

JointVenture

Rebuilding Together

Total**Shoulder**Surgery
800.635.6197



OAKLEAF
SURGICAL HOSPITAL
physician owned. patient centered.
TOTAL JOINT REPLACEMENT CERTIFIED

oakleafsurgical.com

Table of Contents

Preparing for Your Total Shoulder Replacement Surgery	1
Preparing Your Home	4
Preparing Yourself for Discharge	5
What to Pack for the Hospital	6
Two Days Before Your Surgery	6
The Day Before Your Surgery	7
On the Day of Your Surgery	8
Pain Management	13
First Day After Your Surgery	15
Total Shoulder Replacement Surgery Goals	16
Caring for Yourself at Home	17
Discharge	21
Recognizing and Preventing Complications	22
The Importance of Follow-up Care	25
Frequently Asked Questions	25
Glossary	26
Equipment Vendors	26
Information from the Aging & Disability Resource Center of Eau Claire County	27
Overnight Accommodations for Visitors	30

Your Total Shoulder Replacement Surgery



Troy Berg, MD
Chippewa Valley Orthopedics
and Sports Medicine



John Berschback, MD
Chippewa Valley Orthopedics
and Sports Medicine



Brent Carlson, MD
Chippewa Valley Orthopedics
and Sports Medicine



Austin Crow, MD
Chippewa Valley Orthopedics
and Sports Medicine



Nathan Harris, MD
Chippewa Valley Orthopedics
and Sports Medicine



Jose Padilla, MD, MS
Chippewa Valley Orthopedics
and Sports Medicine



Joe Cotton, PA-C
Chippewa Valley Orthopedics
and Sports Medicine



Taylor Cunningham, PA-C
Chippewa Valley Orthopedics
and Sports Medicine



Tim Mess, PA-C
Chippewa Valley Orthopedics
and Sports Medicine



Ashley Mroczenski, PA-C
Chippewa Valley Orthopedics
and Sports Medicine



Edward Rosenquist, PA-C
Chippewa Valley Orthopedics
and Sports Medicine



Katie Smith, NP
Chippewa Valley Orthopedics
and Sports Medicine



Preparing for Your Total Shoulder Replacement Surgery

History and Physical Exam

It is important to schedule a primary care physician appointment 7–10 days prior to the day of your surgery. They need to do a health history and physical examination. You may also have blood work, an ECG (electrocardiogram) of your heart and a chest x-ray. Your surgeon will not do surgery unless this examination is completed. This is needed to evaluate your current health status and safeguard against any potential complications. Do not miss this appointment.

Medications

Discuss with your primary care physician the medications you take including prescription, non-prescription, herbal products, vitamins and supplements. You may need to stop taking certain medications before surgery but recommendations vary depending on the patient, medical professional and reason for the medication. If you would like to take over the counter pain medications, please verify with your primary care physician prior to consuming to ensure it is appropriate prior to your surgery. Examples of over the counter medications to verify with your physician include:

Ingredient(s)	Brands
Ibuprofen	Advil Motrin
Naproxen	Aleve All Day Relief Flanax Pain Relief Naprosyn Pamprin All Day Relief Max
Aspirin	Aspir-81 Aspir-Low Ecotrin St. Joseph Low Dose
Acetaminophen	Tylenol
Acetaminophen/Aspirin/Caffeine	Excedrin Headache Relief Bayer Migraine Migraine Formula Headache Formula Pain Reliever Plus Pamprin Max
Aspirin/Citric Acid/Sodium Bicarbonate	Alka-Seltzer Antacid/Pain Relief

Preparing for Your Total Shoulder Replacement Surgery (cont.)

Medications (cont.)

If you are diabetic, please also discuss with your primary care provider about possible dosage changes around the time of your surgery.

Remember to ask your primary care provider these questions during your visit prior to your surgery:

1. Which medications should I stop taking prior to surgery? If yes, when should the medication be stopped?
2. Which medications should I take the morning of surgery with a sip of water?
3. Inform your provider about all supplements, herbal products and vitamins; ask which medication can be taken prior to surgery?

Please do not start taking any medications after your pre-operative appointment without discussing it with your primary care provider.

Lifestyle

Health problems such as diabetes and high blood pressure will need to be controlled before surgery.

Maintain proper nutrition and reduce alcohol intake.

Maintain a healthy weight.

If you smoke, try to cut down on the amount you smoke or ideally, quit before your surgery. This will improve healing and reduce complications after joint surgery. OakLeaf Surgical Hospital is a tobacco-free campus.

Follow your doctor's recommendations for exercise. It is important to be in the best possible overall health to promote the best possible surgical experience.

Preparing for Your Total Shoulder Replacement Surgery (cont.)

Dental Work

Germs in your mouth could enter your bloodstream and infect your new joint. The following is recommended:

Prior to your surgery

Schedule any pending dental care and make sure all your dental care is up-to-date.

