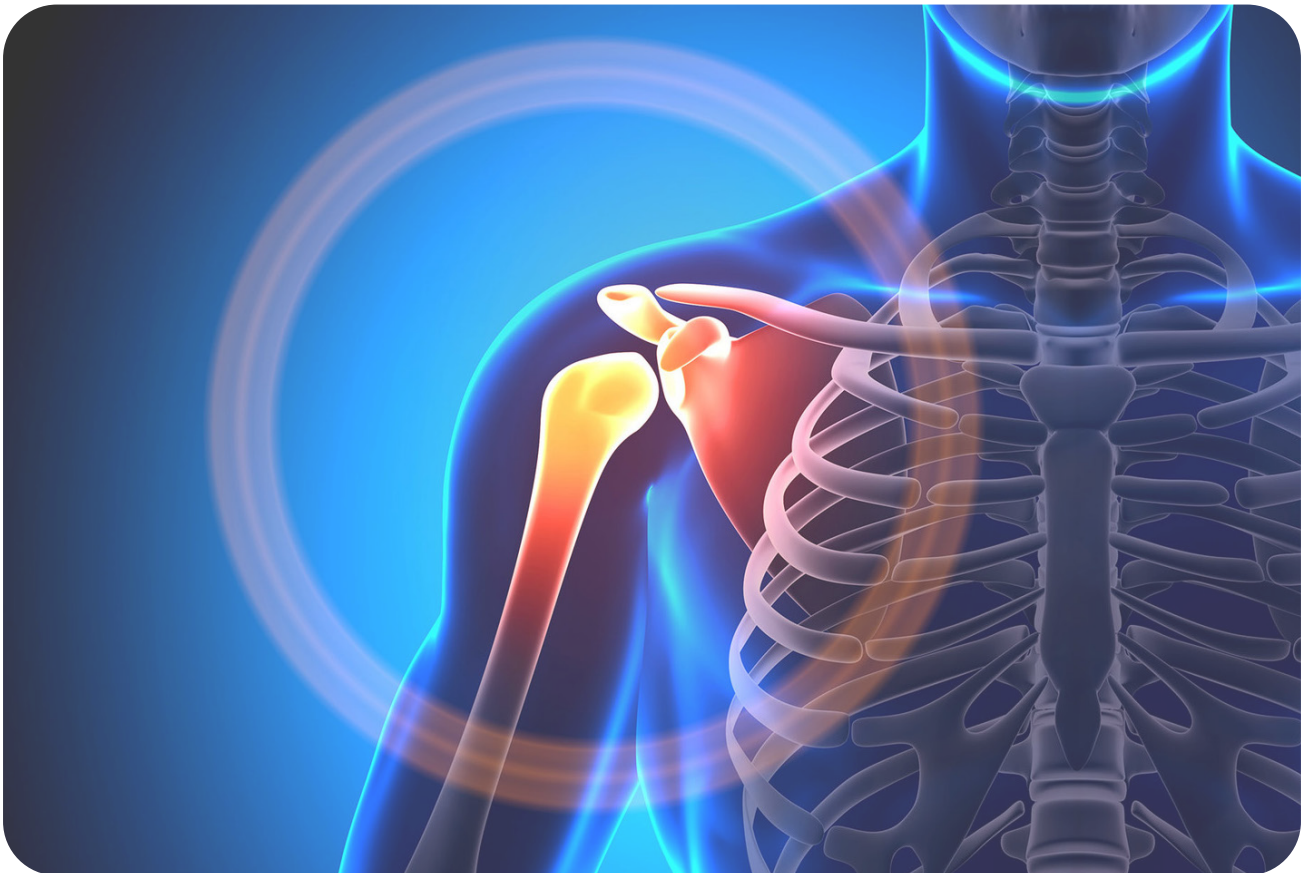


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# A GUIDE TO YOUR SHOULDER REPLACEMENT EXPERIENCE

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This guide will assist in preparing you for your upcoming shoulder replacement procedure at UnaSource Surgery Center. Being informed and prepared will be a large factor in your surgery's success.

Please review this booklet, share it with the friends and family members who will be assisting you during recovery, and bring it with you to all events related to your surgery.

**UnaSource**  
*Surgery Center*



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Joint replacement is a surgical procedure in which the worn, damaged surfaces of the joint are removed and replaced with new artificial parts. Your doctor may consider joint replacement if you have severe pain which limits daily activities and is not relieved with medications, injections, physical therapy, or other treatments. The goal of the surgery is to relieve pain and restore the alignment and function of your joint.

Joint replacement provides the most dramatic relief of arthritis pain available to patients.

