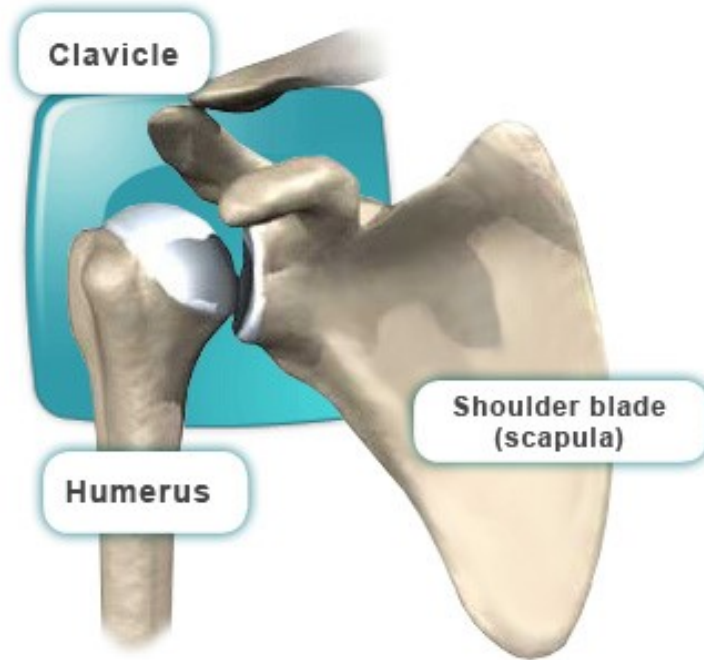
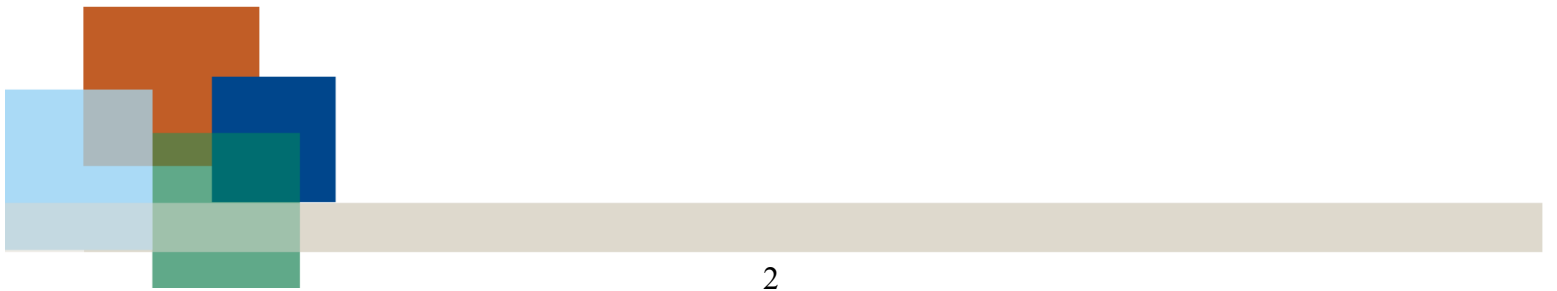


TOTAL SHOULDER REPLACEMENT



 **Portneuf**
HEALTH PARTNERS

All together better





Questions and Notes:

Phone Numbers

Surgeon's Office: _____

Pre-Anesthesia Testing Center: Monday-Thursday 8am-6pm, Friday 8am-2pm

Nursing Line: 208-239-1027 or 208-239-1029

Surgery Department: Monday-Friday

Preop: 208-239-1251 Recovery (PACU): 208-239-1205

Nurse Liaison: 208-239-2950 available from 6:30am-2pm

Total Joint Center: 24 hrs - (208) 239-2345



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Welcome to Portneuf Medical Center

The quality of care you receive during your stay and your participation in your care here at Portneuf Medical Center are very important to us. Our goal is to ensure that we provide you with excellent care. In order to reach this goal, we utilize a proactive approach to patient care. We strive to make regular rounds in hopes to anticipate and meet your needs in a timely and effective manner. Safety is our priority.

During your stay you can expect to be visited by one of our staff members according to the following schedule:

In Pre-Op, nursing staff will be updating you at least every hour on any delays, and we will be checking to ensure your needs are being met.

In the Post-Anesthesia Care Unit (PACU), nursing staff will be providing care to you on a continuous basis and updating you on your plan of care. Your PACU nurse or the Nurse Liaison will also be updating your family/support person on your status at least hourly.

In the Total Joint Center, nursing staff will be rounding on you at least every hour to ensure your needs are being met. Your nurse will carry out physician orders, update you on your plan of care, communicate with your family about your care, and provide support as needed. A nursing leader will also round on you during your visit to ensure you are receiving excellent care and to answer any questions you may have about your stay.

When a caregiver comes into your room for regular rounds they will do the following:

Check on your wellbeing, comfort, and pain level.

Assist you with your personal needs such as getting up to use the bathroom, accessing items, etc.

Help you move or change to a new position.

Update the communication board.

Answer any questions you or your visitors may have.

If at any time during your stay you feel you are not receiving excellent care, please let us know immediately so we can address your concerns. You may voice your concern with any member of your healthcare team including your Nurses Aide, Nurse, Charge Nurse, House Supervisor, Physician or Nurse Director.

