INTRODUCTION

Welcome to UF Health! Thank you for choosing us for your shoulder replacement surgery. Our premier orthopaedic surgery team will take great care of you.

The University of Florida Orthopaedic Surgery program began in 1960 as a division of the College of Medicine Department of Surgery. In 1975, the Division of Orthopaedic Surgery achieved full departmental status. Our UF Health Orthopaedics and Rehabilitation team has earned a reputation for excellence in research, teaching and clinical care. Our commitment to patient health care motivates every aspect of our efforts, from the bedside, to the classroom, to the research lab.

Your doctor has explained your procedure and what to expect following surgery. The purpose of this guide is to provide you with more information about what to expect during recovery, what you can do to prevent any complications and how you can maximize your outcomes. Although the health care team will assist you in your recovery, you and your family are the most important members of the team. We believe knowledge and preparation before and after the operation will make your recovery easier. If you have questions along the way, be sure to ask them. We are here to help you achieve your goals and we want you to be satisfied with your entire experience. Our goal is excellent service, from start to finish.

So, let’s begin.
TOTAL SHOULDER ARTHROPLASTY

When shoulder replacement surgery is performed, the ball is removed from the top of the humerus, or your upper arm bone, and replaced with a metal implant. This is shaped like a half-moon and attached to a stem inserted down the center of the arm bone. The socket portion of the joint, or your *glenoid fossa*, is shaved clean and replaced with a plastic socket that is cemented into the scapula. The scapula is what you would call your “shoulder blade.” These implants are shaped so that the shoulder joint will move in a way that is very similar to the way the joint moved when it was healthy.

REVERSE TOTAL SHOULDER ARTHROPLASTY

With the reverse shoulder prosthesis, the anatomy, or structure, of the healthy shoulder is reversed. The implant is designed so that the ball portion is attached to the scapula and the socket is placed at the upper end of the humerus. The reverse shoulder prosthesis is primarily utilized for patients with insufficient rotator cuff musculature.
ANATOMY

Ball and socket of healthy shoulder joint surfaces

In a healthy shoulder joint, the surfaces of these bones where the ball and socket rub together are very smooth and covered with a tough protective tissue called cartilage. Arthritis causes damage to the bone surfaces and cartilage. These damaged surfaces become rough and will become painful as they articulate (rub together) on one another.

Arthritic Shoulders

Arthritis can be treated in different ways. There are medications, exercises and physical therapy and occupational therapy that can be done to help conservatively manage your arthritic pain. Surgery is another way to manage arthritis that has become debilitating. A total shoulder replacement surgery is one such surgery. Your orthopedic surgeon would help you to determine if this is the right avenue for you to follow. The surgeon will perform a comprehensive exam and assessment of your complete medical history, x-rays, range of movement, level of daily function and other tests to show the extent of damage to the joint. Total shoulder joint replacement will be considered if other treatment options will not relieve your pain and disability. It is important to understand the shoulder joint, arthritis and the surgical procedure. Patients who have tried conservative treatments for shoulder arthritis but have not been able to find adequate relief may be a candidate for shoulder replacement surgery. As with any surgical procedure, patients considering the procedure should understand the potential risks of surgery, and understand that the goal of joint replacement is to alleviate arthritic pain. Patients generally find improved motion and pain relief after their surgery.

When is a reverse shoulder prosthesis used?

The reverse shoulder prosthesis is mainly used for patients with rotator cuff tear, a medical condition in which the muscles around the shoulder joint have degenerated or weakened to a point where they can no longer hold the shoulder joint intact or allow it to function normally in conjunction with arthritis. Arthritis, a previous shoulder injury such as a shoulder fracture, rotator cuff tear, and/or failed previous shoulder surgeries could all warrant a reverse total shoulder arthroplasty.

There should be no shoulder movement initially following a reverse total shoulder.
WHAT SHOULD I BRING TO THE HOSPITAL?

- You should be fitted for a sling prior to your hospital visit. You must have this post-surgery. Your therapist will help you adjust it after surgery.
- Your sling may be bulky, so bring loose-fitting clothing, a robe or larger shirts that button up in the front to make it easier for you to get dressed.
- You will need good walking shoes, or slippers with backs on them and a rubber sole. You want to do plenty of walking while you are in the hospital.
- Bring a current list of your allergies and medications.
- Bring any personal grooming items that you may want to pack, including hairbrush, tooth brush, deodorant, razor, eyeglasses and undergarments. (For women, bring a bra that clasps in front or a tank top that can be cut down the side [if necessary] for reverse total shoulder arthroplasty.)
- If you are having your dominant side operated on, remember that things will be difficult for you to maneuver and you will need some help at home.

