

**PATIENT GUIDEBOOK  
FOR  
SHOULDER REPLACEMENT**



Surgeon After Hours Contact #: \_\_\_\_\_

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Dear Patient:

Thank you for choosing Presidio Surgery Center for your joint replacement surgery.

We are excited to offer you the latest in joint replacement technology, as well as a comprehensive integrated program allowing you to do most of your recovery in the comfort of your own home.

Your surgeon has chosen this location allowing you to receive care in a center designed around the needs of healthy patients undergoing elective surgery. We believe this option is a safer and more efficient care delivery model.

This program is designed with you in mind. You are the leader of your care team, and we want you to be involved in learning about your care and participate fully in the process. We will support you each step of the way.

I look forward to hearing from you if there is anything I can do to make the process smoother for you, and wish you a healthy, speedy recovery.

Jessie Scott, MBA  
Administrator  
Presidio Surgery Center  
Direct: 415-659-3141

## Total Shoulder Replacement Overview

Total shoulder replacement is a surgery to replace the entire shoulder joint (Fig I) with an artificial shoulder implant. The implant is composed of metal and polyethylene; the prosthesis is secured into place with bone cement. Certain diseases and conditions can affect shoulder function. The most common reason for total shoulder replacement is advanced arthritis. (Fig II ) Below is a visual of a healthy shoulder (Fig I ), one afflicted by arthritis (Fig II) and finally a visual of what a total shoulder replacement would look like after surgery. (Fig III)

Fig I

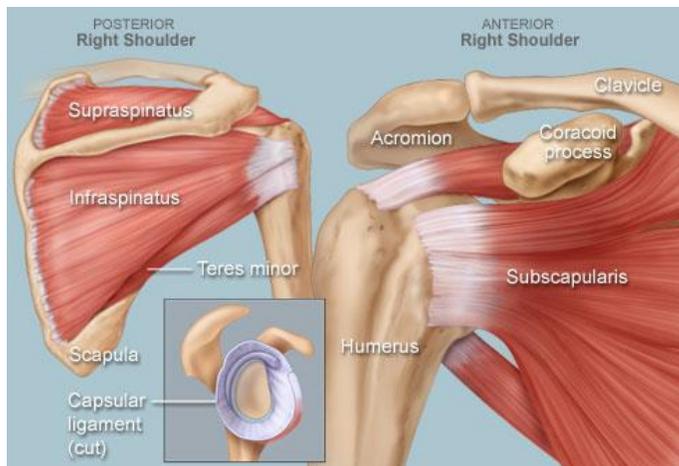


Fig II

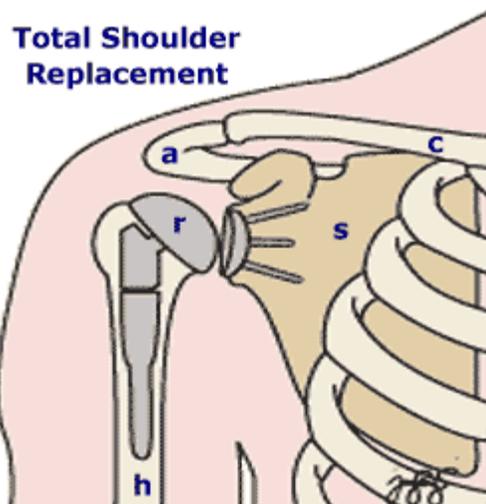
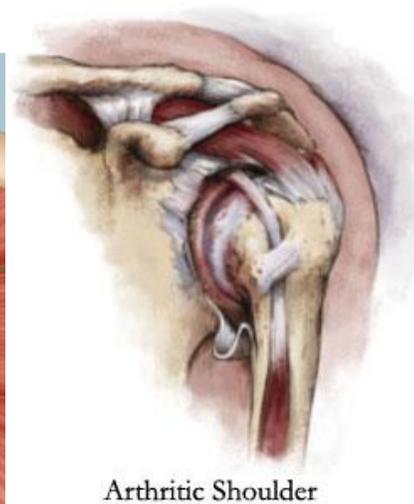


Fig III

## Checklist for Completing Pre-Operative Requirements

### One Month Before Surgery:

- If you require medical clearance before surgery, you should have an appointment already scheduled with your primary care doctor