After your surgery

You will need to take antibiotics prior to any dental care. The American Dental Association and the American Academy of Orthopaedic Surgeons recommend antibiotics be administered to patients who have had a joint surgery prior to any dental care, including routine cleaning, for the rest of your life. Call or ask your surgeon or primary care physician for more details.

Illness or Infection Prior to Surgery

Call your surgeon's office if you notice any sign of potential infection, such as the flu, colds, boils, abscesses, lesions, in-grown toenails, poison ivy, etc. This will need to be addressed before surgery and treated to prevent your surgery from being postponed.

If you have a history of a MRSA infection please contact your surgeon.

Pre-Operative Phone Call

1 to 3 days before your surgery, an OakLeaf registered nurse will call you. If you are not home during the day, a message will be left asking you to contact a nurse in the Pre-Op Department at **715.895.9547** or **800.635.6197** between 9:00 am and 2:00 pm. During this call, they will discuss the following:

Expected arrival time	Medical and surgical history
List of medications	Allergies
Specific instructions	Your questions or concerns
Discharge planning needs	Advance directives

Preparing Your Home

In anticipation of your return home, make sure your home is safe and free of hazards. Ask friends and family to help you arrange household items if needed.

General Household Tips

Be sure you have a comfortable chair to sit in when you come home.

Keep items you use often within easy reach.

It is a good idea to carry a portable phone with you, especially when home alone.

Put clean linens on your bed.

Prepare meals and freeze them or purchase prepared meals or contact your nearest Meals-on-Wheels—see Aging and Disability Resource Center information contained in this binder on page 27.

Mow the grass and tend to the garden and other yard work.

Pick up throw rugs and tack down any loose carpeting.

Remove or tape down electrical cords and other obstructions in walkways.

Install nightlights in bathrooms, bedrooms and hallways.

Install a railing along one side of the staircase.

Arrange for someone to collect your mail and newspaper.

Arrange for someone to care for your loved ones or pets.

Preparing Your Home (cont.)

Bathroom Tips

Use a rubber-backed bathroom rug to avoid slipping outside your shower.

Apply adhesive strips or rubber mat inside tub or shower to avoid slipping. These can be purchased at your local home improvement or discount store.

Consider installing grab bars in your shower or tub for support as you get in and out.

A listing of Equipment Vendors is located on page 26.

Preparing Yourself for Discharge

Arrange Transportation

You will need someone to drive you to and from your:

Physical therapy sessions

Follow-up appointments with your surgeon

Driving

You will be able to drive when you are off all narcotic pain medications and have regained your strength and mobility.

Help at Home

Make plans for someone to help you at home. If this is not possible and you need assistance, please let the nurse know during your pre-op phone call.

What to Pack for the Hospital

Your photo ID and insurance card.

Bring all prescription medications you are taking (in their original containers.)

A list of your allergies and reactions.

Glasses, hearing aids and other personal care items you use daily.

Comfortable, loose-fitting clothing for your ride home. Preferably an oversized button up shirt or zip up shirt, elastic waist pants, and slip on shoes.

Leave all money, credit cards, jewelry or other valuables at home.

Copy of your advance directives, living will and/or durable power of attorney for health care, if you have one. Though not required in order for you to have surgery, they are encouraged. For your convenience, forms are available at OakLeaf Surgical Hospital.

Two Days Before Your Surgery

Shower

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. You will be using the kit for 3 separate showers, beginning 2 days before your surgery date, for a total of 3 showers, including the day of surgery. This will be your first shower using the kit.

Do not shave your legs or underarms within 3–4 days of surgery to avoid any cuts. Cuts increase your risk for infection.

Do not apply lotion after you start taking showers using the StartClean cleansing kit

The Day Before Your Surgery

Follow your regular diet.

Follow the instructions your surgeon or the Pre-op RN gave you on when to stop eating and drinking. Do not smoke or chew anything—not even gum after this time. Doing so may cause your surgery to be delayed or postponed.

Shower

Shower following the directions that come with the StartClean cleansing kit on how to use the kit. This will be your second shower using the kit.

Remember to shampoo your hair using your own favorite shampoo.

Rinse thoroughly.

Use a fresh clean towel to dry, and dress in your clean clothing.

Following your shower, do not apply the following items as these also increase your risk for infection:

Deodorant

Lotions

Sprays

Powders

Make-up

Any hair products such as hair spray, gel or mousse

Remove all jewelry, body piercings, makeup and nail polish. If you have acrylic nails, please remove one nail from a finger, so we can monitor your oxygen levels during surgery.



On the Day of Your Surgery

At Home

On the morning of your procedure, you may brush your teeth and rinse your mouth, but do not swallow any water. You may be asked to take some of your routine medications with a sip of water, but please follow instructions given to you by either your surgeon or pre-op nurse.



