

Shoulder Arthroplasty

Patient Information



Queensway Carleton
Hospital

Patient safety is very important to the Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your healthcare team about your particular health care needs.

Protect Yourself! Clean your hands frequently and ask your health care providers and visitors to do the same. Clean Hands Saves Lives.

This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. Your safety and complete recovery is our priority following your surgery. For this reason, we ask you to follow these instructions. **PLEASE USE THIS BOOKLET AS A REFERENCE TOOL FOR ALL DATES AND TIMES AND BRING THIS BOOKLET WITH YOU TO ALL YOUR APPOINTMENTS AND ON YOUR SURGICAL DAY.**

Your hospital stay will follow a plan of care called a “Clinical Pathway”. In this booklet you will find information about your surgery and the patient version of the Shoulder Arthroplasty. It has been prepared so that you, your family, and all members of your healthcare team know your plan of care, including what tests, treatments and diet you require as well as the education and planning necessary for discharge.

The patient version of the Shoulder Arthroplasty gives you an idea of what to expect from surgery until discharge.

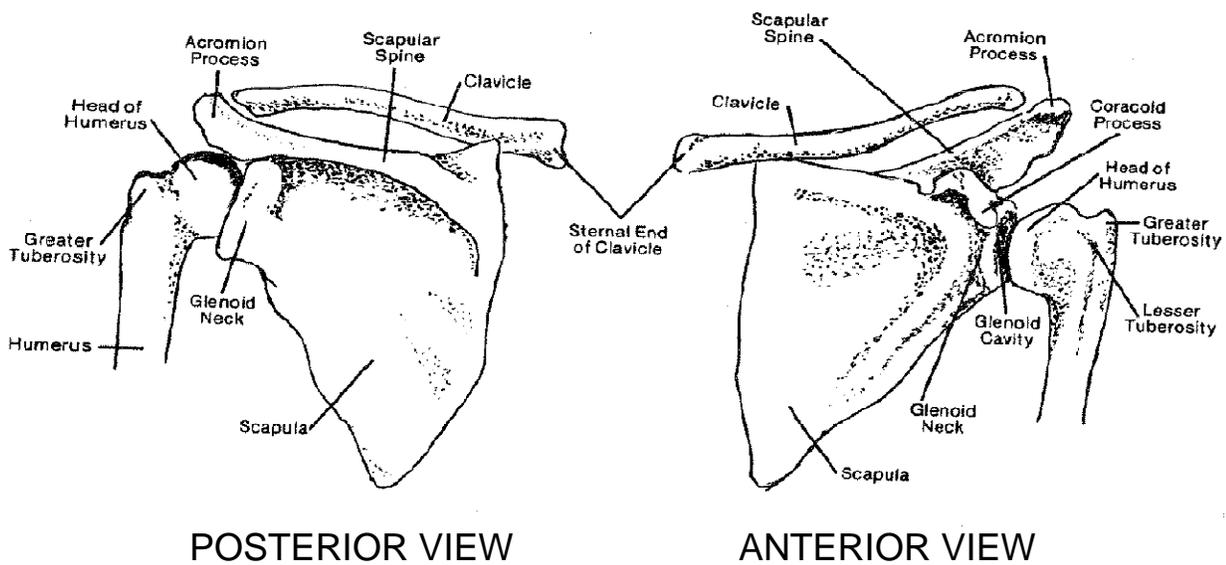
The shoulder joint is like a ball and socket. On the top of the long bone (humerus) is a round head which fits snugly into a cup shaped space (glenoid) in the shoulder. The head or ball is replaced with stainless steel. A matching plastic-lined cup is placed into the socket. These parts fit together and move smoothly to allow easy movement. The skin and muscles are cut during the operation and are stitched back together. The diagram (on the next page) shows the location and the type of implant used in the surgery. The shoulder is one of the most unstable joints of the body but is also the joint with the largest range of motion.

Shoulder replacement or arthroplasty is a successful option for people when the joint is badly damaged and there is pain and loss of motion. Damage can be caused by arthritis, previous injury, a badly torn rotator cuff, fracture or failed previous surgery. Types of shoulder repairs include shoulder arthroplasty, partial shoulder replacement or a reverse shoulder arthroplasty. Your Surgeon will discuss with you which is the best surgery depending on the severity of the damage.

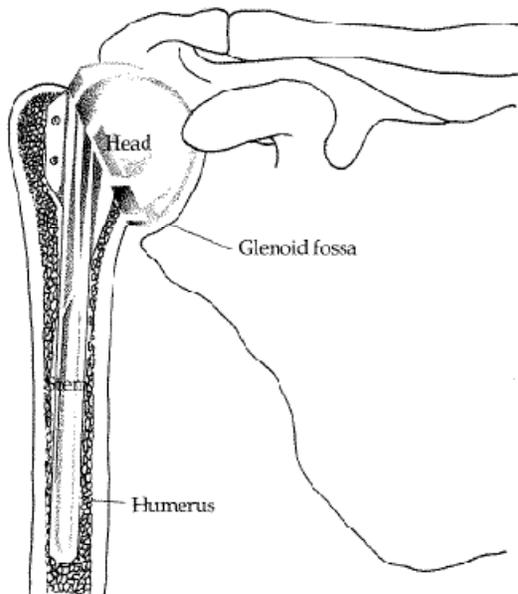
- A Total Shoulder Arthroplasty is when the round end of your shoulder joint is replaced with an artificial system with a rounded metal head. The socket is replaced with a smooth plastic shell that is held in place with cement.
- A Partial Arthroplasty is when only one of these two bones needs to be replaced.

- A Reverse Arthroplasty is used when there is severe arthritis and an un-repairable rotator cuff tear. It can also be used for patients with difficult shoulder problems including those with previous unsuccessful surgical procedures.
- Shoulder Arthroscopy is a minimally invasive procedure for torn or diseased rotator cuff or labral tear.

