

SHOULDER REPLACEMENT HANDBOOK

ST. JOSEPH'S HEALTH

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HEALTH

A Member of Trinity Health

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Welcome

Thank you for choosing St. Joseph's Health for your joint replacement surgery. You are about to become a member of an elite group of people who have received a new joint from the hospital that does more joint replacements than any other in Upstate New York. We are very proud of our reputation in achieving successful results. The care activities you will receive are aimed at achieving these optimal results.

Our team is here to help you achieve the best results from your operation.

The most important person on this team is you.

About this Book:

We encourage you and your family to read this book and refer to it often. This book will help you:

- Know what to expect
- Prepare for your surgery
- Prepare your home
- Learn about your hospital stay
- Learn exercises and activity
- Prepare for discharge and recovery

Talk to your doctor or other knowledgeable members of your health care team if you have questions or concerns. We hope that the written materials provided will help to answer many of the questions that you may have.

YOUR SHOULDER REPLACEMENT

Total shoulder replacement surgery has excellent outcomes for improving quality of life, allowing greater independence, and reducing pain. The shoulder replacement will replace the worn or damaged parts of your joint. The damaged parts of the joint are removed and replaced with an artificial joint called a prosthesis. Surgery will help relieve pain and stiffness, and help your arm move better. A reverse total shoulder replacement may be performed if you have a bad rotator cuff.

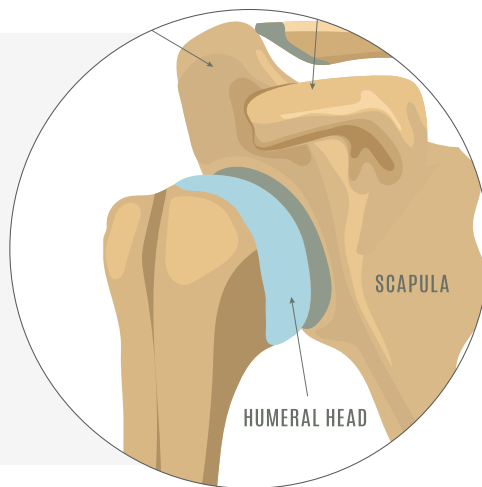
Your recovery will include the following:

- Your surgeon and our staff will instruct you on when you can move your new joint, as moving the arm too early can prevent proper healing.
- You will most likely wear a sling for 6 weeks after surgery.
- You will have pain after shoulder replacement as the tissues heal and muscles regain strength.
- This pain should get better day by day and eventually go away in a few weeks or months.
- You will be discharged as soon as our team determines you are ready, which may be within one day.

Over time, you may be able to resume some of the activities you once enjoyed.

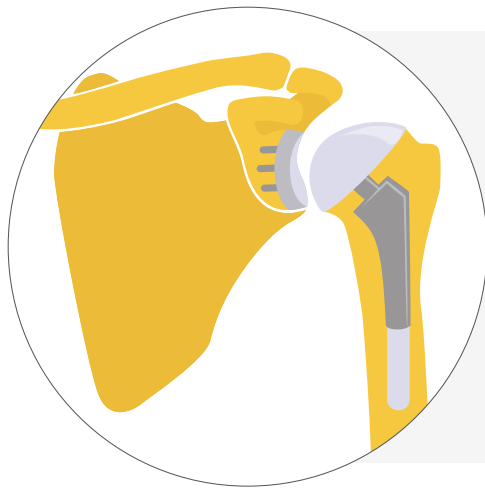
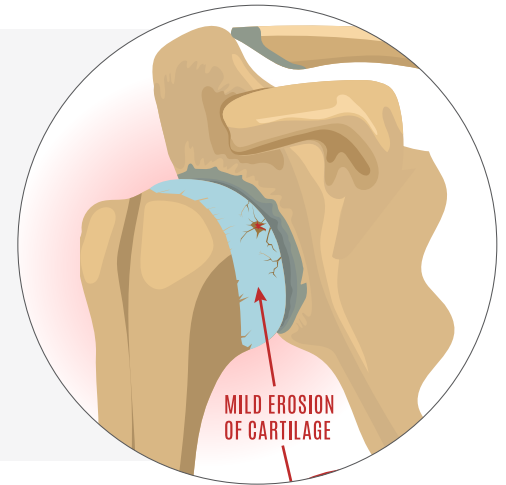
The Normal Shoulder Joint

Your shoulder is a ball and socket joint where the arm bone (humerus) meets the shoulder blade (scapula). A healthy shoulder has layers of smooth cartilage that cover the ball-shaped end of the humerus and socket part of the scapula. The cartilage acts as a cushion and allows the ball and the humerus to glide easily inside the socket of the scapula. The muscles around the joint help move the arm smoothly so you can raise it without pain.