Shower following the directions that come with the StartClean cleansing kit on how to use the kit. This will be your third shower using the kit.

Do not apply any makeup.

Pre-Op

Arrive at the hospital at the scheduled time to register. Please arrive on time. In some cases, lateness can result in moving your surgery to a later time that day.



Check in with reception located in our main lobby. You will then be directed to registration where you will need to present your photo ID and insurance cards.

After you have registered, a pre-op nurse will greet you in the main lobby and accompany you to our pre-op area, where you will prepare for surgery. This includes:

- Changing into hospital clothing.
- Verifying your medical and surgical history along with any allergies.
- Signing any necessary consent papers pertaining to your surgery.
- Providing education about your surgery including information on recovery, pain management and answering further questions.
- Starting your IV and drawing any necessary lab work.
- Preparing your surgical site.



Pre-Op (cont.)

You will meet with your anesthesiologist who will interview you and discuss your options for anesthesia (please see anesthesia section below for more information).

You will meet with your operating room nurse and your surgeon who will mark the site with their initials—a safety measure to ensure the correct surgical site.



Types of Anesthesia

Your personal comfort and care is our top priority while you are here. Decisions regarding your anesthesia are tailored to your personal needs and health history. On the day of your surgery, you will be meeting with an anesthesiologist to discuss anesthesia. At that time, any questions or concerns regarding anesthesia will be addressed.

General Anesthesia

Medications are given through your IV which allows you to be asleep during the entire procedure.

Surgery

You will be brought to the operating room where your surgical and anesthesia teams will monitor your comfort and keep you asleep during your surgery. Your surgery will last approximately 1 to 2 hours. Your family/friends will return to our main lobby or they may visit our Bistro and enjoy a meal prepared especially for them.

Post-Op/Recovery Room

Following your surgery, you are taken to the recovery room where you are cared for by a registered nurse. You will remain there from 1–2 hours, or until you have met our established criteria for transfer to the Second Floor or discharge to home.

You will wake up with an oxygen mask over your nose or a nasal cannula in your nose. This provides you with extra oxygen while you are still sleepy. When you awaken, you may experience blurred vision, a dry mouth, chills and/or nausea. It is normal to experience these, we will do everything we can to minimize this.

You may also experience some discomfort and pain during your time in recovery. Everyone has a different pain threshold and reacts to pain differently. We will monitor your vital signs and provide proper pain management so that you are kept comfortable.

Your friends and family will be unable to visit you while you are in the Recovery Room. However, they will be notified if you are transferred to a room and they will be able to join you there. We ask that you please be patient with this process. Nursing staff will make every attempt to keep your family updated on your progress.

In Your Room

Once your stay in recovery is complete, a registered nurse from the Second Floor will care for and assist you in managing your post-operative recovery needs.

We recommend that visitors are kept to a minimum on the day of your surgery to allow for your rest and recovery.

A “Hospitalist” or an “Internal Medicine” doctor may see you while you are here. They are responsible for your medical care outside the surgeon’s scope of care. Your surgeon may request a Hospitalist to manage your medical conditions while you are recovering from surgery. The Hospitalist assists in monitoring any pre-existing medical conditions, such as: diabetes, high blood pressure, respiratory issues, etc.

The Physician Assistant or Nurse Practitioner who works with your surgeon may also be seeing you and managing your care while you are here.

Your nurse will instruct you on activities once you are settled in your room. We encourage you to do the following activities at least once an hour:

Ankle Pumps

Begin these right away to reduce risk of blood clots from forming. This exercise can be done by flexing your ankles and feet up and down.

Coughing and Deep Breathing

Begin coughing and deep breathing to prevent lung congestion.

Diet

You will be started on oral fluids if you are not experiencing any problems with nausea. Initially, after surgery we encourage you to eat lightly. You will progress to a regular diet as tolerated. Diabetic, vegetarian, and gluten-free meals are available for our patients.

Activity

You will be up as tolerated the night of surgery. A nurse will assist you with your activity.



In Your Room (cont.)

Elimination/Bowel and Bladder

Many patients experience constipation after surgery as a result of the pain medication, decreased activity and diet alterations. You should drink plenty of fluids and increase your fiber intake throughout your recovery.

SCD's (sequential compression devices)

A soft, plastic Velcro wrap will be applied to your calves. These will periodically fill with air, massage your legs and then deflate. SCD's are used to increase circulation to your legs and help prevent blood clots.

TEDS (thromboembolic device/compression stockings)

This white elastic sock will be applied to both of your legs in pre-op. The TEDS help with circulation and help prevent blood clot formation. You will continue to wear these stockings at home as directed by your physician.

Oxygen Therapy

Most patients require oxygen for a short period of time after surgery. How long you receive the supplemental oxygen is patient specific. However, being consistent with your respiratory exercises will shorten the time it is needed.