### Two Weeks Before Surgery:

- Make sure you have seen your primary care doctor if needed. (Please call our patient care coordinator at 415-659-3176 if you are not sure)
- Make sure you have a caregiver committed to being with you 24 hours a day for at least the first three days post op
- Make sure you have someone to drive you home from surgery (ideally your caregiver)

### One Week Before Surgery:

- Be sure you are clear on which medications to take and which to stop taking and when. If you are unclear, please call our pre op nurse at 415-659-3176
- You will get a prescription for mupirocin at your pre op class. You must fill it and begin using this 5 days before surgery.
- 5 days before surgery begin taking your shower with chlorhexidine soap each day (available at a pharmacy without prescription)

### Notify the Surgery Center if

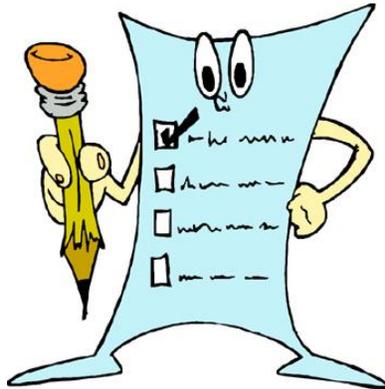
- You get sick (ex: cold or flu) or have a fever
- You get a skin infection or wound on the operative leg
- Your shoulder pain or swelling has significantly increased, or the shoulder feels unusually warm

## What Should I Pack for the Surgery Center?



- Flat supportive athletic or walking shoes that won't slip
- Toiletries such as toothpaste, toothbrush, deodorant
- Eyeglasses instead of contacts
- Dentures
- Medications that you take regularly, *in their original packaging* that states route, dosage, and frequency. Please do not bring non essential medications such as vitamins and herbs.
- Telephone numbers of people you may want to call
- A book, magazine or other portable hobby (we will have Netflix and Hulu available for you)
- A "going home" outfit that is loose, easy to don and doff. No pull overs, please have button down tops.
- Personal care items
- This guidebook to use as a reference

## Checklist for the *Day/Night Before Surgery*



- Enjoy a regular dinner, avoid alcohol
- A nurse from the surgery center will have called you prior to surgery to discuss:
  - When to stop eating or drinking *anything*
  - Which medications to take the morning of surgery
  - What time you should plan to arrive at the center
- You may brush your teeth and rinse your mouth the morning before surgery
- You will need to shower with a special soap called chlorhexidine gluconate (CHG)\*. A common brand name for this soap is Hibiclens, but any brand is acceptable. The soap may come in a liquid form or in a scrub brush applicator.

Either form is acceptable to use. Do not use the soap if you have a known allergy to chlorhexidine.

Shower or bathe with CHG the five days before your surgery and the morning of your surgery. Do not shave the area again.

Remove any body piercing jewelry prior to showering and leave it out until after your surgery.

With each shower or bath, wash your hair as usual with your normal shampoo prior to using the chlorhexidine wash.

Rinse your hair and body thoroughly after you shampoo your hair to remove the shampoo.

Then apply the CHG soap to your entire body **ONLY FROM THE NECK DOWN**. Do not use CHG near your eyes or ears. Wash thoroughly, paying special attention to the area where your surgery will be performed.

Turn water off to prevent rinsing the soap off too soon. Wash your body gently for five (5) minutes but do not scrub your skin too hard. Do not wash with your regular soap after CHG is used.

Turn the water back on and rinse your body thoroughly.

Pat yourself dry with a clean, soft towel.

Do not use lotion, powder, deodorant or perfume/aftershave of any kind on the skin after washing with CHG

PHARMACIES STOCKING CHG (HIBICLENS) ANTIBACTERIAL SOAP: CHG soap can be purchased at most large pharmacies, including CVS, Rite Aid and Walgreens. Please call your pharmacy to be sure that they have CHG soap in stock.



### *Special Note About Shaving*

Please **DO NOT** shave your surgical area for 7 days prior to your surgery, unless you have been directed to by your surgeon. In ***no case*** should you shave the site within 7 days of surgery. Your nurse will evaluate your skin prior to your surgery and will carefully shave the area at that time. If there are breaks in your skin, your surgery may need to be rescheduled because you may be at risk of developing an infection.

