



Total Shoulder Replacement Handbook



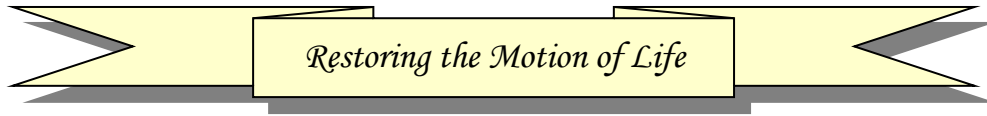
Please bring this handbook with you to all of your appointments.

Table of Contents

For Patients Planning Total Shoulder Replacement	4
Patient Information.....	4
Introduction to Total Joint Replacement.....	5
Welcome to MUSC.....	5
Understanding Joint Replacement Surgery	6
What is Arthritis?	6
Treatment Options for Arthritis	6
Understanding Joint Replacement Surgery	7
Total Shoulder Replacement Surgery	7
Pre-Operative Care.....	8
Deciding to Have Surgery.....	8
After You Decide to Have Surgery.....	8
Scheduling Your Surgery	9
What to Expect At Your Pre-Op Appointment.....	10
Medicine and Allergy List.....	11
Schedule for Your Pre-Op Appointment.....	12
After Your Pre-Op Appointment.....	13
Before Your Surgery	14
Your Coach.....	14
Why Do I Need A Coach	15
<i>Preparing for Your Safe Return Home</i>	15
Bacteria in Your Nose.....	17
<i>Treatment (only if your nasal swab is positive for MSSA or MRSA)</i>	17
Using Antiseptic Soap before Surgery.....	18
The Days Just Before Surgery.....	19
<i>4 Weeks Before Surgery</i>	19
<i>1 Week Before Surgery</i>	19
<i>The Day Before Surgery</i>	19
What to Bring to the Hospital	20
Documents and Payment.....	20
Personal Care Items & Clothing	20
Hospitalization	21
<i>Morning of Surgery</i>	21
<i>Arriving at the Hospital</i>	22
<i>The Surgery</i>	23
<i>Immediately After Your Surgery</i>	24

<i>Your Hospital Stay</i>	25
<i>Discharge From the Hospital</i>	26
Recovering at Home	28
Pain Relief After Surgery	28
Caring for Your Incision	30
Showering	30
Pneumonia Prevention	30
Pain Control & Sleep	31
Appetite & Energy	31
Nausea	31
Constipation	32
Swelling & Bruising After Surgery	32
Blood Clots	32
Physical Therapy After Surgery	32
Follow Up Appointments	33
<i>2-3 Weeks After Surgery</i>	33
<i>6-Week Post-Op Appointment</i>	33
<i>3-Month Post-Op Appointment</i>	33
<i>6-Month Post-Op Appointment</i>	33
<i>12-Month Post-Op Appointment</i>	33
<i>Annual Appointments</i>	33
Frequently Asked Questions	34
MUSC Department of Orthopaedics	35
Outpatient Clinic Locations	35
Campus Map	36
Driving Directions.....	37
Contact Us	39
MyChart	39
Telehealth	39
Important Contact Information	40

For Patients Planning Total Shoulder Replacement



Patient Information

Name: _____

Coach's Name: _____

Surgeon: _____

Pre-Op Appointment Date: _____

Surgery Date: _____

Post-op Appointment Date: _____

Please remember to bring this handbook to all of your appointments, including your Pre-Op appointment, the day of surgery, and all of your post-op appointments.

Introduction to Total Joint Replacement

Welcome to MUSC

Thank you for choosing the Medical University of South Carolina (MUSC) for your Joint Replacement Surgery! We appreciate your confidence in us and truly believe that we can help you *restore the motion of life* with your new artificial joint.

Our goal is to help make this process as smooth and uneventful for you as possible by making sure we give you everything you need to do well with your surgery. Please read this book carefully and refer to it often. As you think of questions, write them down in the notes section of this book. Your Pre-Op appointment is a good time to go over all of your questions.

Please keep in mind that this information is applicable to most of our patients. However, since every patient is different, there may be some differences in your particular case. So, please do not hesitate to ask questions!

We are pleased that you have chosen to have your surgery with MUSC and promise to work hard to make this a positive experience for you!



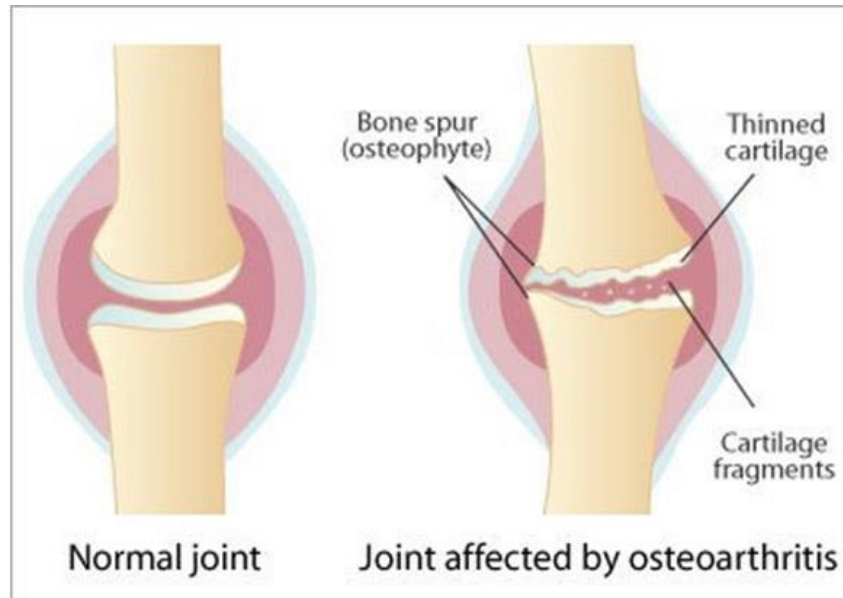
Sincerely,

Your Joint Replacement Team

Understanding Joint Replacement Surgery

What is Arthritis?

“Arthritis” is the term used to describe the degeneration, or loss of function, of a joint in the body. It can be the result of age, disease, or trauma. Arthritis causes swelling, pain, stiffness, and decreased range of motion in the affected joint(s).



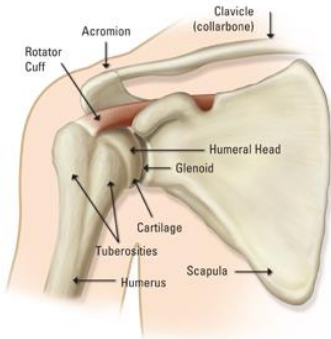
Treatment Options for Arthritis:

- **Exercise** – Exercising to increase the strength in your arms and shoulders helps your joint become more stable
- **Anti-inflammatory Medications** – Anti-inflammatory medications, also known as “Non-Steroidal Anti-Inflammatory Drugs” (NSAID), help decrease swelling. These come in gels that go directly on your skin or a pill that you take by mouth. You must take these drugs on a regular basis every day to be effective. Some examples of these medications are:
 - Aleve® (Naproxen)
 - Motrin® or Advil® (Ibuprofen)
 - Celebrex® (Celecoxib)
- **Cortisone Injections** – Cortisone is a type of steroid that is injected into your painful joint along with a numbing medicine to reduce swelling and pain.
- **Joint replacement surgery** – An *elective* operation for people who decide that their arthritis is severely affecting their quality of life and the treatments listed above are no longer working.

Understanding Joint Replacement Surgery

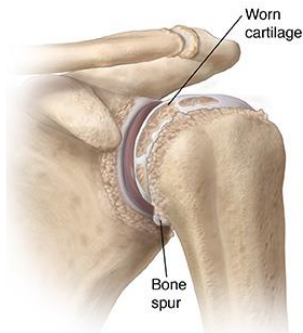
Total Shoulder Replacement Surgery

The shoulder is the most mobile joint in the body. It is a ball-and-socket joint formed where the arm bone (humerus), collarbone (clavicle), and shoulder blade (scapula) meet. It is supported by muscles and tendons and lined with cushioning cartilage. Over time, cartilage can wear away. As it does, the shoulder becomes stiff and painful. A shoulder **prosthesis** (artificial joint) can replace the painful joint and restore movement.



