



Shoulder or Elbow Surgery

How to prepare, what to expect, and planning for recovery

This handout explains how to prepare for shoulder or elbow surgery, what to expect, and planning for recovery, including care instructions and when to call your doctor or nurse.

Since your safety is our main concern, you will need to complete several tasks before surgery. This will help to avoid last-minute cancellation of your surgery.

Please read this handout carefully and call us if you have questions.

Before Surgery

Medical Records and Clearance

If you have had or now have any medical concerns that may cause problems during surgery or your hospital stay, we may need to review your medical history and records. Some conditions require further tests before surgery. We need to review your medical history as early as possible to avoid last-minute rescheduling.

Medical history we need to know about includes:

- Any heart condition or surgery:
 - Heart attacks.
 - Congestive heart disease.
 - Abnormal valves.
- Respiratory problems:
 - Severe asthma.
 - Chronic obstructive pulmonary disease (COPD).
 - Emphysema.
- Diabetes.
- Any bleeding disorder or anticoagulation therapy.
- Any medical condition that has required a hospital stay.

Contact our staff if you have or feel you may have any of these medical conditions, or if you anticipate any potential problems.

Medicine, Surgery, Problem and Allergy List

If you don't already have a list of your medicines and medical history, this is the time to make one. If you are not sure what medicines you are taking, what surgeries you have had, and what medical problems you have, you may want to schedule an appointment with your primary care provider to create a problem list.

Once you have a list, bring it with you to your pre-surgery visit, and save a copy for future reference. Your list should include:

- Medicines used, including doses and when taken.
- Medical conditions (past and present).
- Surgeries you have had.
- Allergies you have had or now have.

This may also be a good time to sit down with your family and talk about end-of-life issues, as we will ask you what your preferences are while in the hospital. For example, we will ask you if you want to be an organ donor.

Medicines That May Cause Bleeding

You will be given a list of medicines to avoid before surgery.

One week before surgery, you will need to stop taking any medicines that may increase bleeding during surgery. This includes most anti-inflammatory medications. These include but are not limited to:

- Aspirin.
- Ibuprofen (such as Advil or Motrin).
- Naproxen (such as Naprosyn or Aleve).

If you are prescribed an anti-coagulant or anti-platelet medicine, contact us right away. You will need to be checked by our Medicine Consult Team before we can schedule your surgery.

These medicines include but are not limited to:

- Warfarin (Coumadin).
- Heparin.
- Enoxaparin (Lovenox).
- Lepirudin (Refludan).
- Ticlopidine (Ticlid).
- Clopidogrel (Plavix).

Skin Lesions

Since the surgery will be on an upper limb, it is important that you do not have any cuts or skin problems that may increase the risk of infection after your surgery. If you arrive at the hospital with a cut or other skin problem on the arm or hand of the upper limb we plan to operate on, we may have to cancel your surgery.

Call us before you come to the hospital for your surgery if you have any of the following so that we can treat it and/or reschedule your surgery:

- Cuts.
- Scratches.
- Any open lesion.
- Red patches of skin.
- Pimples.
- Boils.

Note: If you have any animal or human bites or open scratches on any part of your body on the day of surgery, we will have to postpone your surgery.

Health Changes

You need to be in good health on your day of surgery. Please call us if you have any health problems so that we can treat them and/or reschedule your surgery.

We may cancel or reschedule your surgery if you have:

- An upper respiratory infection.
- A urinary tract infection.
- An infection in any part of your body (including your mouth and/or teeth).
- Been taking antibiotics within 2 weeks of any arthroplasty surgery.
- Any major change in health.

Interests of Patient Safety

Your safety and health are important to us. We want to work with you to make your health care safer. Patients who are more involved in their

care tend to get better results from their surgery. If you have any concerns about your care experience, please let us know.

Just Before surgery

Consent Form

At your pre-surgery visit, a member of the Shoulder and Elbow Team will explain the details of your surgery, including its risks and benefits. He or she will then ask you to sign a consent form, which gives your surgeon permission to perform the surgery he or she discussed with you.

Surgical Risks

No surgery is risk-free. All orthopedic surgeries carry with them the risk of:

- Infection.
- Ongoing pain.
- Bleeding.
- Fractures.
- Nerve damage.
- Surgery not working (no benefit).
- Need for future surgeries.

Anytime you have anesthesia, there is the risk of:

- Chipping teeth.
- Organ damage.
- Death.

We take every precaution we can to decrease these risks, but we cannot completely eliminate them.

