

Presidio Surgery Center

A California Pacific Medical Center Affiliate

PATIENT GUIDEBOOK: **Shoulder Replacement**



Surgeon's After Hours Contact #: _____

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presidiosurgery.com



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Contacts List

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Medical Director

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(415) 346-1218

Patient Care Coordinator

Pre-Admission RN

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Administrator

Jessie Scott

(415) 659-3141

Insurance Coordinator

Shelly Cameron

(916) 529-4865

Affiliates

Sutter Care at Home

(415) 600-0444

Preop Physical Therapy

Visceral Physical Therapy

VisceralPT@gmail.com



Dear Patient,

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

Presidio Surgery Center is the first organization in California to receive The Joint Commission Advanced Certification for hip and knee replacement, representing our commitment to, and compliance with, advanced disease-specific care standards for total joint replacement requirements, including orthopedic consultation and preoperative, intra-operative, and post-surgical orthopedic surgeon follow-up care.

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 healthy, speedy recovery.

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

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, one afflicted by arthritis, and finally a visual of what a total shoulder replacement would look like after surgery (Fig III).

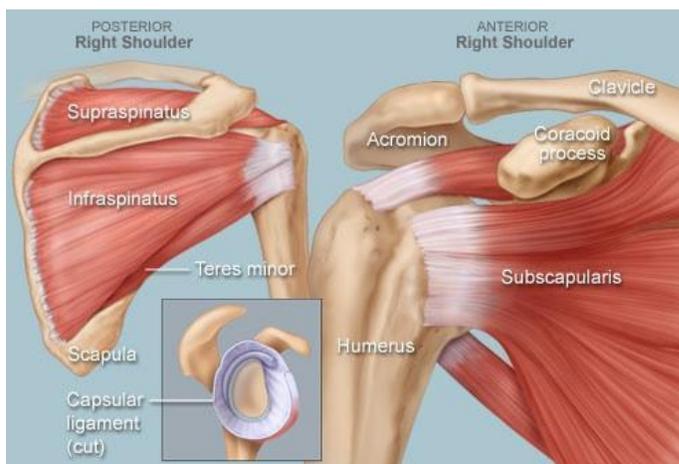


Fig I: Healthy shoulder joint

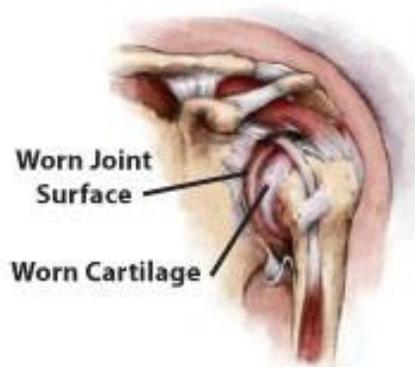


Fig II: Shoulder joint afflicted with arthritis

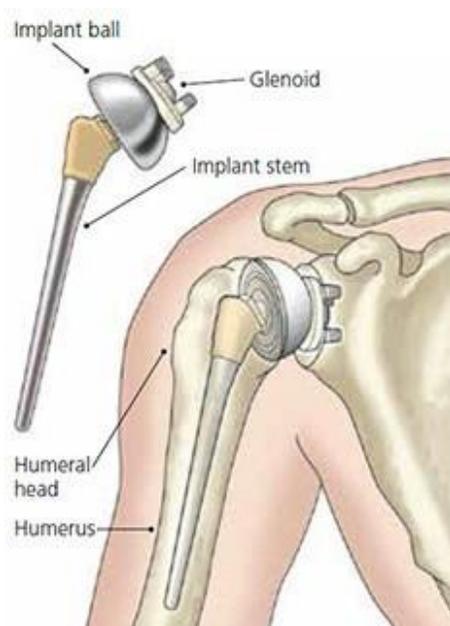


Fig III: Shoulder joint after total shoulder replacement surgery

Timeline of Preop Events

One Month Before Surgery

- ❑ Do your exercises twice daily to strengthen the muscles around your knee.
- ❑ 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. Please call our patient care coordinator at (415) 659-3176 if you have any questions.
- ❑ Make sure you have a caregiver committed to being with you 24 hours a day for at least the first three days postoperatively.
- ❑ Schedule an appointment with our patient care coordinator by calling (415) 659-3176 for our preoperative class.