A HEALTHY SHOULDER

A healthy shoulder joint moves easily. Cartilage, a smooth tissue, covers the ends of the upper arm bone (humerus) and shoulder blade (scapula). Healthy cartilage absorbs impact and allows the bones to glide freely over each other. Joint fluid lubricates the cartilage surfaces, making movement even easier.

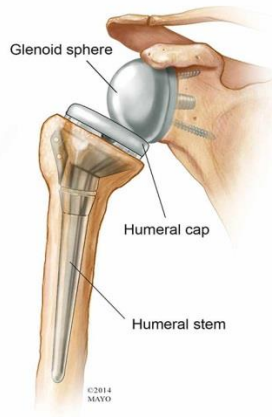
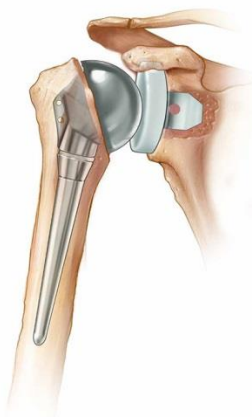


A SHOULDER WITH ARTHRITIS

A problem shoulder is stiff or painful. Cartilage cracks or wears away due to usage, inflammation, or injury. Worn, roughened cartilage no longer allows the joint to glide freely, so it feels stiff. As more cartilage wears away, exposed bones rub together when the shoulder bends, causing pain. With time, bone surfaces also become rough, making pain worse.

Total shoulder arthroplasty

Reverse shoulder arthroplasty



A SHOULDER REPLACEMENT (ANATOMIC VERSUS REVERSE)

A shoulder prosthesis lets your shoulder move easily again. The roughened ends of the arm bone and shoulder blade are replaced with metal and strong plastic components. With new smooth surfaces, the bones can once again glide freely. In some cases, such as a badly torn rotator cuff, a reverse total shoulder replacement may be indicated. In this procedure, the anatomy of the shoulder is switched (reversed) and the plastic socket is attached to the upper arm bone. With either procedure, an artificial joint does have limitations, but it can let you move with greater comfort.

© 2000-2014 Krames StayWell, 780 Township Line Road, Yardley, PA 19067. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

Pre-Operative Care

Deciding to Have Surgery

- The first step of joint replacement is making the decision for an operation with your surgeon in the outpatient office setting.
- Once you and your surgeon decide to move forward with surgery, your surgeon will complete an order that the Total Joint Surgery Scheduler will review.



After You Decide to Have Surgery

- If you haven't already signed up for a **MyChart** account, do so now (see page 38 for more information).
 - This is a good way to stay in touch with your surgeon and his team, but you will find additional contact details on pages 39-40.
 - You may receive surveys or questionnaires from your surgeon that help track your progress before and after surgery.
- If you have **diabetes**, you may be asked to have a blood test called a Hemoglobin A1C (HgbA1C) to measure how well-controlled your diabetes is over the last 3 months. Uncontrolled diabetes increases your chance of complications after surgery, such as infection, so it is important for your blood sugar to be well-controlled.
- **Nicotine** increases your risk of complications, such as wound infections, following surgery. If you **smoke or use any other form of nicotine**, you *must completely stop at least 4 weeks prior to surgery*. This includes vaping, chewing tobacco, cigarettes or cigars, and/or nicotine gum or patches. See page 10 for additional information.
- If you do not have a **Primary Care doctor**, establish care with one now. If you *do* have a Primary Care doctor, but have not had an appointment within the last year, schedule an appointment now. Since you will be seen in our Pre-op Clinic, you do not need to obtain "clearance for surgery" from this physician, but he or she can help you manage any chronic health issues, such as diabetes or high blood pressure, to be sure you are ready for surgery.
- You must address any **dental concerns** BEFORE surgery. If you suspect you have a dental infection, this must be taken care of at least 2 weeks before of surgery. Dental infections can easily spread to your joint replacement.
- You **MUST** have a **coach** to assist you after surgery. This should be an adult you can count on to provide encouragement, actively participate in your therapy sessions, and assist with needs you may have during your recovery. See pages 14 and 15 for further information. ***Not having a solid discharge plan may delay your surgery.***

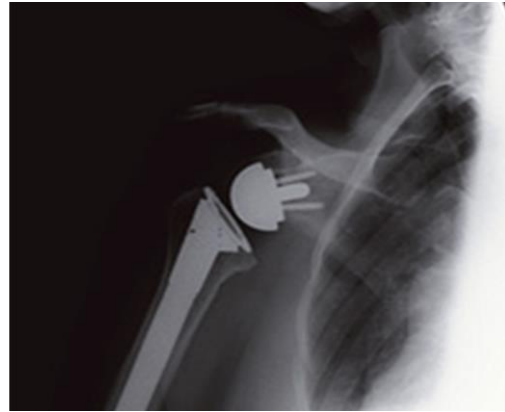
Pre-Operative Care

Scheduling Your Surgery

- Next, one of our surgery schedulers calls you to confirm a surgery date and schedule your Pre-op Clinic appointment. Once scheduled, you will receive a packet of information in the mail about your Pre-op appointment and your surgery. It is important that you read this packet carefully.



X-RAY OF AN ARTIFICIAL SHOULDER
JOINT



X-RAY OF AN ARTIFICIAL REVERSE
SHOULDER JOINT

- You have chosen to have a joint replacement. This operation is NOT an emergency. Therefore, we have plenty of time to ensure that you are medically ready for surgery.
- Every patient having a total shoulder replacement at MUSC *must* attend the Shoulder Replacement Pre-op Clinic and education class. Pre-op Clinic occurs every **Thursday** morning (except holidays).
- The clinic is located in **Rutledge Tower** at 135 Rutledge Avenue in Charleston. A campus map has been added at the back of this book for additional directions.
- Parking is available at the **Ashley-Rutledge Parking Garage** located at 157 Rutledge Avenue. Please bring your parking ticket to the clinic to have it stamped at the front desk to decrease your parking fee. With a stamped parking ticket, the total fee for parking is \$3.00* for your Pre-op appointments. If you would rather walk a shorter distance to the clinic, valet parking is available at the entrance to Rutledge Tower for \$10.00* for the day.
- You will have 3 or 4 appointments during your Pre-op visit, all located on the 4th Floor of Rutledge Tower. A schedule of events and a detailed list of what to bring with you to your appointment follows in this book.
- You and your coach(es) are also required to attend an educational class, in which you and your coach will receive information about what to expect before, during, and after surgery. This is a great chance to ask any questions you or your coach have about your operation and your recovery.

Please note that most patients will spend several hours in this clinic, as you will see multiple doctors to make sure it is safe to do your joint replacement surgery.

** at the time of printing*

Pre-Operative Care

What to Expect At Your Pre-Op Appointment

- Avoid delays in the clinic or postponing surgery – Please bring a copy of any recent test results or clearance letters that have been completed at other doctors' offices. This may include lab results, EKGs, ECHOs, stress tests, pulmonary function tests and/or office notes from your primary care physician, cardiologist, rheumatologist, or pulmonologist if necessary. This is especially important if you do not see MUSC physicians for these needs.
- If possible, please have **records** from your providers outside of MUSC faxed to our clinic prior to your pre-op appointment. Our fax number is **(843) 792-7794**. Not bringing these records with you or having them faxed at the last minute may delay your surgery.



- Again, please note that *all nicotine* products must be discontinued *at least 2 weeks* prior to your Pre-Op appointment. The level of nicotine in your system will be checked at this appointment. *Your surgery may be cancelled if your nicotine test is positive.* For additional assistance with quitting, contact the **MUSC Cessation Clinic at (843) 792-9101**.



- **We recommend that you bring a family member or friend (ideally, your COACH) with you to this appointment.** It is very important to identify a coach *before* surgery because you will need help at home for the first couple of weeks following your surgery.
- You **do not** need to fast for this appointment. Take all of your morning medicines on the day of your Pre-op visit as you normally would. If you take medicines during the day, please bring these with you to take during your visit.
- You will be asked to provide a **urine sample** at the beginning of your visit, so please do not use the restroom before going to the lab.
- We recommend that you bring a snack with you as you may spend several hours in the clinic.
- Please turn to the next page for the “Medicine and Allergy List” to write each medicine you are taking, including the dose of each medicine and how often you take it. If you do not know the names of your medicines, please bring the bottles with you.

