

Patient Guide Book:

# TOTAL SHOULDER REPLACEMENT



St. Peter's Health



# THANKS FOR CHOOSING ST. PETER'S FOR YOUR TOTAL SHOULDER REPLACEMENT

We are excited to serve you before, during and after your surgery. One of the most important ways we can do that before surgery is by making sure you have the information you need to have the best outcome.

We have developed this guide to highlight a few things to address prior to surgery, what to expect during your hospital stay, and important considerations for after surgery.



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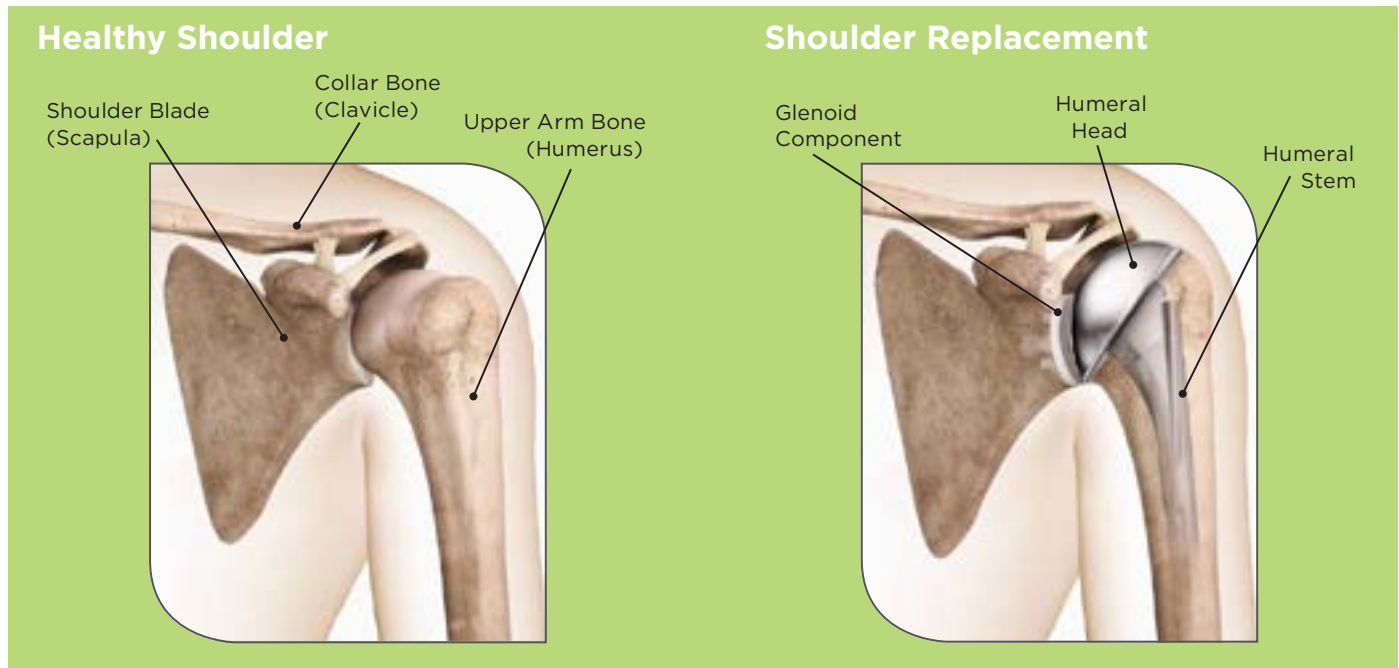
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# UNDERSTANDING YOUR SURGERY

## WHAT IS A TOTAL SHOULDER REPLACEMENT?

A shoulder replacement fixes worn-out areas (arthritis) of the joint. These areas cause pain and stiffness. Your surgeon will tell you what part of your shoulder needs to be replaced. The surgery will relieve the pain and stiffness, and help your arm move better. If you have a bad rotator cuff, you may have a reverse total shoulder replacement.\*



# OVER 90%

of patients who undergo total shoulder replacements have pain free function one year after surgery.<sup>1</sup>

\*From the National Association of Orthopaedic Nurses [NAON]

1. Norris TR, Iannotti JP. Functional outcome after shoulder arthroplasty for primary osteoarthritis: a multicenter study. *J Shoulder Elbow Surg.* 2002; 11(2):130-135. doi:10.1067/mse.2002.121146

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# YOUR JOINT REPLACEMENT TEAM

## YOUR SUPPORT SYSTEM

It is very important to involve your family and/or friends along this journey. We want a successful recovery for you and for this to occur it is vital you have a proper support system in place both pre-operatively and post-operatively, for physical and emotional support. Surgery is stressful, and having someone you can count on can help with the process. Bring this individual with you to attend your pre-operative appointments for an extra pair of ears. Following surgery you will have some physical restrictions, including no driving, and your support system can help provide transportation to and from various post-operative appointments, including physical therapy, and assist you with daily activities at home until you are back on your feet to help prevent you from falls and possible injuries.

## ORTHOPEDIC SURGEON

Your orthopedic surgeon is the skilled physician who has undergone extensive training to repair your damaged shoulder joint. She/he will direct your care before, during, and after surgery, while working closely with you and the other members of your care team to ensure a successful recovery.

## PHYSICIAN ASSISTANT (PA) OR NURSE PRACTITIONER (NP)

Your physician assistant or nurse practitioner is involved in your care before, during, and after your joint replacement. They will assist your orthopedic surgeon in the operating room and check in on you during your hospital stay. You may also see them when you return to your surgeon's office for post-operative visits.

## REGISTERED NURSES (RN)

Your care while in the hospital will be performed by nursing staff. Your primary caregiver will be an RN with the assistance of a certified nurse's assistant (CNA). Your nurse will be responsible for monitoring your recovery and delivering care as ordered by your surgeon, including pain control and hygiene.

## ANESTHESIOLOGIST

Your loss of sensation and awareness during surgery will be closely monitored by your anesthesiologist whose priority is to maintain your comfort while maintaining vital life functions.

## PHYSICAL THERAPIST (PT)

Your physical therapists will work with you to promote strength and range of motion.

## OCCUPATIONAL THERAPIST (OT)

Your occupational therapists will address your ability to complete daily activities safely and as independently as possible. After an initial evaluation, treatment sessions will focus on bathing, dressing, and toileting. The OT will also instruct you on transferring in/out of a tub or shower as appropriate for your home, and address home equipment needs and safety education.

## PHARMACIST (RPh)

Your pharmacist will be working with your doctor and nurses to review and optimize your medications before and after surgery. A pharmacist is available to you to answer questions about any of your medications throughout your stay.

## CASE MANAGER

Your case manager will work with you, your family, and the rest of your orthopedic team to ensure all necessary steps have been completed for discharge. Their goal is to make your transition from preoperative to post-operative settings as smooth as possible.





PRIOR TO  
SURGERY



## IMPORTANT PHONE NUMBERS

Your Surgeon: \_\_\_\_\_

Your Primary Care Provider: \_\_\_\_\_

### Pre-Op Contacts

St. Peter's Health Pre-Op Clinic.....406-457-4215

Joint Camp Class .....406-457-4215

St. Peter's Health Billing .....406-447-2783

### Surgery/Clinic Contacts

St. Peter's Health .....406-442-2480

St. Peter's Health Orthopedic Clinic....406-457-4160

Helena SurgiCenter.....406-457-4200

## JOINT REPLACEMENT APPOINTMENT CHECKLIST

**Dental Clearance:**

Not applicable

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

**Primary Care Pre-op Appointment:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

**Cardiac Clearance Appointment:**

Not applicable

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

**Pre-op Visit with Surgeon:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

**Pre-hab Appointment:**

Required for same day discharge

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report to a St. Peter's Health  
Rehabilitation location:

Regional Medical Center  
2475 Broadway

Capital City Health Club  
1280 North Montana Avenue

Physical Rehabilitation – North  
3439 Ptarmigan Lane

**Surgery Day:**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

*You will be called the afternoon prior to your  
surgery with your surgery and arrival time.*

**2-Week Post-Operative Appointment:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

(X-rays, evaluation, review movement  
plan progress, check surgery site)

**4-6-Week Post-Operative Appointment:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider: \_\_\_\_\_

(Check surgery site and range of motion,  
evaluate daily activity ability level and  
return-to-work responsibilities)

\*Please note you will need approval from your insurance company prior to surgery. If you call your insurance to check, the CPT code for a shoulder replacement is 23472.

## FINANCIAL EXPECTATION

### PRIMARY CARE PROVIDER

You will be required to have an office visit with your primary care provider to determine your fitness for surgery, discuss medications and any other concerns.

### LABS AND EKG

Expect to have a blood draw and an EKG performed to determine your fitness for surgery.

### FACILITY FEE

The facility you have surgery at will charge you for the use of the operating room, staff and other equipment.

### ANESTHESIA FEE

This is the service provided to you to control your pain during surgery and while in the recovery suite.

### PHYSICAL THERAPY

You will be prescribed physical therapy to aid in your recovery. Expect to participate in PT for 3 months.

### SURGEON'S FEE

From the time of your surgery through the next 90 days, all of your office visits are paid for in your surgery fee (called the "Global Period"). X-rays are billed separately, and you should expect 1 set of post-op x-rays.

## HOME MEDICAL EQUIPMENT

### Before your surgery:

- Make sure you have a supportive, comfortable chair with armrests to use during your recovery.
- Prepare meals in advance and freeze in single portions or purchase pre-made meals.
- Review the home safety checklist on the next page. Following these safety suggestions may prevent injuries, and help you maintain your independence at home.

### Where to find home medical equipment:

- Online sites such as Amazon
- Local big box stores (Walmart, Target)
- Thrift stores often have equipment but check the safety/stability of items before purchasing
- Your surgeon's office also has resources for home medical equipment

If you already have a higher toilet, consider a safety frame for arm support.

