

Total Shoulder and Elbow Joint Replacement Guidebook

Orthopaedics & Physical Performance



Thank you for choosing UR Medicine Orthopaedics and Physical Performance. Here, you'll receive the most advanced care from true leaders in orthopaedics who live right here, yet are invited to teach around the globe. The skill of your surgeon is matched by your joint team's efforts to make sure you are well cared for throughout your surgical journey. In short, we'll treat you as a person, not just a procedure.

To help make your joint replacement experience as smooth as possible, we strongly encourage you to use CareSense®, an electronic, interactive tool. CareSense is available only to our joint replacement patients. It lets you connect with your joint team, and lets us share timely information. CareSense is a companion tool to MyChart, which you can use to manage all aspects of your relationship with UR Medicine outside of this surgery.

Rest assured that we will take good care of you. Our team is highly trained and performs the highest number of shoulder and elbow replacements and reconstructions in the Rochester area. There is considerable evidence showing that medical centers that perform more replacement procedures achieve better outcomes for their patients. All the surgeons on our team are fellowship trained, the highest level of training available for the specialty.

This guide covers surgeries performed at our 2 primary shoulder and elbow joint replacement locations:

- Orthopaedics and Physical Performance Center at Marketplace Mall
- Highland Hospital

We're here to help you feel comfortable and confident throughout your surgical journey as you move toward a life of greater mobility and independence.

For more information visit joint.urmc.edu, where an electronic version of this guide is available.

Important Information

Register for CareSense using link in email from urmc@caresense.com

Obtain Medical Clearance

(doctor statement that I can have surgery)

Doctor _____

Date of Medical Clearance _____

Other Doctors I Need to See _____

Presurgical Screening Appointment

(we will call you to schedule)

Date _____

Time _____

Confirm Surgery Time

You will be called between 1:30 p.m. and 4 p.m. the business day before your surgery to verify your arrival time.

View Total Joint Replacement Education Class

Available at: jointclass.urmc.edu or point your phone's camera at the QR code to the right.



Presurgical Screening Questions (585) 262-9150

Leave a message and we will return your call.

Our Treatment Team

Your treatment team might vary depending if you have surgery at the Orthopaedics and Physical Performance Center or Highland Hospital. Team members you may interact with include:

Orthopaedic Surgeon – Performs your surgery and directs your medical care.

Anesthesiologist – Helps manage your pain and keep you safe during surgery; will meet with you immediately before surgery to discuss your anesthesia options.

Certified Registered Nurse Anesthetist – Key member of the anesthesia care team; works closely with anesthesiologist to provide care during your surgery.

Physician Assistant (PA)/Nurse Practitioner (NP)/ Orthopaedic Resident Physician – Assists during surgery and helps monitor your recovery; functions as an extension of the surgeon.

Social Worker – Coordinates your discharge needs.

Nurse – Serves as your primary point of contact for you and your family while you're in the Orthopaedics and Physical Performance Center or Highland Hospital; monitors vital signs, draws blood, places IV, monitors your pain, gives medication, and tracks your progress.

Physical Therapist (PT) and Certified Athletic Trainer (ATC) – Works with you in the outpatient setting after surgery to help restore your shoulder or elbow range of motion, strength, and function.

Patient Care Technician (PCT) – Assists nurses with vital signs and hygiene routine, and can help you get in and out of bed.

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Surgery Preparation Timeline

Use this timeline to make sure you are completing actions in a timely manner and will be medically cleared for surgery and ready to return home.

Items in purple require your strict compliance to avoid delaying or canceling your surgery.

90 days

Inquire about medical and dental procedures

Ask your surgeon's office if it is safe to have vaccinations or dental and medical procedures (e.g., colonoscopies) done within 3 months of surgery, to help decrease the risk of infection. Do the same before getting a steroid injection into the joint to be replaced.

60 days

Manage current health conditions

If you normally use a walker or cane, please discuss with your health care team, as you will not be allowed to bear weight on your surgical arm for 12 weeks after surgery.

Your overall physical health and conditioning can affect the outcome of your surgery and recovery time. It's important that you remain aware of and manage any other health conditions, including your blood pressure and blood sugar.

If you are diabetic, make sure your hemoglobin A1c is well controlled to help avoid infections and help your wound heal faster.

Refrain from nicotine

Stop using nicotine products (e.g., cigarettes, smokeless tobacco, and nicotine gum, patch, lozenges) for at least 2 months prior to surgery. Refraining from nicotine will help you avoid infections and promote healing. Follow your surgeon's specific instructions.

Adopt healthy habits

Adopt healthy habits and avoid contact with sick people; wash hands frequently, eat more fiber to avoid constipation, and eat healthy, smaller meals especially the day prior to surgery.

Surgery Preparation Timeline

35 days

Enroll in CareSense

CareSense is an electronic, interactive tool we strongly encourage you to use to stay connected with us. If you haven't already, just open the email from urmc@caresense.com to register and complete your initial questionnaires.

Attend presurgical instructional physical therapy session

Arrange a presurgical instructional physical therapy (PT) appointment for 2-3 weeks before surgery. During the PT session, you will learn essential skills to help during the early phases of your recovery. This visit will help you to learn about managing your sling, changing your clothes, as well as caring for your personal hygiene needs during your recovery. It is helpful to have a family member or someone else who will be able to assist after surgery attend this visit as a second set of ears. Please call **(585) 341-9200** to schedule your presurgical instructional physical therapy session.