One Week Before Surgery

- ❑ You may be released to outpatient physical therapy about four - six weeks after surgery if needed. You and your surgeon will determine with whom and when. You might want to arrange this prior to surgery so your appointment is made.
- ❑ Be sure you are clear on which medications to take and which to stop taking and when. If you are unclear, please call our patient care coordinator at (415) 659-3176.
- ❑ 3 days before surgery begin taking your shower with chlorhexidine soap (e.g. Hibiclens, available at a pharmacy without prescription) each day. For more information on showering with chlorhexidine, see page 27.

Notify the Surgery Center and Your Surgeon If:

- ❑ You get sick (e.g. cold or flu) or have a fever.
- ❑ You get a skin infection or wound on the operative arm.
- ❑ Your shoulder pain or swelling has significantly increased, or the shoulder feels unusually warm.

Day / Night Before Surgery

Checklist for the Day/Night Before Surgery

- ❑ Enjoy a light 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
- ❑ If you are spending the night, you will get a call from your anesthesiologist to discuss your anesthesia care plan.
- ❑ You may brush your teeth and rinse your mouth the morning of surgery.
- ❑ Make sure to bring a photo ID, an insurance card, and a form of payment for any co-pay.
- ❑ Do NOT apply lotions, perfumes, or powders.
- ❑ Do NOT wear jewelry to the surgery center. If your wedding band cannot be removed, it can be taped to your finger at the center. ***It is best to leave all jewelry at home.***
- ❑ Dentures, partial plates, and contact lenses will need to be removed prior to entering the operating room. It is best to avoid wearing these items to the center on the morning of your surgery, and instead pack them in a small overnight bag if you would like to wear them after surgery.

Special Note About Shaving

Please **DO NOT** shave your surgical area for 7 days prior to your surgery unless your surgeon has instructed you otherwise, as breaks in the skin can leave you at risk for infection. If your surgeon HAS instructed you to shave the surgical area, please do so 7 days prior to surgery in the area shown below.



Leading up to Your Surgery

1. At your assigned time, please arrive at the surgery center and check in at the front desk.
2. A nurse will bring you to a preop room. You will be asked to remove all jewelry.
3. You will be asked to put on a patient gown, hat, and non-slip socks provided by the center.
4. A nurse will check your heart rate, blood pressure, temperature, and breathing.
5. A nurse will place an IV in your arm. You will be given numbing medication locally, so this should be painless.
6. You will sign surgical and anesthesia consents, and be given time to ask questions.
7. Your surgeon will speak with you and mark the joint you are having surgery on with a special pen.
8. Support stockings may be placed on your legs to prevent blood clots. For more information on these stockings, see page 28.
9. An anesthesiologist will meet with you to discuss your anesthesia care plan.
10. Immediately prior to walking back to the OR, you will remove dentures, partial plates, glasses, and contacts if you are wearing them.
11. You will walk back to the operating room with your nurse.

How long does surgery take?

Approximately 1 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.

Will I need a blood transfusion?

It is very unlikely you will need a transfusion. We do everything we can to minimize blood loss during surgery. We lower your blood pressure during surgery to diminish bleeding, carefully cauterize cut blood vessels, use the smallest incision possible, and administer a medication in surgery to help minimize blood loss.



The Recovery Room

After your surgery is done, you will be taken to the Post-Anesthesia Care Unit (PACU). You may have a small tube known as a drain right next to your incision to remove extra blood or fluid. 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 surgery.

A Word About Catheters

Surgery can inhibit your ability to urinate. Rarely, a catheter needs to be placed during your stay. You may be sent home with the catheter. You will also be assessed for your need for a medication that can make urination easier: Flomax (tamsulosin). If you already take tamsulosin, you should continue taking it up to and including the day of surgery. Bring the medication to the center in its original container on your day of surgery.

What is squeezing my legs?

After you wake up from surgery, both of your legs may be in plastic sleeves known as intermittent pneumatic compression devices (IPCD). 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 devices 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!