Pre-Operative Care

Medicine and Allergy List

In the spaces provided below, please write the name of each of your medications, the dose, and how often you take them. Please include all over-the-counter medicines and vitamins that you are now taking. *It is a good idea to bring all of your medicines with you to review with the nurse at your pre-op visit.*

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Name of Drug: _____ Dose: _____ How Often: _____

Please list all of the allergies that you have to MEDICINES or FOODS. Please include LATEX and ADHESIVES (TAPE) if you have allergies to these items:

Allergy: _____ Type of Reaction: _____

Allergy: _____ Type of Reaction: _____

Allergy: _____ Type of Reaction: _____

Pre-Operative Care

Schedule for Your Pre-Op Appointment

LAB:	Your first appointment is at the Rutledge Tower Lab, which is located on the <u>4th floor</u> . They will draw any necessary labs and collect a urine sample based on the orders we have given them in advance of your appointment.
NURSE:	Another appointment will be with one of our nurses. This appointment is also on the 4 th floor of Rutledge Tower. The nurse will take your vital signs, review your medical history and medications, and complete an electrocardiogram (EKG) if you have not had one recently to check your heart function. They will also perform a nasal swab to look for bacteria and go over some of your pre-op instructions.
RESEARCH COORDINATOR:	If we have any current research projects, you will meet our Research Coordinator. She will review the details of the studies with you during your visit, as well as the survey and consent forms. We thank you in advance for your participation in our studies to assist us in advancing the care that we provide to you and our future patients.
ORTHOPAEDICS:	One of the Orthopaedic physician assistants or nurse practitioners will see you. They will review your orthopedic history with you and make sure there have been no changes to your symptoms since your last visit with your surgeon. They will review the surgery consent form with you and have you sign it. You will be able to ask him or her any questions you have regarding your operation. However, you will not see your surgeon at this appointment.
HOSPITALIST:	Your next appointment will be with one of our Internal Medicine physicians. These doctors help take care of you during your stay with us at MUSC. It is important for them to see you and review your medical history and medications to make sure that it is safe for you to have shoulder replacement surgery. They may give you specific instructions for surgery. It is important that you listen to their advice carefully.
ANESTHESIA:	You may also see one of our anesthesiologists as a part of your visit. Not every patient will be asked to do this. It is important for the anesthesia team to see certain patients before surgery to make sure there are no concerns regarding their anesthesia care. If you do not see the anesthesiologist as a part of your visit, you will meet with them on the day of surgery. They will be able to answer any questions at that time.
EDUCATION CLASS:	You will meet with our Nurse Navigator and/or a Physical Therapist to discuss how to prepare for your shoulder replacement surgery and what to expect both during your stay at the hospital and during your post-op care. You will have an opportunity to ask questions again at this time.

Pre-Operative Care

After Your Pre-Op Appointment

- If any of the providers who saw you at your appointment requested that you obtain **additional information** for them (from your family doctor or dentist for example), then you will need to work quickly to get this information and fax it to our office at (843) 792-7794. Please address to the attention of the Nurse Navigator on the front of the paperwork.
- A member of our team will contact you if you had a **positive urine culture** for bacteria. If so, you will need to take an antibiotic for approximately one week before your surgery. We will call this prescription into your pharmacy.
- As previously stated, all **dental procedures** should be taken care of before surgery. If you suspect you have a dental infection, this must be taken care of *at least* 2 weeks ahead of surgery as dental infections can easily spread to your shoulder replacement.
- It is important to eat a well-balanced **diet** of carbohydrates, fruits and vegetables, dairy, protein and iron-rich foods leading up to surgery.
- It is important to decrease your **alcohol** intake prior to surgery. This is important because alcohol can thin your blood and lead to increased bleeding during your surgery, as well as interactions with medications you may be given. Therefore, decrease your daily alcohol intake and do not consume *any* alcohol for at least 48 hours prior to your surgery.
- Continue to avoid any exposure to **nicotine** prior to surgery to reduce your risk of infection and other complications. You should also refrain from using nicotine for *at least* 3 months after surgery.
- You will receive a call from the **Patient Financial Services Department** roughly one week prior to surgery to discuss your “out-of-pocket” responsibility for surgery. Please keep the following information in mind regarding insurance coverage of your procedure:
 - The Inpatient versus Outpatient status of your procedure is determined by your insurance, but in most cases, total hip or total knee replacement surgery will be considered Outpatient surgery.
 - Your surgery may be considered “Outpatient”, even if you are assigned overnight to a bed in the hospital.
 - For Medicare:
 - Medicare Part B charges will apply for outpatient surgeries.
 - Medicare Part D out-of-pocket charges vary from plan to plan.
 - Medicare “Advantage” plan charges vary from plan to plan.
- If you have Finance or Insurance questions, please contact the Patient Access Financial Representative at **(843) 876-0754**.

Please make sure you carefully follow any instructions given to you at your Pre-Op appointment. If any of your health information or medications change after your visit, please contact your Nurse Navigator, whose information is on page 40.

Before Your Surgery

Your Coach

Whether you plan to return to your own home after surgery or stay with someone you know, you *must* have a “coach” to stay with you during your recovery. Consider **family, friends, neighbors, and church members** you can rely on to ensure your safety, help with tasks around the home, and be your champion for a speedy recovery. Other options to explore, if needed:



- **Home Care aide** – a company of home aides or companion care assistants who are *separate* from the “home health” physical therapist visits you will receive. A list of these agencies can be obtained from the Nurse Navigator, whose information is on page 41. Typically, these agencies bill on an hourly basis and are not covered by insurance.
- **Older Americans Act of SC** – a federal program that provides funds to the state to offer affordable home care and/or financial assistance for home care to those who qualify. To apply, visit <https://www.payingforseniorcare.com> or call 1-800-973-1540.
- **Trident Area Agency on Aging** – a variety of resources available for overall well-being both before and after surgery. For more information, visit www.tridentaaa.org or call (843) 554-2275.
- For needs other than home care, consider programs such as:
 - **Meals-on-Wheels** of Charleston (843-722-4127) for delivery of nutritious meals
 - **Lyft**, who has joined forces with many insurance companies for transportation to doctor’s appointments and the pharmacy. You can also use **Logisticare** (for Medicaid patients only), **Uber**, or **gogograndparent.com**, and Charleston’s public transit system called **CARTA/Tele-Ride**.
 - Some non-profit programs, such as **United Way**, offer in-home assistance that ranges from meal preparation and light housework to full-time personal care. Restrictions may apply.

★ Living alone or not having a “coach” after surgery does NOT qualify for a rehab stay. If you do not have a plan in place for assistance after surgery, *your surgery may be postponed*. Please contact your Nurse Navigator if you need help developing a plan.


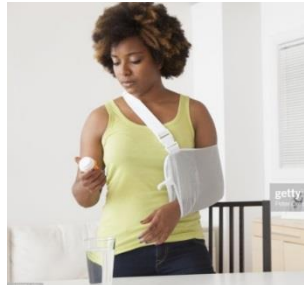



★ Unfortunately, federal regulations and insurance restrictions make it very unlikely that you will qualify for **inpatient rehab** after surgery.

★ These facilities, like a nursing home, **do not provide private rooms**. As a result, you are exposed to more germs that may put your new joint at risk for infection.

Why Do I Need A Coach??

