Total Joint Surgery

Overview of Total Shoulder Replacement

Confluence HEALTH

Contents

QUICK INFO

Questions? Reach Us At:
509-436-4060

Hours for the Department:
8 a.m. - 4:30 p.m.
(M-F)

Welcome

Thank you for choosing Confluence Health for your total joint surgery.

We are committed to making your healthcare journey successful by providing you with helpful information about what to expect during each phase of your surgery and recovery. In the enclosed handbook, you will find an abundance of insights, descriptions and checklists covering the following topics:

Care Team Overview

Learn about the different types of healthcare professionals who will participate in your procedure and support you during your recovery.

Conditions and Surgeries

Receive insights about the function of your joints, the conditions that cause pain, and the ways in which surgeries can help. Also included is a brief discussion of what happens during a procedure, how long it usually takes, and what type of recovery time you can expect.

Pre-Surgery Prep and Post-Surgery Care

Prior to your procedure, there are some important things you might be asked to do concerning exercise, nutrition, weight loss and diabetes control. Following your surgery, pain management will be an important part of your road to recovery, but you also need to be mindful of constipation and blood clots. Included is The Preparation Checklist that offers a quick glance at how to prepare for your procedure and what to avoid during your recovery.

Surgery Walk-Through

Receive a step-by-step overview of what will happen from the time you arrive at our facilities until you are discharged to go home.

Medical Equipment Guide

Learn about the types of helpful equipment you can use to make your recovery easier and more comfortable.

Post-Surgery Wellness

One of the best ways to have a successful recovery is to follow our recommended exercise guides.

My Healthcare Team

Surgeon - Your surgeon directs all aspects of your care. Your surgeon's office is the first place to go with your questions.

Registered Nurses (RN) - A RN will call you before your surgery to review your medical history, medications and to provide preoperative instructions. They will also be your primary caregiver during your stay at the hospital.

Medical Assistant - The medical assistant will help with scheduling your surgery and coordinate care with you. They can help answer your questions prior to and after surgery is complete.

Anesthesiologists - This is a specially trained physician who manages your anesthesia needs during surgery. They work closely with the surgeon to provide up to date care while you are in the OR. You will meet this provider the day of surgery.

Advanced Practice Provider (APP) - PAs and ARNPs are direct extensions of the surgeons. They will be in frequent contact with the nurses who care for you after surgery and will see you daily while you are in the hospital. They will also be involved in your pre and post-operative care.

Physical Therapist (PT) - A Physical Therapist will provide education and training on appropriate exercises, use of medical equipment, joint precautions, and safe mobility after your surgery.

Occupational Therapy (OT) - An Occupational Therapist will provide education on how to safely and independently complete self-cares, such as dressing, toileting and bathing.

Case Manager - The Case Manager will work with you by assessing your needs, coordinating care, developing a safe discharge plan including caregiver support, providing you with education and monitoring your progress for a successful recovery at home.

Contact your total joint replacement healthcare team at 509-436-4060. After-hours service available.

Overview of Surgery

Overview of Total Shoulder Replacement

Shoulder replacement surgery is an increasingly common procedure. It is very effective in relieving shoulder pain and is becoming as successful as hip and knee replacement surgery at reducing pain and enabling patients to resume everyday activities.

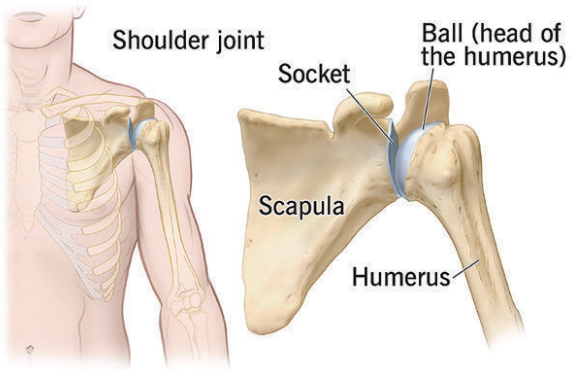


Fig. 1.1

The shoulder is a ball-and-socket joint: The ball, or head, of the upper arm bone (humerus) fits into a shallow socket in the shoulder blade. This socket is called the glenoid. There are a variety of conditions that lead to pain and degeneration of the shoulder joint. First line treatments for shoulder pain are almost always non-operative, however your surgeon may discuss shoulder replacement as a means to alleviate pain and improve function.

