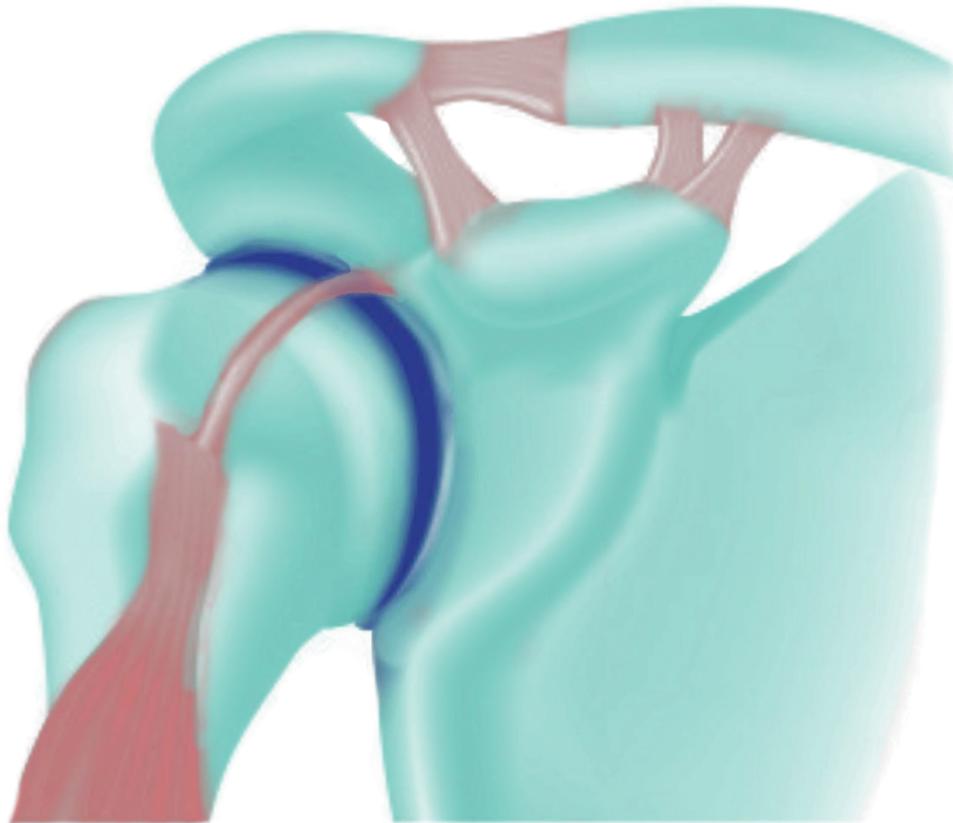


SHN



Shoulder Replacement Surgery

Handbook for Patients



Welcome to the Scarborough Health Network!

We want you to have all the information you need to be at ease through your surgical journey. Use this handbook to prepare for your shoulder replacement surgery, plan for your recovery after surgery, and learn what to expect during and after shoulder replacement surgery.

Patient Navigator:

Our patient navigator is available to help you through your surgical journey. Whenever you see , know that you can call the navigator to get help if you need it.

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What is joint replacement surgery?

During joint replacement surgery, the surgeon removes part of your bone and replaces it with artificial parts. One of the biggest benefits is improving your quality of life – you should be able to move with less pain. After surgery, many people can go back to the activities and hobbies they had before joint pain interfered.

There are some risks, which your surgeon reviews before you consent to surgery. Your surgical care team will do everything possible to reduce chances of complications during your surgery.

How your shoulder works

The shoulder is a ball-and-socket that allows the arm to be moved in many directions, especially overhead. Three bones come together to make two joints that allow your arm to move in all directions. The bone surfaces of the ball and socket are covered with articular cartilage, a smooth tissue that cushions the ends of the bones and helps them move easily.

In an arthritic shoulder, the cartilage is destroyed and bone rubs against bone. This causes pain and difficulties moving your shoulder.

