



Health Sciences North
Horizon Santé-Nord

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NORTH EAST
JOINT
ASSESSMENT
CENTRE | CENTRE
D'ÉVALUATION
DES ARTICULATIONS
DU NORD-EST

Your Guide To:

Shoulder Surgery

-Patient information-

September 2021

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INTRODUCTION

Welcome to **Health Sciences North / Horizon Santé-Nord**. We are very pleased that you have chosen us for your shoulder surgery. Our team is committed to making your journey a comfortable and successful one. This information booklet has been prepared as a resource to help you to better understand your surgery. It will explain what to plan for and expect before, during and after your surgery.

Preparing for shoulder surgery beings several weeks ahead of the actual date. Your health care team will do all they can to make your surgery a success. We hope that keeping you informed empowers you to take an active role in your rehabilitation. Your preparation and dedication to the plan are important factors in your recovery. We urge not only you, but your family and caregivers to read this resource. Your success depends on you!

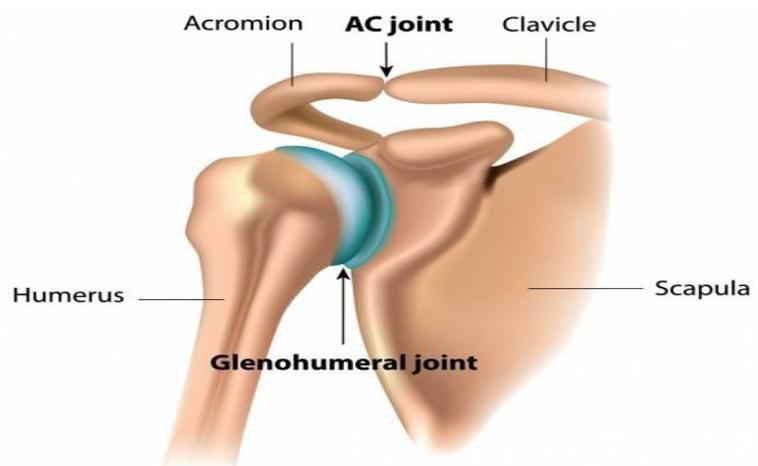
GETTING TO KNOW YOUR SHOULDER

Understanding your shoulder can help you learn not only how your shoulder works but also the role of surgery.

Shoulder Anatomy

The shoulder joint allows you to move in a large range of motion, in all directions: forwards, backwards, sideways and rotation. Your shoulder is comprised of three bones:

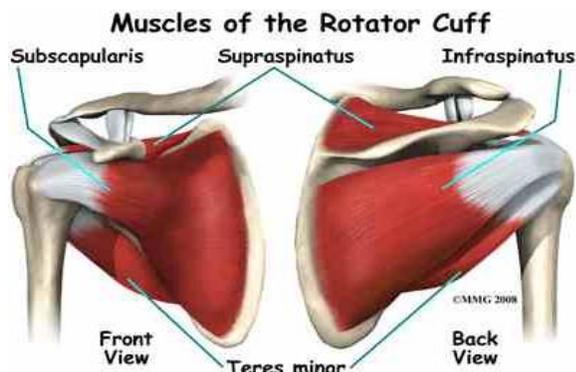
- **Humerus** (upper arm bone)
- **Scapula** (shoulder blade)
- **Clavicle** (collarbone)



The shoulder is a ball-and-socket joint. The ball, or rounded head of your **humerus** fits into a shallow socket called the **glenoid** in your scapula to form the **glenohumeral** joint. The surfaces of the humerus and glenoid are lined with cartilage which acts as a form of cushioning and lubricates the joint.

The **rotator cuff** is made of 4 muscles:

- **Supraspinatus**
- **Infraspinatus**
- **Teres minor**
- **Subscapularis**



They work together to keep the ball seated in the middle of the socket so that your arm can be lifted sideways and overhead without damage to the muscles.

The **long head biceps** is another muscle that keeps the head of humerus in the socket, as well as it helps to lift the arm forward.

Pain in the shoulder area can come from damage to the muscles, tendons, ligaments or cartilage. It may be caused from one traumatic event, wear and tear over the years, genetics, instabilities, or lifestyle factors including smoking. If you are a candidate for a surgery that is **not** a replacement (such as a rotator cuff repair), you and your surgeon will further discuss your particular surgery and the outcome expected. If you are **not** having a total shoulder replacement or reverse total shoulder replacement, please skip ahead to page 6.

