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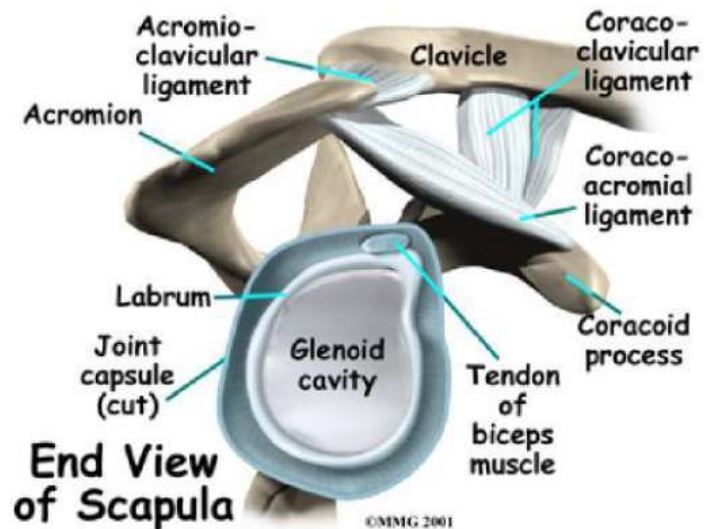
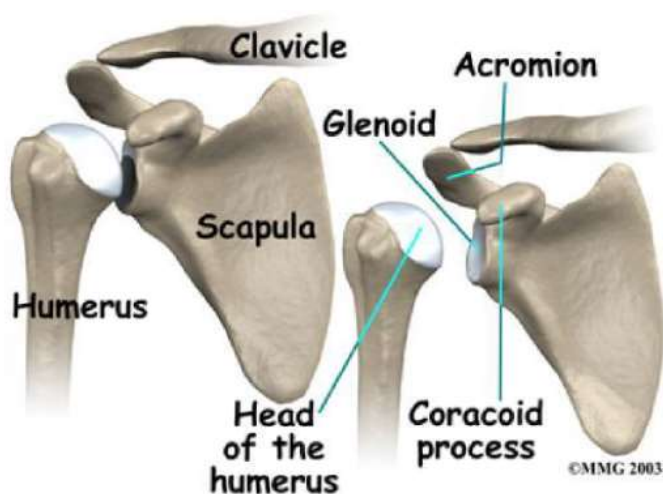
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Introduction

Welcome to Thunder Bay Regional Health Sciences Centre. Together with your surgeon, you have decided that shoulder surgery is necessary to alleviate the symptoms you are now experiencing. This booklet is designed to provide you and your family with the information that you will need in order to have a successful surgical experience. Active involvement in your care is essential for a healthy recovery.

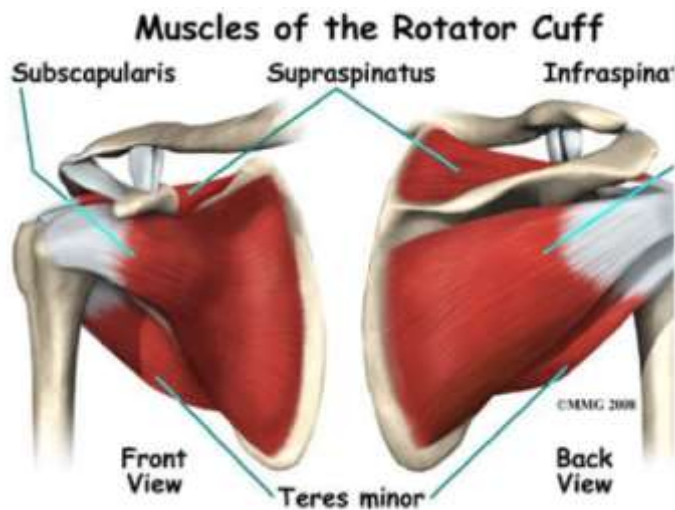
Shoulder Anatomy

The bones of the shoulder joint include **the shoulder blade (scapula), the upper arm bone (humerus) and the collar bone (clavicle)**. The socket is very shallow. A circular ring of cartilage (**labrum**) is attached to the edge of the socket. The labrum makes the socket a little deeper and gives it a suction seal. This gives more stability to hold the head of the humerus against the socket. The joint is also reinforced by the **joint capsule** and **ligaments**.



The **rotator cuff muscles** are a group of deep-seated muscles that keep the head of humerus centered in the socket. They also help lift your arm overhead.

The rotator cuff is made of 4 muscles: **Supraspinatus, Infraspinatus, Teres minor, and Subscapularis**. The **long head biceps** is another muscle that keeps the head of the humerus in the socket, as well as helps lift the arm forward. The ends of the muscles that attach to the bone are called **tendons**.



What is a subacromial decompression?

In addition to removing bone spurs (hard bumps of extra bone) and the swollen part of the bursa (liquid filled sac), your surgeon will also remove a part of the acromion (this is called an acromioplasty). The acromion (pronounced ah-kro-mee-in) is a bony part on the scapula. This surgery also creates more space for your rotator cuff.

These surgeries are often done as a part of a rotator cuff repair.



Biceps surgery

The biceps muscle has two parts that attach to your shoulder. Sometimes the long head of your biceps tendon is determined to be abnormal and a source of your pain. As part of your rotator cuff surgery it may be released. When released you may notice a difference in the appearance in your biceps muscle. This will not affect the function of your shoulder.

Rotator Cuff Surgery

What is a rotator cuff decompression?

A rotator cuff decompression is a surgery to treat shoulder impingement. Shoulder impingement means that the tendons of the rotator cuff muscles are squeezed or pinched by the shoulder joint. During this surgery, your surgeon will remove bone spurs (hard bumps of extra bone) and the inflamed part of the bursa (liquid filled sac) to create more space for your rotator cuff.

What is a rotator cuff repair?

A rotator cuff repair is a type of surgery to repair a tear in one or more of the four rotator cuff tendons.

The type of rotator cuff repair you have will be dependent on your surgeon and rotator cuff pathology.

How long will the surgery take?

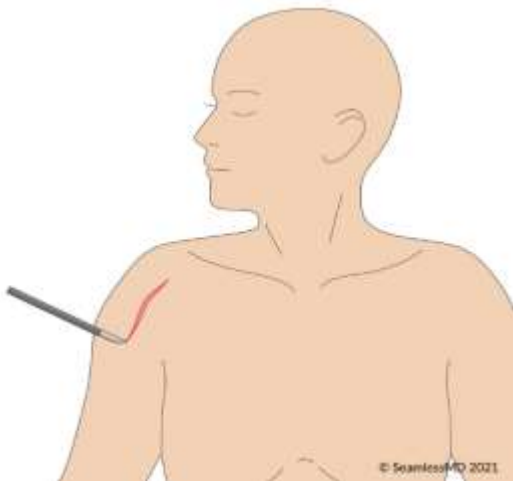
The surgery may take about 45 minutes to 1.5 hours depending on what your surgery involves.

This is a day surgery (you will be sent home on the day of your surgery).

Types of Rotator Cuff Repair Surgery

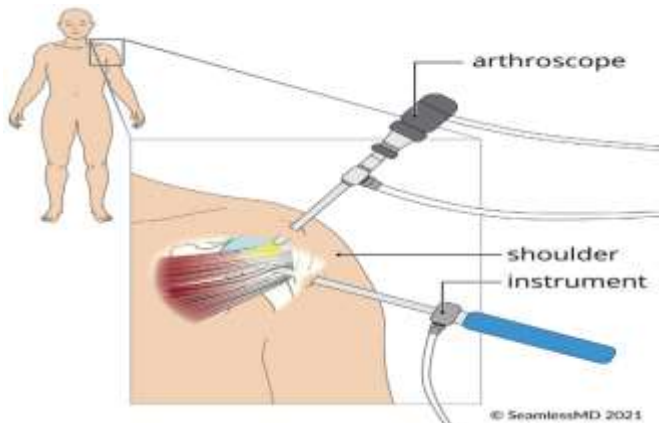
What is open surgery?