Blood and Blood Products

We do not recommend that patients donate their own blood for use during their surgery, since it is unlikely we will need it. However, we would like the option of using blood or blood products in the event of an emergency.

Although there is a very strict screening process for these products, there is still the slight risk of contracting hepatitis, HIV, or other

diseases.

If you do not consent to the use of blood or blood products, tell the Shoulder and Elbow Team as soon as possible. Please also mention this to us during your preop appointment so that we can add it to your consent form.

Time of Surgery

You should receive a call the day before your surgery and be told what time to come to the hospital on the day of surgery. Make sure that we have a current phone number for you. If you are coming from out of town, we will need your cell number or the phone number where you will be staying.

Tests and Examinations

You will have a physical examination and a discussion about your medical history before surgery. We will need to do laboratory tests and take X-rays of your upper limb. We may also need a chest X-ray, an EKG (electrocardiogram), and possibly other diagnostic tests.

If we are concerned about anything we find during your exam, we may need a Medicine Consult or clearance from a specialist before we go ahead with the surgery. If needed, we may postpone your surgery until we are sure you will not be put in unnecessary risk.

Anesthesia

The anesthesiologist is a doctor who gives the medicine that puts you to sleep and/or that blocks your nerves during surgery. The anesthesiologist will talk with you before your surgery and help you decide which type of medicine (*anesthesia*) is best for you.

Tell the anesthesiologist if you have any allergies, if you have been taking any medication, and if you ever had anesthesia in the past. You also should tell the anesthesiologist if you or an immediate family member has had complications with anesthesia in the past.

Shave Preparation

Sometimes body hair in the area involved in the surgery must be removed by clipping, shaving, or using a depilatory product. This will be done by the staff at the hospital before the surgery unless you are told otherwise.

Smoking

Smoking causes many health concerns. Smoking interferes with bone healing after surgery, and smokers are less likely to have a good outcome after surgery than nonsmokers.

If possible, stop smoking at least 2 weeks before surgery and stop all nicotine use for at least 6 weeks after surgery. If this isn't possible, stop smoking at least 24 hours before your surgery. While this can be difficult, it will help improve your breathing and circulation. This will also help decrease breathing problems after surgery. Ask your doctor or nurse for our handouts about *Resources to Quit Smoking or Using Tobacco*.

Food and Fluids

Do not eat or drink anything after midnight the day before your surgery. Your stomach **must** be empty when you receive anesthesia. If you eat or drink before your surgery, your surgery may be delayed or cancelled.

Rest

Get a good night's sleep before your surgery.

Bathing

The night before your day of surgery, shower and use the special soap you were given at your pre-surgery visit.

The Day of Your Surgery

Before You Leave Home

On the morning of your surgery:

- Bathe both the night before and the morning of surgery. It is important to use the special soap we provided you at your preop appointment.
- Brush your teeth, but do not swallow any water.
- Do not use any lotion, cream, powder, or deodorant on your body.

After You Arrive at the Hospital

At the hospital, you will get a private room to prepare for surgery. At this time, our nursing staff will help you:

- Remove your clothing and put on a hospital gown. You will wear only this gown before and during your surgery.
- Remove glasses, dentures, contact lenses, hearing aids, nail

polish, makeup, tampons, hairpieces, jewelry, and any artificial limbs.

- Give any valuables to a family member or friend, or ask for your valuables to be locked in the hospital safe.
- Empty your bladder right before leaving for surgery.

Medication

Do not take your daily medications before surgery unless you are told to do so. Before surgery, it is common for you to receive an injection of medicine. This medicine will help relax you and may make your mouth feel dry. After receiving the medicine, you will be asked to remain in bed.

Waiting Area

Your family and friends will be told where to wait while you are in surgery. After surgery, a member of the Shoulder and Elbow Team will talk to the family and let them know how you are doing. Family and friends will be able to see you when you have returned to your room, after a short stay in the recovery room.

Operating Room

You will stay in a pre-surgery area before going to the operating room. Here you will have an intravenous (IV) line placed in your vein so you can receive fluids and medications during the surgery.

When the operating room is ready, you will be helped onto the operating room table. Your blood pressure will be taken, and you will have an oxygen mask placed over your face.

Many people will be around you preparing you for the surgery. If you are receiving general anesthesia, you will fall asleep so that you will not feel any pain or be aware of anything during the surgery. Other types of anesthesia will numb only the area of surgery, so you will not feel pain. You may also receive medicine that will allow you to drift in and out of sleep.