Traditionally, joint replacement has been an inpatient surgical procedure. With the introduction of minimally invasive techniques, modern pain relief protocols, improved anesthetic techniques, and rapid rehabilitation, surgeons can perform total joint replacement procedures on an outpatient basis.

**OUTPATIENT JOINT REPLACEMENT IS THE SAME AS TRADITIONAL JOINT REPLACEMENT BUT THE PATIENT CAN GO HOME ON THE SAME DAY OF SURGERY. THIS ALLOWS PATIENTS TO RECOVER IN THE COMFORT OF THEIR OWN HOME INSTEAD OF OVERNIGHT IN A HOSPITAL.**

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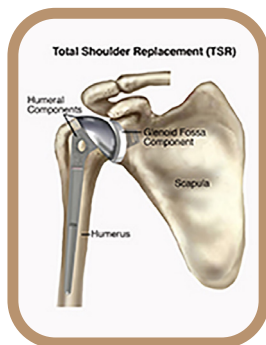


With outpatient shoulder replacement, patients can often return to normal activities quicker and with less pain than with traditional joint replacement surgery.

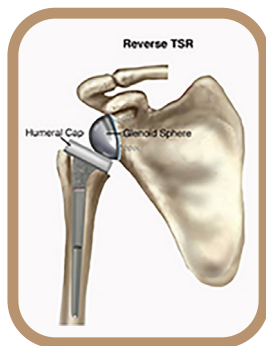
**Other advantages of outpatient shoulder replacement include:**

- Rapid recovery
- Decreased hospital stay
- Improved pain management protocols
- Early mobilization
- Fewer complications
- Improved outcomes
- Increased patient satisfaction
- Lower out of pocket costs

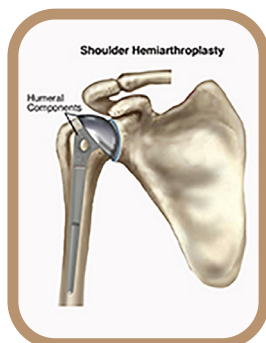
**Shoulder replacements done at UnaSource:**



Anatomic Total Shoulder Arthroplasty (ATSA) – The “ball” or humeral head (upper arm bone) is replaced with a titanium or metal alloy ball. The “socket” or glenoid of the scapula is resurfaced or replaced with special polyethylene piece. These pieces mimic the normal anatomy of the shoulder and are fitted specifically to each patient.



Reverse Total Shoulder Arthroplasty (RTSA) – The socket and ball are switched. The metal ball is fixed to the socket or glenoid and the plastic cup is fixed to the humeral head. In doing this, the patient would then use the deltoid muscle instead of the rotator cuff to power and position the arm. The RTSA procedure is advised in people with a severe rotator cuff tear, severe arthritis with rotator cuff tearing, or a previous standard shoulder replacement that has failed. This repair is not designed for heavy use and may have more long term restrictions.



Hemiarthroplasty of the Shoulder – Just the humeral head is replaced.





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# **SHOULDER REPLACEMENT RISKS**

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As with any major surgery, there are a number of potential complications related to joint replacement surgery. The general risks of joint replacement surgery include: heart attack, stroke, infection, pneumonia, bleeding, blood clot, urinary dysfunction, and nerve or blood vessel damage. This list is not all-inclusive.

## **Infection**

To reduce the risk of a surgical site infection, your nose will be swabbed with Betadine before surgery. You will also shower with Chlorhexidine Gluconate 4% (CHG) skin cleanser for 2 days before surgery and on the morning of your surgery to reduce the bacteria on your skin (see page 11). On the day of surgery at UnaSource Surgery Center you will receive an antibiotic.

### **To reduce the risk of a surgical site infection:**

- ★ Practice good hygiene during your recovery
- ★ Wash your hands
- ★ Wear clean clothes
- ★ Use clean linens and bedding
- ★ Avoid touching the bandage on your wound

## **Pneumonia**

### **To reduce the risk of pneumonia:**

- ★ Stop smoking now. Smoking increases your anesthesia risks, increases your risk of pneumonia after surgery, and slows tissue repair at the site of your surgery.
- ★ Deep breathe. After your surgery during your recovery, take at least 10 deep focused breaths every hour while you are awake. Try to do this as long as you are taking pain medication.
- ★ Avoid others who are sick, especially those with a cough.

## **Bleeding**

### **To reduce the risk of bleeding:**

- ★ Stop taking anti-inflammatory medications 7-14 days prior to surgery, or as directed by your surgeon. Examples of these medications are: Motrin, Aleve, Mobic, Naprosyn, aspirin, etc.
- ★ If you are on blood thinners such as Coumadin (warfarin), Plavix, Xarelto, Eliquis, Lovenox or aspirin – you may need to stop taking these medications prior to surgery. Talk to your surgeon and primary care provider to determine what is best for you.