Before Your Surgery

Preparing for Your Safe Return Home

	<ul style="list-style-type: none"> • You will be required to wear a sling on your operative arm <i>at all times</i> for at least 2 weeks after surgery. • You will not be allowed to lift anything heavier than a piece of paper for the first two weeks after surgery. You also cannot put <i>any</i> weight on your operative arm, such as pushing yourself up from a chair. • You will need assistance with most activities throughout the day. Even taking your sling off or putting it on will be difficult to do by yourself.
	<ul style="list-style-type: none"> • Since you will only be allowed to use the arm that was <i>not</i> operated on, it will be difficult to open containers such as your medication bottles, screw-on lids, or food jars. • Try to use containers with a pump to dispense liquids with one hand, if possible. • Your coach can help open your medication bottles and get out the correct number of pills.
	<ul style="list-style-type: none"> • If you are having surgery on the shoulder of your dominant arm, many tasks will be more difficult and take more time. • Think about how you will feed yourself, use the bathroom, write, brush your teeth, squeeze liquids out of a bottle into your hand, etc. Try putting your operative arm inside your shirt to simulate going about your day without use of that arm. • Your coach must be able to assist with meal preparation, bathing, and other activities of daily living.
	<ul style="list-style-type: none"> • With one arm in a sling, your balance will be more difficult. • If you typically use a walker for ambulation, you may need different equipment that can be used with only one hand. • It is very important to have someone with you to help ensure your safety and help prevent falls.
	<ul style="list-style-type: none"> • You will not be allowed to lift your arm at all for at least two weeks after surgery. This will make dressing difficult. Your coach must be able to assist you with dressing and getting your sling on/off. • Getting into/out of your bathtub will be difficult due to your altered balance, especially when combined with slippery floors! Your coach can help you get into the shower safely. • Think about how you will squeeze soap, shampoo, etc out of a bottle and into your hand. Use pump bottles whenever possible. Your coach can help you with these tasks or set up single “servings” for you to use for bathing.

Before Your Surgery

Bacteria in Your Nose



- A type of bacteria commonly found on the skin is called *Staphylococcus aureus*, which is one of the leading causes of infections after joint replacement.
- About 25% of people have these bacteria in their nose, where it does not usually cause any problems.
- However, studies have shown that people who have these bacteria in their nose have an increased risk of getting an infection of their incision after surgery.
- Therefore, all joint replacement patients are tested during their pre-op visit to see if they carry this type of bacteria in their nose. This is not a Covid test.
- A sample is obtained by the nurse using a sterile Q-tip to rub inside your nose.
- If your sample is positive for these bacteria, a member of our team will call you after your Pre-op visit to let you know what you can do to decrease the risk of getting an infection.

Treatment

(only if your nasal swab is positive for MSSA or MRSA)

- If your pre-op nasal swab is positive for bacteria, your surgery will *not* be postponed and you do *not* need to do anything before your procedure.
- A member of our team will add special orders to your surgery preparation. Once you are checked in for surgery, a nurse will give you a nasal medication that helps eliminate the bacteria.
- You will continue the nasal medication for 3 days after surgery. A nurse will provide the medication and instructions for applying it once you are home.



Before Your Surgery

Bathing with a germ killing soap before surgery reduces the number of germs on the skin.

All patients are asked to shower with an antiseptic soap called **4% Chlorhexidine Gluconate (CHG)** for **5** days prior to surgery, with the 5th day being the morning of surgery according to the following instructions:

Using Antiseptic Soap before Surgery

You will be given several bottles of this soap at your Pre-Op appointment. If you need additional soap, you can purchase it from any drug store.

Instructions for each of the 4 Days Prior to and the Morning of Surgery (5 Days Total):

1. Wash your hair, face, and body using your regular shampoo, conditioner, and soap. Rinse completely.
2. Once you start this regimen, DO NOT shave the area where you will have surgery.
3. Pour a quarter size of the special CHG soap on a clean, wet washcloth. Wash your body FROM THE NECK DOWN (avoiding your genital area, face, and hair). You should use HALF A BOTTLE for each shower.
4. Pay special attention to the area where you will have surgery. Avoid scrubbing the skin too hard.
5. It is important for the CHG soap to stay on your skin for 3 MINUTES in order to be effective, so turn the shower off or move away from the spraying water to avoid rinsing too soon.
6. After 3 minutes, rinse the soap off your body.
7. Dry yourself with a clean, freshly washed towel.
8. Stop using powders, lotions, or creams 24 HOURS PRIOR TO SURGERY. The day of your surgery, after your last shower with the CHG soap, also avoid deodorant, hair products, and make-up.
9. Dress in clean sleepwear or clothes.



Caution:

- Do NOT use this product if you are allergic to Chlorhexidine Gluconate (CHG).
- Do NOT apply this product to the genitalia (private parts).
- Do not use CHG soap on open wounds, sores, or cuts – *if you have open wounds of any kind, please let your surgical team know right away.*
- Do not use CHG near your eyes, ears, or mouth. If it contacts these areas, rinse them right away with plenty of water.
- If rash, redness, itching, or any other symptoms occur, STOP using the product right away, and contact your physician.
- Keep this product away from children. If swallowed, seek medical attention immediately or call a poison control center.

The Days Just Before Surgery

4 WEEKS BEFORE SURGERY:

- 1) **Nutrition** – Focus on a well-balanced diet with plenty of protein, fiber, and iron-rich foods.
- 2) **Nicotine and Alcohol Use** – If you use any form of nicotine (chewing tobacco, cigarettes, cigars, eCig, etc), work to quit immediately. If you drink alcohol, gradually decrease the amount you drink. Do NOT drink alcohol for at least 48 HOURS prior to surgery.
- 3) **Prepare your Home for a Safe Return:**
 - Stock up on toiletries, food, and any other supplies that you will need in the weeks after surgery.
 - You may want to make a few meals that you can freeze now and then just heat after surgery. You will be very tired after surgery and required to wear an arm sling at all times, so make meal preparation as easy as possible.
 - Store food and other supplies at waist level to make them easy to reach without bending, stretching, or twisting. Put items you need while seated, such as toilet paper, on your *non-operative* side.
 - Refer back to pages 15-16 for additional tips
- 4) **Advanced Directive/Living Will** – If you are interested in creating these documents and need assistance, contact a member of the MUSC Pastoral Care Team. You can ask to speak with this department by calling the hospital operator at (843) 792-2300.
- 5) **Dental Exams** – Complete exams or cleanings at least 2 weeks prior to surgery. You should not have surgery if you have an active dental infection, so please notify your surgeon with any concerns prior to surgery.
- 6) **Additional procedures or injections** – Do NOT have any procedures or injections once you have had your Pre-Op appointment unless approved by your surgeon. Even small procedures can lead to a delay in your surgery.

1 WEEK BEFORE SURGERY:

- 1) **Stop any medications that increase the risk of bleeding** – These include medications known as an anti-inflammatory or NSAID, such as Motrin® (Ibuprofen), Aleve® (Naproxen) or Advil®. You should also stop fish oils, herbs, and other supplements at this time.
- 2) It is okay to take Baby Aspirin (81mg) and Celebrex® right through operation, unless you are told to stop by one of the doctors at your pre-op appointment.
- 3) If you take Coumadin®, Plavix®, Xarelto®, Pradaxa®, Eliquis®, or other blood thinning medications, follow the instructions given to you at your pre-op appointment about when to stop these medications.
- 4) Start bathing with the antiseptic solution 4 days prior to surgery as previously discussed.
- 5) Pack your bag for the hospital – flip to the next page for a list of suggested items to bring with you

THE DAY BEFORE SURGERY:

- 1) You will receive a call between 2:00 and 4:00PM on the day before surgery to let you know what time to come to the hospital for surgery. If your surgery is on a Monday, you will get a call the Friday before. If you do not receive a call by 4:00PM, please call (843) 876-0116 for your instructions.
- 2) Bathe with the antiseptic solution as previously discussed.
- 3) Do not eat solid food after midnight the night before surgery. You may continue drinking water until the morning of surgery (see page 21 for more information).

What to Bring to the Hospital

Documents & Payment

- Driver's License or photo ID
- Insurance and prescription drug cards
- Credit card for prescription medications you will take home with you.
**Please do not bring large amounts of cash or other valuables.*
- Advanced Directive, Living Will, and/or Medical Power of Attorney (if you have them)
- Your most current list of medications, including any you have stopped in preparation for surgery



Personal Care Items & Clothing

- CPAP tubing, mask, and machine (If you use this while sleeping)
- Loose fitting clothing, including underwear, to change into once instructed to do so.
***Tip: oversized t-shirts will be easier to get on/off, rather than button-down or zip-up tops.**
- Flat shoes with a rubber bottom
- Eyeglasses, hearing aids, and/or dentures
**You will not need these during your surgery, so please be sure you leave them with you coach or other trusted individual for safe keeping.*
- Personal toiletries (deodorant, brush/comb, toothbrush, etc)
- Eye mask and/or earplugs to use for sleeping



***Tip:** You may be planning to go home the same day as surgery. It is still a good idea to pack a small overnight bag in the event you have to stay in the hospital overnight.