Generally equipment is rated for a 250-300 pound weight limit unless specified otherwise. Equipment for use with individuals over 300 lbs. or over 6' 2" is heavy duty/ bariatric and requires special order.

## CONSIDER OBTAINING PRIOR TO YOUR SURGERY:

- 1 NON-SKID SHOWER SURFACE (MAT OR DECALS)



- 2 SHOWER CHAIR

**Note:** Bath stools are not recommended



## PREHAB FOR YOUR TOTAL JOINT REPLACEMENT

### BENEFITS OF PREHAB

A prehab appointment is to help prepare you for the day of surgery and provide information on what to expect after surgery. Our job is to help you be comfortable with your procedure and answer any questions you may have. We have found that this appointment makes getting on your feet and taking care of yourself after surgery a much easier process.

### WHAT TO EXPECT AT YOUR PREHAB APPOINTMENT

During your prehab visit, you will spend approximately 45 minutes with an Occupational Therapist who will help you understand:

- What your surgery day will look like
- Precautions for after your surgery
- Exercises to get you moving after surgery
- Positioning for sleep and rest

They will also help you identify equipment you may need for your home, help you identify modifications to consider for your environment once home, and will teach you techniques to manage basic self-cares such as bathing, dressing and toileting after your surgery.

### WHAT TO DO BEFORE YOUR APPOINTMENT

Before your appointment, it is important to read through your information packet. It provides important information about your surgery. Be sure to write down any questions or concerns you have to discuss with your therapist at your appointment.

You should also take a look at your living situation.

- How many stairs do you have?
- Do your stairs have railings?
- Do you have a walk in shower or a tub shower?
- Is your shower big enough to use a shower bench or chair?

- Is your toilet high or low and do you have grab bars in your bathroom anywhere?
- How tall your bed is and which side do you get in?
- Are there stairs between where you will sleep after surgery and the bathroom?
- Any other concerns with getting into, out of, or around your house?

### WHAT TO BRING TO YOUR APPOINTMENT

Make sure to bring your sling to your appointment. Your therapist will make sure that this is sized correctly for you and help you learn how to use it. We also recommend that you wear comfortable clothes as you will have to move around and practice post-op exercises. You will learn about adaptive equipment that you may need to use after surgery for getting dressed. You may want to practice using this equipment during your appointment, so we suggest bringing an extra pair of loose pants or shorts.

### WHO TO BRING TO YOUR APPOINTMENT

We ask that you bring your support person, whomever will be there to help you after surgery to your prehab appointment. This will help them understand all of the same information and exercises, as well as learn techniques to help you after surgery. This is beneficial because you may be on pain medications and/or disoriented from anesthesia after surgery and they will be there to help. If they cannot make it to your appointment bringing another friend or family member is helpful. If you cannot arrange a person to come with you to your appointment do not cancel your appointment. It is most important that you come to your prehab appointment.

# HOME SAFETY CHECKLIST

Consider the following items to reduce the risk of falling and hurting yourself at home:

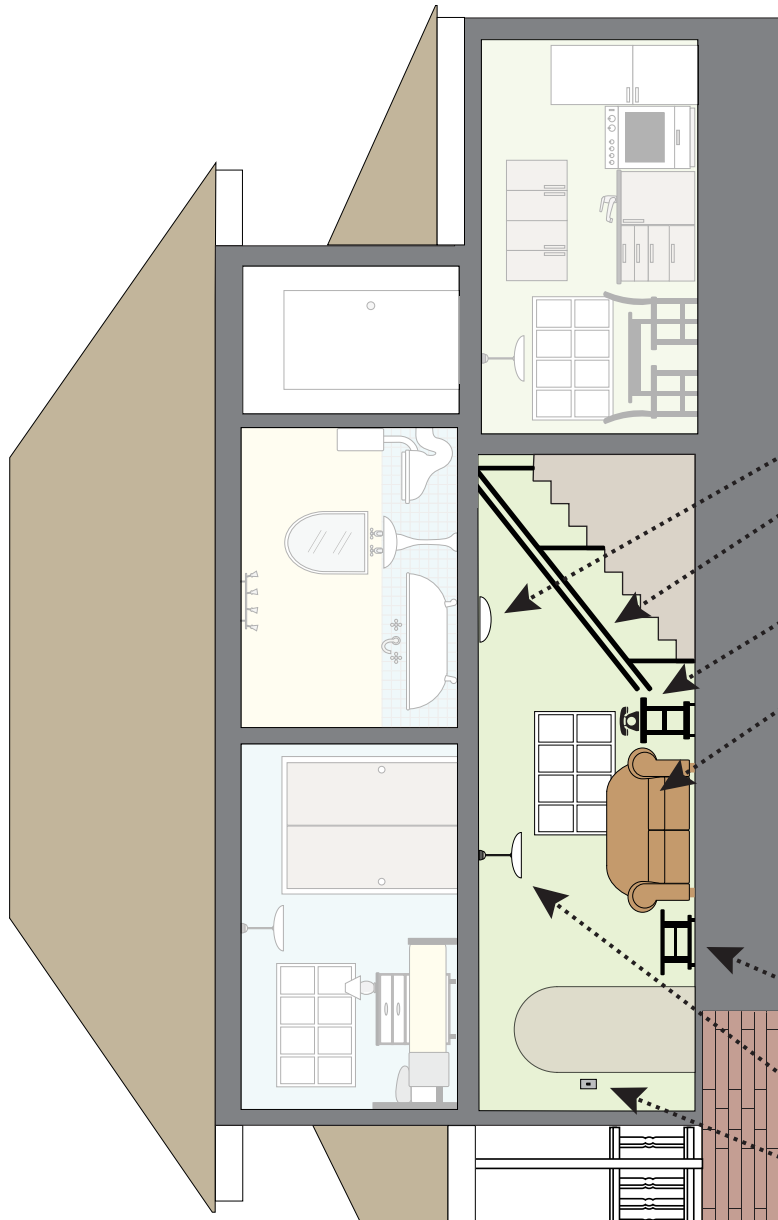
## 1. EXTERIOR

- Is there adequate lighting for night time use?
- Do the steps have handrails? On both sides? Are they securely fastened?
- Are the steps in good repair?
- Are the step surfaces non-slip?
- Are the edges of the steps marked clearly?
- Are the walkways dry, wide, with nothing to stumble on?

## 2. INTERIOR

- Are the light switches at the doorways and within reach?
- Do the lights provide good visibility? Are they glare free?
- Do low-lying objects (foot stools, coffee tables, flower pots, stuffed toys) present a tripping hazard?
- Have all the throw rugs been removed from the home?
- Are carpet edges taped or tacked down?
- Are the rooms uncluttered with wide paths to walk easily without bumping into things?
- Are electrical cords, phone lines, etc. tucked against the walls or above doorways to prevent tripping over them?
- Are the stairways and hallways well lit?
- Are the handrails on the steps on both sides? Securely fastened? Are the edges of steps marked clearly? Are they slip-resistant?
- Are the telephones within easy reach?
- Are the chairs steady (no wheels), with solid armrests, and high enough to be easy to get in and out of?

*Following these safety suggestions may prevent injuries, and help you maintain your independence at home.*

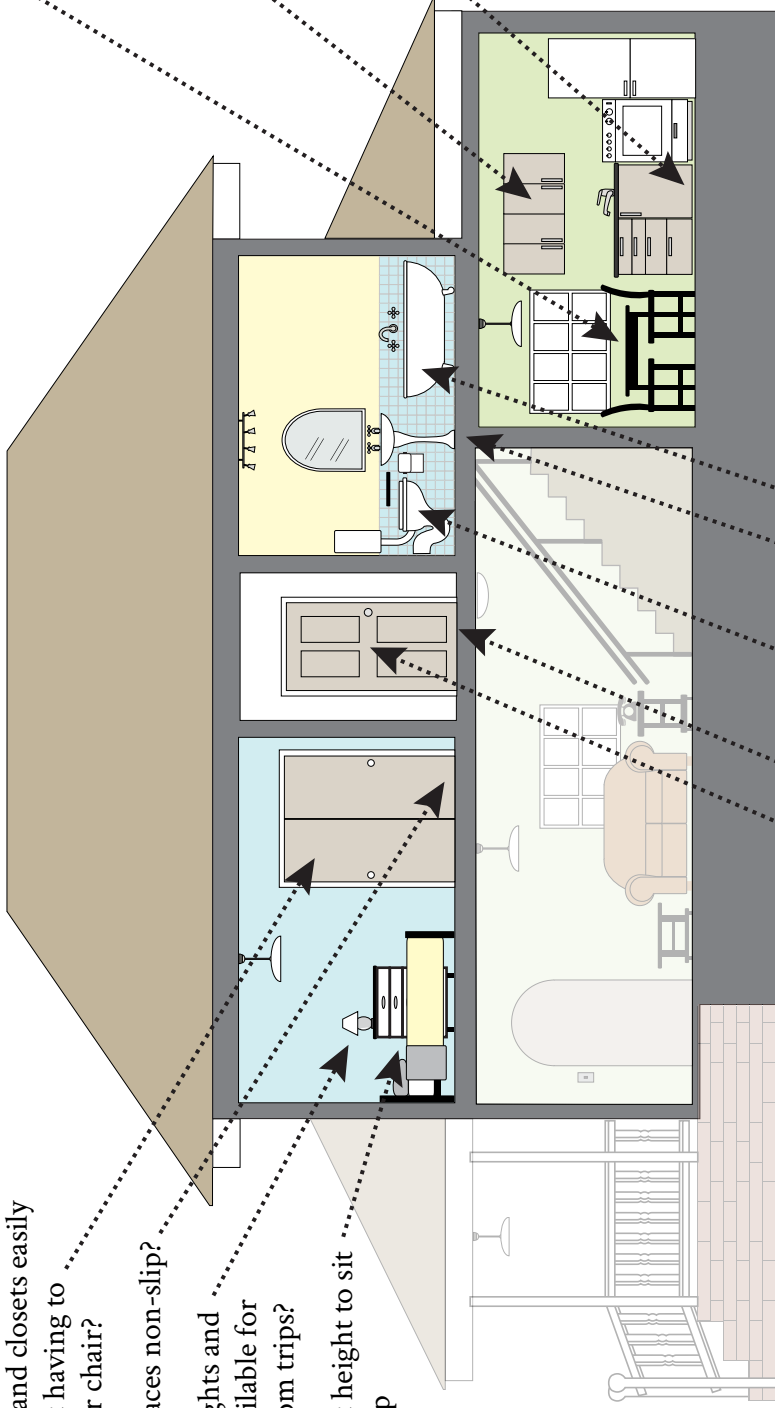


### 3. BEDROOM

- Are storage areas and closets easily reached? Without having to stand on tiptoes or chair?
- Are the floor surfaces non-slip?
- Are there night lights and bedside lamps available for nighttime bathroom trips?
- Are beds the right height to sit down and stand up from easily?