How shoulder replacement surgery works

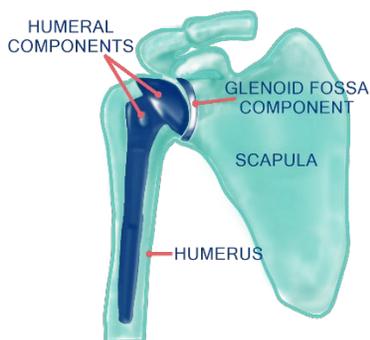
The surgeon removes the damaged parts of the bone and replaces it with artificial parts.

Total shoulder replacement involves replacement of the head of the upper arm bone (humerus) with a metal ball and stem prosthesis and the socket (glenoid) with a plastic prosthesis.

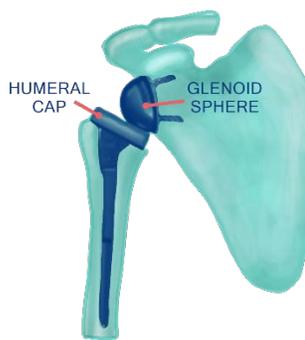
In a **reverse total shoulder replacement**, the orientation of the shoulder joint is reversed by replacing the socket (glenoid) with an artificial base plate and metal ball; and the humeral head with a shaft and concave cup. This design changes the biomechanics of the shoulder, enabling the new artificial joint to function when the rotator cuff is damaged.

A **shoulder hemiarthroplasty** involves replacement of only the head of the humerus.

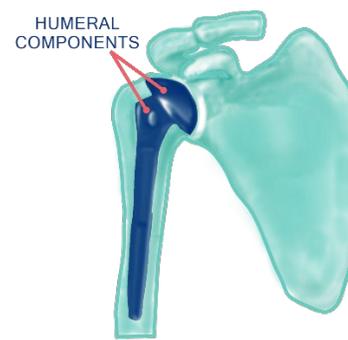
A **revision shoulder replacement** is for patients who had a shoulder replacement that failed.



TOTAL SHOULDER REPLACEMENT



REVERSE TOTAL SHOULDER REPLACEMENT



SHOULDER HEMIARTHROPLASTY

Preparing for surgery

A successful outcome for your surgery starts before you come to the hospital for your operation. Preparing for your surgery by participating in these activities will set you up for success when you are in the hospital and when you have returned home.

Education series

To feel prepared for your surgery, take advantage of the variety of education opportunities available (i.e. videos, handbooks, FAQs).

You will learn:

- How to prepare for your surgery
- What to expect during your time in hospital
- How to get the best possible outcomes after surgery
- How to book your physiotherapy sessions for after surgery
- What equipment you may need to get before your surgery

View resources and start learning at: [www. SHN.ca/shoulder](http://www.SHN.ca/shoulder)

If you have trouble accessing our education materials, please contact the  patient navigator for assistance.

Extra help to prepare for surgery

If extra support is needed, your surgeon or  patient navigator can refer you to a Social Worker who can help connect you with community resources and services.

These may include:

- A supportive environment to recover after your surgery if you are worried about being alone at home
- Community resources and services such as:
 - Grocery and/or prepared meal delivery services
 - Banking and financial supports
 - In-home supports for housekeeping and personal care
- Transportation for medical appointments and physiotherapy appointments

Exercise

You will recover from your surgery faster if you participate in a program to build your strength, movement and endurance before and after surgery.

Research shows that patients do best when they get themselves physically prepared before their surgery, and attend physiotherapy soon after their surgery.

Before your surgery, try to stay active by going for walks and doing other activities you enjoy.

Practice the exercises in this patient handbook (page 10) now and start doing them the first day after your surgery.

After surgery, you will attend physiotherapy to gain movement, strength, and function in your arm to ensure the best possible outcome.

Planning for physiotherapy after surgery

To make sure you start physiotherapy on time, you have to plan your therapy before surgery.

