



Your Total Shoulder Replacement Planning Guide

Patients, please be sure to

- Attend all appointments
- Bring this planning guide with you to all appointments
- Bring your coach to all appointments

Steindler's Shoulder Replacement Surgeons



Dr. Austin Ramme



Dr. Derek Breder

Since 1950, Steindler Orthopedic Clinic has remained the region's most preferred orthopedic practice. Our experienced team of joint replacement and revision specialists work with local hospitals to provide excellence in total joint care and will get you back to doing the things you love.

**To schedule your joint evaluation,
call Steindler Orthopedic Clinic at (319) 338-3606.**



Please review the following information prior to your surgery.

- Read all the instructions in your packet carefully and take the packet with you each time you go to an appointment
- If scheduled at UIHC, complete the patient Health History form and mail it to UIHC Medical Center Downtown in the enclosed envelope within 48 hours.
- A preadmission interview (PAS) appointment may have been scheduled for you. Steindler Surgery Scheduling will pre-certify your surgery with your insurance company. **If you do not have a preadmission appointment, you must be sure to call the hospital to pre-register. The telephone numbers for this are listed in the pamphlet entitled "A Patient's Guide to Surgery".**

In addition to the above instructions, if you are scheduled as an OUTPATIENT or AM ADMIT, the following instructions will apply.

- Be sure you **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.**
- We are in the process of confirming arrival times 1-2 days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.
- If scheduled at the ASC, visit iowacityasc.com website to fill out health information for anesthesia. It is located on the "Preadmission" tab, and will take you to "One Medical Passport" where you will register.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:

Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physician assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please call Steindler Orthopedic Clinic if you have any questions about this.

Important Phone Numbers

UIHC Pre-Admission Services.....	(319) 358-2688
(Hours: M-F 8:00AM - 4:00PM)	Nurses Line
UIHCI Home Care	(319) 358-2740
Steindler Orthopedic Clinic.....	(319) 338-3606
Steindler Physical Therapy	(319) 354-5114
UIHC On Call (After Hours)	(319) 358-2767
Iowa City Ambulatory Surgical Center.....	(319) 248-1500

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Hip Replacement Planning Guide

Please bring this guide to all appointments as well as to the hospital.

Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic Clinic for your joint replacement surgery. To prepare you for a successful surgery and outcome, you will be scheduled for several appointments 10-14 days before your surgery (pre-op). It is **HIGHLY RECOMMENDED** that a friend or family member (your COACH) attend each appointment with you. Once scheduled, your appointment times will be sent to you. Your appointments will likely include:

Pre-Admission Screening (PAS)

The Pre-Admission Screening nurses will review your medical health, history and medicines. Additionally, routine blood tests, and, possibly, other tests such as an EKG, may be performed. You will be given instructions to follow in the days leading up to surgery. This is also an appropriate time for you to express requests or concerns about your upcoming surgery.

University of Iowa Health Care Medical Center Downtown

Please complete the requested forms and medicine list in your packet and mail them to the Pre-Admission Screening team before your first appointment.

Iowa City Ambulatory Surgical Center

Please complete the requested forms online at the ASC website.

Physical and Occupational Therapy

Location: Steindler Orthopedic Clinic

Physical and occupational therapists will guide you through exercises and assistive equipment you will need before and after surgery. You will learn about home equipment needs and be able to practice with walkers, etc. prior to your surgery. You will learn what you need to be safe after you return home from surgery. Therapy staff will see that you have the self-care equipment that is needed. (This visit may not be required if you have had a recent joint replacement.)

Durable Medical Equipment (DME)

Location: Steindler Orthopedic Clinic

You may be directed to Steindler Durable Medical Equipment (DME) Staff to be sure you have all appropriate home equipment ready. DME may be sized and prepared for you before your surgery.

Medical Clearance Clinic

Location: Primary Care Physician

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

We ask that you, your family and/or COACH read the enclosed materials, especially the Frequently Asked Questions (FAQs). **Reminder: Please bring this packet of materials to all appointments.** You may find it helpful to save the FAQs for later reference during your recovery.

If you have had a joint replacement in the past, it is possible that you may not require some of the above appointments. In any event, because our protocols and treatments constantly evolve, it is best to be familiar with the enclosed material as your post-op plan, length of stay and discharge-planning continue to evolve.

Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery in the hospital and at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physical therapy or physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in therapy and home exercises. Because more than 90 percent of our patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

Checklist for your COACH:

- _____ Attend the Pre-Admission Screening (PAS) visit in the hospital to learn about the procedure and more information
- _____ Attend physical therapy sessions before surgery and in the hospital to learn the exercises
- _____ Be present at discharge to learn home instructions
- _____ Check in on you during your recovery process
- _____ Run errands, prepare meals, and help with household chores
- _____ Make arrangements for transportation to therapy, which may be up to 3 times/week

Watch Out! (Things to think about)

Be cautious with your arm prior to surgery.

- Cuts, scrapes and scratches on your arm can cause your surgery to be postponed
- Notify your surgeon should anything happen to your arm prior to surgery

If you use tobacco (or nicotine of any kind), stop prior to surgery.

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.

- Alcohol impairs liver function
- Going through withdrawal during your stay can be serious

Think ahead about the space you live in.

- You may want a safety bar or handrail for your bath or shower
- Stairs with a secure handrail on the side of your free hand
- A recliner for sleeping could be helpful
- Consider a temporary living space on your first floor to avoid frequent stair climbing, or getting a power lift chair
- Keep pets away from incision

What to Bring to the Hospital

- _____ This Planning Guide
- _____ Your COACH
- _____ Loose-fitting clothes that can be pulled on with one hand
- _____ Toiletries (deodorant, toothbrush, comb, etc.) and personal items
- _____ Slip-on shoes
- _____ Glasses/glasses case
- _____ Hearing aid, extra batteries, case
- _____ CPAP or BiPAP from home
- _____ Copy of Living Will, Durable Power of Attorney, etc.
- _____ Your shoulder immobilizer

For your Family

Please designate one family member (perhaps your COACH) to coordinate information about your hospital stay for other family members.

It is most convenient for you to receive personal phone calls in the late afternoon or early evening to avoid disruption of your care. The best visiting hours are noon to 8:00 pm.

Consult with hospital staff for wireless internet access.

Guest Lodging

The Highlander Hotel offers a discounted rate to Steindler joint replacement patients and their families. You can call the Highlander Hotel at (319) 354-2000 and mention you are receiving surgery and the date of your surgery. The discounted rate for a night is \$130.00 with fees included. This discount may be unavailable on some dates such as Fridays before Iowa home football games or holidays.

2525 Highlander Place, Iowa City, Iowa 52245

Staying at University of Iowa Health Center guest lodging the night before surgery is an option. Family members may also stay in your room. For a reservation call Volunteer Services at (319) 339-3658.

TOTAL SHOULDER REPLACEMENT GUIDE

Frequently Asked Questions (FAQs) and answers.

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PRIOR TO SURGERY

1. Q: Do I need to do exercises prior to surgery?

A: Pre-operative exercises are not mandatory, but they may be helpful. You may learn some exercises at your pre-instruction screening appointment with physical therapy. You may want to practice these with your caregiver prior to having surgery.

2. Q: Do I need to stop taking certain medications prior to surgery?

A: Possibly. It depends on your circumstances. These questions are answered at your pre-admission screening appointment which is why you should provide a complete and detailed medical history during your pre-admission screening appointment.

3. Q: Can I have a steroid injection in my shoulder joint prior to surgery?

A: It is possible to have an injection prior to surgery if given 3 months prior to surgery, depending on physician preference.

4. Q: What if I get an infection prior to surgery?

A: You must call the office if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

5. Q: What equipment will I need?

A: You will need a shoulder immobilizer. This will be provided to you prior to surgery.

6. Q: How long will I be in the hospital?

A: If you have surgery at the ASC, you will go home later in the afternoon on the day of surgery. If you have surgery at UIHC, you may be home the day of surgery or the day after. Outpatient joint replacement procedures are not for everyone. If you do go home the day of surgery, you will need to have a responsible adult stay with you for 24 hours from the end of your anesthesia.

7. Q: Will I need to have someone at home with me when I am discharged?

A: As stated in question 6, if you go home the day of your surgery, you will need to have a responsible adult stay with you for 24 hours from the end of your anesthesia. When you leave the hospital, you will be able to get in and out of bed, get in and out of a chair, walk to and from the bathroom, and be able to go up and down stairs. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. Occupational therapy may be ordered for you while in the hospital to work on self-care, including using the toilet, dressing and bathing/showering. You may need some initial help at home for showering, as well as laundry and meals. You will need assistance with your exercises. If family or friends are not able to assist, some outside help can be arranged, usually at your cost. Physical therapy and occupational therapy will address this with the discharge planner.