Open surgery is when the surgeon makes a cut on your body. They reach in to do your surgery through this cut and detach your deltoid muscle in order to do your surgery. After the surgery, the cut is sutured (sewn up) or closed with staples.



What is shoulder arthroscopy?

Shoulder arthroscopy is a type of surgery where your doctor can repair your shoulder problems without making a big cut. Your surgeon will make 2 to 3 small cuts and will use a tiny camera (an arthroscope) and instrument to check or repair the tissues inside and around your shoulder joint.



What is a mini-open repair?

In some cases, during a rotator cuff repair, your surgeon may tell you that if your rotator cuff cannot be repaired via arthroscopy then a mini-open repair will be done.

A mini-open technique uses an arthroscope (tiny camera) to remove or repair damaged tissues or bone spurs (hard bumps of extra bone). During the open part of the surgery, a cut is made to repair the rotator cuff.

To repair the rotator cuff, the tendons are re-attached to the bone. Small screws called suture anchors are often used to help attach the tendon to the bone. Sutures are attached to the anchors, which tie the tendon back to the bone. At the end of the surgery, the cuts are closed and a bandage is applied.

Preparing for Surgery Pre-Admission Visit

Your surgeon's office will call you to inform you of the date of your surgery. The hospital will then call you prior to your surgery to inform you of your appointment at the Pre-Admission Clinic (PAC). This visit is a pre-operative screening.

When is this appointment?

Up to 2 weeks before your surgery. Your surgeon's office will call you to schedule your appointment. If you do not receive an appointment, call your surgeon's office at 807-344-1123.

Where is this appointment?

Pre-Admission Clinic 1st floor of hospital
Thunder Bay Regional Health Sciences
Centre, 980 Oliver Road Thunder Bay.

What do I need to bring to this appointment?

- Ontario Health Card (OHIP)
- List of all your prescription medications
- List of all over-the-counter medications that you take
- List of all vitamins and minerals that you take
- Pen or pencil to write with
- Face mask (if you do not have a surgical mask, you will be given one)
- Questions you may have
- If COVID restrictions permit, a care partner or family member, if needed, to help you with the information learned.

What can I expect during this appointment?

This appointment can be from 1 to 6 hours long.

You will meet with a nurse and sometimes an anesthesiologist. An anesthesiologist is the doctor who gives you the numbing and sleeping medicine during your surgery.

During this appointment, you will have the following tests done:

- Bloodwork

You may also have some other tests such as:

- X-rays of your shoulder and/or chest
- An electrocardiogram (EKG) to check your heart
- Urine (pee) test
- COVID-19 test (not always required)
- Any other tests you need before surgery

You may be provided with chlorhexidine cleanser to be used the evening before and morning of surgery.

SeamlessMD Patient Navigator App

SeamlessMD is a free app-based interactive guide to prepare you for your procedure and recovery. It allows for ongoing support through your surgical journey. It is a remote monitoring system with access to a nurse practitioner for support within set hours (Monday to Friday).

How to get started with SeamlessMD

- Once your surgery is scheduled you will be contacted about enrolling or call 807-684-7894. Check at your pre-admission appointment if this is an option for you.
- You and/or a caregiver can access the platform on any smartphone, tablet and/or computer. The program keeps you connected with your surgical team **while at home**. If you do not have an electronic device, you may still enroll to contact the program by telephone.

Shoulder School

What is shoulder school?

Shoulder School is a group class where you can learn more about your shoulder surgery and have your questions answered.

When is this appointment?

This class is usually offered every second Tuesday. Most people attend 1 to 2 weeks before surgery.

Your surgeon's booking clerk will take your contact information so that you may attend Shoulder School. If you have any questions about attending or would like to register, call 807-344-1123.

Where is this appointment?

It is currently being offered virtually. The details will be given to you when you are scheduled.

How long is this appointment?

This class is 1.5 hours long.

What can I expect during this appointment?

The class is taught by a physiotherapist (PT) or occupational therapist (OT).

During the class, you will:

- Learn about your shoulder surgery
- Learn and practice exercises
- Practice using a sling
- Learn how to solve common problems after surgery
- Learn tips from past patients

What should I bring to this appointment?

Bring these items to this appointment:

- Shoulder sling
- Pen and paper
- Family or friend who is going to support you after surgery

Physiotherapy

When you consented for surgery with your surgeon you agreed to participate in post-operative physiotherapy.

Why do I need physiotherapy?

You will need physiotherapy after your surgery to help you manage pain, regain your mobility and strength. Your therapist will provide you with education to guide your recovery. Doing your exercises as directed by your therapist and surgeon will help with a safe and gradual return to function.

When do I need to book physiotherapy?

Your 1st physiotherapy

appointment should be booked at Thunder Bay Regional for the day after your surgery. If you have surgery on a Friday, this appointment will be on the Monday.

You will need to schedule this appointment **before surgery** by calling Rehabilitation Services at 807-684-6270. Remember to bring your physiotherapy prescription and bandage to your first appointment.

If you are planning to do your physiotherapy after your first appointment at:

- **Thunder Bay Regional**, your next physiotherapy appointment will be scheduled during the day 1 physiotherapy appointment.
- **St. Joseph's Hospital, a hospital in the region, or a community clinic**, you can start depending on your surgeon's instructions. This is usually 1 to 3 weeks after your surgery. You will need to **arrange this before your surgery**. Remember to bring your physiotherapy referral/prescription and surgeon instructions to your first appointment.

What can I expect at the 1st physiotherapy appointment at Thunder Bay Regional?

You will meet with a hospital physiotherapist. You and the physiotherapist will:

- Go over your exercise plan
- Re-adjust your sling
- Change your bandage (if appropriate)
- Go over any questions you may have

It is beneficial to attend this appointment.

How do I book physiotherapy appointments?

To book your appointment, contact one of these hospitals or clinics (physiotherapy resources may change):

Publicly-funded options (covered by OHIP)

Thunder Bay

Thunder Bay Regional 807-684-6270
St. Joseph's Hospital 807-343-2407

Victoriaville Physiotherapy 807-623-1322
T.Bay Physiotherapy (Heritage) 807-767-2808

*Fairway Physiotherapy-West Arthur Place 807-623-4720

*Fairway Physiotherapy-Mountdale 807-344-5242

*Covered by OHIP if you are over 65 years old and/or if you were admitted into the hospital overnight (Fairway Physiotherapy)