## **Blood Clot**

Blood clots commonly form in the legs. A blood clot that lodges in the veins of the leg is called a deep vein thrombosis (DVT). To reduce your risk of a DVT, your surgeon will prescribe a blood thinner such as aspirin for you to take after your surgery. You will also be prescribed a sequential compression device (SCD) and wraps to wear on both legs; the SCD will be worn for 2 weeks during times when you are resting at home. UnaSource Surgery Center will give you the SCD on your day of surgery.

### To reduce the risk of a blood clot:

- ★ Use the prescribed sequential compression device as instructed.
- ★ Get up and walk; moving around keeps your blood circulating.
- ★ Perform ankle pumps and rotate your ankles clockwise and counter-clockwise every hour while at rest.
- ★ Contract your thigh muscles every hour you are awake.

## Urinary or Bladder Issues

After surgery it can be difficult to urinate and your stream may be weak. You may not be required to urinate prior to discharge, however you should be able to urinate within 6 hours after your surgery. Turning on a faucet may help bring on the urge to urinate. Notify your surgeon if you are not able to urinate within 6 hours after your surgery.

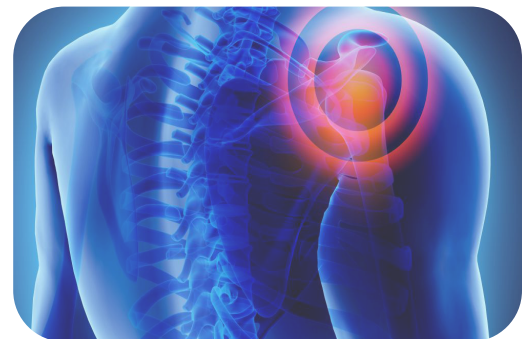
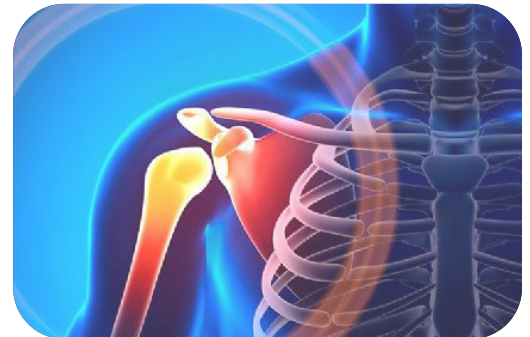
## Nerve Damage

All patients will notice numbness in the skin around the incision site. The area of numbness usually decreases in size over time.

## **COMPLICATIONS RELATED TO SHOULDER REPLACEMENT**

Dislocation: This is when the ball of the joint comes out of the socket. Strict adherence to shoulder precautions outlined on page 21 can greatly decrease the risk of dislocation. These include:

- Do not put any weight on the operated arm or lift anything greater than 1 pound for 4 weeks.
- Do not rotate the shoulder or arm OR bring the arm back behind the shoulder
- No pushing or pulling with the operative side
- Wear the sling continuously for 3-4 weeks. The arm can come out of the sling 5-6 times per day to move the elbow, wrist and hand. Writing and eating are advised with caution.
- Do not support the body weight with the operative side hand.
- While laying on your back, a small pillow or towel roll should be placed behind the elbow to avoid shoulder hyperextension. Patient should always be able to visualize their elbow when lying on their back for 6-8 weeks.



Stiffness: Difficulty with elevation (reaching overhead) or rotation (reaching away from the side or behind the back). This is sometimes due to the design of the shoulder implant.

***The most important predictor of postoperative shoulder motion is preoperative shoulder motion.***





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# **PREPARING FOR OUTPATIENT SHOULDER REPLACEMENT**

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# UnaSource Surgery Center Joint Replacement Experience Timeline\*