8. Q: I live alone, will I need to rely on others?

A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Shoulder replacement is best accomplished when you have a COACH to assist you with passive shoulder exercises and others to help you with dressing and getting your immobilizer on/off. Success is best achieved by going to your home after surgery and working on your exercises several times a day. Home Physical Therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged from the hospital. You must contact the nursing home pre-op to initiate intake and provide insurance information. YOU MUST then contact the hospital discharge planner on the surgical floor at (319) 887-2933 prior to surgery for recent updates on insurance coverage.

9. Q: Do I go to Physical Therapy once I return home?

A: No. Your COACH will assist you with passive exercises until your first post-operative appointment. Depending on surgeon preference, you may begin outpatient physical therapy at your 2 week or 6 week follow-up appointment.

10. Q: Do I need to remove nail polish prior to surgery?

A: You will need to remove fingernail polish or gel coat prior to surgery so that we can monitor your vitals during surgery. Toenail polish does not need to be removed.

11. Q: I get very nauseous and vomit after surgery, what can I do?

A: Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery.

DAY OF SURGERY:

12. Q: What will happen the day of surgery?

A: You will be informed of what time to arrive the day of surgery (about 2 hours before the scheduled surgery time) and will be admitted to the Surgical Care Unit/ Pre-Surgery Unit. Nurses will record basic information, you will get into a surgical gown and an IV will be started. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify and mark your surgical arm.

13. Q: Will I be asleep for surgery?

A: Your anesthesia will consist of a general (completely asleep) or a spinal (numbing medicine in your spine with a sedative). You do not have to be awake for the surgery. We may also use a local anesthesia to decrease pain the first 24 hours. All of this is done to keep you the most comfortable and have the least amount of pain.

14. Q: How long is the surgery?

A: The surgery itself takes about 1.5 - 2 hours.

15. Q: Where is the incision?

A: The incision is typically on the front of your shoulder. Your surgeon will discuss with you pre-op if a different approach is planned.

16. Q: Will I have stitches?

A: Depending on surgeon preference, you may have sutures that will be removed at your two week follow-up appointment. If the incision is closed with buried stitches and sealed with steri-strips, you will be instructed to cover the incision for showers and will be provided with these covers at hospital discharge.

17. Q: Will I have a catheter in my bladder?

A: Not usually.

18. Q: Will I get out of bed the same day of surgery?

A: Yes, if medically stable. Nursing and/or Physical Therapy will assist you getting in and out of bed, walking to and from the bathroom and sitting in a recliner.

19. Q: What will I use for pain control?

A: Oral pain pills, similar to the ones you will take at home. Nursing and Physical Therapy will routinely assess your pain, and there is a range of medical options to be sure your pain is controlled. You will also be instructed on alternative, non-medicinal ways to control your pain. Ice packs will also be routinely offered while in the hospital.

20. Q: I have sleep apnea, should I bring my CPAP?

A: Yes. Please inform nursing when you reach your room post-op so that engineering can complete an electrical safety check.

21. Q: How often will I have Physical Therapy while in the hospital?

A: You will usually start with Physical Therapy the same day as surgery. You will start shoulder range of motion exercises the next morning.

GOING HOME:

22. Q: How will I get home?

A: If needed, hospital rehab staff will assist you getting into the car when you go home.

23. Q: What will I use for pain control when I get home?

A: Your prescription will be sent electronically to your pharmacy. Any refills can only be done during Steindler business hours. Your prescription will likely be Tylenol with hydrocodone or Tylenol with oxycodone. Each tablet contains 325mg of Tylenol (acetaminophen). At home, you can take 1 or 2 tablets, separated by the **time instructions on the prescription**. Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (acetaminophen). You can safely take up to 4000mg of Tylenol (acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and the narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler business hours. Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill so your surgeon has time to receive your request. Ice packs are also VERY helpful and several should be purchased and frozen pre-operatively.

24. Q: I live far away, what if my pharmacy is closed by the time I get home to pick up my pain medication?

A: You should review the hours that your pharmacy is available for picking up prescriptions prior to your surgery. You may want to have your prescriptions sent to a pharmacy in Iowa City so that you can pick them up before you leave town.