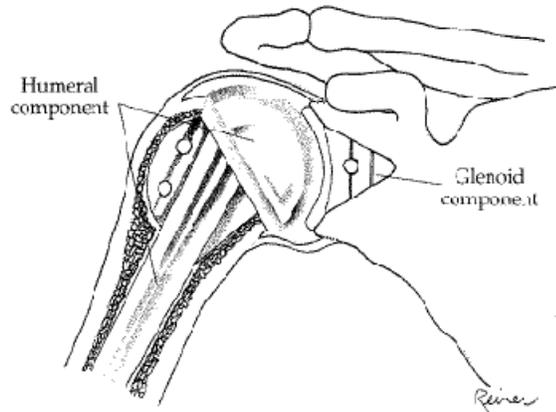
SKELETAL ANATOMY OF THE SHOULDER



TOTAL SHOULDER ARTHROPLASTY



HUMERAL COMPONENT



GLENOID AND HUMERAL COMPONENTS

WHEN IS MY APPOINTMENT?

The Operating Room Scheduling Department from Queensway Carleton Hospital will call you with your appointment information.

If you have any questions about your appointment please call the Operating Room Scheduling Department: Monday to Friday 8 a.m. to 4 p.m. at 613-721-2000 ext. 2614. You may leave a message and your call will be returned.

WHERE DO I GO FOR MY PRE-OPERATIVE ASSESSMENT VISIT?

Report to the Queensway Carleton Hospital main lobby information desk. You will be directed to the Patient Registration Department to be registered and then to Pre-operative Assessment Clinic (POAC).

WHAT HAPPENS AT THE PRE-OPERATIVE ASSESSMENT VISIT?

Your visit to the Pre-operative Assessment Clinic (POAC) may involve a 4 to 6 hour visit at the hospital. It is important and mandatory to attend this

appointment or your surgery will be postponed or cancelled. In the clinic you will be officially registered for your hospital admission and a nursing assessment and pre-operative tests will be performed. These tests may include:

- X-rays
- Blood and urine tests
- ECG (electrocardiogram)

You will be given information about your hospital stay. The Nurse will take your health history and ask you to review your consent for surgery. The most important things you will learn during your visit to Pre-operative Assessment Clinic (POAC) are:

- The date and place for your hospital admission
- How to prepare for your surgery
- Deep breathing exercises and ankle exercises

You may see other health care professionals during your Pre-operative Assessment Clinic (POAC) visit, if requested by your Surgeon. These may include:

- Anesthesiologist
- Medical Specialist
- Social Worker
- Dietician

Please bring the following to your Pre-operative Assessment Clinic (POAC) appointment:

- All your current medications in the proper bottles, including non-prescription medications, herbals, vitamins, creams, lotions, eye/ear drops
- A list of allergies including type of reaction.

- Provincial health insurance card and proof of any additional health insurance.
- Your substitute decision maker if they have signed the consent for you.
- Your reading glasses if required.
- A translator if you have difficulty understanding or speaking English.
- We recommend that you bring one able-bodied family member or friend with you to your appointment. This person has to be able to accompany you to your various appointments in the hospital. There is some walking involved.

MRSA (Methicillin- Resistant Staph Aureus)

Today, many hospitals in Canada and around the world are dealing with bacteria which no longer respond to many antibiotics. The Queensway Carleton Hospital is taking steps to prevent and control antibiotic resistant bacteria. This bacteria does not cause problems in healthy people, but it can cause infections in people who have weakened immune systems or have had major surgery. If you have stayed overnight in a healthcare facility within the last year, you will be screened for this at the time of your Pre-operative Assessment Clinic (POAC) visit.

FAMILY CONTACT:

Please discuss and decide with your family who will be the primary “contact” person. This should be the only person to phone the hospital staff regarding your condition. This person can further contact the rest of your family and/or friends. This name will be written on the chart. Please let your family and friends know who this person is.

My family contact is: _____

Phone number: Home: _____

Work: _____

Cell: _____

Patient recovery can be enhanced by visits from family members, but remember your recovery is also aided by plenty of rest. Please be courteous and have consideration for your fellow patients regarding the number of visitors coming to

see you. Patients and their families are asked to adhere to the following visiting hours and to limit visitors to two at the bedside at one time.

Surgical Inpatient visiting hours:

11:30 a.m. to 2:00 p.m.
4:00 p.m. to 8:00 p.m.
ONLY 2 VISITORS AT A TIME

Please limit visits from young children to immediate family only and keep visits brief.

YOUR DATE OF SURGERY IS: _____

Call the Queensway Carleton Hospital Operating Room Scheduling Department the weekday (Monday to Friday) before surgery - to determine the time of admission.

Call for your admission time on _____

The number to call is 613-721-4840 between 11:00 a.m. and 3:00 p.m.

HEALTH TIPS BEFORE SURGERY

NOTE: NOTIFY YOUR SURGEON BEFORE YOUR SURGERY IF YOU DEVELOP A COLD OR ANY OTHER ILLNESS

This is important for your well being and the safety of others because there is a risk for everyone if you go into surgery with an infectious process (cold or flu) in progress. Should your surgery be delayed, every effort will be made to have you rescheduled as soon as possible.

Your Surgeon recommends that if you require any dental work or teeth cleaning it should be done at least one week prior to your preoperative assessment visit.

After your surgery you must inform your Dentist and other Doctors that you have had joint replacement surgery. You will need to go on antibiotics for at least one year after a shoulder replacement.