\*your individual experience may vary

<b>2-4 Weeks Before Surgery</b>	Watch the Joint Replacement Education video on <a href="http://unasourcesurgery.com">unasourcesurgery.com</a>
	Stop taking certain medications as instructed.
<b>2 Weeks Before Surgery</b>	UnaSource Surgery Center Patient Registration will call to verify your demographic and insurance information.
	Look for an email from our RN Ortho Coordinators with steps to take prior to surgery.
<b>1-2 Weeks Before Surgery</b>	A UnaSource Ortho Coordinator will call to go over your health history and answer questions. Be sure to have a complete list of your medications available for the call.
<b>3-5 Days Before Surgery</b>	Begin Mupirocin (Bactroban) nasal ointment if prescribed by your surgeon.
<b>2 Days Before Surgery</b>	Start showering with Chlorhexidine Gluconate.
<b>Day Before Surgery</b>	Shower with Chlorhexidine Gluconate.
	UnaSource Surgery Center will call between 3-5pm with your surgery arrival time.
	Wash bedding and towels.
	Do not eat after midnight.
<b>Day of Surgery</b>	Shower with Chlorhexidine Gluconate at home prior to surgery.
	Replace bedding with fresh linens prior to surgery.
	Take the medications you have been instructed to take with only a sip of water.
<b>Day After Surgery</b>	A UnaSource Surgery Center Ortho Coordinator will call to follow up.
	Call your surgeon's office to schedule follow-up appointment.
<b>48 Hrs After Surgery</b>	A UnaSource Surgery Center Ortho Coordinator will call to follow up.
<b>4 Days After Surgery</b>	Remove pain pump catheter, if a pain pump had been used.
<b>7 Days After Surgery</b>	A UnaSource Surgery Center Ortho Coordinator will call to follow up.
<b>30/60/90 Days After Surgery</b>	You will receive a follow up email from UnaSource.





## **Medical Clearance**

Your surgeon may require a medical or cardiac evaluation prior to surgery. You should see your primary care doctor and/or cardiologist if this is required. The results of the medical evaluations need to be sent to your surgeon's office.

## **Dental Work**

If you have not seen a dentist in the past 6 months, make an appointment as soon as possible for a dental exam. You should not have any major dental work or a cleaning in the month prior to your joint replacement surgery or for 3 months after your surgery.

## **Flu/Covid Shot**

If you choose to get one of these vaccinations, please make sure it is completed at least 4 weeks prior to the surgery date.

## **Medications**

**Stop taking the following medications 7-14 days prior to surgery, or as directed.**

- Anti-inflammatory (Motrin, Aleve, Mobic, Naprosyn, aspirin, etc)
- Vitamins and Supplements (fish oil, calcium, glucosamine)
- Rheumatologic (Enbrel, Remicade, Methotrexate)

If you are on blood thinners such as Coumadin (Warfarin), Plavix, Xarelto, Eliquis, Lovenox or aspirin – you may need to stop taking these medications prior to surgery. Continue taking pain medication and narcotics, as well as blood pressure, diabetic, and heart medications.

## **Betadine Swab**

Your nose will be swabbed with Betadine to eliminate staphylococcus aureus bacteria that may be present. Thirty-five percent of the population carry this bacteria in their nose, which can transfer to your skin. Studies have shown that eliminating this bacteria from your nose prior to surgery reduces the risk of a surgical site infection.

## **Chlorhexidine Gluconate 4% (CHG) Skin Cleanser**

Showering with this soap has been shown to decrease the bacteria level on your skin which may reduce your risk of a surgical site infection. Plan to purchase the CHG skin cleanser and shower with it the 2 days prior to your surgery and on the morning of your surgery before you leave your home for the Center.



# Preparing for Recovery at Home

You must have a support person who will accompany you at UnaSource Surgery Center on the day of your surgery and stay with you for the first few days after surgery. It is ideal that your support person also watches the Joint Replacement video.

After your total shoulder procedure, you will be discharged with your arm in a sling. Plan to wear oversized front opening shirts with zippers or buttons, as these will be the easiest to get on/off.

## Make sure pathways between rooms are clear:

- Remove doormats and throw rugs
- Secure floor-level cords
- Remove clutter from the floors



**Pets can be a trip hazard too!**

## Complete shopping, housekeeping and laundry prior to your surgery date:

- Put newly laundered linens on your bed the morning of your surgery and ensure you have a supply of clean bath towels – using clean linens and towels may reduce the risk of getting a surgical site infection
- Prepare for meals and shop in advance
- Move items you will need or frequently use in the kitchen, cupboards & bathroom to waist level for easy access
- Move easy-to-wear clothing such as front opening shirts, sweat pants & slip on shoes to the front of your closet
- Get a long handle bath brush or sponge
- Prepare extra pillows with fresh, clean pillow cases
- Get spray deodorant
- Set up a “recovery center” at home: phone, charger, TV remote, tissues, wastebasket, water, reading material, medications, snacks, pillow with clean pillow cases and blankets
- Arrange a table or night stand next to the area you plan to sleep or rest on the side of your non-operative arm





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# **WHAT TO EXPECT ON YOUR DAY OF SURGERY**

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## Day Before Surgery

UnaSource Surgery Center will call between 3-5pm the day before your surgery to notify you of your arrival time. For those having surgery on a Monday, this call will be made on the Friday prior to your surgery date. You are typically asked to arrive at UnaSource Surgery Center 2 hours prior to your scheduled surgery time. During this phone call, the UnaSource team member will review medication instructions, let you know when to stop eating and drinking, and answer any questions you may have.