- Our Case Manager and Occupational Therapist will work with you after surgery to ensure a safe and timely discharge. They will also help determine if additional equipment (such as a reach extender, sock aid, long-handled shoehorn, or long-handled bath sponge) is required.

Hospitalization

Arriving at the Hospital

PARKING:

- You should arrive at the hospital at the time given to you over the phone by the nurse the day before surgery. It is important that you arrive **on time** to the hospital. If you are late, it may cause problems with starting your surgery on time. In some cases, lateness could result in cancellation of your surgery.
- Refer to the map at the end of this handbook for easy directions to MUSC and for parking instructions.
- Bring your parking garage ticket with you to be stamped at registration for a reduced fee of \$6.00* for the day of surgery. If you would rather use valet parking for \$10.00* per day, this is available at the entrance to the Main Hospital (located in the "Horseshoe" off Ashley Ave). If your surgery is in Rutledge Tower, there is also a valet at the front entrance to Rutledge Tower.
- If you need **wheelchair assistance**, use your cell phone or any of the courtesy phones near the elevators in the parking garage to call 843-876-0101.
 - * If you have a handicap placard, the handicapped individual *must* be in the vehicle to receive the handicap-parking rate.
 - **If your visitor(s) come and go in the same 24 hours, tell them to keep their receipt to show the garage attendant so they do not have to pay extra for that day. With a stamped parking ticket, the maximum rate is \$6 for each 24-hour period.

CHECK IN:

Main Hospital – 171 Ashley Avenue

- Check in at the Registration Desk on 1st floor –to your left as you come in the Main Hospital.
- After registering, go to the "E" elevators by the Security Desk.
- Take the "E" elevator to the fourth floor.
- From the elevators, enter the surgery waiting room to your left.
- Check in at the desk in the surgery waiting room.

Rutledge Tower – 135 Rutledge Avenue

- Enter the front of Rutledge Tower.
- Go straight down the hallway past the Information Desk
- Go to Room 107 (Surgery/Blood Draw Check In).
- Let the Admissions Attendant know you are checking in for surgery.
- Check in with Surgery Registration. A nurse will then take you to the "Holding" area to prepare you for surgery.



** at the time of printing*

Hospitalization

THE SURGERY:

- While in the holding area you will:
 - Remove jewelry, eyeglasses, and/or dentures.
 - Change into a hospital gown, cap, and non-skid slipper socks.
 - Identify the correct operative site with a mark on your leg.
 - Go over your medical history and medications
- The nurse will place an IV catheter in your hand or arm for IV fluids and medications.
- The anesthesiologist will meet with you to discuss the process for giving anesthesia and medication options. **See below for more information about your anesthesia.*
- Before going to sleep for surgery, the anesthesiologist will place your nerve block. You and your surgeon must also identify the correct shoulder and procedure. From the time you leave the holding area, it usually takes about **2 hours** to perform the surgery.
- While you are in surgery, your family can wait in the Surgery Waiting Room. They will receive information on how to track your progress through the procedure.

Anesthesia

WHO ARE ANESTHESIOLOGISTS?

Board certified anesthesiologists staff the Operating Rooms and Recovery Rooms at MUSC. Their primary role in the Operating Room is to ensure your safety and comfort during surgery, as well as pain control after your surgery.

WHAT ARE THE TYPES OF ANESTHESIA?

There are two main categories of anesthesia used in joint replacement surgery: general and regional.

General anesthesia is like having the entire body “go to sleep”. You are unconscious and do not have the ability to breathe on your own. For this reason, patients receiving general anesthesia must also be “intubated” with a tube down the throat so a machine can breathe for you.

Regional anesthesia is like having one *part* of your body “asleep”. This type of anesthesia is sometimes referred to as a “spinal” or a “block”. Numbing medicine (such as lidocaine) is injected in the exact location of specific nerves to numb a particular area. To help ensure correct placement of this injection, you remain awake but relaxed with the help of intravenous (or IV) medications. The numbing you will experience typically wears off after 6-8 hours from the time you receive the injection.

Most patients who are having total shoulder or elbow replacement surgery have **general** anesthesia, as well as a regional “block”. Based on your medical condition, your anesthesiologist will consult with you and your surgeon to determine the best type of anesthesia for you.

Hospitalization

IMMEDIATELY AFTER YOUR SURGERY:

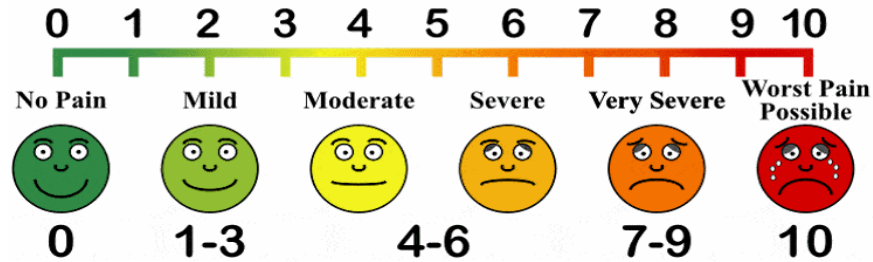
- When your operation is complete, you are moved to the Recovery Room (also known as the Post Anesthesia Care Unit or PACU).
- A nurse will monitor your vital signs and assist you while you recover from anesthesia. The nurses also show you how to do breathing exercises to keep your lungs clear.
- X-rays of your new shoulder will be taken while in recovery.
- The arm that underwent surgery will be in a sling (see below for different types of slings).
- You may also have a pain pump inserted in your shoulder, which is discussed in more detail on page 27.
- Special devices called sequential compression devices (SCDs) will be placed on your legs to help with blood flow and decrease your risk of developing a blood clot. *Be sure you have these on when you are in bed while in the hospital!*
- Your family can visit you in the recovery room once you are awake, stable, and comfortable.
- Once a room is available, you are transferred to the Joint Replacement Unit on 10 East of the Main Hospital or to our Surgical Observation Unit for the rest of your stay.



- A Nurse or Nurse's Aide will assist you with sitting on the edge of bed and walking to the bathroom once you are able.
- An Occupational Therapist will visit you on the day of surgery to begin your post-operative therapy program. He or she will teach you how to remove your sling and put it back on with assistance. **You will remove your sling ONLY for washing under your arm and dressing when you have assistance available.**
- **Prior to coming to the hospital for surgery, you must have a discharge plan in place** – including a coach that will be staying with you. **You likely will not qualify for inpatient rehab**, so have a plan for going home. Refer to page 14 for more information.



Pain Management in the Hospital



We strive to keep your pain level at **3 or 4** on a standard pain scale.

Please let us know if you are having difficulty maintaining pain control of 4 or less!

****You may not reach a "0" for up to two weeks****

A variety of medications and techniques are used to help control your pain after surgery including:

IVs

- This medicine is given through a small tube in a vein *only as needed* to help with *severe* pain only while you are in the hospital.

PILLS AND TABLETS

- Several different medications of this type are available to help control your pain.
- These medications may be necessary for a brief time after surgery, but you should not require them for any longer than three months. Whenever possible, we minimize the use of opioid narcotics for pain control so as to avoid associated risks.