30 days

Obtain medical clearance

Set up and attend medical clearance (surgery approval) appointment with your Primary Care Provider and any other specialist appointments necessary.

25 days

Identify support and arrange transportation

Identify a support system at home – someone to take you home and stay with you for a few days after surgery. You may also want to consider a private pay aide service for additional help.

You are responsible for arranging and providing your own transportation to and from your surgery.

Surgery Preparation Timeline

21 days

Attend your presurgical screening appointment

You will be contacted to arrange a presurgical screening appointment that you will attend about 3-4 weeks before your surgery.

Call **(585) 262-9150** with any questions about this appointment. Leave a message with your question, name, phone number, best time to call you, and we will call you back.

Bring the following with you to your presurgical screening appointment:

- Medication names, dosages, how often and time(s) of day you take them; this includes vitamins and over-the-counter medications
- Insurance cards, photo ID, health care proxy, Medical Orders for Life-Sustaining Treatment (MOLST) form, or living will (if you have one); if you do not have a health care proxy form, we can provide one
- After this appointment, it is important that you read, understand, and carefully follow your presurgical instructions, particularly any medication changes. The instruction sheet has specific instructions for the day of surgery.

Become familiar with your exercises

To speed your recovery, it is important to be familiar with the exercises you will do after surgery. They are included on page 22 or 23 of this guide. Your doctor will let you know if you should omit any exercise(s).

Prepare your home

Patients having shoulder or elbow replacement at Highland Hospital typically go home the day after surgery. Patients having surgery at the Orthopaedics and Physical Performance Center will go home the day of surgery, making it very important to have a strong support system (someone to take you home and then stay to help for a few days). You will not be allowed to drive yourself home after surgery, so please make sure you bring someone to drive you.

Home preparation considerations:

- As most patients find it is most comfortable to sleep in a reclined position after surgery, having access to a recliner or a wedge to use in bed is helpful
- Remove throw rugs, electrical cords, and any other obstructions from walkways
- Install nightlights in hallways and bathrooms
- Catch up on laundry and housekeeping and prepare meals that can be easily reheated
- Make arrangements for your pets for 2 weeks after surgery
- Practice using only your nonsurgical arm to complete activities of daily living, including brushing hair and teeth, dressing, and bathing

Surgery Preparation Timeline

14 days

Reduce use of pain medicine (if possible)

Reduce your use of narcotic pain relievers as much as possible. If you currently take high doses of pain medication, your pain may be more difficult to control after surgery.

5 days

Stop all anti-inflammatory medications

Unless otherwise instructed by your doctor, do not take aspirin/anti-inflammatory medications (Advil®, Motrin®, Naproxen®, Aleve®, Celebrex®, Meloxicam®, etc.) starting 5 days before your surgery. If you have any questions or concerns, contact your surgeon's office.

4 days

What to bring to surgery

- Insurance cards and photo ID
- A list of medication changes since your presurgical screening appointment
- A list of any questions or new concerns you want to discuss with your surgeon or anesthesiologist
- A copy of your health care proxy, MOLST form, or living will
- Loose fitting underwear, shirts, and pajama pants or shorts with elastic waistband
- Flat, sturdy shoes with a closed back (sneakers, loafers, sandals with strap)
- Your CPAP/BiPAP mask, supplies, and inhaler (if you use one)
- Credit card to pay for medications upon discharge

3 days

Follow at-home cleansing instructions

For 3 nights before your surgery, shower with an antibacterial soap (such as Dial™) and wash your whole body, head to toes. Then, while still in the shower, use the Chlorhexidine cleanser you received at your presurgical screening appointment to wash your body from the neck down. Let the cleanser sit on your skin for 2 minutes. Rinse thoroughly. (See Personal Care Instructions on page 26).

Surgery Preparation Timeline

2 days

Avoid alcohol

Do not drink alcohol for 2 days before surgery. Alcohol can have a serious effect on how your body reacts to anesthesia and pain medications.

1 day

Confirm arrival time for surgery

You will be called between 1:30 p.m. and 4 p.m. on the business day before your surgery to verify your arrival time.

To help your discharge go smoothly, Social Work will call to ask you a few prescreening questions to prepare for your discharge.

Strictly follow surgeon's orders for eating

To avoid complications or cancellation of your surgery:

- Do not eat anything after midnight before your surgery.
- Do not chew gum or eat mints on the day of your surgery.
- Keep well hydrated up to 2 hours before your surgery. You are encouraged to drink clear liquids (water, clear apple juice, sports drinks) up until 2 hours before your surgery. Coffee or tea without milk or creamer is okay, as well.

Day of Surgery

Follow final personal care instructions

Read and carefully follow the presurgical instructions for any medication changes. The instruction sheet has specific instructions for the day of surgery.

On the day of your surgery do not apply body lotions or wear contact lenses, makeup, lipstick, or nail polish on fingers or toes.

Do not wear jewelry or hairpins.

Understanding Anesthesia

Before surgery, your anesthesiologist will give you anesthesia to control your pain and keep you comfortable during surgery. The exact type of anesthesia you receive will depend on many factors, including the type of surgery you are having and your overall health. You will have an opportunity to talk with your anesthesiologist the day of your surgery and have any questions answered.