PHYSIOTHERAPY

The Physiotherapist will see you about the arm exercise program that you will be expected to follow after surgery. **WHEN YOU RECEIVE YOUR PHYSIOTHERAPY REFERRAL FROM YOUR SURGEON PLEASE CALL TO BOOK YOUR POST-OP PHYSIOTHERAPY APPOINTMENT AS SOON AS POSSIBLE.**

WILL I NEED TO SEE A SOCIAL WORKER?

A Social Worker is available by phone or during your pre operative visit if there are any issues that may make it difficult for you to manage at home after discharge. If you are worried about being alone at home you may want to think about convalescent care in a retirement home. If you are the caregiver for someone else please let us know at your pre-operative appointment.

If you live alone, you should plan to have someone stay with you overnight and to help make meals for several weeks. You could also make meals ahead of time and freeze them. If you are worried about being alone, you may want to think about convalescent care in a retirement home. You can make these arrangements yourself or we can help you to do it when you come to Pre-operative Assessment Clinic (POAC).

If you do not have help for personal care or homemaking we suggest you ask to speak to a Social Worker to see what arrangements are possible for you on discharge.

If you are the caregiver for someone else, please let us know at the time of your pre-operative visit.

If you have financial concerns that interfere with your discharge plans or other worries/stresses, please let us know. We can offer support and connect you with other services that you may not know about.

ACCOMMODATIONS FOR OUT OF TOWN PATIENTS AND FAMILIES

Local Accommodation: You may request a reduced rate (based on availability) for “QCH visiting families”

Best Western Baron’s Hotel and Conference Centre

3700 Richmond Road, Bell’s Corners (1.8 km west of QCH)
613-828-2741

Day’s Inn

350 Moodie Drive, Bell’s Corners (3 km west of QCH)
613-726-1717 or 1-800-616-7719

Holiday Inn Select (Suites)

101 Kanata Ave, Kanata (11.6 km west of QCH)
613- 271-3057

Holiday Inn Express

45 Robertson Rd, Bell’s Corners (2.5 km west of QCH)
613-690-0100 or 1-877-660-8550

Algonquin College of Applied Arts and Technology

1385 Woodroffe Avenue, Ottawa (5.2 km east of QCH)
613-727-7698 or 1-877-225-8664

(Double beds in dorm rooms are available from 2nd week in May until 2nd week of August). Identify yourself as QCH patient/families.

HOW DO I PREPARE FOR MY SURGERY?

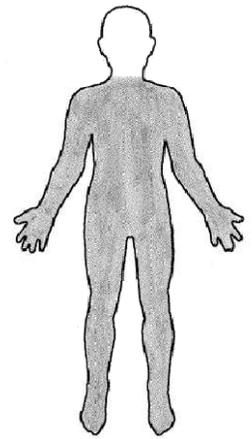
You must follow these rules if you are to have your surgery on the scheduled date:

- **DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY OR YOUR SURGERY WILL BE CANCELLED.**
- **You should drink one cup (250 mLs) 8 ounces clear fluid e.g. apple juice, water or ginger-ale™, before leaving to come to hospital.**

You should take your regular medications with water the morning of surgery unless told not to. **If you use inhalers bring them with you. Bring your medications with you to the hospital.**

You **must stop** taking medications such as Vitamin E, ginkgo biloba, omega, feverfew, aspirin, garlic or ginseng at least one week before surgery. These medications “thin” your blood, which could cause excessive bleeding during and after surgery. Check with your Surgeon.

- **Skin preparation:** Stop shaving in the operative area one week (7 days) before your surgery date. Shaving can cause tiny nicks in the skin that may allow germs to enter your body and cause an infection. **Do not use bath scents, powders or body lotions.**



Skin preparation:

1. The night before surgery bath or shower and wash your entire body using the Chlorhexidine soap.
 2. The morning of surgery repeat your bath or shower using Chlorhexidine soap sponges.
- If you are a smoker, try to stop smoking 24 hours before your surgery. We can provide you with smoking cessation support to prevent nicotine withdrawal during your hospitalization.
 - No alcohol for 24 hours before surgery.
 - On the day of surgery do not wear make-up, nail polish, deodorant, body piercings, jewellery or contact lenses. **Please do not wear any scented products as the hospital has a scent free policy.**

- Do not bring valuables (jewellery, credit cards, and money) to the hospital. We do not assume responsibility for lost or stolen articles.
- Arrange for someone to drive you to the hospital the day of surgery, and drive you home on your discharge day.

WHAT SHOULD I BRING TO THE HOSPITAL?

PLEASE BRING:

- Health Card
- ALL MEDICATIONS IN THEIR PROPER BOTTLES INCLUDING EYE/EAR DROPS, CREAMS, INHALERS, VITAMINS, HERBALS, PATCHES, LIQUIDS AND ALL OVER-THE-COUNTER MEDICATIONS.
- A knee length dressing gown which opens all the way down the front
- Non-skid slippers (no open back).
- Toothbrush, toothpaste, soap, shampoo, deodorant, Kleenex, shaving cream and razors. These items are not supplied by the hospital.
- A list of allergies including the type of reaction.

WHAT HAPPENS THE DAY OF MY SURGERY?

Your hospital stay will follow a plan we call a “Clinical Pathway”. Your care is organized so that you, your family, and all members of your Healthcare Team know exactly what tests, treatments and diet you require as well as teaching and planning necessary for discharge. Your Clinical Pathway, which shows what to expect from admission to discharge, is included at the back of this booklet.

- On arrival to the hospital: Report to the Patient Registration Department on the main floor. **Please bring your health card and medications with you.**
- From Patient Registration you will be taken to the Day Surgery Unit (DSU). A care partner can accompany you and remain with you until you go to surgery.
- After you arrive at the changing area, you will change into a hospital gown. Your clothes will be placed in a bag for later transfer to your room.