## What to Expect the Day of Surgery



1. At your assigned time, please arrive at the surgery center.
2. Bring your insurance cards with you, as well as payment for any co-pay or deductible.
3. Once there you will be asked to remove:
  - a. All Jewelry. If your wedding band cannot be removed it can be taped to your finger. ***It is best to leave all jewelry at home.***
  - b. Dentures and partial plates
  - c. Contact lenses and eyeglasses
4. You will be asked to put on a patient gown, hat and slippers
5. A nurse will check your heart rate, blood pressure, temperature and breathing.
6. A nurse will place an IV in your arm. You will be given numbing medication locally, to minimize any discomfort.
7. You will sign surgical and anesthesia consents, and be given time to ask questions
8. Your surgeon will speak with you and mark the joint you are having surgery on with a special pen
9. Support stockings may be placed on your legs, to prevent blood clots.
10. An anesthesiologist will meet with you to discuss your anesthesia care plan
11. You will walk back to the operating room with your nurse.
12. You will receive antibiotics in the OR as prevention against infection

## **THE RECOVERY ROOM:**

After your surgery is done, you will be taken to the recovery room, or Post-Anesthesia Care Unit, also known as the PACU. As you are recovering from your anesthesia, your surgeon will talk with your family and friends to let them know that your surgery is over and how things went. You may not remember much of this part as the anesthesia drugs can affect your memory immediately after anesthesia.

## **WHAT IS SQUEEZING MY LEGS?**

After you wake up from surgery, you may have some plastic sleeves on both of your legs. Every few minutes they will inflate with air, and you will feel a squeeze that starts at the ankle and works its way up. These sleeves help pump blood back up from your legs to prevent blood clots. The amount of time these stay on is determined by your level of activity. Think of them as your own personal leg massagers!

## **AM I GOING TO HAVE PAIN?**

Yes, you will experience some pain after surgery. Many patients find it is a reduced pain than what they had been living with prior to surgery. You will be asked what your pain level is on a scale of 0 to 10 (0 being no pain, and 10 being the most pain). It is important that you understand that we cannot take away all of your pain. Some pain is normal after surgery and we try to keep you at a 2 or 3 on the pain scale. Controlling your pain is a very important part of your recovery. Too much pain will keep you from being able to do your exercises and physical therapy, which are crucial to getting you back to your regular activities sooner.

Some patients will have an Interscalene block which is a form of regional anesthesia used in conjunction with general anesthesia for surgeries of the shoulder and upper arm. Simply stated, an Interscalene block will numb your shoulder and arm before surgery so that your brain will not receive any pain signals during and immediately after surgery. The block involves injecting numbing medication near the nerves that regulate sensation in the shoulder and arm. It is not uncommon for patients to have many questions regarding the use of an Interscalene block. Your anesthesiologist will be happy to answer any questions that you may have when you meet her/him prior to your surgery.

## **BE SURE TO LET THE NURSE KNOW IF:**

Your pain medications seem to wear off too quickly or you start to feel nauseated. The earlier the team intervenes, the better you will feel. Please feel free to talk with your nurse about any other concerns.

## ***Frequently Asked Questions Regarding My Stay***

### **HOW LONG WILL I BE AT THE SURGERY CENTER?**

Many patients can go home once they have recovered from anesthesia. This is generally 60 -90 minutes post op. Some patients may stay at the facility for up to 24 hours, for continued observation, and pain management.

### **CAN A FAMILY MEMBER STAY WITH ME?**

Your family can stay with you until you are taken to the operating room. Your family may stay in the waiting room or leave and provide a contact number. Our staff can notify your family/friend when it is an appropriate time to return to stay with you. Your ride may want to bring a pillow and blanket for you for the car ride home. If you are staying overnight, your family member may sleep over if they wish.

### **WHAT WILL MY STAY AT THE CENTER BE LIKE?**

You will most likely be “groggy” initially after surgery due to the medications you received in surgery. You will be transported from the recovery room to the overnight room once your anesthesiologist deems you sufficiently recovered from anesthesia to be moved. Your vital signs (blood pressure, temperature and pulse) and any drainage from your dressing or drain will be monitored by your nurse.

### **HOW LONG DOES SURGERY TAKE?**

Approximately 1 ½ to 3 hours. Some of this time is required for the anesthesiologist to make sure that you are comfortable, and for the nursing staff to take care of you immediately before and after surgery.

### DO I HAVE TO BRING A METHOD OF PAYMENT?

Yes. We make every attempt to work with your carrier to understand what your expected out of pocket will be. We will ask for this payment at the time of registration. You should receive a call within the week prior to surgery to let you know what we think this will be. You will also receive a bill from your surgeon, and anesthesiologist. Please call 916-529-4865 for more details

### DO YOU PROVIDE MEALS?

Yes. We will take care of all meals during your stay. Nutritious choices, customized to your medical needs are delivered to you.