Will I have regional anesthesia?

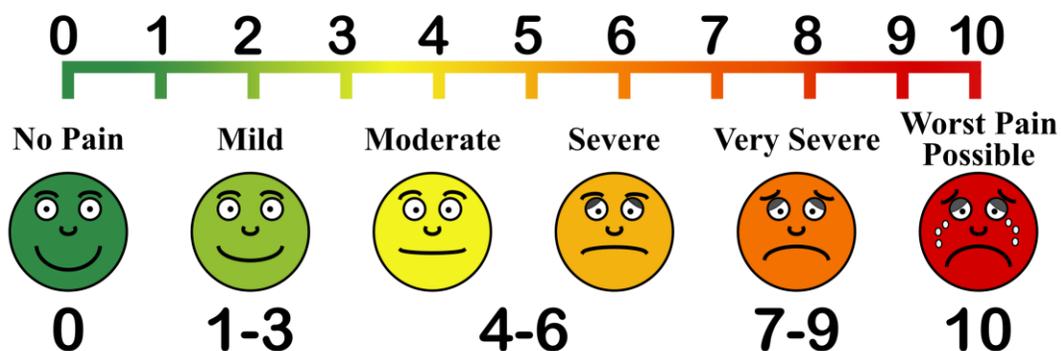
Most patients will have an interscalene block, which is a form of regional anesthesia used in conjunction with general anesthesia for surgeries of the shoulder and upper arm. Simply stated, an interscalene block will numb your shoulder and arm before surgery so that your brain will not receive any pain 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 speak with them prior to surgery.

Am I going to have pain?

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 goals are to ease your discomfort and to alleviate your fears and concerns. 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 that you are as comfortable as possible and able to fully participate in and receive the greatest benefit from your therapy exercises. Your doctors will discuss different options to control your pain and assist you in choosing the correct method based on your individual situation.

You will have pain after surgery, though many patients find it is a reduced pain compared to what they had been living with prior to surgery. It is important that you understand that we cannot take away all of your pain, but 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 on your feet sooner.

You can assist us in helping you manage your pain by understanding the 10-point pain scale (see below). By verbalizing your pain on a 10-point scale, 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 medications, and during therapy sessions. 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.



Important: The majority of people who need narcotics for pain relief will not experience dependence or addiction. Do not be afraid to take an adequate amount of medication to receive the relief that you need.

Also, non-opioid options are very effective in reducing your pain and include ice (30 minutes on, 30 minutes off) and gentle physical activity.



Incentive Spirometer

You may be asked to breathe into a device called an incentive spirometer in order to help you keep your lungs clear and active during the recovery process. For more information on using an incentive spirometer, see page 29.

Be sure to let a 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.

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?

Please check in with the pre admission nurse for instructions regarding visitors. Special clearance may be required for overnight visitors. During your surgery, your family may not stay in the waiting room due to covid. Our staff can notify your family when it is an appropriate time to return to see you. Your ride may want to bring a pillow and blanket for you for the car ride home.

What will my stay at the center be like?

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

Do I have to bring a method of payment?

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

When can I eat?

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



Do you provide meals?

Yes. We have snacks available to you at the surgery center, and you will be able to select your own nutritious meals to be delivered to your bedside from a variety of local restaurants.

When do I start physical therapy?

Your surgeon will arrange this for you. You will start by doing your own home exercises (see page 24). Remember that pain control is imperative. Usually, you will be up and walking within hours of your surgery.

YOU SHOULD NOT ATTEMPT TO GET OUT OF BED ALONE UNTIL YOUR SURGEON OR NURSE GIVE YOU THE 'OK'.

When can I leave the center?

Patients are usually discharged the evening of surgery, but some leave the morning after surgery. This will be decided with your surgeon once you have met the discharge criteria.

What items will be sent home with me after discharge?

This depends on what has been ordered by your surgeon. It may include ice packs, cryotherapy, incentive spirometer and a sling. Please check with your surgeon to know 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. Depending on your healing progress, you may need someone on call to assist you for two weeks after surgery.

When can I drive my car?