- A Nurse will complete the paperwork for your admission to the hospital.
- An Operating Room Nurse or Ward Aide will take you to the Operating Room.
- You will talk to your Anesthesiologist and Surgeon in the waiting area. The Nurse, Anesthesia Assistant or Anesthesiologist will start an intravenous by inserting a small needle into your arm or hand. Medication and intravenous fluids are given through this needle.
- You may receive an anesthetic block. Medication is injected around the nerves which numb the area in the arm, so that you cannot feel anything from the shoulder to your fingers.
- Your surgery will last about 1 ½ to 2 hours.
- After your surgery, you will go to the Post Anesthetic Care Unit (PACU) for monitoring.
- The Nurse will check your blood pressure, pulse, and operative site frequently.
- The Nurse will check the circulation, sensation and movement of both arms. Your arm will feel heavy and will be difficult to move for a few hours after the anesthetic block. This will slowly return to normal within 8-24 hours.
- You may have oxygen provided.
- If you feel any pain or nausea, inform your Nurse. You will be given medication to help this.
- You may be drowsy after the surgery, as you become more alert we will encourage you to do deep breathing. These exercises will help to prevent complications.
- You will be transferred to your room when the Nurse determines it is safe to move you.
- You will then be transferred to your room. Your family will be able to visit you after you are admitted to your room. **THEY CAN ALSO BRING ANY EXTRA PERSONAL TOILETRIES AND CLOTHING AT THIS TIME.**

WHAT ARE ANKLE EXERCISES AND DEEP BREATHING EXERCISES?

Ankle Exercises

Point your toes toward your head, then towards the foot of the bed. Make your feet go around in circles 5 times. This should be at least every hour while you are awake.

Deep Breathing Exercises

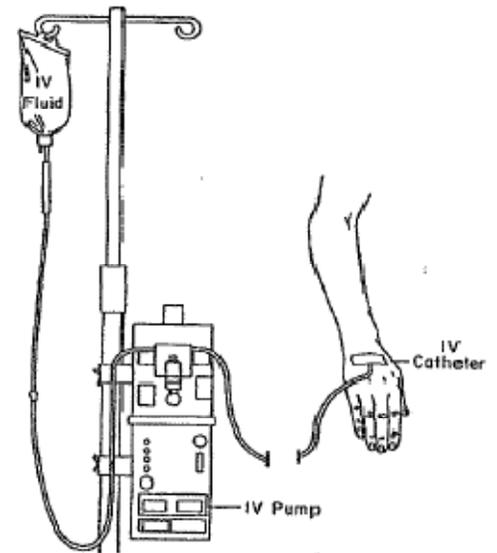
Take a deep breath in through your nose, and slowly blow out through your mouth. Repeat this 3 times. This should be done every hour while you are awake for the first day, then every 2 hours for the next 1-2 days.

AFTER YOUR OPERATION / DAY OF SURGERY

You will have an IV (intravenous), dressing on your shoulder and a sling on your affected arm. Your Nurse will be checking circulation, sensation and movement of your affected arm and hand.

How long will I stay in bed?

You will be getting out of bed the day of surgery. The Nurse will help you get out of bed. Walking and exercise are a vital part of your recovery. It is recommended that you sit at the side of the bed or up in the chair for your meals. For safety reasons your bed rails will remain raised for the first 24 hours after surgery. The Nurse call button will be within your reach so you can push the button if you need assistance.



PAIN MANAGEMENT

Pain management is very important for your quick and speedy recovery. If you have been given a nerve block anesthetic, this medication is provided before your surgery and can last for up to 24 hours. The freezing effect and limited sensation can also last up to 24 hours. You may not have sensation to hot or cold. You must take care to protect your arm from injury. On discharge you will be given a prescription for pain medication. Please take your medications with food. You should not drink alcoholic beverages if you are using pain medications.

IT IS IMPORTANT THAT YOU TAKE YOUR PAIN MEDICATIONS ON A REGULAR BASIS FOR 2-3 DAYS.

Your shoulder will be tender for up to 4 weeks post operatively.

Pain Scale Ruler

What is a pain scale ruler?

A pain scale ruler is a simple tool to measure how much pain you are having. Each Nurse will use this ruler to measure your pain.

Why do we measure your pain?

We measure your pain frequently so that we can be sure your pain medication is working.

What does a pain scale ruler look like?

One side of the ruler has numbers from 1 to 10. The other side has colors from white to deep red (shown here in shades of grey).

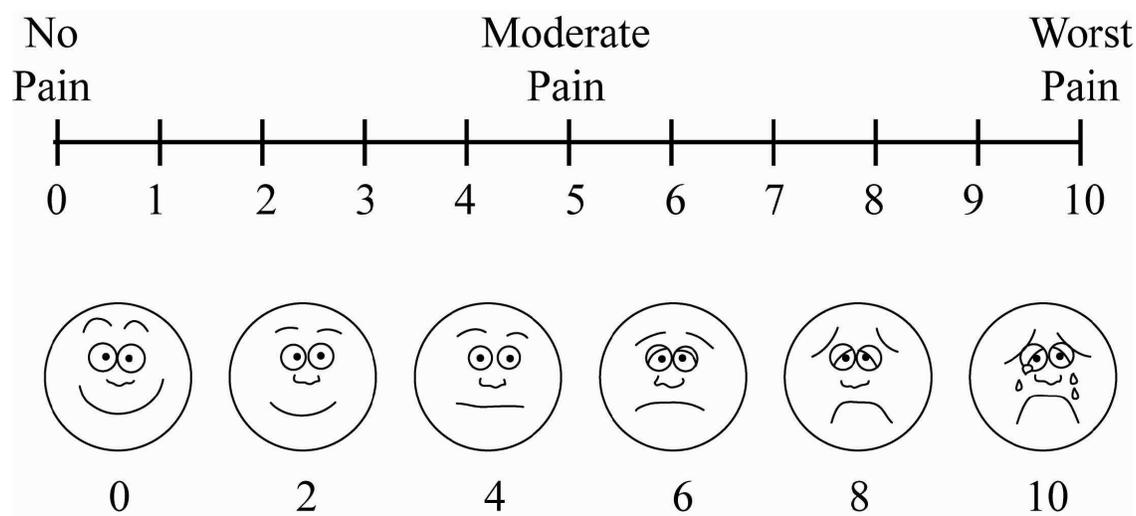
How does our pain scale ruler work?