Shoulder Arthritis

Shoulder arthritis is the breakdown of the cartilage and underlying bone of the ball and/or socket. When the smooth surfaces (cartilage) of the ball and socket become rough, they rub against each other rather than glide. This causes pain, loss of movement and strength that can affect your daily activities and sleep. A shoulder replacement is performed to alleviate shoulder pain, and often helps improve movement and function of the shoulder.



Total Shoulder Arthroplasty (Replacement)

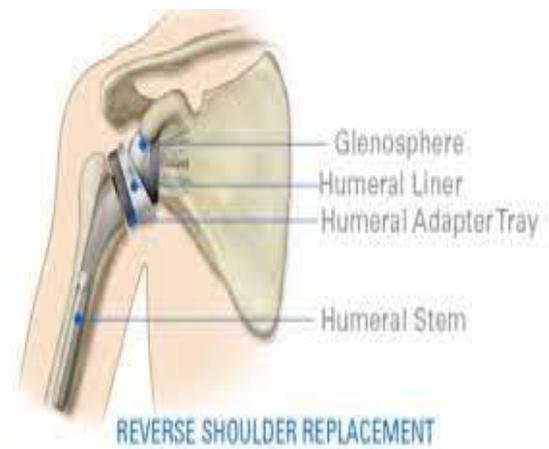


A shoulder replacement is a major surgery that removes damaged bones and cartilage and replaces them with smooth metal (titanium/ chrome cobalt) and plastic (polyethylene) surfaces called prostheses. These new, smooth surfaces can allow for better function with improved pain.

Reverse Total Shoulder Arthroplasty (Replacement)

This type of replacement is used when the rotator cuff muscles are not functioning properly, usually due to a longstanding tear in one or more of the tendons that cannot be repaired with other types of surgery.

In this procedure, the prostheses are reversed and the metal ball is placed on the glenoid (socket) and the top of the humerus (ball) is changed to a socket. The reverse shoulder arthroplasty allows the remaining functioning muscles to restore overhead motion, relieve pain and improve function.



Shoulder Hemi-Arthroplasty

Only half of the joint, the head of the humerus is replaced. This type of prosthesis is often used in fractures.

INFORMATION ON ANESTHESIA: Won't this hurt?

All surgeries require some form of anesthesia. Your Anaesthesiologist is a doctor with specialized knowledge and training on giving anesthetics, controlling pain, and treating serious medical illnesses or emergencies. The type of anesthesia is chosen based on your physical condition, current medications that you're are taking, the type of surgery and your reactions to medication.



No eating after midnight the night before your surgery!

(You may have clear fluids including water, apple juice, black coffee, clear tea, clear pop, popsicles and Jello up to 4 hours before your surgery.)

No eating or drinking anything 4 hours before the surgery!

If you have been instructed to take medications the morning of surgery, you may do so with a sip of water.

Types of Anesthesia for Shoulder Surgeries

1. **Nerve Block:** Local anesthetic (freezing) is given through a needle to block the nerves to the shoulder to stop pain sensations. This type of anesthetic can be a single dose or continuous. A single dose can last between 12-24 hours. A continuous dose involves inserting a small tube near the nerves to a certain area. The tube is secured to the skin with a dressing, and is attached to a pump. The pump delivers a controlled amount of anesthetic continuously and is normally in place for 2-3 days.
2. **General anesthetic:** General anesthesia will allow you to sleep during the surgery. The medication is given through an intravenous catheter (IV) in your vein. A tube is placed in your mouth and throat to help you with your breathing. The tube is removed once the surgery is done. Some people may have discomfort in their throat for a few days after their surgery. Throat lozenges or warm salt water rinses will help.