The Diseased Shoulder Joint

The smooth cartilage layers can wear down the ball of the humerus and scapula socket. This is called degeneration. It can happen because of arthritis, injury, or as a side effect from medicines, such as steroids. When the joint wears down, the smooth surfaces become rough and irritated like sandpaper. Instead of gliding smoothly with arm movement, the ball grinds in the socket causing pain and stiffness.

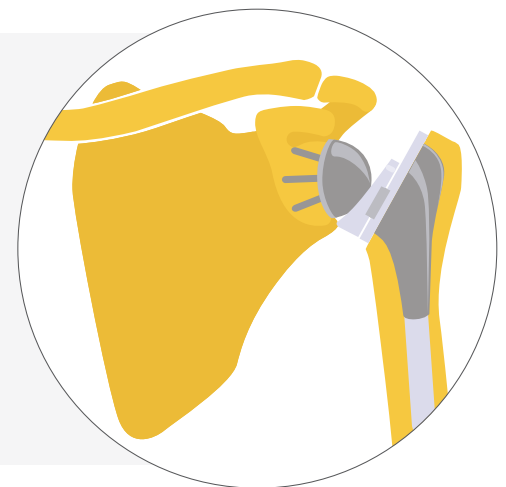


Your Shoulder Replacement

Your new shoulder joint has parts made from metals and plastics. The cup replaces worn scapula socket of your shoulder. The ball is attached to a stem that fits into your arm bone (humerus). The cup and stem are sometimes cemented in place with a special bone cement, or the metals have a porous surface that bone will grow into and create a tight fit.

Reverse Total Shoulder Replacement

A rotator cuff is group of muscles and tendons that hold the shoulder joint in place. If you have a bad rotator cuff, you may have a reverse total shoulder replacement. In a reverse shoulder replacement, the ball and socket structure are reversed. The ball of the new joint is attached to the scapula and a new socket is attached to the humerus.



PART 1: Prepare for Your Surgery

St. Joseph's Health will call you on the evening before your surgery (Monday surgery patients will be called Friday). If you have not received a phone call by 7:30 P.M., please call 315-448-6439 and ask to speak with a nurse. The time of your surgery is not finalized until 5:00 P.M. the business day before and is, up until that point, subject to change. During this phone call you will receive instructions about eating food and drinking liquids on the day of surgery. Please see

"Preparing for Surgery Checklist" below.

- On the day of surgery please arrive on time.
- Please arrive at the main entrance of the hospital.
- You will be directed to the Pre-Induction Unit.

Preparing for Surgery Checklist

- Follow the instructions discussed on the telephone about eating food and drinking liquids on the day of surgery.
- Stop blood thinners and anti-inflammatory (NSAIDs) medicines if directed to do so (see instructions from Pre-Admission Testing).
- Take medications on the morning of surgery (if instructed to do so).

Please bring the following with you to the hospital; your family will need to hold on to your personal belongings while you are in the operating room:

- Shoulder sling obtained in surgeon's office at pre-op appointment
- Health care proxy form if you have not already given it to us
- Eyeglasses, dentures, hearing aid, personal toiletries if you prefer to use your own
- Supportive rubber soled shoes, or sneakers if you have them, to wear home. Most of the time you will wear slipper socks that the hospital supplies.

- Loose fitting clothing and a button up or zip up if you have one for easier dressing after surgery.
- A credit card may be needed to purchase equipment for home.
- CPAP or BiPap if you use one.
- Limit valuables brought to the hospital.

Prepare Your Home

- Get furniture and equipment ready before you come in for your surgery.
- Eliminate all throw rugs, clutter, and telephone wires where you plan to walk around at home.
- Make sure your floors are not waxed or slippery
- Plan to keep your dog or cat away from you while you are walking, as they are a trip hazard.
- Physical therapy will assess your ability to safely ambulate and climb stairs after surgery before you are discharged home.
- Freeze prepared meals or buy frozen meals that can be cooked in the microwave. If friends are looking for some ways to help, they can bring over meals.
- Place your clothes at waist level – either on a counter or a high drawer.

Prepare Your Home (cont'd)

- Plan to sleep in a recliner, if you have one, or in an upright position in bed for a few weeks after shoulder surgery. Lying flat in bed can cause additional pressure and discomfort to your operative shoulder.
- Ask a family member or friend to assist you for the first week or two. This does not have to be 24 hours a day.
- Plan on wearing loose fitting clothing and comfortable rubber sole shoes such as sneakers. Button up or zip up shirts are easiest to put on and take off following shoulder surgery.
- Complete scheduled Pre-Admission Testing (PAT) appointment (about 2 weeks prior to surgery).
- Use chlorhexidine soap as directed.
- Attend a Pre-Operative Shoulder Replacement Class online. You will be given the current class schedule during your consultation appointment. If you cannot attend one of the scheduled classes, reach out to the Patient Navigator for a digital or mailed copy (see pg.16 for contact info).
- Eat as healthy as possible with the appropriate servings of fruits, vegetables, protein, whole grains, low fat dairy, and iron rich foods.
- Review exercise section of this book.
- Stop smoking at least two weeks before surgery. New York State Smokers' Quitline phone number is 1-866-697-8487 (1-866-NY QUITTS). Their website address is: https://www.health.ny.gov/prevention/tobacco_control/campaign/quit_smoking/quit.htm