### 5. KITCHEN

- Are the tables (in dining room, kitchen, etc.) sturdy enough to provide support when leaning on them?
- Are the storage areas easily reached? Without having to stand on tiptoes or a chair?
- Are the linoleum floors slippery? Do you wear non-slip shoes? Do you wipe up water spills?



### 4. BATHROOM

- Is the door wide enough to go through with a walker device? With a wheel chair?
- Does the threshold present a tripping hazard?
- Is the toilet high enough to sit easily down and stand up from?
- Is toilet paper within easy reach?
- Does it have grab bars or hand holds?
- Do the floors become slippery when wet?
- In the bathtub, are there non-slip decals or mats in the bathtub and shower? Are the grab bars within easy reach?

## WHAT YOU CAN DO TO HELP YOUR SURGERY BE SUCCESSFUL

### STOP NICOTINE

Nicotine products reduce the blood flow to the skin and may impair healing. Quitting all nicotine products including cigarettes, cigars, electronic cigarettes, smokeless tobacco, and nicotine gum/patches drastically improves your healing process after surgery.

#### Tips to help you quit:

- Make a firm decision to quit and choose a date.
- Decide on a reward for each day you go without cigarettes.
- When ready, throw out all ashtrays and cigarettes.
- Stay away from places that allow smoking.
- Consider using an aid to help you quit—talk with your doctor about options.

#### Remain positive; quitting can be done!

St. Peter's is a tobacco free organization; making our facilities tobacco-free requires the cooperation and participation of the entire community—including hospital and clinic physicians, employees, volunteers, patients, and visitors.

### EXERCISES

Practice the exercises described in this packet before your surgery. Exercising your heart and lungs are also important for a faster and easier recovery. This can be done with light endurance activities like walking for 10-15 minutes a day.

### START A BALANCED NUTRITION PLAN

Good nutrition is important to helping you heal after surgery. Here are some tips to boost your nutrition before and after surgery:

- Drink plenty of water- this helps prevent constipation.
- Eat plenty of fruits- fresh, frozen or dried are all fine. These are better than fruit juice, which is high in sugar and low in fiber.
- Eat lots of vegetables, especially green. Carrots, sweet potatoes, squash, beans, peas are also a good source of fiber and nutrients.
- Whole grains can add fiber to your diet, which may help relieve constipation.
- Obtain adequate protein; it is very important for wound healing and tissue health.
- Eat plenty of calcium rich foods, such as dairy products, dark green leafy veggies, beans, and canned fish. This helps promote bone healing.
- Try to limit your intake of salts and sugars.

## WHAT TO PACK FOR YOUR SURGERY:

### CLOTHING

- Pack loose, comfortable clothing
- A button up or baggy t-shirt
- Slip on shoes
- Footwear should have nonskid soles, and allow for some swelling, but should fit securely. Loose footwear can be a safety hazard.

### TOILETRIES (FOR AN OVERNIGHT STAY)

- Bring cases for glasses, contacts, dentures, hearing aids
- Electric/battery operated razor (if needed)
- Avoid strongly smelling items, like perfume or scented lotions
- CPAP machine (if used)
- Tooth brush, toothpaste, hair brush, shampoo/conditioner

## WHAT NOT TO PACK FOR YOUR SURGERY:

- Jewelry, including body piercings
- Medications
- Large suitcases (storage is limited in your room); a soft duffle bag is best
- Valuables

If possible, belongings should be left in your vehicle and retrieved by a family member or friend once you are in your surgical floor room as there is no place to store your belongings until you reach the floor.

Laptops, cell phones and tablets are allowed in most patient care areas. These items are not allowed in the operating room.

## SUPPORT AT HOME

We encourage you to choose a caregiver as you get ready for surgery. This person will be needed most in the first couple of weeks after surgery. You may need some help for as long as 2 to 6 weeks after surgery for things like transportation, shopping, exercises and home maintenance. **An identified caregiver is required for same day discharge.** Your caregiver should be:

- **Available.** It is recommended that someone be with you 24 hours a day for the first few days after you arrive home while you adjust to your environment and activity limitations.
- **Physically able to meet your needs.** You may need help getting in and out of your bed, chairs and cars for the first few weeks after surgery.
- **Willing to help with your personal needs.** You may need help with exercise, bathing, toileting or dressing, especially in the first 1 to 2 weeks after surgery.

We welcome and encourage your caregiver's participation in every step of your recovery.

## PRE-OPERATIVE INSTRUCTIONS

FOR SURGERY SCHEDULED AT ST. PETER'S HEALTH REGIONAL MEDICAL CENTER (HOSPITAL)

### PRE-ADMISSION CONTACTS FROM ST. PETER'S

You will be called by several people from the hospital before your surgery. Registration will occur a few weeks before surgery with our pre-registration department. This will include:

- Review of your contact information (address, phone numbers, etc)
- Review of insurance information
- Check in time for your surgery

If you have not been contacted within 5 days of your surgery, call 447-2728.

Up to a week before your surgery, you will be contacted by a nurse from the St. Peter's Health Pre-Op Clinic to help guide you through your pre-op journey. This call takes about 15 minutes and will include a detailed review of:

- Your health history
- Your allergies and the reaction they cause
- Current medications, vitamins and herbal supplements you are taking
- Your preferred pharmacy
- Diet restrictions and instructions

The afternoon before your surgery, you will receive a call to provide your arrival time and instructions. Instruction will be provided by the Pre-Op Nurse

on which medications you are to take or hold on the day of surgery. ***Do not bring your own medications to the hospital.***

### EMMI EDUCATIONAL VIDEOS

We also partner with Emmi Solutions, LLC, which provides programs that make complex medical information easy to understand and helps you prepare for your upcoming procedure or manage your chronic condition.

Most Emmi programs take about 30 minutes to complete. You can view them from the comfort of your home or anywhere that has internet access. These videos will take you step-by-step through:

- Your condition
- Why your doctor has recommended surgery
- What to expect before surgery
- An overview of your procedure
- What to expect after surgery
- Alternatives

**Questions on how to access your EMMI program?** Call (866) 294-3664 or contact your surgeon's office.



It is likely that your provider will prescribe and order medications they know you will need after

your upcoming procedure. For those having surgery at the hospital, our pharmacy offers a program called **Meds 2 Beds**.

**Meds 2 Beds** offers direct delivery and one-on-one medication counseling for any post-operative medications you've been prescribed. The process is guided by St. Peter's pharmacists, who will provide all that you need before discharge.

- Quick and easy enrollment
- Direct prescription delivery
- One-on-one medication counseling

## MEDICATIONS TO AVOID PRIOR TO SURGERY

It's important to avoid certain medications prior to surgery. Please make sure your surgeon's office has a complete and accurate list of the medications, vitamins and herbal supplements you take.

The following medications can affect bleeding and should be avoided for at least one week prior to surgery:

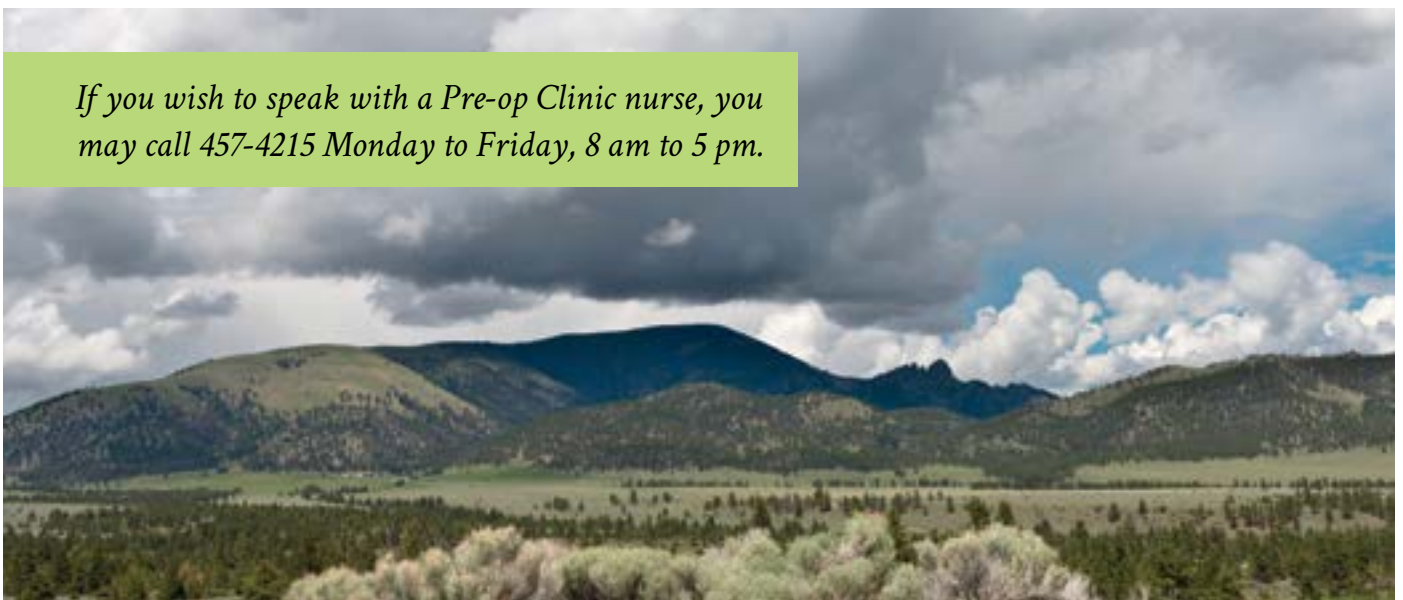
Aleve (Naproxen, Naprosyn)	Indomethacin (Indocin)	Sulindac (Clinoril)
Alka-Seltzer	Midol	Tagament
Arthritis Pain Reliever	Mobic (Meloxicam)	Toradol (Ketorolac)
Aspirin	Pamelor (Nortriptyline)	Voltaren (Diclofenac Sodium)
Excedrin	Pepto-Bismol	Lodine (Etodolac)
Fiorinal	Phentermine	Celebrex
Flagyl (Metronidazole, MetroGel)	Piroxicam (Feldene)	*Ozempic and similar
Ibuprofen (Advil, Motrin, Midol, PediaCare)	St. Joseph's Cold Tab	*Rheumatoid medications