PREPARING FOR YOUR SHOULDER SURGERY

With any shoulder surgery, the procedure itself is just one chapter in your book to recovery. In order for the surgery to be successful there are things that are recommended a head of time to make life easier and more comfortable during your rehabilitation. We encourage you to include essential caregivers in your decision to have surgery and how they may be of assistance to you before, during and after the surgery. Things to consider include:

- ✓ I have practiced doing things using only the arm that will not be operated on (e.g. preparing meals, eating, bathing, and toileting). **This is important as your operated arm may be in a sling for up to 6 – 8 weeks.**
- ✓ I have a few extra pillows so I can support my shoulder when sleeping.
- ✓ I have one or more loose fitting shirts that fasten in the front.
- ✓ I have made arrangements for someone to drive me to and from the hospital and appointments as **I will not be allowed to drive for 6-8 weeks after surgery.**
- ✓ I have arranged for help at home (e.g. grocery shopping, meal preparation, cleaning, laundry, banking, caretaking of family members and pets) as **I will not be allowed to drive for 6-8 weeks after surgery.**
- ✓ I have prepared and frozen meals in advance.
- ✓ I have ready-to-use ice packs or have made arrangements to obtain a cold therapy device (if recommended) which will reduce pain and swelling.
- ✓ I understand the expectation for rehabilitation/physiotherapy after surgery.
- ✓ I have cleared floor spaces of obstacles or hazards such as telephone/electrical cords, loose rugs and other objects.
- ✓ I have set up a “recovery center” within my home with the items that I will frequently use including a telephone, medication and remote control.
- ✓ I have placed regularly used kitchen and bathroom items at arm level to avoid having to reach up or bend down.

Pre-Admission Visit:

Your surgeon's office will call you to inform you of the date of your surgery. Health Sciences North will contact you 2 to 6 weeks before your operation with your appointment for the Pre-Admission Clinic.

This is a half to full day session at HSN where you can discuss current medical issues and ask questions. Present to the volunteer desk at the main entrance and they will guide you to your appointment. At the visit you may:

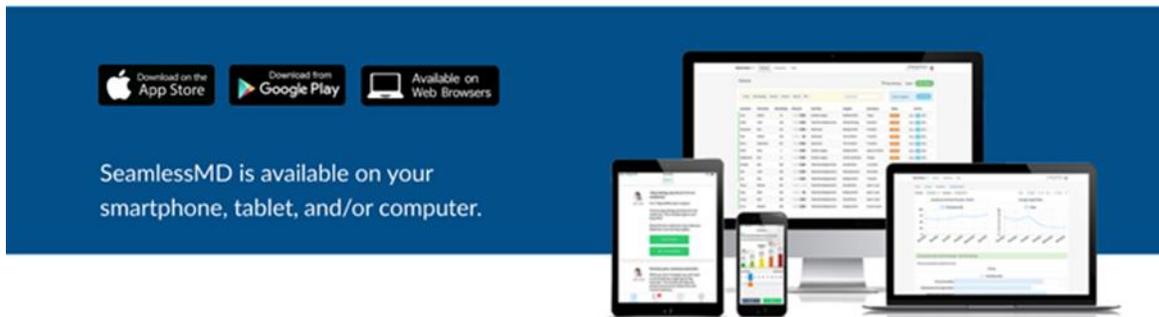
- ✓ Have medical testing and assessments completed.
- ✓ Meet with the Blood Conservation Nurse who can help you to increase your blood iron to avoid a transfusion.
- ✓ Meet with the Anaesthetist who will ask you questions about your medical history, will perform a medical exam, and will discuss with you which type of anaesthetic is best for your operation.

Please bring the following:

- **OHIP Card**
- **Support Person:** Bring your designated family member / caregiver with you.
- **Medication:** Bring the medications you are currently taking in the original prescription bottles. Vitamins and supplements should be included. Your doctor may advise you to stop taking certain medications or supplements a week or two before surgery.
- **Allergies or Adverse Reactions:** Identify if you have had reactions to medication and/ or anesthesia issues in the past.
- **Medical Conditions / Previous Surgeries:** Identify all your past surgeries and any medical conditions. It is helpful to write these down beforehand.
- **Insurance:** Know your insurance coverage, including the name of the company, your plan or group number and contact information. Bring your status card when applicable and insurance cards to the hospital with you.
- **Power Of Attorney Document**

SeamlessMD:

Health Sciences North also offers an App called SeamlessMD. **SeamlessMD** is an interactive step-by-step guide to help you prepare for your surgery and recover faster afterwards. You and/or a caregiver can access the platform on any smartphone, tablet and/or computer.