Cold Therapy

This is a cooling device that allows ice water to circulate through the pad. This is applied immediately to your surgical site after surgery to help keep swelling to a minimum and reduce your pain. You will wear this as much as possible throughout your stay and also when you go home. Instructions will be provided for you on its use throughout your stay.

IV Therapy

You will receive fluids through your IV for hydration, and pain management after surgery.



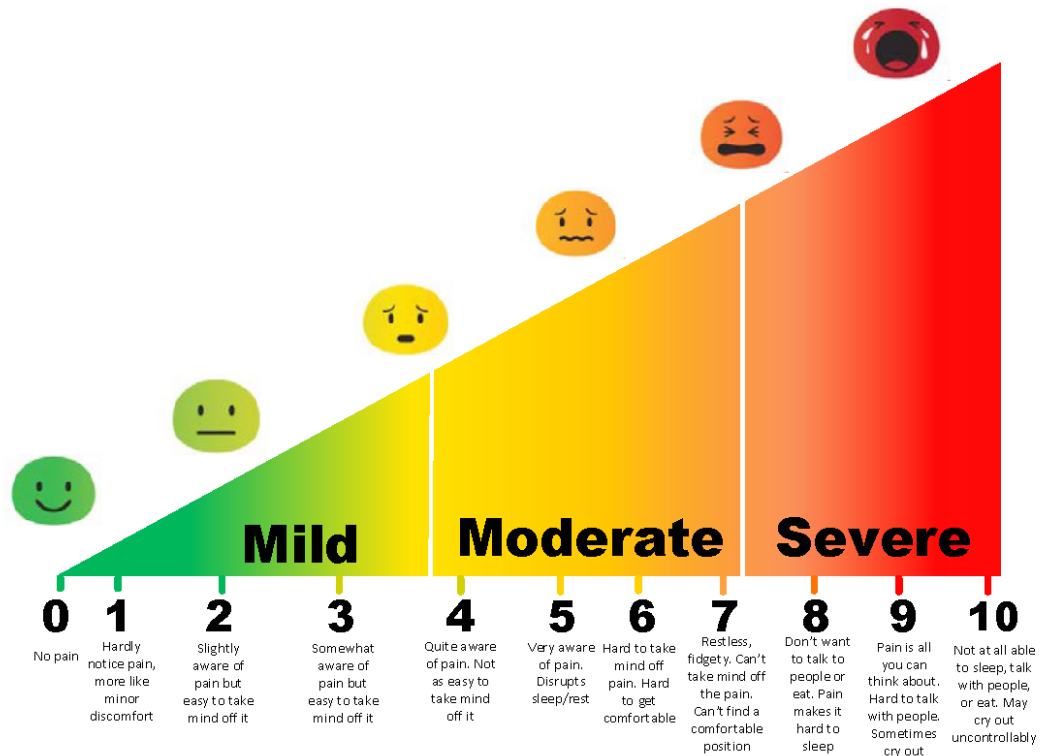
Pain Management

Our goal is to individualize your care and to manage your pain using multiple methods that will assist you in functioning to the best of your ability. Pain will be managed by techniques within the operating room which will result in minimal need for additional pain medications including opioids. After surgery you may have some discomfort. Pain medications will be reserved for pain preventing you from participating in expected activities. Your healthcare team will work with you during your stay to assure that you are able to perform expected activities with a tolerable level of pain.

We provide a menu of different options that will meet your comfort needs.

- Medication
- Relaxation options
- Comfort items and actions
- Personal care items

We will be using the following Pain Assessment Tool:



We ask that you report to us if you are experiencing pain.

Rate your pain using the Pain Assessment Tool.

Tell your nurse if the methods used to control your pain aren't working.

We aim to aid in your comfort and ensure the best possible patient experience for you and your family during your hospitalization. Your recovery is our priority.

Pain Management (cont.)

You may need pain medication for the first few days after you leave the hospital. If you are running low on your medication, call your surgeon's office during regular business hours. Should you feel any unusual symptoms or reactions to the medications at any time, do not hesitate to call your surgeon or our OakLeaf Second Floor Unit, where we have nursing staff available 24-hours-a-day, 7-days-a-week, including holidays. You can reach us at **(715) 895-9551** or **(800) 635-6197**.

If you are not getting your medications as prescribed by your physician because of insurance or financial reasons contact your physician.

Relaxation TV Channel

To help support your recovery and provide you comfort, we offer a relaxation channel on the television. This is a restful alternative to commercial television and may assist you with reducing your anxiety and managing your pain.

The channel provides nature imagery and instrumental music which has been chosen specifically to support a healing environment.

Your nurse will help you choose the relaxation TV channel once you are in your room.

First Day After Surgery

GOAL: Discharge. Participate in physical therapy.