You should be able to drive approximately 6 weeks after your surgery, possibly sooner if your operative shoulder is your non-dominant shoulder. Please do not drive while still wearing the sling or while on narcotic pain medication. For your safety and that of others, please do not start driving without clearance from your surgeon.

Phases of Recovery

Phase I (~0-6 weeks)

Done at home. You will do passive range of motion exercises:

- Pendulum exercises
- Hand, wrist and elbow exercises

Also remember:

- 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 area 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 (~6-12 weeks)

Done with an outpatient therapist. You will need a prescription from your doctor to begin this, and should call early to make your appointments because 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 (~12-18 weeks)

Also done under supervision of an outpatient therapist. This is your strengthening phase.

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.

Pulmonary Embolism

Go to your local emergency room immediately if you experience any of the following:

- Shortness of breath
- Chest pain
- Coughing up blood or pink mucus

Deep Vein Thrombosis

Call your surgeon immediately if any of the following signs develop:

- Swelling in legs that does not go away with elevation
- Swelling in the elbow and forearm that does not go away with elevation
- Pain in calf, or behind the knee
- Calf warmth or redness

Other Times to Call Your Surgeon:

- Fever of $>100.5^{\circ}\text{F}$ 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 (red, swollen, or oozing)

Trips and Falls

You will have limited mobility after surgery and should take care to avoid trips and falls. You should clear clutter from your home before surgery and make sure to not rush while performing your daily activities and exercises during recovery. For more information on preparing your home, see page 20. If you experience increased pain as a result of a fall, call your surgeon's office immediately.



Pain and Some Ways to Control It

You may experience varying degrees of pain during your recovery. Each patient experiences pain differently. Some ways to control pain include prescription medicine, over-the-counter pain relievers, and ice packs. If you experience pain, realize this is normal and approach it in a tiered fashion.

If your pain is **mild**, you can apply ice intermittently to the affected area, use a cold therapy unit, attempt to get up and move 5 times per day, and use over-the-counter Tylenol, 1000mg up to 3 times per day.

If your pain is **moderate**, you should use the narcotic prescribed by your surgeon in the manner prescribed by your surgeon. It is best to try to anticipate when your pain transitions from mild to moderate so that you can take your narcotic control it. Always take your pain medication with food.

If your pain is **severe** and not controlled by your medication, please call your surgeon's office immediately. If this occurs after hours, call the on-call physician. It may be recommended that you go to the ER for an IV dose of medication. Very rarely do patients' pain levels get to this point. Please remember that narcotic medication cannot be called into a pharmacy. If you find that you are running low on your medication, contact your surgeon's office during business hours that you may get a refill prescription.

Nausea or Vomiting

A possible reaction to anesthesia and pain medication is an upset stomach. This often occurs when taking pain medication on an empty stomach. Try to take your pain medication with food. Stay well hydrated. Eat several small meals throughout the day and avoid large, rich meals. Saltine crackers and ginger ale are often helpful. If you are still nauseous, your doctor may call in a prescription medication that can help.

Bleeding and Wound Care

Some drainage from your incision is normal. If you have active bleeding that is not controlled with pressure or a new bandage, please contact your surgeon immediately.

Wash your hands before and after touching the incision area and/or changing the dressing. Applying an ice pack intermittently to the area and elevating the extremity can lessen bleeding and swelling.

You may shower according to your surgeon's specific instructions. Do not submerge your wound in water (e.g. hot tub, bath, or pool) until cleared to do so by your surgeon. If you have TED hose, wear them for 2 weeks and as needed for swelling.

Infection Symptoms and Prevention

It is highly unlikely that you will experience an infection. We are extremely proud of our low infection rate. Possible signs of infection include fever, swelling, heat, drainage, or redness. Most every patient experiences a low-grade temperature for 1-5 days after surgery, which is a typical reaction to anesthesia. Temperatures that are above 101.3°F and persist despite Tylenol and deep breathing exercises are worrisome for infection. If you experience any symptoms that concern you, please contact your surgeon's office immediately.

Most surgeons do not want you submerging your wound (swimming, hot tubs, baths) until you are cleared to do so in a follow-up visit.

Make hand washing a habit - especially before and after caring for your wound or dressing.