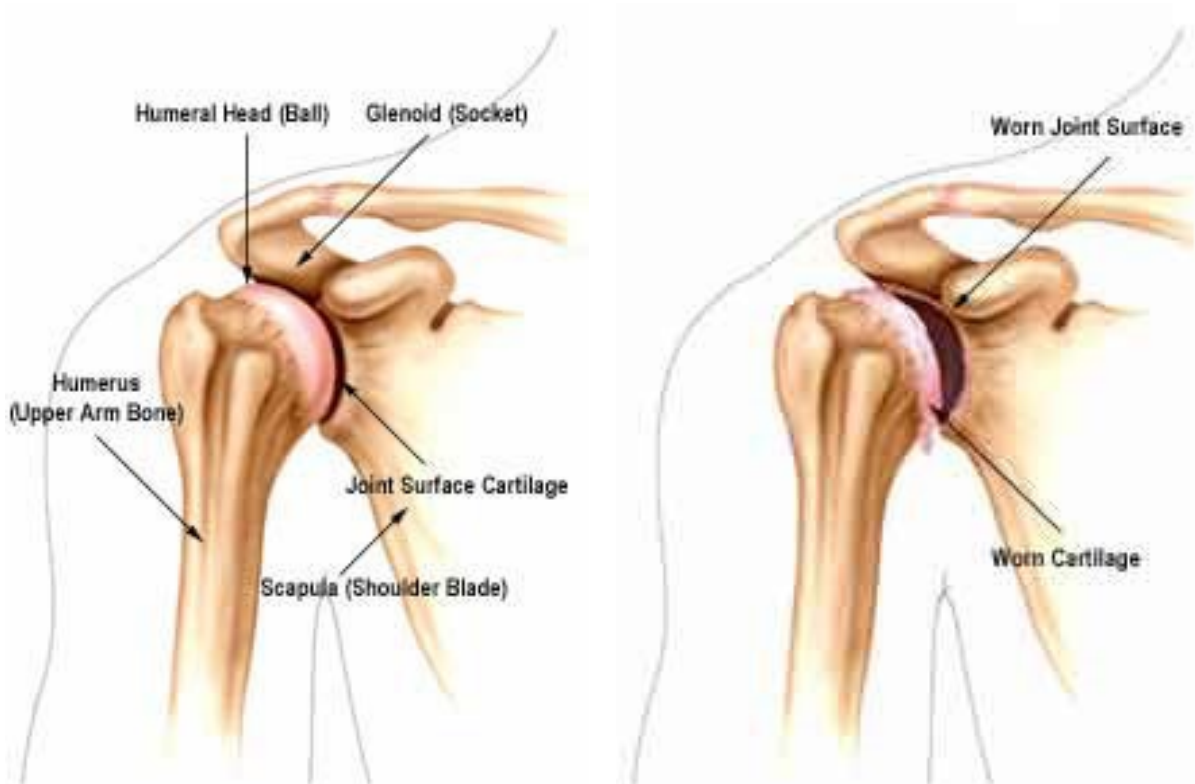
**Our mission is to serve our patients with dignity and respect
while delivering world-class care, every patient, every time.**

Thank you for choosing Portneuf Medical Center.

Understanding your Shoulder Joint

The shoulder joint is made up of three bones, which are connected by muscles, ligaments and tendons. The large bone in the upper arm is called the humerus. The shoulder blade is called the scapula and the collarbone is called the clavicle. The top of the humerus is shaped like a ball. This ball sits in a socket on the end of the scapula. The ball is called the head of the humerus and the socket is called the glenoid fossa. This joint is the most mobile joint in the body.

Conditions such as arthritis, old fractures, abnormal stress, and aging can damage the shoulder joint and cause rough areas to develop. This creates pain and stiffness with movement.





Shoulder Replacement

There are two major types of artificial shoulder replacements:

- Cemented Prostheses
- Uncemented Prostheses

A cemented prosthesis is held in place by a type of epoxy cement that attaches the metal to the bone. An uncemented prosthesis is held in place by the tight press fit of the uncemented prosthesis into the bone canal. The choice to use a cemented or uncemented artificial shoulder is usually made by the surgeon based on your age, your lifestyle, and the surgeon's experience.

Each prosthesis is made up of two parts:

The humeral component is the portion of the artificial joint that replaces the ball on top of the upper arm bone - the humerus.

The glenoid component replaces the socket of the shoulder that actually is part of the scapula. The humeral component is made of metal. The glenoid component is usually made of a plastic cup that provides the bearing surface. The plastic used is very tough and very slick.

Do's and Don'ts of Surgery

Surgery Do's

- Shower before you arrive and wear loose, comfortable clothes.
- **Plan to give a urine sample the morning of surgery** if you are female between the ages of 8 - 65 who has not had a hysterectomy.
- Bring your ID and insurance card. Remember your copayment if you have one.
- Bring your advanced directive or living will if you have one.
- **Bring your CPAP** if you have one.
- **Bring your inhaler** if you have one.
- Please **bring a complete list of all medications that you are taking**, including any over-the-counter medications, vitamins, supplements, and herbal medications. On your list, please state the name, dose, time, and reason for taking each medication. **If you bring any medication from home, it must be in the original container.**
- You may bring personal hygiene items such as hairbrush, toothbrush, toothpaste, etc.

Surgery Don'ts

- **Do not eat or drink anything after midnight the night before your surgery.** This includes any gum, mints, suckers, cough drops and tobacco products. (You may have a small sip of water with any medications you were instructed to take the morning of surgery.)
- **No smoking while at Portneuf Medical Center.** We are a smoke-free facility. This includes all tobacco products including vaping.
- Do not use recreational drugs prior to surgery. Please stop these as soon as you know you might be having surgery.
- Don't bring jewelry, money, or other valuables to the hospital.
- Don't wear eye makeup or lipstick the day of surgery.
- Do not try to have surgery **if you are sick.** **Please contact your surgeon's office** as soon as possible to reschedule your surgery. It is important that you feel well .



Getting Ready for Surgery

Prior to Surgery

- Contact your physicians office to confirm surgery authorization by your insurance. Contact your insurance for information regarding Home Health agencies, Durable Medical Equipment providers, and/or Skilled Nursing Facilities that are in network.
- Attend Joint School.
- Practice “post-surgical exercises” explained at Joint School and on pages 21-22 to help prepare yourself for a speedy recovery.
- Have a discharge plan. Arrange to have a friend or family member pick you up when discharged from the hospital. Plan to have a friend or family member stay with you for the first several days after surgery. Move all self-care items and most commonly used items within reach. Assure that elevated seating is available, low seating will be difficult to get out of post-op.

