

A Patient's Guide to Shoulder Replacement Surgery

(Includes Total Shoulder Replacement and
Reverse Shoulder Replacement)

PLEASE BRING THIS GUIDE TO HOSPITAL



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

This booklet has been developed by
Kingston Health Sciences Centre, Orthopedic Care Program

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76 Stuart Street
Kingston, Ontario
K7L 2V7

Hotel Dieu Hospital Site
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Kingston, Ontario
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Important Surgery Information and Dates

Surgery Date: _____

Surgeon Name: _____

Surgeon's Secretary: _____

Surgeon's phone number: 613-549-6666 or

toll-free 1-800-567-5722 Ext: _____

Pre-Surgical Appointment Date: _____

Anesthesia Appointment Date (if required): _____

Time to arrive at hospital: _____

Physiotherapy clinic name and number: _____

Pharmacy number: _____

Additional Appointments: _____

**If I have concerns about my new joint after surgery,
the first person I should call is my surgeon.**

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Introduction

You are the most important part of making your surgery a success by helping to plan your care. **If you do not have a discharge plan, your surgeon may delay your surgery until a plan is in place.**

Welcome to Kingston Health Sciences Centre (KHSC). Your orthopedic care team developed this booklet for you. This booklet will help answer some questions you may have. It will provide you with information about:

- How you can prepare for your operation
- Your condition and operation
- What you can expect during your hospital stay
- Your needs, care, and resources after discharge

Your care team follows a care plan based on best practice for people having your operation. This plan guides us on the type of care and the length of time you will need in hospital. It describes the usual care for people with your condition and can be adapted for your specific needs. The care plan can be found on page 16.

This booklet will act as your guide before your surgery, during your hospital stay and throughout your recovery. Preparing for your upcoming surgery happens once you decide to have surgery. Please review this information with your caregivers and bring this booklet to the hospital so you can refer to it during your stay.

If you or your family would like to meet with your health care team to answer questions during your stay, please feel free to ask us. We will be happy to set up a time to meet with you.

If your surgeon or health-care team gives you different advice from what is provided in this booklet, please follow the specific directions you receive.

Please refer to the KHSC website for additional information, including a copy of this booklet:

<https://kingstonhsc.ca/surgical-care/your-education/shoulder>

Preparation Checklists

Plan to get help from others:

Check Once Completed	Task
	Arrange who will drive you home from the hospital <hr/>
	Arrange for someone to stay with you for at least a few days (48 hours) after discharge. If this is not possible, consider an alternate discharge destination e.g. convalescent or respite bed, relatives' or friends' home. <hr/>
	Arrange for help at home after your operation as it will be difficult to clean, do laundry, get groceries, go to the bank, etc. During winter months, you will need to ask someone to shovel snow, and/or put down salt so it is safe if you need to go outside.
	Have someone help with your pets — especially if you need to lift litter boxes or go outside to walk.

Prepare your home:

Check Once Completed	Task
	Bed is a good height (a minimum of 2 inches above the back of the knee is ideal)
	Remove scatter rugs, telephone wires, cords, or anything on the floor that could cause you to trip
	Make sure the path is clear to the entrance of your home.
	Keep living areas well-lit and add a night-light in the path to the bathroom
	Add handrails to stairs that do not have any
	A seat cushion for low seats. You may find it hard to get out of a low chair.
	A supportive chair with armrests
	Frequently needed items are within easy reach and placed between waist and shoulder height
	Pay your bills prior to your operation, as you may not be able to write cheques or use a computer
	Consider grocery delivery or online click and collect services that someone can pick up for you
	Before your surgery, plan and pre-make meals to freeze them (about 1-2 weeks' worth would be ideal). Stock up on non-perishable foods (frozen, cans, boxes) to help with meal preparation after surgery.
	If you live alone, we suggest that you make a rotating system with your family/friends/support people who can help with everyday needs such as driving to appointments, grocery shopping, meals, and housekeeping.

Prepare your personal belongings to bring to hospital:

Check Once Completed	Task
	Health card
	Insurance cards with plan/policy information Credit card if you want to pay for a semi/private room (dependent on room availability)
	Paperwork: <ul style="list-style-type: none"> ● Work-related/insurance papers ● Patient guide book
	Single use prescription medications such as puffers, oils, lotions, creams, insulin pens. (Note: All other medications will be provided to you) * patients are asked to bring their medications with them day of surgery and then if not required will be sent home with family member
	CPAP machine (if applicable) and distilled water
	Loose/comfortable pants or shorts and shirt — the clothes you wear to the hospital can be worn home.
	Non-elastic socks (if you are going to wear them)
	Flat, supportive, non-slip shoes/sandals
	Overnight personal items (e.g. toothbrush, toothpaste, mouth wash, eyeglasses, hearing aid and/or denture case, chargers/tablets/phone*) <i>The hospital is not responsible for any lost or stolen personal items</i>

Equipment List:

Equipment can be borrowed, rented or bought and you need to have these **before your surgery**. Organizations that may loan equipment free of charge can be found on www.southeasthealthline.ca Try practicing with your equipment at home. Please label and **bring the first 3 pieces of equipment to the hospital** so you can start using them after your surgery.

Check once done	Equipment Item	Buy	Rent	Borrow from family, friend, or loan organization
	Long handled sponge (A)	—	—	—
	Long handled reacher (A)	•		•
	Long handled shoe horn (A)	•		•
	Tub transfer bench for tub style shower (B) OR Shower chair (C) or stool for walk-in shower (D)	•	•	•
	One of these three: Raised toilet seat with arms (E) Commode (F) Toilet safety frame is for those with an adequate toilet seat height (G)	•	•	•

A. Long handled sponge,
Reacher, shoe horn



B. Tub transfer bench



C. Shower Chair



D. Shower Stool



E. Raised toilet seat with arms



F. Commode



G. Toilet safety frame



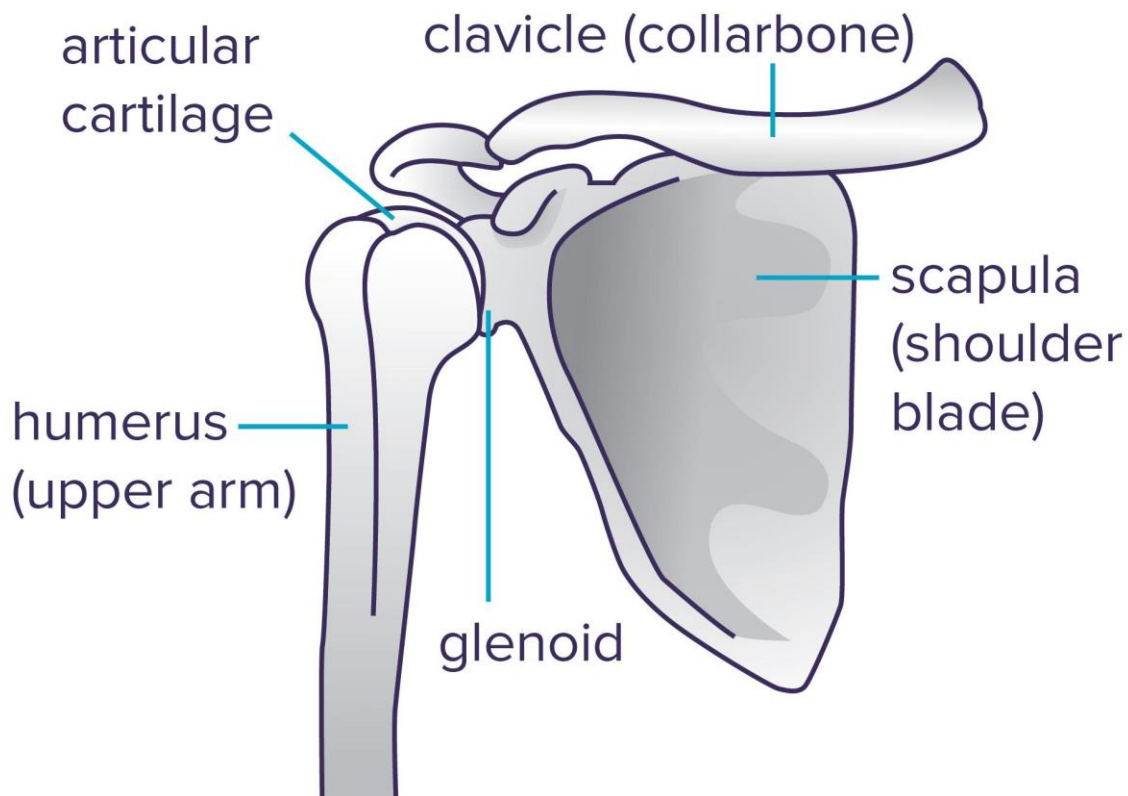
Shoulder Conditions

The ends of your shoulder joints are covered with cartilage (a smooth, elastic type of tissue). Cartilage protects and cushions the surfaces of these bones. Shoulder pain happens when there is damage to a ligament or cartilage.