Enrollment in SeamlessMD is based on surgeon participation. If your surgeon is participating in the program you will receive a call from HSN inviting you to enroll and an email will be sent with a link to register.

The program will guide you through both stages of your surgery – before surgery and at-home.

Before surgery, SeamlessMD will”

- ✓ Give you real time reminders about tasks you need to complete (ex. go to your Pre-Surgery Admission Clinic appointment)
- ✓ Have a library of information on different pre-surgery topics.

The Day before your Surgery

This checklist will help to ensure you’re well prepared for your hospital stay.

- ✓ Ensure to shower the night before with antibacterial soap.
- ✓ Hair brush, tooth brush, tooth paste, soap, denture case, eyeglass case, contact lens case.
- ✓ Comfortable, well-fitting shoes with non-skid soles
- ✓ Loose fitting clothing. Preferably a shirt that has buttons or a zipper in the front
- ✓ Leave all valuables at home
- ✓ Follow all medical instructions provided to you during your Pre-Admission Clinic visit
- ✓ Your sling, if purchased in advance



The Day of your Surgery

- You will again shower the morning of your surgery with antibacterial soap before presenting to the hospital.
- Come to the Main Registration at Health Sciences North as instructed. You will be asked to arrive 2 hours before the time of your surgery.
- For the comfort and privacy of all patients, we respectfully request that only one support person accompany you once you are called into the Day Surgery unit.
- A nurse and an anaesthetist will meet with you, update your health history, and review your medications. Your temperature, pulse, oxygen saturation and blood pressure will be taken.
- You will be assigned a locker with a key to store your clothing and personal belongings.
- An intravenous (IV) will be started in your arm before you go to the Operating Room (OR).
- Your surgeon will mark the location for your shoulder surgery on your body.
- The surgery usually takes 1 to 2 hours

AFTER YOUR SURGERY

Recovery / Inpatient

You will wake up in the Day Surgery Unit and will convalesce there until discharge home. The nurses will check your vital signs, your level of consciousness, the dressing on your shoulder, the pulses in your arm and the colour, sensation and movement in your fingers. They will also:

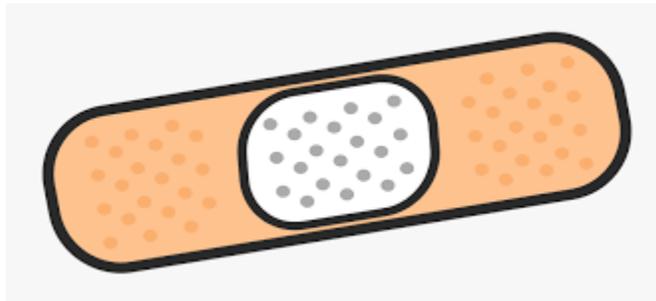
- ✓ Assess your pain and give you medication prescribed by your surgeon.
- ✓ Ensure you meet a Physiotherapist who will teach you basic exercises to begin your recovery.
- ✓ You may have a special pain management system that delivers your continuous anesthetic for the first 2-3 days. This will be discussed with you during your Pre Admission Clinic visit.

Discharge

- Shoulder surgeries are performed as a day surgery at HSN. Once your vital signs are stable, you will be discharged home but you **must have** a responsible adult take you home.
- If you have a continuous pain pump, you will be given instruction on the care and removal.
- You will be given a prescription for pain medication. Make sure you have a plan to have it filled and picked up on the way home.
- It is a good idea to ask your nurse for a dose of your pain reliever just prior to being discharged home. Expect to have significant discomfort from your car ride home. This is normal.
- You will be given an appointment with your surgeon for suture or staple removal (if required) and a follow-up visit
- You and your hospital Physiotherapist will arrange your first outpatient physiotherapy appointment.
- You will be given a home exercise program by the Physiotherapist. You are responsible for continuing with your exercises at home.

Taking Care of your Incision

- You will go home with staples or stitches on your incision. Check your discharge instructions for when you can remove or change your bandage, and when / how to bathe / shower with your incision.
- The dressings must be kept dry and clean. Leave the Steri-strips in place, and they may fall off on their own.



Where to go for help if complications arise



CALL 911 OR GO TO THE NEAREST EMERGENCY DEPARTMENT

If you have

- **increasing shortness of breath,**
- **new or sudden onset of chest pain or**
- **trouble breathing at rest**

CONTACT YOUR SURGEON

If you...