Kenora

Lake of the Woods District Hospital 807-468-9861 ext. 2214

Fort Frances

LaVerendrye Hospital 807-274-4815
Emo Health Centre 807-274-3261 ext. 5540

Dryden

Dryden Regional Hospital 807-223-8201 ext. 1265

Atikokan

Atikokan General Hospital 807-597-4215 ext. 355

Red Lake

Margaret Cochenour Hospital 807-727-3829

Ignace

Mary Berglund Health Centre 807-934-2251

Sioux Lookout

Meno Ya Win Hospital 807-737-3030 ext. 4650

Nipigon

Nipigon District Hospital 807-887-3026 ext. 1252

Marathon

Wilson Memorial Hospital 807-229-1740
ext. 253

Terrace Bay/Schreiber

McCausland Hospital 807-825-2200

Manitouwadge

Santé Manitouwadge Health 807-826-3251

Geraldton

Geraldton District Hospital 807-854-4115

Private Pay-Insurance options

Active Rehabilitation & Fitness -
807-623-1972

Marzana Bates - 807-622-4774

Clinique Serge Paradis - 807-768-2888

Fairway Physiotherapy Clinic -
807-344-5242 or 623-4720

Fanti & Assoc Physiotherapy -
807-343-9311

Hand and Upper Limb Clinic -
807- 345-4462

Kenora Physiotherapy and Sports Injury
Centre - 807-468-3631

Lakehead Physiotherapy - 807-343-8188

Move Therapy- 807-577-6683

Northern Physio and Sports Injury -
807-628-8855

Partners in Rehab - 807-683-9500

Therapeutic Health Physio - 807-623-1517

Walser & Assoc. Physiotherapy -
807-626-8184

Wright Physiotherapy (Fort Frances) -
807-274-4222

Websites

You can also search for a physiotherapist
on these websites:

College of Physiotherapists of Ontario

<https://portal.collegept.org/public-register/>

Ontario Physiotherapists Association

<https://physiotherapists.opa.on.ca/physiotherapists/>

Yellow Pages

<https://www.yellowpages.ca/>

Support

You will need to discuss with your family and friends that you are having shoulder surgery. It is important to identify who will be able to support you. You should have someone stay with you the night of your surgery. You will need to arrange for transportation home from the hospital and to your appointments, as you will not be driving. You may need assistance with meals, groceries, and household chores.

What equipment will I need to get before the surgery?

- A shoulder sling as directed by your surgeon. You may ask for a prescription for this. Be sure to purchase the sling recommended for you.
- You may obtain a Cryocuff® (a cold therapy device). You can get a prescription for this. If you are not obtaining a Cryocuff® you should make or purchase ice packs to use.
- You may want to purchase a Wetsling® to assist with showering.
- You may want to purchase waterproof bandages.
- Some people find it easier using a long handle shoehorn or sponge after surgery. Remember though you will not be using your surgical arm for these activities.

Slings

What type of sling will I need?

Your surgeon's office will direct you to the specific sling you will need depending on the type of surgery you are having. Typical slings include an envelope type immobilizer sling versus a sling with an abduction pillow. If you are not sure which sling to purchase contact your surgeon's office before your surgery.

You can obtain your slings at a community healthcare store, for example in Thunder Bay:

- Janzen's Home Healthcare - 807-346-4663
- Wellwise - 807-345-6564

In Dryden, you may purchase your sling at the hospital.

Ask the pharmacy or clinic to have the sling fitted for you and to show you how to properly put it on. You will need to practice putting it on and taking it off before your surgery.

Why do I need to practice using my sling before surgery?

You will need to practice putting the sling on and taking it off before surgery. Remember that your arm that had the surgery will not be used after surgery. This will make putting your sling on and off more difficult.

***Make sure you bring your sling with you on the day of your surgery. You will be put in this sling after your surgery.**

Living with a Shoulder Sling

- The sling is to **be worn at all times** and must only be taken off to wash, change clothes and do recommended exercises. **You must wear it to sleep.**
- **No driving** is recommended while your arm is in a sling, even if it is not your dominant arm. Discuss with your therapist and surgeon when it is safe for you to drive.
- **No lifting** of the operated arm until directed to do so.
- No repetitive movement of the hand/arm even while in the sling, such as typing, using computer mouse, writing, etc. No weight bearing through your arm while in the sling.
- Don't be afraid to ask for help while you are living with a shoulder sling.

***** Ignoring these instructions could damage the repair in your shoulder**

Putting on your sling

***your sling may look different from the picture, make sure to discuss how to apply your particular sling with the vendor where you purchased and your healthcare team**

Immobilizer sling (envelope style sling without abduction pillow)

After sleeping, dressing or exercises, you will need to know how to put the sling back on. If someone is assisting you with the sling, support your operated arm with your elbow bent to 90 degrees using your un-operated arm. Slide the sling in from behind so that your elbow fits snugly into it.



Feed the body belt strap through the lower ring and attach it onto itself with the Velcro tab. Adjust the sling as necessary so that your arm is held snugly against your body.

To take the sling off reverse the above process. A video of this application can be found on rjac.ca.



If donning the sling by yourself, ensure that you are seated with arm supported on table or pillow, with your elbow bent to 90 degrees.

Take the shoulder strap that attaches to the back of the sling and go around your back and over the opposite shoulder, across your neck, then feed it through the upper ring. Attach the strap back onto itself so that your elbow is held at right angles. Your hand and wrist should be neutral and supported in sling.

Abduction sling

The following is a link for instruction on how to apply an abduction sling (one with a pillow).

Make sure the abduction pillow is in the correct position. This is important to reduce stress on your shoulder repair. If you are not certain ask your healthcare team. It is important to practice applying this sling prior to your surgery.

<https://youtu.be/9eHAbW4zSnI>

Ossur FORMFIT® brace with abduction pillow:



For showering after shoulder surgery you may want to get a Wetsling®



Cryocuff®
What is a Cryocuff®?



A Cryocuff® is a special device that applies cold to your shoulder after surgery. Using it will help to reduce pain and swelling.

A Cryocuff® has:

- a fitted shoulder sleeve
- an ice water reservoir (part that holds water)
- a pump that pushes cold water through the sleeve

You may ask your surgeon for a prescription for a Cryocuff®

Why do I need to practice using Cryocuff® before surgery?

It may be hard to put it on after your surgery when you are unable to move one arm. It is important that you practice putting the Cryocuff® on and off without using your surgical arm or have someone assist you. It is important you learn how to use it before your surgery.

What if I do not have a Cryocuff®?

If you do not have a Cryocuff®, you can use ice packs. Prepare multiple ice packs at home as you will be icing your shoulder many times a day.

- Wrap your ice pack between a cloth or towel before putting it on your skin.
- Apply the ice packs for 10 minutes and check your skin.
- Allow your skin temperature to return to normal before re-applying the ice packs.
- *If you have an allergy or intolerance to cold discuss with your surgeon and therapist.



How should I prepare my home before the procedure?

To prepare your home in general, you need to:

- Arrange care for children, older family members, and pets
- Get your routine household chores done before the procedure
- Arrange for help with cleaning, laundry, and grocery shopping
- Have a cell phone (or portable phone) to carry from room to room
- Have a list of emergency numbers near your phone

To prepare your kitchen and dining room, you need to:

- Stock up on foods and other items you need daily
- Cook and freeze meals
- Use containers that are easy-to-use with one hand
- Place glasses, utensils, and other common items you use on the kitchen counter

To prepare your bedroom, you need to:

- Have pillows to help you support your shoulder while you sleep
- Have a reclining chair to sleep in (if you are not a back sleeper)
- Have loose fitting clothing that will be easy to put on with a sling

To prepare your bathroom, you may choose to:

- Get a detachable shower head to help prevent getting your wound wet when you shower
- Get a shower chair to prevent risk of falling
- Put a non-slip shower mat in the tub or shower to prevent falls

- Get a shower sponge with a long handle
- Make sure you have waterproof bandages or tape and plastic to cover your incision while you shower
- You may choose to buy a Wetsling® for the shower

What should I bring to the hospital?