## Your Surgical Experience

On your day of surgery, the support person accompanying you to UnaSource Surgery Center must be a responsible adult. Wear loose, comfortable clothes and non-skid, sturdy shoes. Do not wear jewelry or contact lenses. Remember to bring:

- Driver's License
- Insurance Cards
- Any durable medical equipment prescribed by your surgeon

Medications to take before surgery	Medications to stop taking before surgery

After you have registered at the Front Desk, you will be escorted to a private Patient Care room; the person accompanying you will join you after you are admitted. You will meet the anesthesiologist who will talk about the type of anesthesia that will be used during your surgery. Before surgery, the anesthesiologist may provide a peripheral nerve block or insert a pain pump catheter to keep you comfortable after surgery. Also before surgery, you will receive a sequential compression device with stockings that pump air around your calves.

During your surgery, the responsible adult accompanying you at UnaSource will wait in our Lobby. Beverages, Wi-Fi, reading materials, television and comfortable seating are available for your waiting guest.

After surgery you will return to your private Patient Care room for recovery and your surgeon will speak with the person accompanying you in our private consultation room.

If your surgeon sent your prescriptions to the pharmacy on the UnaSource campus, a nurse will let your support person know to pick them up while you are in surgery.

Once you wake up you will be offered something to drink and a light snack.

## Your Team of Professionals

Surgeon
Physician Assistant
Anesthesiologist
CRNA (Nurse Anesthetist)
Pre-Operative Nurse

Operating Room Nurse
Surgical Technologist
Recovery Nurse
Clinical Technician/Nursing Assistant
Physical Therapist

## Discharge Planning

A registered nurse will review all of your surgeon's orders and instructions with you and the person accompanying you. You will receive a folder to take home with copies of all the orders and instructions.

The nurse will provide instructions on how to use the pain pump and also how to remove the small catheter at home once the pain pump is empty. The pain pump provides a continuous flow of local anesthesia (numbing medicine) around the nerves close to the surgical site. The pain pump will last for 4 days.

You should not put any weight on your operative arm (non-weight bearing). You must wear the sling as directed by your surgeon.

You may be sent home with a sequential compression device to wear at home for 2 weeks at times when you are inactive. Calf pain, tenderness, redness, or swelling must be reported to your surgeon immediately.

**Your surgeon will e-scribe the appropriate post-op medications for you.**





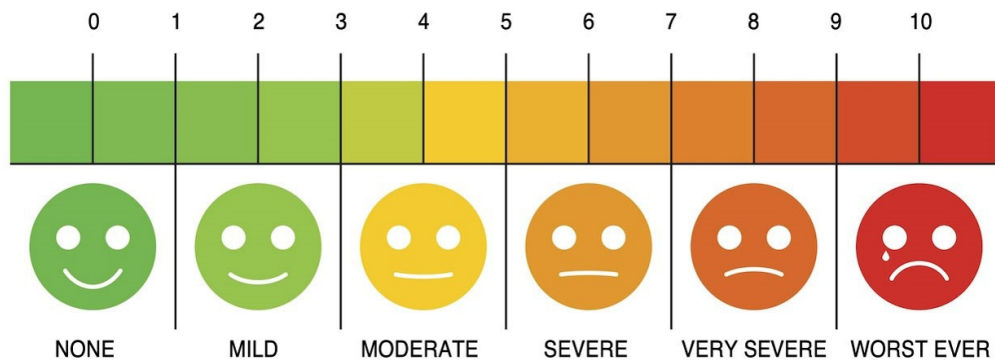
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# **WHAT TO EXPECT DURING RECOVERY**

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# Pain Management

Most people will experience discomfort after surgery and it is normal. The pain scale below will be used to determine your pain level during your recovery at UnaSource Surgery Center and also once you are at home.



The goal of pain management is to lessen discomfort so you can rest, be mobile, and effectively participate in physical therapy. The plan to manage your postoperative pain starts before you even have surgery.

Prior to surgery you will receive a peripheral nerve block and/or pain pump that will help keep you comfortable. Additionally, you will receive a “cocktail” of medications before surgery including an anti-nausea medication, Tylenol, and an anti-inflammatory; these medications will also provide pain relief for you after surgery.

Your surgeon will e-scribe several prescriptions to use at home for pain. A UnaSource team member will review those prescriptions with you. Many of our surgeons will e-scribe to the pharmacy located in the building next door. We will direct your support person appropriately.

At home, you should take the pain medication on a regular schedule and as prescribed so you stay ahead of the pain. It can take some time to get the pain to a tolerable level if the interval between doses is too long. Take pain medication with food to reduce the chance of becoming nauseated.

Placing ice over your surgical site and keeping your surgical site elevated may also lessen discomfort. Use an ice pack for 20-30 minutes 4-6 times per day. Do not place the ice pack directly on skin.