### WHEN CAN I EAT?

Most patients do not feel hungry right away. Usually by the evening after surgery, they are ready to try solid food. Nausea may occur, but it is usually temporary. It is important to let your nurse know if you feel nauseated as there is medication which can minimize this.

### WHEN DO I START PHYSICAL THERAPY?

Your surgeon will arrange this for you. Remember that pain control is imperative. You will start by doing your pendulum exercises. Usually by the evening of surgery, you will be up and walking. Your nurse may give you pain medication about 30 minutes before your therapy session so that you can do as many exercises as possible. **VERY IMPORTANT... YOU SHOULD NOT ATTEMPT TO GET OUT OF BED UNTIL YOUR SURGEON OR NURSE GIVES YOU THE OK.**



## *What to Expect After Surgery*

### **WHEN CAN I LEAVE THE CENTER?**

Patients are usually discharged the morning after surgery, but some are ready to go home on the day of surgery.

- ✓ Your nurse feels that you are safely moving around and are able to get in and out of bed
- ✓ You can get to the bathroom or bedside toilet by yourself
- ✓ You can keep solid food down
- ✓ Your vital signs are normal
- ✓ You can control your pain with oral medication
- ✓ Any lab work is acceptable to your physician

### **WHAT ITEMS WILL BE SENT HOME WITH ME TO USE AFTER DISCHARGE?**

This depends on what has been ordered by your surgeon. It may include any of the following: ice bags, a sling. Please check with your surgeon for what was ordered for you.

### **WILL I NEED ASSISTANCE FOR PERSONAL CARE WHEN I GET HOME?**

This varies but you will need to have your relative or friend stay with you for at least three straight days. They will help with dressing, bathing and your meals.

### **WHEN CAN I DRIVE MY CAR?**

You should be able to drive in approximately 6 weeks, maybe sooner if your operative shoulder is your non dominant shoulder. Please get clearance before you begin driving from your surgeon. Please do not drive while still wearing the sling or on narcotic pain medication

## HOW LONG WILL I NEED SOMEONE ELSE TO CARE FOR ME?

Depending on your healing progress, you may need someone on call to assist you for two to four weeks after surgery.

## WHAT ARE THE PHASES OF MY RECOVERY?

- Phase I (0-6 weeks) Done at home

You will do passive range of motion exercises

Pendulum exercises

Hand, wrist and elbow exercises

Put your operative arm into sleeves first for easier dressing.

You may want to arrange for pre cooked or easy to cook meals for your first few days post op.

Keep your surgical are clean

Keep the dressing in place for the first 48 hours. Clean and change it only if it gets wet or as directed by your surgeon. The dressing is water resistant, so its OK to shower but if it becomes saturated please replace it.

If your incision was closed with glue do not pick at it. This could lead to opening of your surgical site and possible infection.

If you have sutures, they will be removed by your surgeon 7-14 days after surgery.

- Phase II (7-12 weeks) done with an outpatient therapist. You will need a prescription from your doctor to begin this, and should call early as it may take a few weeks for an opening to be available.

During this phase you will participate in active range of motion exercises.

- Phase III (13-18 weeks) Also done under supervision of an outpatient therapist

This is your strengthening phase

## SLING:

You will wear your sling for 3-6 weeks. Your surgeon will let you know the exact timeframe. You can remove it for showering and dressing. Support your arm when lying down so that your elbow does not fall behind the midline of your body.

Putting on your sling:

1. Detach the shoulder strap and open the front panel. Place the arm in the sling with the

elbow as far back into the sling as possible. Secure the front panel strap through the lower D-ring

2. Afix the snaps along the top of the sling to secure the arm in its cradle. (note: the thumb may be placed through the loop inside the sling for additional comfort, but do NOT use this until your thumb is no longer numb from the nerve block.)

3. Bring the shoulder strap along the back and across the unaffected shoulder, and fasten through the middle D-ring of the sling. The shoulder strap may be trimmed by removing the Y-tab at the end of the strap, cutting the strap and re-applying the Y-tab.