Pack these items for your day surgery:

- Your photo identification
- Health card
- Insurance information
- Sling
- Loose clothing that is easy to apply without the use of your operated arm, such as an oversized shirt that will fit over your sling. You may want a loose undershirt or camisole between your skin and sling. Practice what you will wear with your sling at home. If it is cold weather at the time of surgery consider a light coat or blanket you could drape over sling when going home.
- Your phone or tablet with SeamlessMD app downloaded

Other items to bring (if you use them):

- Glasses and case with your name labeled on it
- Dentures and case with your name labeled on it
- Hearing aids (with extra batteries) and case with your name labeled on it
- Mobility aids (such as a cane, walker)
- CPAP machine (if you have sleep apnea)

If you use a CPAP machine and mask: Bring it to the hospital with you, you may require it in the recovery room.

What should I leave at home?

Do not bring these items to the hospital:

- Any valuable items (jewelry, purses etc.)
- Any scented items (deodorant, hairspray, perfume). Some people are allergic.
- Any latex products. Some people are allergic.

Stop these medicines following specific directions from your surgeon

Blood thinner medicines

Why do I need to stop blood thinners before surgery?

These medicines make your blood thinner. This can make you bleed too much during surgery. Stopping these medicines on time makes the surgery safer for you.

When do I need to stop taking these?

Talk to your healthcare team about when to stop taking these medicines.

What medicines can make my blood thinner?

Some examples of such medicines are:

- Acetylsalicylic acid (such as Aspirin®)
- Ibuprofen (such as Advil®)
- Clopidogrel (such as Plavix®)
- Warfarin (such as Coumadin®)
- Apixaban (such as Eliquis®)
- Dabigatran (such as Pradaxa®)

Vitamins, natural or herbal supplements

Why do I need to stop taking vitamins, natural and herbal supplements before surgery?

Many supplements work like medicines and can thin your blood. This can cause

too much bleeding during surgery. Some supplements may also be unsafe to mix with your surgery medicines.

This includes:

- Fish oil supplements
- Herbal teas
- Chinese herbal medicines

When do I need to stop taking these?

Talk to your healthcare team about when to stop taking these vitamins and supplements.

Stop drinking alcohol

Why should I stop drinking alcohol?

It is dangerous to mix alcohol with your medicines. Alcohol will also make your blood thinner. This may cause you to bleed too much during the procedure.

When should I stop drinking alcohol?

Stop drinking alcohol at least 2 days before your surgery.

Tell your doctor if you have ever had trouble quitting drinking. Tell your doctor exactly how much alcohol you drink and how often you drink. You may need medicine around the time of your surgery to make you more comfortable.

Shower with chlorhexidine soap

Why do I need to take showers with chlorhexidine soap?

Using chlorhexidine (pronounced clor-hex-ee-deen) soap will kill the germs on your body. This will help reduce the risk of infection after surgery.

Where do I get the chlorhexidine soap?

The hospital will give you chlorhexidine soap (sponge) at your pre-admission appointment.

When do I need to use chlorhexidine soap?

You will need to use chlorhexidine soap **2 times** before surgery:

- Take a shower with chlorhexidine soap the night before surgery.
- Take a shower with chlorhexidine soap the morning of your surgery.

How to use chlorhexidine soap (sponge):

The directions on how to use your soap should be printed directly on the package of the soap. Depending on the product you are given, it will direct you to rinse the soap off or to leave it on to air dry.

Before you shower, take off any:

- Nail polish
- Makeup
- Piercings and jewelry

Before your evening shower:

- Change your bedsheets and pillowcase to sleep on clean bedsheets

After your evening shower:

- Put on clean pajamas

After your morning shower:

- Put on clean, loose, comfortable clothes

After using the soap, do not put on any:

- Scented products
- Powders
- Creams or lotions
- Hair products
- Vaseline®
- Make-up
- Deodorant

What should I do if chlorhexidine gets in my eyes?

Getting chlorhexidine in your eyes may burn. Splash cold water on your eyes until the burning stops. Make sure your hands do not have any chlorhexidine on them when you wash your eyes.

Stop eating the midnight before surgery

Why do I need to stop eating the midnight before my surgery?

This is for your safety. Your belly needs to be empty during the surgery. It helps to make sure you do not choke on vomit or stomach acid during the surgery.

When do I need to stop eating?

Stop eating the midnight before your surgery. This includes candies, mints and gum.

Stop drinking liquids

Why do I need to stop drinking before my procedure?

This is for your safety. Your belly needs to be empty during the procedure. It helps to make sure you do not choke on vomit or stomach acid during the procedure.

When do I need to stop drinking?

Stop drinking any liquids at midnight before your surgery (such as water, milk products, pop, and juices).

If you need to (for example small sips with medicines), you can keep drinking clear liquids until 6 am the morning of your surgery.

Clear liquids include:

- Water
- Gatorade®
- Apple juice
- Tea (no sugar, sweetener, milk, cream, whitener)
- Coffee (no sugar, sweetener, milk, cream, whitener)

Day of Your Surgery

Check-in for surgery

If you are from out of town, stay in town with family or friends or at a hotel the night before surgery. You will need to be at the hospital 2 hours before your surgery.

What happens when I arrive at the hospital?

When you arrive at the hospital, check-in at Admitting. This is on the main floor of the hospital (the second floor).

You will be directed to go to Surgical Day Care on the third floor of the hospital.

What can I expect right before the procedure?

Right before the procedure, you will:

1. Have your sling with you.
2. Change into a hospital gown.
3. Meet the whole surgery team. There will be a surgeon, nurses, technicians, and an anesthesiologist (sleep and numbing doctor).
4. Get an intravenous (IV) in your arm
5. Get medicines in the IV and by mouth. You may get a nerve block catheter and pain pump.
6. Go into the procedure room.

Keep these items on until your healthcare team asks you to take them off:

- Glasses
- Dentures
- Hearing aids

In the procedure room, you will:

1. Go over the surgery.
2. Your surgery will be done on an operating bed in the beach chair position.
3. You will fall asleep.

If you have any questions or concerns about what to expect in the procedure room, talk to your healthcare team. Your team will do everything they can to keep you safe and comfortable during the procedure.

What can I expect after my procedure?

- You will wake up in the Recovery Room
- You will have a bandage over your operated shoulder and your arm will be in a sling
- Pain medication will be given as prescribed by your surgeon
- You may or may not have a nerve block in

Discharge

- You will be given a prescription for pain medication. Make sure you have a plan to have it filled and picked up on the way home.
- You will be given instructions on if you have staples or sutures that need to be removed. You will be given a follow up appointment with your surgeon.
- Check **your discharge instructions** for when you can remove or change your bandage, and when / how to

2. Check the tubing to make sure it is not bent.
3. Make sure the white connector is taped to your skin.
4. Make sure the pump is at the same level as the catheter. Do not put it above your head or on the ground.
5. The pain medicine may make your shoulder numb.

Do not put the pump:

- In the direct sunlight or heat (such as hot showers)
- In the cold (outside in the winter)
- Near an electric blanket

How long will the pain medicine last?

The pain medicine (numbing medicine) should last up to 60 hours once you are home. It is normal if you start to feel some pain. **If you do start to feel pain, do not remove the catheter.**

Call 807-684-6000 and ask for Acute Pain Service if:

- Redness around nerve block
- Leaking from nerve block
- Bleeding around nerve block
- The balloon inside the pump is not shrinking

How to remove it

How do I remove it?

You should not feel any pain when removing the catheter.

When the medicine pump is empty, the balloon in the pump should look like a stick. Remove the catheter as follows:

1. Make sure you have a box of clean tissue, a Band-Aid™, and a plastic bag for disposal.
2. Wash your hands with soap and water.
3. Sit in a comfortable position

4. Remove the tape and bandage from around where the catheter was put in.
5. Gently pull the catheter away from your skin. Do not cut the catheter. If you feel a lot of resistance or a shock going into your numb arm when pulling the catheter out, call 807-684-6000 ask for the Acute Pain Service.
6. Once you pull it out, you may have some bleeding. Place a clean tissue over the site and apply some pressure with your hand.
7. Put a Band-Aid™ over the dry site.
8. Place the catheter, tubing and pump into a plastic bag and dispose of it as directed by the Acute Pain Team.