Your surgeon or physician assistant (who works with your surgeon during your surgery), will check in on you to see how you are recovering and answer any questions you may have.

You will begin physical therapy while at OakLeaf Surgical Hospital, you may receive one or two PT sessions. This includes a home exercise program, instruction on showering, dressing, sling adjustment. Handouts will be given to you to take home.

If you have a support person to help you at home, we encourage them to be active participants in your therapy session and discharge planning. This will help them be better prepared to care for you and your needs once you return home.

You will also continue to use cold therapy to aid in your comfort and decrease surgical site swelling. You will continue to perform coughing, deep breathing and ankle pump exercises.

Your IV will be discontinued once you can eat and drink and your antibiotics are done.

You will need someone to drive you home. You may also need someone to drive you to the physical therapy appointments once you are home.

Discharge teaching will be given to you along with teaching sheets that are yours to keep. We will review the following with you and your family/friends:

- Follow-up appointments with your surgeon and physical therapist.

- Medications and prescriptions—A pharmacist will meet with you to review all of your medications and side effects.

- Exercises to do at home.

- How to use cold therapy.

- How to do dressing changes.

- Other informational items specific to your care.





Total Shoulder Replacement Surgery Goals

Post-operative exercises are important to the success of your recovery after your shoulder surgery. Upon discharge from OakLeaf, you will receive physical therapy as an outpatient at a rehabilitation facility of your choice. It is also recommended that you continue to follow a home exercise program on a daily basis. A home exercise program will be provided for you prior to discharge.

Below you will find a list of weekly goals to aim for following your surgery. These goals are only a guide. Your surgeon and physical therapist will adjust your goals to meet your needs if different than what is shown. Remember to follow your range-of-motion restrictions as directed by your surgeon and physical therapist.

Weeks 1–4

- Assistance for dressing, showering, and sling.
- Control pain.
- Gradually increase independence.
- Perform home exercises at least 3 times a day.
- Start out-patient physical therapy.

Weeks 5–6

- Continue with home exercise program.

Weeks 7–12

- Initiate increased range of motion and strength in shoulder per physical therapist and specific protocol.
- Continue with home exercise program.

Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, recovery and comfort.

Controlling Your Discomfort

Use your cold therapy for pain control, as applying it to your affected joint will decrease your discomfort and swelling. Make sure to replenish the ice often and keep a towel between your skin and the cold therapy.

Diet and Nutrition

Proper nutrition and diet is important for your recovery. It is important to have protein at every meal. Your body needs nourishment to build strong muscles and heal bones. Some examples of foods that are high in protein are listed below.

Beef	Nuts and seeds	Beans
Poultry	Eggs	Pork
Dairy products	Protein shakes	Fish

Narcotics used for pain management after surgery can increase smooth muscle tone of the intestinal muscle wall, decreasing movement of products through the digestive tract and causing constipation. Getting enough fiber and fluids in your diet, along with limiting refined and processed foods (fast food, pizza, bacon, fries, deli meat), can help manage this side effect.

Fluids help to soften stools and make them easier to pass. Drinking 6 to 8 glasses of water a day can help prevent constipation.

There are two types of dietary fiber: soluble and insoluble. Soluble fiber absorbs water during digestion to increase stool bulk, and insoluble fiber promotes the normal movement of food through the intestines.

Caring for Yourself at Home – Diet and Nutrition (cont.)

The recommendations for fiber are:

Males 18 to 50 years old—38 grams/day

Males 51 years and older—30 grams/day

Females 18 to 50 years old—25 grams/day

Females 51 years and older—21 grams/day

Most Americans only get half of the recommended amount of fiber daily. You can increase your fiber by:

Sprinkling oat bran or wheat germ over salads, soup, cereal, or yogurt

Choosing a breakfast cereal with at least 5 grams of dietary fiber per serving

Looking for bread with the highest amount of fiber per slice

Cooking with brown rice instead of white rice

Substituting whole grain noodles for traditional pasta noodles

Adding beans to salads or soups

Making it a goal to get 5 servings of fruit and vegetables a day

Choose fresh fruit over juice; juice does not have fiber

Try fresh fruit for dessert

Add fruit to cereal or vegetables to sandwiches

Snacking on nuts like almonds and pistachios or air-popped popcorn

It is important to gradually increase the amount of high-fiber foods in your diet to prevent negative gastrointestinal side effects like bloating and gas. Beginning to increase your fiber intake before surgery will help to prevent these side effects. Use stool softeners or laxatives, such as milk of magnesia, if the food recommendations aren't working.

Caring for Yourself at Home – Diet and Nutrition (cont.)

High Fiber OakLeaf Menu Choices

Here is a sample of OakLeaf Surgical Hospital menu choices that are high in fiber.