General Anesthesia

This type of anesthesia affects your whole body and puts you in a deep sleep. It is delivered intravenously, by inhaling, or by injection. After it takes effect and you are asleep, your anesthesiologist will insert a breathing tube that will deliver oxygen to help your breathing during surgery.

Peripheral Nerve Block Injections

This type of anesthesia targets nerves that surround the joint being replaced.

With any type of anesthesia, there may be some side effects:

General Anesthesia

- Nausea/Vomiting
- Confusion as you wake up
- A sore throat from the breathing tube
- Delirium in older patients

Regional Anesthesia and Nerve Block

- Nausea/Vomiting
- Headache
- Numbness, tingling, prickling in hands or feet
- Urinary retention, especially if you have pre-existing urinary issues or have had urologic surgery

NOTE:

Do NOT remove your arm from your sling until the nerve block has worn off. This usually occurs within the first 24 hours after surgery.

Recovering from Anesthesia

The type of anesthesia you receive will dictate the amount of time it takes to wear off. As the anesthesia wears off, you might feel tingling, burning, or aching, followed by a return of feeling to your surgical site.



Continue to use CareSense to communicate with your joint replacement team and receive important joint replacement surgery information.



Sign up for MyChart to view test results and more. Visit mychart.urmc.rochester.edu

Before and During Surgery

Before Surgery

On the day of surgery, report to the Orthopaedics and Physical Performance Center, located at 10 Miracle Drive, Rochester. Once inside, look for signage and our ambassador to direct you to the surgery center check-in area. Bring your insurance card and photo ID.

When ready, the surgical team will prepare you for surgery. Here's what to expect:

- You will change into a hospital gown and remove your glasses, contacts, hearing aids, jewelry, and dentures.
- Your nurse will answer any last-minute questions, start an IV, and may need to remove hair from your surgical site with clippers.
- Your surgeon will visit you to have your consent signed, mark the surgical site, and cleanse the surgical site immediately prior to incision.
- Your anesthesiologist will consult with you to discuss your anesthesia and plan for pain control, as well as check your heart, lungs, and ability to breathe normally.
- Your companions should follow current visitation guidelines, which our check-in staff will review with you.

During Surgery

After you are taken to the operating room, your companions will be directed to the main lobby. Your time in surgery is about 2-3 hours, but the actual elapsed time from operating room to the post-anesthesia care unit (PACU), where you will recover from anesthesia, is usually about 3-4 hours.

After your surgery, there is a greater potential for falling. Your surgical team is eager to help you get out of bed to build your strength, while avoiding any setbacks. We will assist you to move from your bed and chair, while you walk, and while doing physical therapy.

You must not get up without a staff member with you at all times; there is a call bell by each bed to call for assistance.



Your Routine Care After Surgery

After surgery, you will be transferred to the recovery area where you will stay until discharge.

Your companions will be notified when you have arrived in your room. Here's what to expect:

- Your nurse will check on you regularly. You will also be visited by your surgeon or his/her resident, physician assistant, or nurse practitioner.
- Your nurse will assess your needs, review your individualized care plan, regularly take your vital signs, and monitor your oxygen level. When appropriate, oxygen will be discontinued and IV fluids will be stopped.
- Your pain level will be monitored and your pain medication adjusted as needed.



After Surgery and Discharge

Your Routine Care After Surgery

You may be wearing supportive stockings and may also have Sequential Compression Devices (SCDs) on your lower legs or feet to reduce the chance of blood clots.

A therapist will review how to manage your sling and teach you how to bathe, dress, and use the toilet.

Pain Management

Recovering from any surgery will involve discomfort and pain, and managing that pain begins with you. We rely on a close partnership between you and your nurse. Tell your nurse about your pain, rating it from 1-10. You should ask for pain medicine when your pain reaches a level of 4; it might take too long to get relief if you wait until it reaches a 7.

Ice can be helpful to manage your post-operative pain. You can begin icing directly over the bandage as long as you are careful to keep the ice from leaking water onto the dressing.

Expect that your pain will increase the day after surgery when your anesthesia (peripheral nerve block) wears off.

Medications

As a convenience, your discharge prescriptions will be delivered to your bed before you are discharged. Not only is this easier than stopping at a pharmacy on your way home, this coordinated care helps ensure you are able to take your medicine when you need it and as prescribed by your surgeon. Your co-pays and price will be the same as at your home pharmacy, and we can easily send any refills there. Your list of medications can be found on your After Visit Summary or in MyChart. Your nurse can arrange to have your medications delivered.

Discharge Plan

At the Orthopaedics and Physical Performance Center, the vast majority of our patients will go directly home the day of surgery. Research shows that joint replacement patients who are able to recover at home generally get better faster and with fewer complications.

Your Discharge is Based on Meeting the Following Criteria

- You can navigate your environment safely
- You are urinating, passing gas, and tolerating food
- Your pain is being managed
- Your incision or dressing looks good, without drainage

Discharge home is smoother with a little preparation. Make sure your support system is in place and you have reviewed the “Prepare Your Home” steps on page 6.