After the nerve block catheter is removed, you can expect the pain to increase in 1 to 4 hours. This is normal. Take your pain medicine as prescribed.

Pain Medicines

Why do I need to take my pain medicines?

Most people will have some pain for a few weeks after the surgery. Aim to be comfortable. Pain puts stress on your body.

Too much pain will:

- Slow down wound healing
- Make it hard for you to sleep
- Lower your appetite (do not feel like eating)

Less pain is good for your body because you will:

- Breathe and sleep easier
- Be less stressed
- Find it easier to do your daily exercises for recovery

Taking your pain medicines as prescribed is an important part of healing after your surgery.

What pain medicines should I take?

Follow the directions given by your surgeon. They will prescribe pain medicine for you. This usually includes:

- Non-opioid pain medicine such as Tylenol Extra Strength® and Celebrex®
- Opioid pain medicine such as Dilaudid® (hydromorphone)

Do not take any other non-steroidal anti-inflammatories (NSAIDs, examples are Advil® and Aleve®) in the first 2 weeks after surgery.

After the 2 weeks, do not take non-steroidal anti-inflammatories (NSAIDs, examples are Advil®, Aleve® and even Celebrex®) until your surgeon tells you it is OK.

Do not drink alcohol while taking pain medication. Wean off your pain medication slowly as the pain improves.

***If your surgeon gave you different instructions, follow those instead.**

How do I take my pain medicines?

Take your pain medicines as prescribed by your doctor.

The goal is to keep your pain at a level 4 or less. A level 4 pain means you feel some discomfort but can still do activities like your breathing exercises and walking. Most pain medicines take about 30 minutes to start working. Do not wait until your pain is bad to take your medicine. Take your pain medicine when you start to have pain that is greater than a 4.

If you are not sure about how to take your medicine, call your nurse or pharmacist.

How do I manage side effects?

If you have constipation (trouble pooing), try to:

- Eat a balanced diet. Make sure you get enough fiber.
- Drink enough liquids but do not drink more than your daily limit. Most people need 9 to 12 cups (2 to 3 L or 72 to 96 oz.) of liquids every day. This amount includes juices and sauces from the foods you eat.
- Use a stool softener. These make your poo softer so it is easier to pass. You do not need a prescription for most stool softeners. Ask your surgery team or a pharmacist for a recommendation.

If you have an upset stomach or nausea, try taking your medicines with food. If this does not work, call your healthcare team. They may be able to prescribe a different medicine for you.

Take care of your wound

When should I take off my bandage?

If you have a nerve block in place, leave your bulky dressing on until your nerve block is finished and you remove (usually around 60 hours post-surgery). Then you can remove the bulky dressing and apply a waterproof tegaderm dressing. This dressing may be removed on post op day 3 (72 hours after surgery) if your incision (cut) has stopped draining.

Following this time, a clean bandage can be applied if your wound is still draining, or to decrease wound contact with clothing if needed.

If you did not have a nerve block, you may change your bulky dressing 24 hours after

surgery to a waterproof tegaderm. This should stay in place until post op day 3 (72 hours after surgery). Following this time, a clean bandage can be applied if your wound is still draining.

Your incision (cut) will have sutures or staples. The skin around may be swollen and/or bruised. There should not be any open areas along your surgical incision (cut).

If you have Steri-Strips (adhesive strips used to secure wound edges) under your bandage please leave these in place until they fall off on their own. Your dissolving sutures may be taped into the Steri-Strips. Do not pull them off.

If you received different directions from your healthcare team, please follow your instructions.

How should I take care of my wound?

Your healthcare team will teach you how to take care of your wound before you leave the hospital. Every wound is different.

If you have staples these should be removed between 12 and 14 days after surgery. If you have sutures these absorb into the skin and do not require removal (unless instructed otherwise by your surgeon).

Do not apply any of these products on your wound:

- Scented creams or powders
- Vitamin oils or creams
- Ointments
- Peroxide

Can I get my wound wet and shower?

No showering for the first 72 hours (3 days) unless otherwise directed by your surgeon. You may sponge bath, keeping your wound dry and covered with your dressing. Following this time **if your wound has stopped draining**, you may shower with your wound uncovered and allow water to gently run over your incision. The area should be dried well after the shower by gently patting dry. **If your wound is still draining**, keep covered with a waterproof dressing (tegaderm).

Do not soak your wound underwater in a bathtub, swimming pool or hot tub until you have talked to your surgeon.

Remember, you cannot use your arm that had the surgery. You will need to remove your regular sling for your shower. You may put on another smaller sling or a wet sling. You can buy it from a local home healthcare store. For example:

- Janzen's Home Healthcare 807-346-4663
or
- Wellwise 807-345-6564.

If you do not have a second sling, you will need to keep your arm relaxed at your side while you shower.

For 6 weeks, you may need assistance to wash your **un-operated** arm, as you will not be able to use your **operated** arm for this. If you do not feel comfortable using a shower, you can use body wipes or sponge bathe. You may need to have help to wash your hair in the sink.

Remember...**DO NOT REACH** for objects with your operated arm!

After the shower, you must put your sling back on.

Find a comfortable sleeping position

How should I sleep after my surgery?

You must keep your sling on while you sleep. It may be more comfortable to sleep in an upright (sitting) position or with your arm supported in the initial period post surgery.

Here are some sleeping positions you may find comfortable:

- A reclined position (in an armchair or in bed) with pillows behind your back
- On your back with a pillow under your elbow (of the arm that had surgery)

Post-operative physiotherapy exercises

These exercises are typical initial exercises given right after your surgery. As you recover, your healthcare team will let you know how to progress your exercises. Depending on your surgery you may have a delay in starting some exercises.

Your healthcare team may have different instructions for you depending on your surgery and restrictions (limited movement). **If you received different instructions from your healthcare team, follow those instructions instead.**

How often do I need to do these exercises?

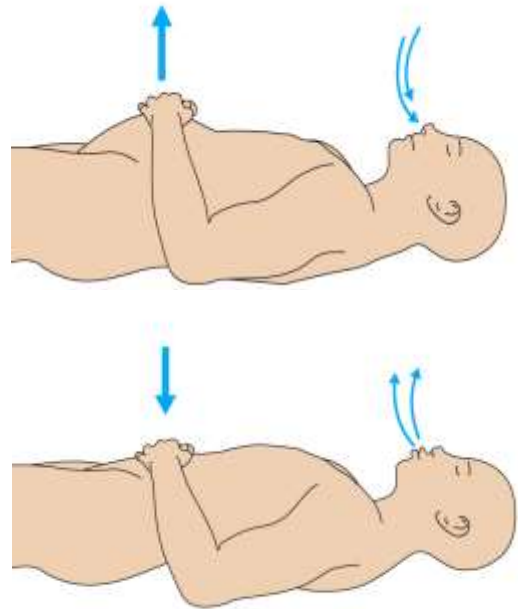
Talk to your physiotherapist or occupational therapist about how often you should do each exercise.

When do I know if an exercise is too much for me?

If an exercise gives you pain that does not go away after 30 minutes, stop doing it. Over time, these exercises should slowly help you decrease pain, not increase pain.

If you have any questions about these exercises, talk to your physiotherapist or occupational therapist

Deep breathing



How do I do breathing exercises?