Injuries, deformities, degenerative conditions, and the wear and tear that happens as we age may develop into osteoarthritis (OA). Osteoarthritis causes the bones to rub against each. This makes the joint stiff and painful and your shoulder becomes difficult to move.

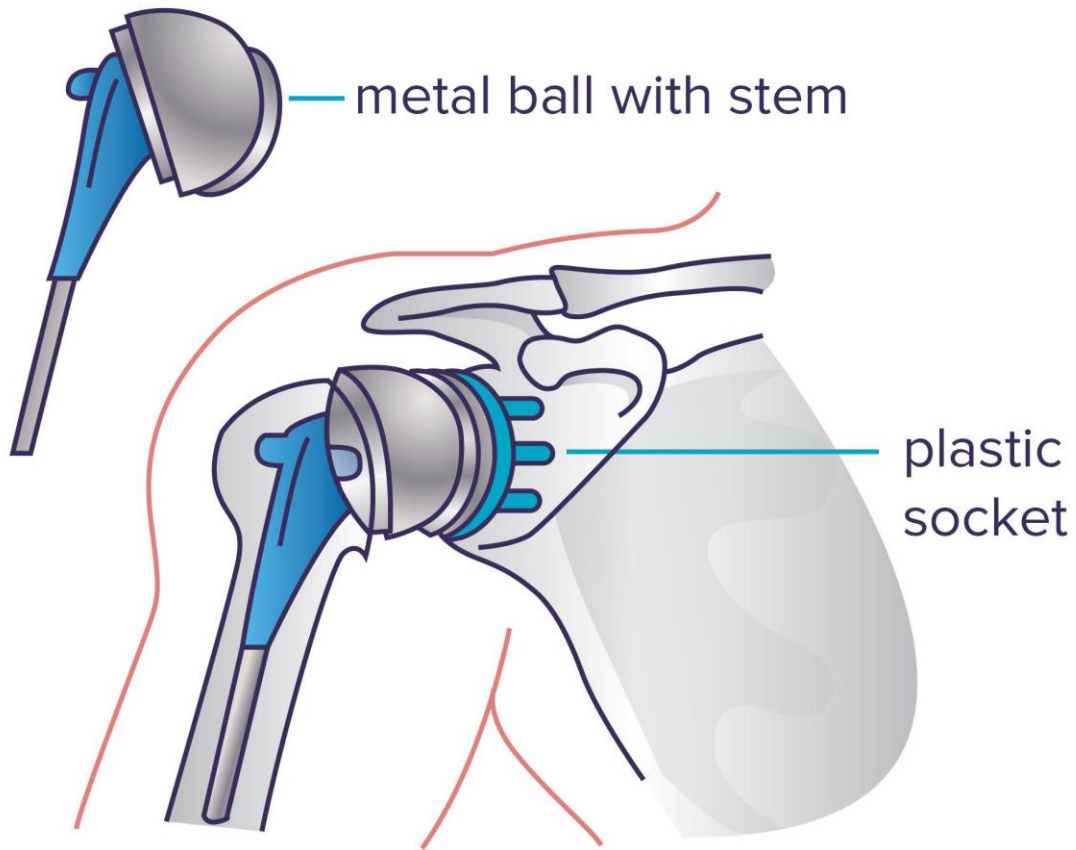
When other treatments no longer work and you can no longer do your usual activities, your doctor may recommend a shoulder joint replacement. This is called an **arthroplasty**. The damaged and worn parts of your shoulder are removed and replaced with artificial parts. This operation can ease pain and most people have improved shoulder function.

Anatomy of the Shoulder



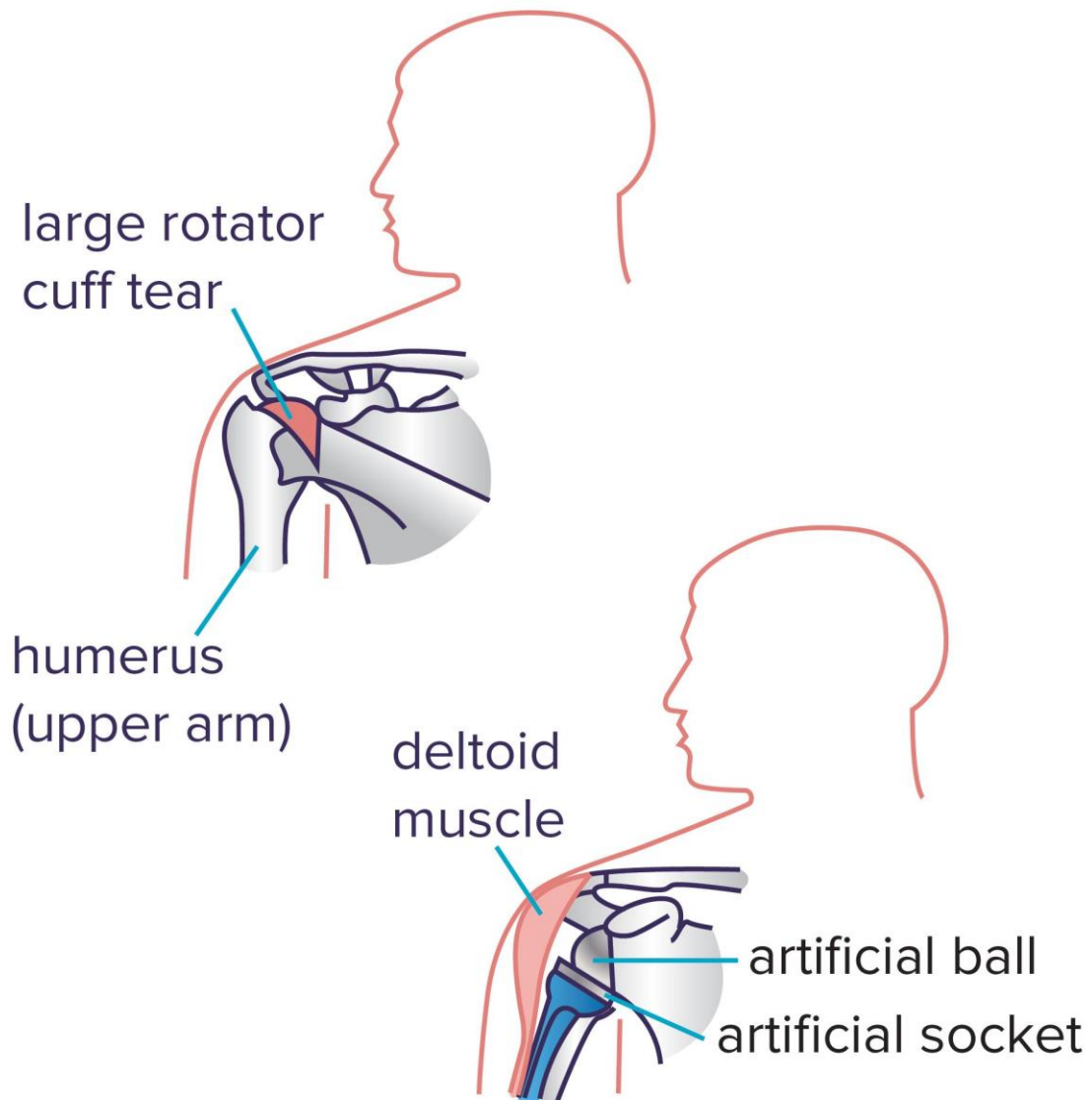
What is an Anatomic Shoulder Arthroplasty?

During this operation, the ball (head of the humerus) and socket (glenoid bone) are replaced with metal and plastic components. The operation usually takes 2 hours.



What is a Reverse Shoulder Arthroplasty?

The Reverse Shoulder Arthroplasty is used for a variety of conditions, but most commonly, for people who need a shoulder replacement but who also have a rotator cuff tear. This type of replacement uses a “reversed” ball and socket joint with the socket placed on the head of the humerus. It allows other muscles such as the deltoid to do the work usually done by the rotator cuff. This is the reverse of our normal anatomy and that is why it is called a “reverse shoulder arthroplasty”. This operation also takes 2 hours.



Members of the Orthopedic Care Team

The **Orthopedic Surgeon** performs the surgery, monitors your overall progress during your hospital stay, and will ensure you are going home with the right medication. If you have questions about any part of your recovery, you should contact your surgeon's office.

A **Nurse Navigator** may help to oversee your preparation for the surgery, including arranging tests or accessing resources. Not all patients will need the assistance of the Nurse Navigator.

The **Anesthesiologist** will work with you and your surgeon to manage your pain, and closely monitor your vital body functions during your surgery.

Nurses help get you ready for surgery, and also help in the operating room. After surgery, they help by managing your pain, assisting you with moving around your room and preparing you, through education, to go home safely.