Breakfast

Eggs or omelet with wheat or rye toast	(2 grams/slice)
Fresh seasonal fruit	(3 grams/cup)
Oatmeal	(4 grams/cup)
Raisin Bran	(7 grams/cup)

Lunch

Sandwich on wheat bread	(2 grams/slice)
with coleslaw	(4 grams/cup)
Any deli salad	(4–8 grams)
Veggie burger	(3 grams/patty)

Dinner

Stir fry, with meat or vegetables only	(3–4 grams)
Any entrée with a side salad, vegetable of the day, and baked potato	(4–6 grams)

Caring for Yourself at Home – Diet and Nutrition (cont.)

Dietary Fiber in Foods

Use this as a reference to help you make food choices that are high in fiber.

Food Group	Food Product	Portion	Fiber (grams)
Fruits	Apple	Medium	4
	Banana	Medium	3
	Blueberries	1/2 cup	4.4
	Orange	Large	2.4
	Pear	Medium	4
	Raspberries	1/2 cup	4.6
	Strawberries	1 cup	3
Grains	Brown rice	1/2 cup	5.5
	Oatmeal	1 cup	4
	Popcorn, air-popped	3 cups	3
	Raisin Bran	1 cup	5
	White Bread	1 slice	1
	Whole Wheat Bread	1 slice	3
	Whole Wheat Pasta	1 cup	5.6
Legumes	Baked Beans	1 cup	16
	Black Beans	1 cup	19.4
	Kidney Beans	1 cup	19.4
Nuts	Almonds	1/4 cup	2.4
	Pistachios	1/4 cup	3
Vegetables	Broccoli	3/4 cup	7
	Carrots	1/2 cup	3.4
	Celery	1 stalk	1
	Corn	1/2 cup	5
	Peas	1/2 cup	6.7
	Spinach, cooked	1/2 cup	7
	Squash	1/2 cup	3.5
	Sweet Potato	Medium	3

Caring for Yourself at Home (cont.)

Lifestyle

Limit alcohol because it interacts with your pain medication. Avoid smoking because it inhibits bone growth and repair.

Discharge

Your surgeon or physician assistant (who works with your surgeon during your surgery), will check in on you, see how you are recovering and answer any questions you may have.

The decision for your discharge will be made collectively by your care team including you, your surgeon, physician assistant or nurse practitioner, physical therapist, nurse, and case manager.

The care team will review your recovery and medical necessity and discuss with you if it is recommended you go to a rehab facility. Insurances vary on their coverage and requirements to obtain authorization for a skilled nursing facility rehab stay. Your case manager will work with you, the rehab facility and your insurance to obtain this authorization if needed. Case management will also coordinate Home Health Care services if needed. It is important to note that even though you may have a skilled nursing facility rehab insurance benefit it is not guaranteed your insurance will approve a rehab stay for this (episode) recovery.

If you need to go to a rehab facility and meet medical necessity, you could potentially stay 3 days in the Hospital before going to a short term rehabilitation facility. Medicare requires a 3 day stay in a Hospital, whereas other insurances may not.

You will need someone to drive you. Ideally, this is the person who will help care for you at home.

Sample of Discharge Instructions

Discharge Instructions: After Your Orthopedic Surgery

Once you are home, if you have questions about your discharge instructions, call OakLeaf Surgical Hospital at **715.831.8130**. If you would like to speak to your physician, you can reach out to Chippewa Valley Orthopedics at **715.832.1400**. We will be offering you a follow-up phone call. If you accept this offer, a nurse from OakLeaf Surgical Hospital will call to check on your progress and answer questions.

Going Home

Have someone stay with you for the first few days after surgery.

Don't make important decisions or sign legal papers for the first 24 hours.

Resume your home diet as tolerated; drink plenty of fluids and increase fiber intake.

Change dressing daily. Cover with dry gauze and tape lightly unless directed otherwise by your Surgeon.

Continue using your Incentive Spirometer at home, 10 times per hour while awake.

Wear compression support (stockings, shorts, leggings, ace wraps) during the day, and off at night.

Attend all follow up appointments that have been scheduled.

Coping with Pain

Take medications as prescribed. Alternatives to medication to help relieve pain include ice, elevation, distraction, ambulation, stretching or relaxation.

To get the best relief possible:

Take some food with pain medication.

Allow at least 20 to 30 minutes for medicine to work.

Don't wait until your pain becomes severe before you take your medicine.

Drink plenty of fluids and take stool softeners to assist with constipation.

When taking pain medicine, do not drink alcohol. It can cause dizziness and slow your breathing.

Sample of Discharge Instructions (cont.)

Managing Nausea

Take pain medicines with food, to prevent nausea.

If you were on a special food plan before surgery, ask your healthcare provider if you should resume this food plan.

Don't push yourself to eat. Your body will tell you when to eat and how much.

Start with clear liquids and soup. They are easier to digest.