- **have wound that is increasing in redness or warmth, increasing in swelling or hardness, draining yellow or green fluid, producing a bad smell, bleeding enough to soak through a bandage, splitting open, sudden increase in wound pain (8-10/10)**
- **you develop chills or fever over 38.5 C (100.5 F)**
- **suddenly have pain or swelling in your leg**

***** If you are unable to reach your surgeon, go to the closest Emergency department**

SeamlessMD:

At home, SeamlessMD will:

- ✓ Ask you to complete a daily health check, which will let you know whether you are on-track with your recovery, and alert your healthcare team if you have problems.
- ✓ Give you information about diet and medication

SeamlessMD will let you know what to do based on your answers. It might tell you to try some self-care tips or it might tell you to call the healthcare team – please follow the instruction/actions.

Do not wait for someone from our team to call you back because we might not see it right away.

RECOVERING FROM SHOULDER SURGERY

What to expect

Recovering from shoulder surgeries requires proper pain management, physiotherapy, nutrition and rest. Below are normal things that you can expect:

- **Pain:**
 - It is normal to have moderate amounts of pain for a few days after your surgery. Remember to take the medication as prescribed to avoid waves of pain.
 - You may have received freezing in your shoulder which can feel numb for 10-12 hours.
 - Ice packs may be used to reduce pain and swelling. Apply the ice for 20 minutes on and 20 minutes off throughout the day until you meet with your physiotherapist. **DO NOT** put the ice directly on the skin. Place the ice pack in a dry pillow case or thin towel before applying to the surgical area.
- **Rest and Sleep:**
 - Limit your visitors. Rest is important for your recovery.
- **Incision Care:**
 - Your incisions will be closed with sutures and/or steri strips and will be covered by a bandage (dressing).
 - It is important to keep the incision and all bandages **dry**. Be sure that any ice packs applied to your incision are sealed and do not leak onto the dressing
 - Leave the bandages on as directed by your surgeon or on your discharge instructions.
- **Swelling:**
 - Expect swelling for a few weeks following your surgery. Some swelling may go into the front of the chest muscles or down the arm to the hand.
 - When resting, sit with the affected limb supported with pillows while wearing your sling.
- **Constipation:**
 - Some of the prescription pain medication may lead to constipation. A mild stool softener may be necessary to prevent constipation. Stool softener can be purchased over the counter at the pharmacy with the help of a pharmacist.

Physiotherapy and Exercises

You will understandably have many questions about when and how to safely move your shoulder after surgery. Your physiotherapist will be there every step of the way to guide you through the physiotherapy protocol and rehabilitation.



- The Physiotherapist will see you before discharge and provide you with instructions on how to use your sling, exercise guidance until your first physio appointment, and will help to answer any other questions specific to your type of shoulder surgery. **DO NOT** progress the exercises until you see and are advised to do so by your outpatient physiotherapist.
- Your first Outpatient Physiotherapy appointment should occur within 1-2 weeks of surgery. It may occur at the hospital or at a community Physiotherapy clinic in partnership with HSN. The protocol is a guideline and may only be changed by your physiotherapist according to the surgeon's orders. The frequency and number of sessions that you will require will be decided upon by you and your therapist. You may expect 1-2 sessions per week for 8-16 weeks.
- **DO YOUR HOMEWORK! You must perform the exercises at home by yourself every day to properly heal.**
- Your body needs time to heal. Don't try and speed up the healing by doing more than what is outlined in the protocol and by your therapist.

*****Refer to your exercise program handout that you were given while in hospital*****

PREPARING FOR HOME

Living with a Sling

The sling is to **be worn at all times** until your surgeon or physiotherapist advises you otherwise. This may range from 2 to 6 weeks. It can be removed only to shower, change clothes and do your Physiotherapy exercises. **You must wear it to sleep.**



- **No driving** while your arm is in a sling, for 6-8 weeks, even if it is not your dominant arm.
- **No lifting** of the operated arm until directed to do so
- No repetitive movement of the hand/arm even while in the sling, such as typing, using computer mouse, writing, etc.
- Don't be afraid to ask for help while you are living with a shoulder sling

***** Ignoring these instructions could damage the surgery in your shoulder*****

Putting your Sling On / Off

After showering, dressing or performing your exercises, you will need to know how to put the sling back on. If someone is helping you, support your operated arm with your elbow bent to 90° using your un-operated arm. Slide the sling in from behind so that your elbow fits snugly into it.