If you are prescribed antibiotics (not everyone is), it is important that they are taken on time to optimize therapeutic blood levels.

If you are diabetic, it is important to maintain a normal blood glucose level during surgery (we check it upon arrival at the center) and during the recovery period. Elevated levels of blood sugar are linked to higher risk of post-surgical infections.

Maintain a healthy lifestyle; good nutrition helps with healing:

- Eat well – fruits, vegetables, whole grains. Drink plenty of fluids to stay hydrated.
- Avoid alcohol and recreational drugs – calories from alcohol have no nutritional value. Alcohol and recreational drugs impair judgment, increase your fall risk, and can decrease optimal healing.
- Maintain a healthy weight – avoid putting more stress on your joints. Set a healthy target weight.
- Stay active – follow your surgeon's recommendations regarding early ambulation and prescribed physical therapy. Exercise promotes healing and decreases risk of blood clots, and toned muscles will help you recover faster.
- Stop smoking – smoking makes recovery harder by stressing your heart, affecting your blood pressure, reducing oxygen in your blood and body tissues. Quitting smoking lowers your risk for smoking-related disease and can add years to your life. Ideally you should stop smoking 30 days before your surgery and at least until your wound is healed.

The American Dental Association and American Academy of Orthopedic Surgeons have developed guidelines for you to consider when having dental work after an artificial joint replacement. Please discuss with your surgeon to see if you need to take an antibiotic prior to dental work.



Constipation

This can be a side effect from pain medication. To counteract this side effect, take your stool softener as prescribed and include fiber in your diet. Staying active and well hydrated can decrease constipation. You may need to take a mild, over-the-counter laxative as well.

Deep Vein Thrombosis Prevention

After surgery, you are at an increased risk of forming blood clots. Clots can occur in the arm or legs. In order to help avoid clots forming in the leg, you may be given a pair of surgical stockings called T.E.D. hose. The stockings are designed to compress your muscles and blood vessels and 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 postoperative visit.

Blood clots after surgery can be associated with inactivity. Follow your surgeon's activity instructions. Blood clots are uncommon with upper extremity surgery, however, if you have a history of blood clots or other reason for increased risk, your surgeon may place you on one of the following medications to help in the prevention of blood clots:

- Aspirin – pill taken orally
- Coumadin – pill taken orally
- Lovenox – given by injection
- Arixtra – given by injection
- Xarelto – pill taken orally

Signs of a blood clot include:

- Increased swelling that does not respond to rest/lying down
- Fever
- Fast heart rate
- Pain in your leg when you flex your foot.

If a blood clot does form, it can dislodge and migrate to your lungs. This is called a pulmonary embolism and can be life threatening. Signs of a pulmonary embolism include:

- Chest pain
- Shortness of breath
- Coughing up blood

If you experience these signs of a pulmonary embolism, you should seek medical treatment immediately.

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.

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. Some surgeons will allow you to remove the immobilizer as long as the arm is supported. Check with your own surgeon for instructions.

Dressing:

- With your feet shoulder-width apart, place the foot opposite your operated arm forward and the other foot backward so that you are comfortably balanced.
- Lean forward, bending at the waist. Let your operated arm dangle loosely in front of you and bend your knees slightly.
- Keeping your shoulder muscles relaxed, bring the sleeve of your operated arm to the operated arm and thread the sleeve up the arm.
- Make sure the shirt is not twisted to increase the 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 arm's 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 unless your water resistant dressing is securely in place or by your surgeons post operative instructions.
- Once cleared, to clean under your operated arm, bend forward at your waist, allowing your operated arm to dangle loosely in front of you. Do not use the operated arm's own power to bathe.
- If you feel that you must bathe prior to getting clearance from your surgeon, please sponge bathe, carefully avoiding the surgical site.
- If your surgical dressing should accidentally become wet or soiled, please replace it with a clean dry dressing.

Preparing Your Home

The recovery period after shoulder replacement surgery is crucial to the overall success of your procedure. You should prepare your home for recovery well before your surgery. Below are some helpful tips for safely navigating your recovery in 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 non-skid pads on uncarpeted steps.
- Have two different escape routes in case of fire.
- Check and repair all loose handrails. You may want to have additional handrails installed in some locations.