Surgery Time

You will be called 2 business days prior to your surgery concerning what time to check-in. These calls are usually made after 2:00 pm. Your check-in time is about 2 hours prior to your scheduled surgery time. This allows adequate time for you to check-in and get ready for surgery. *Your surgery time may change if there are delays, emergencies, or same-day cancellations; we will keep you updated the best we can if these situations arise.*



Your Healthcare Team

Nurses

- Monitor your condition throughout your stay.
- Provide information and treatment needed for recovery.
- Organize and coordinate care.
- Answer questions or concerns.

Case Managers

- Discuss who is available to assist at home after discharge.
- Review discharge options; Home Healthcare or Skilled Nursing Facility [SNF] if necessary.
- Review equipment needs.
- Answer questions about insurance coverage.
- Review advanced directives; living will and durable power of attorney.

Occupational Therapists (OT)

- Instruct on home exercise program (it is recommended that caregiver be present during education).
- Instruct on proper positioning of sling and optimal strategies for application and removal.
- Teach safe techniques for transferring in/out of shower, on/off toilet, chair, or bed.
- Teach compensatory strategies to assist with upper body dressing to maximize upper body function during recovery.
- Suggest tips for completing household tasks easily and safely.
- Help determine the durable medical equipment needed at home.

Physical Therapy (PT)

- Evaluate mobility if concerns arise.
- Teach how to get out of bed, climb stairs, and get in/out of the car.
- Teach how to walk with adaptive equipment if needed.



Hospitalist

- The surgeon may request that an internal medicine doctor (hospitalist) see you to assist in managing care while in the hospital. There is a hospitalist available 24hrs per day.



Day of Surgery

Pre-op

Enter the **main entrance** on the South side of the hospital by the piano. Head to the right of the information desk and take the **elevator** up to the first floor, press 1F. You will **sign in on the computer** at the front desk in the surgical waiting area and one of our staff members will be with you to check you in for surgery.

- Once checked in, you and a support person will be brought to your pre-op room. Here you will change into a hospital gown and an IV will be placed in your arm. A nurse will review your medical history and current medication list, addressing the last time each medication was taken. The nurse will complete a head-to-toe assessment.
- The surgeon will come visit with you prior to surgery to ensure all of your questions are answered. He will initial the surgical site to ensure that the surgery will be performed correctly.
- Our Anesthesia team will also come visit with you; either an Anesthesiologist (Doctor of Anesthesia) or a CRNA (Certified Registered Nurse Anesthetist). They will do a brief assessment and will discuss what kind of anesthesia you will receive during your procedure along with its risks. Listed are a few examples of the different types of anesthesia:

General anesthesia is used to induce unconsciousness during surgery. It is either inhaled through a breathing mask or administered through an IV line. A breathing tube is inserted into the windpipe to maintain proper breathing during surgery.

Surgery

In the operating room:

- The shoulder is scrubbed with an antiseptic soap.
- Anesthesia will place a single-shot injection nerve block to your affected joint to assist with pain management. The block will help with pain control for up to 24hr hours and will support your oral pain regimen.
- Anesthesia is administered at this time. The healthcare provider will use general anesthesia.
- The surgeon will use an implant with a porous surface, allowing for bone to grow into and around the pores of the implant. The implant may then be secured using medical cement. This surface allows your own bone to grow into and fill the pores of the implant.
- The incision will be closed with internal stitches and glue to seal the incision. In some cases stitches or staples may be used. The incision will then be covered with steri-strips and a bandage.



Post Anesthesia Care Unit (PACU)

Length of stay: 60-180min (time varies by patient)

Your surgeon will inform your family of your condition and inform them that they will be able to see you once admitted to the Total Joint Center (TJC).

- Blood pressure, breathing, and other vital signs are watched closely.
- Medications for pain and nausea are available if needed.

Before your transfer to the Total Joint Center, you must meet certain criteria in the PACU. Meeting these guidelines will ensure your safety and stability for transfer.

Total Joint Center (TJC)

Once admitted to the floor, your family is welcome to visit.

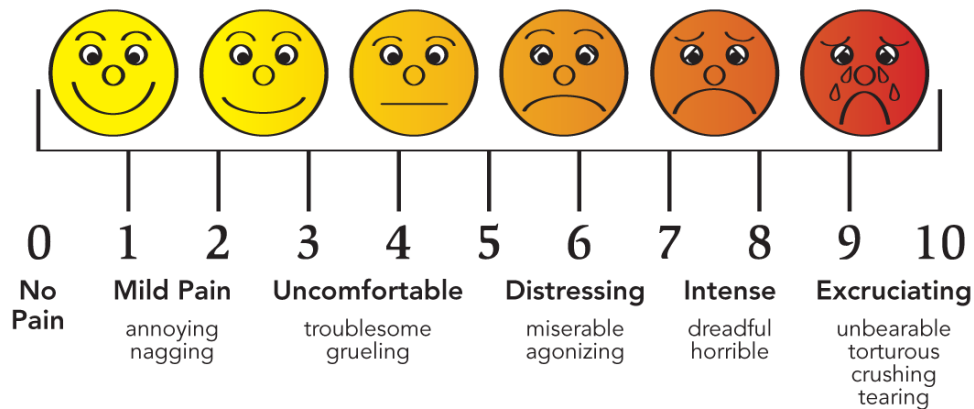
- Breathing, pulse, and blood pressure will be monitored frequently. A blood pressure cuff will be applied to the arm to monitor blood pressure. A pulse oximeter sticker probe will be applied to your finger (likely attached to the operative extremity) to measure oxygen levels and heart rate. The pulse oximeter will remain on throughout the duration of your stay.
- Supplemental oxygen may be needed after surgery. An **Incentive Spirometer (IS)** will be provided to help decrease the need for supplemental oxygen and to help prevent pneumonia. The nursing and respiratory staff will teach about Incentive Spirometry. **It is very important that this is done 10 times per hour, when awake.**
- Occupational Therapy (OT) will work with you on post-op Day 1. They will teach you how to perform daily living tasks, review your shoulder restrictions, discuss equipment you may need at home, begin some gentle exercises, and review applying and removing sling.
- Daily blood draws are done in the early mornings, to assist in monitoring labs and dosing for medications.