Patient Care Assistants will help you with personal care, if needed.

Physiotherapists will teach you specific exercises to help improve movement and strength. They will teach you how to use walking aids so you are able to move safely in your home.

The **Occupational Therapist** may help to prepare you for managing on your own when you go home. Not all patients will need the assistance of an Occupational Therapist.

A **Social Worker** may help you and your family if you need help to access community resources. Not all patients will need the assistance of a Social Worker

Other health-care professionals may help you, if needed.

KHSC is a teaching hospital so you will likely meet surgical residents, medical students, and/or other health sciences students before, during and after your surgery. These individuals may also be involved in your care.

Your Care Pathway

Pre-Surgical Screening	
1. Assessments	<ul style="list-style-type: none"> • Nurse • Anesthetist
2. Tests	<ul style="list-style-type: none"> • +/- Electrocardiogram (a record of the electrical activity of your heart) • Blood work • +/- x-ray and CT of your shoulder (pictures of the inside of your shoulder)
3. Education	<p>Information and education about:</p> <ul style="list-style-type: none"> • date and location of surgery • target length of stay in hospital (1 day or less) • some patients are discharged the same day • activity level after surgery • two showers/baths with antibacterial sponges; one the night before and one the morning before your surgery
4. Discharge Planning	<ul style="list-style-type: none"> • If you live alone, arrange for someone to stay with you for the first 2-3 days after your operation. • Obtain assistive equipment that will make it easier for you after your operation.
Day of Operation	
1. Assessments and Treatments	<ul style="list-style-type: none"> • Vital signs (blood pressure, heart and respiratory rate, temperature, and oxygen saturation) • Pain assessment. Your caregivers will ask you to rate your pain. Let them know if you are uncomfortable. • Neurovascular Assessment: pulses, colour, movement, and sensation (feeling) of operated arm • Compression stockings (tight socks) are usually put on both legs if you are over the age of 65 to improve circulation and prevent blood clots.
2. Tests	<ul style="list-style-type: none"> • Blood work as ordered by your caregivers • Shoulder x-ray
3. Medications	<ul style="list-style-type: none"> • Antibiotics for 24 hours • Home medications • Regional Block or Patient Controlled Analgesia Pump for pain • Anti-nausea medications • Bowel medications to prevent constipation
4. Activity	<ul style="list-style-type: none"> • Ice packs every two hours to your shoulder as needed • Deep breathing exercises 5-10 times each hour while awake • Foot and ankle exercises every hour while awake • Sitting or standing at side of bed • Observe the shoulder precautions that are reviewed with you • Sling on operated arm

5. Nutrition	<ul style="list-style-type: none"> • Clear fluids to full fluid diet • Intravenous fluids
6. Education	<ul style="list-style-type: none"> • Review education about immobilizer (sling) and shoulder precautions
Postoperative Day One	
1. Assessments and Treatments	<ul style="list-style-type: none"> • Vital signs (blood pressure, heart and respiratory rate, temperature, oxygen saturation) • The regional block is removed • Pain assessment. You will be asked to rate your pain. Let your caregivers know if you are uncomfortable • Operated arm checks : pulses, color, movement, and sensation • Ice packs to operated shoulder every two hours as needed • Mobility assessment if needed
2. Tests	<ul style="list-style-type: none"> • Blood work as ordered by your caregivers
3. Medications	<ul style="list-style-type: none"> • IV Antibiotics • Home medications • Removal of nerve block. Pain medication as needed • Anti-nausea medication as needed • Bowel medication to prevent constipation
4. Activity	<ul style="list-style-type: none"> • Ankle pumping and deep breathing and coughing exercises • Up to chair with help and begin to walk with supervision • Shoulder exercises as reviewed by your physiotherapist (these may start on postoperative day one or may be delayed up to 4 weeks depending on several factors)
5. Nutrition	<ul style="list-style-type: none"> • Clear fluids to regular diet • IV fluids are stopped if you are drinking well
6. Education	<ul style="list-style-type: none"> • We will help you learn: <ul style="list-style-type: none"> ○ To put on and take off your sling ○ How to do daily activities with one hand ○ Pain and bowel management ○ Signs and symptoms of wound infection ○ Shoulder dislocation precautions ○ When to seek emergency help • We will review your plans for when you are discharged home
7. Discharge Planning	<ul style="list-style-type: none"> • Discharge today by 11:00 am • When you are discharged you will have: a follow up appointment with your surgeon, outpatient physiotherapy in place, a prescription for medications and a discharge summary (papers explaining your hospital stay) • Occasionally patients will not be able to be discharged the day after their operation. This is usually because of medical or pain control issues.

Creating a Healthy Lifestyle before Surgery

There are many things that you can do to get yourself prepared for surgery and make recovery easier. Discuss any concerns you may have about the topics below with your family doctor.

Exercise

Being active while you wait for your surgery is important and, if done safely, will not harm your joints. Exercise can help to decrease pain, improve strength and keep your heart in good condition.

Exercising is not meant to cause pain, but you may feel some slight discomfort afterwards. If you experience soreness a few hours after exercise, or even the next day, then you may be doing too much. We recommend you start slowly and listen to your body.

The goal is to be active most days of the week. Begin with a few minutes and aim for 30 minutes most days at a moderate level of intensity in which you sweat a little. You can also break up your exercise into smaller sessions, if needed. For example, exercising in 10-minute intervals is just as good as one 30 minute session. If you have questions about an exercise program, you may contact your family doctor, a physiotherapist or exercise specialist.

Making Healthy Eating Choices

Making healthy eating choices helps your bones, muscles and skin heal after surgery. Eating regularly and choosing a variety of healthy foods such as fruits, vegetables, lean meats, and whole grains daily can help to maintain good health and get your strength back after surgery. These recommended websites can assist you with meal planning and making healthy choices:

- www.healthcanada.gc.ca/foodguide
- Unlock Food offers a healthy eating website and toll-free dietitian consultation if you have any nutrition-related questions and wish to speak or e-mail with a Registered Dietitian. For more information go to unlockfood.ca or call 1-866-797-0000.
- For meal delivery options in your area, please see the South East Health Line website: <https://www.southeasthealthline.ca/> (click on “Home Health and Community Supports”, then click on “Meal Delivery”)

Quit or Decrease Smoking

Quitting or smoking less will decrease your chance of having heart and lung problems during and after your surgery.

If you want help to quit smoking, Telehealth Ontario (1-866-797-000) offers a smoking cessation program for Ontarians. A referral can be completed by you, the nurse or your family doctor. Your care is managed by a Care Coach who is available from 10 a.m. to 10 p.m. daily and Coach Care Assistant is available 24 hours a day to help with ongoing supports and information.

Attend Regular Medical Appointments

Regular medical appointments with your doctor will ensure you are as healthy as possible for your surgery and will address any concerns that may arise.

Visiting your dentist for routine check-ups and cleaning is important to ensure any tooth or gum problems can be treated.



Preparing for your Surgery

You will have homework to do before surgery to make sure your recovery goes smoothly.

Before Shoulder Surgery

After shoulder surgery, you will temporarily have one arm to do everyday tasks. We suggest you practice the following before your surgery:

- Getting out of a chair with one hand; if this is hard consider a raised toilet seat.
- Getting in and out of the shower using one arm; consider a tub bench or shower chair.
- Completing activities such as grooming, bathing and going to the bathroom using your non-operated arm.

Equipment and Home Safety

We have provided **checklists at the FRONT of the booklet** that will help prepare you for surgery and ensure a smooth discharge from hospital. Some items require your attention months before your surgery, while others can be done the week of your surgery. Read through these lists regularly and check off the items you have completed.

As you go through the checklists, you may need to make some adjustments to your home to ensure your safety. Some of the equipment you will need may require you to move furniture so you can use it safely and make the first part of your recovery easier. You need to have these items ready for use before coming in for your surgery and it is suggested you practice using them where you will be recovering (home, friend's place, etc.).

Discharge Plan

After your operation, your operated arm will be supported in a sling. You'll learn how to use one arm to do daily activities. You may be able to care for yourself, including bathing, dressing and personal grooming. However, you will still need some help at home. It's best to arrange for this before your operation.

It is very important to have a discharge plan in place for when you go home after surgery. You will need help with preparing meals, shopping, laundry and other activities that will require driving. This plan ensures the following:

- You know where you will be staying after surgery
- A trusted and competent person will be staying with you for at **least 48 hours** after your discharge
- Where you will be staying is set up properly, including the equipment you will need

If you do not have a plan, your surgeon may delay your surgery until a plan is in place.

Your time in hospital is short, some patient may go home the **same day as their surgery** and others may require a short stay

Your length of stay in hospital will be assessed by your health care team regularly.

Attending Physiotherapy in the Community after Surgery

Once you have gone home after surgery, you will be attending physiotherapy in your community as an important part of your recovery. Your physiotherapist will monitor your progress to ensure you are meeting your goals.