25. Q: How long will it take to recover?

A: When you get home you will be able to navigate around the house by yourself. You will be able to do stairs. Formal therapy will begin 2-6 weeks after surgery, depending on surgeon preferences. The immobilizer will be worn for 6-8 weeks. You will not be able to drive for 6-8 weeks after surgery, depending on surgeon preference. Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months. Again, your surgeon is your best resource for these questions. You should be close to 100% recovered at the first anniversary of your surgery.

26. Q: Can I take over the counter ibuprofen or Aleve (naproxen) with my pain medications?

A: You may be on a blood thinner for up to 6 weeks after surgery, depending on your physician. Some NSAIDs (like ibuprofen or naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

27. Q: Should I be using ice on my shoulder?

A: YES. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 minutes per hour as needed. You can start timing once you feel the coolness on your shoulder. You will need several ice packs and you should purchase these prior to your surgery.

28. Q: What is the most important thing for me to do once I am home?

A: The first 2-6 weeks it is important to be doing wrist/forearm exercises every 1-2 hours while awake. Do exercises with your caregiver two times a day. Wear your immobilizer and actively avoid using your shoulder.

29. Q: Narcotic pain meds can cause constipation, what should I do?

A: Fruit and fiber intake should be increased. Frequent walking and drinking a lot of water will also help manage constipation. Your physician may also recommend a laxative, such as Miralax or Colace.

30. Q: What are the signs of infection?

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain and worsening redness are signs of possible infection. If you are concerned about infection, please call Steindler weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 and the hospital On Call number after hours at (800) 358-2767.

31. Q: How can I prevent blood clots?

A: Foot pumpers and support stockings (TED's) may be used in the hospital.

- Early and frequent mobilization like walking and changing positions is encouraged.
- Aspirin or other blood thinners may be ordered.
- Frequently move your ankles and toes.

32. Q: What are the signs of a blood clot?

A: Rarely, a blood clot may form in the arm. This results in severe swelling and pain. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call **Steindler** at (319) 338-3606 or (800) 373-6417.

Shortness of breath/changes in your pulse or heartbeat are cause for calling 911 immediately.

33. Q: Can I shower over the incision and let it get wet?

A: Yes, if there is a clear mesh on the incision you will not need a cover. If sealed with steri-strips you will be instructed to cover the incision for 2 weeks and will be provided with these covers at hospital discharge.

1–2 WEEKS FOLLOWING SURGERY:

34. Q: When can I stop the blood thinner if prescribed?

A: Not until 6 weeks after surgery. This will be discussed at follow-up appointments.

35. Q: Is it normal that I am not hungry?

A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

36. Q: Why can't I sleep?

A: Sleeping in a bed after shoulder replacement is often difficult. A recliner may be helpful in getting to sleep. Keep pillows behind your upper arm to prevent shoulder extension while sleeping. Call **Steindler** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417 if you are having trouble sleeping. Sometimes a sleeping medication can be prescribed for a short period.

37. Q: Is it normal that my shoulder is red/swollen/hot?

A: A light pink is very common after surgery. Redness that extends down the arm or is accompanied by increasing pain and fever is a sign of infection or a blood clot. If you experience this, please call **Steindler** weekdays 8:00-4:30 at (319) 338-3606 or (800) 373-6417. Warmth and swelling may continue for up to a year. It will get better, but it may take months.

38. Q: Will I be able to sleep on my operated side?

A: No, not for at least 6 weeks and then your surgeon will discuss with you at your 2 week appointment. You will need to wear your immobilizer at all times for the first 6-8 weeks, including at night. It may be more comfortable to sleep in a recliner.

39. Q: What can put on my incision?

A: You may shower and use soap right away on the incision if it is covered with a clear glue mesh. Vitamin E oil can be used after the mesh is removed. If Steri-strips are used, keep dry until your 2 week follow up appointment. Do not use skin creams / lotions / oils on the incision until the steri-strips fall off.

6 WEEKS AFTER SURGERY:

40. Q: Is it still supposed to be swollen?

A: Yes, this is still normal.

41. Q: Is it still supposed to be stiff?

A: Yes, stiffness is still common.

42. Q: Is it still supposed to ache and hurt and feel restless at night?

A: Yes, this is common.

43. Q: Shouldn't it be completely healed by now?

A: No, complete healing takes several months.

44. Q: Should I still be taking a blood thinner?

A: Not because of your surgery. You may be taking one for an unrelated medical condition.

45. Q: Can I take Ibuprofen or Aleve (Naproxen) now?

A: Yes.