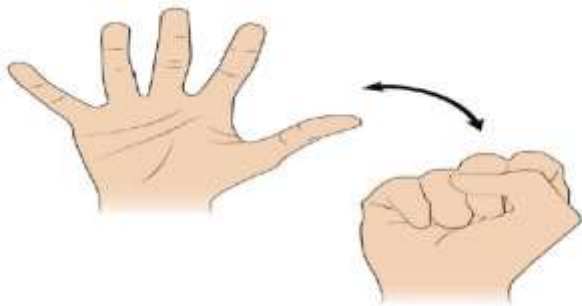
You can do this exercise laying down, sitting down or standing. Keep your sling on.

1. Breathe in slowly and deeply through your nose.
2. Blow out slowly through pursed lips, as though you are about to whistle.
3. Take a deep breath and cough.

Repeat this exercise 5 times.

Hand pumps

How do I do hand pumps?



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To do hand pumps:

1. Keep your arm in your sling.
2. Make a fist with your hand.
3. Squeeze your fist and hold it for 5 seconds.
4. Relax.
5. Repeat 5 times.

Wrist flexion and extension



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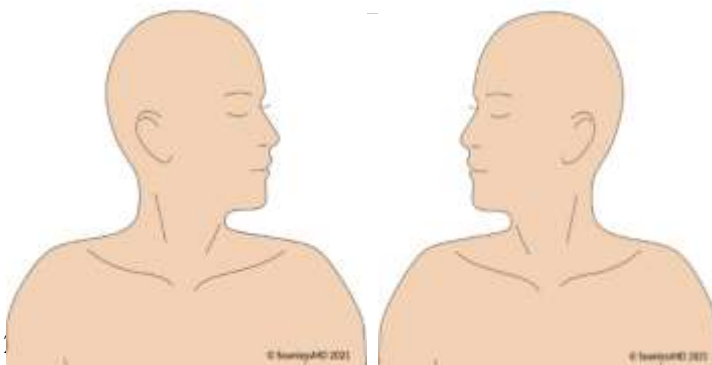
To do wrist flexion and extension:

1. Keep your arm in the sling. You may pull the sling back so that your wrist is able to move.
2. Without moving your arm, pull your hand towards your body (flexion).
3. Hold it for 5 seconds.

4. Push your hand away from your body (extension).
5. Hold it for 5 seconds.
6. Repeat 10 times.

Do this exercise 3 times a day.

Active neck rotation



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How do I do active neck rotation?

To do active neck rotation:

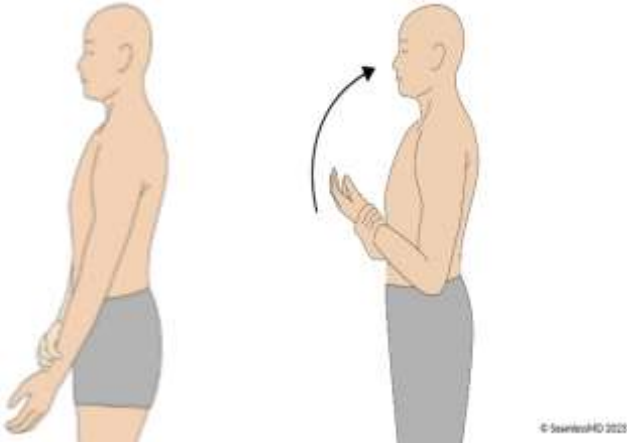
1. Sit down in a chair in a straight or semi-reclined position.
2. Tuck your chin in and slowly turn your head to one side.
3. Return to the starting position (facing forwards).
4. Do this 5 times in one direction.
5. Repeat on the other side.

Do this exercise 3 times a day.

*If you have neck problems or dizziness with movement please discuss with your therapist prior to doing this exercise.

Passive elbow flexion and extension

***This is a passive exercise.** Make sure to use your opposite hand to bend and straighten your elbow in this exercise.



How do I do passive elbow flexion and extension?

To do passive elbow flexion and extension:

1. Loosen your sling and have your elbow at your side.
2. Do not move your shoulder.
3. Use your opposite hand to bend the elbow of your arm that had surgery as much as you can.
4. Hold the position.
5. Slowly bring your hand down and straighten your elbow with help from the opposite hand.
6. Repeat 10 times.

Do this exercise 3 times a day.

These exercises represent typical post operative shoulder exercises. The exercises do not replace attending your post operative therapy. Follow directions from your therapist and surgeon if have been instructed

otherwise. You will be progressed with exercises while attending therapy.

What kind of daily activity is safe to do after the surgery?

While you are healing, you can do your normal light daily activities but **you cannot use your arm that had the surgery.**

You can do daily activities such as:

- Get up and out of bed each day
- Get dressed on your own
- Take a shower
- Brush your teeth
- Sit at the table for all of your meals
- Go for a walk

This will help you get back to your normal life faster. It will also put your body in a healthy healing mode.

You can go up and downstairs. Go slowly and carefully. If you are tired, stop, and rest. Listen to your body.

What activities are not safe after the surgery?

It is not safe to do these things while you are healing:

Do not use your arm that had the surgery at all to:

- Lift your arm away from your body or up out of the sling
- Turn on the muscles in your shoulder
- Use your hand or elbow to push or pull anything
- Use your hand to twist anything
- Do not drive

Your physiotherapist or occupational therapist will tell you when and how you can start using your arm that had the surgery for daily activities.

Getting Dressed

What should I wear while my shoulder is healing?

While your shoulder is healing, it may be hard for you to put on clothing. Try wearing clothes that fit over your sling and are easy to put on.

For example, you can wear:

- Loose shirts with easy-to-use buttons or zipper at the front
- Tank tops with large sleeve holes
- Bras are difficult to put on and take off while your shoulder is healing. If possible, skip your regular bra and wear a camisole or tank top underneath your shirt. If you are wearing a bra, opt for front-closing bras or ask a loved one who lives with you to assist putting on.
- Elastic waist pants that are easy to pull up
- Shoes that are easy to put on such as Velcro® or slip-on shoes.

To put on a shirt with buttons or zipper at the front:

1. Remove your sling and let your arm that had surgery hang down. Remember not to actively move your operated arm. This arm should not be used to assist putting the shirt on.
2. Pull the shirt over your arm that had surgery using your other arm.
3. After you pulled the shirt all the way up on your arm that had surgery, pull the shirt over your back and put the other arm in.
4. Button or zipper the front of the shirt with your other arm.
5. Put your sling back on.



Driving

You will **not be able to drive for up to 6 weeks after your surgery**. Check with your surgeon or therapist to determine when you can safely return to driving.

Stairs

When climbing/descending the stairs, hold the banister with your un-operated arm. This may mean that a second banister is required.

How should I eat and drink when I go home?

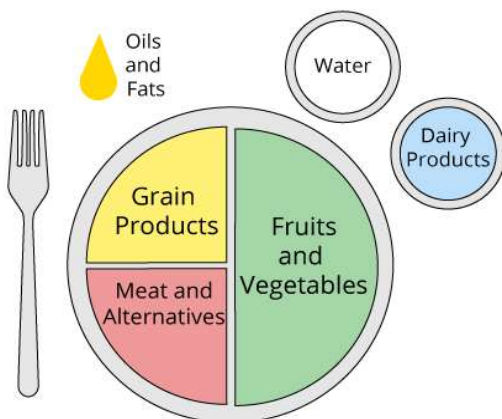
After your procedure, it is normal to feel less hungry. It is also normal to have trouble digesting some foods. But, your body still needs balanced nutrition to heal well.

