on Shoes:

1. Use shoes that slip on or use Velcro closures. Avoid shoes that are too loose or flip-flops that may cause your to slip or trip.
2. Replace standard shoelace with elastic laces.
3. A long handled shoehorn may be helpful but not necessary if you can manage without.



Putting on Socks:

1. Put your non-operated uninjured hand inside the sock, just over the fingers, not up to the palm.
2. Cross your leg resting your ankle on the opposite knee or prop your foot up on a stool if you are able to lean forward.
3. Slide your toes into the sock, opening the sock by spreading your fingers.
4. Pull the sock up to your ankle.

Going to the Bathroom:

1. Use a raised toilet seat or a grab-bar on the non-operated/uninjured side to help you sit and stand.
2. To help with wiping, try long-handled tongs to reach. You may purchase a commercial bathroom aid.

Other:

- When reading, use one or two pillows on your lap to keep the book near eye-level.
- Use a clipboard to keep paper still while writing.
- Wear a fanny pack at your waist for personal items instead of using a purse.
- Try to buy cans with pop-tops lids or use a one-handed can-opener.

COLD AND COMPRESSION THERAPY

Your caregivers want you to be productive in your rehabilitation and comfortable during your recovery. In keeping with those goals, you will be receiving a cold therapy wrap to ease post-operative pain and swelling that might keep you from getting back on track! Your cold therapy wrap is effective and simple to use, and you will be encouraged to apply it throughout your hospital stay and at home.

When you are ready to go home

Be sure to take your cold therapy wrap and gel bags with you for continued comfort and use throughout your rehabilitation. If you don't already have them, ask your nurse or aid to retrieve your gel bags from the freezer.

Home use precautions

Always follow your physician or caregivers specific application instructions upon discharge. Your cold therapy and gel bags are designed to last for months following your surgery. Never heat the gel bags unless specified by your healthcare provider.

Cold Therapy Instructions

- Once frozen, slide the gel bags into the gel pouch and secure your wrap to the affected area with the straps
- The gel pouch acts as a protective barrier. Never place frozen gel bags directly onto the skin, as this may cause frostbite injury.
- The cold therapy wrap is designed to be able to be worn while walking. The compression straps can be secured well enough so that the wrap won't fall off while moving.
- Wrap application videos can be viewed at smicoldtherapywraps.com.
- An additional protective barrier such as clothing, a washcloth, handtowel or pillowcase may be used during prolonged treatment applications.
- Gel bags freeze the best when laid flat in your freezer, side-by side instead of stacked.
- The gel pouch and wrap are both latex-free and the gel bag ingredients are non-toxic.

Wrap Care Instructions

The wrap can be hand/machine washed and air dried.

***Prescription Refills:**

Notify your surgeon two to three days prior to needing them.

Prescriptions needed on Friday may have to wait until Monday.

*Please be aware that some Insurance companies or pharmacies are limiting the amount of opioid medications dispensed.

MEDICATIONS AND SIDE EFFECTS

Medication	Purpose	Potential Side Effects
Analgesic/Opioid Pain Medication (Lortab, Norco, Hydrocodone, Oxy IR, Oxycodone, Percocet, Dilaudud)	To manage moderate to severe pain	nausea, constipation, drowsiness, shallow breathing, low blood pressure, headache, dizziness, lightheadedness
NSAIDS/Anti-inflammatories (Motrin, Advil, Ibuprofen, Mobic, Meloxicam, Celebrex, Naprosyn, Aleve)	To manage mild to moderate pain, arthritis, fever	stomach upset, dizziness, drowsiness
Anti-Nausea Medications (Zofran, Ondansetron Phenergan)	To reduce the risk of nausea and to prevent or treat vomiting	drowsiness, confusion, constipation, dry mouth, blurred vision
Antibiotics	Prevent or treat bacterial infections that may occur before or after surgery	upset stomach, diarrhea, rash, fever or headache
Blood Thinners (Eliquis, Xarelto, Lovenox, Coumadin, Aspirin)	Prevention or treatment of blood clots. Reduced blood flow to the heart	bruising, bleeding gums, blood in the urine, black tarry or maroon stools
Muscle Relaxers (Valium, Diazepam, Xanax, Flexeril)	Prevent or treat muscle spasms or cramps	drowsiness, confusion, constipation, dry mouth, blurred vision, stomach upset
Anti-Anxiety/Sedatives (Valium, Diazepam, Xanax, Ativan)	To help relax patients who may become anxious before or after surgery, muscle cramps, difficulty sleeping, nervousness	drowsiness, confusion, dizziness, fatigue, shallow breathing, tiredness or weakness (Some patients may have the opposite response and become more anxious or agitated.)
Stool Softeners/Laxatives (Colace, Miralax, Dulcolax Milk of Magnesia, Senokot, Senokot-S)	Promote regular bowel movements and prevent constipation	abdominal cramping, nausea, diarrhea, gas or bloating
Heartburn/Reflux Medications (Pepcid, Zantac, Nexium, Prilosec)	Prevent or treat acid reflux, heartburn, gastrointestinal ulcers	diarrhea, headache
Aspirin (EC-coated)	Pain, fever, heart attack, stroke, arthritis, DVT Prevention	stomach pain or ulcers, increased risk of bleeding, kidney problems
Anti-Convulsant - (used to help control pain) (Gabapentin/ Neurotonin)	To reduce post-operative pain, treat diabetic neuropathy and seizures	dizziness, fatigue, drowsiness, ataxia, swelling
Questions?	Call HMC Pharmacy	706.272.6020