If you have a pain pump and experience intolerable pain you may press the bolus button on the front of the pain pump. The pump is programmed to deliver a small amount of medicine each time the button is pressed. This feature eliminates the possibility of receiving too much medication when the bolus button is used.

## Side Effects from Pain Medications

**Nausea:** Take pain medications with food to reduce the chance of nausea.

**Constipation:** Common while taking pain medications. A stool softener such as Colace will be prescribed by your surgeon to minimize constipation. A high fiber diet including prune juice, and increased activity will also help lessen constipation.

# Pain Pump Information

Before your surgery, the anesthesiologist administered a single, full strength peripheral nerve block medication called ropivacaine, a numbing agent, alongside the nerves close to your surgery site. Then, a tiny catheter was inserted for pain management during your recovery. After surgery, the catheter is connected to a battery-operated pump and a bag filled with 500 milliliters (ml's) of half strength ropivacaine. The pump is programmed to administer 5ml's of ropivacaine every hour. The screen on the pump will display the amount of medication, in ml's, that has been delivered. Every hour you will see that the number is increasing. This medication is expected to last approximately 4 days but may be finished sooner depending on the use of the "bolus" button. Once the pump has delivered all the medication, the pump will beep, and the screen will show that 500 ml's has been given. The pump catheter will be removed, the bag and tubing will be thrown away, and the pump will need to be mailed back in the envelope provided.

## Managing Your Pain

The pain pump assists with pain management but may not take away all your pain. Your surgeon may have also prescribed oral pain medication that may be used as needed while the pain pump is in. The initial full-strength nerve block you received before surgery typically lasts roughly 24 hours. The medication in the pain pump is not as strong (half strength) as the medication you received for the initial nerve block; therefore, you should be prepared to feel some soreness/pain after the initial block wears off. You may want to begin your oral pain medication, if prescribed, at this time. The medication in the pain pump bag is not a narcotic so you may take your oral pain medications as directed and as needed while the pump is infusing.

## Play/Pause

Beneath the screen displaying the administered amount of medication is a "Play/Pause" button. If you would like to pause the pump for any reason, simply press this button. The pump will beep, and the screen will display the word "Pause". This will also happen if the "Play/Pause" button was pushed accidentally. Press the "Play/Pause" button again to restart the pump and resume the medication administration.

## Bolus

Under the "Play/Pause" button on the pump is a button with a symbol resembling a top hat. This is the "Bolus" button which can be pressed whenever you feel like you need an extra dose of the numbing medication. (i.e. increased pain and/or waiting for the pain pill to kick in). You can press this button every 30 minutes as needed for relief; for safety, the pump will not allow you to receive medication any sooner than every 30 minutes even if the button is pushed. When the "Bolus" button is pushed, the pump will deliver 5 ml of medication over 4 minutes. You will hear a humming/buzzing sound while the bolus is infusing, this is normal. The programmed amount of 5 ml per hour will automatically resume after the bolus is administered. Frequent use of the bolus button will reduce the length of time the pump will last; however, we recommend using it if needed.

## Leakage

Some medication leakage at the insertion site is common. The fluid may be clear, pink, or bloody. Do not remove the dressing until it is time to remove the catheter, if necessary, reinforce the dressing with gauze or paper towel and additional tape.

## Removing The Pain Pump

When the screen on the pump reaches **500 ml**, this means it is time to remove the catheter.

1. The person removing the pump and/or anyone assisting with the removal should wash their hands thoroughly.
2. Take the pump and the medication bag out of the black bag and turn the pump off. Remove the batteries from the back.
3. Pinch the two sides of the top of the pump to remove the top piece that is attached to the tubing for the medication bag.
4. Remove the clear dressing and tape from the insertion site of the catheter. The catheter is the size of a fishing line and will usually come out with the clear dressing removed. If it remains in, grasp the exposed catheter, and pull it out completely. It is normal to have a small amount of blood or fluid at the catheter site once the catheter is removed. You can apply a band-aid if necessary.
5. The tubing, the medication bag, and the top portion of the pump should be thrown away.
6. The pump with the screen and the buttons needs to be returned via the US Mail in the postage-paid envelope provided to you. Before mailing make sure that the batteries have been removed.

## For Questions Regarding the Pain Pump

1. Call 1-877-620-6060 for any questions and/or mechanical issues. This number is also located on the back of the pain pump envelope.
2. You may contact your anesthesiologist for nerve block questions or concerns. Their number is in your discharge instructions on the nerve block page.
3. You will receive a call from a nurse at the Center as outlined in your discharge information.