Our ruler measures pain in two ways – by number or colour.

By number: the ruler is numbered from 0 to 10, with 0 being no pain and 10 being the most severe pain you can imagine.

By faces: the faces are coloured and range from happy, with 0 being no pain as shown with a clear face to sad with 10 being the most severe pain you can imagine as shown with a deep red face. (Shown in this example as shades of grey).

The Nurse will show you the ruler and ask you to choose a number or colour.



DIET

Good nutrition promotes healing, helps fight infection and ensures a smooth recovery.

What Should I Eat?

- Eat well with Canada's Food Guide.
- Enjoy a variety of food from all four food groups:
 - Vegetables and fruits
 - Grain products
 - Milk and alternatives
 - Meat and alternatives
- Emphasize whole grain cereals and breads
- Choose lower fat dairy products
- Limit the amount of high fat foods that you eat
- For healthy blood, choose **iron-rich foods and a Vitamin C source** at every meal.
 - Vitamin C in juice or citrus fruit helps the iron to be better absorbed. Iron rich foods include lean red meats, beans, green vegetables, dried fruit, whole grain breads & cereals.
 - Choose iron boosters such as: cream of wheat™, All-Bran™, Shreddies™, Shredded Wheat™, prune juice, poultry & eggs.
- For healing include a **protein choice and a milk product** at each meal:
 - Protein choices include meat, fish, poultry, eggs, dried beans (baked beans) & nuts (peanut butter).
 - Dairy products contain protein and calcium for healing bones; choose from milk, yogurt, cheese & pudding.
- For regular bowels, eat high **fibre at every meal and plenty of fluids** between meals:
 - Good sources of fibre are fruits, vegetables and whole grain breads & cereals (All Bran™, Bran Flakes™, Shreddies™, and Shredded Wheat™)
- Drink 6 – 8 glasses per day of fluids (not counting tea and coffee) such as water, juice or milk.

What if I'm on a Special Diet?

Tell your Nurse if you have special dietary restrictions and she will ensure your needs are noted on the chart. She can also contact the Dietician if necessary.

WHAT HAPPENS WHEN I GO HOME?

Discharge home, according to the Clinical Pathway, is day 1 or 2 after your operation. You are responsible for your own transportation home. You may require help to do your shopping and house chores from a family member or friend for 4 to 6 weeks after surgery. **Arrangements for convalescence care, if desired, should be made before you are admitted to hospital.** The Social Worker is available through the Social Work office 613-721-4723 to help with the arrangements if necessary.

You will need to continue your physiotherapy exercises for at least 3–6 months and an outline of the home exercises program is shown in the physiotherapy section of this booklet.

OPERATIVE SITE

A dressing has been applied to your incision. This dressing may be removed in 4 days. Your incision should be kept clean and dry. Metal clips are usually removed in 10-14 days. You may shower after the dressing has been removed.

DIET

Resume your usual diet the day after surgery. Increase fibre in your diet and drink lots of fluids as pain pills and immobility can cause constipation.

ACTIVITY

Specific instructions regarding activity and physiotherapy will be given to you by your Surgeon. When you receive your physiotherapy requisition, please take it to physiotherapy as soon as possible to get an appointment. Physiotherapy will show you exercises to build up strength and regain range of motion in your shoulders. Your physiotherapy will start in 3–4 weeks after surgery.

The sling is worn for your comfort and protection. You must wear it at all times until you return for your follow-up visit with your Surgeon. Wear it while you sleep. It may be removed to shower or for your pendulum exercises 3 – 4 times daily unless otherwise directed by your Surgeon. The sling will be used for up to 6 weeks.

Driving is not recommended for at least 6 weeks while sling is on or as advised by your Doctor. Check with your Doctor about what sports and activities are okay for you as you recover.

For your comfort, elevate your head upon 2–3 pillows or sit in a reclining/comfortable chair. You are reminded to keep your shoulder down and relaxed. When lying down, your shoulder should rest on a small pillow or rolled up towel for 6–8 weeks.

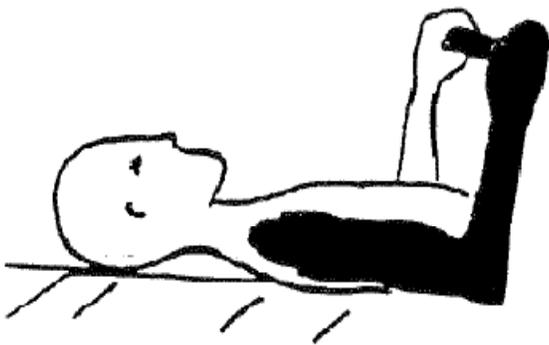
PHYSIOTHERAPY HOME EXERCISES:

- **DO NOT START UNLESS ADVISED BY YOUR SURGEON.**
- **PENDULUM EXERCISES ONLY AFTER DISCHARGE AS INSTRUCTED.**
- **Start exercises 2 to 6 weeks post discharge only, as per your Surgeon's instructions.**