12 WEEKS AFTER SURGERY:

46. Q: Shouldn't it be healed by now?

A: No, you are 75% healed. Your shoulder may continue to have some warmth and swelling until about 1 year.

47. Q: Is it normal for my shoulder to still be stiff?

A: Yes. This is most noticeable first thing in the morning.

46. Q: Is it normal for my shoulder to be sore and ache later in the day?

A: Yes, this is normal.

47. Q: What can't I do?

A: Discuss with your surgeon any other questions you might have about your activity levels.

48. Q: What about going through the airport after my shoulder replacement?

A: Inform the TSA staff as you enter security.

49. Q: Can I go to the dentist now?

A: Yes, now that it has been 3 months since your surgery. Remember, you must take your antibiotics at least 1 hour BEFORE your dental appointment. Typically, you should take antibiotics after joint replacement for one year after surgery. Contact the office for your initial prescription for antibiotics.

WHAT ABOUT THE FUTURE?

50. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?

A: You should call your primary physician as you normally would. If you suspect an infection that is near the incision, contact Steindler for an appointment.

51. Q: What are the symptoms of infection in my new shoulder?

A: These may include drainage, increased swelling, redness and pain not associated with increased activity. You should call Steindler 8:00-4:30 at (319) 338-3606 or (800) 373-6417 at the earliest signs of infection.

52. Q: Do I need antibiotics for dental work?

A: Yes. Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour BEFORE your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:

History of organ transplant (liver, kidney, lung, etc), previous joint infection, or Immunocompromised patients with:

- Rheumatoid arthritis
- Cancer and being treated with chemotherapy
- Psoriatic arthritis

Contact Steindler at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (319) 338-3606 or (800) 373-6417.

Your surgeon will ask you to schedule x-rays every 1–5 years to assess for wear or loosening.

What Are the Risks of Shoulder Replacement?

- **Infection.** We prevent infection by giving you antibiotics on the day of surgery. Sometimes patients will also take antibiotics for a few days after surgery to reduce their risk of infection. Infections can occur at the site of your incision and in the deeper tissue near your new knee. Most infections are treated with antibiotics, but a major infection near your prosthesis might require surgery to remove and replace the prosthesis.
- **Blood clots.** Clots can form in the deep veins of your leg after surgery. This can be dangerous because a piece of a clot can break off and travel to your lung. We prescribe blood thinner to take after your surgery to help prevent any clots.
- **Dislocation.** Certain positions can cause the ball of your new joint to come out of the socket, particularly in the first few months after surgery. If the shoulder dislocates, you will need to go to the ER. The shoulder is then put back into place, sometimes under sedation. If your shoulder keeps dislocating, surgery is often required to stabilize it.
- **Medical complications.** All surgeries carry the risk of medical complications. These are rare, but include stroke, heart attack, lung problems, or other issues. In order to prevent these issues, we evaluate you medically before the surgery is performed. A physical, labs, and x-rays may all be performed prior to surgery.
- **Stiffness.** You may experience stiffness in your shoulder after surgery and may not recover your full range of motion, this is especially true if you have a reverse shoulder replacement.
- **Decreased strength.** While shoulder replacements typically provide pain relief and functional range of motion, strength deficits commonly persist. Lifting over 20-30 pounds is discouraged. Repetitive strenuous activity with the shoulder may lead to loosening or soft tissue injury that could result in loss of function and need for further surgery.

More rare complications:

- **Loosening.** Although this complication is rare with newer implants, your new joint might not become solidly fixed to your bone or might loosen over time, causing pain in your shoulder or arm. That part of the shoulder may need to be replaced through further surgery.
- **Fracture.** During surgery, healthy portions of your shoulder joint might fracture. Sometimes the fractures are small enough to heal on their own, but larger fractures might need to be stabilized with wires, screws, and possibly a metal plate or bone grafts.
- **Nerve damage.** Rarely, nerves in the area where the implant is placed can be injured. Nerve damage can cause numbness, weakness, and pain.

Need for second shoulder replacement

Your prosthetic shoulder joint might wear out eventually, especially if you have shoulder replacement surgery when you're relatively young and active. You might require either all or part of the shoulder replacement revised. However, new materials are making implants last longer.

Infection Control and Showering Before Surgery

Our goal is to keep you safe and free from infection. You can help with this goal by following these special showering instructions. Doing so will help reduce the number of germs on your skin, which lowers the risk of you getting an infection after surgery. It is also important for your skin to be as clean as possible so that the antiseptic cleaning we do before surgery on your skin will work to its full potential.