OPIOID STEWARDSHIP

What is Opioid Stewardship?

Stewardship means that we agree to be very careful with our opioid medications. Opioids are given to help control your pain post-operatively for a short period of time. Oxycodone, Oxycontin, Percocet, Hydrocodone, Norco, Lortab, Dilaudid, and Ultram are examples of Opioid prescription medications.

Why is this important?

While these are commonly prescribed medications, numerous safety concerns are associated with the use of these medications.

There is a high risk of misuse and dependency. Roughly one out of every 15 patients who receive these medications become long-term users.

- Common use of these opioids can lead to misuse of other drugs.
- There is a lengthy list of possible side effects that follow these medications, including: sleepiness and sedation, confusion, dizziness, nausea, constipation, and lack of appetite. If taken in higher dosages or combined with other sedating medications, they can affect your breathing and lead to cardiac arrest.

Why do we use them?

These medications are effective in controlling your type of post-operative pain. However, we would expect you to try to keep your pain under control using other methods as well.

- Cold and compression therapy distract the brain from the pain. It also helps to control swelling.
- Music, reading, or TV. Distractions can reduce your need for medication.

What other things will help my pain?

- Muscle relaxers: Some pain following surgery is related to muscle pain. Your muscles have been stretched, pulled, and manipulated during your surgery. Muscle relaxers target these areas and may better control your discomfort. (Valium, Tizanidine, Robaxin, Zanaflex, Flexeril, Cyclobenzaprine. These medications should not be taken at the same time as opioid medications. Side effects include drowsiness, dry mouth, dizziness, and constipation.
- Nerve pain medications: Nerves become agitated during surgery. These medications target those nerves and help minimize the need for opioid medications. Gabapentin, Lyrica, Neurontin, and Pregabalin are common names of these medications. They also have side effects of drowsiness, dizziness, constipation, and dry mouth.
- Tylenol/Acetaminophen: Tylenol is commonly used and is generally a safe and effective pain reliever for mild discomfort. You should not take more than 4000mg in 24 hours. You should also reduce the amount of Tylenol you take if your prescribed pain medications contain Tylenol.
- Anti-Inflammatories: Many patients take these medications for routine aches and pains before their surgery. Common medications are Ibuprofen, Motrin, Mobic, Celebrex, Naprosyn and Aleve.

What if I have tried the milder medications, and they do not work?

Opioid medications may be needed to help pain that breaks through the milder medications. The goal is to keep your pain at a manageable or comfortable level. You cannot expect to eliminate your pain. You should be able to go about your daily routine and perform your exercises and physical therapy.

How long should I expect to need these medications?

- Everyone is different. Your post-operative pain should peak one to two days following your procedure and slowly improve daily. You may still need an occasional dose of medications two to three weeks following your surgery, especially following days of higher exertion and exercise or therapy.
- Medications are typically taken routinely for the first two to three days. You should always take them as prescribed and take the lowest dose possible to control your pain. As your pain decreases, you will begin to space them further apart and take smaller dosages. Taking half of a pill is allowed if you feel that a whole one is too much.
- Following 14 days, your surgeon would expect you to require a minimal amount of your medication. It may still be required at night or before therapy. This is also a good time to incorporate other methods of pain control into your routine.

When do I stop taking my pain medication?

As time passes, you should notice that you are taking less and less of your medication. You should be able to stop them easily when other methods control the discomfort. There should not be any withdrawal at this time.