Transportation

You should determine now how you will get home following your surgery. You will not be able to drive yourself or take a cab by yourself, because patients need to be supervised following anesthesia. It is your responsibility to arrange your transportation and make sure your support person is available all day to get you home.

Before and During Surgery

Before Surgery

Arrange to be dropped off at the main entrance of the hospital or park in the main parking garage adjacent to the hospital and proceed to the information desk staff who will direct you. You can request wheelchair transportation if necessary. Bring your insurance card and photo ID and visit highland.urmc.edu for current visitor guidelines. Your companion can leave a cell phone number with our staff to receive text messages as you proceed through care. We will keep you informed regarding your surgery time, but sometimes delays are unavoidable.

When ready, your team will prepare you for surgery. Here's what to expect:

- You will change into a hospital gown and remove your glasses, contacts, hearing aids, jewelry, and dentures.
- Your nurse will answer any last-minute questions, start an IV, check your vital signs, and may need to remove hair from your surgical site with clippers.
- To minimize risk, surgical site infection prevention includes wiping your body with Chlorhexidine wipes.
- Your surgeon will visit you to have your consent signed and mark the surgical site.
- Your anesthesiologist will consult with you to discuss your anesthesia and plan for pain control, as well as check your heart, lungs, and ability to breathe normally.
- Once settled, your companions may join you and stay with you until surgery.

During Surgery

Your time in surgery is about 2–3 hours, but the actual elapsed time from operating room to the postanesthesia care unit (PACU), where you will recover from anesthesia, is usually about 3-4 hours.

If needed, you will be brought to a recovery unit, and your companions will be notified. We will monitor your recovery until it is safe for you to go home.

After your surgery, there is a greater potential for falling. Your Highland team is eager to help you get out of bed to build your strength, while avoiding any setbacks. We will assist you to move from your bed and chair, while you walk, and while doing physical therapy.

You must not get up without a staff member with you at all times; there is a call bell by each bed to call for assistance.



Your Routine Care After Surgery

- Your hospital nurse and your patient care technician will check on you regularly.
- You may also be visited by your surgeon or his/her surgical nurse, resident, or physician assistant.
- Your nurse will assess your needs, review your individualized care plan, regularly take your vital signs, change the dressing on your joint, and monitor your oxygen level. When appropriate, oxygen will be discontinued, and IV fluids will be stopped. Your pain level will be monitored and your pain medication adjusted as needed.
- You may be wearing supportive stockings and may also have Sequential Compression Devices (SCDs) on your lower legs or feet to reduce the chance of blood clots.



After Surgery and Discharge

Your Routine Care After Surgery

An occupational therapist will review how to manage your sling and teach you how to dress, bathe, and use the toilet.

A social worker will review your discharge plans.

Pain Management

Recovering from any surgery will involve discomfort and pain, and managing that pain begins with you. We rely on a close partnership between you and your nurse. Tell your nurse about your pain, rating it from 1-10. You should ask for pain medicine when your pain reaches a level of 4; it might take too long to get relief if you wait until it reaches a 7.

Ice can be helpful to manage your post-operative pain. You can begin icing directly over the bandage as long as you are careful to keep the ice from leaking water onto the dressing.

Expect that your pain will increase the day after surgery when your anesthesia (peripheral nerve block) wears off.

Medications

As a convenience, your discharge prescriptions will be delivered to your bed before you are discharged. Not only is this easier than stopping at a pharmacy on your way home, this coordinated care helps ensure you are able to take your medicine when you need it and as prescribed by your surgeon. Your co-pays and price will be the same as at your home pharmacy, and we can easily send any refills there. Your list of medications can be found on your After Visit Summary or in MyChart. Your nurse can arrange to have your medications delivered.

Discharge Plan

The vast majority of patients operated on at Highland Hospital will go directly home the day after surgery. Research shows that joint replacement patients who are able to recover at home generally get better faster and with fewer complications. A few patients, however, have more complex medical needs and might need extended care at a skilled nursing facility (a nursing home that provides rehab services). A social worker will work with you to discuss your discharge, and your nurse will review your discharge instructions with you.

Your Discharge is Based on Meeting the Following Criteria

- You can navigate your environment safely
- You are urinating, passing gas, and tolerating food
- Your pain is being managed
- Your incision or dressing looks good, without drainage

Transportation

If you are being discharged to home, you will be responsible for assuring your transportation home is available beginning at 8 a.m. Should you need assistance in arranging transportation at discharge, the social worker will help; you will be responsible for the expense of the transportation.

Transportation to a rehab facility is usually arranged by the social worker, but at the patient's expense.

Your Recovery

Therapy

Physical Therapy (PT)

Your Physical Therapists will:

- Teach and assist you to move
- Help to minimize your pain
- Promote independence
- Restore range of motion and strength
- Provide instructions specified by your surgeon

Physical Therapy is key to your quick recovery. The goal of physical therapy after surgery is to help you regain your shoulder or elbow mobility and strength. Within the first 3-5 days after your surgery, you should begin outpatient physical therapy.

Once you are home, you will attend 1-2 outpatient physical therapy sessions per week. Each session will last about 30-60 minutes and focus on helping you independently do your exercises. The total course of therapy after the surgery will typically last 3-6 months, depending on your specific goals.