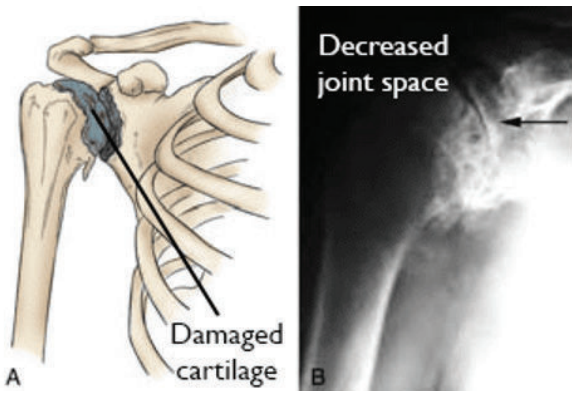


Fig. 2.1

There are several muscles around the shoulder that provide dynamic stability to the joint. The most important of these are the rotator cuff and deltoid muscles. The function of these muscles will largely dictate which type of replacement you may be a candidate for. In shoulder replacement surgery, the damaged parts of the shoulder are removed and replaced with artificial components (parts), called a prosthesis. There are predominantly two types of shoulder replacements: Anatomic Total Shoulder Replacement, and Reverse Total Shoulder Replacement.

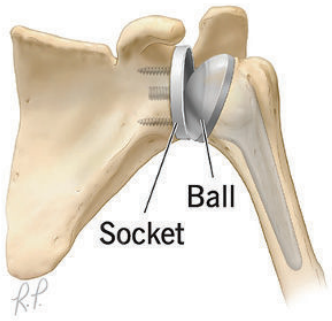


Fig. 1.2

Anatomic Total Shoulder Replacement

The anatomic total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball and a plastic socket. These may be either cemented or press fit into the bone. If the bone is of good quality, your surgeon may choose to use a non-cemented (press-fit) humeral component or, if the bone is soft, the humeral component may be implanted with cement. In most cases, a plastic (polyethylene) glenoid (socket) component is implanted with cement. Patients with bone-on-bone osteoarthritis and intact rotator cuff tendons are generally good candidates for anatomic total shoulder replacement.

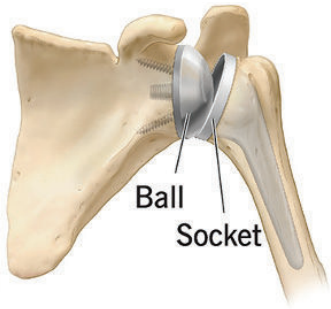


Fig. 1.3

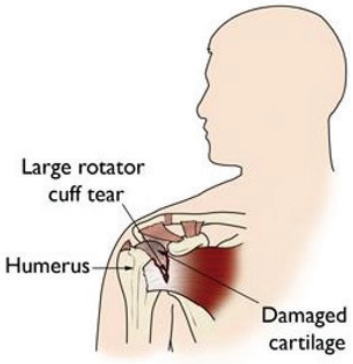
Reverse Total Shoulder Replacement

Alternatively, in a reverse total shoulder replacement, the ball and socket joint is switched. The ball is placed on the glenoid and the socket is placed on the humerus. Reverse total shoulder replacement is used for people who have: Large rotator cuff tears that are not repairable, chronic rotator cuff tears with resulting arthritis (rotator cuff tear arthropathy), older patients with a weakened rotator cuff and arthritis, previous shoulder replacement surgery that has failed, and severe humeral head fractures, with or without underlying arthritis. For all of these patients, an anatomic total shoulder replacement can still leave them with pain and dysfunction as a result of imbalances in the muscles that stabilize the shoulder. Reversing the ball and socket sides of the joint allows the deltoid muscle to function to move the shoulder without relying on the rotator cuff muscles to stabilize the joint and provides reliable function and pain relief in these situations.