If fitting the sling by yourself, ensure that you are seated with arm supported on table or pillow, with your elbow bent to 90°.



Fasten the forearm strap across your forearm; it should be approximately 1" below your elbow crease. Attach the wrist strap 1" above your wrist



The lower ring should rest against your body and the higher ring should face upwards. Ensure your wrist is supported and not dangling outside the sling.



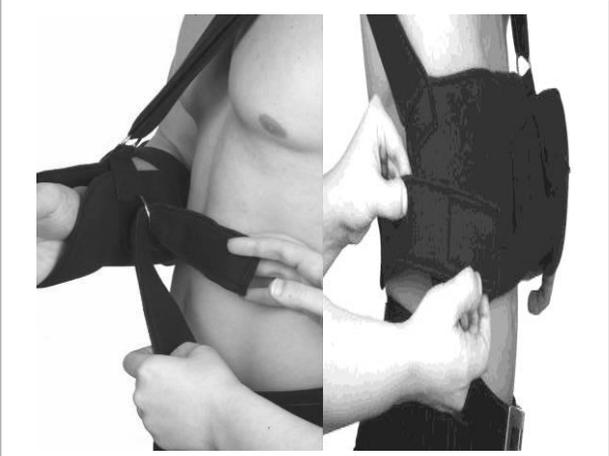
Take the shoulder strap that attaches to the back of the sling and go around your back and over the opposite shoulder, across your neck, then feed it through the upper ring.

Attach the strap back onto itself so that your elbow is held at right angles (90 degrees).

Your hand and wrist should be neutral and supported in sling.



If you are wearing a body belt, feed the other strap through the lower ring and attach it onto itself with the Velcro tab



Take the body belt around your back and attach it over the front of the elbow section of the sling. Adjust as necessary so that your arm is held snugly against your body.

The foam neck pillow should be behind the neck.



Looking after yourself at Home

Showering

- For 6-8 weeks, you may need assistance to wash your **un-operated** arm, as you will not be able to use your **operated** arm for this. **Protect your arm by pretending that it is still in a sling.** Remember...**DO NOT REACH** for objects with your operated arm!
- Remember to keep your incision dry and protected while washing. Waterproof dressings may be provided by the hospital or bought at a local pharmacy.
- After showering, you must put your sling back on.

Getting Dressed

- You will find it easier to dress using shirts that fasten in the front.
- **Always dress your operated arm first, and it is last arm to come out of sleeve when undressing**
- Sit on the edge of a chair or stand with your arm 'hanging' by your side. Slide your **operated** arm into the garment first using your **un-operated** arm. Do not assist with your operated arm. Let it hang loose. Once this arm is fully in the sleeve, bring the garment around your back and put the other arm in. Any fasteners must be fastened only with your un-operated arm. Once you have dressed your upper body, place your arm back in the sling.



Feeding Yourself

- For the first **6-8 weeks** after your operation, you will feed yourself with your **un-operated** hand only.
- After 6 weeks, your surgeon will let you know if you are allowed to feed yourself 'normally' using both hands

Housework

- Light housework such as light dusting may resume after you have been cleared to remove the sling.
- More strenuous housework should be avoided until **3 months** after your operation.

Sleeping

- For the first **6-8 weeks** your sling should be kept on while you are in bed. Initially, you may find it more comfortable to sleep on your back with a pillow under your **operated** arm for support. You may also find it more comfortable to sleep in a semi-sitting position in a recliner.



*** While lying on your back, keep a small pillow or towel roll behind the upper arm/elbow to avoid excessive stretching in the front of the shoulder**

Kitchen Activities

- For the first **6-8 weeks** you must use your **un-operated** arm for kitchen activities. This includes making meals, snacks and drinks.



Return to Work

- This will depend upon the type of surgery as well as the type of work that you do. You will need to discuss this with your Surgeon.
- Typically, you may not be able to return to physical work requiring overhead or lifting activities for about **4 months** unless modified work/ other arrangements can be made.