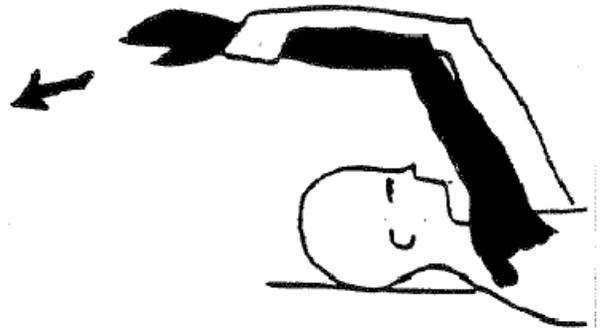
NEER SHOULDER EXERCISES

NEER 1: ASSISTIVE EXERCISES FOR THE SHOULDER

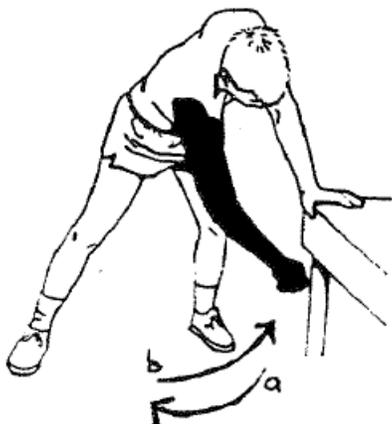
The following exercise program is a general guide that can be altered for special circumstances. All exercises should be done five times daily in five to ten minute sessions. The first seven exercises are designed to maintain and increase motion. It is important to note that in each exercise the operated arm (shaded arm) is assisted by the good arm, by gravity, or by a pulley. This assistance is necessary for maximum early return of motion while avoiding excessive strain on the repaired muscles.



1. **Assisted External Rotation:** Lying on back – Elbows flexed to 90° and held close to body, push operated hand outward, good arm supplying the power, through the use of a stick



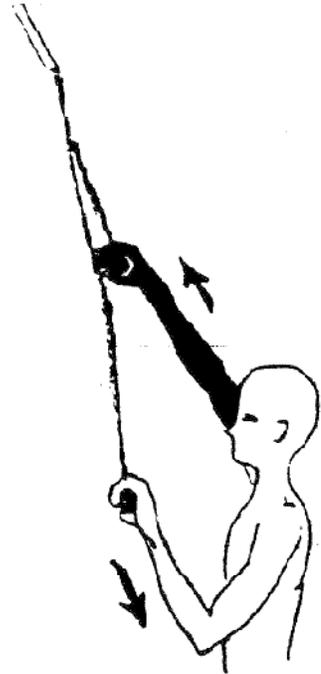
2. **Assisted Forward Elevation:** Lying on back – Grasp wrist of operated arm and reach forehead and up overhead



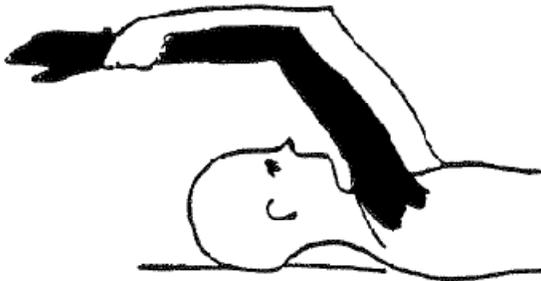
3. **Pendulum Exercises:** Standing (a) bending over at waist, circle entire arm outward, palm facing forward. (b) Bending over at the waist circle entire arm inward, palm facing backward.



4. Assisted Hyperextension:
Standing – Grasping stick with both hands behind your back, push backward with good arm

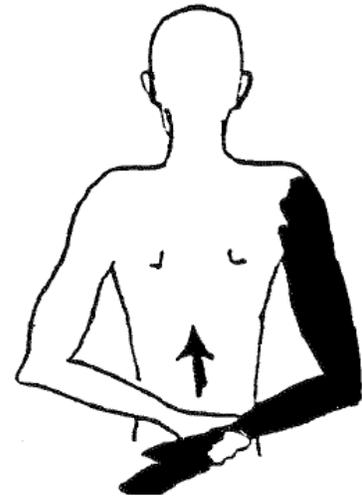


5. Pulley Exercises: Standing – Good arm supplies the power to bring the arm as near the pulley as possible



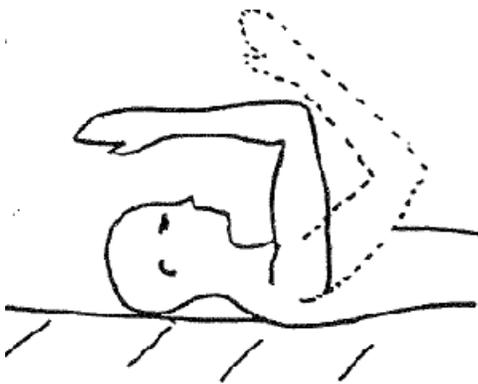
6. Assisted External Rotation:
Lying on back – Grasp wrist of operated arm with good hand, reach up and overhead, clasp hands, then slide hands down behind neck, while spreading elbows. Reverse by sliding clasped hands upward out from under neck.

7. Assisted Internal Rotation: Standing-Grasp wrist of the operated arm with the good hand behind back. Slide hands up and down.



NEER 2: ACTIVE STRENGTHENING EXERCISE FOR THE SHOULDER

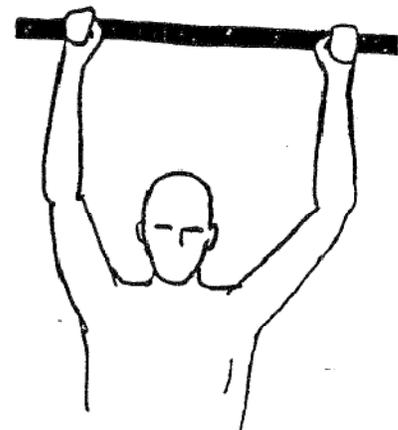
The following exercise program is a general guide that can be altered for special circumstances. All exercises should be done in several short sessions daily. They are designed to strengthen the shoulder muscles, to maintain and continue to gain motion. Use of the arm in daily activities is recommended.