Showering Before Surgery Instructions:

- Shower the night before or day of your surgery using antibacterial soap such as Dial, and shampoo your hair with regular shampoo.
- Do not shave. Men may shave facial hair if surgery is not in the head/neck area. Any cut, abrasion, or rash near your surgical site will be evaluated and may cause a delay in your procedure.

After Showering:

- Dry yourself off with a freshly cleaned, dry towel.
- Do not apply lotions, ointments, perfumes, deodorants, hair products, or powders.
- Put on clean clothes or pajamas.
- Put clean sheets on your bed to sleep on the night before surgery.
- Do not allow pets to sleep in your bed.

If you have any questions, please contact Steindler Orthopedic Clinic at (319) 338-3606.

Total Shoulder Replacement/Reverse Total Shoulder Replacement

Please bring the following items for use during your hospital stay:

1. Shoulder immobilizer
2. Loose-fitting shirt to go on under your immobilizer
3. Slip on shoes
4. Loose fitting clothes (sweatpants) that will be easy to pull up with 1 hand

Equipment you may need at home:

1. Commode or stool riser
2. Ice packs

Physical Therapy goal for hospital discharge:

1. Able to get in/out of bed without putting weight through elbow of surgical arm
2. Able to get up/down from chairs independently
3. Able to walk and use stairs with assistive device as needed (cane in non-surgical hand)
4. Independent with elbow/wrist/hand exercises
5. Comfortable with passive range of motion with a family member
6. Be able to dress and put on/take off immobilizer with family member

At home after discharge:

1. Perform elbow/wrist/hand exercises 3 times a day
2. Perform shoulder passive range of motion with family member 2 times a day
3. Avoid shoulder extension during dressing
4. Wear the shoulder immobilizer at all times except for bathing and dressing for 6 weeks.

Hand Squeeze

Hold a ball or foam block from the immobilizer and make a fist with your fingers and thumb as you squeeze the object. Squeeze as firmly as you can.

Reps: **15-20**

Hold: **5 seconds**

Frequency: **3-4x/day**



Wrist Extension and Flexion

Move your wrist up and down at your side with your elbow bent to **90 degrees**.

Reps: **15-20**

Frequency: **3-4x/day**



Seated Supination

Turn your palm up and down with your elbow bent to **90 degrees**.

Reps: **15-20**

Frequency: **3-4x/day**



Elbow Flexion

- Stand or sit tall, with your arm hanging by your side.
- Slowly flex your elbow, bringing your hand towards your shoulder. You may use your other hand to assist if needed.

Reps: **15-20**

Frequency: **3-4x/day**



Shoulder Pendulum

- Use your non-surgical arm to hold the side of a table or chair for balance.
- Bend over at the waist and make sure your back is parallel to the floor.
- Let the arm dangle like a pendulum and gently swing it in a small circle, gradually making bigger circles, 15-20 repetitions.
- Then, allow your arm to swing back and forth 15-20 repetitions.

Reps: **15-20**

Frequency: **3-4x/day**



Shoulder External Rotation

- Sit or stand with your surgical elbow bent to **90 degrees**, holding a stick in front of you.
- Use the stick to rotate your hand outward **30 degrees**, keeping your elbow at your side.

Reps: **15-20**

Frequency: **3-4x/day**



Assisted Shoulder Abduction

Lying on your bed, have your family member raise your arm gently out to the side, progressing up to **90 degrees**.

Reps: **15-20**

Frequency: **2x/day**



Assisted Shoulder Flexion

Lying on your bed, have your family member raise your arm gently overhead, progressing up to **130 degrees**.

Reps: **15-20**

Frequency: **2x/day**

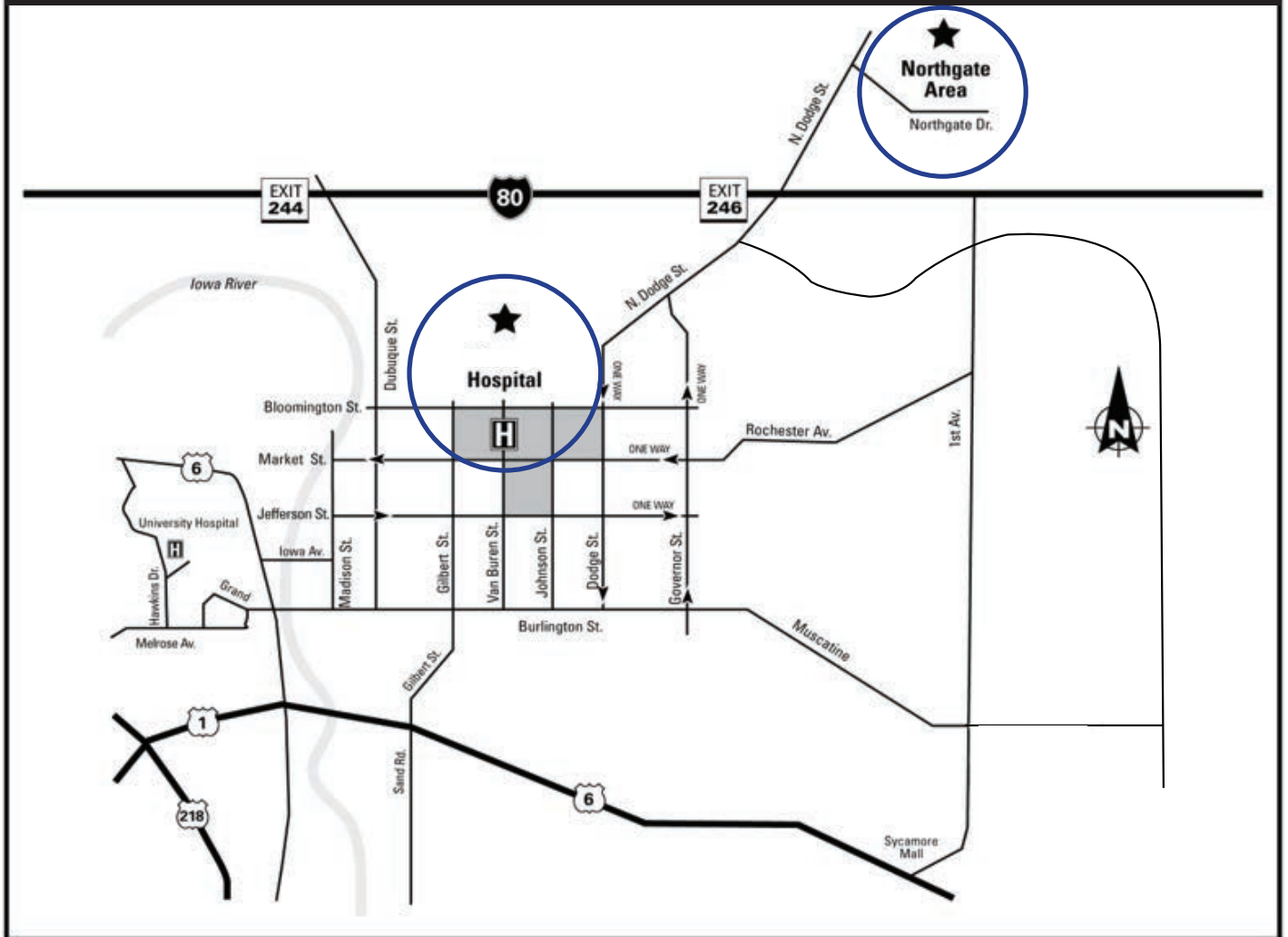


Car Ride Home

Depending on how far you have to drive to get home after leaving the hospital, you may want to think about several things so that you can be more comfortable on the ride home:

- The hospital rehab staff will help you into the front seat of your car if needed. You may want to bring several pillows to keep yourself comfortable during the car ride.
- You may also want to have a blanket along if you get cold. You can also use the blanket to support your back or head/neck depending on how you position yourself in the car.
- The hospital may provide you with a water bottle during your stay. If you decide you do not want to keep the water bottle you may want to bring your own, or have extra water along for the ride home.
- You may want to bring 1 or 2 ice packs along to help with pain/swelling.
- Pain medication can make you nauseous, as can riding in a car. You may want to bring a bag along in case you have an upset stomach and get sick.