ON-Q PAIN PUMP

- You may have an ON-Q Pain Pump system. This is a small disposable pump filled with an anesthetic medication to help relieve pain after your surgery.
- The pump is connected to a small catheter (tube), which is inserted near the surgical incision site by your surgeon or anesthesiologist at the time of surgery.
- It then continuously delivers the pain medication to certain nerves in your shoulder. (*see page 27 for additional information)



YOUR HOSPITAL STAY

- ★ **You will go home the day of or the day after surgery.** If necessary, you *might* stay in the hospital for an additional day to help ensure your success at home.
- You will have blood work drawn each day, usually early in the morning.
- You will continue to wear SCDs on your legs at all times while in bed until you are discharged from the hospital.
- Your SAFETY is important to us! ALWAYS call a member of our team to help you before getting out of bed or out of a chair or off the commode – Remember: **CALL, DON'T FALL!**

Occupational Therapy

- You will be required to wear your sling at all times until your surgeon tells you its ok to resume regular activity or use of your surgical arm, bearing in mind that this may be up to 6 weeks.
- You **will not be allowed to put weight on your operative arm**, so you will learn how to stand from a seated position without using that arm.
- You **will not be allowed to push, pull, or lift with your operative arm**, so you will learn how to do daily tasks without using that arm.
- You will learn how to take a shirt off/put it on and how to wash under your operative arm.
- You will continue to practice putting on and taking off your sling. A therapist also teaches you exercises and special precautions that you will need to follow at home. For more information, refer to the following pages.
- **Your “coach” must arrive in your hospital room by 8:30am the day after surgery. This ensures he/she will to be present for your Discharge Therapy session.**



DISCHARGE FROM THE HOSPITAL

- Before you leave the hospital, a Nurse will give you written instructions regarding your medications, activity restrictions, and management of common post-operative complaints.
- Your post-op appointment date and time with your surgeon or mid-level provider will be confirmed.
- Prescription medications for you to take at home will be sent to the hospital pharmacy. Before you leave the hospital, your coach can pick these up in the pharmacy.
- ★ Your coach will need to be ready to drive you home **at the time of your discharge**.



Things you should have when you leave the hospital:

- Date and time of your post-op appointment
- Prescriptions for pain medicine, stool softener, and blood thinner medication.
 - For additional convenience, you can use the MUSC pharmacy to fill your medications before you leave. *Be sure to have a credit card/cash/etc to cover your copay*, if you typically have one at other pharmacies.
 - If you choose not to use the MUSC pharmacy, work with your nurse to make sure any prescriptions you need are available at the pharmacy of your choice.
- Your sling and any equipment needed for daily activities (reacher, sock-aid, etc.)
- Ice packs provided by the hospital - *Double check your refrigerator!*
- Referral for home health services *if needed*. If you are discharged with home health services and do not hear from the agency within 24 hours of discharge, please call the Hospital Case Management Team directly. Their number can be found on the Important Contact Information at the end of this handbook.
- Written Discharge Instructions regarding your medications, activity restrictions, and management of common post-operative complaints.
- Any items you brought with you to the hospital, including glasses, hearing aids, and/or your cell phone charger



Recovering at Home

Pain Relief after Surgery

Pain relief after surgery is an important part of the recovery process. A combination of medications will be used to help keep you comfortable, including the ON-Q* Pain Relief System.



ON-Q* Pain Relief System

The ON-Q* system is a small disposable pump filled with a local anesthetic medication to relieve your pain after surgery. It continuously delivers the medication, which blocks the pain in the area of your procedure. With the ON-Q* system, you may get better pain relief than by taking narcotics alone. You may also need to take less narcotic medication.

How the ON-Q* Pain Relief System Works

The pump is connected to a small catheter (tube), which is inserted by your surgeon or anesthesiologist. Depending on your procedure, the catheter will be placed near the surgical incision site or under the skin next to a nerve near the surgical area. The ON-Q* pump continuously delivers the medication at a slow flow rate. It is completely portable and may be clipped to your clothing or placed in a small carrying case.



Frequently Asked Questions

Will the ON-Q* system treat all of my pain?

- Patients experience different levels of pain. The ON-Q* system works with other medications or therapies your doctor may prescribe to manage your pain after surgery. With the ON-Q* system, you may need less narcotics and have better pain relief than with narcotics alone. *(See next page)*

How do I know the pump is working?

- The pump delivers your medication very slowly. As the medication is delivered, the pump (ball) will *gradually* become smaller. You may not notice a difference in the size of the pump hour to hour.
- You should also take any other pain medicine as instructed by your doctor.

How long will my ON-Q* pump last?

- Depending on the size of your pump, it may take 2-5 days to give all the medication. All the medication has been delivered when the ON-Q* pump is no longer full. The outside bag will be flat, and a hard tube can be felt in the center of the pump.

Can I shower while my pump is in place?

- No. You may not get the pump or catheter insertion site wet. You may take sponge baths as long as you take care to protect the catheter site, pump, and filter from water.



What should I do with my On-Q pump when sleeping?

- Ensure that the catheter is not kinked and that the pump is placed on a bedside table or on top of the bed covers (the pump may become too hot if placed under the covers).
- Do not place the pump on the floor or hang from a bedpost.

How do I know when my On-Q Pump is empty?

- As your On-Q Pump continues to deliver pain medicine to your shoulder, the bulb will slowly deflate. After 2-3 days, it will look like the picture to the right. At this point, you or your coach can remove the tube that is inserted in your shoulder.



How do I remove my On-Q Pump?

- After 3 days, or once the medication bulb is empty – whichever comes first - you or your coach can remove the On-Q Pain Pump. To do this, follow these steps:
 - Wash your hands thoroughly with soap and warm water. Dry them thoroughly.
 - Remove the dressing covering the catheter site.
 - Gently remove any tape or 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.
 - Do not tug or quickly pull on the catheter during removal.
 - If it becomes hard to remove or stretches, then STOP. Call your doctor. Continued pulling could break the catheter.
 - Do NOT cut or pull hard to remove the catheter. Place a bandaid or light dressing over the catheter site.



Where can I find more information about my pump?

- You should be provided with a Patient Guideline prior to discharge (it may be in your carry case).
- Patient Guidelines can also be found on www.myON-Q.com.
- There is a 24-hour Product Support Hotline for questions about your pump — 800.444.2728. Please call your doctor for all medical questions, and dial 911 for an emergency

OTHER OPTIONS FOR PAIN CONTROL

- Most total shoulder replacement patients also go home with a prescription for Oxycodone 5 mg tablets or Tylenol #3 with codeine tablets unless you are unable to tolerate this medication. You can take 1-2 up to every 4 hours as needed for pain following surgery.
- If you run out of your pain medication, you can call and ask to speak with one of our nurses (843) 876-0111. They can discuss options for pain control with you and can give you a prescription if necessary.
- Our goal for you is to take pain medications only as needed to help with your post-op pain and to transition off of these as soon as possible.

Recovering at Home

CARING FOR YOUR INCISION

- Keep your incision covered with the dressing applied at the hospital. **It should stay on for 7 days after surgery.** If your dressing begins to come off, leaks, or becomes saturated with fluid, please call your surgeon's office.
- After your dressing is removed, keep your incision clean and dry. If you prefer to cover your incision, you may apply a light gauze dressing for comfort.
- Do NOT apply ointment or lotion to your incision until your surgeon tells you it is okay.
- The area around your incision will feel slightly swollen and warm following surgery. This can last up to several months. This is normal, but if anything changes or becomes worse after you leave the hospital, you should notify your surgeon.

*** If you see another doctor who tells you the incision looks infected, notify your surgeon immediately. Do not start antibiotics for infection before you talk with your surgeon.**

*** Call your surgeon if you develop a fever *higher than 101.5 degrees.* You should also notify your surgeon if you have increased drainage, redness, pain, odor, or heat around the incision.**



SHOWERING

- The bandage covering your incision is waterproof. However, you *should not* get your On-Q Pain Pump or the area where it is inserted in your arm wet.
- **AFTER YOUR ON-Q PUMP IS REMOVED**, you may shower at home.
- When showering, you may remove your sling.
- You do not need to cover your incision once the bandage is removed but be careful not to scrub the area. Do not use harsh/drying soaps.
- Do not soak in a tub of water or swimming pool until your surgeon tells you it is okay.
- When you get out of the shower, only pat the area until it is completely dry. Immediately put your sling back on.



PNEUMONIA PREVENTION

- Rarely, a patient may develop pneumonia after surgery.
- Symptoms of pneumonia include fever, cough, shortness of breath, and chest pain.
- To help prevent developing pneumonia after surgery, sit upright and turn in bed as much as possible. You also need to walk around as frequently as you are able.
- Use your incentive spirometer at least once every hour – You receive this before you leave the hospital.