Pain Management

Pain Management is an important component to the healing process. **You will have pain after surgery**, but it is our goal to make your stay and recovery as comfortable as possible. To help achieve this, our staff will help you **set a pain goal** to enable better understanding of what level of pain is tolerable for you. We will use a combination of oral and IV pain medications.

Please point to the number that best describes your pain.



Prior to surgery, discuss or ask with your surgeon:

- Previous experiences with pain. Mention what has worked for you and what has not in regards to decreasing pain.
- How severe is the pain typically after this type of surgery? How long it lasts?
- What kind of pain medications will be given before and after surgery? What are the possible side effects of these medications? What can be done to minimize side effects?
- Can you use non-prescription pain medication? Many times it is ok to use ibuprofen and/or Tylenol either in addition to or in place of stronger medications.
- If you have chronic pain this should be discussed as there may be some special considerations for post-surgical pain management.
- Be honest about your alcohol and drug use.

Together you and your surgeon can make a plan that will work the best for you.

Good pain management

allows your body to heal, helps you return to normal activities,
allows you to breathe more deeply,
and typically requires less narcotics to manage pain.

Using a combination of these strategies to control surgical pain can be very helpful and can provide better pain relief than medication alone.

Stay ahead of the pain. Do not wait until your pain is severe before you take your medication. Most oral medications take at least 30 minutes to start working.

Take pain meds prior to any physical activity that will cause pain, such as completing home exercise program or working with therapy.

In the days immediately following your surgery, try taking your pain medication as prescribed by your surgeon. As your pain improves, you can extend the time between doses until you are able to quit using it altogether.

Apply Ice using your Cryo-cuff for 15-20 minutes every hour or as directed to decrease swelling and pain. Do not ice more often than every 2 hours. Do not put ice directly on your skin.

Increase physical activity slowly. Overdoing it increases your pain level and makes it difficult to recover.

Don't sit too long. Get up and walk every hour while awake to help keep your muscles from getting stiff and promote blood circulation.

Get enough sleep. Adequate sleep improves your ability to cope with pain, speeds healing, and can actually reduce pain.

Reduce stress as it can increase pain. Surgery is a type of physical stress, and while that cannot be avoided, many other stresses can be minimized. .

Distraction techniques such as deep breathing, relaxation exercises, listening to music, playing cards, visiting, watching TV and meditation can all be beneficial in redirecting your attention from pain.

Be aware that **Pain Medications can be a cause of Constipation**

What is constipation? Constipation is when you have hard, dry bowel movements, or when you go longer than usual between bowel movements.

Signs and symptoms of constipation: difficulty pushing out your bowel movement, pain or bleeding during your bowel movement, a feeling that you did not finish having your bowel movement, nausea, bloating, and headache.

Managing constipation

- ⇒ Drink liquids: the average adult should drink approximately 8 glasses of water a day
- ⇒ Eat high fiber foods: such as fruits, vegetables, whole grains and beans.
- ⇒ Physical Activity: get up and walk frequently.
- ⇒ Medications: over the counter stool softeners, laxatives or a fiber supplement may help produce a bowel movement.

Please contact your surgeon or go to the nearest emergency room if your constipation gets worse.

Preventing Surgical Site Infections

Practice good hygiene.

- **Do not shave** near where you will have surgery. Shaving with a razor may irritate your skin and make it easier to develop an infection. **The nursing staff at the hospital will assist with hair removal prior to surgery using electric clippers in the area the surgeon will be working.**
- **Shower** prior to coming in for surgery; be as clean as you can be. Your surgeon may recommend that you use a chlorohexidine body wash prior to surgery to help reduce the germs that are naturally on your skin.

At the Hospital

- **Hold everyone accountable for good hand hygiene.** Make sure all healthcare providers, as well as friends and family, clean their hands with soap and water or hand sanitizer prior to visiting with you. **If you do not see them do this, please ask them to do so.**
- **Your surgeon may prescribe an IV antibiotic to be given before the surgery,** your surgical site will be scrubbed and hair in the area clipped.

After Surgery

- **Make sure you understand how to care for your surgical dressing before you leave the hospital.** The dressing protects the incision from dirt and bacteria, controls drainage and keeps medication on the site. Your doctor or nurse will explain everything you need to know about taking care of your surgical dressing.
- **Always wash your hands** prior to doing anything with your surgical site. Use gloves if you have them. Do not let anyone else (people or animals) touch it unnecessarily.
- Practice **good hygiene** such as keeping fingernails short, clean, and well maintained. Keep urine, stool, and other body drainage away from your surgical site. Do not sneeze or cough on your surgical site.
- Keep your **environment clean.**
- Ask your surgeon before taking a bath, getting in a hot tub, or swimming.

**Recognize Signs and Symptoms of Infection
and report them immediately to your surgeon or go to the nearest
emergency room!**

- Pus or cloudy fluid draining from the incision
- Redness or red streaks spreading from the incision (may look like a rash)
- Swelling or warmth at the surgical site
- Increased pain or tenderness (i.e. Pain that was controlled with medications and now is not)
- Fever over 101.5 degrees or chills

Preventing Blood Clots

With any surgery you are at increased risk for developing a blood clot. They can lodge in a vein of an arm or leg or become mobile and travel to other parts of the body such as the heart, lungs, or brain. Blood clots can cause serious problems.