4. Place the pillow at the waistline with the large end facing forward. Attach the sling to the pillow, lining up the velcro strips so they adhere. Secure the waist strap through the D-ring at the front end of the pillow. (Note: the position of the pillow should be positioned for desired internal or external rotation by sliding the pillow forward or backward along the waistline.)

5. Wash sling and pillow cover in cold water with mild detergent. Air dry.

#### **THERAPY:**

Expect to be in physical therapy for 3-4 months.

#### **RECOVERY:**

Expect the full recovery process to take up to 6 months. Your recovery depends on your personal goals, your general physical condition, and the nature of your surgery. Many patients experience ups and downs during recuperation, so don't be discouraged when this happens.

As you might expect, your body may react to shoulder surgery in one or more ways. These are some of the more common post operative reactions.

- Low grade fever (<100.5°F) for a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising along the shoulder, upper arm, chest, even to your elbow
- Swelling of the shoulder and upper arm
- Mild numbness next to the surgical site for 6-9 months.

#### **WHEN TO CALL YOUR SURGEON:**

- Fever of >100.5°F persists a few days after surgery

- Progressively increasing pain (Pain should steadily decrease following surgery)
- Excessive bleeding or fluid coming from the surgical site
- Increasing swelling or redness around the surgical site
- Persistent nausea or vomiting
- Decreased sensation in the operative arm after your block has worn off
- Persistent headache
- Your anesthesia injection site becomes inflamed (reddened, swollen or oozing)

### ***Pain Management Overview***



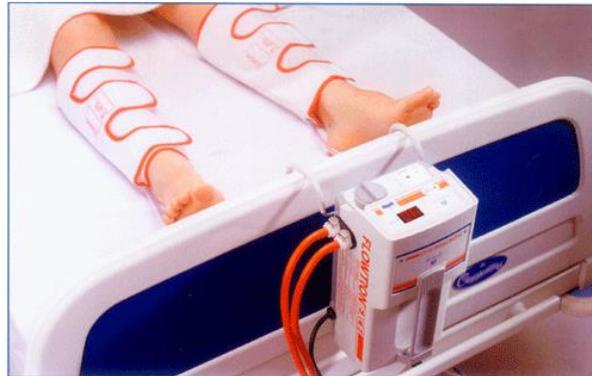
Pain management is a very important component of your surgery. One of the biggest concerns patients have about surgery is how much pain they will experience. Our goal is to alleviate your fears and concerns and ease your discomfort. A personalized pain management plan will be developed to meet your individual needs. Your doctors and nurses will work with you to manage your pain after surgery so you are as comfortable as possible and able to fully participate and receive the greatest benefit from your exercise sessions. Your doctors will discuss different options to control your pain and assist you in choosing the correct method based on your individual situation.

#### **ON A SCALE OF 1 TO 10...**

You can assist us in helping you manage your pain by understanding the 10 point pain scale. The scale is a measurable description of the pain you are experiencing. By verbalizing the pain on a 10 point scale, zero (no pain) up to ten (most pain), you can share with your health professional the intensity of your pain. This gives your doctors, nurses, and therapists a measurable description of your pain and the type of pain relief you require. We will ask you to use the pain scale to rate your pain, before and after you take pain

medication, and during therapy sessions. Some pain is expected and normal after shoulder surgery. We will work with you to help set a reasonable pain tolerance and help manage pain effectively so you can participate fully during your therapy.

### *Preventing Blood Clots*



After surgery, or, particularly, when you are less active, you are at an increased risk of forming blood clots. Clots most often occur in the lower leg. In order to help avoid clots forming in the leg, you may be given a pair of surgical stockings. The stockings are designed to compress your muscles and blood vessels. These will help reduce the risk of blood clots. You may remove them twice for one hour in a 24 hour period. Otherwise, we strongly encourage you to wear these stockings 24/7 until your first post operative visit.

### *Dental Treatments*

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in an artificial joint. This could increase your chance for infection.

The American Dental Association and the American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Infections are easy to avoid with an antibiotic prescription. Regardless of your current health condition and potential dental procedure, please always check with your physician and your dentist.

## *Safety and Preparation of Your Home*

### ENTRYWAY STAIRS AND HALLWAYS

- Keep well lighted and clutter free
- Install night lights and illuminated switches
- Make sure carpets and loose rugs are firmly anchored to the floor
- Install nonskid pads on uncarpeted steps
- Have two different escape routes in case of fire

### THE KITCHEN

- Move the most commonly used items within easy reach
- Keep floors dry
- Install and know how to use a fire extinguisher
- Buy or pre-cook easy to prepare meals such as frozen foods, enough for a few days
- Make sure your grocery shopping is done prior to surgery

### THE BATHROOM

- Place non skid adhesive strips on the floor of bathtub/shower
- Turn on lights in addition to night lights when getting up at night to use the bathroom
- Sit at the bedside for a few minutes to fully wake up before getting out of bed
- Keep bathroom floor dry

### GENERAL SAFETY TIPS

- Remove furniture from walkways
- Wear supportive comfortable shoes
- Place emergency phone numbers near the phone
- Never rush to answer the phone or door
- Organize your day to give yourself plenty of time, rushing can cause falls
- Watch out for your pets, they can cause tripping, you may want to consider have a rambunctious pet stay with friends for a few days, or arrange a walking service
- Make sure you have done your laundry so you do not need to carry laundry or go to a Laundromat
- Clean your house prior to surgery, you will not want to do housecleaning immediately post op

## Exercises

### □ Pendulum Exercises

1. Standing, bend at waist, let arm of repaired shoulder hang relaxed.
2. Keeping your arm relaxed, begin by swaying your whole body back and forth to cause the arm to swing gently.
3. Move the arm side to side and front to back.
4. Repeat, moving the body and arm in circular patterns, clockwise and counter clockwise.
5. Repeat        times,        times per day.



### □ Gripping Exercise

- Open and close your hand making a fist without moving your repaired shoulder. Your arm can be bent or straight.
- Repeat        times,        times per day.



### □ Shoulder Blade Pinch

1. Standing or sitting with arms at your side:
2. Pinch your shoulder blades together.
3. Hold for        seconds.
4. Repeat        times,        times per day.



### □ Forearm Pronation

1. With arm supported, elbow bent, palm down:
2. Use the hand opposite to the arm of the repaired shoulder to rotate its forearm, as shown.
3. Repeat     times,     times per day



### □ Forearm Supination

1. With arm supported, elbow bent, palm up:
2. Using the opposite hand, gently rotate forearm of your repaired shoulder, as shown.
5. Repeat     times,     times per day.



### □ Wrist Extension

1. With elbow supported and palm down:
2. Extend the wrist, as shown.
5. Repeat     times,     times per day.



### □ Wrist Flexion

1. With elbow supported and palm down:
2. Flex wrist down, as shown.
5. Repeat     times,     times per day



### □ Elbow Flexion/Extension

1. Lying down, place a small towel roll under the arm (just above the elbow) of your repaired shoulder.
2. Keeping your hand straight, gently bend the lower arm up and then straighten it out, doing a full range motion comfortably.

Your shoulder should be relaxed.

3. Repeat        times,        times per day.



## ***Activities of Daily Living***

Protect your repair by being careful that your arm does not participate in any lifting, pushing, or pulling, and that it is not raised away from your side under its own power. Raising the arm, even a small amount places excessive demands on your repair and should be avoided. Your surgeon will tell you how long these restrictions should be in effect.

### **UPPER BODY DRESSING AND BATHING**

Dressing and bathing techniques can be performed either sitting or standing. It is important to take off the immobilizer only as needed to perform upper body dressing or bathing. When performing lower body dressing, your immobilizer should be correctly fastened to decrease the risk of accidentally moving your arm under its own power.

#### **Dressing:**

- With your feet shoulder width apart, place the foot opposite your affected arm forward and the other foot backward so that you are comfortably balanced.
- Lean forward, bending at the waist. Let your affected arm dangle loosely in front of you.
- Bend knees slightly
- Keep your shoulder muscles relaxed
- Bring the sleeve of your operated arm to your operated arm and thread the sleeve up the arm
- Make sure the shirt is not twisted to increase ease of dressing
- Once the shirt is pulled up the operated arm, stand upright allowing your arm to rest at your side.
- You must use one handed buttoning techniques to ensure safety
- Do not use the operated arms' own power to dress
- To take your shirt off, reverse the instructions listed above
- Use socks with light elastic. Use fingers to spread elastic wide and slide over toes. Pull over heel and up

#### **Bathing:**

- Do not shower until you have been cleared to do so at your first post op visit
- Once cleared, to clean under your surgical arm, bend forward at your waist allowing your operated arm to dangle loosely in front of you. Do not use the operated arms own power to bathe.
- If you feel that you must bathe prior to getting clearance from you surgeon, please sponge bathe carefully avoiding the surgical site.