You should also independently perform your physical therapy exercises 2-5 times per day as instructed by your physical therapist. Complying with your exercise plan is critical to your recovery.

Remember, recovering from any surgery involves discomfort and pain, and most patients still experience pain at discharge.

Occupational Therapy (OT)

Occupational therapists focus on functional tasks, or Activities of Daily Living (ADL), and helping you achieve independence. Your occupational therapist will prepare you to:

- Take care of yourself, including bathing, dressing, and toileting tasks
- Return to your normal routine at home

Your occupational therapist will help you make a smooth transition to home.



Your Recovery

When to Call for Medical Help

It is important that you know what to watch for as you recover and who to call if needed. When in doubt, call your surgeon's office.

Call your Surgeon if any of the following occur:

- Fever of 101°F that doesn't get better after taking medicine
- Pain that gets worse or that you can't control with prescribed pain medicine
- Separation of the edges of the incision or unusual bleeding
- Redness, swelling, heat, or drainage around the incision
- Blood, pus, or a foul odor coming from the incision
- Numbness, tingling, or weakness in your arms or legs – or where you don't expect it
- Persistent headache, blurred vision, dizziness, light-headedness, or fainting
- Skin rash
- No bowel movement within 7 days after surgery
- Nausea when eating and drinking

Call your Primary Care Physician if you have:

- Concerns about your regular medicines
- Symptoms of a urinary tract infection (burning, frequency, urgency)
- Trouble controlling your blood sugar (if you have diabetes)

Go to the Emergency Room or Call 911 if you have:

- Difficulty breathing
- Shortness of breath
- Chest pain
- Signs of a blood clot
- Black or bloody stool
- Bloody vomit



Signs of Blood Clots

- New or sudden forearm or calf pain
- Sudden increase in pain, tenderness, redness, or warmth in forearm or calf
- Sudden swelling in thigh, calf, or ankle that does not go down with proper elevation (overnight or 15 minutes, 3 times a day).
- If you feel you have a clot it's important to call 911 immediately.

Blood Clot Prevention

Surgery may cause the blood to slow and thicken in the veins of your legs, creating a blood clot. This is why you are prescribed aspirin or other blood thinners after surgery.

NOTE:
Simply moving your body by walking can help prevent blood clots. Compression stockings may also be used to reduce the chance of blood clots, as well as swelling. Wear the stockings as instructed.

Your Recovery

Incision Care

- After surgery, you will have a padded tape dressing covering your shoulder or elbow. This should remain in place for 72 hours after surgery.
- At your first outpatient Physical Therapy appointment, your incision will get redressed with a smaller bandage that you will keep in place typically until your follow up visit with your surgeon. Your staples/stitches will be removed approximately 10-14 days following surgery at your first post-operative appointment with your surgeon's team.
- You will not be allowed to get your incision(s) wet until the staples have been removed. Until then you may sponge bathe, keeping the incision site dry.
- Once cleared by your surgeon or physical therapist to shower, you may let soapy water rinse over your incision(s), taking care not to scrub over them. Once finished, gently pat the incision(s) dry.
- Do not submerge or soak your incision(s) for 3 weeks.
- Do not apply any lotion, cream, or antibiotic ointment to your incisions.

Keep your incision(s) dry until the staples or stitches have been removed.

Controlling Discomfort

- Until you have no pain, soreness, warmth, or swelling, you should be icing your shoulder or elbow frequently (at least 4 times) throughout the day. Use ice over any areas of your shoulder or arm that are sore, taking care not to get your incision(s) wet. Place an ice pack on the joint for 20 minutes and then remove for at least 20 minutes; repeat throughout the day
- Avoid chemical ice packs, as they may cause frostbite and skin irritation. Crushed ice in a well-sealed bag or bags of frozen peas work well.
- Gradually wean yourself from prescription medication to Tylenol®. You may take 2 Extra-Strength Tylenol up to 4 times per day in place of your prescription medication.

Temporary Changes

- You might not be hungry for a little while after surgery. It's important that you stay hydrated and eat small, balanced meals rich in protein to help your body heal.
- Especially during the first 2 weeks after surgery, you should increase how much protein you eat to promote healing. Meats, fish, and peanut butter, as well as protein-rich powders, drinks, and shakes are all good source of protein.
- Your energy level will be decreased for the first month.
- You might become constipated, a common side effect of pain medication that contains narcotics. Drink plenty of fluids and eat more fruits, such as prunes. Follow your instructions for stool softeners or laxatives.

Infection Prevention

It is very important that you protect your artificial joint from potential infection. Some patients have increased risk following total joint surgery because infection can spread from another source in your body to your new joint. From now on, it's important that before any dental work or any other surgery is done, you tell your dentist or surgeon that you have an artificial joint. Always play it safe. If you're uncertain if a certain procedure increases your risk of infection, ask!

Your Recovery

Caring for Yourself at Home

You make the difference! During your first few weeks at home, you will adapt what you've learned from your care team to your own setting. You will play a huge role in your recovery and it's important that you be proactive and participate.

A few key reminders for when first return home:

- You will be required to wear your sling at all times with the exception of showering, changing clothing, or working on rehab exercises.
- You must protect yourself from falling and keep your new joint in safe positions while you heal.
- You should plan for someone to stay with you for several days when you first go home.
- You will not be able to care for other people or your pets the first few weeks after your joint replacement. Make sure you have arranged for someone to care for your pets for the 2 weeks right after your surgery.