What puts you at risk for a blood clot:

- If you have had surgery or will be spending a lot of time resting in bed or are sedentary
- Have a history of serious illnesses like heart, lung, or kidney problems
- Have a history of blood clots
- Have been traveling and sitting for more than 2 hours at a time, especially on an airplane
- Smoke
- Are overweight

To prevent blood clots, keep your blood moving and promote good circulation by using the following tips:

- ⇒ **Get up and move** around every hour while you are awake. Avoid sitting for long periods of time.
- ⇒ When sitting or laying down, **pump or wiggle your feet and ankles** and avoid crossing your legs.
- ⇒ While in the hospital, the doctor may order a special machine that will squeeze and release on your legs or feet (sequential compression device (SCDs) or plexi boots) and/or compression socks (TED hose). If you are sent home with compression socks, wear them day and night until your follow up appointment.
- ⇒ You will be sent home on a form of anti-coagulation therapy via medication. Medications may vary depending on your medical history.

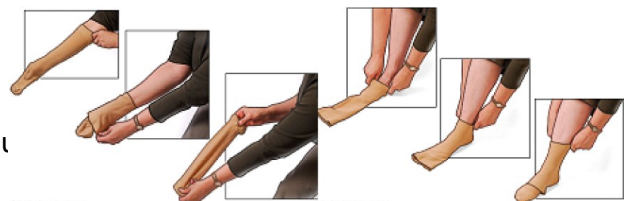
Signs and symptoms of blood clots:

- Redness
- Hot to the touch
- Increased pain
- Swelling

Use and Care of Compression Socks

1. Make sure your legs and feet are clean and dry prior to putting them on.
2. You may apply powder lightly to your legs to decrease irritation and help the stocking slide on more easily.
3. Don't use lotion or oils on your legs. These can cause the elastic in the socks to wear out. Also be careful to avoid stretching or pulling on socks more than necessary.
4. Make sure you put the socks on straight. Twisted socks will not provide the proper support.
5. Remove stockings at least daily and wash your legs. Check your legs and feet for change in color, temperature, sensation (numbness), irritation, skin sores, tenderness, or pain. These are signs of decreased blood flow.
6. Wash socks every 3 days. Machine or hand wash with only soap and water, do not bleach. Dry socks by laying them flat or machine dry on low.

How to put socks on: Pinch heel and fold sock inside out to the point. Put sock on just the foot. Next pull the rest of the sock up and smooth out wrinkles.



Fall Prevention

Portneuf Medical Center is focused on providing safe and excellent care.

We need you and your family's help to achieve this goal.

Patient falls are one of the leading causes of adverse events in hospitals throughout the U.S.

Surgery, anesthesia, pain, and nausea medications increase your risk for falling.



To keep you safe we ask that you:

- **Do not get out of bed without staff assistance.** Do not allow family members to help you get out of bed.
- **Use your call light.** It should always be within reach.
- **Ensure personal items are in reach.**
- **Slowly sit up and then stand.** Don't be in a hurry.
- **Use assistive devices as directed,** such as a gait belt, cane, walker, or wheelchair.
- **Wear socks or shoes that have good grip and fit well.**

Our hospital staff

- We strive to round on each patient at least every hour.
- During our rounds, we will check on the following needs: pain control, positioning, potty (toileting), proximity of personal belongings, and privacy.
- We will stay within arm's reach of you while toileting, transferring, and/or walking. During these times, we will use a gait belt to better keep you safe.





Prior to Discharge

Most patients will go home the day of surgery or on Post-Op Day 1. Certain criteria will need to be met prior to discharge (staff will cover this criteria). The following is a list of things you can expect to happen prior to going home:

- Continue using the Incentive Spirometer to facilitate in keeping lungs the clear. 10 x per hour when awake. Deep breathing and coughing will help as well.
- OT will see you to review shoulder restrictions, the application and removal of the sling, and your home exercise program. They will also educate on how to perform daily activities safely and as independently as possible.
- Case management will meet with you to assist in arranging for discharge. They may discuss home health and/or ordering of DME (durable medical equipment).
- If you have a urinary catheter, it will be removed prior to discharge. It's important to drink plenty of fluids to assist in being able to urinate after the catheter is removed.
- A Mepilex dressing is placed in the OR covering the incision. The Mepilex will remain for the next 7-14 days.

When this criteria has been met, and you are medically stable, your surgeon will write discharge orders. Your nurse will go over all discharge instructions in detail before leaving the hospital. This includes, but is not limited to, follow-up appointments, blood tests, new medications, safety, signs and symptoms of infection, signs and symptoms of blood clots, and pain management. Please ask questions and/or for clarification on any instructions if they are unclear. We want you to feel confident and comfortable when you leave the hospital. If questions do arise after discharge, your home health nurse is a great resource.





Planning Your Discharge

A discharge planner (Case Manager) will meet with you to review discharge options, discuss safety issues, equipment, and how you will be cared for upon discharge. Your discharge plan takes into account your doctor's recommendations, individual needs, ability to tolerate physical activity, and insurance coverage. Your Case Manager will make appropriate referrals once a decision is made.

Home Health Care

Home health care may be ordered for those patients who are homebound but do not require intensive medical or rehabilitative care.

- Home care nurses monitor your recovery, including pain management, home safety, and medications. They also consider whether you need additional help with your self-care routines.
- A physical or occupational therapist will check on your progress and help with your exercise program. Your therapist will evaluate your home as well as your over-all function.
- The number of home visits varies based on individual needs, medical necessity, and insurance.
- Your doctor may order additional outpatient therapy sessions after discharge from home health care if needed.