The Preparation Checklist

On the last page of this booklet, you will find The Preparation Checklist. This contains a list of things to do, including: obtaining your medical equipment, facilitating a safer environment in your home and setting yourself up for success during recovery.

It is essential to complete this checklist to ensure a safe and fast recovery. Contact your surgeon's office if you have questions or concerns.



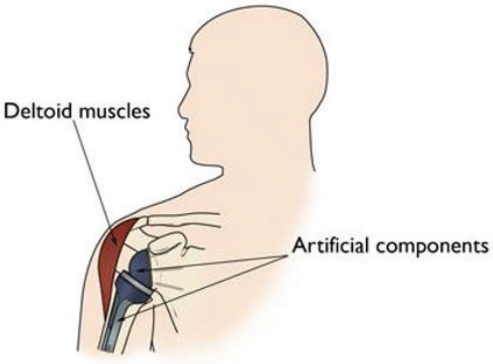


Fig. 3

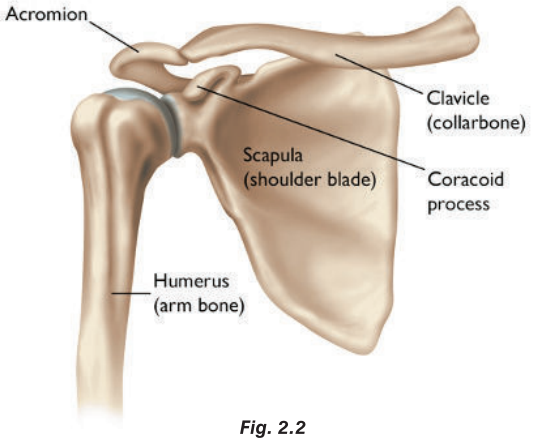


Fig. 2.2

Before Surgery

Patient Reported Outcomes

Joint replacement surgery has potential to greatly improve your quality of life and reduce pain. We want to make sure that you have the best outcome and experience possible during this process. We can do this by collecting information from you that helps us understand details about your life, activity level, and pain. You may have questionnaires sent to you prior to, and after surgery which help us better understand your progress. This helps us develop a customized care plan and address your individual needs. We will work with you to ensure that you have the best recovery possible and return to everyday life with the least amount of pain.

Exercise

You are encouraged to continue your regular exercise program leading up to surgery. Low impact aerobic exercise to include walking, water aerobics, or riding a stationary bike can improve your balance, strength, and general health preoperatively which will contribute to a more successful outcome. Maintaining shoulder range of motion and strength as much as possible will help ensure a smooth recovery postoperatively. Lower body conditioning and balance exercises preoperatively can help improve your mobility after surgery while you are immobilized in the sling and prevent falls. You can also begin doing the exercises that are printed at the end of this packet.

Nutrition

Eating healthy and proper nutrition before your surgery will aid in the healing process. Suggestions for a healthy diet prior to surgery include:

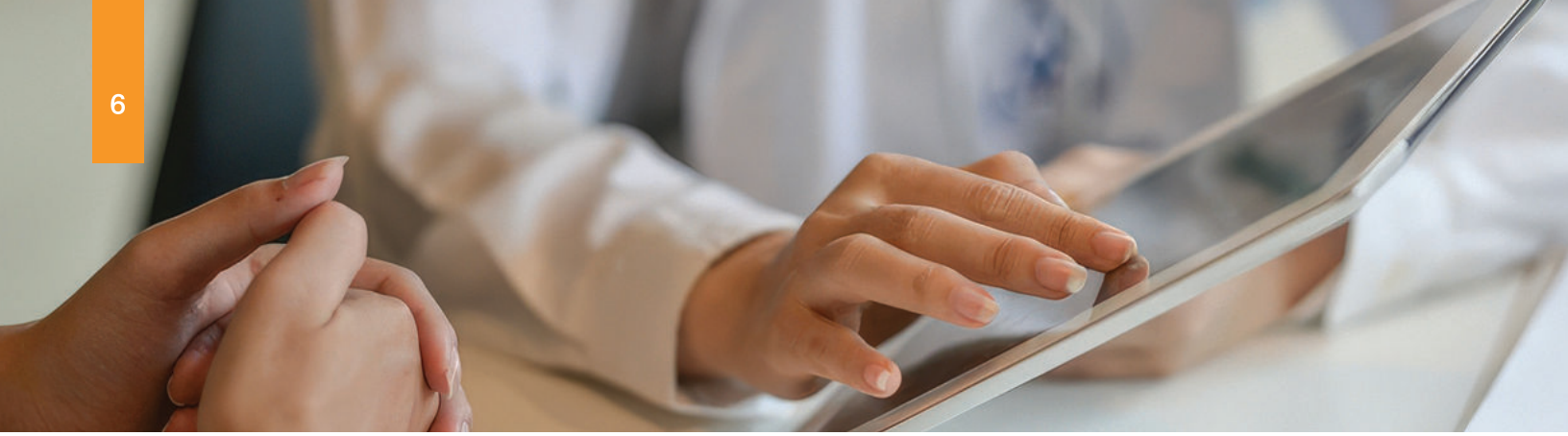
- Aim to eat 3 meals per day that include a wide variety of foods.
- Eat foods rich in iron such as lean red meat, dark green leafy vegetables, raisins and prunes. Iron helps rebuild red blood cells.
- Eat adequate amounts of protein to help tissues heal. Foods like lean red meats, fish, poultry, beans, dairy products, and eggs are all protein rich foods.
- Include more fiber in your diet to help avoid constipation. Foods like whole wheat bread, brown rice, beans, whole wheat pasta, fresh fruits and vegetables are rich in fiber.
- Make sure you are getting enough calcium and vitamin D to keep your bones strong. Foods that are high in calcium include milk, yogurt, cheese, fortified cereal and dark leafy greens.
- Drink plenty of fluids and stay hydrated. Aim for 64 oz of fluids per day.

Obesity and Weight Loss

Increased body weight is a well known risk factor for complications in joint replacement surgery. This can put you at risk for:

- Poor wound healing
- Infection
- Blood clots and pulmonary embolism (a blood clot in the lungs)
- Difficulty breathing
- Implant related complications (loosening, wear, and failure)

We know that in general, surgical risk increases along with body weight. Your surgeon will look at your specific risk factors and may recommend weight loss prior to surgery. Your healthcare team can assist in creating a weight loss plan that is right for you and may refer you to a dietitian or the weight management clinic.



Diabetes and Blood Glucose Control

Keeping your blood glucose in goal range is extremely important before and after surgery. Patients with high blood glucose levels and diabetes are at much greater risk for infection and wound healing complications. You will have pre-operative labs done leading up to surgery and your surgeon may specifically order an average blood sugar study. If your average blood sugars are too high, you may be referred to your primary care doctor or a diabetes specialist to help get your blood glucose in control prior to and after surgery.

Nicotine & Cannabis Products

Any source of nicotine such as smoking, chewing tobacco, or e-cigarettes are known to delay healing after surgery and increase your risk for infection. Your surgeon may recommend or require you to be nicotine product free 4 weeks prior to and 4 weeks after your surgery. Your healthcare team will be happy to provide you with resources to aide in quitting if you would like assistance.

Frequent cannabis use can worsen postoperative pain control. If you use cannabis, it is very important that you avoid any consumption the day of your surgery.

Pre-Operative Narcotics

If you take opioid medications before your surgery, it may be more difficult to control your pain afterwards. It is important for your care team to know if the names and dosages of all pain medications you are taking before surgery. Your doctor may also discuss decreasing or discontinuing their use prior to surgery to help improve your chances of success. Patients who take opioids on a regular basis for pain before surgery are at increased risk for complications, revision surgery, decreased patient satisfaction and have lower outcome scores. Decreasing your narcotic medication usage prior to surgery can help mitigate some of these risks.

Day of Surgery

Anesthesia During Surgery

Your surgeon will discuss the anesthetic options in general with you prior to your surgery. On the day of surgery, you will meet with one of the anesthesiologists who will determine the best option for you. They will recommend a combination of anesthesia options to most safely and best control your pain. You will get an intravenous (IV) catheter which will be used to deliver medications to you during and after surgery. General anesthesia is the most commonly used type in shoulder replacement surgery. The anesthesiologist may also discuss a regional block either before or after surgery where the anesthesiologist injects medication around nerves in your shoulder/neck to help with your pain following the procedure. Regardless of the type of anesthetic selected, your anesthesiologist will monitor you throughout the duration of the procedure.