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 when getting up at night to use the bathroom.
- Sit at the bedside for a few minutes to fully wake before getting out of bed.
- Keep bathroom floors dry.
- Have a hand-held shower or a shower seat.



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.
- Be aware of changes in level surfaces (i.e. curbs, stairs, carpet vs. linoleum).
- Pick up your feet to avoid tripping.
- Watch out for your pets; they can cause tripping. You may want to consider having a rambunctious pet stay with friends for a few days.
- 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 housekeeping immediately post-op.
- Relax in firm chairs that have armrests and are a little high. Using pillows can make a chair higher and this will make it easier to get up.

Your successful surgical outcome is very important. Follow your instructions, use common sense, and give your surgeon a call if you have any questions. It is important that we know if there was anything we could do to improve your experience with us. It was our pleasure to care for you. Thank you for coming to Presidio Surgery Center!

Preoperative Checklist

| Item | Done | Date | Notes |
|--|------|------|-------|
| Speak with the Presidio Surgery Center patient care coordinator: (415) 659-3176. | | | |
| Schedule and attend a Total Joint Class with the patient care coordinator at Presidio Surgery Center. | | | |
| Stop shaving the operative arm 7 days prior to your surgery. | | | |
| Begin taking daily chlorhexidine showers starting 3 days before your surgery. For more information, see page 27. | | | |
| Fill your prescriptions as soon as possible, in order to have them at home prior to returning home | | | |
| Pack any necessary medications that you will need to take at the center during your stay (e.g. insulin, heart medications, hormones, seizure). Please bring them in their original packaging with the instructions attached. | | | |
| Pack a small overnight bag if you will be spending the night. For a complete packing list, see page 23. | | | |
| Bring your inhalers, even if you only use it occasionally. | | | |
| Bring documents for check-in: <ul style="list-style-type: none"> <input type="checkbox"/> Photo ID <input type="checkbox"/> Insurance Card <input type="checkbox"/> Method of Payment <input type="checkbox"/> Advance Directives (if you have them) | | | |

Surgery Center Packing List

For Overnight:

- Flat, supportive athletic or walking shoes that won't slip.
- Toiletries such as toothbrush, toothpaste, and deodorant.
- Eyeglasses instead of contacts lenses.
- 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.
- CPAP device and inhalers, if applicable.
- Telephone numbers of people you may want to call.
- A book, magazine, or other portable hobby. There is WiFi and a television with Netflix available for you at the center.
- A "going home" outfit that is loose and easy to don and doff.
- Personal care items.
- This guidebook to use as a reference.
- Do not bring valuables such as jewelry.

For Check-in:

- Photo ID
- Insurance Card
- Method of Payment
- Advance Directives (if you have them)

Please note: You will be asked to remove glasses, contact lenses, dentures, partial plates, and jewelry prior to surgery. Leave jewelry at home, but you may wear dentures, partial plates, contacts, and glasses until right before you go to surgery, or pack them in your overnight bag for use during your stay.

Exercises

Pendulum Exercises:

1. Stand, bend at the waist, and let arm of repaired shoulder hang relaxed.
2. Keeping your arm relaxed, being 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.

Repeat _____ times.

Do _____ sessions 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.

Do _____ sessions per day.



Shoulder Blade Pinch

Stand or sit with arms at your side. Pinch your shoulder blades together.

Repeat _____ times.

Do _____ sessions per day.



Forearm Pronation

Begin with arm supported, elbow bent, and palm up. Use the hand opposite to the arm of the repaired shoulder to rotate its forearm.

Repeat _____ times.

Do _____ sessions per day.



Forearm Supination

Begin with arm supported, elbow bent, and palm down. Use the hand opposite to the arm of the repaired shoulder to rotate its forearm.

Repeat _____ times.

Do _____ sessions per day.



Wrist Extension

With elbow supported and palm down, extend the wrist, as shown.

Repeat _____ times.

Do _____ sessions per day.



Wrist Flexion

With elbow supported and palm down, flex the wrist down, as shown.