While healing at home, try these tips:

- Eat slowly
- Take small bites
- Chew your food well
- Eat in a relaxing place
- Eat 5 or 6 small meals every day
- Sit up straight during meals
- Do not lie down for 2 hours after you eat
- Do not have any carbonated (fizzy) drinks
- Do not drink more than ½ cup (125 ml) of liquid during meals
- Do not eat gassy foods (broccoli, cauliflower, beans and onions)

What should I eat after I go home?

Your body will need good, balanced nutrition to heal well.



Eat and drink healthy foods in all your meals every day.
Use the plate model as a guide.

Try to make:

- ½ your diet fruits and vegetables
- ¼ of your diet meats or meat alternatives
- ¼ of your diet whole grains
- Choose water as your drink choice
- Choose healthy fats (such as canola, olive or soybean oil)

Try to eat high protein foods at every meal to help with healing and strength.

Some examples of high protein foods are:

- Meat (chicken, beef, pork)
- Fish
- Eggs
- Tofu
- Dairy or soy products
- Nuts and nut butters

Listen to your body. Give your colon time to adjust and grow strong again.

Symptoms you may experience

If you have concerns with your post-operative symptoms, review the information below. Call the remote patient monitoring **nurse practitioner at 807-684-7894 (Seamless MD)** with questions or concerns. The nurse practitioner can help you manage this (**available Monday-Friday, 8 am to 4 pm**).

If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Pain

Your arm may feel sore after your procedure. This is normal. Your pain should lessen with time. Using your

Cryocuff® or ice and taking your medication as directed should help.

If you find that your arm and hand on the side that had surgery has a **sudden increase** in pain and significant swelling, it may be a sign of a blood clot in your arm.

How much pain should I expect after my procedure?

It is normal to have some pain in the wound area right after your procedure. Some people feel very little pain. Some feel more. Each person is different.

How should I manage my pain?

Use your Cryocuff® or ice. It helps to lower swelling and pain within the first few weeks after your surgery.

Take your pain medicines as prescribed by your doctor.

Most pain medicines take about 30 minutes to start working. Do not wait until your pain is bad to take your medicine.

Take your pain medicine when you start to have a little pain.

If you are not sure about how to take your medicine, call your healthcare team.

If you still have a lot of pain after taking your pain medicines, call your healthcare team. They may be able to prescribe a stronger pain medicine for you.

If you find that your arm and hand on the side that has surgery has a sudden increase in pain and significant swelling, it may be a sign of a blood clot in your arm.

Call the remote patient monitoring nurse practitioner if you have:

- Significant swelling in your arm and hand that had surgery
- Severe redness in your arm and hand that had surgery

I have calf pain in one of my legs. Is this normal?

Your legs may feel sore after your procedure. When you start to walk your legs should feel better. If you find your legs are swollen, tender, warm, and hurts when you point your toes to the sky while lying down, it may be a sign of a blood clot in your legs.

Call the remote patient monitoring nurse practitioner if you have:

- One or both of your legs becomes swollen or red
- Pain in one or both of your legs when bending the foot
- Leg or calf cramps especially at night

This may be a sign of a blood clot in your legs.

If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Call 911 if:

- You have a new or sudden trouble breathing that gets worse
- You have new or sudden, severe chest pain
- You notice a loss of vision, slurred speech, facial droop or weakness on 1 side of your body

Tell the emergency team to contact your surgeon. **Do not try to drive to the emergency room yourself or get someone else to drive you.** Ambulances have life-saving medical tools. They can start treating you on the way to the hospital.

Call 911 if:

You have angina (chest pain).

This could be a sign of a more serious problem like a heart attack.

Tell the emergency team to contact your surgeon. **Do not try to drive to the emergency room yourself or get someone else to drive you.** Ambulances have life-saving medical tools. They can start treating you on the way to the hospital.

Trouble breathing

Is it normal to feel short of breath when doing activities after surgery?

It is normal to feel a little short of breath after surgery when you do some activities such as taking walks. Your body needs time to build up strength. Rest after doing activities. You should be able to catch your breath with rest. With some time you will be able to go back and do your daily activities.

Is it normal to feel short of breath while resting?

It is not normal to feel short of breath while resting. This may be a sign of another problem.

Call 911 if you have:

- Trouble breathing while resting
- Not been able to catch your breath after resting after doing an activity

Tell the emergency team to contact your surgeon. Do not try to drive to the emergency room yourself or get someone else to drive you. Ambulances have life-saving medical tools. They can start treating you on the way to the hospital.

Swelling near surgery wound

What is a normal amount of swelling? After your procedure, it is normal to have:

- Some swelling around your wound
- A small ridge under your skin close to the wound (this is a scar)

Swelling around your wound will go away after a few weeks.

If you have new increasing swelling around your surgery wound, this may be a sign of bleeding.

Bleeding

How much bleeding is normal?

It is normal to have some small spots of blood on your bandage after your surgery. Put on a clean new bandage if you notice a little blood. You can also ice your surgery wound. Do this by wrapping 2 to 3 cubes of ice inside a small washcloth. Place the wrapped ice cubes on your surgery wound. You can keep the ice on your surgery wound for 10 to 15 minutes. Do not put the ice on your wound for longer than 15 minutes at a time.

How much bleeding is too much?

Call the remote patient monitoring nurse practitioner at 807-684-7894 (SeamlessMD) if you have:

- Bright red blood in your poop.
- Bleeding enough to soak through a new bandage gauze within 1 hour.

This could be a sign that you are not healing well or bleeding inside.

How can I stop the bleeding?

If your surgery wound is swelling, this does not mean you are bleeding.

If you can see blood and are bleeding, follow these steps to stop the bleeding:

1. Lie down.
2. Press down hard on your surgery wound. Hold for 10 minutes. Ask someone to do this for you.
3. If the swelling does not get bigger or harder, the bleeding has stopped.
4. Stay lying down for 2 hours. Try not to bend or move the area of your surgery wound.

Call the remote patient monitoring nurse practitioner at 807-684-7894 (SeamlessMD) if you have:

- New and increasing swelling near your surgery wound
- Increasing pain because of the swelling

This may be a sign of an infection or bleeding.

The nurse practitioner can help you manage this (available Monday to Friday, 8 am to 4 pm). If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Bruising

What is a bruise?

A bruise forms when blood vessels break underneath the skin. After shoulder surgery, it is common to see bruising in your:

- shoulder
- upper arm
- chest
- down towards your elbow

What will my bruises look like?

As your shoulder recovers, the bruises will change colours from dark red/purple to blue/black, to green/yellow, and finally a light brown colour.

Wound splitting open

My wound looks like it is splitting open. Is this normal?

It is not normal for your wound to split open.

Call the remote patient monitoring nurse practitioner at 807-684-7894 (SeamlessMD) if you notice:

Your wound is splitting open. You will need to take special care of a wound that splits open. See your surgery team as soon as possible.

The nurse practitioner can help you manage this (available Monday to Friday, 8 am to 4 pm). If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Infection

What should my surgery wound look like?

It is normal for your surgery wound to be a bit pink, warm, or swollen right after your surgery. This should get better over time. The redness around the surgery wound **should not** be more than 2-inches away from the surgery wound. It is also normal for your surgery wound to bleed tiny spots of blood or clear liquid. This should get better over time. If it is getting worse, it may be a sign of an infection.

What are the signs of an infection?

- Your surgery wound getting more red or hot
- Yellow or green liquid coming out of your wound
- New hardness around your wound
- Having a fever
- A bad smell coming from your wound

How can I prevent an infection?