Before you leave your home

- Arrange transportation prior to admission since you cannot drive yourself home. Your surgeon will let you know when you are able to resume driving again, typically after 4-6 weeks.
- Think about who will be able to assist you with meal preparation, medication management, self-care and exercise (if indicated by your surgeon) for the next 4-6 weeks.
  - If you have Medicare for your insurance and there is no skilled need in the home (this means physical therapist or a medical need for a nurse), you likely will not receive home care. Medicare does not pay for a home health aide to come out and help you without a skilled need in the home. That is why you need to make arrangements prior to your surgery to have family or friends assist you when you get home.
  - If you have private insurance, most of these do not pay for a home health aide, so please make sure you know your benefits.
  - Going to a nursing home or rehab facility is usually not an option. There are exceptions but you need to call the doctor’s office prior to surgery and talk to someone about the fact you will require placement.
WHAT SHOULD I BRING TO THE HOSPITAL? (continued)

- The doctor's office has access to the case manager and will confer with him/her regarding nursing home placement or if it will be paid for by insurance (Private, Medicare, Medicaid). Someone will get back to you before your surgery regarding this issue. At that time you can make a decision whether to go on with the surgery as scheduled or postpone until you have someone to take care of you if a nursing home is not an option. It is not the doctor's responsibility or the hospital to make sure you have someone at home to assist you after discharge.

  ▶ Remove any throw rugs or objects that may block your path.

  ▶ Plan on a family member, caregiver or other support person to be present at the hospital to learn how to help you perform exercises (if indicated), assist with upper body dressing and learn your precautions post-operatively.

ANESTHESIA AND YOU

You will see an anesthesiologist and/or an anesthesia nurse practitioner before your surgery. He/she will review your medical history and perform a brief physical exam. The anesthesiologist will discuss with you the options you have for anesthesia during your surgery. Keep in mind your anesthesiologist, based on your history, physical exam, type of surgery and other factors, may suggest one particular anesthetic technique.

Cervical plexus block and cervical paravertebral block (shoulder and upper neck)

The most common nerve block used for shoulder replacement surgeries are cervical blocks. These blocks have revolutionized early mobility of the shoulder for the total shoulder arthroplasty. Cervical blocks allow for post-op movement of the shoulder the day of surgery, if the procedure allows for shoulder activity. It helps keep pain under control to improve your comfort and your ability to rest. Cervical block devices are portable and are taken home for continued pain control. There can be side-effects, including numbness of the arms, shoulder and neck, unequal pupils, slight eyelid droop, mild hoarseness and feelings of a stuffy nose. These side-effects are temporary.
PATIENT INSTRUCTIONS: UPPER EXTREMITY CATHETERS

You may receive local anesthetic through a small tube (catheter) located near the nerves that go to your arm or shoulder. This medication will help your pain after surgery. The catheter has been placed by your anesthesia doctor at the request of your surgeon.

About this technique of pain control:
The local anesthetic medicine usually will not take away all of your pain. It is expected that you will use some of the pain pills prescribed by your doctor while you have the catheter in place.

- Communication is essential to making this therapy work. Your anesthesia doctor will call you the night after your surgery and each day you have your catheter in place. It is important we speak to you each day to make sure you are doing well and see if you need any adjustments to your infusion.
- You will receive about a teaspoon of local anesthetic continuously every hour. You can also give yourself additional medicine by pushing the “bolus” button located on the front of the pump. You can press the bolus button as often as you want to, but it will only give you extra medicine once every 30-60 minutes according to how your doctor programmed your pump. Therefore, if you still have pain 20 minutes after pressing the bolus button, you may take your oral pain medication as prescribed.
- About 10 to 15 hours after surgery the intense numbness that you felt initially wears off and you may experience some pain. When this occurs, take some of your pain medication and press the bolus button on the front of your pump. This will give you a small amount of additional local anesthetic medicine.
- After the dense nerve block goes away, most patients describe their fingers as feeling “fat.” However, you should be able to move your fingers and have some feeling in them, they just may not feel normal to you while the catheter is in place. The thumb is usually the digit that feels the most numb for the longest time.

An example of a portable pain catheter
SLING TIPS FROM REHAB

- Most important tip: Bring it with you, if you received one at pre-op.
- After surgery, wear your sling at all times, unless otherwise instructed for exercises and hygiene.
- During your hospital stay, you will receive information specific to your type of sling, surgery and surgeon.
- There should be no pushing or pulling with operative arm.
- Depending on your surgery or the surgeon, you will be wearing the sling for 4-6 weeks.

GENERAL DISCHARGE INSTRUCTIONS

- You will receive post-operative instructions specific to your surgery.