After Surgery

Recovery Period

After your surgery, you will be taken to the recovery room. During this time, you will awaken from the anesthesia. The nursing staff will monitor your blood pressure, pulse, breathing, and the area of the surgery until you are awake. You will be returned to your room on a

patient care unit when the anesthesiologist says you may leave the recovery room.

Pain and Discomfort

It is normal to have pain in the surgical area. Pain is generally controlled with a patient-controlled analgesia (PCA) device the day of and night following surgery. This device is hooked up through an intravenous (IV) line and allows you to manage your own pain by pushing a button.

If you had general anesthesia, your throat may feel sore from the breathing tube that was inserted during surgery.

Incision

Your incision is closed with sutures (stitches) or skin staples that will be removed about 2 weeks after surgery. Depending on what surgery you had, you may also have a drain left in your arm for a day or two.

Your nurse and doctor will check your incision and change the dressing as needed. Keep the incision site clean and completely dry for 2 weeks. Do not use any creams or ointments on it. The nurse can show you how to shower or bathe without getting your surgical site wet.

Deep Breathing and Coughing

After general anesthesia, it is important to practice deep breathing to keep your lungs clear. You will be given a breathing device to help open up your lungs. The nursing staff will instruct you on how to use this device.

You may feel the need to cough after taking deep breaths. Coughing helps to bring up mucus. Avoid smoking during the recovery period.

Exercises to Prevent Complications

It is important that you get out of bed the night of your surgery. Walking around after surgery will lower the risk of getting blood clots in your legs and lungs. Do not get out of bed by yourself until we let you know it is safe to do so. Call your nurse for help to get out of bed.

While you are in bed, it is important that you change position and move from side to side, if your condition permits. You also will be encouraged to do leg exercises such as pointing your toes, pulling your toes toward you, and making circles with your feet. You can also

wear support stockings, and use leg compression devices to help with circulation.

Continuous Motion Device

Depending on what surgery you have, you may use a Continuous Motion Device (CPM) to move your upper limb after surgery. This device helps with motion and pain control. If you need help starting or stopping the device, ask the hospital staff to show you how.

Physical Therapy

Our physical therapist will show you exercises you need to do and let you know activities you should avoid. These exercises can be difficult right after surgery, but will be very helpful to your recovery.

Food and Nutrition

You should be able to eat solid foods the night after your surgery, but you may feel a little nauseated as you continue to recover from your anesthesia. Please tell your nurse if you would like something to eat or drink after surgery.

Discharge Instructions

You must have an adult drive you home upon discharge. A follow-up visit is usually scheduled for 2 weeks after surgery. Please call or e-mail us if you have any questions.

When to Call Your Doctor or Nurse

Call your nurse or doctor right away if you have any of these signs of infection:

- Increased redness around the incision area.
- Increased pain at the incision site.
- Swelling in your incision.
- Drainage coming from or around the incision that looks or smells like pus.
- Bleeding from the incision.
- Temperature above 100°F.
- Chills.

Recovery at Home

Complete recovery from surgery can take as long as a year, but you should be feeling much better by your 6-week follow-up visit. Before

then, you may feel more tired than usual while your body repairs itself.

Activity

You will be prescribed physical therapy exercises and limitations after your surgery. You will not be allowed to lift anything heavier than a cup of coffee for 6 weeks. Your care providers will explain other activity limits and how long to follow them.

Driving

Do not drive for 6 weeks after surgery. You are still healing, and a sudden jerking motion while driving can cause serious injury to your limb and/or cause a major accident. The pain medicines we often give after surgery will also make it unsafe for you to operate a motor vehicle or heavy machinery.

Bowel Function

Anesthesia and pain medicines can cause constipation after surgery. Drink plenty of water (at least 8 glasses a day), and eat foods high in fiber, unless told otherwise by your doctor. High-fiber foods include fresh fruits, vegetables, and whole grains. Activity also helps relieve constipation. If constipation becomes a problem, call your doctor.

Bathing

You should be able to shower after surgery, but you will need to keep your incision site completely dry until your first follow-up visit 2 weeks after surgery.

Incision Care

You may have some mild discomfort in the area of your surgery until healing is complete. Keep your incision site clean and dry until your first 2-week follow-up visit. Do not use any creams, ointments, or deodorant on or near it. Change your dressings as needed.

Contact Us

Our Surgical Coordinator is our point of contact and can be reached at:

Marian Forssen
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Phone: 206-598-7416
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