- Keep your wound clean and dry (you can shower, just pat dry after).
- Shower every day.
- Wash your hands with soap and water before touching your wound.
- Stay active. This helps your blood flow well and wound heal faster.

Call the remote patient monitoring nurse practitioner if you notice:

- Redness that is increasing
- Warmth that is increasing
- Swelling that is getting bigger
- Hardness around the area
- Yellow or green liquid coming out of your surgery wound
- Bad smell from your surgery wound
- Bleeding enough to soak through gauze
- Fever over 38.3°C (101°F)
- Surgery wound splitting open

The nurse practitioner can help you manage this (available Monday to Friday, 8 am to 4 pm). If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Fever

What is a fever?

A fever is a body temperature over 38.3°C (101°F) or higher.

What should I do if I have a fever?

Dehydration can cause a higher body temperature.

If your temperature is a little higher for less than 24 hours, try to:

- Rest
- Drink enough liquids
- Take acetaminophen (Tylenol®)
- Keep your body cool
- Recheck your temperature to see if it is going down

Call the remote patient monitoring nurse practitioner if you have:

A temperature is higher than 38.3°C (101°F) for more than 24 hours.

This could be the sign of an infection or dehydration.

The nurse practitioner can help you manage this (available Monday to Friday, 8 am to 4 pm). If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Nausea or vomiting

What is nausea?

Nausea is feeling sick or feeling like you have to vomit (throw up).

Is nausea common after surgery?

Nausea can happen after surgery. There are different reasons why you may feel sick after surgery.

Some reasons include:

- Having too much pain
- Anesthesia given during surgery
- Taking opioid pain medicine

What should I do if I have nausea?

If you have nausea for less than 24 hours:

- Take your pain medicine after eating a meal
- Eat small, more frequent meals
- Place a cool, damp cloth on your face
- Take some slow deep breaths
- Take small sips of cold water
- Suck on ice chips
- Watch TV or listen to music (so you are thinking about something else)
- Take anti-nausea medicine like Graval® (only if your doctor or surgical team has told you it is okay to do so)

Call the remote patient monitoring nurse practitioner if you have:

- Nausea or feel sick for more than 1 day.
- Been vomiting non-stop for more than 1 day.
- Not been able to keep down any food or liquid for more than 1 day.

This may be a sign that you may have to change your medicines or have another issue after surgery.

The nurse practitioner can help you manage this (available Monday to Friday, 8 am to 4 pm). If you cannot contact your nurse practitioner and have an immediate concern, please go to the emergency department.

Numbness (not being able to feel)

What is numbness?

Numbness is when you lose a sense of feeling in a body part.

What should I do if I feel numb?

If you had a nerve block (type of anesthesia) during your surgery, you may

have numbness in your arm for the first 48 to 60 hours after surgery. This is normal.

You may continue to experience some mild numbness around the surgical site. This may last a few months up to a year. Talk to your healthcare team if you are concerned.

Where to get more help

For questions about your procedure call your surgeon's office:

Dr. Payandeh - 807-344-1123 ext. 3

Dr. Riediger - 807 344-1123 ext. 5

Dr. Wilson - 807 344-1123 ext. 3

For questions about instructions you need to follow before your surgery call: Pre-admission Clinic - 807-684-6362

For questions about after-surgery care when enrolled in the SeamlessMD program, call the Nurse Practitioner:

Nurse Practitioner - 807-684-7894

For questions about physiotherapy appointments call: Rehabilitation Department - 807-684-6270

For questions about your Fracture Clinic appointment call: Fracture Clinic - 807-684-6363

For all emergencies call 911.

Do not try to drive to the emergency room yourself or ask someone else to drive you. Ambulances have life-saving medical tools. They can start treating you on the way to the hospital.

As your recovery progresses...

Healing

- Once your surgery has occurred it will take several months before your arm is ready for the demands of life.
- After your surgery, your body will begin the healing process. Tissues that have been held connected with stitches/ staples will begin to grow together. During this phase we must protect these new healing tissues. This is why you do not use your arm and keep it in a sling.
- If we keep your arm still for too long, it will become stiff. Your surgeon and your therapist will decide when and how much to begin moving your shoulder.
- When your surgeon and therapist feel that your shoulder muscles and tendons have healed enough to handle a bit of stress, they will ask you to begin moving the arm on its own.
- Once you have regained your movement, and the shoulder tendons have grown strong enough, you will begin to strengthen the shoulder.
- Depending on what type of surgery is needed, this whole process may take anywhere from 4 months to one year.
- Shoulder surgery can be very effective at reducing pain during activities of daily living and pain at night but it does not mean a normal and pain-free shoulder. Depending on the shoulder injury you had and type of surgery, you may continue to have to be cautious with certain activities. It is important to discuss your expectations and anticipated outcomes with your surgeon.

Return to Work

- This will depend upon the type of surgery that you are having and what type of work you do. This will need to be discussed with your surgeon.

Returning to Leisure Activities / Sports

- This may vary according to your surgery, sport and level, as well as the period required to retrain your shoulder muscles with physiotherapy. Follow the directions of your surgeon and therapist.

The information in this booklet is derived from the knowledge and experience of your health professionals. The goal of this booklet is to provide you with information on your shoulder surgery. It is a resource you may refer to that should complement the details provided to you by your healthcare team. Hopefully it has answered your questions and helped to alleviate any concerns you may have. Please do not hesitate to ask your healthcare team if you have any further questions or concerns throughout your shoulder surgery journey.

Disclaimer

This is general information developed by the Rapid Access Clinic as part of the Regional Joint Assessment Centre in collaboration with Thunder Bay Regional Health Sciences Centre. It is not intended to replace the advice of a qualified healthcare provider. Please consult with your healthcare team to determine the appropriateness of the information for your specific situation.

Shoulder Surgery Patient Checklist



Thunder Bay Regional
Health Sciences
Centre



DRHC
Dryden Regional Health Centre
hospital and community care

980 Oliver Road
Thunder Bay, ON
Canada P7B 6V4

Telephone:
807-684-6000

www.tbrhsc.net

The following is a checklist of things you should do **before your shoulder surgery** to be prepared.

- Attend your pre-admission appointment.
- Attend the Shoulder School Education Class. When you are booked for surgery you may ask how to enroll.
- Enroll in the SeamlessMD remote patient monitoring app. This will provide you with remote patient monitoring, reminders before and after surgery, education resources and support from a nurse practitioner throughout your surgical journey. Once scheduled for surgery you will be contacted about enrollment.
- Practice doing things using only the arm that will not be operated on (e.g. preparing meals, washing yourself, toileting), since your operated arm may be in a sling for up to 6 - 8 weeks.
- Obtain the sling recommended by your surgeon. You will need to bring this to the hospital with you on the day of your surgery.
- Make sure you have a few extra pillows to support your shoulder when sleeping or plan to sleep in a recliner chair.
- Have one or more loose fitting shirts that fasten in the front
- Make arrangements for someone to drive you to and from the hospital and appointments, and for help at home (e.g. grocery shopping, meal preparation, cleaning, laundry and general errands). You will not drive for 6 - 8 weeks after surgery.
- Prepare and freeze meals in advance.
- Make ready-to-use ice packs or other arrangements to obtain a cold therapy device (Cryo-cuff®) which will reduce pain and swelling.
- Arrange for outpatient physiotherapy. Learn about location of physiotherapy clinics, hours and cost/ insurance coverage. There are some OHIP options, including the hospitals and a few clinics in the community. If your surgery is in Thunder Bay it is recommended you attend a session at Thunder Bay Regional Health Sciences Centre the following day or the Monday if your surgery on Friday. Following this time you will attend physiotherapy at the site you have arranged.