Next try semi-solid foods, such as mashed potatoes, applesauce, and gelatin, as you feel ready.

Slowly move to bland solid foods.

Eat small amounts throughout the day.

If You Have Obstructive Sleep Apnea

You were given anesthesia medicine during surgery to keep you comfortable and free of pain. After surgery, you may have more apnea spells because of this medicine and other medicines you were given. The apnea may last longer than usual.

At Home

Keep using your continuous positive airway pressure (CPAP) device when you sleep. Unless your healthcare provider tells you not to, use it when you sleep, day or night.

When to call your healthcare provider

Call your healthcare provider if:

Pain does not improve with medicine, rest or ice.

Continued bleeding through the bandage.

Shaking chills or a temperature of 101 degrees or higher.

Experience nausea and vomiting that lasts greater than 24 hours.

Excessive skin changes such as rash, itching, hives, increased redness, excessive swelling or any drainage around the incision.

Recognizing and Preventing Complications

Wound Infection

Signs and Symptoms

Increased swelling and redness at incision site.

Change in color, amount and odor of drainage.

Increase in pain.

Temperature greater than 101 degrees F.

How to Prevent Infection

After discharge, you may change the dressings daily if desired. After removing the old dressings, replace them with some 4 x 4 gauze pads and secure with tape.

You may shower 2 to 3 days after surgery depending upon your surgeon's preference. Let clear water run over the incisions, do not scrub them. No baths or soaking the incision until 14 days after surgery, when the stitches will be removed.

Blood Clots

It is important to maintain activity to reduce the potential for blood to slow and clot in your veins, creating a blood clot. Because blood clots can form in either leg, it is advised that you perform foot and ankle pump exercises. If you experience any of the symptoms below, contact your physician.

Signs and Symptoms

Abnormal amounts of swelling in thigh, calf, ankle, or arm that does not go down with elevation of the extremity.

Pain, warmth and tenderness in your calf or arm.

The Importance of Follow-Up Care

Recommendations:

Notify your primary physician about your shoulder surgery at your next visit.

You will be under the care of your orthopedic surgeon for approximately 3 months.

Seek medical attention any time you have a substantial increase in pain that requires continuous medication or if you have any questions or concerns.

Frequently Asked Questions

1. How long will the surgery take?

Surgery times vary depending upon the difficulty of your surgery. Generally, you may spend 2 to 3 hours in surgery and 1 to 2 hours in the recovery room before being transferred to your room or discharged.

2. What type of anesthesia will I have?

On the day of surgery you will be meeting with an anesthesiologist (the doctor who puts you to sleep) who will discuss anesthesia with you. Please see page 9.

3. Will the surgeon see my family after surgery is complete?

Yes. Your surgeon will make every attempt to meet with your family/friends after your surgery if your family/friends remain at the hospital.

4. How long will I be in a sling?

You will be in a sling 3 to 6 weeks.

5. What type of clothes should I bring?

Bring comfortable, loose-fitting clothing for your ride home. Preferably an oversized button up shirt or zip up shirt, elastic waist pants, and slip on shoes.

6. When can I drive?

Driving is dependent upon your physician's approval. For most people this is several weeks after surgery.

Glossary

Nasal Cannula

The nasal cannula is a device used to deliver supplemental oxygen to a patient or person in need of extra oxygen. This device consists of a plastic tube which fits behind the ears, and a set of two prongs which are placed in the nostrils. Oxygen flows from these prongs. The nasal cannula is connected to an oxygen tank, a portable oxygen generator or a wall connection in the hospital.

Hospitalist

A physician, usually an internist, who specializes in the care of hospitalized patients.

Prophylactic

Medication or a treatment designed and used to prevent a disease from occurring, for example, taking an antibiotic prior to surgery to prevent infection.

Equipment Vendors

Grace Home Respiratory

2204 Hillcrest Parkway, Altoona WI 54720715.832.7377

Mayo Clinic Health System – Pharmacy & Home Medical, Inc.

1400 Bellinger Street, Eau Claire, WI 54703715.838.1800

Value Center Health Mart Pharmacy

2157 East Ridge Center, Eau Claire WI 54701715.833.6760

Walgreen’s

1106 West Clairemont Avenue, Eau Claire WI 54701715.852.0023

Walgreen’s

1819 South Hastings Way, Altoona WI 54720715.834.6642

Walgreen’s

849 Woodward Avenue, Chippewa Falls WI 54729715.720.0241

Wal-Mart Pharmacy

3915 Gateway Drive, Eau Claire WI 54701715.834.5966

Wal-Mart Pharmacy

2786 Commercial Boulevard, Chippewa Falls WI 54729715.738.2418

Information from the Aging & Disability Resource Center of Eau Claire County

Adult Day Care

Grace Adult Day Care, 2441 New Pine Dr., Altoona	715.832.8811
Helping Hands Adult Day Care, 903 Harlem St., Altoona	715.271.0401
Partners Place, 4620 Tower Dr., Eau Claire	715.839.0576