You will receive a phone call from the hospital approximately a week before your surgery to discuss your options for attending outpatient physiotherapy in the community and a referral will be sent.

Some patients may choose to have their physiotherapy covered under O.H.I.P., while others choose to pay for it or use their extended health insurance. O.H.I.P. options in Kingston and the surrounding area include:

- Providence Care Hospital (752 King Street West, Kingston)
- Physiotherapy Kingston (1469 Princess Street, Kingston)
- RehabWell Physiotherapy (2779 Rutledge Road, Sydenham)
- Lennox and Addington General Hospital (8 Richmond Park Drive, Napanee)
- Quinte Health Care – Belleville General Hospital site (265 Dundas Street East, Belleville)
- Perth Hospital – Great War Memorial site (33 Drummond Street West, Perth)
- Smiths Falls Hospital site (60 Cornelia Street West, Smiths Falls)
- Winchester Community Hospital (566 Louise Street, Winchester)
- Kemptville District Hospital (2675 Concession Road, Kemptville)
- Glengarry Memorial Hospital (20260 County Road 43, Alexandria)

These are subject to change without notice and other options can be reviewed with you.

If issues are identified that would prevent you from attending physiotherapy in the community, other options can be discussed with you.

Pre-Surgical Screening Visit

Please ask your pharmacy to provide you with an up-to-date medication list prior to this appointment. This will ensure the nurses or doctors can give you accurate medication instructions.

You will have an appointment with the Pre-Surgical Screening Department at the Hotel Dieu Hospital site. This visit may be in person OR over the phone.

This appointment is typically scheduled 1-3 months before surgery and you may not have a specific surgery date at the time of your pre-surgical screening appointment. This appointment is important to ensure that you are fully ready for your surgery.

If you are coming to the hospital for your appointment:	If you are having your appointment over the phone:
Bring all medications in the original containers (including insulin, eye drops, inhalers, nitroglycerin spray, vitamins and herbal medications).	Have all of your medications readily available. Have paper and a pen to make notes.
Remove Appendix B – Self Report for Discharge Planning and complete it before your appointment and bring it with you to your appointment.	Remove Appendix B – Self Report for Discharge Planning and complete it before your phone appointment and have it with you.

During this appointment, you:

- Meet with a nurse to review your medical history, allergies, medications, and fasting guidelines and discharge plan for you. This includes:
- Have blood work, an Electrocardiogram (ECG), an x-ray, or other tests and you will be told where and when to have these tests done.
- Receive instructions about which medication(s), vitamin(s) and herbal supplement(s) to continue taking and which need to be stopped at specific times before surgery.
- Receive fasting instructions limiting your food and water before surgery.
- Discuss blood thinner medication, to prevent blood clots after surgery. Most patients are prescribed two 81mg low-dose Aspirin (ASA) for up to 6 weeks after surgery. If you are prescribed a different blood thinner there may be a cost associated with this medication. This cost may be covered through your own private insurance or a government program.
- Review of your discharge plan
- Receive two Chlorhexidine Gluconate surgical scrub brushes. You use one the **night before** surgery and the other the **morning of** your surgery. Take a shower and use it is like a bar of soap, washing from the neck down, and paying particular attention to the joint you are having surgery on. Rinse and dry off with a freshly laundered towel. **For complete instructions see Appendix A**
- Will be told to make an appointment with your family doctor to have your staples or stitches removed **12-14 days after** your surgery. If you do not have a family doctor, you will have to attend a walk-in clinic or go to an urgent care centre in your community to have them removed.
- May speak to an anesthesiologist about your medical history, medications, and anesthetic options to decide the best care plan for you. You will let them know if you have had any problems with pain medication in the past. If you do not speak with the anesthesiologist, then these items will be discussed with you when you come to the hospital for your surgery.

Anesthesia and Surgery

Anesthesia medication will help keep you comfortable during the surgery.

There are two main types of anesthesia:

1. **Regional Anesthesia:** local medication is used to numb part of your body. It includes spinal and nerve blocks
2. **General Anesthesia:** you are fully asleep and unconscious during the surgery and a breathing tube is placed in your throat

Regional Anesthesia: Nerve Blocks

A nerve block involves using local anesthetic (freezing) in which the nerve or nerves to the shoulder and/or arm are blocked. The local anesthetic stop nerves from sending pain messages to the brain. Nerve blocks can be a single dose or continuous (constant). Depending on the type of block, a single dose nerve block, can last 12 – 24 hours. With continuous nerve blocks, a small plastic tube is placed near the nerves to the affected area. The tube is taped to the skin, covered with a dressing and then attached to a pump. The pump gives a constant flow of local anesthetic. The tube is usually in place 2-3 days.

General Anesthesia

Several medications are given through your IV to ensure you are fully asleep and unconscious during the surgery. Once you are asleep, a breathing tube is placed in your throat and you are connected to a breathing machine. This tube is removed after surgery once you are breathing on your own. Some of the risks with having a general anesthetic include:

- Mild sore throat for 1-2 days
- Tooth or airway damage from the breathing tube
- Nausea or vomiting
- Confusion or memory loss particularly in older persons
- Stomach contents getting into lungs (aspiration)
- Extremely rare: allergic reactions, awareness during surgery, nerve damage, death

Your Hospital Stay

The Day before Surgery

	If your surgery is at the Kingston General Hospital site	If your surgery is at the Hotel Dieu Hospital site
When do I receive a phone call about when I show up to the hospital for surgery?	The day before your surgery between 2:00 pm-6:00 pm (e.g. if your surgery is on Monday, you will receive a phone call on Sunday)	The day before your surgery between 12:00 pm – 6:00 pm with the following exceptions: If your surgery is on a Monday, you will receive your phone call the Friday before If your surgery is after a statutory holiday, like Labour Day, you will receive your phone call the Friday before

You will be asked to arrive 2 hours before your surgery time.

If you do not answer the phone, the hospital will NOT leave a message.

If you do not receive a call by 6.00 pm on the day before your surgery, please call: 613-549-6666 ext. 7820

Here are some important reminders before you come to the hospital:

- Do not wear contact lenses, make-up, nail polish on fingers or toes, jewelry, perfume, cologne or scented personal care products.
- Follow all your fasting instructions and DO NOT eat after midnight. This includes not chewing gum or eating candy. However, you may drink clear fluids only up until 3 hours before surgery (water, apple juice, black coffee/tea, ginger ale – NO dairy) then nothing until after your surgery
- Shower the night before and the morning of your surgery with your Chlorhexidine Gluconate scrub. **See Appendix A for instructions**
- Ensure your overnight bag is packed. Refer to your checklist to make sure you have everything you need.
- Avoid bringing valuables, including large sums of money. The hospital is not responsible for lost or stolen items.

Reasons your surgery may be CANCELLED:

- An active infection anywhere in your body (including your mouth)
- A sore throat
- Fever
- Head cold
- Flu
- Cold sore
- No discharge plan with appropriate supports

If any of these occur a day or two before surgery, **CALL YOUR SURGEON**

The Day of Surgery

	If your surgery is at the Kingston General Hospital site	If your surgery is at the Hotel Dieu Hospital site
Where do I go in the hospital on my surgery date?	<p>Same Day Admission Centre (Connell 2 – 2nd floor)</p> <p>You can ask for directions at the Information Desk at the main entrance on Stuart Street</p>	<p>Day Surgery (Jeanne Mance 2 – 2nd floor)</p> <p>You can ask for directions at the Information Desk at the main entrance on Brock Street</p>

- Give any forms that need to be filled out to the staff.
- Vital signs (heart rate, respiratory rate, temperature and oxygen level) will be checked
- An intravenous (IV) line will be started and you will be given any medication that has been ordered before your surgery
- Compression stockings (tight socks) may be applied to improve circulation and prevent blood clots. These are removed when you are up and moving after surgery
- The anesthesiologist will speak to you about the type of anesthetic you will receive, and your choices for pain management.
- Your surgeon will answer any questions about the surgery.
- Once surgery is completed, you will go to the Recovery Room for a few hours before going to your hospital room.



The Recovery Room

- In the recovery room also known as the Post-Anesthesia Care Unit (PACU), your temperature, blood pressure, heart rate and breathing will be monitored.
- Your pain will be assessed and managed as well as symptoms of nausea.
- An x-ray of your shoulder and some blood tests may be done.
- As you recover from your anesthesia, your doctor will talk with our family to let them know that your surgery is over and how things went.
- When your condition is stable, you will be transferred to your room.