## **Moving Around**

Remember to use the sequential compression device whenever you are not up and walking. Do NOT walk with the sequential device wraps on your calves - they will slip down to your ankles and create a fall hazard.

## **Cold Therapy**

Cold therapy (ice packs) will be provided to reduce swelling and pain. Cold therapy produces an anesthetic effect when placed on the surgical area.

We recommend using ice packs on your surgical site or shoulder at least three times a day for 20-30 minutes at a time. Do not place ice packs directly on your skin/incision, use a clean, thin cloth or towel over your site. Do this throughout your recovery.

## **Tips for Easy Dressing**

- Always dress your injured arm first and take it out of clothes last.
- Sit on edge of chair or stand with your arm hanging by your side to start.
- Slide your surgical arm into the shirt sleeve first.
- Once this arm is fully in sleeve, bring the shirt around your back and put the other arm in.
- After your shirt is on, place your arm back in the sling.



## **Sleeping**

While the pain pump is in place, please sleep with your head and shoulders elevated 30-45 degrees.

Initially after surgery, it will be most comfortable to sleep on your back with a pillow under your surgical arm in the sling for support.

You may also sleep in a semi-sitting position. If sleeping on a bed is uncomfortable, try a reclining sofa or chair. Plan for where you will sleep – move a table to the side of your non-operative arm for easy access to items at bedside.

# Shoulder Replacement Precautions

- ✓ Exercise is a critical component of your recovery. Follow your surgeon's home exercise plan to help regain strength.
- ✓ Do wear your sling, as recommended by your surgeon.
- ✓ Do ask for assistance! Let your surgeon know if you will need support at home.
- ✓ Avoid stretching or sudden movements, particularly external rotation.
- ⊘ Do not drive a car until your surgeon has told you it is okay to do so.
- ⊘ Do not use the surgical arm to push yourself up in bed or from a chair.
- ⊘ Do not overdo it! If your shoulder was painful before the surgery, this diminished pain can trick you into thinking you can do more too soon. Early overuse could lead to long-term mobility issues.
- ⊘ Do not lift anything heavier than a glass of water or coffee cup for the first 2 to 4 weeks after surgery.
- ⊘ Do not participate in contact sports or do any repetitive heavy lifting after your surgery.
- ⊘ Do not place your arm in any extreme or awkward positions such as straight out to your side or behind your body for the first 6 weeks after surgery.

## Exercises to Aid Recovery

Make sure your arm is positioned properly with the cushion between your arm and side. Make sure the shoulder and waist straps are tight enough to support your arm.

Take the sling off for all exercises. You can place a pillow under your surgical arm for support when the sling is off. As pain improves, remove the pillow in order to extend your elbow.

### Finger Flexion/Extension

Actively bend the fingers of your surgical hand. Start with the knuckles furthest from your palm and slowly make a fist. Hold for 3 seconds. Relax and straighten your fingers as far as possible. Repeat 10-15 times per set. Do 1-2 sets per session, 2-3 times per day.



### Wrist Flexion/Extension

Actively bend your surgical wrist forward and then back as far as possible. Repeat 10-15 times per set. Do 1-2 sets per session, 2-3 times per day.



## **Forearm Pronation/Supination**

With your surgical arm in a handshake position, slowly rotate your palm down until the stretch is felt. Relax. Then rotate your palm up until the stretch is felt. Repeat 10-15 times per set. Do 1-2 sets per session, 2-3 times per day.



## **Elbow Flexion/Extension**

Use your opposite hand to bend your surgical elbow as far as you comfortably can. Hold this for 3 seconds then slowly straighten your elbow. Repeat 10-15 times per set. Do 1-2 sets per session, 2-3 times per day.



## Caring for your Incision

- Always wash your hands before and after touching the incision area.
- Wear clean clothing every day and use clean linens.
- The dressing over your incision should stay on for 7 days or as directed. The dressing can get wet in the shower.
- You may shower 24 hours after your surgery, unless you have a pain pump. If you do have a pain pump you may shower when the pain pump is removed, on the third or fourth day after surgery.
- When showering after the dressing is removed, you may gently wash over the incision with a mild soap and water.
- Do not bathe in a tub until cleared by your surgeon.
- Do not apply any ointments or creams to your incision unless your surgeon has asked you to do so.
- Some drainage from the surgical site can be expected during the first 7 days after your surgery.

Some swelling and discoloration over or around the incision is normal and usually noticed towards the end of the day.

To minimize swelling:

- Wear your sling as prescribed by your surgeon.
- Place ice over the incision or surrounding area as a mild pain reliever.
- Do not use heat as it may cause more swelling.