Being positive and proactively participating in your rehabilitation makes a real difference in your recovery.

- You may not drive a motorized vehicle if you are taking narcotic pain medication. You should not drive until your doctor or physical therapist says it is okay to do so. While it is not illegal in New York State to drive while wearing a sling, you may be considered temporarily disabled. If you are involved in an automotive incident of any severity, you may be held responsible for damages, regardless of fault. Usually you may begin driving once you are no longer required to wear the sling and are no longer taking narcotic pain medication. This usually occurs at 4-6 weeks.

Before your surgery, it is helpful to coordinate rides to appointments you will have in the first few weeks after surgery.

Within a few days, you should be able to do the following with little to no assistance:

- Do physical therapy exercises
- Get in and out of bed
- Move from sitting to standing
- Get around your home without being overly tired
- Dress yourself and manage your daily hygiene routine

Helpful Tips

- Applying ice can help control pain and swelling. It is important to follow directions from your surgeon or therapist regarding the use of ice.
- Remove clutter and area rugs. Tape down the edges of rugs that can't be moved.
- Place frequently used items close to you and at arm level so you do not need to bend over or reach up high.

Sling Use

Immediately after surgery you will be required to wear a sling **at all times** (including while you are sleeping). The duration of time you will need to wear the sling, and the type of sling you will be given, will depend on the type of procedure that was performed. When it is time to wean out of your sling, your physical therapist/athletic trainer will help you.

DO NOT remove your sling until at least 24 hours after your surgery. Once 24 hours has passed, you may be allowed to remove your sling for specific activities such as getting dressed, bathing, and completing recommended exercises.



Removing your sling

The safest way to remove your sling is to rest your forearm on a counter top or table. Once you are in this position, undo the clips that attach to the straps & move them out of the way. Grab your wrist with your non-surgical arm and slowly lift your arm out of the sling. Make sure to keep your arm close to your side while supporting it with the other hand.



Putting your sling on

To put your sling back on, lay your sling open on a counter top or table. Gently lift your arm with the support of your nonsurgical arm into the sling, and reattach the straps and clips.

Getting Dressed

Shirts or Jackets

- Bend forward at the waist letting your surgical arm hang down toward the floor.
- With your elbow straight, slide the sleeve over your surgical arm and up to your shoulder. **Do not try to help with your surgical arm.**
- Pull your shirt up over your head, using your nonsurgical arm.
- Lastly, slide your nonsurgical arm into its sleeve.
- Return to a standing position.
- To take shirt off: reach to the back of your neck and gather the shirt with your nonsurgical hand. Tilt your chin to your neck and pull the shirt over your head. Pull the nonsurgical arm out of the sleeve, then use that arm to slide the shirt off your surgical arm.

Pants, Socks, and Stockings

- Use nonsurgical arm only taking care to avoid pulling or weight bearing with your surgical arm.

Shoes

- Slip-on shoes are easier to put on than lace-up shoes. Elastic shoelaces can replace shoelaces in sneakers to allow the shoes to slip on easily without needing to be tied.
- Use the reacher to grab the shoe by the tongue and place your toes in the shoe.
- With the aid of a long handled shoehorn, push your heel into the shoe.

Review these steps in this video. Just use your phone's camera to open.



Life After Surgery - *Progressing to Independence*

Week 1 Goals

Independently put on and take off clothing and sling/splint
Independently perform indicated shoulder or elbow exercises
Control pain with the use of medications and ice packs

Weeks 2-4 Goals

Complete your daily home exercise program
Shower and dress independently or with the assistance of a family member or friend

Weeks 4-6 Goals

Begin weaning from the sling for shoulder patients
Ease into light activities of daily living using surgical arm including brushing teeth, dressing, and eating
Complete your daily home exercise program

Weeks 6-12 Goals

Begin weaning from the elbow splint for elbow patients
Continue to progress range of motion and strength for shoulder replacement patients
Ease back into activities of daily living involving the surgical arm including light house work

After 12 Weeks Goals

Continue to build strength and mobility of the shoulder
For elbow patients continue to progress motion and function as advised by your therapist or surgeon
After 4 months return to sports programs (golf and tennis) only if cleared by your therapist and surgeon

Do not perform any weight bearing or high impact exercises for your shoulder or elbow.
Ask your surgeon if you have questions about other activities.

Physical Therapy at Home

Your participation in your physical therapy program is essential to the success of your surgery. The more committed and enthusiastic you are, the quicker your improvement will be.

It is normal to experience discomfort when doing your exercises and you may need to take pain medication prior to doing your physical therapy exercises. It is important that you perform your assigned exercises exactly as instructed by your physical therapist with the appropriate number of repetitions. Do not add or subtract any exercises!

A member of our team will review your post-operative exercise program, explain your sling/immobilizer/elbow splint, and answer questions you may have about your function. He or she will also help facilitate scheduling for your post-operative therapy appointments, as recommended by your surgeon.

You will begin formal rehabilitation at our outpatient clinic 3-5 days after surgery. The rehabilitation program will be designed for you and your specific surgery. All restrictions will be reviewed with you before you leave our care and also at your first rehabilitation appointment. You will attend therapy until you have returned to all activities you would like to participate in, with approval from your surgeon.

