

Shoulder arthroplasty

Bring this guide to the hospital on the day of your surgery.

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Introduction

This guide will help you understand what shoulder surgery involves. We hope that the information provided in this guide will prepare you well for your surgery.

You will learn more about:

- Your shoulder problem
- The type of surgery you will be having to resolve this problem;
- What you can do to prepare for your surgery;
- The care you will receive at the hospital;
- What you can do to facilitate your recovery after surgery;
- How to optimize your ability to function after your surgery, knowing that you will not be able to move your shoulder as much as usual.

Important

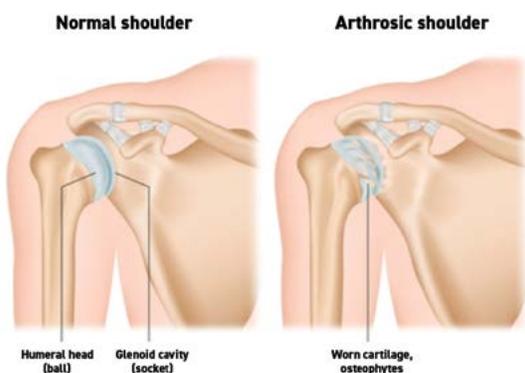
- Read this guide attentively before your surgery, and show it to your loved ones.
- Ask your care team all of your questions, especially if there are things you do not understand.
- Bring this guide with you to the hospital on the day of your surgery.
- Bring your sling with you. Adjust it to your height before you arrive at the hospital.

Your shoulder surgery

The ends of your shoulder bones are covered in cartilage, a smooth elastic tissue. Cartilage forms a protective cushion on the surface of the bones. Cartilage (or ligament) damage can cause shoulder pain.

Injuries, deformities, degenerative diseases as well as normal wear and tear due to ageing can cause arthritis.

This is when bones start to rub against each other, muscles lose their strength and the joint becomes rigid and swollen, causing pain and/or loss of mobility.



When treatment is no longer effective and you are unable to perform your regular activities, your physician may recommend the replacement (arthroplasty) of your shoulder. This guide explains this type of surgery.

What is shoulder arthroplasty?

Shoulder arthroplasty, commonly referred to as shoulder "replacement," consists of replacing the humeral head (the ball) and the glenoid cavity (the socket) by metal and plastic parts that comprise your new joint.

The purpose of this procedure is to relieve the pain and improve the functioning of your shoulder.

The surgery usually lasts two to four hours.



What is reverse shoulder arthroplasty?

Reverse shoulder arthroplasty is for people who require shoulder arthroplasty but also have a torn rotator cuff, a group of tendons and muscles in the shoulder.

The new joint includes a ball and a socket, but the ball is attached to the shoulder blade and the socket is placed on the humeral head. Since this is the reverse of our normal anatomy, this procedure is called "reverse shoulder arthroplasty".

This surgery also takes two to four hours.



REVERSE SHOULDER PROSTHESIS

How to prepare for your return home

After your surgery, you will need help at home. Make arrangements ahead of time for the kind of help you will need. If you anticipate difficulties when you return home, talk to your nurse during your pre-admission appointment.

Transportation

You will not be able to drive for one (1) to three (3) months after your surgery. Your surgeon will tell you when you can start driving again.

Meals

You will not be able to use your operated arm to prepare your meals. Here are a few helpful tips:

- Prepare meals before your surgery and freeze them.
- Make sure to have a supply of non-perishable foods at home.
- Put food away in containers that you can open with one hand.
- Ask someone to carry your grocery bags for you.
- Have your groceries delivered.
- Use a service that prepares and delivers meals, like Meals on Wheels.
- In your kitchen, place items that you will need at an accessible height, between hip and shoulder level.

Equipment

- Find out how to get a sling for your shoulder. Your orthopedist's office can provide you with this information. Call 613-746-6745.
- Bring your sling with you to the hospital on the day of your surgery. You must wear it immediately after your surgery. Don't forget to adjust your sling properly before you arrive at the hospital. If you purchase a sling at a medical equipment store, the sales personnel will be able to make those adjustments with you.
- Find out from your private insurance company if your policy covers the rental or purchase of medical equipment.
- Make sure to have a solid chair at home with armrests.