Skilled Nursing Facility (SNF)

If you are unable to care for yourself with assistance at home, you may qualify for a Skilled Nursing Facility (SNF). A SNF will provide ongoing nursing care and rehab therapies that you may need to complete your recovery. In order to qualify for a SNF, you must be evaluated by PT and OT in the hospital to establish medical necessity. Prior approval from your insurance will be needed (case management will help with this).

- The typical length of stay is 1-2 weeks.
- Nurses monitor your recovery.
- Medications are included in your stay.
- Physical and occupational therapy are provided several times per day.
- The SNF discharge planner arranges for any special equipment and/or home care you may need at discharge.

Recovery and Rehabilitation

An exercise program will be started the day after surgery (unless otherwise ordered by your doctor). There may be a feeling of weakness or dizziness at first, this is normal. There may be pain and stiffness when you first start to move. Let the therapist know if the pain is too severe. **Remember to take pain medication and stay on top of the pain.** Unless ordered otherwise, the surgical arm should not bear weight.

Guidelines and precautions

- Wear sling or immobilizer splint as advised.
- Avoid stressful or sudden movements of the arm. Do not lift, push, or pull against resistance until instructed otherwise (for example, do not push yourself up in bed or push up from a chair with the surgical shoulder)
- Avoid shoulder external rotation (rotating arm outward).

Exercise

In some instances, exercises for your shoulder will begin in the recovery room with gentle passive movements of the shoulder. Exercises should be done only at the direction of your therapist. The choice of exercises used after surgery will depend upon the type of surgical technique used, the type of replacement joint, how unstable the shoulder was before surgery, and whether any muscle structures were repaired during the surgical process. Exercises are used to help control pain and help with movement in the shoulder and surrounding joints.

Gentle movement of your new shoulder will be done initially with the help of your occupational therapist. Your therapist will educate you on the specific exercises to complete. These exercises can be found on pages 22-23.

Position Changes

You will be given instructions and assistance on how to move and change positions and how to elevate the arm to help prevent or minimize swelling. Sleeping on your back or in partial side lying toward the non-surgical shoulder is recommended initially. Consult your surgeon when you can roll onto you surgical shoulder to sleep.

Your therapist or nursing will assist you walking around your room and to the bathroom almost immediately after surgery which helps reduce any loss of muscle ability and enhances the circulation in your legs.





Other Interventions

Your occupational therapist will indicate activities you should avoid which put additional strain on the surgical area. During activities, pain acts as your guide. If you feel pain with any activity, stop and consult with the occupational therapist to determine if the activity is straining or irritating the shoulder.

You will receive instructions on the use of your sling or immobilizer splint at home and how to put the device on over clothing. Depending on your surgeon, you may need to wear the sling anywhere from a couple of days post-operatively to several weeks.

You will also be given instructions to use the arm as close to normal as possible while eating, reading, and doing any other easy activities with the arm in front of the body.

Ice Instructions

- Apply ice to affected arm for 15-20 minutes at a time. Do not ice more often than every 2 hours. Ice following every exercise session.
- Place a layer of cloth between the skin and cold pack to prevent injury (a hand towel or pillow case are also acceptable).



Daily Stretches after Shoulder Surgery

- It is important to keep your fingers, wrist, and elbow moving during your recovery to maintain strength, range of motion, and functions of your arm.
- Perform each exercise 10 times, hold each position for one second.
- Do these exercises 2-3 times daily.

Active Range of Motion Exercises

(You move your arm)

Finger Flexion and Extension



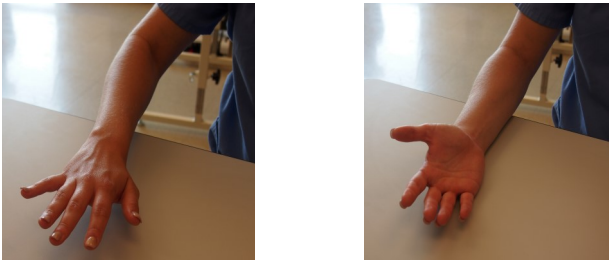
- Rest your arm on a pillow or table top with your thumb up (same position is also used for wrist and forearm exercises).
- Make a fist with your hand then straighten your fingers out.

Wrist Extension and Flexion



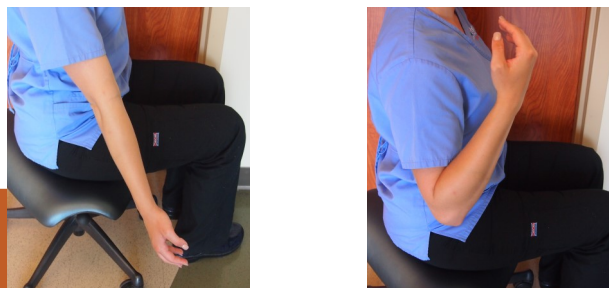
- Bend your wrist towards you, the away from you.

Pronation and Supination of Forearm



- Place your palm down on a flat surface, then place your palm up.

Elbow Extension and Flexion



- Straighten your elbow with your palm up.
- Bend your elbow to bring your palm towards your shoulder (family can help support under elbow during bending phase ONLY to off weight shoulder).

Passive Range of Motion Exercises

(Someone moves your arm for you)

- Perform each exercise 10 times, hold each position for one second
- Do these exercises 2-3 times daily.

External Rotation of Shoulder



- Patient's elbow should be bent to 90° and arm slightly away from body.
- Support patient's bent elbow, move patient's hand about two inches away from patient's body (30°).
- Then return to starting position.

Abduction of Shoulder



- Patient's elbow should be slightly bent and away from body.
- Support patient's elbow and wrist. Move elbow outward, away his or her body.
- Do not bring elbow higher than shoulder (90°)

Getting Dressed After Shoulder Surgery:

How to Put on a Shirt

Surgical arm = first in and last out



- Put your **surgical arm** through sleeve.



- Put your **non-surgical** arm through other sleeve.