PAIN CONTROL & SLEEP

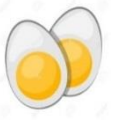
- Carefully follow the directions given to you before you left the hospital for you pain medication and those for your On-Q Pain Pump. If you are having trouble managing your pain, you can call your Nurse Navigator (contact information on page 41).
- If you run out of your pain medication, you can call your Nurse Navigator or one of our clinic nurses at (843) 876-0111. *You may be required to send your coach to one of our clinics to pick up the written prescription to take to a pharmacy.* Please allow at least 24 hours before you are out of your medication to call for a refill.
- You **SHOULD NOT** take anti-inflammatory medications until your surgeon says it is ok.
- **Ice your shoulder** as much as possible while sitting or lying down. This will help decrease your swelling, which will decrease your pain.



- Though you are tired, you may have difficulty sleeping after surgery due to pain or having to sleep on your back.
 - You might try sleeping in a recliner if you cannot get comfortable in your bed.
 - Use several pillows to rest your arm on and help elevate it. You may also use pillows to prop yourself up and get more comfortable. See examples in the photos above.
 - If you continue to have difficulty sleeping, contact your Primary Care Doctor for further instructions or medications.

APPETITE & ENERGY

- You may not have an appetite for a week or two after surgery. However, it is important to eat a well-balanced diet to get the nutrients you need to recover.
- You may want to **eat several small healthy snacks during the day**, rather than large meals. Try to incorporate **protein** – which helps with healing – and **fiber** to help prevent constipation.
- Drink plenty of water to prevent dehydration and constipation!



- Your energy level may be low after surgery, but it will improve over time.
- Your body is spending a lot of energy healing. You will tire quickly with even short activities. Listen to your body and ask for help from your coach when necessary. Be careful not to do too much activity before you are ready.
- Maintaining a healthy diet will also help improve your energy and mood.

NAUSEA

- Some patients will have nausea after surgery from either the anesthesia or the pain medications. Taking your medications **with food** may help decrease nausea.
- If you experience continuous nausea, you should call your Nurse Navigator or our clinic at (843) 876-0111. We will either call in a prescription for nausea medication or talk to you about ways to decrease the amount of nausea you are having. This may involve decreasing or changing your pain medications, as tolerated.

CONSTIPATION

- Constipation is a common side effect of pain medications.
 - We will give you a prescription for Colace® (Docusate Sodium), which is a stool softener, and Senna®, which is a laxative, to help you relieve constipation.
 - Drink plenty of **water** and **increase your fiber** intake to help maintain regular, soft bowel movements.
 - Decreasing the amount of pain medication you are taking will help improve constipation.
 - You can try a Dulcolax® **suppository** or an enema if you are unable to have a bowel movement. You can buy these medications at a local drug store without a prescription.
 - If constipation persists for greater than a few days, you should contact our office or your primary care provider.
- * If you develop severe abdominal pain, uncontrolled vomiting, fever, dizziness, or fainting, you should go to the MUSC Emergency Room.*

SWELLING & BRUISING AFTER SURGERY

- Most patients will have swelling and bruising after surgery.
- Bruising and swelling may be in just one part of your arm/shoulder or may extend the length of your arm to your fingers.
- **Ice your shoulder regularly** to help with pain and swelling. DO NOT place ice packs directly against your skin – wrap it in a towel, t-shirt, or thin cloth first.
- Use pillows or blankets to prop your elbow and arm when you are sitting or lying down.



**If your swelling does not get better after icing and elevating your shoulder, or if you develop any of the symptoms below, contact us immediately at (843) 876-0111 or go to the Emergency Room.*

BLOOD CLOTS

- Rarely, a patient may develop a blood clot in their leg following surgery. This is called a deep venous thrombosis (DVT). A blood clot that travels to the lungs is called a Pulmonary Embolism (PE).
- Walk around your home frequently to help prevent a blood clot from forming. When sitting or lying down for long periods, do ankle pumps regularly to help reduce swelling and improve circulation. To do this exercise, point then flex both feet slowly.

It is very important that you are aware of the signs and symptoms of a blood clot or pulmonary embolism.

Seek medical attention immediately if you have any of the following symptoms:

- Swelling in the thigh, calf, or ankle that does not decrease with elevation
- Pain or tenderness in the calf
- Sudden chest pain or discomfort
- Chest pain with taking a deep breath
- Rapid or difficult breathing
- Shortness of breath
- Sweating
- Confusion
- Fainting or passing out

PHYSICAL THERAPY AFTER SURGERY

- You will begin working with a physical therapist AFTER your first post-op appointment.
- You will not receive home health services unless you have extenuating circumstances that require additional nurse monitoring, therapy, etc. **You will need help at home from your coach(es) for approximately 2 weeks after surgery.**

Follow Up Appointments

2-3 WEEKS AFTER SURGERY

This visit should be scheduled for you before you leave the hospital. At this visit, we will:

- Remove your staples or sutures (if you have them) and apply Steri-strips to your incision. It is okay if they get wet, so you can shower. If the Steri-strips have not fallen off after a week, you can remove them yourself.
- Refill pain medications, if necessary.
- Give you an order for outpatient physical therapy, if necessary. You can go to a physical therapist of your choice. We will include a list of therapy locations on your prescription.
- Give you instructions on your weight-bearing status and activity restrictions.
- Schedule your next appointment.

6-WEEK POST-OP APPOINTMENT

At this visit, we will again check your progress to make sure you are meeting all of your goals. By the time of this visit:

- You will be feeling stronger and getting your energy back.
- Most people are no longer taking prescription pain relievers.
- Most people are returning to basic activities and driving.
- You may have your first post-op x-ray to check your joint replacement.
- Most patients will discontinue use of the sling after this appointment.

3-MONTH POST-OP APPOINTMENT

This appointment is designed as an opportunity for your surgeon to check in with you and make sure you are progressing and healing as expected. At this visit, most people have returned to work and other regular activities.

6-MONTH POST-OP APPOINTMENT

At this visit, we will again check your progress to make sure you have returned to full activity and are meeting all of your goals. Depending on your surgeon, you may have x-rays done at this visit.

12-MONTH POST-OP APPOINTMENT

Congratulations! You are now 1 year out from your operation! At this visit, we will again check your progress to make sure you are meeting all of your goals. You will have x-rays completed to check on your joint replacement.

ANNUAL APPOINTMENTS

We will see you every 1-2 years following your first annual appointment. It is important to keep regular follow up with your surgeon to make sure that your artificial joint continues to do well.

****If you ever have questions or concerns at any time, please do not hesitate to call us!***

You may receive a survey before surgery, after your hospital stay, and again at certain post-op appointments. These questionnaires are helpful in measuring your improvement and outcomes after surgery.

If you are happy with your care, please give us the highest marks available – anything less indicates that we have not met our goals. If there is anything we can do better, we greatly appreciate your feedback!

Frequently Asked Questions

Will I need help at home after my surgery?

ABSOLUTELY – You will need assistance at home for at least the first two weeks to help you get around, go to the bathroom, shower, dress, remove/apply your sling, and prepare meals.

When Will I Be Able To Return to Work?

Returning to work varies for each patient based on the type of surgery and type of work that they do. Typically, most patients return to work by 3 months after surgery. If you have a desk job, you may be able to go back to work sooner. We will discuss your return to work status with you at each of your visits.

Do I need Antibiotics for Procedures after Surgery?

Yes – You will need antibiotics prior to invasive procedures such as dental work and GI procedures. We are happy to call in a prescription for you or your dentist or doctor can take care of this for you. This decreases your risk of getting an infection that can spread to your prosthetic joint and is strongly recommended.

Can I Get a DMV Disability Placard?

Our goal for you is to be as mobile as possible before and after surgery, so we discourage giving out DMV Disability Placards. However, we will give you a temporary prescription if we feel it is necessary.

Do I Need a Card to Show Airport Attendants When Travelling?

The Transportation Security Administration (TSA) does not require you to have a card to indicate that you have had a joint replacement as showing a card does not prevent you from needing additional screening. We do not give out any documentation for travelling purposes.

When Can I Drive After Surgery?