Personal care

- Make sure you have someone to help you wash yourself, get dressed and take care of you, if you need help after your surgery. Techniques for washing yourself and getting dressed, featured on pages of this guide, may also be helpful.
- If you do not have someone to help you, you can choose to stay in a private residence for seniors, during your convalescence period. All these private retirement homes charge a daily fee for convalescence. The fees may vary from one retirement home to another. If you choose this option, reserve a room in a residence before your surgery. Consult residences in your area to find out which ones offer convalescence services. The list given to you by your physician includes some of these residences.

Housework

- Make sure you have someone to help you with housework, laundry, lawn mowing (or shovelling) and taking out the garbage. If you have no one to help, prepare yourself before surgery by completing your house chores and laundry.
- If you do not have someone to help you with these tasks, you can call on a private company for help.

The day of your surgery

When you arrive at the hospital

- Go to the Operating Room reception, room 2A105.
- Someone will come and get you in the waiting room and will help you prepare for your surgery.
- You will be asked to change and wear a gown.
- You will meet your surgeon and your anaesthesiologist, before your surgery.

Your loved ones can wait for you in the waiting room, near 2A105. Since the room is small, limit the number of visitors to one or two people. The screen in the waiting room will indicate the patient's status in the Operating Room. Your loved ones will know what stage you are at during your stay in hospital.

After your surgery, in the recovery room

After your surgery, you will wake up in the recovery room where you will stay until your condition is stable.

A nurse will come to check on you frequently to make sure that you are doing well. She will check your temperature, pulse, blood pressure and blood oxygen level as well as your bandages.

You will have a large waterproof bandage on your shoulder, covering a second bandage and your stitches.

Intravenous catheter

The intravenous catheter is used to provide you with liquids until you are able to eat and drink. Make sure not to pull on the catheter tube.

Sling to immobilize your shoulder

After your surgery, you must wear a sling that you acquired based on your surgeon's recommendations. Your nurse will help you to put the sling on. Wear the sling at all times, until your follow-up appointment with your orthopaedist.

You can remove your sling to take a shower. You can straighten your elbow and extend your arm, but do not make any movements with your shoulder.

The following image is an example of a sling for shoulder abduction. The sling is used to keep your arm away from your body so that your shoulder can adopt an optimal position for healing. Instructions for putting on and taking off the sling are usually provided with the sling at the time of purchase.

Adjust your sling properly to your size before you arrive at the hospital.



Before you leave the hospital, you will be given a follow-up appointment with your orthopaedist as well as a prescription for medication.

After your surgery

When you get home

You can remove your cloth bandage five days after your surgery. The waterproof bandage will be removed by the orthopaedist at your follow-up appointment, two to three weeks after your surgery.

Pain and swelling after your surgery

Pain management

So that you are as comfortable as possible, it is important to control your pain. Pain is a sensation that is different for each person. People do not feel pain the same way, even if they have had the same surgery.

Our objective is for you to be comfortable enough to participate in your recovery. Your pain must be adequately controlled so that you can rest comfortably. Your pain must not prevent you from breathing deeply, coughing, getting out of bed or walking.

There are treatments with and without medication to prevent and alleviate pain. With the help of your physician and your nurse, you will choose the pain treatment that suits you the best.

Swelling

Ice can help reduce pain and swelling, and will have a cooling effect on the joint. Place a bag of ice (or a bag of frozen peas or corn, that you are not planning to eat afterwards), wrapped in a towel, on your shoulder, and leave it there for 10 to 15 minutes. Do not leave the ice there for more than 20 minutes, otherwise the skin could freeze.

When lying down, make sure to raise your arm. Use pillows to help you, while wearing the sling.

Exercises

Deep breathing and coughing

Breathing and coughing exercises help to prevent pneumonia and other respiratory infections. Do this exercise several times a day, before and after your surgery:

1. Breathe in through your nose slowly and deeply.
2. Exhale slowly while puckering your lips, as if you were whistling.
3. Take a deep breath, then cough.

Exercise program

After your surgery, it is important that you follow the exercise program that your nurse will give you after your surgery.

How to look after yourself at home

Personal care

After your surgery, you must support your operated arm in a sling, except when you are getting dressed or washing yourself. You must perform your daily activities with one hand.

The following information will help you maintain your autonomy after your surgery, while reducing the risk of complications, such as dislocation of your shoulder.

Steps to follow for bathing

The first five days after your surgery, you will have to wash yourself by hand (sponge bath), with a washcloth.

To begin

- If you have problems with balance or you prefer not to wear a sling in the shower, you can rent or buy a bath bench or chair and wash in a sitting position.

- Once you are sitting, take off the sling and place your operated arm on your stomach, to support your shoulder.