- Pull sleeves up towards shoulders as high as possible.



- Use your **non-surgical** arm to pull the shirt over your head.
- **To take shirt off, complete these steps in reverse order.**

Getting Dressed After Shoulder Surgery:

How to Put on a Sling

To remove: belly strap first, then neck

To apply: neck strap first, then belly



- Place arm so that elbow is snug in corner of sling (allows for maximum support).
- Be sure to have hand attachment in place when up and moving to prevent elbow from sliding forward.



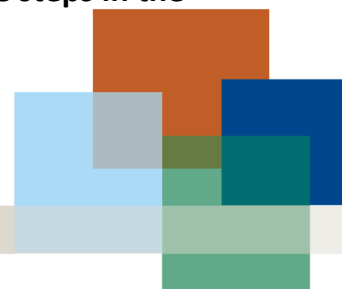
- Use **non-surgical arm** to grab upper strap so that pad is over **non-surgical shoulder**.
- Buckle strap to sling.



- Use **non-surgical arm** to grab lower strap to bring around waist.
- Buckle strap to sling.



- Adjust straps so that elbow and wrist are supported by sling.
- **To take sling off, do these steps in the reverse order.**



Home Safety

The following equipment may be needed at home:

- Shower chair
- Toilet raiser/commode chair
- Grab bars in bathroom and/or shower
- Reacher and gait belt.

Case management will discuss equipment needs and coordinate with occupational therapy to assist you in obtaining the necessary items. Be advised that other than a walker, most medical equipment is not covered by insurance. Information is provided on local equipment companies and insurance coverage for medical equipment. Many people borrow equipment from friends or family and/or locate them in local thrift shops.

We suggest the following home safety tips:

- Move electrical cords out of the way
- Remove throw rugs
- Add dense foam to low chairs
- Store items within easy reach
- Use a cart to move items
- Watch for small pets or objects on the floor
- Install rails along stairs if needed
- To avoid injuring yourself, always think before you move

Adaptive Equipment



Adaptive equipment may be necessary to create a safe home environment. Ask your therapist for more information.

Patient Rights and Responsibilities

As a patient at Portneuf Medical Center (PMC), we encourage you to be a partner with us in your care. We want you to know your rights as a patient, and your responsibilities for your health care and our expectations while you are a patient. **You and your personal representative (family member or someone you designate) have a right to:**

Respect & Dignity

- Be treated with respect and dignity by the hospital and medical staff at all times.
- Receive considerate, respectful, and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- Be given personal privacy during conversations with your caregivers, examinations, and treatment.
- Expect confidentiality of your personal health information and financial information.

Quality Care

- Receive proper evaluation and treatment of your condition accounting for your social, emotional, and spiritual needs.
 - Be free from restraints, except when required to protect you or others from harm.
 - Be free from abuse, neglect, or mistreatment; obtain access to protective services.
- If you have any concerns about your care here we will promptly strive to resolve them. You or your family or personal representative may bring your concerns to:
- Any of your PMC caregivers.
 - Portneuf Medical Center Administration at 208-239-1032 or 777 Hospital Way, Pocatello, ID 83201.
 - Idaho Department of Health and Welfare, Bureau of Facility Standards at 208-334-6626 or PO Box 83720, Boise, ID 83720. For more information visit healthand-welfare@idaho.gov.
 - Office of Quality Monitoring, The Joint Commission, One Renaissance Blvd. Oakbrook Terrace, IL 60181 at 800-994-6610 (phone) or (630) 792-5636 (fax). For more information visit complaint@joincommission.org.

Access to Care

- Receive emergency treatment to stabilize your condition regardless of your ability to pay.
- Be informed of business relationships among the hospital, other health care providers, or health insurers that may have an impact on your care.
- Be informed of realistic care alternatives when hospital care is no longer appropriate.

Information & Communication

- Have us promptly notify a family member or personal representative of your choice and your own physician of your admission to the hospital.
- Communicate with caregivers and those providing services in a language or method you understand.
- Have information about your care explained accurately and completely, in a way that you understand.
- Receive detailed information about hospital and physician charges.
- Review your own medical records and receive a copy of your medical records, except as limited by law.
- Communicate with people outside the hospital, except when this would interfere with your care. Any restrictions will be explained to you.

Pain Management

- Have an appropriate assessment of your pain and be involved in decisions about treating your pain.
- Have your pain responsibly managed.

Informed Decision-Making

- Direct your care with an Advance Directive that describes what you want done in case you become unable to make health care decisions; the PMC Case Management Department can assist you in completing an Advance Directive if you do not already have one.
- Discuss your care with your caregivers and have your family and personal representatives involved in your care when it is appropriate.
- Be informed about your diagnosis, condition, treatments, and prognosis from your physician and caregivers.
- Be informed of the risks, benefits, and treatment options and have the option to agree or refuse the treatment plan.
- Be informed of any research studies that may affect your care and have the choice to agree or refuse to be a part of the research. If you do not agree to be part of research studies, it does not affect your treatment.
- Be involved in your discharge plan. You will be told in a timely manner about your discharge, transfer to another facility or another level of care.
- Be told about what follow-up care you may need.

Visitation

- Be told the visitation policies in the clinical areas where you are being treated, including any restriction or limitations.
- Tell us who may visit you. You may refuse any visitor at any time.
- We will not restrict or deny visitation based on age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities. We may restrict visitation for clinical reasons or due to other necessary limitations.
- Have visits from your attorney, clergy, or physician at any reasonable time.
- Speak privately with any visitor unless a physician does not think that it is medically advised.