The following medications can have undesirable side effects that may affect your anesthesia. Please let us know if you are currently taking any of these medications:

Amitriptyline (Elavil)	Flexeril (Cyclobenzaprine)	Oral Contraceptives
Dilantin	Nortriptyline (Pamelor)	Viagra (Sildenafil Citrate)
Doxepin	Pseudoephedrine (Sudafed)	
Effexor (Venlafaxine)	Tetracycline (Doxycycline)	

*\*Please discuss with your provider if you are taking Ozempic, GLP-1's, rheumatoid medication or blood thinners. Follow specific medication instructions given by your provider prior to surgery, as some medications may not be on this list.*

*If you wish to speak with a Pre-op Clinic nurse, you may call 457-4215 Monday to Friday, 8 am to 5 pm.*



## PRE-OPERATIVE SKIN CARE INSTRUCTIONS

Patients play a key role in preventing surgical site infections. Research has found that most surgical site infections are caused by patients' own germs. You can help prevent surgical site infections by decreasing the number of germs on your skin before your surgery.

Please follow these pre-operative instructions. If you have any questions, do not hesitate to call your pre-operative nurse at 406-457-4215.

### THE WEEK BEFORE SURGERY:

During the week prior to your surgery, **DO NOT** remove any body hair below the neck, including around the shoulder area or armpit. You may be given a topical 10% Benzoyl Peroxide cream to apply twice daily for 3-5 days prior to surgery. It will be given to you at your preoperative appointment. Do not apply the day of surgery.

### THE NIGHT BEFORE SURGERY:

In the 24 hours prior to your surgery, **DO NOT** apply lotions, powder or deodorant to your body. **The night before surgery, take your shower following these instructions:**

- 1 Begin your shower as usual using warm water to wet your entire body.
- 2 Wash your hair, face and body, with your normal shampoo/conditioner and soap. Rinse completely.

### PRECAUTIONS

If you have sensitivities to skin products, please review the soap's ingredients and do not use it if you are allergic to any of the ingredients. Contact your surgeon if you have questions or to learn what to do in lieu of using the soap. Likewise, stop using the CHG soap and call your doctor if you have a skin reaction such as severe burning, itching, redness, blistering, peeling, swelling, rash or any other severe irritation.

- 3 Step out of the direct stream of water before applying the CHG soap. This helps prevent it from rinsing off too quickly.
- 4 Pour a quarter size amount of liquid CHG soap onto a clean, wet washcloth as needed.
- 5 CHG is not to be used on the head, face or genital area. Keep away from eyes, ears and mouth.
- 6 Rinse thoroughly with warm water, making sure to remove all soap residue.
- 7 Do not apply lotions, powders or deodorants after showering.
- 8 The night before your surgery, sleep in fresh, clean sheets and garments.

### THE MORNING OF SURGERY:

**DO NOT shower, bathe, or shampoo hair.**

**DO NOT apply any powder, lotions, makeup, or deodorant to your body.**

## A RECAP: THINGS TO DO BEFORE SURGERY

- Organize:** Organize/clear your home area to make it safe and accessible, including installing a handrail for your stairs if necessary.
- Exercises:** Practice and familiarize yourself with the exercises you will be doing following surgery.
- Consent:** Please review the sample anesthesia and surgical consent forms on the following pages and note the area to decline the use of blood products on the surgical consent form.
- Support:** Ensure that you have a family member or friend able to assist you in the first few days after surgery.
- This Packet:** Please bring this packet with you to the hospital and use it as a resource during your stay.

# PROCEDURAL CONSENT

**Language interpretation and sign language services are available free of charge**

**TO THE PATIENT:** You have the right, as the patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr(s). \_\_\_\_\_ as my physician(s), and such associates, technical assistants and other health care providers as they deem necessary to treat my condition.

With Moderate Sedation – Medication used to decrease awareness which a patient can respond to verbal commands and/or light touch and can breathe on their own as well as maintain heart function. May be performed by an RN or Provider.

I understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I voluntarily consent and authorize these procedures:

I understand the surgical/procedural site/side will be verified by me or a family member, and by the nurse / technologist, anesthesiologist / surgeon / or radiologist and will be marked.

Check appropriate sites		Procedure(s)
LEFT	RIGHT	_____
ABOVE	BELOW	_____
FRONT	BACK	_____
BOTH		_____

If applicable, I consent to the disposal by hospital authorities of any tissues, organs, or amputations which may be removed. I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures that are advisable in their professional judgement.

If applicable, I consent to the use of blood and blood products as deemed necessary. I understand that if my physician determines treatment of my medical condition requires transfusions of blood, blood components, or derivatives, I voluntarily consent to and authorize such transfusion(s). It is my understanding that this consent to transfusion applies to this procedure and this hospital stay only. I understand that there are risks and hazards related to transfusion, however unlikely, including, but not limited to the following:

- |  |   |
|--|---|
| 1. Allergic reaction, including hives and itching.   | 6. Human Immunodeficiency Virus (HIV):<br>Risk = 1/1,467,000                    |
| 2. Fever, sometimes accompanied by chills  | 7. Human T-Cell Lymphotropic Virus:<br>Risk = 1/50,000-100,000                  |
| 3. Heart failure   | 8. Hepatitis B Virus: Risk = 1/843,000-1,208,000                                |
| 4. Infection by bacteria, parasites or viruses, including malaria, hepatitis and AIDS.   | 9. Hepatitis C Virus: Risk = 1/1,149,000  |
| 5. The possibility of blood incompatibility, which can result in severe complications, including kidney failure and rarely, death. | 10. Other (bacteria, parasites, West Nile Virus, etc...):<br>Risk = 1/1,000,000 |

→  I request that NO blood or blood derivatives be administered. (Complete the Transfusion Refusal form) I have been given an opportunity to ask questions, and my physician has explained the benefits and the likelihood of success, possible alternate forms of treatment, the associated risks of treatment and of non-treatment, the procedures to be used, including the use of advanced technology, and the hazards involved. Advanced technology includes, but is not limited to, the use of electronic, sonic, laser, microwave, and radio frequency technology. I understand that no warranty or guarantee has been made to me as to result or cure.

**Continued on page 2 >**

**St. Peter's Health**  
2475 Broadway • Helena, MT (406) 442-2480  
**PROCEDURAL CONSENT**



Patient Identification:

**Continued from page 1**

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, skin injury, nerve damage, even death. My physician has also informed me of complications and hazards specific to this treatment, procedure, and/or recuperation.

If applicable, I consent to all forms of anesthesia/sedation involve additional risks and hazards, but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize the level of anesthesia might have to be changed possibly without explanation to me. I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards that may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthesia include headaches and chronic pain.

I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non - treatment, likelihood of success and the procedures to be used, and the risk and hazards involved. This included the understanding that all DNR orders and/or advance directives are suspended while in the Procedural Area unless special circumstances are discussed prior to the procedure on an individual case basis by the proceduralist, surgeon, anesthesiologist and patient or legal representative. I believe that I have sufficient information to give this informed consent.

If applicable, I understand personal belongings kept on me may be removed, cut, or destroyed if it inhibits or impedes my care.

In compliance with the Safe Medical Device Act of 1990, if an FDA designated medical device is implanted during surgery, I understand that my Social Security number and name will be released to the manufacturer.

If applicable, I understand that company representative(s) may be present during my procedure to serve as resource personnel for products used during my procedure. I also understand that St. Peter's Health may provide health care through the services of student nurses, medical students, interns and residents, or others performing services under the supervision of the hospital and/or medical staff.

If applicable, I authorize the Staff of the St. Peter's Health and/or the attending physician to photograph or permit other persons to take photographs during the above listed procedures and to use the photographs for teaching / educational / or patient care purposes.