Maximizing recovery after shoulder or elbow surgery requires several things: protection of your healing tissue, a gradual return of range of motion and strength, resolution of swelling, and restoration of functional abilities. A physical or occupational therapist/athletic trainer will review your program with you at your presurgical instructional appointment and again at your first outpatient post-surgical rehabilitation appointment. It is best to have thoroughly reviewed and practiced this program PRIOR to your surgery. It is very important that you complete your program with perseverance and consistency in order to optimize your recovery.

The exercises on the following pages are to be performed 3 to 5 times per day immediately following your surgery. You may feel some discomfort while performing some of the exercises, but as you perform the exercises your pain should lessen. **If you are not sure you are performing the exercises properly, or if you are experiencing increased pain during or immediately after you do them, stop the exercises until you consult with your physical/occupational therapist or athletic trainer.**

PRECAUTIONS

- 1. DO NOT perform any active arm movements for the first 4 weeks**
- 2. DO NOT attempt to reach behind your back for the first 12 weeks**
- 3. DO NOT bear weight on your surgical arm for 12 weeks**

Physical Therapy at Home – Shoulder

Your Personalized Shoulder Replacement Exercise Program

Between the time of your surgery and your first outpatient physical therapy appointment, there are exercises that you should complete at home in order to prevent excessive stiffness & improve mobility of your arm. Each of the following exercises should be performed 3-5 times per day for 10-20 repetitions.

Wrist Flexion/Extension: While in your sling, slowly bend your wrist back and forth as far as you are able.

Use your other hand to assist and apply a gentle stretch. Hold for 5 seconds at each position.



Ball/Towel Squeeze: Squeeze a ball or rolled up towel and hold for 3 seconds



Elbow Flexion/Extension: *(Remember: You may not take your sling off for 24 hours after surgery. Do not perform this exercise until then.)*

Carefully take arm out of sling, keep arm at your side. With the help of your nonsurgical hand, gently bend and straighten your elbow through a comfortable range. Hold for 5 seconds at each position.



Standing Arm Hang Passive Flexion Stretch: *(Remember: You may not take your sling off for 24 hours after surgery. Do not perform this exercise until then.)*

Slowly bend forward at the waist to allow your arm to hang towards the floor.

This is the position that should be used to put on a shirt as well as wash your underarm or apply deodorant.



Physical Therapy at Home – Elbow

Your Personalized Elbow Replacement Exercise Program

Between the time of your surgery and your first appointment, there are exercises that you should complete at home in order to prevent excessive stiffness and improve mobility of your arm. Each of the following exercises should be performed 3-5 times per day for 10-20 repetitions.

Tendon Gliding Exercises for the Hand:

- Keep arm in immobilizer at ALL times until first post-surgical visit
- Start with fingers straight, hold for 5 seconds
- Make a hook fist bending first two joints of hand and keeping large knuckle straight, hold for 5 seconds then return to straight hand
- Make a full fist bending all three joint of the hand, hold for 5 seconds then return to straight hand
- Repeat



Shoulder Replacement Procedures

Injury or arthritis can leave your shoulder painful and less functional. When pain is severe and ability to perform daily functions is significantly reduced, joint replacement surgery might be recommended. Joint replacement surgery removes diseased or damaged bone in your shoulder and replaces it with an artificial joint, with the goal of relieving pain, restoring motion, and returning you to an improved activity level.

UR Medicine Orthopaedics can offer you the widest range of treatment options in Upstate New York to return you to a life in motion. The orthopaedic surgeons on the Shoulder and Elbow Team at UR Medicine are all board certified and fellowship trained, and they perform the most shoulder and elbow replacements in the region.

Shoulder Replacement

The shoulder is made up of three joints:

- Glenohumeral
- Sternoclavicular (SC)
- Acromioclavicular (AC)



The glenohumeral joint, shown here, is a “ball and socket” joint where the ball (head of the humerus or upper arm bone) meets a shallow socket (the glenoid) to allow for mobility of the joint. Injuries to one or more of these joints could cause pain and limit motion.

Total Shoulder Replacement

This is the most common shoulder replacement surgery. It replaces the ball at the top of your humerus with a metal ball fixed in the hollow shaft of the humerus. The glenoid socket is covered with a new plastic surface.



Reverse Shoulder Replacement

In this surgery, the location of the ball and socket are reversed. The metal ball is attached to your glenoid socket, and a cup is implanted at the top of your humerus.



Partial Shoulder Replacement

Your surgeon might perform a partial replacement where only the ball is replaced. However, this procedure is appropriate for very few patients.



Elbow Replacement Procedures

Injury or arthritis can leave your elbow painful and less functional. When pain is severe and ability to perform daily functions is significantly reduced, joint replacement surgery might be recommended. Joint replacement surgery removes diseased or damaged bone in your elbow and replaces it with an artificial joint, with the goal of relieving pain, restoring motion, and returning you to an improved activity level.

UR Medicine Orthopaedics can offer you the widest range of treatment options in Upstate New York to return you to a life in motion. The orthopaedic surgeons on the Shoulder and Elbow Team at UR Medicine are all board certified and fellowship trained, and they perform the most shoulder and elbow replacements in the region.