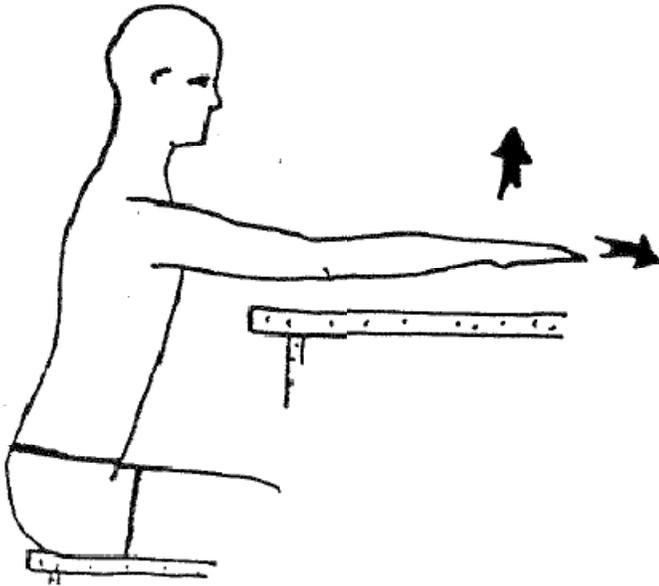


1. Forward Elevation (anterior deltoid):

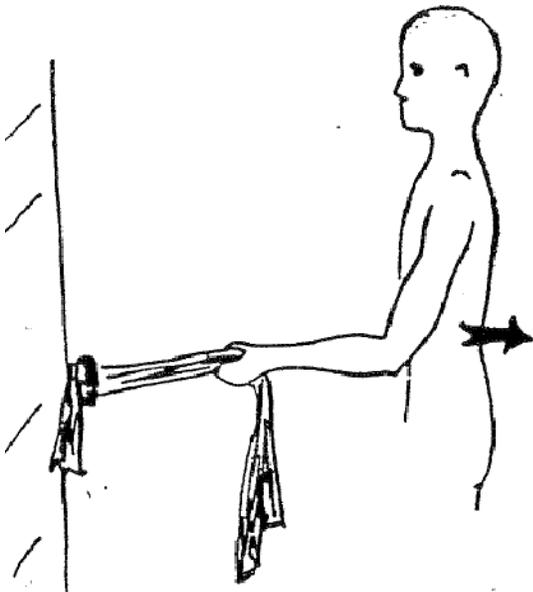
Lying on back – Hold hand overhead, with elbow flexed, then gradually lower it, trying to hold it with your muscles at various points in the range. When arm can be lifted overhead in a smooth arch with the elbow straight, progress to same exercise in the sitting position.

2. Forward Elevation (anterior deltoid): Standing – Grasp stick in both hands, push straight up overhead.

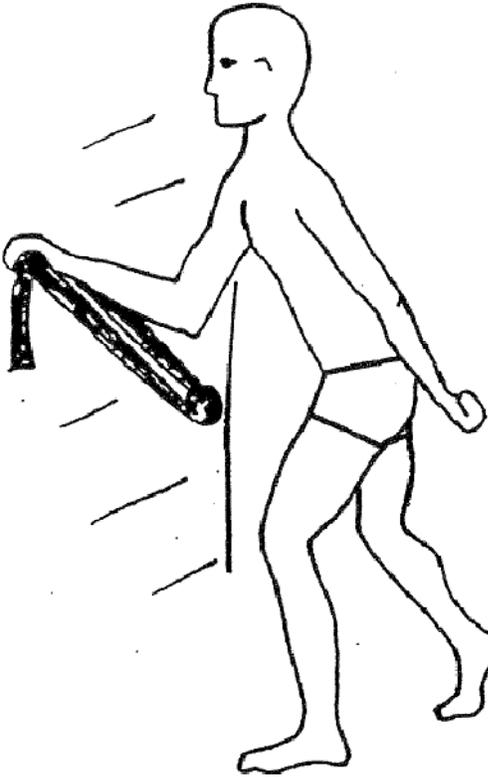




3. Forward Elevation (anterior deltoid): Sitting at a desk or table – Slide arm forward and back. Progress by lifting arm upward off the desk at the end of the push forward.

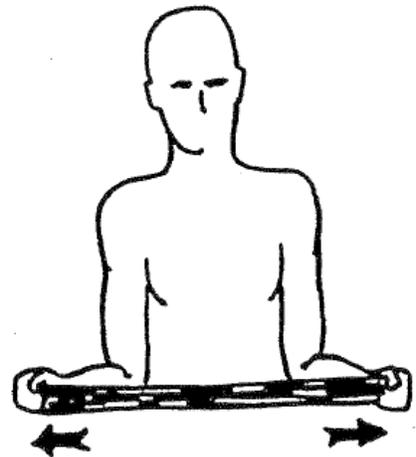


4. Shoulder Extension (posterior deltoid): With dental dam around doorknob and elbow flexed to 90°, pull arm backward. Hold for five seconds.



5. Forward Elevation (anterior deltoid):
With dental dam around doorknob and elbow flexed to 90°, push forward. Hold for five seconds.

6. External Rotation: Both elbows flexed to 90° stretch dental dam by pulling hands apart equally. Hold for five seconds.



WHEN SHOULD I CALL THE DOCTOR?

Call your Doctor or go to the Emergency Department if you have any of the following.

