



After Your Shoulder Surgery

This booklet will help you prepare for your surgery and going home.

***IMPORTANT:** The information in this booklet is intended solely for the person to whom it was given by the health care team. It does not replace the advice or directions provided to you by your surgeon.

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Planning for Home After Surgery

Doing daily activities with one hand

If your shoulder surgery is planned, you should practice doing daily activities with one hand before surgery. This will help you to feel confident after your surgery.

In the kitchen

Note: Do not push or pull with your operated / injured arm when using these items until your surgeon or physiotherapist tells you that you can.

- To open jars, use a piece of waffle-weave shelf liner to grip the jar on the counter or between your knees.
- Use rocker knives to help with one-handed cutting, or use pre-cut foods.
- Deep-sided dishes or containers can help keep food on the plate.
- Put bread or bun inside a container or against the side of a deep pan to keep it still while you put spread on it.
- Keep heavier items on the counter so that you can slide them from place to place.
- Only put light items above eye level in cabinets.
- Store items in easy-to-open containers.
- Store liquids in small containers instead of half gallon or gallon containers.

Personal care

- Use a shampoo bottle with a pump.
- Use liquid soap with a pump instead of bar soap.
- Use a long-handled sponge with a bendable handle to reach your back and opposite side. Wrap the sponge head with a towel after bathing to help you reach the same areas to dry.
- Use pop-top toothpaste instead of screw-on cap. Rest your toothbrush on the counter to put on the toothpaste.
- Put on deodorant by leaning forward and let your operated/injured arm dangle from your body. Spray deodorant may be easier.
- Use a gooseneck clamp to hold the hair dryer while you use your one hand to comb.
- Use clips to hold hair back instead of rubber band.

Home set-up

Planning before your surgery will allow you to easily move around your home after surgery, reduce the risk of falls, and make it easier to do things with one hand.

- Make sure hallways and rooms are free of clutter and tripping hazards (e.g. scatter rugs, footstools, etc.).
- Add non-slip surfaces to outside stairs and walkways.
- Install stair railings and/or make sure the existing ones are secure.
- Ensure good lighting in hallways and other well used areas.
- Move often used items to counter height (e.g. pots and pans). Consider moving items in the lower parts of the fridge/freezer to a higher shelf.
- Arrange for help with driving and household chores (e.g. groceries, meal preparation, vacuuming, laundry etc.). These services are not covered by the Medical Services Plan and will need to be paid by you.

Arrange for equipment

The following equipment can be helpful in your recovery. When possible, arrange 1 to 2 weeks before surgery to ensure that it fits in your home and is in good working order:

- Simple ice packs, or a Cryo-Cuff (icing unit) - if ordered by your surgeon
- Tub transfer bench
- Hand-held shower hose
- Shower chair for walk-in shower
- Non-slip mat
- Long-handled sponge
- Removable tub clamp OR installed grab bars; Do NOT use towel racks or toilet paper holders to assist you to stand or sit
- Raised toilet seat with toilet safety frame
- Bed assist rail

Supplies

- Stock your freezer/pantry with healthy foods and snacks. If needed, private food / meal delivery services are available in many areas.
- Follow surgeon’s instructions for using cold therapy.
- Have a thermometer at home to check your temperature.
- Extra pillows to help you get comfortable for rest/sleep.

Note: Do not push or pull with your operated/injured arm when using these items until your surgeon or physiotherapist tells you that you can.

To get dressed, the following may be helpful:

- 26” Long-handled “reacher”
- 24” Long-handled shoehorn
- Sock aid
- Elastic shoelaces for lace up shoes
- Wear Velcro closure shoes or slip-on shoes with enclosed heels. You will not be able to tie shoelaces with your affected arm (see page 7).
- Wear pull-on, elastic waist pants. Button up shirts or cardigans are easiest to put on (see pages 4 – 6).

Where to get equipment	
<p>Red Cross Loan Cupboards</p> <p>www.redcross.ca Toll Free: 1.800.565.8000 or check local listings for area phone number.</p>	<ul style="list-style-type: none"> • Locations throughout BC • Provides “free” equipment for 3 months, however, donations gratefully accepted! • Limited supply of equipment and may not have all the items you need. • REQUIRES a signed Equipment Request Form. You can get this form from the hospital, Presurgical Screening, your surgeon, family doctors or your community Occupational Therapist or Physiotherapist.
<p>Medical Supply Stores</p>	<ul style="list-style-type: none"> • See yellow page listings or go online for stores in your area • Equipment for rent and/or purchase • May deliver to your home and/or install • Costs may be covered by extended health plans; check your plan
<p>Government Agencies</p>	<ul style="list-style-type: none"> • Veterans Affairs Canada (VAC) www.vac-acc.gc.ca 1.866.522.2122
<p>Friends/Family</p>	<ul style="list-style-type: none"> • Check with friends and family who may have equipment you can borrow

General rules for dressing



1. Begin with the operated/ injured arm when putting clothes on. When removing clothes, start with the non-operated/ uninjured arm.

2. Place shirt on your lap with the inside of the shirt facing you and label up. The collar should lay close to your stomach and the tail or bottom of the shirt at your knees.



3. Allow your arm to dangle. Loosen and relax the shoulder muscles. Place your injured/ operated hand and arm into the sleeve and slowly draw the sleeve up past your elbow.



4. Hold the collar of the shirt on your non-operated/ uninjured side. Lean forward and bring your non-operated/ uninjured arm over and behind your head. Now you can pull the shirt over to your non-operated/ uninjured side.



5. Put your non-operated/ uninjured arm into the sleeve opening.



6. To straighten out the shirt, lean forward, allow your shoulder muscles to relax and loosen, bring the shirt past your shoulders, reach back and pull the tail or bottom down. Button as usual. Make sure to not move your operated/ injured arm away from your body.

Putting on a T-shirt or knit shirt



1. Place the shirt on your lap with the front of the shirt face down and the collar or tag at your knees.



2. Roll the bottom edge of the shirt back to expose the sleeve for the operated/injured arm.

Move the sleeve opening for the operated/injured arm between your knees and open it as large as possible.



3. Use your non-operated/uninjured hand to grab your operated/injured arm and place the operated/injured hand into the sleeve opening. Make sure your fingers do not get caught in the sleeve.

Allow your shoulder muscles to relax and loosen, lean forward and let your injured/operated arm drop down into the sleeve.



4. Pull the shoulder seam up the arm past the elbow.



5. Put your non-operated/uninjured arm into the other sleeve opening.



6. Before fully inserting non operated arm, pull the shirt on the operated/injured side up to the shoulder as much as you can.

Putting on a T-shirt or knit shirt *(continued)*



7. Gather the back of the shirt up in your non-operated/ uninjured hand.



8. Lean slightly forward, lower your chin and pull the shirt over your head.

Use your non-operated/ uninjured hand and push the bulk of the shirt material over your operated/ injured shoulder towards your back.



9. Pull the shirt down over your stomach on both sides. Pull to adjust as needed.

Taking off the shirt



1. Reach back with your non-operated/ uninjured hand behind your neck and start to gather the shirt up in your hand.



2. Lean slightly forward, lower your chin and pull the shirt over your head.

3. Pull your non-operated/ uninjured arm out of the sleeve.

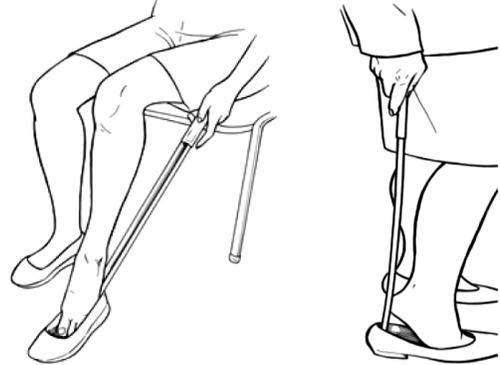
Use your non-operated/ uninjured hand to pull the other sleeve off the operated/ injured arm.

Putting on socks

- Put your non-operated/uninjured hand inside the sock, just over the fingers, not up to the palm.
- Cross your leg resting your ankle on the opposite knee or prop your foot up on a stool if you are able to lean forward.
- Slide your toes into the sock, opening the sock by spreading your fingers.
- Pull the sock up to your ankle.

Putting on shoes

- Use shoes that slip on or use Velcro closures. Avoid shoes that are too loose or flip-flops that may cause you to slip or trip.
- Replace standard shoelaces with elastic laces.
- A long handled shoehorn may be helpful but not necessary if you can manage without.



Toileting

- Use a raised toilet seat and/or a grab-bar on the non-operated/uninjured side to help you sit and stand.
- To help with wiping, try long-handled tongs to reach. You may purchase a commercial toilet aid.

Other

- When reading, use 1 or 2 pillows on your lap to keep the book near eye-level.
- Use rubber bands around each ½ of the book to keep pages open. As you read, slide the next page under the rubber band.
- Use a clipboard to keep paper still while writing.
- Wear a fanny pack at your waist for personal items instead of using purse.
- Try to buy cans with pop-top lids or use a one-handed can-opener.

Cryo Cuff / Icing

- Follow surgeon's instructions for cold therapy.

Physiotherapy exercises following shoulder surgery

Every shoulder surgery is unique so it is important that you follow instructions given to you by the surgeon and physiotherapist. These instructions will include:

- Range of Motion (the amount of movement you are allowed to do with your shoulder after surgery).
- Activity restrictions.
- Your body and arm position.
- Sling/immobilizer wear times (amount of time ON and OFF).

Points to remember:

- Move your shoulder up to, but **NOT INTO PAIN!**

Depending on your surgeon, physiotherapy usually begins 1–6 weeks after surgery. **Do not begin any exercises that have not been approved by your surgeon or physiotherapist.**

Activity

These are general guidelines only. In order for your shoulder to heal **you must follow your surgeon's specific orders.**

- Avoid lifting anything with your operated/injured arm until your surgeon tells you it is okay (usually 6–8 weeks).
- Use a cane in your non-operated/uninjured hand (no weight-bearing or leaning through your operated/injured limb if required for balance. You may **not** use a walker or crutches.
- Slowly increase your mobility as you are able. Short walks will promote lung function, blood flow and will help you to feel better.
- You may return to sexual activity when you feel ready and comfortable.

Returning to work

- Your surgeon will outline restrictions on your shoulder which apply to work, recreation and your daily life.
- Making plans with your employer before your surgery will be helpful for both of you.

Driving

Following anaesthetics and procedural sedation

Anaesthetics and sedatives can disturb your judgment and coordination, therefore:

- You must be accompanied home by a responsible person who must stay with you for a minimum of 24 hours.
- If you take a taxi home, an adult (other than the taxi driver) must be with you.

For at least 24 hours after your procedure, do not:

- Drive any type of motorized vehicle
- Ride as a passenger on a motorcycle or snowmobile
- Operate any power tools
- Sign any legal document or important papers
- Drink alcohol or use recreational drugs
- Be the primary care provider for dependents

You may drive when:

- Your surgeon tells you it is okay. You **MUST** have approval from your surgeon to drive in order for your car insurance to be valid in the event of an accident.
- You are able to use both arms to control the vehicle safely.

Going home

Care of your incision

- Your incision will be closed with staples (clips) or stitches. It will likely be covered with steri-strips (small tape-like bandages) and have a light dressing.
- It is normal to have a clear, reddish, yellow drainage on the dressing.
- Steri-strips often peel off on their own in about 10 days. If they don't, leave them until you see your surgeon.
- Change your dressing as directed by your surgeon. When you change your dressing:
 - Wash your hands well before and after changing/removing dressings or touching your incision.
 - Use an adhesive gauze strip bandage.
- Your surgeon will remove the staples or stitches 5–14 days after surgery. Do not get your incision wet for 24 hours after removal of the staples and/or stitches. After that, unless otherwise directed by your surgeon, you may shower/bath daily.
- Do not soak the incision in a tub bath or a swimming pool or apply oils, creams or lotions to your incision for at least two weeks after stitches/staples are removed and your incision is completely healed.
- Expect some swelling into the elbow, forearm, and hand as well as bruising around the incision. It can last a few weeks.

Bathing

- When allowed to shower or bathe, follow these instructions:
 - Wash your hands and remove any dressing before showering. It is okay to get the incision wet and gently wash the area around incision.

- Avoid aiming the showerhead at your incision.
- After showering, check your incision for signs of infection. Gently pat the incision with a clean towel. Do not rub the area.
- Apply a new dressing.

How to wear a sling

- The sling allows the arm to rest, keeps shoulder muscles relaxed, and provides comfort.
- When seated, loosen the strap around your neck and allow your arm to rest comfortably on pillow on your lap. This will help to avoid neck discomfort and or pain from the sling. Keep your armpit clean and dry. A folded dry face cloth works well.
- **Wear your arm sling at all times for the first 2 weeks (except while exercising or bathing), unless told otherwise by your surgeon.**
- Your surgeon will tell you how long to wear your sling. This could be up to 8 weeks.
- Once in place, your elbow should be in the same line or in front of your shoulder (never behind).

How to put on a sling (NO ACTIVE MOVEMENT OF OPERATED SHOULDER WHEN REMOVING/PUTTING ON YOUR SLING)

			
<p>1. Relax your operated/injured arm on your lap or hold it close to your stomach. Lay the sling on your lap with the opening toward you and the closed, curved elbow end toward your surgical side. Make sure the straps are attached to this end only.</p>	<p>2. Using your non-operated/uninjured arm, gently bring the sling over your hand and forearm until your elbow fits snugly into the sling. Gently adjust the sling upward to take up the slack. Place your thumb into the thumb loop.</p>	<p>3. Place the strap around your upper back and over the opposite shoulder. Secure the end of the strap into the top ring of the sling. Adjust the strap until your forearm is horizontal. Your operated/injured hand should not be lower than your elbow.</p>	<p>4. If instructed by your doctor, place the waist strap around your waist and secure it to the lower ring on the sling. This should be comfortable; not tight.</p>

Healthy eating

- Gradually increase to a well balanced diet.
- If you are taking narcotic painkillers e.g. Tylenol #3®, eat high fibre foods such as fresh fruits, vegetables, whole grain breads and cereals, or bran to avoid constipation. Sometimes a mild laxative may be needed.
- Drink at least 6–8 cups of fluid daily.

Medications

- Unless changed by your surgeon, restart all the medications you took before surgery.

Pain control

- Take pain medicine as directed. It is better to take medicine BEFORE the pain is bad, especially in the first 3 days after surgery.
- Pain from most shoulder surgeries/injuries may be controlled using a combination of medications. These may include extra strength acetaminophen (Tylenol®) and narcotics (morphine, hydromorphone, and codeine). Please follow the directions from your doctor or pharmacist. **Check with your surgeon before taking any anti-inflammatories (Advil®).**
- When taking pain medication, you may be drowsy or dizzy. Do not drive or drink alcohol while taking these medications. When the pain lessens, talk to your doctor about which pain medications to stop first and how best to wean yourself off them or when to stop taking them altogether.
- Most people have less and less pain over the next 6 to 12 weeks.
- If your pain increases or if you have pain in a new part of your body, contact your family doctor or surgeon right away.
- It is normal to have some increased discomfort during physical activity or physiotherapy sessions. It may be helpful to take pain medicine 1 hour before doing any of these activities in the first weeks after surgery.
- Icing after activity or physiotherapy may help with pain. See Cyro Cuff/Icing information on page 7.
- Regular rest is an important part of your healing process. Pace your activities, do not push yourself.
- Relax and distract yourself. Use relaxation techniques such as breathing exercises or muscle relaxation. Listen to music, visit with friends, or watch TV.

Call your surgeon or family doctor if you have

- Bleeding enough to soak through a bandage
- Drainage from your incision that changes in appearance or color, especially cloudy yellow or green
- Increased tenderness, redness, or warmth around the incision
- Irritation or blisters from your dressings or tape

- Pain not relieved by your pain medications
- Difficulty voiding
- High-grade fever (38.5° C / 101.3° F and over) for a day or more
- Continued nausea or vomiting
- Shortness of breath
- Swollen leg(s) or achy and red calves
- Numbness or decreased sensation to joint or limb

If you cannot reach your surgeon:

- Call your family doctor
- Call Health Link BC at 811
- Go to a walk-in medical clinic; or
- If it is after clinic hours, go to a hospital emergency.

After shoulder REPLACEMENT surgery

- Be careful to avoid people with active infections (sinus, chest, dental, skin, etc.) and wash hands often.
- Tell your doctor/surgeon, dentist, nurse and other health providers that you have had joint replacement surgery.
- If you develop an infection, get treatment quickly. Infection can settle into your new joint with very serious results.

Follow-up appointments

Within 72 hours of going home:

- Make/confirm two appointments with your surgeon for:
 1. 5– 14 days after surgery to have your staples/stitches removed
 2. 6 weeks after surgery
- Make an appointment to start physiotherapy as per your surgeon. You can see a physiotherapist at a private clinic of your choice or at a hospital (if available).

Resources

American Academy of Orthopaedic Surgeons
<http://orthoinfo.aaos.org/>

The Arthritis Society
www.arthritis.ca
Email: info@arthritis.ca
Arthritis Answers Line:
1.800.321.1433

Canadian Orthopaedic Association
www.coa-aco.org

Canadian Orthopaedic Foundation
www.canorth.org/en/patienteducation

BC Dial-a-Dietitian
For non-emergency health information, dial 811 (or 711 for deaf and hearing-impaired) from anywhere in BC to talk get connected with a Dietitian.
www.dialadietitian.org

HealthLinkBC
For non-emergency health information, dial 811 (or 711 for deaf and hearing-impaired) from anywhere in BC to talk to a Nurse, Pharmacist or Dietitian. Translation services are available in over 130 languages on request.
www.healthlinkbc.ca

Home Safety
Home Safety Renovations (low income seniors)
www.cmhc-schl.gc.ca.
Toll Free: 1.800.639.3938

OASIS Program;
“Osteoarthritis Service Integration System”
Vancouver Coastal Health
www.vch.ca/oasis
Email: oasis@vch.ca
Phone: 604.875.4257

Ortho Connect
A program through the Canadian Orthopaedic Foundation that connects people who have had joint replacement surgery with a volunteer who has gone through a similar surgery.
www.canorth.org (click on “patient resources”)
or phone 1.800.461.3639
or email mailbox@canorth.org

Physiotherapy Association of British Columbia (PABC)
– to find a Physiotherapist in your area
www.bcphysio.org

Surgical or Orthopaedic Information
American Academy of Orthopaedic Surgeons
<http://orthoinfo.aaos.org>

Transportation
HandyDART
www.transitbc.com
Provided by local bus services throughout BC – check your local listings for phone numbers

TAP – Travel Assistance Program
www.health.gov.bc.ca/msp/mtapp/tap_patient.html
Phone: 250.952.1587