Dressing
- Move clothing to arm, not arm to clothing
- Wear clothing a size or two larger than normal
- Front button-down or loose v-neck shirts are best
- Your therapist will demonstrate dressing techniques during hospitalization
  - Remember, no movement of shoulder

Sleeping
- Initially you may be more comfortable sleeping in recliner chair
- No pushing up from bed or a chair with operated side
- Exit/enter bed from non-operated side
- Do not place additional pillows behind upper arm
  - It is okay to place below lower arm as long as not forced into hike/elevation

Swelling
- Ice may be used up to 6-8 times a day
  - No more than 10-12 minutes at a time
  - Do not use until nerve block is removed

Hygiene
- Discuss bathing and your surgical dressing with your surgeon
- Sponge bathing is recommended for first two weeks to protect shoulder and remain in sling
- Avoid water or products (powders or lotions) near incision
- Do not shave underarms on operated side before two-week follow-up appointment
Assistance
- If you live alone or your dominant shoulder has been operated on, you will need extra help for the first week
- Think about who can assist you with transportation, meal preparation and household activities as needed
- If you normally use a cane, do not use it with your operated arm
- Do not use a walker or other two-handed device

DISCHARGE INFORMATION

KNOW the discharge language
Patients, family caregivers and health care providers all play roles in planning for discharge. Discharge planning is a significant part of the overall care plan that many patients and caregivers do not understand. Careful attention to the discharge plan and post hospital care ensures your successful surgery.

Many types of post hospital care are not covered under insurance. Here are the basics. Insurance type and medical recommendations both play a role in the type of final discharge plan. Medical staff, case managers and physical therapists can recommend the appropriate level of care, insurance policies direct care based on coverage and contracts with companies. This can impact your choice of facility and amount of care you are eligible to receive.

After joint surgery, patients are discharged to a variety of locations based on their general state of health, how well they recover from surgery, their assistance at home and their insurance policies.

Inpatient rehab hospitals are facilities such as UF Health Shands Rehab, or Brooks Rehabilitation in Jacksonville, Florida.

To be admitted to these types of facilities, you need a recommendation from physical therapy for intensive therapeutic management of three or more hours per day and have medical needs that require on-going doctor’s supervision. This care is most like residing in a hospital. Most orthopaedics-planned joint replacements do not discharge to these types of facilities. Medicare, Medicaid and some private insurances cover this type of care. Many private insurances have a very limited benefit for this type of care.

Skilled facility, subacutes, skilled nursing facilities or extended care facilities
To be admitted to these types of facilities, you need a recommendation from the physical therapist for sub-acute rehab. These facilities have both short-term recovery areas and long-term residential areas where patients receive care. These facilities have physical therapists, occupational therapists and separate therapy “gyms“ to assist with rehabilitation. They also
DISCHARGE INFORMATION (continued)

provide nursing care, custodial care and can accommodate a longer stay for patients. Many orthopaedics-planned joint replacements do discharge to these types of facilities. Patients that need additional assistance with walking, more time to recover from surgery, have steps, live in a difficult to reach area or live alone often discharge to a subacute facility.

Is this covered by my insurance?

Medicare and private insurances cover rehabilitation expenses; however, most private insurances or Medicare advantage plans require you to go to a facility in their network and require a copayment.

Home Care

Home care is a visit by a medical professional, which could include a nurse to assess your condition, a physical therapist or occupational therapist. All planned joint replacements receive some type of home care to assist with mobility. You will be asked to choose a Home Care agency.

Medicare and private insurances cover home care expenses. There are restrictions on the company that your insurance allows you to choose, and you will be provided a list of companies that are available within your network.

Durable Medical Equipment

Durable medical equipment (DME) includes walkers, wheelchairs, crutches, bedside commodes and other items to assist with your mobility and care. Most insurance cover the above items. However, they do not cover specialty items such as shower chairs, slide boards or hand rails.

Outpatient Rehab

Outpatient rehab is a therapy that you will receive in an outpatient clinic. Most insurances cover this service, although you may have a limited choice or area from which to choose.
# SUMMARY OF ACTIVITY

## DAY OF SURGERY

**Mobility Goals:**
- Get out of bed to the chair
- Walk with assistance
- Use the bathroom with assistance

You should expect to be out of bed once you are awake and alert enough. You are encouraged to walk with therapy or nursing assistance and eat your meals out of the bed.

You will have a regular diet.

Your sling will be checked for fit and comfort.

A pillow can be placed under your lower arm to prevent your shoulder from any overstretching.

You should have restrictions to shoulder movement, so follow these instructions carefully.

## FIRST DAY AFTER SURGERY

**Mobility Goals:**
- Get dressed, up for meals, walk in hallway and get ready for home

You should be getting dressed, walking and getting ready for discharge home.

A physical/occupational therapist will review precautions, restrictions and any exercises you are allowed to do based on the surgery performed.

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Thank you for choosing UF Health for your elective surgery.
We wish you years of comfortable mobility.