Elbow Replacement

The elbow is a hinged joint made up of three bones:

- The humerus (upper arm bone)
- The ulna (forearm bone on the pinky finger side)
- The radius (forearm bone on the thumb side)

The surfaces of the bones where they meet to form the elbow joint are covered with cartilage, a smooth substance that protects the bones and enables them to move easily. Cartilage damage leads to arthritis.



Total Elbow Replacement

This surgery involves replacing all damaged parts of the humerus and ulna with artificial components. Both components are secured with stems that fit in the hollow shaft of your bones.



Personal Care Instructions

UR Medicine Orthopaedics and Physical Performance follows careful procedures to help prevent surgical infections, and you play a key role in that effort.

All patients have bacteria on their skin, which is typically harmless. Before surgery, however, we want to reduce it as much as possible to help prevent any bacteria from getting into your incision.

This preparation begins with you at home by thoroughly cleansing your skin using an antibacterial soap (such as Dial) and the Chlorhexidine cleanser you received at your presurgical screening appointment. In addition, the surgeon again cleanses your skin just prior to making the incision.

At-home Cleansing Procedure

1. For 3 nights before your surgery, shower with an antibacterial soap (such as Dial) and wash your whole body, head to toes. Use your normal shampoo on your hair. Use normal soap on your face.
2. Then, while still in the shower, use the Chlorhexidine cleanser to wash your body from the neck down. Do not use your home soap after the Chlorhexidine cleanser.
3. Let the Chlorhexidine cleanser sit on your skin for 2 minutes.
4. Rinse thoroughly.
5. After your shower, get dressed in clean clothes and do not apply lotion.

At-home Cleansing Checklist	
Surgery Date: _____	
3 Days Before Surgery: _____ Date	<input type="checkbox"/> Antibacterial soap used in shower <input type="checkbox"/> Chlorhexidine cleanser used in shower
2 Days Before Surgery: _____ Date	<input type="checkbox"/> Antibacterial soap used in shower <input type="checkbox"/> Chlorhexidine cleanser used in shower
1 Day Before Surgery: _____ Date	<input type="checkbox"/> Antibacterial soap used in shower <input type="checkbox"/> Chlorhexidine cleanser used in shower
Day of Surgery: _____ Date	Surgical team performs final cleanse.

Anesthesia Services Information **HH 10769 PE**

Anesthesia services are needed so that your operation or procedure may be performed.

All forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of your procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of but not limited to, infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. These risks apply to all forms of anesthesia and

additional or specific risks have been identified below as they may apply to a specific type of anesthesia. The type(s) of anesthesia service may be used for your procedure and the anesthetic technique to be used is determined by many factors including your physical condition, the type of procedure, as well as your preference. Anesthesia techniques which involve the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

General Anesthesia	<p>Expected Result</p> <p>Technique</p> <p>Risks</p>	<p>Total state of unconsciousness.</p> <p>Drug injected into bloodstream, breathed into the lungs, or by other routes. Possible placement of tube into the windpipe.</p> <p>Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration pneumonia.</p>
Spinal or Epidural Analgesia/ Anesthesia	<p>Expected Result</p> <p>Technique</p> <p>Risks</p>	<p>Temporary decreased or loss of feeling and/or movement to lower part of the body.</p> <p>Drug injected through a needle/catheter placed either directly into the spinal canal or immediately outside the spinal canal.</p> <p>Headache, backache, buzzing in ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal."</p>
Major/Minor Nerve Block	<p>Expected Result</p> <p>Technique</p> <p>Risks</p>	<p>Temporary loss of feeling and/or movement of a specific limb or area.</p> <p>Drugs injected near nerves providing numbness to the area of the operation.</p> <p>Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels.</p>
Intravenous Regional Anesthesia	<p>Expected Result</p> <p>Technique</p> <p>Risks</p>	<p>Temporary loss of feeling and/or movement of a limb.</p> <p>Drug injected into veins of arm or leg while using a tourniquet</p> <p>Infection, convulsions, persistent numbness, residual pain, injury to blood vessels.</p>
Monitored Anesthesia Care	<p>Expected Result</p> <p>Technique</p> <p>Risks</p>	<p>Reduced anxiety and partial or total amnesia.</p> <p>Drug injected into bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state.</p> <p>An unconscious state, depressed breathing, injury to blood vessels.</p>

Physical Therapy and Physician Locations

Clinton Crossings

4901 Lac de Ville Blvd., Bldg. D
Rochester, NY 14618
(585) 341-9200

Platinum Office Building

2064 Fairport Nine Mile Road
Penfield, NY 14526
(585) 341-9200

Strong West

156 West Avenue
Brockport, NY 14420
(585) 341-9200

Orthopaedics and Physical Performance Center

10 Miracle Mile Drive
Rochester, NY 14623
(585) 341-9200

South Pointe Landing

10 South Pointe Landing
Rochester, NY 14606
(585) 341-9200

Point your cell phone's camera
at the QR codes below to visit the corresponding web page.

UR Medicine
Shoulder
and Elbow
Replacement



Total Shoulder
and Elbow
Replacement
Guidebook
(electronic
version of this
Guidebook)



Total Joint
Replacement
Education
Class



Orthopaedics & Physical Performance