Media representatives and photographers must contact Hospital Administration to access any area of PMC to protect the privacy of all patients

PATIENT RESPONSIBILITIES

- Give us correct and complete information about your health status and history. Tell your caregivers about any medication you brought from home.
- Give us a copy of your written Advance Directives or tell us what steps you want taken if you become unable to make health care decisions.
- Cooperate with your caregivers and ask questions if you do not understand treatments, information, or instructions.
- Tell your caregivers if you cannot or will not follow the plan of care or instructions.
- Accept the health consequences if you decide to refuse treatment or do not follow instructions.
- Respect the rights of staff, other patients and visitors and their property, and respect hospital property.
- Tell your physician or caregivers about any changes in your health status, including your pain level or response to treatment.
- Ask your caregivers about anything you do not understand including your diagnosis, treatment, discharge instructions, medications, or follow-up care.



Visitation

At Portneuf Medical Center, we promote the Visitation Rights of patients for emotional and spiritual support. Visitation encourages involvement of spouse, domestic partners (including same sex partners), and other family members or friends as support in the patient's plan of care and treatment. Patients and their representatives or support person are provided with specific Visitation guidelines when they arrive on the Patient Care Area.

PMC does not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

Patients, or their personal representatives or support person when appropriate, may limit, deny, or withdraw permission for any visitor at any time by telling their caregivers. The Manager of the Patient Care Area will work with the patient, their representatives and support persons to resolve disagreements about visitation.

PMC may limit or deny visitation for clinically valid reasons that we will explain. The safety of patients, visitors, and staff is our goal.

PMC staff cannot provide supervision of minor children. Please make sure that an adult supervises children at all times while visiting the hospital.

Total Joint Center

Family and friends are welcome to visit at any time as long as they are respectful of both the patient they are visiting as well as other patients in the department. The visitor entrance doors are open from 5 am to 10 pm, Monday-Sunday. The Emergency Department entrance is available after these hours.

Family and visitors may be asked to leave patient rooms or patient areas to assure the safety and privacy of our patients during care, treatments, and/or procedures. The patient may request that a support person remain with them and we will make reasonable efforts to accommodate them.

Family and visitors may also be asked to leave to maintain a safe and quiet environment for our patients, our patient's family/visitors, and our staff.

Staff in the department will explain any visiting restrictions to the patient and family/visitors.

All children under the age of 18 must be supervised by an adult while in the department. Patients cannot be solely responsible for minor children. An adult family member or support person must be present to supervise children while in the patient room for the safety of both the patient and the children.

Influenza Season: If you or your children are ill or feeling unwell, please be considerate of others and either wear appropriate face mask (provided on our units along with hand sanitation stations) or refrain from visiting.

At times, our patients may be on Isolation precautions indicated by a sign outside the door. Family and visitors should follow the isolation precautions (Personal Protective Equipment) and guidelines as directed on the sign.

Visitors must follow facility regulations pertaining to fire and safety regulations:

- PMC is a smoke free facility; smoking on campus is prohibited. This includes the use of e-cigarettes, vaporizers, and any other tobacco product.
- PMC is a weapons free facility.
- In the event of an emergency, such as a fire, bomb threat, active shooter, or a disaster please remain in the patient's room and further instructions will be provided by staff.

At times patients may have 1:1 sitters in the room with them for the safety needs of the patient. These patients are unsafe to be left alone, please be aware that a designated staff member is required to remain with patient at all times regardless of family, friends, or other visitors that are present in room.

For the safety of our patients that require extra assistance while ambulating, please contact a staff member to assist with mobility.



When to Call the Doctor

- Fever/temperature greater than 101.5 degrees
- Shortness of breath or chest pain
- Swelling, pain, or redness in the lower leg
- Signs or symptoms of infection: Redness, swelling, drainage, warmth at the incision site
- Pain that is not controlled
- Itching, rash, or nausea from your medication
- If you have any questions or concerns

Anesthesia Survey

Your anesthesia provider would appreciate your time in completing an online survey to let them know how they did in providing services to you. Information needed:

- (1) Date of Procedure
- (2) Surgeon name
- (3) Anesthesia Provider name
- (4) Facility where procedure was performed

Please go to this link <http://sei.questionpro.com> to complete the survey.

Thank You,

SEI Anesthesia

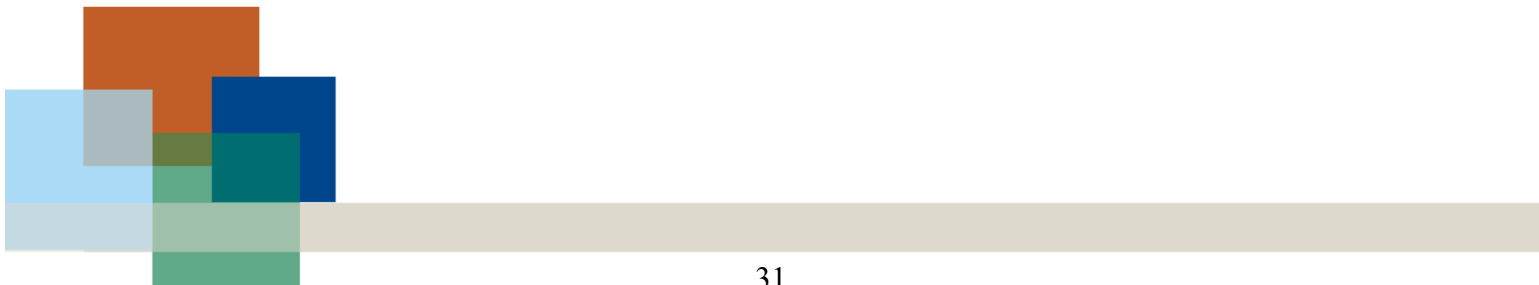




Sources:

- <https://apps.who.int/iris/bitstream/handle/10665/250680/9789241549882-eng.pdf?sequence=8>
- <https://www.cdc.gov>
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- Reed, K. L. (2014). Quick reference to occupational therapy (3rd ed.). Austin, TX: PRO-ED, Inc.
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- <https://www.who.int>







All together **better**

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