Inpatient Stay/ In your Hospital Room

- Your temperature, blood pressure, heart rate and breathing will be monitored by nurses.
- There will be a bandage over your shoulder incision when you come out of the operating room. You may have a small tube known as a drain next to your incision. This drain removes extra blood and fluid into a container. It is usually removed the morning after surgery.
- You'll be asked to wiggle your fingers and if you have any changes in sensation (feeling).
- Your surgeon may order a blood thinner medication that is given by needle or taken by mouth. Blood thinners and exercise decrease the risk of blood clots. You or a family member will be taught by nursing staff how to correctly administer these injections at home, if needed.
- The intravenous fluid is typically stopped when you have finished receiving medications intravenously, are drinking well and are able to eat some solid foods.

Using your Sling

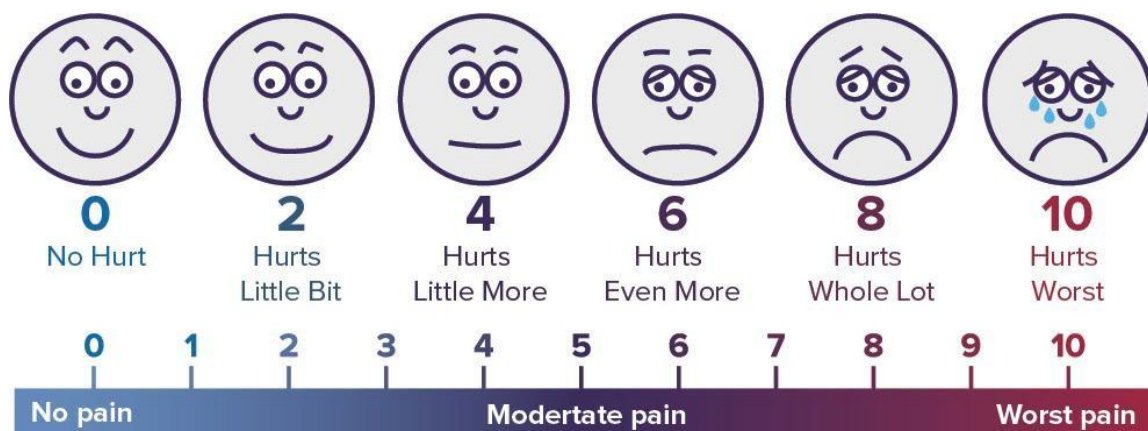
The straps on your sling can be moved and adjusted for your comfort. Ask your caregivers to adjust these straps if it is needed. Your elbow should be fully supported by the sling. You should always wear the sling except when you are bathing, dressing, and doing exercises. Be sure to wear your sling even when you're asleep.

Managing your Pain

Pain medication is given with the goal of keeping your pain at a level that allows you to move and do your exercises. It is not meant to take your pain away completely.

Pain after surgery is normal and there are many words used to describe it such as soreness, discomfort, aching, burning or throbbing.

While you are in the hospital, medical staff will ask you frequently to rate your pain on a scale from 0 to 10. The scale helps you and the staff decide when we need to do something to help relieve your pain. If your level of pain is preventing you from moving and/or doing your exercises, your pain should be treated.



You will need to take an active role in asking for pain medication

Pain can be a sign that you are doing too little or too much activity. If getting up and moving does not decrease some of your pain, or if you are simply in too much pain to move, then you may need to consider asking for pain medication.

The “Acute Pain Management Service” also helps to look after your pain.

This is a team of anesthesiologists and nurses who have special training in pain management. They will talk to you about the nerve block you have to reduce pain. They will work with you and other members of your health care team to make sure you are as comfortable as possible. The nerve block is removed on the day after your operation.

You will need to ask for pain medication after your nerve block is removed. Asking for your pain medication 30 minutes before your exercises will make it easier for you to move.

Be sure to let your nurse know if your pain medications wear off too quickly or if you feel nauseated (sick to your stomach). The sooner the team can help, the better you will feel.

Different combinations of opioid and non-opioid medications can be given to control your pain and keep you comfortable. Your health care team will decide what will work best for you based on your medical history and other regular medications you are taking. Some common pain medications include:

Types of Medications	Use	Examples
Non-Opioid	Decreases the amount of opioid medications needed Given as a pill	acetaminophen (Tylenol®)
Opioid (narcotic)	Strong pain medication Given in pill, liquid, or needles	Hydromorphone (Dilaudid®) morphine (Statex®)
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Decreases pain that is caused by swelling Given in pill	Ibuprofen (Advil®, Motrin®) Naproxen (Aleve®, Naprosyn®)

You will often be discharged with instructions to take a combination of these medications.

With any medication, there may be some side effects and there are ways we can help minimize these. Please inform your health care team if you experience:

- Nausea (upset stomach)
- Sleepiness, drowsiness
- Itching, especially on your face
- Constipation (unable to pass stool)
- Urinary retention (unable to pass urine)
- Dizziness
- Confusion
- Sweating

Other Methods of Pain Management

Medication is only one way to manage your pain. You may also consider:

- Ice: to reduce some of the swelling that is causing the pain. Apply ice pack wrapped in a towel on your joint for 15 minutes every few hours and after completing your exercises.
- Deep breathing exercises: tight muscles caused by stress can increase pain and deep breathing is a simple way to help you relax. Create a restful and quiet place, and take deep breaths in through your nose and slowly out through your mouth. Closing your eyes or turning out the lights may help. Focus all your attention on your breathing until you feel relaxed.

Managing your Nausea

You may have some nausea following your operation. Let your nurse know right away because there are medications that can help you when the nausea first starts. Taking your pain medication with food can protect your stomach and minimize nausea

Food and Fluids

You will have fluids going through your IV at first. The IV is stopped when you're eating and drinking well. You'll have a liquid diet at first. Your nurse helps you decide when you can eat solid food. Increasing food slowly sometimes helps to avoid nausea that can occur after anesthesia.

Breathing

You may need some oxygen after your operation. If you do, you'll get oxygen through a soft tube that hooks around your ears and gently rests inside your nostrils. Taking deep breaths every two hours will help get oxygen into your body. Your nurse will review this with you. When there is enough oxygen in your body the oxygen tube is removed.

Activity

It's important to get up and move to help your blood circulate. Your physiotherapist checks your balance and talks with you about your exercise program. When you get up for the first time, make sure that one of your caregivers is there to help you.

There are many benefits of getting out of bed and moving after surgery such as:

- Skin: prevent bed sores
- Lungs: improve breathing, ability to cough, and fight off infections
- Nutrition: improved appetite and less risk of choking while eating
- Brain: improved mood and sleep
- Muscles and Bones: decrease muscle weakness and joint pain
- Heart: more stable blood pressure and improved circulation

Activity Precautions and Guidelines

- You will need **to wear your sling for the first 6 weeks** except when bathing, dressing or doing your exercises. There may be a small foam cushion between your arm and your body. This should remain in place while wearing the sling. Your surgeon will tell you when your sling is no longer needed.
- Don't actively move your operated arm away from your body.
- Don't reach behind your back with your operated arm for at **least 12 weeks**.
- Don't use your operated arm to push off the bed or chair for the **first 6 weeks**.
- Don't lift any object, even if you are bending your elbow.
- Always keep your elbow of your operated arm supported.
- You may use your wrist, hand, and elbow while eating, shaving and dressing as long as you are careful not to move your operated arm away from your body.
- Your physiotherapist and surgeon will advance your activities. These may begin immediately or be delayed up to six weeks.

Transferring and Walking

- When standing from a seated position, use your non-operated arm to push on the armrest or seat.
- Use a handrail with your non-operated arm when going up and down the stairs. It helps to have handrails on both sides of the stairs.

Sleeping

- A sturdy pole or bed assist rail can be helpful for getting in and out of bed using the non-operated arm.
- Try not to sleep on your operated arm for the first 6 weeks after surgery.
- You may find lying on your back with a pillow underneath the operated shoulder and elbow is the most comfortable position.



Dressing

It will be easier for you to dress with the following kinds of clothing:

- Loose clothing with buttons down the front
- Brassieres with large straps which fasten at the front
- Shirts and tanks with large arm holes
- Flat, slip on shoes with non-skid soles.

When dressing, sit with a pillow propping your operated arm. You will need to dress your operated arm first and undress it last. A reacher can help put on underwear and pants. You can use a long handled shoe horn for putting on and taking off your shoes.

Taking your Sling On and Off

You may need some help putting on and taking off your sling.

- You can practice this with the Physiotherapist and Occupational Therapist while in hospital:
- Unclip the waist and shoulder buckles.
- Widen the sling and slide your operated arm as far back into the sling as possible. Your elbow should sit in the corner of the sling.
- Bring the overhead strap around your neck and over the opposite shoulder. Clip the buckles and fasten the Velcro so that your elbow is at 90 degrees.
- Fasten waist strap around to hold your arm in proper position.



Toileting

A toilet safety frame and raised toilet seat can help with getting on and off the toilet. Reach for the toilet safety frame with your non-operated arm to help sit and stand.