## ***Important Contact Information:***

Presidio Surgery Center Main Line  
415-346-1218

Presidio Surgery Center After Hours Line for patients staying overnight:  
415-659-3160

Theresa Morse, RN: Patient Care Coordinator  
415-659-3176

## ***Surgeon Contact:***

Dr. Rob Mayle (hips and knees) - 415-668-8010

[www.cposm.com](http://www.cposm.com)

Dr. Peter Callander (hips and knees) - 415-668-8010

[www.cposm.com](http://www.cposm.com)

Dr. Chris Cox (hips and knees) - 415-668-8010

[www.cposm.com](http://www.cposm.com)

Dr. Jon Dickinson (hips and knees) - 415-668-8010

[www.cposm.com](http://www.cposm.com)

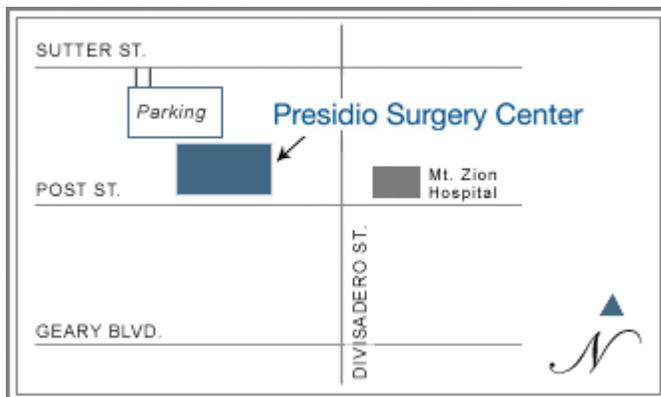
Dr. John Belzer (shoulders and knees) - 415-668-8010

[www.cposm.com](http://www.cposm.com)

Dr. Jim Kelly (shoulders) - 415-392-3225

[www.sfshoulder.com](http://www.sfshoulder.com)

## ***Directions:***



#### From the North Bay:

Cross Golden Gate Bridge

Stay on Doyle Dr towards "Downtown"

Veer right onto Lombard St

Turn right on Divisadero St

Turn right onto Sutter St

Pull into parking garage on your left.

Entrance is on the second level of the garage

#### From the East Bay:

Cross Bay Bridge, the signs for Golden Gate Bridge

Follow signs to Fell St Exit.

Take Fell up to Divisadero St and turn right on Divisadero St

Turn left on Sutter

Pull into the garage on your left

Entrance is on the second floor of the garage

#### From the South Bay:

Come up 280 to 19th Ave.

Stay on 19th until it turns into Park Presidio

Turn right on Geary blvd

Turn right to turn left on Divisadero St (no Right turn available, must turn left and make a U turn)

Turn Left onto Sutter St

Pull into the parking garage on your left

Entrance is on the second floor of the garage

## HOW TO – CHLOROHEXADINE SHOWER

CHG bathing is done to decrease the number of potentially harmful germs on the patient, which decreases the risk of getting a postoperative infection.

You should take this shower for 5 days prior to surgery

### Gather the supplies:

- Antiseptic solution – a 2% to 4% chlorhexidine gluconate (CHG) solution (a brand name is Hibiclens, which can be purchased at your local pharmacy)
- Clean wash cloths (2-3)
- Clean towels and clean sheets
- Clean (freshly washed) clothing to put on after bathing

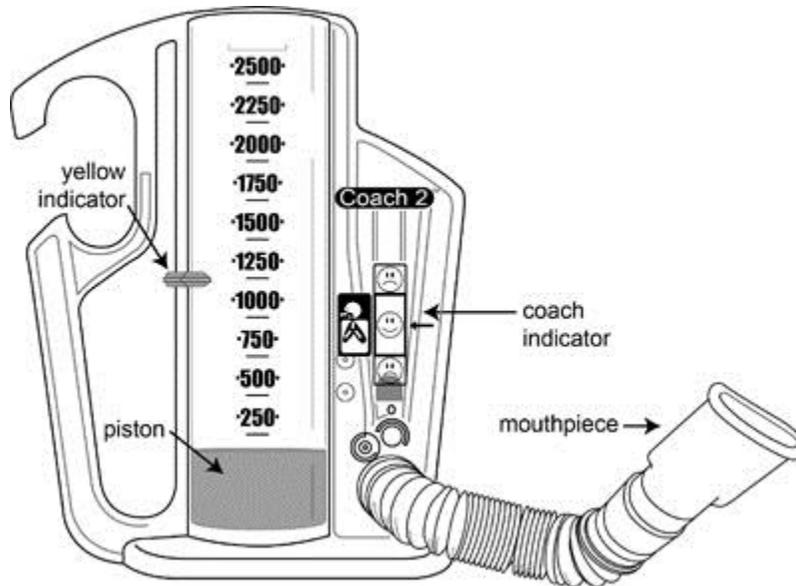
### Using CHG in the shower\*:

1. With each shower, wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body.
2. Apply the antiseptic solution (CHG) to a wet clean washcloth. Turn the water off in the shower or move away from the water spray to avoid rinsing the soap solution off, then lather your entire body, except your face. **DO NOT USE CHG ON YOUR FACE.**
3. Once you have completely lathered-down your entire body, concentrate for 3 minutes gently washing and lathering your surgical site area.
  - Do not shave any parts of your body.
  - Pay particular attention to skin folds under the breast and the armpit area.
  - Avoid scrubbing too hard – you don't want to irritate or break the skin.
  - **Never use the antiseptic solution on your face or near your eyes.**
4. Once you have completed the scrub, turn the water on and rinse the CHG solution off your body completely. CHG can be drying and irritating to the skin if left to dry.
5. Do not wash with regular soap after you have used the CHG solution.
6. Pat yourself dry with a clean freshly washed towel. DO NOT apply any powders, deodorant, or lotions. Dress with freshly washed clothes. Place clean, freshly laundered sheets on your bed to avoid re-contamination of your skin from cells shed on previous nights.

## How to Use an Incentive Spirometer

Using your incentive spirometer after surgery will help you keep your lungs clear and will help keep your lungs active throughout the recovery process, as if you were performing your daily activities.

### How to use the incentive spirometer



1. Sit on the edge of your bed if possible, or sit up as far as you can in bed.
2. Hold the incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. **Breathe in slowly** and as deeply as possible. Notice the yellow piston rising toward the top of the column. The yellow indicator should reach the blue outlined area.
5. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
6. **Rest for a few seconds** and repeat steps one to five at least 10 times every hour.
7. Position the yellow indicator on the left side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow deep breath.
8. After each set of 10 deep breaths, cough to be sure your lungs are clear. If you have an incision, support your incision when coughing by placing a pillow firmly against it.
9. Once you are able to get out of bed safely, take frequent walks and practice the cough.

## HOW TO WASH YOUR TED HOSE (COMPRESSION STOCKINGS)

Although compression stockings are constructed of elastic and rubber fibers strong enough to provide pressure on lower legs and feet, when it comes to wash time a gentle hand is required. Hand wash compression stockings after every wearing. A single cycle in the washer and dryer can stretch or damage the stockings, rendering them ineffective.

Fill a small tub or basin with cool water. Dip the stockings in the cool water, then remove. Add a mild detergent to the water. Mix the water with your hand to circulate the soap. Place the stockings back in the water and let them soak for 5 to 10 minutes.

Gently rub the stockings to remove dirt and oil. Squeeze them out gently and rinse to remove any soap. Do not pull or twist stockings.

Squeeze out as much water as you can, then lay the stockings flat to dry in a cool or warm place. Do not place near heat.



## NUTRITION COUNSELING:

Dietitian: [www.ThriveRD.com](http://www.ThriveRD.com), [Kelsey@thrived.com](mailto:Kelsey@thrived.com), 415-763-5544

Nutrition Counseling Clinic at Mt Zion: (415) 353-4174

[https://www.ucsfhealth.org/clinics/nutrition\\_counseling\\_clinic\\_at\\_mount\\_zion/](https://www.ucsfhealth.org/clinics/nutrition_counseling_clinic_at_mount_zion/)

American Diabetes Association:

<http://diabetes.org/>

## ACTIVITY AND EXERCISE:

Your physical therapist will guide your activity and exercise until you are recovered enough to progress on your own. At the time you are discharged from physical therapy, speak with your therapist about options for continuing your exercise program.

## MAINTAINING A HEALTHY WEIGHT:

Weight Watchers: find a meeting:

<https://www.weightwatchers.com/us/find-a-meeting>

California Weight Clinic (415) 447-4200

<http://www.californiaweightclinic.com/>