The  patient navigator will call you to book your first appointment, choosing from one of the following three options:

1. Book your physiotherapy at SHN.
2. Attend an SHN Partner clinic near your home.
3. The  patient navigator can help you find another option if the first two do not work for you.

Your appointment will be booked 7-14 days after surgery. Please contact the  patient navigator one week before your surgery if you haven't arranged your physiotherapy.

Write your appointment here:

Clinic: _____ Date/time: _____

After surgery

Your length of stay in the hospital after surgery depends on your type of surgery, your surgeon's protocols, and your medical condition after surgery.

Most shoulder replacement patients go home the same day as their surgery. After your surgery, you will be assessed by your health care team and they will decide if you need to stay overnight in hospital.

Avoiding surgery complications

No matter what kind of surgery you have had, there are activities you can do to keep yourself safe and reduce the chance of developing complications while you are recovering.

Please see the **Surgical Journey: Patient and Family Guide** for after-surgery tips and recommendations.

If you have any concerns after surgery, call the  patient navigator for advice.

Keeping your new joint safe

During surgery you will get a nerve block so you won't be able to move your arm and you won't feel any pain for several hours after surgery. You must be careful that you keep your shoulder in the proper position to avoid harming your new joint. Wearing your sling will help ensure your shoulder is positioned properly.

In the first few weeks after surgery, you should avoid moving your shoulder. You can:

- Put deodorant on
- Use your operated arm at waist level for activities such as writing, typing or using the remote control
- Bring your hand to your face as long as you are only bending your elbow
- Do the exercises taught to you by a physiotherapist

Avoid using your operated arm for activities of daily living until cleared by your physiotherapist.

Using your sling after shoulder replacement surgery

Wear your sling while you are sleeping or when you are in public for 4-6 weeks.

You are allowed to remove it:

- to shower or change your clothes
- to do your physiotherapy
- while you are sitting and you are aware of your positioning. You must put your sling back on before getting up from a sitting position

Make sure you remove your sling three times a day to gently bend your elbow, wrist and fingers. (see home exercises on page 9)

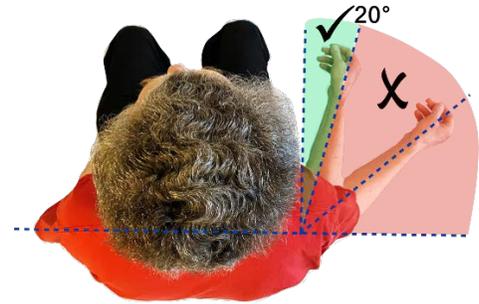


DONJOY ULTRASLING III

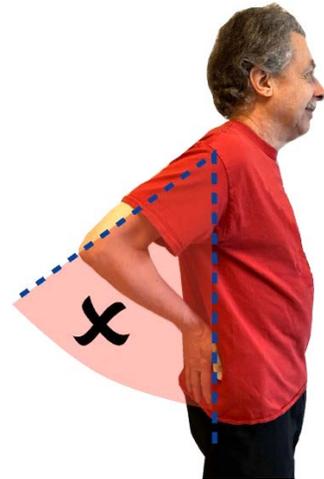
Shoulder precautions

All patients with a shoulder replacement must follow these precautions after surgery:

DO NOT turn your forearm away from your body with your upper arm near your side past 20 degrees for 6 weeks. This movement is called external rotation. Activities to avoid include combing your hair, washing your upper back, raising your hand (as you would in class), and reaching for objects off to the side.



DO NOT extend your arm behind your body for 6 weeks (**12 weeks for reverse shoulder replacements**). This movement is called extension. Activities to avoid include pushing up from a chair or bed or tucking your shirt into your pants.



DO NOT reach behind your back for 8 weeks (**12 weeks for reverse shoulder replacements**). This movement is called internal rotation. Activities to avoid include doing up your bra behind you, washing your back and tucking your shirt into the back of your pants.