Let's Walk Through Your Day of Surgery

Welcome!
Time to check in.

Central Campus - Green Wall Surgery & Procedures Entrance

Mares Campus - Mountain Entrance Surgery Center

Patient and family meet with our admitting staff to get checked in.

Patient and family go to pre-op room. Pre-op is usually 60-90 minutes.

In Pre-Op:
- Change into a gown
- Prep for surgery
- Talk to medical team
- IV and medications set

Patient goes to the operating room, family goes to the waiting room.

Operating Room:
- Final prep for surgery
- Surgery begins

Surgery is complete:
- Patient goes to recovery room
- Family is notified when surgery is completed

Recovery Room:
- 30-90 minutes
- Patient is monitored as they wake up

Same day surgery

Admitted for hospital stay

Patient goes to post-op and family joins in the room.

Patient goes to inpatient floor and family joins.

Patient goes home after discharge criteria is met.

Patient is assessed, monitored, treated until discharged.

Following Your Surgery

Pain Management

There are a lot of things you can do to help manage your pain after your surgery. Medications like oxycodone (an opioid), ibuprofen, naproxen, or meloxicam (nonsteroidal anti-inflammatory drugs i.e. NSAIDs), and acetaminophen (Tylenol) can help to decrease your pain. A medication from each of these groups can be used together or separately to help you feel well enough to stay mobile. The goal of any pain medication use, especially opioids should be to allow you to use your new joint and do your exercises.

Opioids like oxycodone should be used at the lowest effective dose and for the shortest amount of time possible to limit risks and side effects. If you are taking an opioid prior to surgery your pain may be harder to control after your operation.

There are lots of things you can do to help your pain that aren't pills. Ice is strongly encouraged, as are breathing exercises (works for women in labor, can work for you too!) and meditation. Distraction is a valid option as well, so find a good book or TV series.

Constipation: One of the most common side effects of opioids is constipation Moving well, drinking plenty of water and getting fiber can help, but most people after surgery end up needing some medications and we encourage you to take something early. We typically prescribe Colace (docusate) for prophylactic management of this, but you may also use over-the-counter medications like Senna 8.6 mg tablets (take 2 tablets twice a day) or Miralax (polyethylene glycol 17 mg dissolved in water twice a day). Don't wait for constipation to happen. If these don't help, consider Milk of Magnesia or a Bisacodyl suppository.

Blood Clot Prevention: After your surgery you will need a medication to help prevent blood clots associated with your surgery. You may have a different medication prescribed based on your individual risks but aspirin is most commonly used. Even though this is an over the counter medication it is very important that you take these as prescribed.

Contact your total joint replacement healthcare team at 509-436-4060. After-hours service available.

Total Shoulder Replacement Exercises

Review these exercises and proceed with what your Healthcare Team has recommended to aid in your recovery.

- Start these exercises 2 DAYS AFTER surgery.
- Movements you should AVOID starting day of surgery:
  - Do not reach behind your hip, across your body, or out to the side.
  - Do not put too much weight through your arm (nothing heavier than a cup of coffee).
  - Only bend your elbow as much as drinking a cup of coffee.

STANDING FORWARD/BACKWARD SHOULDER PENDULUMS

SECONDS: 10 DAILY: 3-5

Setup

Begin in a standing position with your trunk bent forward, strong arm resting on a table for support and your surgical arm hanging toward the ground.

Movement

Slowly shift your body weight forward and backward, letting your hanging arm swing in those directions. Think of your hanging arm as dead weight!

Tip

Make sure the movement comes from your body shifting and do not use your arm muscles to create the back and forth motions.

STANDING SIDE-TO-SIDE SHOULDER PENDULUMS

SECONDS: 10 DAILY: 3-5

Setup

Begin in a standing position with your trunk bent forward, strong arm resting on a table for support and your involved arm hanging toward the ground.