Discarding leftover medication

- Leftover medication should not be saved. This could expose other family members to the prescribed medicine. It is recommended that you safely dispose of any unused medications.
- Check with your pharmacy. They may have a "Take back" process.
- You may mix crushed pills in kitty litter, coffee grounds, powdered laundry detergent, or dirt. Please place it in a sealed container and discard it in the trash.
- Local law enforcement agencies have official discard days. You could check with your local law enforcement agency.

Please call your local pharmacy or surgeon if you have further questions about your medications.

Opioid Medication Compliance

I understand that pain medications utilized after surgery are narcotics and the law requires that the following information be given to all patients that are prescribed narcotics:

- **Classification:** Pain medications are called opioids and are narcotics. **Legalities:** It is illegal to share narcotics with others and to drive within 24 hours of taking narcotics.
- **Potential Side Effects:** Potential side effects of opioids include: nausea, vomiting, itching, dizziness, drowsiness, dry mouth, constipation, difficulty urinating, and lack of appetite.
- **Potential Adverse Effects:**
 - Opioid tolerance can develop with the use of pain medications, and this simply means that it requires more and more of the medication to control pain. However, this is seen more in patients that use opioids for longer periods of time.
 - Opioid dependence can develop with the use of opioids, and this means that stopping the medication can cause withdrawal symptoms. However, this is seen more in patients that use opioids for longer periods of time.
 - Opioid addiction can develop with the use of opioids, and the incidence of this is very unlikely in patients who take the medications as ordered and stop the medication as instructed.
 - Opioid overdose can be dangerous, but it is unlikely when the medication is taken as ordered and stopped when ordered. It is important not to mix opioids with alcohol or sedatives such as Benadryl, anxiety medication, and muscle relaxants as this can lead to over-sedation and respiratory difficulty.
 - I understand that many pain medications are combination medications that include opioids and Tylenol. To prevent possible liver and kidney damage, do not take extra Tylenol with the pain medications unless you have been instructed to do so by your surgeon.

Dosage:

- Pain medications will need to be taken consistently for the first week to decrease pain, promote adequate pain relief, and improve participation with physical therapy.
- After initial surgical pain begins to resolve, you may begin to decrease the pain medications.
- Refills will not be given by the office during the evenings, on Friday, Saturday, or Sunday, or after six weeks following surgery.
- If you need refills during the week, you should call the office 48 hours in advance to request the refill. The office will contact you when the prescription is ready to be picked up.

Do not wait until you are out of medication to call the office.

CONTACT PHONE NUMBERS

AOSM (Your Surgeon) 706-226-5533
Nurse Navigator 706-272-6511 (Monday-Friday)
HMC Pharmacy 706-272-6020

General Information about Hamilton Medical Center**HMC Rx Care**

Hamilton Medical Center offers a bedside prescription service. On the day of your discharge, if you choose, your nurse will notify HMC Rx Care, and a pharmacy staff member will take care of your prescription. The pharmacy staff will deliver filled prescriptions to your room before discharge. We accept cash, checks, Visa, MasterCard, or Discover. If you have questions, please contact the pharmacy at 706-272-6450.

HMC Rx Care Offers:

- Competitive pricing
- Convenient pickup and delivery
- Pharmacy billing services
- Non-prescription medications
- All prescription and injectable medication

Notes:

SUPPORT PERSON CHECKLIST FOR SAME DAY TOTAL JOINT SURGERY

1. Before Surgery

- Home Safety: See the total joint educational booklet for additional information.
- Identify an appropriate chair, couch, and sleeping area for the patient.
- Clear walkways to all areas the patient needs to walk.
- Remove throw rugs.
- Obtain walker.
- Obtain a shower seat/ safety bars.
- Obtain a raised toilet seat (if applicable.)
- Make a physical therapy appointment within 48 hours of going home.
- Set up Home Health (if applicable.)
- Have the patient drink a high protein drink daily for one week before surgery and for two weeks after surgery. The protein drink should have at least 20 grams of protein
- Have the patient drink 12 oz of a clear carbohydrate drink (Gatorade/Powerade, sugar-free if the patient has diabetes.)
- Complete all THREE pre-surgical showers. See the educational booklet for instructions.

2. Day of Surgery

- Have the patient take their third shower the morning of surgery.
- Have the patient drink 12oz of clear carbohydrate drink (Gatorade/Powerade, sugar-free if the patient has diabetes.)
- Pack a small bag with supportive shoes, clothes, and hygiene products.
- Ensure the walker is in the car.
- Arrange for all medications to be filled before arrival at home.