## When to Call the Surgeon's Office



- A temperature above 100.5 F taken at least twice over four hours
- Appearance of red, hot, swollen incision
- A sudden increase or persistent increase in swelling in your surgical arm
- Unusual pain in your calf, knee, thigh, or hip
- A calf that becomes swollen, tender, warm or reddened
- New or an increase in drainage from your incision

**IF YOU HAVE SHORTNESS OF BREATH OR CHEST PAIN,  
CALL 911 IMMEDIATELY.**



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# **PREPARATION TOOLS**

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# Shoulder Replacement Pre-Op Instructions Checklist

About 1-2 weeks prior to your scheduled surgery date one of our UnaSource team members will call to review your health history, provide instructions for surgery, and answer your questions. We have provided you with this checklist to follow along with the instructions provided during that call.

**You will need a responsible adult to accompany you to the surgery center, this person must be 18 years of age or older and must stay at the facility the entire time you are here. We allow one visitor per person; 2 visitors are allowed if the patient is under 18 years of age. Once discharged, it is recommended that a responsible adult stay with you 24-48 hours after surgery.**

**Be sure to complete these 2 important steps prior to our call:**

- Watch our educational Shoulder Replacement Video here: [www.unasourcesurgery.com/joint-replacement](http://www.unasourcesurgery.com/joint-replacement)  
Note: there is NO surgical footage in this video
- Flip through this Shoulder Replacement Experience Guide and use the notes page to jot down your questions for us.

Our shoulder replacement video and experience guide are wonderful resources to prepare you for a successful surgery and recovery.

## Day Before Surgery

- You will receive your arrival time the day before your surgery between the hours of 3pm- 5pm. If you are scheduled on a Monday, you will receive a call the Friday before your surgery.
- Follow all instructions given to you regarding which of your medications to take and which of your medications to hold.**
- Do not eat anything after midnight the night before your surgery. You may have clear liquids (any liquid you can see through) up to three hours before your arrival time.
- Drink 10-12 ounces of a carb rich clear drink 3 hours prior to arrival, or the night before** if your arrival is early.
- Shower with Hibiclens liquid soap 2 days before and the morning of surgery. Do not apply any creams or lotions and do not shave the surgical site.

## Diabetic or Weight Loss Medications

- If you are diabetic and you test your blood sugar regularly, please check it within **two hours** of your arrival time and let our staff know your result.
- If you take any of the following medications Ozempic, Wegovy, Trulicity, Mounjaro or any other injectable type II diabetic or weight loss medications, **please hold medication for 1 week and only have clear liquids 24 hours before surgery.**

## Day of Surgery

- Wear loose fitting, comfortable clothes. Shoes should be supportive with closed heels.
- Remove all jewelry and body piercings. Leave all personal belongings at home.
- Remove contact lenses, bring glasses if applicable.

## What to Bring

- Bring your insurance card, picture ID, and any expected payments.
- Bring a sling if prescribed for your recovery.
- If the nurse instructed you of the need to provide a urine sample upon arrival, please let our staff know when you arrive.



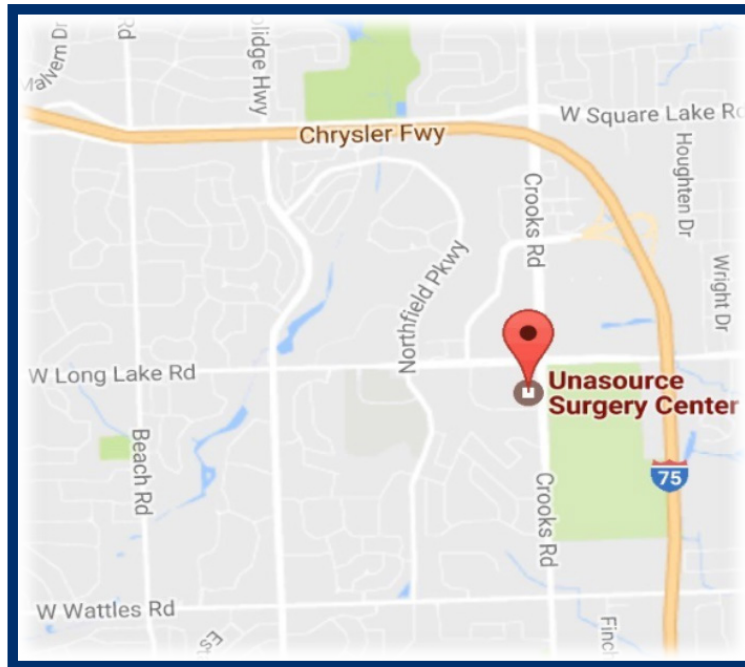




## Joint Replacement Video

Watch online at:

[www.unasourcesurgery.com/joint-replacement](http://www.unasourcesurgery.com/joint-replacement)



## **UnaSource Surgery Center**

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

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