Repeat _____ times.

Do _____ sessions per day.



Elbow Flexion and Extension

Lying down, place a small towel roll under the arm (just above the elbow) of your repaired shoulder.

Keeping your hand straight, gently bend the lower arm up and then straighten it out, completing a full range of motion comfortably.

Your shoulder should be relaxed.

Repeat _____ times.

Do _____ sessions per day.



Chlorhexidine Showers

Chlorhexidine gluconate (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 3 days prior to surgery.

Gather the Supplies

- 2%-4% CHG solution (a brand name is Hibiclens, which can be purchased at your local pharmacy)
- Clean wash towels
- Clean towels
- Clean (freshly washed) clothing to put on after bathing.

How to Shower with CHG

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 CHG solution 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, and then lather your entire body, except your face. **DO NOT USE CHG ON YOUR FACE.**
3. Once you have completely lathered 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.

T.E.D. Hose

You may discontinue the TED hose once you are up and walking around easily (most likely the first day) Although compression stockings are constructed of elastic and rubber fibers strong enough to provide pressure on lower legs and feet, a gentle hand is required when it comes to wash time. Hand wash compression stockings after every wearing. A single cycle in the washer and dryer can stretch or damage the stockings, rendering them ineffective.

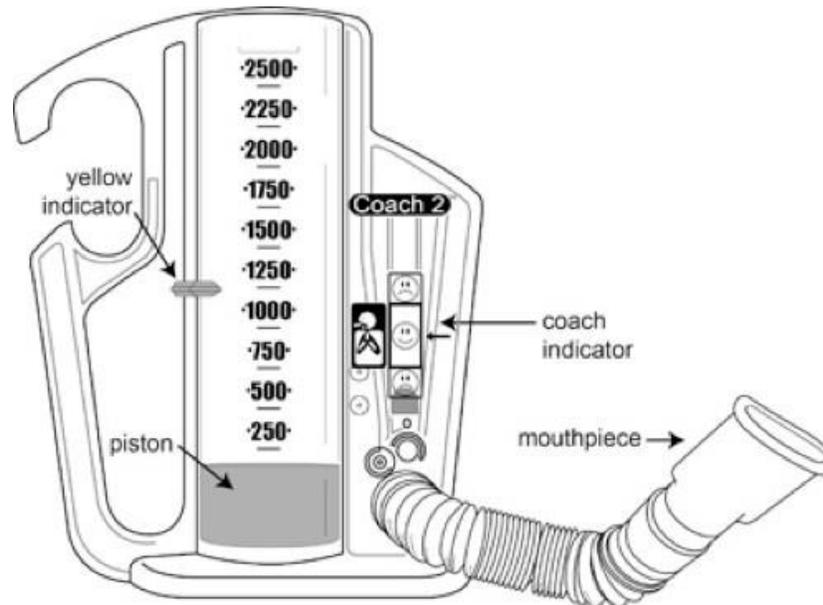


Washing Instructions

1. Fill a small tub or basin with cool water.
2. Dip the stockings in the cool water, then remove.
3. Add a mild detergent to the water and mix the water with your hand to circulate the soap.
4. Place the stockings back in the soapy water and let them soak for 5 to 10 minutes.
5. Gently rub the stockings to remove dirt and oil. Squeeze them out gently and rinse to remove any soap. Do not pull or twist the stockings.
6. 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.

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 an 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.

Resource Page

Presidio Surgery Center Website

Total Joint Program:

www.presidiosurgery.com

Click the “Total Joint Program” link in the center of the page.

Nutrition Counseling

Dietitian:

www.ThriveRD.com

Kelsey@thrived.com, (415) 763-5544

Nutrition Counseling Clinic at Mt. Zion:

www.ucsfhealth.org/clinics/nutrition_counseling_clinic_at_mount_zion

(415) 353-4174

American Diabetes Association:

www.diabetes.org

Activity and Exercise

You should discuss your outpatient physical therapy options with your surgeon and schedule your sessions before surgery if needed. 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:

www.weightwatchers.com/us/find-a-meeting

California Weight Clinic:

www.californiaweightclinic.com

(415) 447-4200