3. After Surgery

PLEASE REFER TO DISCHARGE INSTRUCTIONS FROM EDUCATIONAL TOTAL JOINT BOOKLET AND THE PACKET PROVIDED

- Pain
 - Track medication after the surgery.
 - Educate yourself on the medications to better help the patient.
 - Ensure some type of pain medication is taken 30 minutes before physical therapy.
 - Encourage ambulation every hour and the use of the incentive spirometer.
 - Ice 20 minutes on, 20 minutes off.
 - Elevate when resting.
 - Encourage position changes.
 - Use distractions and meditation.
- Nausea
 - Take all medications with food.
 - Call the surgeon's office if unable to keep food or liquid down after 24 hours.
- Constipation
 - Monitor bowel movements.
 - Refer to the total joint replacement educational booklet for alternatives and further information
- Fluids
 - Encourage drinking-set a goal: ____oz.
 - Do not change positions quickly.
 - Make sure the patient is urinating a few times a day.

- Ensure the patient is drinking the high protein drink daily for two weeks after surgery.
- Activity
 - Encourage patient to get up every hour during the day.
 - Walk short distances and then steadily increase
 - Encourage post-operative physical therapy exercises twice a day.
- Swelling
 - Elevate
 - Rest
 - Compress
 - Ice
 - Monitor for increased swelling. If you push the skin in and it stays, notify the surgeon's office.
- Dressing/Showering
 - All dressings will be waterproof unless told otherwise before leaving the hospital.
 - Most dressings come off seven to 10 days after surgery unless told otherwise.
 - Monitor for excessive drainage or irritation and notify the surgeon's office if this occurs.

For any further questions or concerns, please refer to your total joint educational booklet, or call your Surgeon's office or nurse navigator.

Surgeon: _____ phone: 706-226-5533
Orthopedic Nurse Navigator: 706-272-6511



Joint Moves Education



Shopping and Home Preparation List

- 1. Laxatives and Stool Softeners:** The number one issue following surgery and the use of pain medications is constipation. You have a 100% chance of this occurring, so please have medications at home for early intervention. (Miralax, Colace, the laxative of your choice, suppositories, and possibly a Fleets enema)
- 2. Bedside Toilet:** Use over your toilet to elevate the seat. The handrails are a great assist device for pushing up.
- 3. Shower Chair or Bench:** This may come in handy should you need to sit. Not everyone requires this.
- 4. Remove all rugs:** Be mindful of anything that could be a fall risk.
- 5. Handrails:** For safety, these need to be in place if you have steps or stairs to navigate.
- 6. Sleeping:** Sleeping in a safe position that will be comfortable to your new shoulder in the sling is important.
- 7. Vitamin C and a Multivitamin:** Discuss with your physician
- 8. Positive Attitude:** Absolutely necessary for a great recovery!



DATE: _____

Thank you for choosing Hamilton Medical Center’s Joint Replacement Program

Pre-Operative Information Review

The information you receive today is important in making your recovery successful. We would like to assess your understanding of the information presented during the Joint Moves session.

Please circle True or False to each of the statements below:

1. It is important to strengthen your upper body with range of motion and upper body strengthening exercises before surgery. This will help you have a smoother recovery.	T	F
2. You should shower with CHG soap two nights before and the morning of your surgery. Avoid using this soap on your head, face, and genitals.	T	F
3. It is OK for you to remain in the bed while you are at the hospital.	T	F
4. An incentive spirometer is a device that helps to reduce your risk of pneumonia. You should use it 10 times an hour when you are awake.	T	F
5. Your pain after surgery will be different from your pain before surgery.	T	F
6. Following your surgery, constipation is not usually a problem.	T	F
7. You should bring loose-fitting clothes to the hospital.	T	F
8. Pain is different for everyone. It is important that you tell your nurse or doctor if your pain is not being effectively controlled.	T	F
9. Until cleared by therapy, you should always have a nurse or therapist present when you are getting out of bed or walking to the bathroom.	T	F
10. You should not shave any part of your body for 48 hours before surgery.	T	F
11. It is not important to read your Joint Moves booklet. We have told you everything you need to know.	T	F

Please give us feedback on this program. Your suggestions will help us ensure that we are communicating well in future programs.

PLEASE RATE THE PRESENTERS ON OVERALL PRESENTATION SKILLS USING THE 5 POINT SCALE:

5=Excellent 4=Very Good 3=Good 2=Fair 1=Poor N/A Not Applicable

Presenter	Overall Presentation Skills
Physical Therapist	
Nurse Navigator	
Comments:	Suggestions:



1. Side effects of my new medication could include _____, _____, _____, and _____.
2. I should call my doctor if I experience _____, _____, _____, _____ or _____.
3. My precautions are _____, _____ and _____.
4. _____ helps prevent the formation of blood clots.
5. Pain medication can increase the risk of _____, and _____.
6. I am taking _____ to reduce the risk of blood clots.
7. A normal post-operative wound will have some degree of _____ and _____.
8. _____ is important to help reduce pain and inflammation.
9. My dressing will stay in place until _____ unless it becomes _____ or _____.
10. Good nutrition and hydration are important to help prevent _____.
11. My follow up with my surgeon will be _____.
12. I have a very high risk of becoming _____ and will need a laxative if I do not have a bowel movement within _____ days.
13. I will continue to use my _____ to reduce the risk of pneumonia.
14. I will notify my surgeon's office or Nurse Navigator if I have been to the Emergency Department, get admitted to the hospital, or if I am diagnosed with a DVT (blood clot).
15. I will call my surgeon before going to the Emergency Department unless it is a medical emergency.



It's been our pleasure!

It is very important that you have the right information before you leave, so let's go over this one more time. If you have a question, please ask.

Medication

- Please tell your surgeon what medications have worked well for you, so that you may continue the same medication at home. If a certain medication did not work well, please share that information too.
- Hamilton's pharmacy, HMC Rx Care, can fill your prescriptions before you leave the hospital.
- Before leaving, ask your nurse what time you took your last dose of pain medication.
- Pay attention at home. You do not want to run out of pain medication on a Friday!
- Continue stool softeners. You may need a laxative.

Activity

- Complete your pendulum exercises four times daily. Spend about 10-15 minutes per session on these exercises. Try each one for 2-3 minutes before moving on to the next.
- Bend over at the waist letting the affected arm hang down at your side. Place your non-operative arm on a table or chair to support and balance your body. Gradually lean over until your operative arm is hanging almost perpendicular to your body.
- Sway your body back and forth, using the weight of the arm and gravity to generate small movements at the surgical shoulder.
- Finally, move the arm in small circles clockwise and counter-clockwise. As your shoulder loosens up you can slowly make the circles wider.
- It is important to be relaxed and allow the shoulder and arm to move smoothly and slowly. Do not force any movements.
- Remember to move your elbow and wrist through their full ranges of motion at least three times per day, out of your sling, to prevent stiffness and help reduce any swelling in the operative arm.

It is important to remember that your surgical pain will diminish over time. The speed of your recovery will depend a great deal on your motivation and positive attitude. Set new goals for each day. Goals are important to your progress and recovery. Once your surgeon has written your discharge orders, you have completed therapy, and your prescriptions have been filled, your nurse will review your discharge instructions with you. It is very important that you understand them, and have all of your questions answered. Your nurse and a volunteer will help you get to your car.

Again, THANK YOU for choosing Hamilton for your joint replacement surgery. It has been our pleasure to care for you. Feel free to reach out with any questions or concerns.

Ashley Painter, RN, BSN - 706.272.6511
jointmoves@hhcs.org



Let's see what you have learned.

- When to call your doctor?
- When can you have your next pain medication?
- What are the signs and symptoms of a blood clot?
- What should I do about changing my dressing?
- When can I drive?
- When can I bathe?
- What are my medications?
- What would an infection look like?
- What if I have a fever?
- When will home health come or when am I scheduled for outpatient therapy?
- What are my joint precautions?
- How long should I use my ice pack?
- When is my follow-up appointment?
- Who do I call with my questions?
- What are some side effects of my medications?
- Can I take my NSAIDs or anti-inflammatories?
- When will my staples come out?
- What activities should I avoid?

What are some other questions you need to ask your doctor or nurse?

SHOULDER EXERCISES

View videos at www.HEP.video



SLING - ELBOW FLEXION EXTENSION

Carefully take your arm out of the sling using your unaffected arm. Let your affected elbow straighten and allow gravity to stretch it. Then, bend your elbow back to the original bent position and repeat.

Repeat 1 Time
Complete 1 Set

Hold 1 Second
Perform 1 Time a Day



SLING - WRIST FLEXION EXTENSION

Bend your wrist up and down as shown while your arm is in the sling.

Repeat 1 Time
Complete 1 Set

Hold 1 Second
Perform 1 Time a Day



SLING - PRONATION SUPINATION

While in the sling, rotate your forearm so that your palm is directed upward and then downward as shown.

Repeat 1 Time
Complete 1 Set

Hold 1 Second
Perform 1 Time a Day

Joint MOVES



Breanna Ellis, LPN
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[HamiltonHealth.com/ortho](https://www.hamiltonhealth.com/ortho)