- Sudden pop or change in range of motion of your shoulder
- Shoulder feels loose
- Fingers of affected hand feel cold or numb.
- Any sign of possible infections.
 - Fever chills, temperature greater than 38°C or 100.4°F lasting for more than 24 hours.
 - Wound becomes red, hot, or swollen.
 - Excessive drainage or foul smelling drainage—for example, greenish-yellow discharge.
 - Any concerns about the freezing in your arm.
 - Excessive pain, no relief with pain medication

Advise your Doctors, including Dentists of your shoulder replacement. For 1 year after your replacement it is recommended for any dental work, including teeth cleaning, that you are put on antibiotics before your dental work.

FOLLOW-UP:

Your Surgeon will tell you when to make a follow up appointment to see him/her after surgery.

A shoulder replacement relieves pain and stiffness for most people. You should be able to return to most activities in 3 months and full activities in 6 months with an uncomplicated Shoulder Arthroplasty.

Your Surgeon will discuss with you the type of Arthroplasty you have had and the restrictions. With normal use, most shoulder replacements last 10–20 years.

DISCHARGE SUMMARY

APPOINTMENTS:

Clip Removal

Approximately 7-10 days post-op

Date: _____

Time: _____

Location: _____

Outpatient Physiotherapy

Queensway Carleton Hospital

Date: _____

Time: _____

OR

Location: _____

CALL THE PHYSIOTHERAPY CLINIC WHERE YOU HAVE BEEN REFERRED AS SOON AS YOU RECEIVE YOUR PHYSIO REQUISITION,

Follow-up Appointment with

Date: _____

6 weeks post-operative

Time: _____

Location _____

OR

Call his/her office to book: _____

On Discharge you should receive:

- Clip remover if going to your Family Doctor for clip removal
- Prescription for medication
- Receipt for payment of appliances (Sling)
- Other _____

Please pick up your blue QCH card at the front desk when you leave.

	Pre-Admission
Consults	<ul style="list-style-type: none"> Referral to Medicine, Anesthesia, Social Work/Discharge Planner as needed
Assessments /Treatments /Tests	<ul style="list-style-type: none"> Complete Admission Assessment Profile Assess weight and blood pressure Review medications and food allergies <p>Teaching</p> <ul style="list-style-type: none"> Review Booklet/Clinical Pathway and pain management Diet – Increase Protein, Iron, and Fluids <p>Tests (if applicable)</p> <ul style="list-style-type: none"> Shoulder/Chest X-ray, ECG, blood tests as needed
Medication	<ul style="list-style-type: none"> Review medication as taken at home
Nutrition	<ul style="list-style-type: none"> Nothing to eat, no solid food after midnight the evening before your surgery.
Mobility Hygiene	
Discharge Planning	<ul style="list-style-type: none"> Discuss with your Nurse/family, arrangements for help at home, after surgery if required Social Work/Discharge Planner if needed
	OR Day
Consults	
Assessments /Treatments /Tests	<ul style="list-style-type: none"> Temperature, pulse, blood pressure, O₂ saturation are checked. Deep breathing exercises every hour while you are awake Intravenous fluid <p>Teaching</p> <ul style="list-style-type: none"> Pain management/Discomfort Deep breathing exercises Leg & ankle exercises Moving fingers every ½ hr. No lifting Arm in sling at all times <p>Tests</p> <ul style="list-style-type: none"> Blood tests taken as ordered. Blood Glucose test (if applicable)

Medication	Medication for <ul style="list-style-type: none"> • Pain/discomfort • Nausea (upset stomach)
Nutrition	<ul style="list-style-type: none"> • Clear fluids to DAT(diet as tolerated)
Mobility Hygiene	<ul style="list-style-type: none"> • Stand at side of bed with help • Ambulate with help
Discharge Planning	Teaching <ul style="list-style-type: none"> • Moving fingers • No lifting • Moving/repositioning in bed • Arm in sling at all times
	Day 1
Consults	<ul style="list-style-type: none"> • Referral to Social Work, Dietician, as needed.
Assessments /Treatments /Tests	<ul style="list-style-type: none"> • Temperature, pulse, blood pressure, O₂ saturation are checked. • Deep breathing exercises • Intravenous fluids/saline lock/ PCA Teaching <ul style="list-style-type: none"> • Pain management/discomfort • Deep breathing exercises • Moving fingers • No lifting • Arm in sling at all times Tests (if applicable) <ul style="list-style-type: none"> • Blood tests as ordered
Medication	Medication for <ul style="list-style-type: none"> • Pain/discomfort • Nausea • Stool softener/laxatives
Nutrition	<ul style="list-style-type: none"> • Increase diet as tolerated. • Increase roughage (fruits, vegetables and whole grains)
Mobility Hygiene	<ul style="list-style-type: none"> • Shower/bathe • Up walking • Ambulate as tolerated
Discharge Planning	<ul style="list-style-type: none"> • Confirm plans you have made for discharge (ride, destination, prescriptions)

	Day 2
Consults	<ul style="list-style-type: none"> • Referral to Social Work, Dietician, as needed
Assessments /Treatments /Tests	<ul style="list-style-type: none"> • Temperature, pulse, blood pressure, O₂ saturation are checked. • Intravenous discontinued if applicable Teaching <ul style="list-style-type: none"> • Review Patient Information booklet • Moving fingers • No lifting • Arm in sling at all times
Medication	<ul style="list-style-type: none"> • Review medication prescription
Nutrition	<ul style="list-style-type: none"> • Diet as tolerated
Mobility Hygiene	
Discharge Planning	<ul style="list-style-type: none"> • Please ask your Nurse any questions you may have regarding your care (medications, dressing care, physiotherapy or clip removal) • Discharge check list • Discharge time 10 a.m.

NOTES AND QUESTIONS:

