

Dr. Ferdinand Liotta

Shoulder Replacement Playbook

A man wearing a grey cap, sunglasses, a white long-sleeved shirt, a tan fishing vest, and tan waders is standing in a river. He is holding a fly fishing rod and reel, and is in the middle of casting a fly. The background is a blurred green forest.

Valley Ortho

 VALLEY VIEW

Patient Name:
Date & Time of CT Imaging Appointment:
Date of Surgery:
Date & Location of First Follow-Up Visit at ValleyOrtho:
Date & Location of First Rehabilitation Appointment:
Patient Expectations for Surgery & Recovery 1. Pain Expectation: 2. Activity Expectation:

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YOUR SHOULDER REPLACEMENT PLAYBOOK

Thank you for joining our team at ValleyOrtho.

We feel you are the most valuable person in the surgery and recovery process. This Playbook is your guide to best prepare for and recover from your total shoulder replacement.

Each member of your care team plays a valuable role and has been trained to assist you every step of the way.

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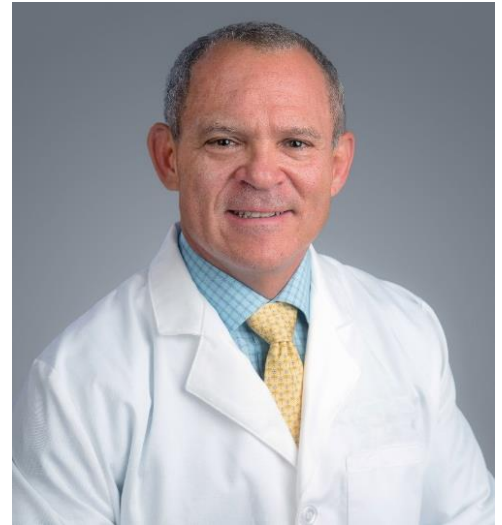


Meet Your Physician, Dr. Ferdinand “Tito” J. Liotta, MD

Dr. Liotta has been restoring the health of residents in the Roaring Fork Valley since 1996. He specializes in sports-related injuries of the shoulder and knee, treating both professional athletes and weekend warriors with personalized attention and state-of-the-art care.

A 1985 graduate of the University of California, San Francisco, Dr. Liotta completed his Orthopedic residency at the University of Colorado in 1991. He then went on to complete a fellowship in Indianapolis, Indiana with the Methodist Sports Medicine Center.

Dr. Liotta has called the Roaring Fork Valley home for more than 20 years, and when he’s not working, you’ll find him exploring our mountain community on his bike or his skis.



Meet Your Physician Assistant, Amanda Hunter, PA-C

Amanda grew up in the Colorado Springs area and knew she wanted to pursue a career in medicine from an early age. After participating in high school basketball and volleyball, she further narrowed her focus to sports medicine.

Amanda received her undergraduate degree in chemistry, with a minor in sports health and wellness. She went on to complete her physician assistant studies at Midwestern University in Chicago, where she worked in Orthopedics and neurosurgery for several years.

Having always wanted to return to her home state of Colorado, she’s happy to have found a home with ValleyOrtho. Amanda primarily works with Dr. Tito Liotta, seeing new and follow-up patients, assisting in surgery, and caring for all post-operative patients. In her personal time, Amanda enjoys spending time in the outdoors with her husband, who is a special education teacher here in the Roaring Fork Valley, and her two dogs.



Meet Your Medical Assistant

Mara Rosales, MA

Mara attained her medical assistant certification through Colorado Mountain College's Vail Valley campus and immediately joined ValleyOrtho in July of 2018. She primarily assists Dr. Liotta and Amanda Hunter PAC with patient care and coordinating procedures and follow ups with the patients. Mara genuinely enjoys getting to interact with her patients and coworkers so she is always ready to help wherever the clinic needs her. Outside of the clinic she can be found smiling while she cooks and bakes for her family. She also gets involved with her local community by providing haircuts at local senior facilities.



Meet Your Athletic Training Staff

Mike McCann, MS, ATC

Mike received his undergraduate education from the University of Northern Colorado and obtained a graduate degree in Athletic Training in his home state at the University of Central Florida. Mike joined ValleyOrtho after spending several years in Denver. Mike gained invaluable experience supporting the University of Denver's soccer, swim & dive, tennis and rugby teams and also spent a year with the Colorado Avalanche hockey team. Mike remains active in the sports community and provides Athletic Training coverage to the Glenwood High School hockey club, Aspen Junior Gentlemen Rugby club and the Aspen Gentlemen Rugby club.



During the summer months, Mike can be caught flying down the river on his paddleboard or camping in the desert and in the winter you will be sure to catch him on the snow, either riding down or skinning up the mountain.

Jackie Brey ATC

Jackie was born and raised outside of Milwaukee Wisconsin; she earned her Bachelor's in Kinesiology from the University of Wisconsin – Eau Claire with an emphasis in Athletic Training and Sports Rehabilitation. She always had a yearning for the "West" and found her way to the Roaring Fork Valley in 2004 as the Athletic Trainer for Rifle High School. Come 2007 she transitioned to a clinical position with Aspen Orthopedic Associates. Throughout her tenure with Aspen Orthopedics she worked her way into management of the practice until she relocated to the Front Range to follow her husband's career change in 2015. Jackie recently found her way back "home" to the Roaring Fork Valley where she now works as an Athletic Trainer at ValleyOrtho.



In her downtime she's a BLS instructor for the American Heart Association. When away from work she enjoys golfing, hiking and camping with her husband and fur baby.



Steve Hughes, ATC

Steve Hughes has been with ValleyOrtho since our doors opened in 2013, and 14 years in total with the providers at ValleyOrtho. However, this only takes up about half of Steve's experience as an Athletic Trainer. Steve has been certified as an Athletic Trainer for 33 years. He has worked as a high school Athletic Trainer in his hometown of Springfield, VT and in a Physical and Occupational Therapy office north of Denver. Prior to this, he spent 4 years in the military as an orthopedic technician in both Germany and Fort Knox, KY.



Steve is passionate about this valley and the skiing, biking, and hiking that it provides. Because of his love for these sports, Steve is all too familiar with what it is like to be an orthopedic patient. Steve has suffered injuries from his shoulders to his knees, but he hasn't let injuries keep him out of the game. Steve plays an integral role in making sure our patients at ValleyOrtho are able to get back to the activities they love as well.

Meet Your Nurse Navigator

Jodi Callison, BSN

Jodi is a home grown Coloradan from Aurora, CO. Jodi has been in the valley now for 9 years and lives in Carbondale with her husband and daughter. While on the Front Range she achieved her BS in Biology from CSU and a BSN in Nursing from CU. Before to going to nursing school, Jodi worked as a program coordinator for the Equine Orthopaedic Research Center and Ambulatory Equine Sports Medicine program at the Veterinary Teaching Hospital at CSU.



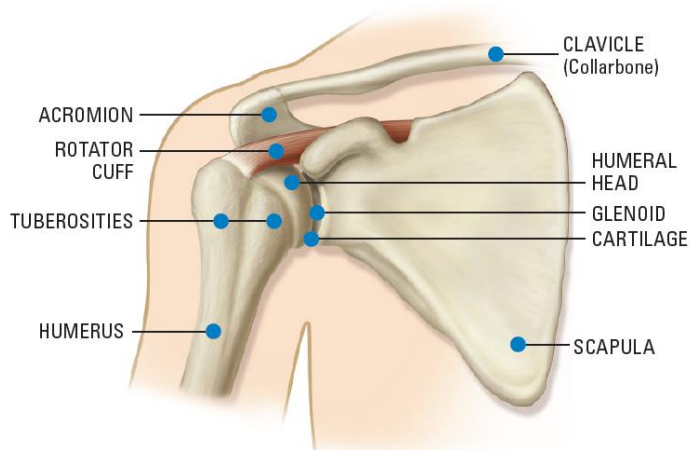
Prior to working specifically with Dr. Liotta's team she had been in the operating room at VVH since 2016 as a circulating nurse and scrub nurse. At ValleyOrtho Jodi is a "nurse navigator" for Dr. Liotta and his team. She works as a dedicated scrub in the operating room with Dr. Liotta. Prior to all surgical cases, she coordinates the implants, grafts, instruments and other details for each procedure.

Currently her primary focus is on patient education regarding surgical procedures as she strives to help make a difference in the patient's quality of life. She enjoys being part of each patient's care because she knows that the work that her team does helps them return to the things they love.

ANATOMY & REPAIR OVERVIEW

What is the Shoulder?

Two bones make up the shoulder joint. The bone at the top of the arm, the humerus, has a round ball-shaped head that is covered in cartilage. The bone on the body side of the joint is the scapula, or shoulder blade. The glenoid is the flat cartilage-covered surface on the scapula that makes the other half of the shoulder joint.



What Does it Mean to Have Shoulder Arthritis?

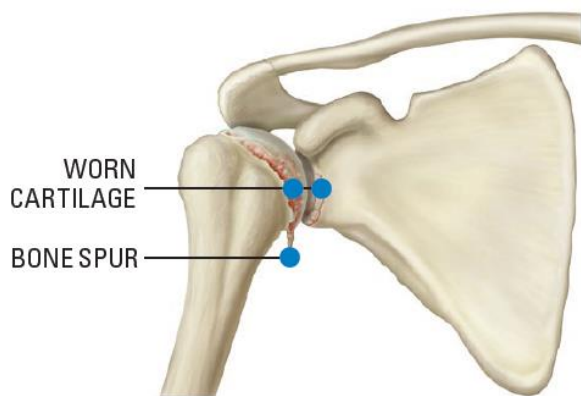
Shoulder arthritis occurs when the cartilage that lines the two sides of the shoulder joint becomes worn or torn. In the early stages of the condition, small pits develop in the smooth cartilage that lines each side of the joint. Eventually, small bony growths called ‘bone spurs’ develop at the edges of the joint surfaces. Joint fluid may also gather under the cartilage,

forming cysts, which can put pressure on the bone and may contribute to pain. In the late stages of the condition, the cartilage can wear away completely, allowing bone-to-bone contact.

The two sides of the shoulder joint are surrounded and connected by ligaments that control motion in the joint. The ligaments at the front of the shoulder become irritated and thickened as arthritis progresses. In addition, the four main muscles that surround the shoulder, known as the rotator cuff, may be over-used, weakened, or even torn. Rotator cuff conditions occur in about 90% of people with shoulder arthritis.

Reparative, Restorative, and Reconstructive Options:

Dr. Liotta has reviewed your x-rays and shoulder pain history with you at this point. Depending on the severity of your arthritis you may have tried medications, injections and/or physical therapy to manage your condition. Unfortunately there is no way to regenerate the cartilage that is damaged in your shoulder. The options listed above have either been ineffective or deemed inappropriate by Dr. Liotta making you the ideal candidate for a total shoulder replacement using the ExactechGPS system at this time.



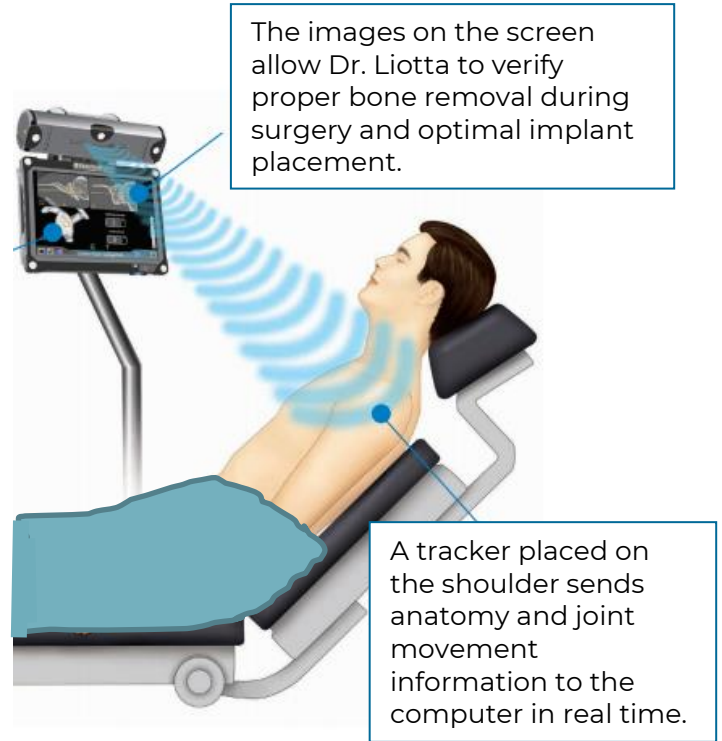


What is ExactechGPS?

ExactechGPS pairs Dr. Liotta's expertise with an advanced computer system to perform your shoulder surgery with improved accuracy and precision.

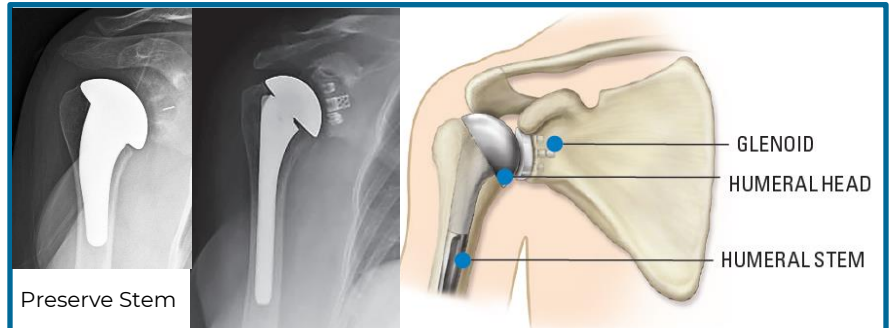
The ExactechGPS preoperative planning tool is designed to help better understand your shoulder anatomy prior to surgery. The system will help plan your surgery through a virtual simulation using your shoulder CT scan.

Using that plan Dr. Liotta will perform your personalized surgery plan while still being able to make adjustments when needed. This unique technology gives greater visibility to the shoulder anatomy that allows for more consistent and accurate implant placement.



Total Shoulder Arthroplasty (TSA):

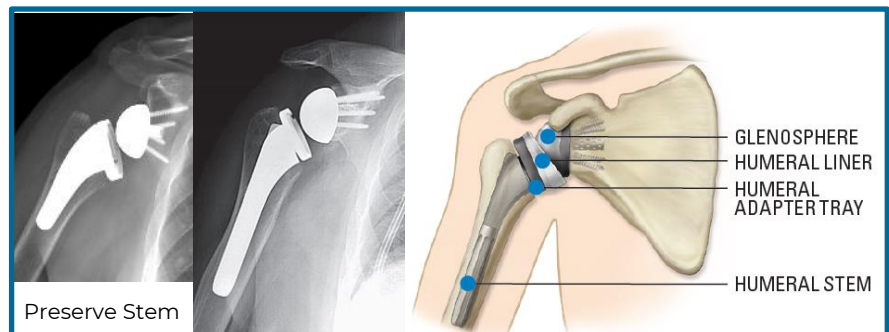
Total shoulder arthroplasty is the medical term for a total shoulder replacement. This is the best surgical technique for patients with advanced OA who have good quality bone at the shoulder joint and intact rotator cuff muscles. This procedure is best for people who do not plan to do high-level activities (overhead work at a job, overhead sports, or significant amounts of heavy lifting).



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Reverse Total Shoulder Arthroplasty (rTSA):

This surgery is also an option when the muscles that make up the rotator cuff of the shoulder have failed or are irreparable, or a complex fracture is present. As with the TSA, this procedure is best for people who do not plan to do high-level activities (overhead work at a job, overhead sports, or significant amounts of heavy lifting).



This surgery is also an option when the muscles that make up the rotator cuff of the shoulder have failed or are irreparable, or a complex fracture is present. As with the TSA, this procedure is best for people who do not plan to do high-level activities (overhead work at a job, overhead sports, or significant amounts of heavy lifting).

SHOULDER REPLACEMENT TIMELINE

AT LEAST TWO WEEKS PRIOR TO SURGERY

- Get your flu shot and, if you are eligible, pneumonia shot (pneumococcal). Make sure your family and caregivers are vaccinated as well.
 - If you cannot get your vaccinations at least 2 weeks before your surgery date, wait 2-3 weeks after your surgery date to do so.
- Schedule your first outpatient therapy appointment for 3-7 days after your surgery date. You should schedule therapy for twice a week for 6 weeks to start.
- Register your One Medical Passport account at [OneMedicalPassport.com](https://www.onemedicalpassport.com)

ONE WEEK PRIOR TO SURGERY

- Pre-Anesthesia Clinic will call you to schedule a specific date and time for a COVID-19 test and any other medical clearance you need before your surgery.
- To ensure proper bone healing we may recommend a bone health work up. To make sure you are getting enough Vitamin D you may be recommended to take a prescribed supplement by Dr. Liotta for the next 3 months.
- Stop taking all supplements that are not prescribed medications and following medications that increase bleeding: Aspirin, Ibuprofen, Naproxen or fish oil.
- Minimize surgery and medication related constipation. See page 26 for details.
- **DO NOT** shave armpits for seven days before surgery.
- Begin practicing household activities with only your non-surgical arm (feeding, dressing, toileting etc.). Refer to page 13 for more details.
- Prepare your home environment for a safe return. See page 13 for more details.
- Pick up Clindamycin Benzoyl Peroxide from your pharmacy.

2 NIGHTS BEFORE SURGERY

- Apply Clindamycin gel to the surgical shoulder. Refer to page 14 for more details.

THE DAY BEFORE SURGERY

- The Day Surgery Department will call after 2pm the day before surgery about:
 - What time you should plan to arrive at the hospital.
 - When to stop eating and drinking before surgery. See page 16 for details.
 - How to make sure your skin is properly prepped.
 - Which medications to take the morning of surgery.
 - Call 970-384-7166 if you do not hear from the nursing staff by 5pm.

THE NIGHT BEFORE SURGERY

- Remove any nail polish from fingers.
- Enjoy dinner and brush your teeth and rinse out your mouth before bedtime.
- Shower with provided cleansing kit. Refer to pages 14-15 for details.
- Apply Clindamycin gel to the surgical shoulder.
- **DO NOT** smoke at this time. **DO NOT** resume smoking until the day after surgery.
- Put clean sheets on your bed, and wear a clean set of pajamas.
- **DO NOT** allow your animals to be in your bed with you.



THE MORNING OF SURGERY

- Shower and repeat cleansing kit process thoroughly. See pages 14-15 for details.
- Do not shave or use any lotions after your shower.

THE DAY OF SURGERY

- Arrive and register at the hospital at your assigned time.
- You will be met by Dr. Liotta and prepared for surgery.
- After surgery is completed you will be moved to the 4th floor to rest, recover, and meet with your family. Refer to pages 18-19 for more details.

THE DAY AFTER SURGERY

- You will be trained and educated by Nursing and Rehabilitation staff to return home safely. Refer to page 19 for more details.

3-7 DAYS AFTER SURGERY

- You will begin outpatient rehabilitation to work on regaining motion and use of your surgical shoulder.

7-10 DAYS AFTER SURGERY

- You will return to Dr. Liotta's office to check the progress of your shoulder, have your stitches removed and your bandage changed.

WEEK 1 THROUGH WEEK 6

- Your surgical shoulder is likely to be painful during the early weeks of this phase. This is normal and expected. You will not have normal use of your surgical arm during this phase.
- We expect that you will be able to move your surgical arm with moderate difficulty and discomfort.
- We expect the motion to improve steadily. Refer to page 23 for more details.

WEEK 6 THROUGH WEEK 9

- Your surgical shoulder will be used when performing normal activities, but it is unlikely that you will have full active motion in this phase.
- Even though discomfort may still be present, we expect you to significantly decrease pain medication use at this time. Refer to page 24 for more details.

WEEK 9 THROUGH WEEK 12

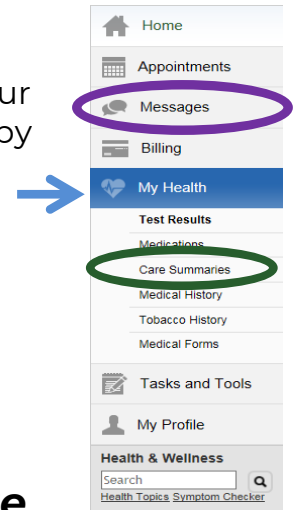
- We expect that you will have muscle soreness that does not require pain medication as you increase work to improve the strength and motion of your surgical shoulder.
- You will slowly begin to use your surgical shoulder for all non-forceful activity. Refer to page 24 for more details.

YOUR PRE-OPERATIVE TRAINING

At ValleyOrtho, you are the most important player on our team. Our pre-operative training program is designed to help you participate in your healing like a pro.

1. Set Up Your Valley View Patient Portal

You should have received an email from us with a link to set up your patient portal account. If you cannot find the email we will be happy to send you another one, just let us know.

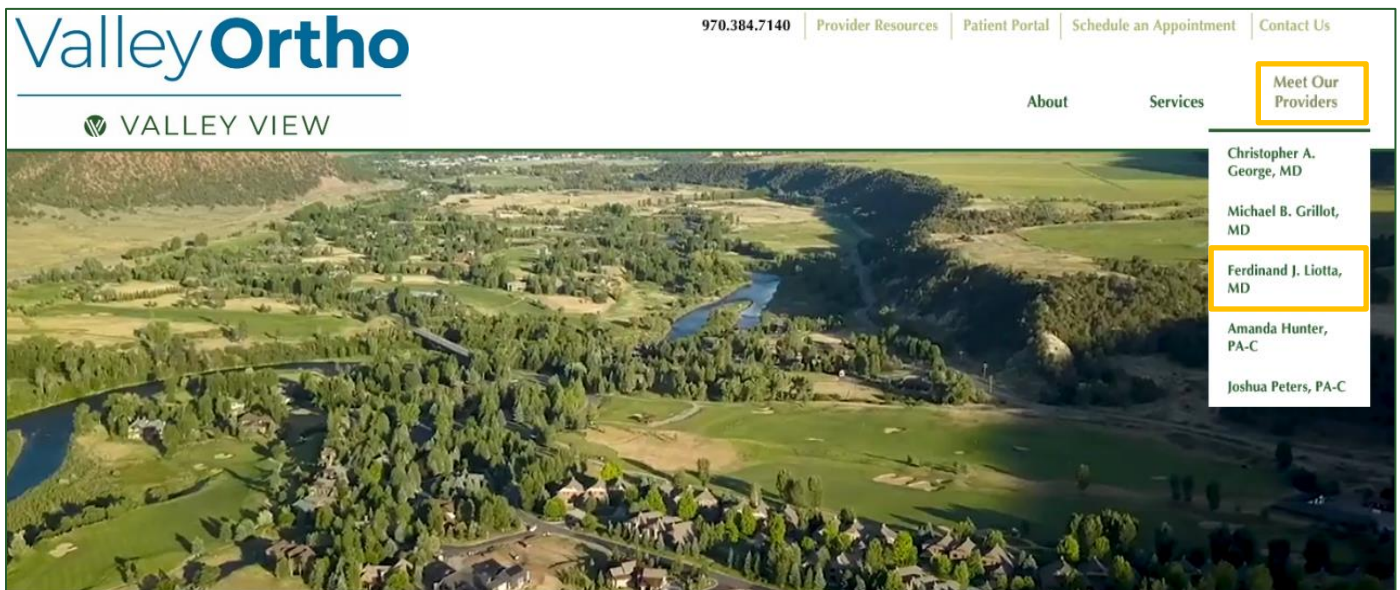


Benefits of the Portal

- Easily contact Dr. Liotta and his team using the **Portal Messaging Center**.
- Have access to your visit reports by clicking **“My Health”** on the left sided toolbar then click **“Care Summaries”**.

2. Access Your Patient Playbook on Our Website

Go to Vworthocare.org and select **Dr. Liotta's link**. The Patient Playbook can be found at the bottom of Dr. Liotta's page.



3. Schedule Your Therapy Appointments

- Schedule your first outpatient therapy appointment for 3-7 days after your surgery date. Therapy will be two times a week for 6 weeks to start.



4. Pain Education

Pain is an expected and necessary part of the healing process after a total shoulder replacement.

- It is normal to have pain when you wake from surgery.
 - It is also normal to feel an increase in pain 12-24 hours after surgery as the stronger medications used for surgery wear off.
- This early increase in pain does not mean there has been any damage to the repair.
 - This is your nervous system becoming more efficient at sensing the healing that is taking place in your shoulder.
- Your nervous system will become less sensitive over time.
 - Participation in physical rehabilitation with appropriate rest and medication use will help with this process.

5. Fit for Ultrasling

Put your sling on **over your cooling device** following these steps:

- Detach shoulder strap buckles and open the front panel.
- Place the pillow wedge on your ribs of the affected side.
- Slide your arm into the sling positioning the elbow as far back as possible in the sling and bent to 90 degrees.
 - After surgery you may want to place the pillow on a counter top and gently place your arm into position.
 - Your arm can rest supported on the countertop as you connect the shoulder strap.
- Place shoulder strap over your opposite shoulder. Connect shoulder strap to the sling using the quick release buckles.
- Buckle the waist strap to the pillow and adjust the strap to fit.
- Secure strap over the top of the sling. If the thumb strap is desired, attach strap at the front of your sling.



When to Wear Your Sling:

- Always wear your sling when walking in uncontrolled settings (Examples: grocery stores, icy sidewalks, large pets in the home, etc.) and when you are sleeping.
- You are encouraged to remove it while you are at rest, sitting in a chair for eating, dressing, grooming/showering and performing prescribed exercises.

6. The ON-Q Pump Protocol

The ON-Q Pump is a balloon type pump filled with medicine to treat your pain better than narcotics alone. The pump delivers the medicine at a very slow adjustable flow rate, assuring proper delivery of your medication.

- Turn the rate to 8ml/hr at 8pm the first night of surgery.
- Know that the areas around the armpit and bicep tendon at the elbow cannot be covered by this block.
- Ideally keep the rate below 12ml/hr to lower the risk of feeling side effects.
- Do not squeeze the pump.
- The pump may be clipped to your clothing, surgical dressing, or it may be placed in a small carrying case.
- It may take longer than 24 hours after your procedure to notice a change in the size and look of the pump.
- You **will not** see a fluid line or air space in the pump ball. The tubing will look clear and you **will not** see the medicine moving.
- As the medicine is delivered, the outside bag on the pump will form wrinkles and the pump ball will gradually become smaller.

Trouble Shooting Tips for Your ON-Q Pump:

- Make sure the white clamp on the tubing is open and not pinching the line. It should move freely along the tubing.
- Make sure there are no kinks in the pump tubing.
- Do not tape or cover up the circular filter near the pump.



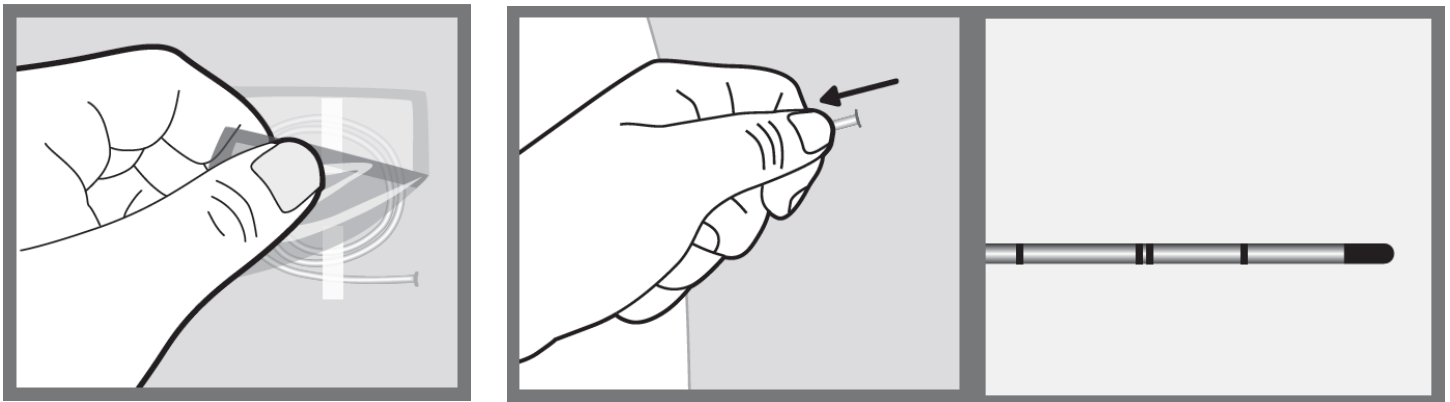


How to Remove Your ON-Q Catheter:

You will need to remove your ON-Q catheter by day 5 or sooner if all of the medicine has been delivered (3-5 days). The outside bag will be flat, and you'll feel a hard tube in the middle of the pump.

Follow ON-Q manufacturer instructions, keeping in mind these key steps:

- Wash your hands thoroughly with soap and warm water and dry them thoroughly.
- Do not cut or pull hard to remove the catheter.
- Remove the dressing covering the catheter site.
- Remove any skin adhesive strips.
- Grasp the catheter close to the skin, and gently pull on the catheter. It should be easy to remove and not painful.
- You can dispose of the entire kit in the regular trash.



IMPORTANT: After you remove the ON-Q catheter, check the catheter tip for the black marking to ensure the entire catheter was removed. Call your anesthesiologist if you don't see the black marking.

On the day of surgery your anesthesiologist will give you their phone number in case you have questions or concerns during this process.

- You can write that number here as well: _____

7. Choose Your Cooling Device

The NICE1



Best Choice

- Automatically cycles cold water.
- Programmable variable compression cycles.
- No ice required.
- Costs approximately \$325 for a 2 week rental.

Cryo Cuff



Good Choice

- Cycles cold water by manually raising and lowering cooler.
- Adds some compression when wrap fills.
- Need to exchange ice every 4-6 hours.
- No additional cost.

When to Wear Your Cooling Device:

- Wear the cooling device either consistently throughout the day and night, or only while awake for at least **one week**.
- Remove it while sitting in a chair for prescribed exercising, eating, dressing, showering or performing light activities.

8. Patient Reported Outcome Surveys:

Patient Reported Outcome (PRO) Surveys are a way for us to measure those things that matter most to you; decreasing your pain, restoring your function and productivity, and improving your quality of life. We want to know if we are meeting your needs during your recovery. By participation in the PRO surveys, you can help us understand how we are doing regarding your goals. This will allow us to best direct your care and the care we provide to your community.

What to Expect From Us:

- Prior to surgery, you will receive an e-mail or text link to a short survey to get your pre-operative baseline.
- You will receive this same survey (2-4 in total) by e-mail or text between 30 days and 1 year after your surgery.
- These new scores will be compared to your baseline score in order to evaluate your progress, as evaluated by the person that matters most – YOU!



You're Trained. Now What?

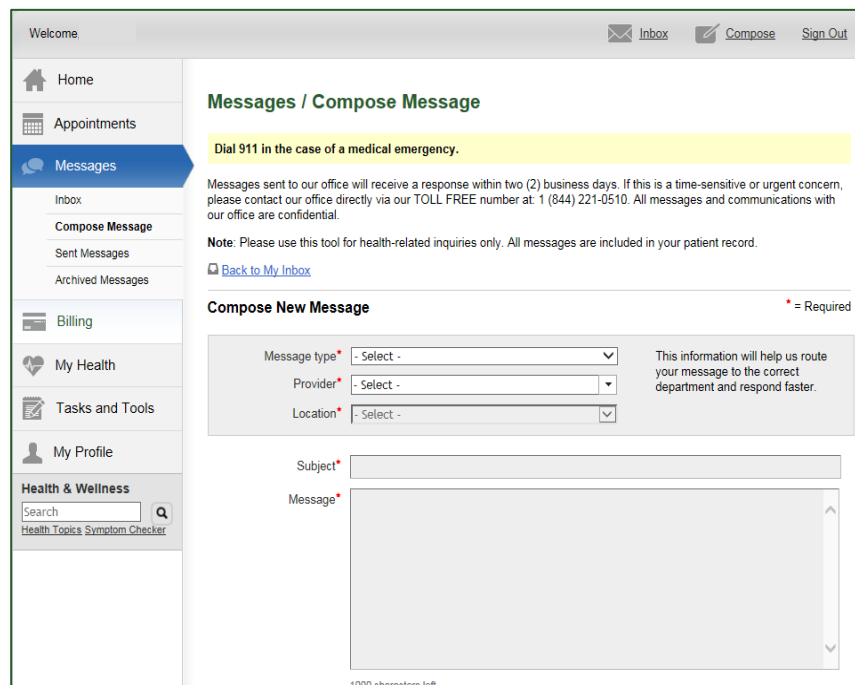
Any surgery can be daunting, but you can rest assured knowing that our team will walk you through every step on your big day.

The rest of this Playbook will explain in detail your pre-surgical, surgical and recovery process from start to finish. Use this as a guide to effectively complete the Total Shoulder Replacement Timeline on pages 5-6.

When you choose shoulder replacement surgery with ValleyOrtho and Valley View Hospital, our team is committed to helping you achieve the best surgical outcome possible so you can return to the lifestyle you love.

Contact Us:

At each stage of your journey, before, during and after surgery, we're here to provide information and answer any questions you may have. Feel free to reach us quickly during business hours by messaging "Dr. Liotta" through your Valley View Hospital Patient Portal, or by phone at 970-384-7140. If something is urgent you don't have to worry about when you should call; an on call provider can answer your questions day or night by calling 970-384-7140.



IMPORTANT NOTE:

If you happen to become ill within the weeks or days before your surgery, even with a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again. Also, if you get a cut, scrape, rash, or sore on the arm scheduled for operation, please let us know immediately. A skin break could require rescheduling your surgery, due to a small increased risk of infection.

PREPARING FOR YOUR SURGERY

Give yourself a head-start on healing by following these more detailed surgery-prep tips from Dr. Liotta.

Prepare Your Body

- Continue (or develop) the healthy habits needed to support your healing. Eat healthy foods like fruits, vegetables, lean meats and whole grains. Get plenty of rest.
- Reduce tobacco use or quit smoking. Limit or stop drinking alcohol.
- Exercise as much as your body can tolerate to maintain your muscle strength.

Learn to Carry Out Daily Tasks Using One Hand

- You will temporarily only be able to use one arm after surgery, so it's important to practice activities to function in your home environment with your non-surgical arm.
- Before surgery, practice your daily routine using only the non-surgical arm so you can get used to potential challenges.
- Transfer in/out of a chair and the toilet with the non-surgical arm. If this is difficult, consider using a raised toilet seat or bedside commode and elevating the other seats in your home.
- Transfer in and out of the shower using the non-surgical arm.
- Engage in activities such as grooming, bathing and going to the bathroom using only your non-surgical arm.

Prepare Your Home for a Smooth Transition

Make these changes to improve the convenience and safety of your home environment ahead of time.

- Place frequently used kitchen items in easily accessible places, such as a countertop or on the lowest shelf in an overhead cabinet.
- If you will be returning home alone, establish a rotating support system that involves more than one person to help you with everyday needs.
- Plan for someone to drive you to your physical therapy appointments, the store, and other important destinations.
- Create a clear path to the entrance of your home.
- Consider sleeping in a recliner, as this is oftentimes more comfortable than your bed after surgery. Prior to surgery, be sure the adjustment lever is on the correct side of the chair for your safety (many can be moved).
- Consider arranging for a friend, or kennel, to care for your pets for the first few weeks after you return home; they could cause you to fall and injure your new shoulder.





Pre-arrange Your Finances to Reduce Stress

Our Patient Financial Services staff is happy to help all of our patients. If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services at (970)384-6890.

Pack for Your Hospital Stay

To stay comfortable during your hospital visit, we suggest you bring:

- Your Total Shoulder Replacement Playbook.
- Slip-on shoes and a short, lightweight bathrobe.
- A loose-fitting shirt that buttons up and is larger than the size you normally wear to fit easily over your shoulder bandages and sling.
- Toiletries such as a toothbrush, toothpaste and deodorant
 - The hospital provides toiletries if you happen to forget something at home.
- Eye-glasses instead of contacts.
- Driver's license or photo ID, Insurance card/Medicare Card.
- Cash or credit card to pay for discharge medications.
- Copy of your Advanced Health Care Directives.
- A list of your daily medications, vitamins and herbal supplements, including the dosage and frequency, plus a list of medications you stopped taking in preparation for surgery.
 - Your own medication will be used **only** when the hospital pharmacy does not stock your specific medication and interruption in the use of that medication would compromise your care. Speak with Dr. Liotta if you feel your medications may fit these criteria.
- If you have a CPAP machine, please bring the unit, tubes and settings.
- Your Cell phone/charger, books, magazines or other portable hobbies.
- A "going home" outfit like a sweat-suit or other loose clothing that is easy to put on and take off, such as a top that zips or buttons up (instead of slipping over the head) and pants with an elastic waist.
- **DO NOT** wear or bring any jewelry (this includes removing wedding bands and all piercings), or any other valuables.



Prep Your Skin to Discourage Bacteria

Preparing your skin before surgery can reduce the risk of infection at the surgical site by reducing bacteria on the skin. You will receive scrub brushes with anti-bacterial soap from our clinic at your pre-operative appointment.

Please use the prescribed soap and mitt to wash carefully before your surgery, following the steps below:



1. Wet your entire body with warm, **NOT** hot, water.
2. Wash hair with normal shampoo/conditioner. Wash your face and body with your normal soap, then rinse.
3. Wet your shower mitt provided. Turn off the water then apply CHG solution.
4. Use the mitt to scrub your entire body from your neck to your feet, under your fingernails and toenails. Make sure to avoid your eyes, ears, mouth and directly on genitals. Clean your groin and buttocks last. This process should take 3 minutes.
5. Scrub extra well on and around your surgical shoulder.
6. Re-apply CHG soap to the mitt and to the body as in step 4.
7. Wait 2 minutes after this application.
8. Rinse off all of the soap from your body with **warm** water.
9. Dry with a clean towel and wear clean clothes to bed.

For best results, follow these additional instructions:

- Remove any nail polish.
- Don't let the prescribed cleanser get into your eyes, ears, mouth or genitals.
- Do **NOT** use moisturizers, lotions or oils on the skin after beginning the cleansing regimen we provide.
- If you have persistent redness or itching, rinse the affected area, discontinue use of the wash, and call our office at (970)384-7140.
- If you swallow the wash, call Poison Control right away: (800)222-1222.

Clindamycin Benzoyl Peroxide Instructions:

Generously apply this gel all over the surgical shoulder to decrease the risk of post-operative infection. This is to be applied after you shower beginning two nights before your surgery date.

SPECIAL NOTE ABOUT SHAVING:

We ask that you **DO NOT** shave your armpits **for seven days** prior to surgery. Dr. Liotta will inspect your shoulder the morning of your surgery and will carefully shave the area at that time. If there are any breaks in your skin, your surgery may need to be rescheduled due to a risk of infection.



SURGERY INSTRUCTIONS SHEET

The Day Surgery staff will call you the day before your surgery with instructions. Complete this worksheet during that phone call.

Patient calls begin at 2pm one business day before the scheduled surgery date. This means Monday's surgical patients are called on the Friday before. You may contact the day surgery staff at 970-384-7166 if you have not received your instructions before 5pm one business day before your surgery date.

Fill in Your Personal Instructions Below:

Date of Surgery: _____

Check-in Time: _____

If you are late it may affect your surgery time, or result in rescheduling your surgery.

Surgery Time: _____

Eating Allowed Until: _____

Do not eat any food after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Allowed Until: _____

Do not drink anything after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Include: Water, Sports Drinks, Sodas, and Strictly Black Coffee (**DO NOT add milk/cream/sugar/honey**).

Any Additional Eating and Drinking Instructions: _____

Medication Instructions: _____

Write the Medications You are Told to **STOP Taking Below:**

FREQUENTLY ASKED QUESTIONS

Q. Can I work out after my surgery?

Yes! Unless Dr. Liotta has restricted you from specific exercises, we encourage daily fitness according to the American College of Sports Medicine (ACSM) daily exercise guidelines (www.acsm.org). Your exercise program should be modified to exclude your surgical shoulder and you are limited to 15 pounds on your non-surgical arm. If you are in a sling, continue to wear it when you exercise. Avoid jarring activities that will move your arm abruptly in the sling.

Q. Will my new shoulder set off airport security alarms?

Your shoulder is made of titanium and cobalt chrome with a small amount of plastic. It should not trigger an alarm, but we suggest you plan an early arrival at the airport just in case.

Q. How long until I can drive?

You must not drive while taking your narcotics or while your arm is still in a sling.

Q. Can I take off the steri-strips if they are coming off, or should I wait and let them fall off by themselves?

We encourage you to allow them to fall off. However, if they are “hanging on by a thread,” you can gently pull them off.

Q. When can I Shower? Can I swim / submerge the incision?

Shower as soon as you feel able after returning home. The dressings are water resistant so they can get wet, but do not allow the shower to hit the incisions directly and do not submerge the incisions in water. Always use a clean wash cloth and do not scrub directly the incisions. Pat the incisions dry thoroughly after your shower. We want the incisions to be fully healed and free from scabs, which takes 14 days on average before you submerge. Please clear this activity with your therapist or doctor before you submerge the incision.

Q. Will I be in pain after surgery?

You will likely be in some form of discomfort after surgery. This is normal. It is your body telling you to slow down to heal. Our team will work you through this process, taking your comfort into consideration in everything that we do.

Q. When will I be able to get back to work?

We recommend that you take at least 1-2 weeks off from work. If your job is labor intensive, plan to take a bit longer.



Q. How often will I need to be seen by my doctor following the surgery?

Your first postoperative office visit will be scheduled for 7-10 days after surgery, then 4-6 weeks after that first follow up appointment. After that, plan for appointments at one-month intervals. Your physical therapist will communicate with Dr. Liotta and his team regarding your progress.

Q. Do you recommend any long-term restrictions following this surgery?

Be sure to follow all post-operative instructions, and you should enjoy full functional range of motion once you heal.

Q How long should I expect my shoulder replacement to last?

Your shoulder replacement should last 15 to 20 years, depending on the health of your bone and soft tissue at the time of surgery and on your current activity level.

Q. If I have a “reverse” total shoulder, will I notice any differences?

The mechanics are changed after your reverse total shoulder surgery so you may notice some minor differences when comparing it to your non-operative shoulder. There could be a slight change in how it looks when it moves and the length of the arm could increase slightly. There may also be a slight decrease in total strength compared to your other shoulder because of the altered mechanics.

Q. How long will my recovery take?

With regular physical therapy, range of motion should be nearly restored within six weeks. With continued strengthening exercises, both strength and function of your shoulder should dramatically improve after three months. At six months to one year, you can expect to achieve a full recovery.

Q. How long do I need to wait before having dental procedures?

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in an artificial joint. In an attempt to prevent this occurrence representatives from the American Dental Association and the American Academy of Orthopedic Surgeons developed these guidelines:

- Refrain from any dental work two weeks prior to surgery.
- Refrain from dental work one month after surgery.
- Ask your dentist about having antibiotics prescribed and the timeframe for pre-medicating prior to any dental work to ensure safety.

YOUR SURGERY & HOSPITAL STAY

The Day of Surgery Game Plan

- The Valley View Valet is a free service. The Calaway-Young Cancer Center valet is open from 7:30AM to 5PM.
- You will stop at one of the hospital's registration desks 2 hours before your surgery time. From there, you'll be directed to the Day Surgery Department.
 - Registration at the Emergency Department entrance is always open.
 - Upper registration on the 2nd floor next to the Pharmacy is open from 7AM-3:30PM Monday-Thursday and from 8AM-2:30PM on Fridays.
- Once checked in to the Day Surgery Department, our nursing staff will begin preparing you for surgery by starting an IV and ensuring that you're comfortable.
- Dr. Liotta will come and answer any additional questions you may have and mark the shoulder joint you are having replaced with a surgical marker.
- An anesthesiologist will meet with you to talk about general anesthesia and the nerve block you will receive for comfort.
- An operating room nurse will take you into the operating room on a portable bed.
- You will return to the post anesthesia care unit (PACU) after surgery, where you will remain for about an hour while your vital signs normalize and your pain is controlled. Your family and friends will not be allowed to visit you in the PACU.
- Dr. Liotta will talk with your family members and then they will be invited to meet you in your hospital room on the fourth floor.

The Day of Surgery on the Fourth Floor

The duration of your hospital stay will be based on your progress, safety, and abilities. Most patients will be discharged in the afternoon the day after surgery.

- You will interact primarily with your nurse and patient care technician (PCT), who will be your advocates and care coordinators. Your nurse will be wearing Caribbean blue, and your tech will be wearing maroon.
- A nurse will help you out of bed to a chair and for a walk the day of surgery. Do not try to get out of bed by yourself. He or she will help guide your movements, monitor pain and dizziness, and keep you safe from possible falls.
- You will wean off the IV pain medication and switched to an oral pain medication. Scheduled medications and tasks will be completed in a window of time. If you have more urgent needs or need anything done at a specific time, talk with your nursing team.
- An IV will continue to deliver fluids into your system until you are eating and drinking well. Your nurse will help progress your diet after surgery. You will be transitioned back into real food, starting with ice chips and then on to more solid foods.



The Day of Surgery on the Fourth Floor (Continued)

- A Respiratory Therapist will monitor your oxygen level and may teach you deep breathing and coughing exercises that you will use for several days after your surgery.
- You will experience some pain. The goal is to reduce your pain enough for you to rest and take part in physical therapy.
- A cooling device will be used to help decrease the pain and swelling.
- Vital signs will be performed every four hours throughout the day and night. You can also expect other periodic interruptions while your care staff is working to keep you safe and healing well. The staff will work to cluster your care together to minimize these interruptions, but if you feel that you aren't receiving the rest that you need, your nurse can help to advocate for more quiet time.
- Nurses will communicate at shift change using a bedside report. They will come to your room to introduce the oncoming nurse, review the previous shift, and discuss expectations for the next shift. He or she will also answer and address any questions or concerns you may have.

The Day after Surgery

- A nurse will assist you while getting in and out of bed and into the bathroom. or she will also explain your discharge instructions.
- A physical therapist and/or an occupational therapist will instruct and assist you in understanding the following:
 - Range of motion restrictions and your home exercise program.
 - Adjustment and proper use of your sling and cooling device.
 - Bathing, dressing and other functional activities.
 - Safe ambulation and functional mobility.
 - Preparation for your safe return home.
- Dr. Liotta will come and talk with you about how your surgery went and the next steps forward.
- A nurse will remind you how to use your ON-Q pump and teach you how to remove its catheter. Complete instructions will also be provided by your anesthesiologist.
- Your nurse will issue your prescriptions just prior to your check out. If you have any specific needs regarding transportation home or timing for leaving, please discuss this with your nurse.



He

AT HOME AFTER YOUR SURGERY

Monitor Your Healing

Healing after a total shoulder replacement can be uncomfortable but you need to know what signs of healing need immediate professional attention. An on call provider is ready to help you at all times, **immediately call 970-384-7140 if you experience any of the following:**



- A fever over 101.5 degrees.
- An increase in bleeding from the surgical site.
- Worsening pain that is not controlled by medication or position changes.
- Worsening nausea or vomiting.
- Increased swelling that is not controlled by cold therapy or position changes.
- Increased redness around your incisions and/or cloudy fluid draining from the incision.
- Or if you get the feeling that something is just not right.
- **Call 911 with** Shortness of breath and/or chest pain symptoms.

If you have questions about upcoming appointments or medications, please message “Dr. Liotta” through your Valley View Hospital Patient Portal for the timeliest response.

Let Our Pros Help You Tackle New Challenges

Your outpatient therapist will help problem solve any other challenges you may have.

- **Dressing:** By the time you leave the hospital, you will be taking your sling off at least three times a day to do your exercises. Use those times to wash up and change your clothes. Clothes that open in the front, non-tie shoes and elastic-waist pants are the best options for ease.
- **Toileting:** You may only use your non-surgical arm for wiping yourself after using the toilet.
- **Household chores:** Avoid lifting anything heavier than a coffee cup with your surgical arm. You are restricted to 15-pound items on your non-surgical arm.
- **Transportation:** You will not be able to drive yourself until you are completely off of your pain medication and out of your sling.
- **Sleeping:** You will need to keep your sling on while you are in bed for six weeks following your surgery. For enhanced comfort we suggest sleeping in a semi-upright position in a recliner, or utilizing a wedge pillow in your bed. Keep your pain medication nearby as you may need it during the night.
- **Pain:** DO NOT take ibuprofen (Advil®, Motrin®) or naproxen (Aleve®) unless explicitly directed by Dr. Liotta. Take your prescription medications as directed. The cooling system is also very helpful in reducing your pain in the first few days after surgery.



Additional Tips for Activities of Daily Living

- Keep your surgical arm in front of your body for functional activities like eating, brushing teeth, washing your face, etc.



- Dress the surgical side first and undress it last; button up or zip-up tops are the easiest. Lean forward, allowing the arm to hang toward the floor while sliding the sleeve on and off.

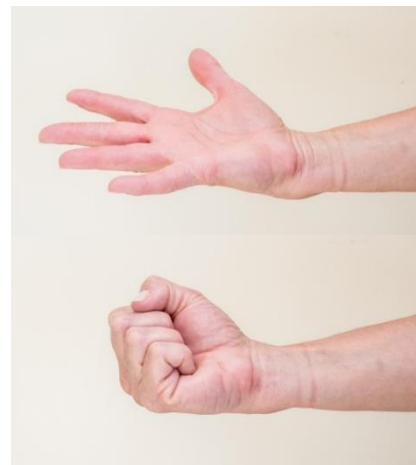


- Shower as soon as you want after returning home. The dressings are water resistant so they can get wet, just don't submerge them in water. Pat them dry thoroughly after your shower.
- Wash your underarm with a washcloth by leaning forward, allowing the surgical arm to hang toward the floor to access your armpit.
- Sleep in a semi-upright position, preferably a recliner.
- Get up and walk frequently throughout the day.

Keep Your Recovery Moving Forward with Three Home Exercises

Call and speak with your surgical team, or therapist, if you begin to feel pain in the hand or elbow during these exercises.

- **Hand motion** while in or out of the sling: Gently make a fist, then fully open your hand. Repeat 1000 times during the day.



- **Elbow Motion** while out of the sling: With your arm relaxed at your side, bend your elbow, and then straighten it. Repeat 10 times, at least 3 times a day.



- **Shoulder Motion** while out of the sling: Actively move your hand in front of your body between your face and groin. You may use your non-surgical hand to help. Repeat 10 times, at least 3 times a day. Be sure to use the surgical arm within this range for functional activities.





Manage Your Postoperative Pain

- Your goal is to be completely transitioned from opioids to over the counter pain medications 2 - 4 weeks after surgery.
- Keep in mind that the goal of taking pain medication is not to be pain free after a major orthopedic surgery, but to be comfortable enough to get some sleep and participate in your physical therapy program.
- IMPORTANT NOTE: Please plan ahead as we need 24 hours to properly process any medication refill request and we do not refill medications over the weekend.
- **How to Wean Off of Narcotics:**
 - Step 1: Increase the amount of time between doses.
 - Example: Take a dose every 5-6 hours for 1-2 days. Then take a dose every 7-8 hours for 1-2 days.
 - Step 2: Start to reduce the dose amount.
 - Example: Decrease from 2 pills to 1 pill at each dose for 1-2 days. Then take a ½ pill at each dose for 1-2 days.
 - Continue until you are completely off of the prescription pain medication.

Address Any Postoperative Constipation

Constipation is one of the most common postoperative complaints, as it's a common side effect from anesthesia and narcotic pain medications.

Constipation is defined as infrequent bowel movements, fewer than three a week, and is associated with the following symptoms:

- Difficulty passing stool or incomplete bowel movements
- Bloated or swollen abdomen
- Hard or rock-like stool

Help keep your bowels regular by continuing your pre-surgical laxative protocol when you come home.

- Take MiraLAX twice daily: one dose (17 grams) in the morning and again in the evening, each with an 8 oz. beverage of choice, especially while you are still taking narcotic pain medications.
- Introduce foods rich in fiber (36g/day).
- Increase daily water intake: drink at least 8 cups.
- Include fresh/dried fruits vegetables, whole wheat/oat bran, prune juice and/or oatmeal.

YOUR RECOVERY PROCESS

Steps to Get Back in the Game

The ultimate goal of your total shoulder replacement is to get you back to work, functional activities and hobbies. Participation in your rehabilitation program is essential as your success is based in large part on you. The actual surgery is only a small portion of how well you will do when you return to your pre-injury activities.

Your therapist will likely release you to independent activities 12 to 16 weeks after surgery. Don't let anyone tell you that the rehabilitation portion of your recovery is easy. It will take hard work and dedication. We're here to cheer and guide you on to the best outcome possible.

During Rehabilitation Follow These Precautions

- Do not put any weight on or lift any weight with your surgical arm. For example, don't lean on your arm when pushing up from sitting and don't lift anything weighing more than a coffee cup.
- Use your sling for six weeks when sleeping or walking.
- When upright, do not allow your elbow to move backwards past the ribs. When lying down, do not allow your elbow to fall any further back than your body. Place a pillow under your arm when lying down to prevent this position.
- Do not push or pull anything forcefully.
- Limit your non-surgical arm to a 15-pound weight restriction.

EXPECTED PHASES OF RECOVERY

Phase I: Weeks 1-6 — Protection and Functional Movement

- Your surgical shoulder is likely to be painful during the early weeks of this phase. This is normal and expected.
- We expect that you will be able to move your surgical arm with moderate difficulty and discomfort.
- We expect the motion to improve steadily.
- You will not have normal use of your surgical arm in this phase.
- You will sleep in your sling during this phase.
- Prescribed exercises and hands on therapy will increase arm motion and help decrease your pain and inflammation.
- A cardiovascular exercise program will be established to optimize your results.



Phase II: Weeks 6-9 — Movement and Gentle Strengthening

- Your surgical shoulder will be used when performing normal activities, but it is unlikely that you will have full active motion in this phase.
- Even though discomfort may still be present, we expect you to significantly decrease pain medication use at this time.
- Prescribed exercises will help restore full passive range of motion and active range of motion.
- Additional exercises will be given to strengthen the muscles around the shoulder.

Phase III: Weeks 9-12 — Intermediate Strengthening

- We expect that you will have muscle soreness that does not require pain medication as you increase work to improve the strength and motion of your surgical shoulder.
- You will slowly begin to use your surgical shoulder for all non-forceful activity under the direction of Dr. Liotta or your outpatient therapist.
- Prescribed exercises in this phase will restore shoulder strength power and endurance.

Phase IV: Weeks 12+ — Continued Strengthening and Implementation of a Final Home Exercise Program

- We expect that you will have minimal to no discomfort at this time.
- You will not have full strength of your surgical shoulder at this time, but you will have a plan in place for continued training to meet your goals. Keep in mind that the mechanics of your shoulder have changed and you may not get back to the exact level of strength as a non-repaired shoulder.
- You will be able to return to more advanced activities.
- You will be able to return to full-duty work and engage in some recreational activities, as long as you exclude repetitive, forceful, or overhead tasks.
 - If you have a specific activity you are worried about returning to, Dr. Liotta will be able to give you the best recommendation.

Set Up and Keep Your Follow-Up Visits with ValleyOrtho

Dr. Liotta and your outpatient therapist will be in constant communication regarding your progress. It is important to attend your ongoing care appointments to be certain that your shoulder replacement is performing properly. By conducting regular physical exams and reviewing X-rays, Dr. Liotta can identify any problems that may be developing even before you develop physical symptoms.

Schedule follow-up appointments at these intervals

Post-Surgery

- 7-10 days after surgery date.
- 4-6 weeks after surgery date.
- Monthly follow ups until discharge after second follow up appointment.

Ongoing Care

- One year.
- Five years.

At ValleyOrtho, we appreciate your confidence, and we'll do our best to keep earning it.

We're honored that you've chosen ValleyOrtho to help you regain your freedom of motion. And we'll be the first to wish you happy hiking, biking, skiing, gardening, and grandchild-holding with your new shoulder. In short, we'd like nothing more than to help you get off the bench and back onto the playing field of your life.

ThankYOU!