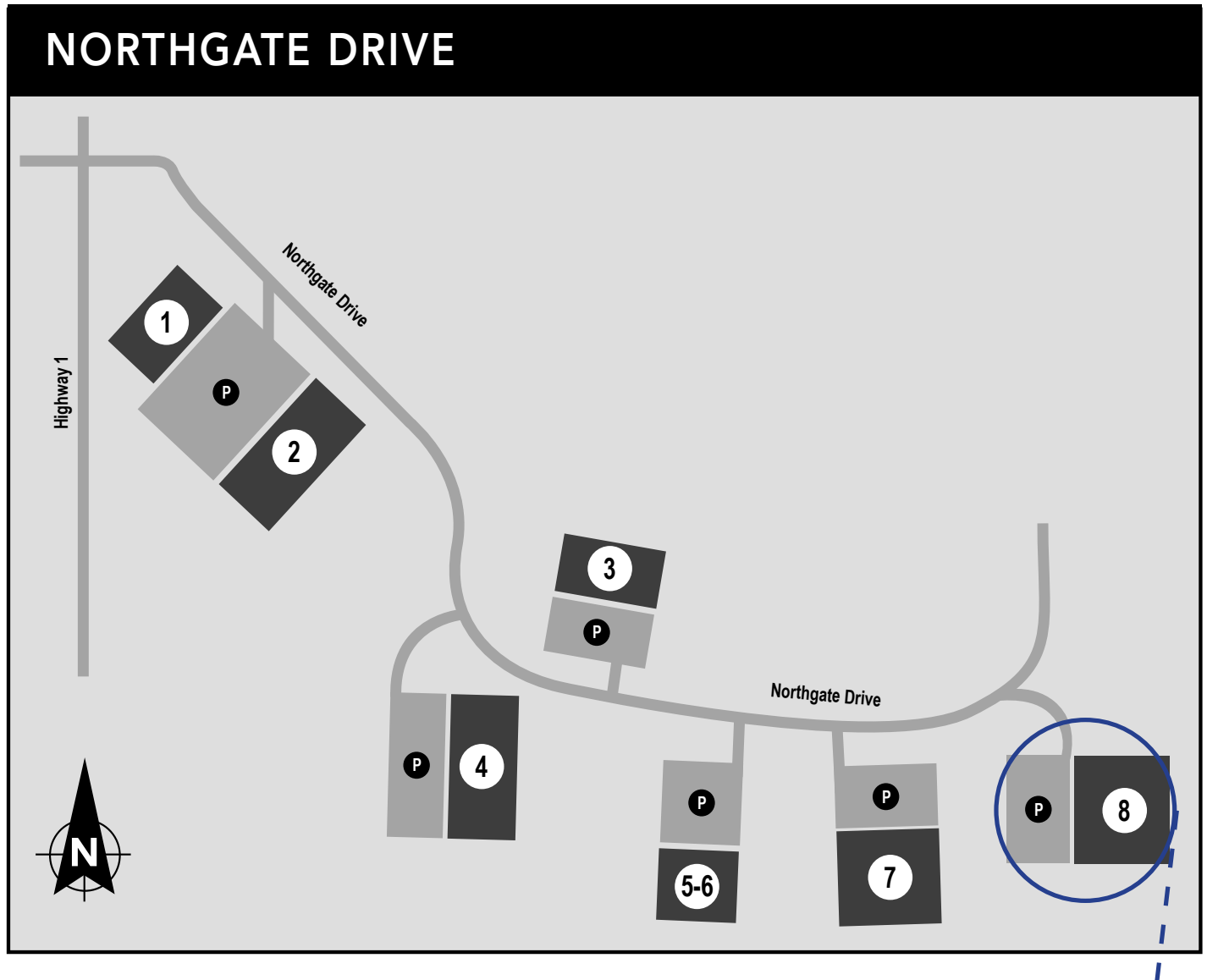
UIHC MEDICAL CENTER DOWNTOWN TO NORTHGATE AREA



UIHC MEDICAL CENTER DOWNTOWN



500 East Market Street • Iowa City, IA 52245



1. ENT Medical Services, PC
2615 Northgate Drive
2. Eye Physicians & Surgeons
2629 Northgate Drive
3. Oral Surgery Associates
2814 Northgate Drive

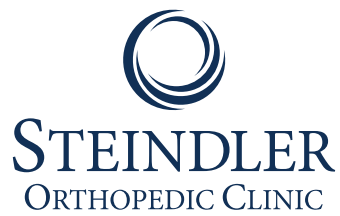
- 5-6. ENT Sleep Center
Facial Rejuvenation Center
2901/2903 Northgate Drive
7. Mercy Specialty Clinics, Urology
2943 Northgate Drive

8. Iowa City Ambulatory
Surgery Center
2963 Northgate Drive

Your Questions and Notes

While you are reading through this guide, write any questions below and bring them to your appointments:





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