Discharge Day

By the time you go home from the hospital you will be able to safely:

- Get on/off a chair and toilet, and in/out of bed independently with little to no help.
- Walk by yourself or with little to no help, and safely go up and down stairs (if you have stairs).
- Know what positions and activities to avoid while your shoulder joint is healing
- Do your home exercise program

You will receive education to help you:

- Give your blood thinner injection safely (if needed)
- Recognize the signs and symptoms of wound infection
- Recognize the signs and symptoms of a blood clot
- Manage your pain medication schedule independently. You will be given a prescription for your pain medications that you will take to your pharmacy

At Home

Call 911 or go to your nearest emergency room immediately if you have:

- Sudden onset of shortness of breath
- Sudden onset of chest pain, tightness or pressure
- Localized chest pain with coughing
- Sudden and severe increased pain in your new joint
- Uncontrolled bleeding
- Fever and chills
- Shoulder Joint Dislocation - if your surgical arm is suddenly extremely painful, or you can't move your shoulder

Call your Orthopedic Surgeon or Family Doctor for any of the following:

- Increased pain in the shoulder or arm
- Swelling, tenderness or redness in your shoulder or arm
- Temperature above 38 degrees Celsius (100.4 degrees Fahrenheit)
- Drainage, redness, swelling, a foul odour
- Opening of the incision
- Increased difficulty with moving your shoulder or arm

Recovering from your Surgery

Your Incision

- Before leaving the hospital, your incision will be covered with a dry dressing. Your nurse will review how to care for your incision at home, and how to identify signs or symptoms of infection.
- Numbness around the incision is common and is usually temporary.
- Avoid rubbing or scratching your incision, or putting creams, oils, lotions or soaps **on** your incision once the bandage has come off. You may use these items on the skin **around** the incision if it is dry.
- A lot of times, stitches are dissolvable and do not require removal. However, if necessary, the staples or stitches will be removed 12 to 14 days after your surgery at your family doctor's office.
- Do not sit in a bath, go swimming, or sit in a hot tub until your staples or stitches are removed and your incision is healed completely. This takes at least 4-6 weeks and your surgeon or physiotherapist can provide guidance on when these activities are appropriate.
- Only take antibiotics given to you by your surgeon.
- Your incision line, where your staples or stitches are, will be more pink/red right after the surgery and this will slowly fade over time.
- Some patients may find the incision sensitive to touch, or feel a burning sensation. This sensation goes away as the area around your shoulder heals and the swelling decreases.

Medications

You will be given a prescription with different medication(s) and it is important to know what they are for, when to take them and what the side effects are.

Some of your current medications may have changed during your stay and a copy of these changes will be sent to your family doctor.

Your medications will be reviewed with you before you go home. Once you leave the hospital, your family doctor will take over prescribing any other required medications, including refills on any of the medications prescribed to you in the hospital.

Pain Control

You will continue to take pain medication once you are home. Remember, it is normal to have pain after surgery and you will be prescribed pain medication to help keep you comfortable so you are able to get in and out of bed, walk, rest, and exercise comfortably. It is important to use your medication as prescribed and to keep them in a safe place away from children and pets.

How long will I need to use pain medication?

Everyone has different needs for pain medication. Some patients require the medication for a longer time, while others may require it only for a week.

If you feel you are ready to stop taking opioid pain medication, we recommend that you wean off it slowly to avoid withdrawal symptoms such as sweating, fever, shaking, nausea and/or vomiting, diarrhea, more pain, anxiety and feeling tense, worried or irritable.

Safely reducing your opioid medication can happen by spreading out the time you are taking your medication (i.e. taking them every six hours instead of every four hours), taking a smaller dose (i.e. taking 1 mg instead of 2mg) and/or only taking the pain medication when you need it.

Bathing

You should be able to shower at home unless the nursing staff or your surgeon tells you otherwise. When bathing:

- Remove the sling, and rest your operated arm on your stomach to support your shoulder
- To wash your operated arm, bend forward, dangle your operated arm, and use your non-operated arm to wash under the armpit
- To wash your non-operated arm, keep your operated shoulder and upper arm tight against your side and use your operated hand to wash your non-operated arm
- A long handled bath sponge is useful for washing other parts of the body
- If you have problems with your balance, you may want to purchase/rent a shower chair or bath bench
- You may need help with showers for the first few weeks
- Please don't have tub baths

Preparing meals

- Slide objects along countertops
- Use prepared, frozen & easy to make foods for nutritious meals
- Use scissors to cut food into manageable sizes

Complications and when to Seek Medical Help

Some people may develop complications after their surgery and need more medical treatment. Medical treatment could mean contacting your family doctor, surgeon's office, pharmacist, Telehealth Ontario, or by going to a medical clinic, urgent care center or an emergency department.



Blood Clots

Blood clots can form in the legs (Deep Vein Thrombosis – DVT) or lungs (Pulmonary Embolism – PE). Medication (blood thinners) such as, two low-dose Aspirin (ASA) **OR** Dalteparin* (or Fragmin®) are provided for up to 6 weeks after your surgery to lower the chance of developing a blood clot. There is an increased risk of this happening for up to 2 months or more after surgery. People who have problems with their circulation and/or are inactive are more likely to develop a blood clot. **You can reduce your risk of blood clots by taking your prescribed blood thinner, completing your daily exercises and walking short distances every 1-2 hours when you are awake.**

Infection:

An infection in your body can reach your new joint through your blood. People who develop joint infections need antibiotics and on rare occasions, require further surgery. There are various types of infections that can happen after surgery so it is important to seek medical help:

Incision Infection:

Keep your incision clean and don't pick at it or scratch it. Look out for signs of infection:

- The area around your incision is becoming redder and the redness is spreading.
- New liquid (green, yellow or foul-smelling) coming from your incision. This is noticeably different from the clear, pink or reddish drainage that is common and normal for the first 3-5 days after your surgery.
- Increased pain or swelling around your incision and surrounding area that does not improve with rest, icing, and pain medication.
- Fever above 38°C or 101°F.

Call your surgeon if you think you have a possible wound infection, and only take antibiotics that have been prescribed by your surgeon.

Urinary Tract Infection:

- Pain when you urinate.
- Frequent or urgent need to urinate.
- Foul-smelling urine.
- Fever above 38°C or 101°F

Sore Throat / Chest Infection:

- Swollen neck glands, pain when you swallow.
- Frequent cough, coughing up yellow or green mucus, shortness of breath.
- Fever above 38 C or 101 F.

Swelling

It is normal to have some swelling in your arm, hand, and fingers after surgery and during your recovery. You will also notice some swelling around your new shoulder joint. Swelling is a cause of pain for some people and it is more common in the first week after surgery then slowly subsides. Most of the swelling should be gone after six weeks, but small amounts of swelling may last 6-12 months. To help control the swelling place an ice pack wrapped in a towel on your joint for 15 minutes every few hours for the first week or so.

Anemia

The signs of anemia are:

- Feeling dizzy or faint.
- Feeling very tired.
- Rapid pulse.
- Shortness of breath

If you have signs of anemia, see your family doctor. You may need an iron supplement.

Constipation / Bladder Function

Constipation (difficulty having a bowel movement) can be a problem after surgery. A change in your diet, less activity and pain medication (especially narcotics) may cause or make constipation worse. While in the hospital, your nurse may give you laxatives and/or stool softeners and you may need to keep taking these medications at home. Talk to your doctor, nurse or pharmacist to choose a stool softener. If you have not had a bowel movement in 5 days or have pain in your belly, please call your family doctor. **Constipation can be serious, so do not ignore your symptoms.**

Here are some ways to stay regular:

- Drink at least 8 glasses of water or low-calorie fluid each day
- Eat fibre, such as prunes, bran, beans, lentils, fruits and vegetables
- Move around regularly and do your exercises!
- Take bowel medication (laxatives and/or stool softeners), if needed

Some patients have difficulty urinating after their joint surgery. If you continue having issues with constipation or bladder function and have tried all the strategies listed above, then please contact your family doctor.

Life after Surgery

Medical Procedures

Please inform all your health-care professionals that you have had a shoulder joint replacement surgery before having any medical procedures. You may need to be put on antibiotics to prevent infection from moving through your bloodstream to your new joint.

Dental Work

Although the subject is controversial, most joint replacement surgeons recommend that you take antibiotics before any dental procedures which are more involved than a cleaning, and that you do this for the rest of your life. The antibiotics are usually prescribed by your dentist, but some dentists are not comfortable doing this. You should talk to your surgeon's office if you are not sure whether you need antibiotics.

If you are having any dental work done before or after joint replacement surgery, you must discuss this with your surgeon.

Driving

There are a number of factors that can impact your ability to safely return to driving any vehicle including, but not limited to a (car, all-terrain vehicle (ATV), tractor, motorcycle, boat or snowmobile). Narcotic (opioid) medications can impair your reaction time; so can joint stiffness. Your surgeon will let you know when you can drive again. This may be after your sling can be removed in about 6 weeks.