I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in and that I understand its contents.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
**(Applicable for patient and witness as they are done at the same time)**

\_\_\_\_\_  
Signature of the Patient

If the patient is unable to personally sign, please indicate reason:

Incapacitated     Minor child     \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Personal Representative or Medical Durable Power of Attorney

\_\_\_\_\_  
Printed Name of Parent, Personal Representative or Medical Durable Power of Attorney

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Provider (Print Name)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

If sign language or limited English proficiency interpretive services were utilized:

\_\_\_\_\_  
Interpreter Printed Name

\_\_\_\_\_  
Interpreter Identification Number

**St. Peter's Health**  
2475 Broadway • Helena, MT (406) 442 -2480  
**PROCEDURAL CONSENT**

678-050-S-1 Pg 2 of 2 (9/2024)

Patient Identification:



AT THE  
SURGERY SITE



## WHAT TO EXPECT ON YOUR DAY OF SURGERY

### WHAT HAPPENS THE DAY OF SURGERY?

Arrive at St. Peter's Regional Medical Center (hospital) or the surgery center and check in at the registration desk. You will be taken to Same Day Surgery or your pre-op room to be checked in. This is where you will have an IV started, labs drawn if needed, and where you will get ready for surgery. If you have hair on the site that you are going to have surgery, it may be clipped. This helps prevent infections. You will need to remove all clothing, including underwear, and put on the hospital gown provided.

If you have any jewelry on, you may be asked to remove it before going to the operating room. This is done to prevent injury. Some swelling is common in surgery, and rings can cause unnecessary injury to fingers if left on.

Before going to the operating room, you will meet the nurse who will be involved in your case, the anesthesia provider, and see your surgeon again. Your surgeon will mark the side you are having operated on, and confirm this with you. Please speak up if you have any questions or concerns. When the operating room is ready, you will go to your O.R. suite for surgery.

### ANESTHESIA SERVICES

#### What is anesthesia?

Anesthesia is the caring for, preventing and managing of pain. In this case, it is pain control and prevention during and immediately after your actual surgical procedure.

#### General anesthesia

This type of anesthesia affects your whole body, and you go into a total deep sleep. Because of this, the anesthesia provider will have to support your breathing with a tube or other device. This is how we deliver oxygen to you during surgery. Your vital signs and condition are monitored closely by the anesthesia provider.

#### Regional anesthesia

This type of anesthesia focuses on a specific area of your body, and should not affect your brain or breathing. Patients are usually given some sort of sedative so that you are relaxed for when they place the regional block.

### WHAT HAPPENS IN THE OPERATING ROOM?

When you arrive to the O.R., you will notice lots of equipment, supplies, and instruments. It will be bright and may be a bit cold in the room, but the nurse will make sure you are warm and comfortable. The O.R. team will have you move onto another bed and connect you to our monitors.

You may also have wraps around your calves that squeeze to help push blood back to your heart. These are to help prevent blood clots while you are not mobile.

The operating room team will get you in the right position for the surgery, and make sure you are comfortable. It is possible that you may sleep through your procedure. You should not be in any pain during this time.



California St.

ER, ICU Entrance

Broadway St.

East Entrance & Urgent Care

Saddle Dr.

**ST. PETER'S  
 REGIONAL  
 MEDICAL  
 CENTER**

**ER ENTRANCE**  
 Open 24 hours daily;  
 access for visitors  
 after 9:00 pm  
 Monday - Friday  
 and 4:00 pm on  
 weekends and  
 holidays

ER/ICU  
 ENTRANCE  
 ER/ICU parking

DIALYSIS  
 ENTRANCE  
 Dialysis parking

URGENT  
 CARE  
 ENTRANCE  
 Maria Dean  
 Medical  
 Building

EAST  
 ENTRANCE  
 EAST  
 ENTRANCE  
 PARKING

**EAST ENTRANCE**  
 Open Monday - Friday  
 6:30 am to 6:00 pm  
 closed weekends & holidays  
*Use for Physical/Occupational Therapy*

PATIENT &  
 VISITOR  
 PARKING

MAIN  
 ENTRANCE

**MAIN ENTRANCE**  
 Open Monday - Friday  
 5:30 am to 9:00 pm  
*Use this entrance the  
 day of your surgery*

Winnip Ave.

**Main Entrance**

2/28

## WHAT HAPPENS RIGHT AFTER THE SURGERY IS OVER?

When the procedure is over, sterile dressings will be put on your incision, which can be removed 1 week after surgery. When you are ready, we will move you back onto your bed and take you to the post anesthesia care unit (PACU). This is where you will wake up and become more alert. A nurse will be at your bedside in case you have any pain or nausea.

You may have x-rays taken in the PACU. These are reviewed by your surgeon to make sure everything looks good.

After about an hour in the PACU, you will go to the surgical or same day surgery floor. This is where family can meet up with you.

## POST SURGICAL ACTIVITIES

When you return from surgery you will have inflatable compression devices, known as sequential compression devices—or SCD's, on both legs to help improve blood flow in your legs and to help prevent you from developing blood clots.

You may have oxygen following surgery; this will be weaned off by the time you return home. Make sure you cough and deep breathe 10 times an hour while awake.

When you aren't moving a lot, pressure can build under your skin and cause sores—especially around your tailbone, heels and elbows. If any of these areas hurt while you are in bed or sitting, notify your nurse.

Don't be afraid to speak up and let your nurse know if you have any questions or concerns.



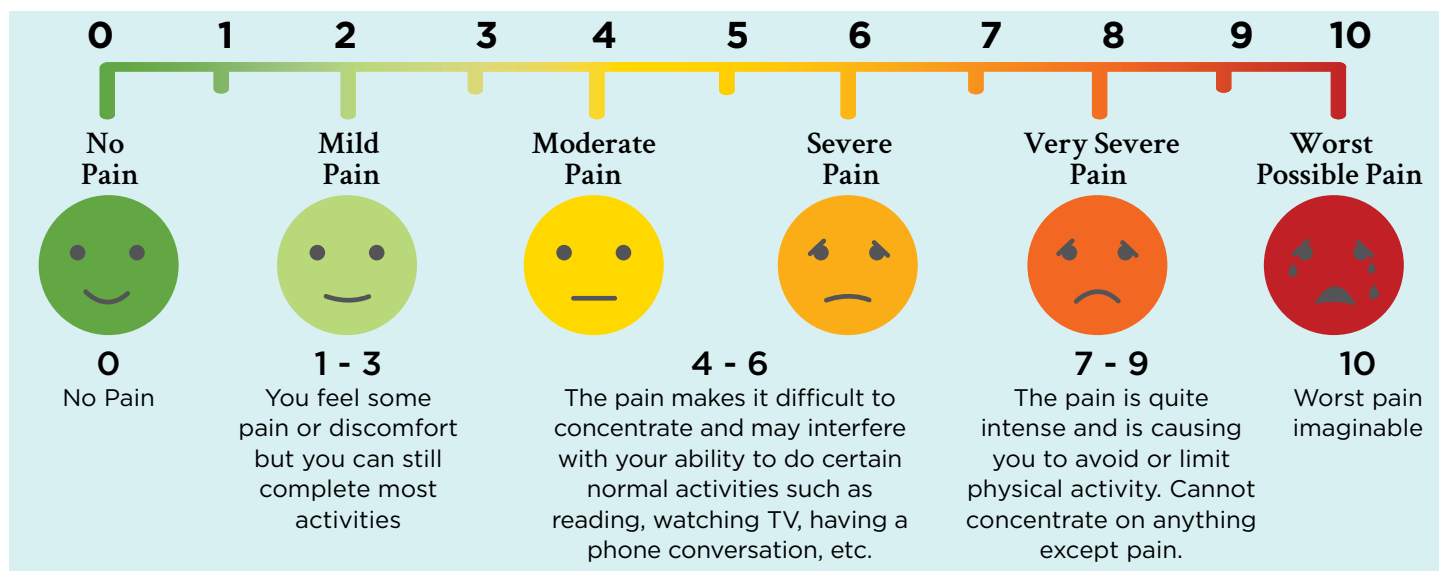
## DAILY PLAN

	Diet	Activity	Pain Management	Discharge Plan
<p><b>Day of Surgery - Goal Discharge Day</b></p>	<p><b>Before surgery:</b> NO food</p> <p><b>After surgery:</b> Clear liquids, advanced to small meal as tolerated</p>	<p><b>To prevent falls, please call for help if you need to get out of bed</b></p> <p>You will:</p> <ul style="list-style-type: none"> <li>• Sit on the edge of the bed</li> <li>• Stand</li> <li>• Sit up in a chair for 30-45 minutes</li> <li>• PT/OT may be ordered to go over exercises and restrictions</li> <li>• Walk at least 100 feet, depending on your pain tolerance</li> </ul>	<ul style="list-style-type: none"> <li>• Oral medications as needed for pain management</li> <li>• Epidural/Peripheral Nerve Block</li> <li>• Non-medication techniques: icing, relaxation, music</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge plan finalized</li> <li>• Review medications with pharmacist.</li> <li>• For those discharging home same day, pharmacist will provide you with your discharge medications to take home</li> <li>• Potential discharge to home</li> </ul>
<p><b>Post-Op Day 1— Discharge Day</b></p>	<ul style="list-style-type: none"> <li>• Regular diet</li> <li>• Up in chair for meals</li> <li>• Increase fiber intake</li> </ul> <p><b>Good Sources of Fiber:</b> Whole grains Fruits Vegetables Legumes Nuts &amp; seeds</p>	<ul style="list-style-type: none"> <li>• Increase walking distance</li> <li>• Exercises</li> <li>• Physical therapy 2x/day</li> <li>• Stairs</li> </ul>	<ul style="list-style-type: none"> <li>• Oral medications as needed for pain management</li> <li>• Epidural/Peripheral Nerve Block</li> <li>• Non-medication techniques: icing relaxation, music</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge plan finalized</li> <li>• Discharge to home</li> </ul>

## MEDICATIONS

### PAIN CONTROL

After surgery, controlling any pain you have is a top priority. In the PACU, and on the surgical or same day surgery floor, nurses will be asking you your pain level. This is the scale they will ask you to use to rate your pain:



At St. Peter's Health, our goal pain score while you are rehabilitating from your joint replacement is a "3" to "4"; this might go up to a "6" while you're up working with physical therapy (PT). An important consideration is to take pain medication about an hour prior to working with PT. Our PT staff are great about talking to the nurses about your schedule as well.

Your nurse will not automatically bring you pain medications, so be sure you ask for it. Let your healthcare team know if your pain is not well controlled. Adjustments can be made to make you more comfortable. You should avoid taking pain medication on an empty stomach, so ask for a snack like crackers.

### PAIN MANAGEMENT

- During your hospital stay, staff will work with you to keep your pain under control. Having proper pain control after surgery will help you feel better and recover faster. After your surgery there will be a combination of medicines used to help manage your pain. You will receive an interscalene nerve block during surgery that will last for about 12-18 hours. You may go home with your arm still being numb. It is important to start taking pain medications before it wears off. NSAIDs, Tylenol and opioids are the most common medicines used.
- Pain medication will provide short term relief while your body heals from surgery.
- Once you get home, gradually decrease the amount of medication and how often you take it as you are able.

## NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

NSAIDs help with swelling and soreness by getting rid of inflammation. Some are available without a prescription. Common NSAIDs include Advil®, Aleve® and Celebrex®. Using NSAIDs after surgery will lower the need for opioids, which will likely reduce opioid side effects.

## ACETAMINOPHEN (TYLENOL®)

Acetaminophen may be given after surgery to help control mild to moderate pain. Unlike NSAIDs, acetaminophen does not have anti-inflammatory properties.

## OPIOIDS

Opioids work by stopping pain signals to your brain, and are the best option for moderate to severe pain after surgery. Common opioids are Tramadol®, Norco®, Percocet®, Roxicodone® and Dilaudid®. These medicines are very useful but do have some side effects, such as drowsiness and constipation. These medications can be habit forming. Talk with your healthcare team about what to do if these side effects occur. Stop using as soon as possible after surgery.

### **Important Note:**

There is a limit on how much acetaminophen can be safely taken each day. Our recommended maximum intake of acetaminophen is 3000mg in a 24 hour period. Many pain medicines combine opioids and acetaminophen (Norco®, Percocet®). Acetaminophen is also in several products that are available without prescription: some cough and cold medications, sleep aids, and arthritis medications. If you are taking a medicine with acetaminophen in it, be sure to include this in your daily acetaminophen intake/calculation, so you do not exceed 3000mg in a 24-hour period.

## MEDICATION SAFETY AND FALL RISK

Some medicines or combinations of medicines have side effects that make you feel drowsy, dizzy or light-headed. These may cause you to lose your balance or feel unsteady on your feet.

- Falling has serious consequences, such as a fracture or injury of your recently replaced joint.
- Talk to your doctor, nurse or pharmacist about your side effects.
- Always alert your nurse or caregiver for assistance before attempting to get out of bed.
- When getting out of bed, always dangle your legs over the side of the bed for a few moments before slowly standing.

## POST-OP NAUSEA AND VOMITING

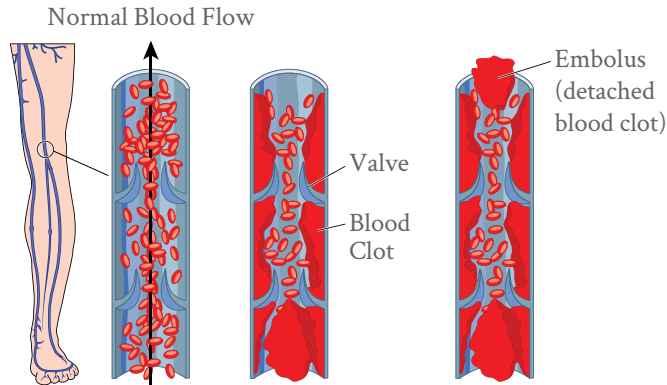
It is not uncommon to feel nauseated after surgery. Your surgeon will order anti-nausea medications to be used on an as needed basis. Please communicate with your nurse if you feel queasy.

## BOWEL CARE MANAGEMENT

- Medications and lack of movement can result in constipation. It is our goal to prevent constipation rather than treat it once it occurs.
- After surgery, prolonged constipation can occur and may result in more serious complications.
- You may be given a stool softener or stimulant laxative. Please take as directed.
- Increased fluids and foods high in fiber will also help.
- Eat prunes or drink prune juice. These are natural laxatives.
- Stay active; get up and move as you are able.
- Decrease the use of opioid pain medication as you are able.

## DEEP VEIN THROMBOSIS (DVT)

A DVT is a thickened mass of blood “clot” in your leg. This is your body’s natural way to stop bleeding, like when you get a cut. When your movement is limited, blood can slow and a clot may form inside your body.



## Prevention of DVT's

Depending on the patient, medications can be used during your admission and after discharge to prevent DVT's.

- After surgery, you will be encouraged to move with the guidance of our physical therapists and hospital staff in order to prevent blood clots and help with your overall recovery.
- You will also be given a medication to prevent clotting. This medication will be started in the hospital and will continue for a limited time after discharge. Your pharmacist and nurse will be available for any questions you have regarding medications.
- You **MUST** take your medication as ordered or you have a much higher likelihood of getting a blood clot after surgery.
- Perform ankle pumps regularly.

Your surgeon will determine which anticoagulant medication is best suited for you.





A close-up photograph of a ground squirrel standing upright in a field of green grass and yellow flowers. The squirrel is holding a large, messy bundle of dry sticks and twigs in its mouth, which is a typical behavior for ground squirrels as they gather nesting material. The squirrel's fur is a mix of brown, tan, and grey. The background is a soft-focus green field with several bright yellow flowers.

AT HOME  
AFTER  
SURGERY



## BACK AT HOME

### COMFORT

Ice the shoulder 3-4 times a day or more for 20 minutes to minimize swelling and discomfort. Do not place ice directly on skin; cover ice packs with a towel or place over clothing. Avoid overuse or damage to the skin.

Sleeping after shoulder surgery can be difficult. Sleeping in an inclined position with the shoulder higher than the heart is usually the most comfortable and can be done in a recliner chair or laying propped up with pillows.

### WOUND CARE

Remove dressing 1 week after surgery. Monitor for any redness or drainage and call your doctor if there is any concern. Do not apply special creams or ointments to incision area for 4 weeks.

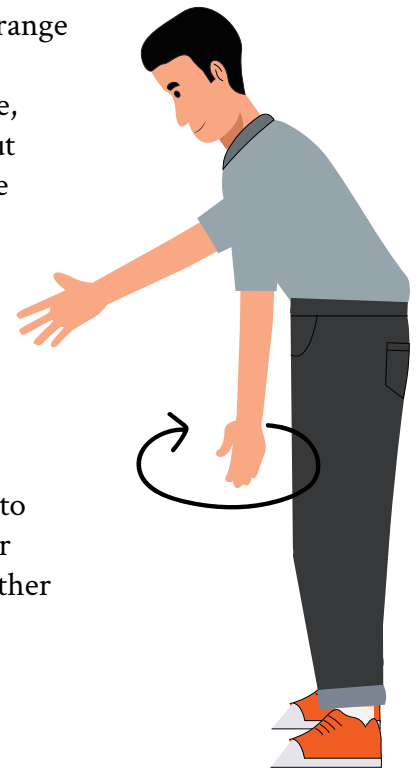
### RESTRICTIONS/PRECAUTIONS

No lifting greater than a small cup of coffee for 6 weeks. You should not use your arm to lift, pull or push weight. This includes pushing up out of a chair or bed. Athletic activities such as swimming, bicycling, jogging, running and stop-and-go sports should be avoided until allowed by your physician.

We do not recommend driving until you are off the opioid pain medications as these can cause dizziness/drowsiness, and impair your judgement and reaction times. If you are off your opioid pain relievers you may begin driving 4-6 weeks after surgery, after being cleared by your physician.

### ACTIVITY

Passive pendulum range of motion of the shoulder (see image, right) is allowed out of your sling. Move your shoulder and elbow at least 3-5 times a day. Do not do range of motion until the effects of the pain block have worn off. You may want to hold onto a chair or the wall with the other arm for stability.



## PHYSICAL THERAPY

You will start physical therapy 1-2 weeks after surgery. Therapy will generally be twice a week for about 12 weeks at an outpatient location of your choice. This will be set up by your surgeon's office before your surgery. Call our office or your physical therapy location if you aren't scheduled by the time of your surgery. It is very important that you attend your physical therapy appointments, and do your home exercises as instructed in order to gain strength and range of motion in your shoulder.

## SLING/IMMOBILIZER

A stable sling has been provided for you. Use it until advised to discontinue use by your physician for 5-6 weeks. Place a washcloth or gauze under your armpit to prevent chafing or rash and change it daily.

**Once your OT sets the back velcro strap, leave it at that length. Only adjust the front velcro straps or buckles.**

## PUTTING THE SLING ON



Slip the sling over your hand onto your forearm.



Pull the sling over your elbow making sure your elbow is in the corner pocket. The front edge of the sling should be close to your knuckles.

\*If your sling has a cushion, hold onto it and tilt it up against your body\*



Bring the buckled or fastened top strap behind your head.



Bring the bottom waist strap behind your back and fasten it in the front.

Not tight, but snug. It's easier to reach and fasten when standing.

Your forearm should be supported by the sling, with your elbow bent in an "L" shape.

Remember to use the thumb loop for extra support when walking.

## TAKING THE SLING OFF



Unclip the front clip or ring and take off the thumb loop. Sitting down with a pillow under your arm is recommended for added support.



Take off the neck strap by bringing it over your head, leaving it buckled or fastened.



Pull the sling gently off your arm, careful not to use your shoulder to pull your arm out of the sling. Keep your elbow at your side.

If your sling has a cushion, grasp it and tilt it down away from the body and then dip it off the elbow before sliding the sling off your arm.

### IMPORTANT THINGS TO REMEMBER:

- No lifting greater than a small cup of coffee for 6 weeks
- Ice shoulder 3-4 times a day for 20 minutes
- Remove arm from sling 3-5 times a day to do elbow range of motion and pendulum swings
- Remove dressing 1 week post-op
- Make sure you start physical therapy 1-2 weeks after surgery
- Wear sling for 4-6 weeks or until instructed by your surgeon
- Make sure to keep your follow up appointments

## WHAT TO DO IF . . .

### **You suspect you have a blood clot in your leg**

- Call your surgeon's office immediately or report to the Emergency Room or Urgent Care if after-hours or on the weekend.

#### *Signs and Symptoms of a Blood Clot in the Legs:*

- Pain or tenderness in the calf, back of the knee, or groin area
- Swelling in the calf/leg that does not go down with elevation
- Heat and redness of the skin

### **You develop shortness of breath or chest pain**

- You may have a pulmonary embolus (blood clot in a lung) which is an emergency and you need to call 911 as soon as possible.

#### *Signs and Symptoms of a Pulmonary Embolus*

- Sudden chest pain
- Shortness of breath or difficulty breathing
- Confusion
- Light-headedness or fainting
- Feeling of doom (anxiety)

### **You think you may have an infection**

- If you develop a fever above 101, notice any excessive redness, heat, drainage, or swelling around your incision please call your surgeons office or go to the Orthopedic Urgent Care as soon as possible for further instruction.

- If you believe you may have an infection elsewhere, such as a bladder or sinus infection, please contact your primary care provider for urgent treatment, especially if this occurs in the first few weeks following surgery. It is very important that anytime you have a bacterial infection from now on it needs to be treated promptly to decrease your chance of developing an infection in your new shoulder. The common cold and flu are viral infections and do not require antibiotics.

### **You have difficulty sleeping**

- This is not unusual for patients the first few weeks after surgery, but should improve with time.
- Avoid naps during the day.
- Sleep more upright in a chair or recliner.
- You may try an over the counter sleep aid such as Tylenol PM or Benadryl.

### **You have bruising in your arm**

- Significant bruising can be very common following a total shoulder replacement.

## MENTAL HEALTH CHALLENGES

### TO EXPECT BEFORE/AFTER YOUR SURGERY

1. Anxiety about the surgical process, healing time, fear of the unknown, pain control, etc.

*Helpful strategies:*

- Spirituality
- Mindfulness
- Preparation/education
- Ask questions to your provider
- Set up appointments with your mental health provider before and after your surgery if you have a pre-existing mental illness
- Mental visualization/progressive relaxation/meditation exercises
- Prayer
- Journaling
- Art therapy (coloring books, drawing, music playlists, writing)
- Deep breathing

2. Mental side effects of medication—anesthesia can correlate with post-surgical depression, or delirium in the geriatric population. Steroids can cause psychiatric reactions in some populations (psychosis, mania).

*Helpful strategies:*

- Make appointments with your mental health provider or your medication management provider
- 988 – suicide and crisis lifeline
- Utilize the resources of your Primary Care Team: care manager, social worker, Behavioral Health Professionals

3. Depression or anxiety with delayed healing, loss of independence, isolation from people and activities, pain, being sidelined from sports and your team, etc.

*Helpful strategies:*

- Workbooks
- Spirituality
- Mindfulness
- Getting enough sleep
- Preparation/education
- Ask questions to your provider
- Set up appointments with your mental health provider before and after your surgery if you have a pre-existing mental illness
- Mental visualization/progressive relaxation/meditation exercises
- Journaling
- Art therapy (coloring books, drawing, music playlists, writing)
- Mediterranean diet – evidence-based diet for healing, improving mental health and reducing inflammation, osteoarthritis and depression
- Medications can help with depression, anxiety and pain. Contact your Primary Care Team or mental health provider for help.

### **Mental health resources/education**

[nami.org](http://nami.org)

National Alliance on Mental Illness

[samhsa.gov](http://samhsa.gov)

Substance Abuse and Mental Health Services Administration

[psychologytoday.com](http://psychologytoday.com)

Psychology Today

This site has a feature to search for therapists in your community.

### **Workbooks**

- Managing Chronic Pain (ISBN 978-0195329179)
- The Cognitive Behavioral Workbook for Depression (ISBN 978-1608823802)
- The Mindfulness and Acceptance Workbook for Depression (ISBN 978-1626258457)

### **Apps**

- Calm
- Headspace

### **Community psychiatrists**

**St. Peter's Health**

406-447-5901

**Pureview**

406-457-0000

**Big Sky Psychiatry**

406-204-2151

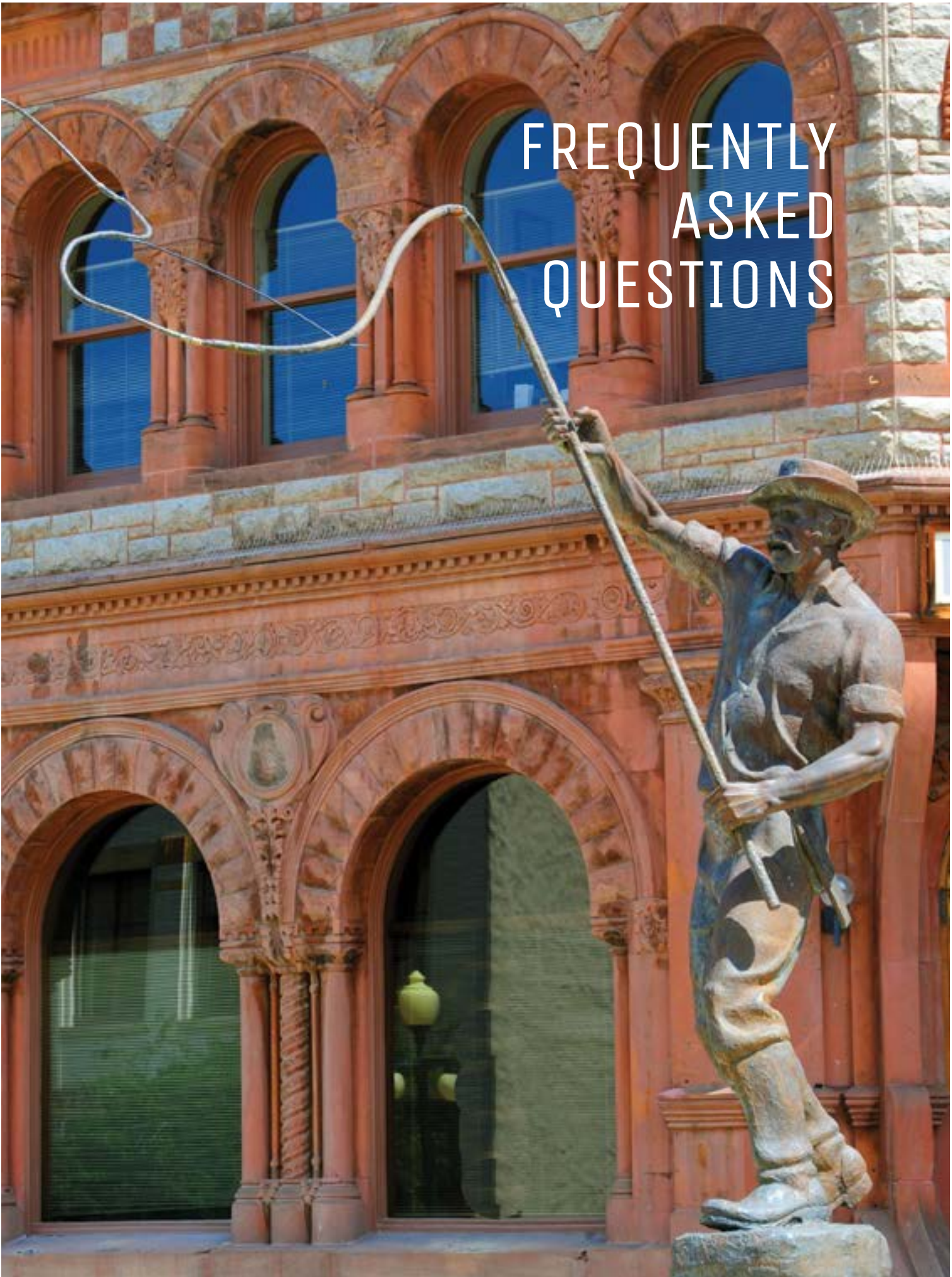
**Intermountain**

406-442-7949

**Treeline Psychiatry**

406-422-6355

# FREQUENTLY ASKED QUESTIONS





### Can I donate my own blood before surgery in case I require a blood transfusion (Autologous Blood Donation)?

No. We do not endorse autologous blood donations. Not only is your risk for needing a blood transfusion following your surgery exceptionally low, the process of an autologous donation often causes you to become anemic before surgery, increasing your risk for then needing a transfusion, prolonging your hospital stay, and increasing your out-of-pocket costs. With the advancements in technology, the risk of acquiring a viral transfusion-transmitted infection by donor blood is near obsolete.

### How long will I be in the hospital?

We like to get you home as soon as you are safe to do so, as your risk for infection is lower at home. A typical hospital stay is a same day discharge or 1 night for a total shoulder replacement. Your medical team will determine if you need more time in the hospital. Insurance does not pay for extra hospital days for continued therapy since this service can be provided outside of the hospital, however, if you have a medical condition that requires further evaluation/treatment extended stays are then covered by insurance. If you are discharged to a rehabilitation facility, your stay might be a little longer.

### Do I need to purchase the Chlorhexadine Gluconate (CHG) soap?

No. Your surgeon's office will give this to you at your preoperative appointment.

### Can I shower after surgery?

Yes. It is important to keep your incision clean and dry for the first two weeks after surgery to help prevent wound infection so you will have a surgical dressing in place after surgery that is waterproof when intact and can be worn in the shower. There is no need to cover this dressing with Saran wrap

when showering. While you can wear this dressing in the shower, you may not immerse/soak your incision under water for at least a month after surgery, so no bathing/swimming until given the okay by your surgeon (typically okay at 4 weeks after surgery). If the dressing gets water underneath it, it needs to be changed as soon as possible. Please go to the clinic to have it replaced.

### When do my "staples" or sutures come out?

We generally do not use staples to close your incision, unless you are undergoing a total shoulder revision or there is question of impaired skin integrity. In most cases, your surgeon will use a dissolvable suture material, surgical glue and steri-strips to close your incision.

### Do I need physical therapy after surgery?

Yes! You will begin physical therapy at the hospital the day of your surgery and will continue therapy twice a week for about 12 weeks at an outpatient location of your choice. This will be set up by your surgeon's office before your surgery. It is very important that you attend your physical therapy appointments and do your home exercises as instructed in order to gain strength and range of motion in your shoulder.

### What is my implant made of?

There are several different types of implants that we use. Your implant consists of a highly cross-linked polyethylene, titanium and cobalt-chromium metal.

### How long will my implant last?

The expected life expectancy of your new implant will be dependent on your age, and activity level; the more you do the more wear and tear on your new shoulder. Most shoulder replacements are now lasting 15-20 years, however, there is no guarantee that your implant will last for any specific length of time.

### When can I resume intercourse?

Most people are able to resume sexual activity within 1 to 2 months after surgery. There is no definitive restriction on this, when you feel able to engage in intercourse, you may.

### When can I return to work?

Return to work depends on a variety of things, including your job duties. Those in more sedentary jobs may be able to return to work within 2-3 weeks following surgery. However, if you do more active work you may need to wait 2-3 months before returning. Your surgeon and your physical therapist will work with you to help you make the decision to return to work.

### How long will I be on pain medication?

Opioid pain medication may be prescribed for you after surgery. If prescribed, this will be tapered down in dosage over a 6-week post-operative period. Opioid pain medications are not routinely prescribed longer than 6 weeks following surgery. If you should need a refill of your pain medication, **please contact your pharmacy 48 hours in advance of running out of your pain medication.**

### Do I need a card for airport security to notify them of my metal shoulder?

No. While shoulder implants can set off metal detectors at airports and other high security areas, these locations no longer accept a card or note from

your doctor. Just tell security about your implant. Security may use a wand to assess/confirm; however, most airports now have a full body scanner in place making this easily verifiable. This should not cause any major delays.

### How long will I have to take antibiotics prior to dental appointments and any colonoscopies and bladder surgeries? Who will prescribe these?

Our surgeons recommend antibiotic prophylaxis for 1 year post-operative for all total joint replacement patients prior to any invasive procedure that may cause bacteria to seed in your new joint, given the potential adverse outcomes and cost of treating an infected joint replacement. We do not recommend scheduling a dental cleaning for 3-6 months after surgery.

While your risk for infection should decrease over time, your implant always represents a possible site for infection. We strongly encourage the use of an antibiotic before all dental/oral appointments, including regular dental cleanings, all gastrointestinal procedures such as colonoscopies and endoscopies as well as all genitourinary procedures. Please call your surgeon's office prior to a dental visit or other invasive procedure so they may prescribe the correct antibiotic for you. This is typically a single dose antibiotic taken an hour beforehand.



## PRESCRIPTION DRUG DISPOSAL

According to the 2013 National Survey on Drug Use and Health, nearly 70% of prescription substance abusers got the drugs they most recently took for a non-medical purpose from a friend or family member. Removing leftover and expired medications from our homes and responsibly disposing of them makes our communities and families safer.

### WHAT TO DO WITH THE DRUGS THAT ARE SITTING IN YOUR MEDICINE CABINET

If possible, keep drugs locked up and out of reach of children. Maintain a medications log to track the number of pills you have and regularly check that none are missing. Be mindful of guests and strangers who enter your home, and keep medications and bottles out of sight.

### HOW TO PROPERLY DISPOSE OF UNWANTED OR UNUSED PRESCRIPTIONS

Properly dispose of unwanted drugs in one of two ways:

1. Drop your unwanted prescription drugs at one of the prescription drop locations below, or participate in a drug take-back in your community.

#### Permanent Prescription Drug Drop Locations:

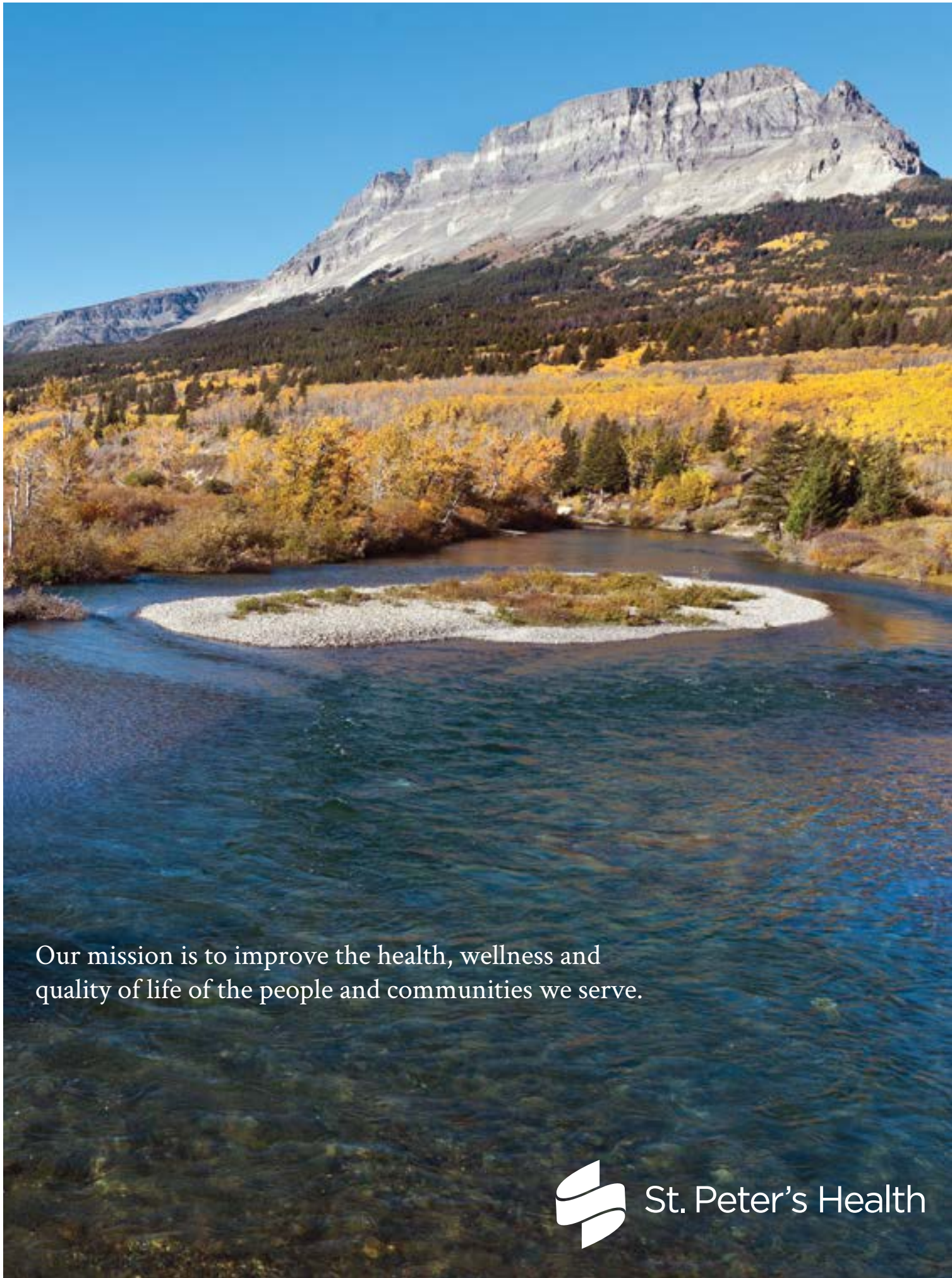
Helena				
<b>Helena Police Dept.</b> 221 Breckenridge (406) 457-8830	<b>Pureview</b> 1930 9th Ave 630 N Last Chance Gulch (406) 457-0000	<b>CVS</b> 603 N Montana (406) 442-9800	<b>Safeway</b> 611 N Montana (406) 443-1598	<b>Walmart</b> 2750 Prospect (406) 443-3455
<b>Albertsons/Osco</b> 3151 N Montana (406) 443-8557	<b>St. Peter's Health Pharmacy</b> <b>Broadway Clinic</b> 2550 E Broadway St (406) 444-2200	<b>CVS</b> 3095 N Montana (406) 443-3331	<b>Walgreens</b> 1150 11th Ave (406) 442-1265	

Townsend	
<b>Broadwater County Sheriff's Office</b> 519 Broadway (406) 266-3441	<b>Townsend Drug</b> 318 Broadway (406) 266-4379

2. If a drug take-back is not accessible, follow these office of National Drug Control Policy recommendations:
  - Take prescription drugs out of their original containers.
  - Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
  - Put the mixture in a disposable container with a lid, such as an empty margarine tub, or in a sealable bag.
  - Conceal or remove any personal information, including the prescription number on the empty containers, by covering it with black permanent marker or duct tape, or by scratching it off.
  - Place the sealed container with the mixture and the empty drug containers in the trash.

### CONTACT

**Resolve Montana**  
**Prescription Drug Abuse Awareness Program**  
(406) 444-2026



Our mission is to improve the health, wellness and quality of life of the people and communities we serve.



St. Peter's Health