Food & Nutrition

Augusta Food Pantry, 204 N. Stone St., Augusta	715.225.4965
Bag Ladies Grocery Delivery, Eau Claire	715.836.9100
Catholic Charities, 448 N. Dewey St., Eau Claire	715.832.6644
Community Table, 320 Putnam St., Eau Claire	715.835.4977
Fall Creek Food Pantry – Faith Evan. Free Church, Fall Creek	715.877.2330
Food Share Program, Dept. of Human Services, Eau Claire	715.839.2300
Grace Lutheran Church Food Pantry, 202 W. Grand Ave., EC	715.832.9713
Hmong Mutual Asst., 423 Wisconsin St., Eau Claire	715.832.8420
Meals on Wheels of Eau Claire County, Senior Dining Meal Sites, Liquid Supplement	715.839.4886
St. Francis Food Pantry, 1221 Truax Blvd., Eau Claire	715.839.7706

Home Care

Skilled Licensed Nursing Services

Aurora Community Health, 406 Technology Dr., Menomonie	888.301.5897
LifeNet, 1280 W. Clairemont Ave., Ste. 5, Eau Claire	715.835.4111
Moore’s Genuine Care, 711 Anderson St., Augusta	715.286.2734
Mayo Clinic Health System – Home Health & Hospice, PO Box 2060, Eau Claire	715.831.0100
ResCare HomeCare, 1324 W. Clairemont Ave., Eau Claire	715.871.0631
St. Joseph’s Home Care, 2661 Co. Hwy. I, Chippewa Falls	715.726.3485

**Information from the Aging & Disability
Resource Center of Eau Claire County (cont.)**

Supportive – Non-Medical

CEK Family Companion Care	866.691.4064
Comfort Keepers, PO Box 1016, Hudson	715.833.2197
Gemini Cares, 800 Wisconsin St., Eau Claire	715.830.0546
Good People	800.608.8003
Hmong Home Care Services, 1708 Westgate Rd., Eau Claire	715.379.7201
Home Instead Senior Care, 515 S. Barstow St., #116, EC	715.552.8040
Kathy’s Helping Hands LLC, Altoona	715.833.1727
LifeNet, 1280 W. Clairemont Ave., Ste. 5, Eau Claire	715.835.4111
Moore’s Genuine Care, 711 Anderson St., Augusta	715.286.2734
Mayo Clinic Health System – Home Health & Hospice, PO Box 2060, Eau Claire	715.831.0100
St. Joseph’s Home Care, 2661 Co. Hwy. I, Chippewa Falls	715.726.3485
Visiting Angels, 1303 Badger Ave., Eau Claire	715.833.7006

Nursing Homes

Augusta Nursing Home, 215 Brown St., Augusta	715.286.2266
Clearwater Care Center, 2120 Heights Dr., Eau Claire	715.832.1681
Dove Healthcare, 1405 Truax Blvd., Eau Claire	715.552.1030
Oakwood Villa, 2512 New Pine Dr., Altoona	715.833.0400

Transportation

Abby Vans, W5621 Todd Rd., Neillsville	800.236.8438
Delivery Fix, 1813 Brackett Ave., Eau Claire	715.835.5853
Eau Claire Transit, 910 Forest St., Eau Claire	715.839.5111
Handilift, 10-35 10th Ave., Cumberland	800.989.7433
New Freedom Transportation Program	715.233.1070
.....	or 800.228.3287
Patients Express, 17009 Co. Trk. I, Chippewa Falls	866.336.7915
Tender Care Transport, 1592 118th St., Chippewa Falls	715.835.2435

**Information from the Aging & Disability
Resource Center of Eau Claire County (cont.)**

Short-term Rehabilitation

Colfax Health & Rehabilitation Center, 110 Park Dr., Colfax	715.962.3186
Dove Healthcare Bloomer, 2217 Duncan Rd., Bloomer	715.568.9770
Dove Healthcare Rice Lake, 910 Bear Paw Ave., Rice Lake	715.234.2604
Dove Healthcare South, 3656 Mall Dr., Eau Claire	715.552.1035
Dove Healthcare Wissota, 2815 Co Hwy. I, Chippewa Falls	715.723.9341
Grace Lutheran Communities, 286 N Willson Dr., Altoona	715.598.7800

Overnight Accommodations for Visitors

A list of overnight accommodations for visitors in the Eau Claire and Chippewa Falls area is available on the OakLeaf Surgical Hospital web site under the Patient Information section.

Notes





OAKLEAF
SURGICAL HOSPITAL

800.635.6197

1000 OakLeaf Way • Altoona, WI 54720

oakleafsurgical.com