Air Travel

If you are planning a trip by plane after your surgery, there is an increased risk of blood clots the sooner you fly after your surgery. Most surgeons recommend waiting at least 6 weeks

Airports can be large and require a lot of walking. Contact the airport or airline to inquire about transportation within the airport. Your new joint may set off metal detectors at the airport; therefore, give yourself plenty of time before your departure.

Sexual Activity

Resume sexual activity as soon as you feel comfortable doing so. Let your partner assume the more active role. As you heal you may take a more active role. Avoid any position that causes you pain.

Rehabilitation for Reverse Total Shoulder Replacement

After you have had a reverse total shoulder replacement, you can bring your hand to your mouth and do elbow wrist and hand exercises. You should **NOT** do any exercises that focus on your shoulder until directed by your surgeon or therapist. This will usually begin at 2 weeks postoperatively.

Typically, you will wear the sling for six (6) weeks. After, you will be encouraged to use your shoulder during usual daily activities. Do not attempt this until told by your surgeon or therapist.

Hand to Mouth:

You are able to bring the hand of your operated arm to your mouth. For example, you can use your hand for eating.

Elbow, Wrist and Hand Exercises:

You can exercise your wrist and hand while in the sling to prevent stiffness. You can bend your wrist up and down and turn your palm up and down, as well as move your hand and fingers 3-5 times throughout the day.

Rehabilitation for Anatomic Shoulder Replacement

**** Do not do any of the following exercises if you have a REVERSE Total Shoulder Replacement ****

0-2 Weeks after surgery

Phase 1- Protective Phase for Total Shoulder Replacement

Be mindful of pain, swelling and stiffness in your new shoulder. Never force movement. If you have too much pain, the exercises may need to be changed.

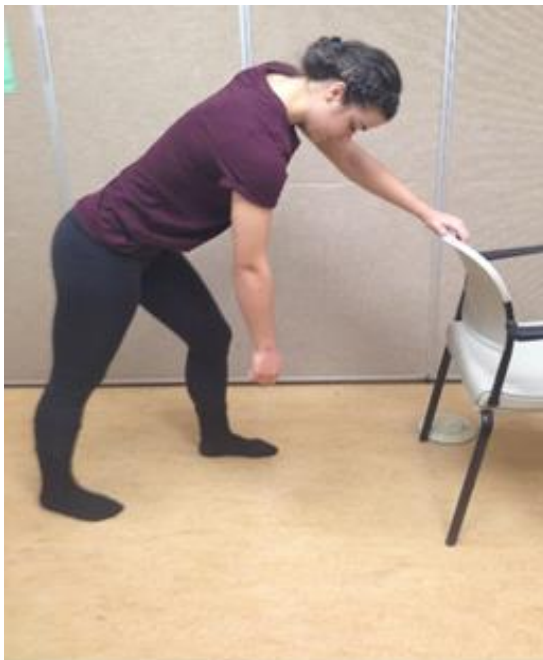
Do the following exercises standing with your operated arm out of the sling.

You should have received instructions on how to properly perform these exercises by a physiotherapist in hospital prior to discharge.

Pendulum Exercise:

Lean on a stable surface, such as a counter top or a chair so that your sore arm is away from your body. Relax your shoulder and let gravity help you gently swing your operated arm:

- i. Side to side
- ii. Forward and backward
- ii. Clockwise and counter-clockwise



Elbow Flexion/Extension:

With your elbow against your side, bend your elbow and try to touch your hand to your shoulder. Then straighten your elbow as much as you can.



Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Elbow/Wrist Rotation:

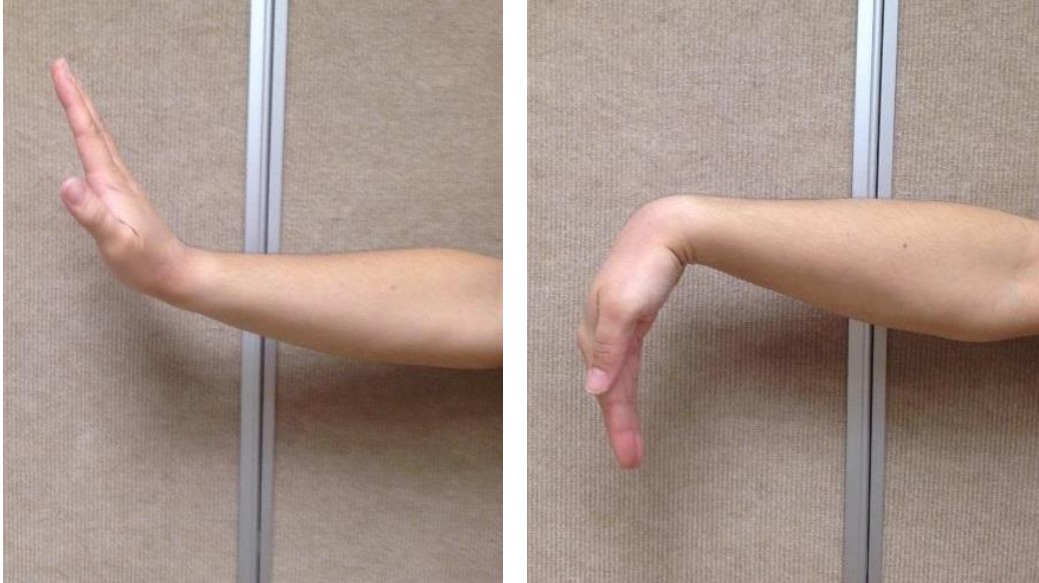
With your elbow bent at 90° and tucked in against your side, turn your palm up and then down.



Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Wrist Range of Motion

Keeping your fingers relaxed, bend your wrist upwards, and then bend your wrist downwards.



Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Hand/Finger Range of Motion

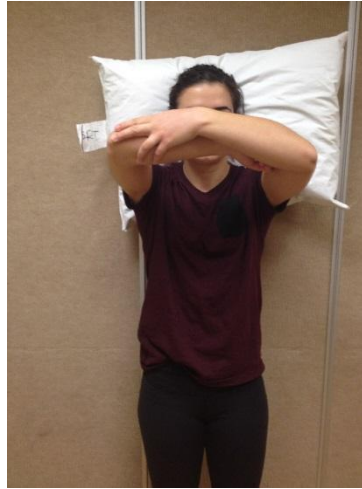
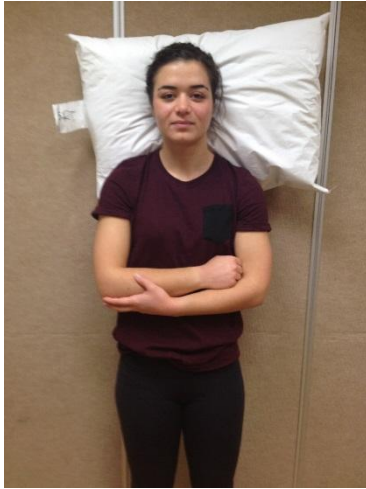
Close your hand to make a fist and then straighten your fingers.



Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Do the following exercises lying down, with your arm out of the sling.

Shoulder Flexion:

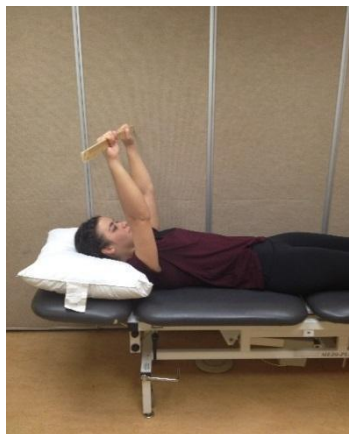


- Using the good arm to support the operated arm, slowly bring the sore arm forwards, away from the front of your body.
- Slowly return to starting position; do not shrug your shoulders.

Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

OR

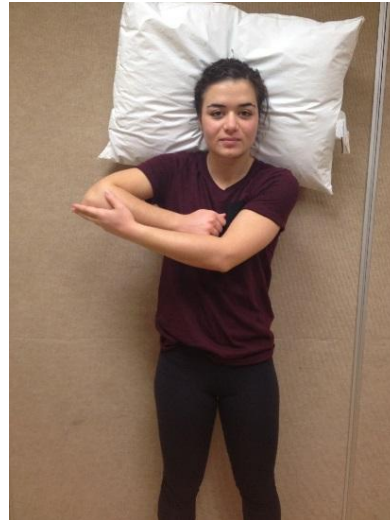
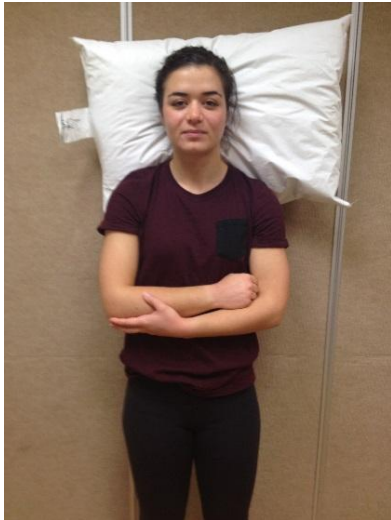
Hold a cane or broomstick in your hands as shown. Use the good arm to help raise the sore arm forwards, in front of you. Return to starting position.