You should NEVER drive while taking prescription-strength pain relievers. We advise our patients to wait at least 6 weeks before driving following a shoulder replacement. You may discuss this further with your surgeon at your post-op follow up appointments.

When I Can I Re-Start My Rheumatologic Medications?

We stop these medications prior to surgery to decrease your risk of complication, like infection, prior to surgery. Your surgeon will tell you how long you need to be off them based on the medication and your medical history. Your surgeon will discuss this at your first post-operative appointment.

When Can I Swim After Surgery?

You should *not* soak in any water for prolonged periods of time until your incision is completely healed. This includes swimming or taking a tub bath. Typically, your incision will be healed around 4 weeks after surgery but may take longer for some patients. Ask your surgeon before swimming or performing other recreational activities.

When Can I Have Sex Safely After Surgery?

Joint replacement is a major surgery, and healing takes time. You should not engage in sexual activity until you and your partner feel comfortable. We recommend waiting until your incision is completely healed, or at least 4-6 weeks.

Medical University of South Carolina

Department of Orthopaedics

OUTPATIENT CLINIC LOCATIONS:

Rutledge Tower

135 Rutledge Avenue
Charleston, SC 29425



West Ashley Office

2060 Sam Rittenberg Boulevard
Charleston, SC 29407



East Cooper Office

1106 Chuck Dawley Boulevard
Mount Pleasant, SC 29464



North Charleston Office

8992 University Boulevard
North Charleston, SC 29406



Summerville Office

5500 Front Street
Summerville, SC 29483

Medical University of South Carolina

Directions to Rutledge Tower

IF YOU ARE DRIVING FROM I-26:

- Take exit 221A.
- After the first light when the center divider goes away, merge to the farthest right lane.
- Take the exit for Rutledge Avenue.
- Follow Rutledge Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street. If you prefer to use valet parking for the day, continue on Rutledge Avenue past the parking garage to the entrance the Rutledge Tower Handicap surface lot. Enter and drive around to the valet. The valet can assist you from there.

IF YOU ARE DRIVING FROM WEST ASHLEY VIA HIGHWAY 17:

- Drive across connector from West Ashley on Highway 17 North.
- Turn right onto Lockwood Boulevard.
- Take exit for Calhoun Street.
- Turn left on Ashley Avenue.
- Follow Ashley Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street. If you prefer to use valet parking for the day, continue on Ashley Avenue past the parking garage and turn right at Halo onto Doughty Street.
- Turn right on Rutledge Avenue. Continue on Rutledge Avenue past the parking garage to the entrance the Rutledge Tower Handicap surface lot. Enter and drive around to the valet. The valet can assist you from there.

Directions to the Main Hospital

IF YOU ARE DRIVING FROM I-26:

- Take exit 221A.
- After the first light when the center divider goes away, merge to the farthest right lane.
- Take the exit for Rutledge Avenue.
- Follow Rutledge Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street.
- The Ashley-Rutledge parking garage is connected to the Main Hospital via the second floor.

IF YOU ARE DRIVING FROM WEST ASHLEY VIA HIGHWAY 17:

- Drive across connector from West Ashley on Highway 17 North.
- Turn right onto Lockwood Boulevard.
- Take exit for Calhoun Street.
- Turn left on Ashley Avenue.
- Follow Ashley Avenue until you come to the Ashley-Rutledge parking garage on the right side of the street.
- The Ashley-Rutledge parking garage is connected to the Main Hospital via the second floor.

DIRECTIONS FOR PICKING UP A PATIENT DISCHARGING FROM THE HOSPITAL

- Exit the Ashley-Rutledge parking garage on the Ashley Avenue side. Turn right.
- On the left, you will see the MUSC Horseshoe. Enter via the second opening to the Horseshoe, as the Horseshoe is designed to be a one-way street.
- Drive 2/3 of the way around the Horseshoe on Ashley Avenue to get to the hospital entrance.

Directions to the MUSC Emergency Room

IF YOU ARE DRIVING FROM I-26:

- Take exit 221A.
- After the first light when the center divider goes away, merge to the farthest right lane.
- Take the exit for Rutledge Avenue.
- Turn right on Bee Street.
- Turn left on President Street.
- Turn left onto Jonathan Lucas Street and follow around to surface parking lot for MUSC Emergency Room.

IF YOU ARE DRIVING FROM WEST ASHLEY VIA HIGHWAY 17:

- Drive across connector from West Ashley on Highway 17 North.
- Turn right onto Lockwood Boulevard.
- Take exit for Calhoun Street.
- Turn left on Jonathan Lucas Street and follow past Hollings Cancer Center and MUSC Clinical Science Building to the surface lot right after the Clinical Science Building ramp on the right. You have arrived at the surface parking lot for MUSC's Emergency Room.

Contact Us

MyChart



- ★ You can access **My Chart** on any computer or smart phone by going to mychart.musc.edu or by downloading the *My Chart* App on your mobile device. *You can also assign a family member or friend to your account if you aren't comfortable with or able to access a computer.*
- ★ Use MyChart to send a message to your doctor or his team, request prescription refills, and complete surveys that help your doctor track your progress.
- ★ Questions or difficulty accessing your account? Just contact the **Help Desk** at (843) 792-3111.

Telehealth

Complimentary Virtual Urgent Care

MUSC Health is now offering an easy-to-use online virtual urgent care service at no cost! Common reasons to use this resource include:

- Fever
- Flu/Covid symptoms
- Rash
- Constipation
- Urinary issues
- Nausea/vomiting
- Concerns about your incision
- Pain

★ It's easy! Go to the website: musc.care and click "Get Care Now". Then, either log in or create an account.

- Receive top-rated care from an MUSC ER provider without leaving your home.
- Available 24 hours a day, 7 days a week.
- No charge to you for 3 full months after your surgery.

Please see the next page for further Contact Information

Important Contact Information

CLINIC NURSING STAFF

Phone:

(843) 876-0111 (select option 2)

Please use our Nurse's line to speak with one of our nurses regarding all your medical questions or concerns, prescription refills, or changing your appointment time. They will be in touch with your surgeon or his/her Physician Assistant or Nurse Practitioner.

ADMINISTRATIVE ASSISTANTS

Administrative Assistants are available if you have questions regarding paperwork that you may need your surgeon to complete, such as short- or long-term disability paperwork, FMLA paperwork, or return to work notes. **Please be aware that there is a fee for each disability and FMLA request.** Administrative Assistants are able to accept payments via credit card or debit card. If you would prefer pay in cash or check, please do so in clinic. You can mail, fax or e-mail paperwork that needs to be completed by your surgeon to:

E-mail:

orthopaperwork@musc.edu

Fax:

(843) 792-3674

ADDRESS:

MUSC Health
College of Medicine
Department of Orthopaedics
96 Jonathan Lucas Street, MSC 622
Charleston, SC 29425

For questions regarding your FMLA paperwork, you can call:

Administrative Assistant to:

- Dr. Richard Friedman**
(843) 876-1119

Administrative Assistant to:

- Dr. Josef Eichinger**
(843)792-9542

SURGERY SCHEDULING DEPARTMENT

Our surgery schedulers will arrange your pre-op appointments, surgery, and first post-op appointment.

- ❑ Surgery Scheduler to **Dr. Richard Friedman**

(843) 792-5588

- ❑ Surgery Scheduler to **Dr. Joseph Eichinger**

(843) 792-9019

Paperwork that needs to be directed to our Surgery Schedulers, please fax to: (843) 792-7794

NURSE NAVIGATOR

Once you have decided to proceed with surgery, your Nurse Navigator will be available to you for any questions or concerns you may have regarding getting ready for surgery, recovery, post-op needs, etc. She will also serve as a liaison among your surgeon and his mid-level provider, your other physicians, the nurses, and other staff members.

- ❑ **Katie Case, MBA, RN, ONC**

Joint Replacement Program Nurse Navigator

(843) 792-4832

casek@musc.edu

Note: you can also call the Nursing Staff number on the previous page afterhours or if you can't reach your Navigator

**We hope you have a successful surgery and pleasant experience
throughout the process!**

We greatly appreciate you sharing your positive experience on surveys you receive and hope you will consider recommending us to your friends and family!