LIMIT pushing, pulling or lifting. This includes lifting your own body weight by pushing up from a chair or bed. For reverse shoulder replacement, lift no more than the weight of a coffee cup for 6-12 weeks as guided by your physiotherapist.

Controlling discomfort after surgery

DO NOT wait for pain to get out of control before taking your pain medication. You will find you are “chasing the pain”. Take your pain medication regularly, as prescribed by your surgeon.

DO take pain medication before you do your physiotherapy exercises.

DO use cold therapy to decrease swelling and pain. If you have a cryotherapy unit, follow the manufacturer’s instructions. If not, apply ice to your shoulder. We recommend the following schedule:

Day 1-7: 20 minutes on, 40 minutes off, every hour while awake

Day 7-14: 20 minutes on, 40 minutes off, 6-7 times per day

Week 2-6: 20 minutes on, 40 minutes off, as needed and after physiotherapy

DO NOT apply ice directly to your skin. Put a dry layer of cloth between the ice and your skin.

DO NOT apply ice or cold packs for more than 30 minutes at a time to avoid frostbite.

DO NOT fall asleep with ice or cold packs on your shoulder.

How to sleep comfortably after surgery

It can be hard to find a comfortable position to sleep in after surgery. Here are a few tips:

- Apply ice before bedtime to reduce swelling and pain. **DO NOT** fall asleep with ice on.
- You must wear your sling while sleeping for 4-6 weeks.
- Try sleeping on your back in a reclined position with your head and shoulders elevated on several pillows or in a recliner. Put a pillow under your shoulder and arm so that it rests against the pillow and gravity doesn’t pull your arm towards the bed.
- Try sleeping on your unoperated side. Put a pillow between your legs and several pillows under your arm/hand so that you do not roll forward towards your stomach and your arm is supported against the pillows. Also put a pillow behind you so that you don’t roll onto your back while sleeping.

Physiotherapy after surgery

It can take up to a year to recover fully after joint replacement surgery. Your after-surgery physiotherapy program at SHN or another clinic near you will set you on the right path and give you the tools you need to continue to improve after you are done your physiotherapy program. You and your therapist will set realistic goals that you can achieve within 16 weeks.

Here are some examples of realistic goals:

1. Use my operated arm while doing light housework without difficulty.
2. Carry a light bag of groceries with my operated arm.
3. Get dressed or comb my hair without difficulty.

4. Use my operated arm to push up from a chair to stand without pain.

To get the best possible outcomes, it is important to continue to do your physiotherapy exercises at home between therapy sessions. Your physiotherapist will tell you what exercises to do at home.

Planning for transportation

You will not be able to drive for the first several weeks after surgery. Your surgeon will let you know when you are cleared to drive again. Until then, you will have to arrange other transportation to and from your physiotherapy and doctor appointments.

You may also need extra help with cooking meals, buying food, paying bills, doing banking, and caring for pets.

Find out more about getting help with life after your surgery in the **Surgical Journey: Patient and Family Guide**.

Home exercises

Practice these exercises before your surgery and continue to do them after your surgery.

1. Sit in a comfortable supportive chair. Support your arm with pillows and remove sling.
2. Do these exercises **4 times a day, 10 times each**, to decrease stiffness and swelling.

ARM EXERCISES



BEND ELBOW, BRINGING HAND TOWARDS SHOULDER. STRAIGHTEN ELBOW, BRINGING HAND TOWARDS PILLOW. HOLD 5 SECONDS AT END POSITIONS.



KEEPING ARM AND SHOULDER STILL, TURN HAND RIGHT AND LEFT. HOLD 5 SECONDS AT END POSITIONS.



TURN HAND PALM DOWN AND THEN PALM UP. HOLD 5 SECONDS AT END POSITIONS.



MOVE PILLOWS SO HAND HANGS OFF EDGE. BEND WRIST UP AND DOWN HOLDING FOR 5 SECONDS AT END POSITIONS.



SPREAD FINGERS WIDE AND THEN CLOSE HAND TIGHTLY TO MAKE A FIST. HOLD EACH POSITION 5 SECONDS.



NECK EXERCISES



AFTER EACH NECK MOVEMENT, RETURN TO NEUTRAL POSITION – HEAD STRAIGHT WITH CHIN TUCKED IN SLIGHTLY.



BEND HEAD DOWN, BRINGING CHIN TOWARDS CHEST. TILT HEAD UP TO LOOK AT CEILING. HOLD 5 SECONDS AT END POSITIONS.



TURN HEAD RIGHT AND THEN LEFT TO LOOK OVER SHOULDER. **DO NOT** DIP CHIN DOWN. HOLD 5 SECONDS AT END POSITIONS.



LOOKING STRAIGHT AHEAD, BRING EAR TOWARDS LEFT SHOULDER AND THEN RIGHT SHOULDER. HOLD 5 SECONDS AT END POSITIONS.



Assistive devices

Assistive devices are items that can make it easier to complete daily tasks after surgery. Please rent or purchase the equipment you need before your surgery and practice using it. Photos used are for illustration only. Specific products have not been tested or endorsed by Scarborough Health Network.



REQUIRED



RECOMMENDED



AS NEEDED (depending on your home support)

For General Management



Reacher (used with the non-operated side) Used to reach objects on the ground or up high and to help with dressing



Blister Pack for medications – easier than taking pills out of a bottle. Ask your pharmacist to package your medication this way.



For Toileting



Raised Toilet Seat with Arm-Rests
Raises the height of your toilet to make it easier to get up without using your operated arm to push into standing



Toileting Aid (used with non-operated side) to minimize reaching when cleaning yourself



For Showering



Non-Slip Bath Mat to prevent slipping while stepping in and out of shower



🌟 **Bath Chair, Stool or Bench** to sit with shoulder protected while showering. Bath bench increases safety stepping in and out of a tub. A bath chair or stool is ideal for a walk-in shower



👉 **Hand-held Shower** hose to rinse off while sitting. Search online for one that fits over the faucet



👉 **Long-handled Sponge** (used with the non-operated side) to reach body



👍 **Clamp-on Tub Bar** non-permanent handrail attaches to the side of a tub. **DO NOT** use suction cup grab-bars. Wall mounted grab bars should be professionally installed



For One-handed Meal Preparation

👍 **Electric Can Opener** find one that can be used one-handed or no hands! Search online for “Electric Can Opener for arthritic hands”



👍 **Mounted Jar Opener** mounts to the underside of the upper cupboards so you can open jars one-handed



👍 **Non-slip Pad** to secure items on the table top. Good for meal-prep or when you would usually use your hand to stabilize an object



👍 **Rocker Knife or Pizza Cutter** allows you to cut items without stabilizing them with your other hand. They are easier to use if you have to use your non-dominant hand



Energy conservation

You will need to plan your day to manage your activities and include regular rest-breaks. Pain management after your shoulder replacement surgery can be fatiguing. Consider these tips:

Pace yourself:

- Allow yourself enough time to complete a task without having to rush.
- Don't schedule too many activities in one day.

Plan ahead and be organized:

- Gather all items you will need before you start a task.
- Keep items organized and within easy reach.

Simplify your tasks and set realistic goals:

- Prioritize what activities are most important to you.
- Don't think you have to do things the same way you've always done them.
- Ask for help. Divide tasks among family and friends.
- Use adaptive equipment or assistive devices when needed.

Manage your schedule to minimize fatigue:

- Don't wait until you are tired before you stop and rest.
- Plan rest periods throughout the day, especially in relation to your pain management.
- Sit in a supportive, upright chair to complete your activity/task whenever possible.

Use good posture and good body mechanics:

- You will be doing many activities one-handed using your non-operated arm/hand.
- Avoid unnecessary bending, reaching and twisting.
- Setup activities in front of you, within easy reach of your non-operated arm/hand, and where you can rest/support your surgical/affected arm safely.