NOTE: Active/assisted range of motion of flexion is limited to _____°

Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Shoulder Abduction:



- Use the non-operated arm to support the operated arm. Slowly move the sore arm away from the side of your body; do not shrug your shoulder.

Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

OR

Hold a cane or broomstick in your hands. Use your non-operated arm to help move your sore arm to the side of your body as shown. Return to start position slowly.



Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Shoulder External Rotation:



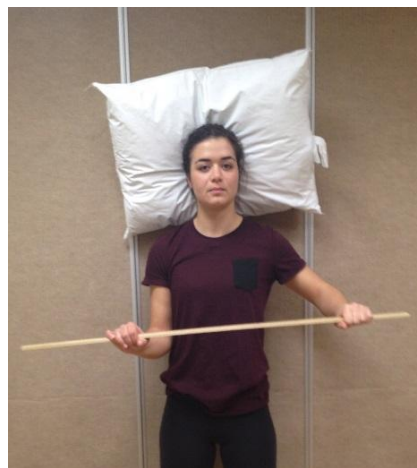
Interlock your fingers and **keep your elbow against your side**. Use the good arm to gently move the sore arm out away from your body

Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Do not move beyond zero ° for the first 6 weeks

OR

Hold a cane or broomstick in your hands. Use the non-operated arm to help the operated arm push your sore hand out away from your body, keeping your elbow at your side as shown. Slowly return to start position.



Hold for 2 to 3 seconds at both ends of the movement, and repeat 10 to 30 times, 3 to 5 times per day.

Do not move beyond zero° for the first 6 weeks

Phase 2

- Under the direction of your physiotherapist, your exercises will progress.
- For further information on Dr. Bicknell's rehabilitation protocol for Anatomic Shoulder Arthroplasty and Reverse Total Shoulder Arthroplasty, please refer your physiotherapist to:
http://surgery.queensu.ca/home/attending_staff/dr_ryan_bicknell

Notes and Questions

Appendix A – Chlorhexidine Gluconate Surgical Scrub

At your pre-surgical screening appointment you will be given two Chlorhexidine Gluconate surgical scrub brushes. You use one the **night before** surgery and the other the **morning of** your surgery.

It is important to clean your skin before your surgery to decrease your risk of infection.

If you have a reaction to the Chlorhexidine Gluconate surgical scrub, rinse it off and use a mild unscented soap instead. Tell the hospital staff about your reaction when you arrive on the day of surgery.

Washing Instructions:

1. Wash your hair with shampoo
2. Wash your body from your neck to your feet, using the Chlorhexidine Gluconate surgical scrub like a bar of soap
3. Make sure you pay particular attention to the joint you are having surgery on and clean it well.
4. Do your groin and anal area last
5. Leave the soap on for 2 minutes, and then rinse your body off well.

Be Prepared:

1. Use a **clean** freshly laundered washcloth and towel for each shower
2. Wear **clean** pajamas or clothes after each shower (including socks, underwear and shoes)
3. Sleep in **clean** bed sheets the evening before surgery

Don't:

- Do **not** use the Chlorhexidine Gluconate surgical scrub on your face or hair
- Do **not** apply body lotion, moisturizer, or powder after your shower
- Do **not** shave the area where you will be having surgery

Appendix B – Self Report for Discharge Planning

Please complete this form and bring it with you to
your Pre-Surgical Screening appointment at Hotel
Dieu Hospital site

Name: _____ Age: _____ Telephone Number: _____

Date of Surgery (yyyy/mm/dd): _____ Surgeon's Name: _____

Home Situation:

Where do you live?

- Alone with no support Alone with family/friend support
- With partner/other relatives Retirement Home: _____
- Nursing Home: _____ Other: _____

Mobility:

Currently I am able to walk:

- 2-5 blocks less than 1 block transfer only Unable to walk

I use the following walking aid:

- none crutches cane(s) walker wheelchair

I am currently independent with personal care

(with or without the use assistive devices)? Yes No

Have you fallen more than twice in your home over the last 6 months?

- Yes No

Home Setup:

Is there a bathroom on the same level as your bedroom? Yes No

Appendix B – Self Report for Discharge Planning

Is there a bathroom on the same level you will be spending the majority of the day? Yes No

Is there enough room to accommodate equipment or assistive devices (i.e. walker) in:

your bathroom? Yes No your bedroom? Yes No

your living room? Yes No

Are your doorways/halls 26 inches or wider? Yes No

How many stairs will you need to climb:

to get access the home? _____ Are there handrails? Yes No

once you are inside the home? _____ Are there handrails? Yes No

Details (i.e. side handrails is on): _____

**** If no handrails, please install handrail for your safety before surgery ****

Can you get handrails installed prior to your surgery date? Yes No

What equipment do you have currently in your home?

Raised toilet seat Shower seat Tub-transfer bench

Bed assist rail Transfer pole Commode

Long handled: Reacher Shoe horn Bath sponge Showerhead

Grab bars Location(s): _____ other(s): _____

****This is not the list of the equipment required for your surgery. See front of booklet for this list****

Are you able to pay for rental or purchase of medical equipment if needed (i.e. shower seat, raised toilet seat)? Yes No

Appendix B – Self Report for Discharge Planning

Home Care Services:

I have home care services? Yes No

Please describe the services you are receiving

Physiotherapy Personal support worker: _____

Occupational Therapy Nurse: _____

Housekeeping Other services or supports: _____

Discharge Plan:

Where are you staying after discharge?

Home Relative/Friend's Home condo/apartment

Is the home a: house/townhome

Short stay in a retirement home

Location: _____

Are the arrangement confirmed: Yes No

Following surgery, we recommend you have someone stay with you (at least **48 hours**) to provide help with usual activities of daily living (i.e. meal preparation and getting dressed).

Please identify who this person will be: _____

Who will drive you home from the hospital? _____

Do you provide care for someone at home? Yes No

If yes, what arrangements have been made for this person's care?

Are you able to pay for medications required at home after discharge that are not covered by provincial health care benefits (i.e. Dalteparin)? Yes No

Do you take warfarin (Coumadin) for a medical condition? Yes No

Blaylock's Discharge Planning Risk Assessment Screen

Please complete this form and bring it with you to your Pre-Surgical Screening appointment at Hotel Dieu Hospital site

<p>Age 0 = 55 years or less 1 = 56 to 64 years 2 = 65 to 79 years 3 = 80+ years</p>	<p>Behavior Pattern (circle all that apply) 0 = appropriate 1 = wandering 1 = agitated 1 = confused 1 = other</p>
<p>Living Situation/Social Support 0 = lives only with spouse 1 = lives with family 2 = lives alone with family support 3 = lives alone with friend's support 4 = lives alone with no support 5 = nursing home/residential care</p>	<p>Mobility 0 = ambulatory 1 = ambulatory with mechanical assistance 2 = ambulatory with human assistance 3 = non ambulatory</p>
<p>Cognition (spheres = person, place, time and self) 0 = oriented 1 = disoriented to some spheres some of the time 2 = disoriented to some spheres all of the time 3 = disoriented to all spheres some of the time 4 = disoriented to all spheres all of the time 5 = comatose</p>	<p>Sensory Deficits 0 = none 1 = visual or hearing deficits 2 = visual and hearing deficits</p>
<p>Functional Status (circle all that apply) 0 = independent in ADL & instrumental (Is) activities dependent in: 1 = eating/feeding</p>	<p>Number of previous admissions/ER visits 0 = none in last 3 months 1 = one in last 3 months 2 = two in last 3 months</p>

1 = bathing/grooming 1 = toileting 1 = transferring 1 = incontinent of bowel function 1 = incontinent of bladder function 1 = meal preparations (Is) 1 = own medication administration (Is) 1 = handling own finances (Is) 1 = grocery shopping (Is) 1 = transportation (Is)	3 = more than 2 in the last 3 months
	Number of active medical problems 0 = less than three medical problems 1 = three to five medical problems 2 = more than five medical problems
	Number of drugs 0 = fewer than three drugs 1 = three to five drugs 2 = more than five drugs
Total Score:	
Risk Factor Index: Please fax all Blaylock forms to the KGH Discharge Planner. If Blaylock score > 12, call HDH Social Worker to assess patient in PSS clinic.	

Taken from Hunt & Zurek (1997). Introduction to community based nursing. Pg 286 © Ann Blaylock
Original source – Blaylock, A. and Cason C. (1992) Discharge planning: Predicting patients' needs.
Journal of Gerontology, 5 –10.

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