To wash under the operated arm

1. Lean forward.
 2. Let your operated arm hang down.
 3. Wash your armpit with your other arm.
- As much as possible, avoid moving your operated arm. You must only move it slightly in order to place the washcloth under your arm.



To wash your armpit on the unoperated arm

- Use the “whip” technique:

1. Using the hand on the unoperated side,
2. Place the washcloth in the armpit area,
3. And while holding the washcloth with your hand,
4. Wash your armpit by sliding the washcloth out from your armpit.

You can also use a sponge with a long handle and a hand shower, which makes it easier to wash your back, legs and feet.



Getting dressed

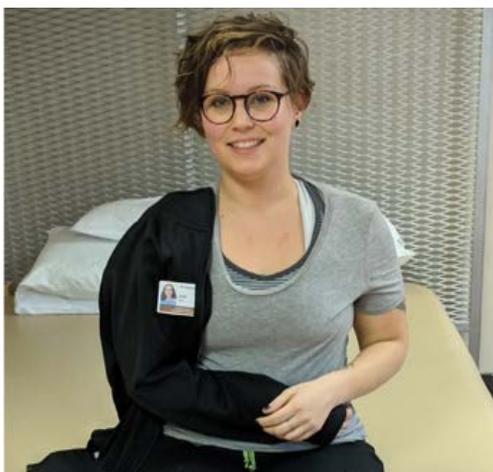
We recommend that you wear the following clothes after your surgery, to maximize your autonomy:

- Loose shirt, with buttons down the front.
- Bra with large straps that does up in the front. If you are wearing a bra that fastens in the back, fasten it in the front with two hands, then turn it to the back with the unoperated hand. Put on the straps starting with the operated arm.
- If you prefer not to wear a bra, you can wear a camisole with a wide neck and large armholes that you can slip on starting with the operated arm, then easily get it over your head using your unoperated arm.
- Pants with an elastic waist. Pants with a zipper are hard to pull up and down with only one hand.
- Shoes without laces, with Velcro or with elastic laces that provide good foot support.

Steps to follow for getting dressed

Putting on a shirt

- Sit on the edge of the bed, or on a chair.
- Take off your sling.
- Slip on your shirt starting with your operated arm, which you let hang on the side of your body.
- Slide the operated arm into the shirt sleeve using your unoperated arm, always letting your operated arm hang on the side of your body. With the unoperated arm, bring the shirt around your back, then slide the unoperated arm into the other sleeve.



- Do up the buttons with the unoperated arm only.
- Put your sling back on.

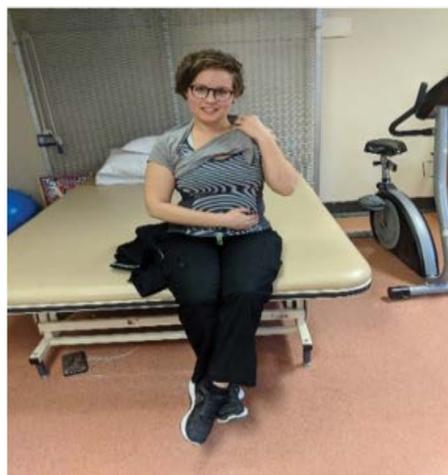


Putting on a sweater (without buttons)

- Leave your operated arm along the side of your body.
- Slide your operated arm into the sleeve of the sweater, using your unoperated arm, always letting your operated arm hang on the side of your body.
- Do not raise your operated arm.



- Put the sweater on over your head.
- Slide the unoperated arm into the other sleeve of the sweater.
- Put your sling back on.



Sleeping

- You must wear your sling every day, even at night, for at least one (1) month after your surgery.
- Never use your operated arm to get yourself out of bed or a chair: you could injure yourself.
- Do not place pillows under your operated arm to sleep.

Precautions to avoid dislocating your shoulder

- Do not lean on your operated arm.
- Do not push, pull or lift anything with the operated arm.
- Do not move your elbow backwards to try to reach something. And do not try to twist it.
- Do not move your shoulder backwards for 12 weeks.

- The elbow of your operated arm must always be supported.
- Wear your sling at all times for at least one month after your surgery.. Wait for your surgeon or physiotherapist to suggest when you should stop wearing your sling.

Signs and symptoms to watch out for

Contact your physician, or go to the Emergency closest to you, if:

- You have fever above 38°C (100.4°F).
- You notice any discharge, redness, swelling or a foul smell coming from the incision.
- Your incision opens.
- You are out of breath.
- You have chest pain.