Movement

Slowly shift your body weight side to side, letting your hanging arm move in those directions at the same time. Remember: your hanging arm is dead weight – like a rag doll!

Tip

Make sure the movement comes from your body shifting and do not use your arm muscles to create the side to side motions.

Total Shoulder Replacement Exercises

Review these exercises and proceed with what your Healthcare Team has recommended to aid in your recovery.

- Start these exercises 2 DAYS AFTER surgery.
- Movements you should AVOID starting day of surgery:
  - Do not reach behind your hip, across your body, or out to the side.
  - Do not put too much weight through your arm (nothing heavier than a cup of coffee).
  - Only bend your elbow as much as drinking a cup of coffee.

STANDING CIRCULAR PENDULUMS (CLOCKWISE AND COUNTER-CLOCKWISE)

SECONDS: 10 CLOCKWISE, 10 COUNTER-CLOCKWISE DAILY: 3-5

Setup

Begin in a standing position with your trunk bent forward, strong arm resting on a table for support and your surgical arm hanging toward the ground.

Movement

Slowly shift your body weight in a circular motion going clockwise, letting your hanging arm swing in a circle at the same time. Then, repeat in a counter-clockwise motion.

Tip

Make sure the movement comes from your body shifting and do not use your arm muscles to create the circular motion.

SEATED ELBOW, WRIST, AND HAND MOVEMENTS

HOURS: 3-5

Movement

You can bend your elbow, but only as far as drinking a cup of coffee.

Do NOT hold anything heavier than a cup of coffee.

Straighten your elbow, flip your hand and down, and wiggle your fingers.

NOTES

NOTES

References

Fig. 1 (Pages 3, 4)

What is reverse shoulder replacement? Cleveland Clinic. (2025, May 25). https://my.clevelandclinic.org/health/procedures/reverse-shoulder-replacement

Fig. 2 (Pages 3, 4)

Hughes, J. D., & Aibinder, W. R. (2024, May). Shoulder Joint Replacement. OrthoInfo. https://orthoinfo.aaos.org/en/treatment/shoulder-joint-replacement/

Fig. 3 (Page 4)

Athwal, G. S., & Fabing, M. (2022, August). Reverse total shoulder replacement. OrthoInfo. https://orthoinfo.aaos.org/en/treatment/reverse-total-shoulder-replacement/

Contact Us

Weekdays:
8 AM TO 4:30 PM

509-436-4060
(After-hours service available)

Emergency: Dial 911

1201 South Miller Street
P.O. Box 1887
Wenatchee, WA
99807-1887

Other Resources

www.confluencehealth.org

The Confluence Health website is a source for detailed information about the organization, including hospital programs and services.

Confluence HEALTH

The Preparation Checklist

Before Your Surgery

In preparation for your surgery, refer to the following checklist of items.

✓	THINGS TO DO
	Be sure to have your equipment plan set up ahead of time.
	Ensure you can safely navigate your home by removing clutter and obstacles (throw rugs, electric cords, footstools, etc.) and creating a wide, clear path from your bedroom to your bathroom and kitchen.
	See a dentist for a checkup prior to surgery- address any needed dental work pre-operatively.
	Consider obtaining a recliner or elevated wedge to assist with sleeping in the sling after surgery.
	Freeze prepared meals and stock up on healthy non-perishable foods (boxed, canned, or frozen) to make meal preparation easier after surgery.
	Ensure small children that live with you or will visit you after your surgery know how to safely interact with you and any assisting devices you plan to use during your recovery.
	Complete any necessary yard work such as mowing, weeding, gardening, pruning or snow removal before your surgery.
	For the first several weeks after your surgery, it will be hard to reach high shelves and cupboards. Before your surgery, go through your home and place any items you may need afterward on low shelves.
	Obtain OTC (over the counter) medications before your surgery. These may include stool softeners, laxatives, anti-inflammatory, blood clot management as indicated (i.e. Low dose Aspirin) and pain reliever (i.e. Acetaminophen).
	Pick up any refills of regular prescription medications before surgery to ensure you have an ample supply during your recovery.
	Obtain ice packs, gel packs or other methods to apply ice applications such as a DonJoy Iceman or Breg Polar Care recirculating ice machine during your recovery.