When to Call the Doctor Before Surgery

Before surgery, call the surgeon if you are experiencing any of the following:

- Rash or skin changes to any part of the body
- New or active wounds
- Fever, chills, short of breath, chest pain
- Cold symptoms
- Gradual worsening of current health issues
- Any changes in your health since your last visit with the surgeon

PART 2: Your Hospital Stay

Day of Surgery

BEFORE SURGERY:

- You will change into a hospital gown.
- An intravenous line (IV) will be inserted into a vein in your hand or arm. This will be connected to IV fluid to keep you hydrated.
- Your surgical area will be scrubbed with a cleansing soap.
- You may receive medicines such as antibiotics, antacids, pain medications, and/or medications for nausea.
- You will be taken to the Operating Room approximately 1 hour before your scheduled time.

THE OPERATING ROOM:

- You will first be brought to the "pre-induction" or "holding area." Here your Anesthesiologist will talk with you about the type of anesthesia for your surgery.
- You will be transported to the "block room" where an anesthesiologist will place the nerve block.

- You will then be brought to the Operating Room for your surgery.
- After surgery you will be taken to recover in the Post Anesthesia Care Unit (PACU) where you will stay until you are ready to go to your room.
- You will be in these areas for 3-4 hours total.

EQUIPMENT:

- Oxygen is given through a nasal cannula in your nose, or a mask on your nose and mouth.
- An intravenous line will be placed in your arm with fluid running. We can also use this for pain medication if needed.
- Foot pumps are placed on your feet to help circulation and prevent blood clots.
- Compression stockings (TEDs) are placed on your lower legs to decrease swelling and prevent blood clots.
- Your nurses will explain any additional equipment you may have, such as a urinary catheter.

VISITING HOURS AND SURGICAL WAITING ROOM:

- St. Joseph's Health is committed to the safety of our patients, visitors, and colleagues. Please visit sjhskr.org for the most up to date visitation guidelines or reach out to your RN Patient Navigator.

Daily Routine at the Hospital

- Use incentive spirometer 10 times every hour while awake to prevent respiratory complications.
- Order meals when you want them through Room Service.
- Drink plenty of fluids.
- Use pain management options.
- Walk several times a day with staff assistance as needed.
- Ice gel packs will be changed routinely on the operative joint to help with comfort and swelling.
- Wear compression stockings and foot pumps to prevent blood clots and swelling.

- Bathe yourself, ask a nurse for assistance as needed.
- Use chlorhexidine soap as directed by your care team.

PHYSICAL THERAPY (PT):

- PT will discuss shoulder precautions and show you exercises as ordered by your surgeon.
- PT will adjust your shoulder sling as needed to ensure proper fitting and teach you how to take it on and off to bathe and dress.

OCCUPATIONAL THERAPY (OT):

If deemed necessary by your surgeon, OT will:

- Teach you strategies to bath and get dressed.
- Help you function as safely and independently as possible at home.
- See page for examples of equipment.

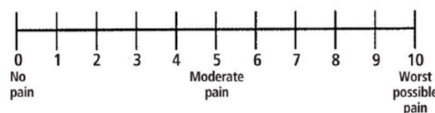
CLINICAL CARE MANAGEMENT (CCM):

- A CCM will visit to discuss your plan for discharge.
- You will be discharged as soon as our team determines you are ready, which may be within one day.
- Discuss discharge questions or concerns with the healthcare team.

Pain Control

We want you to be as comfortable as possible so you can participate in physical therapy and your daily activities, however, you will not be pain free.

Numeric Pain Rating Scale



Wong-Baker FACES Pain Rating Scale



PAIN CONTROL OPTIONS:

- We use various oral medications. This may be adjusted based on your specific need.
- Notify your nurse if you can't sleep or have uncontrolled pain. There are more therapies and orders that can be used.
- Mobility
- Complementary Therapies:
 - Imagery
 - Pet Therapy
 - Aromatherapy
 - Ice packs or a cold therapy system
(Please Note: Some options may be available on a limited basis)

PART 3:

Activity

The information in this section will help you understand your recovery and care at home. The exercises described in the next few pages will help you recover, helping you to return to your daily activities quicker. You may need your coach to help you with these exercises at first.

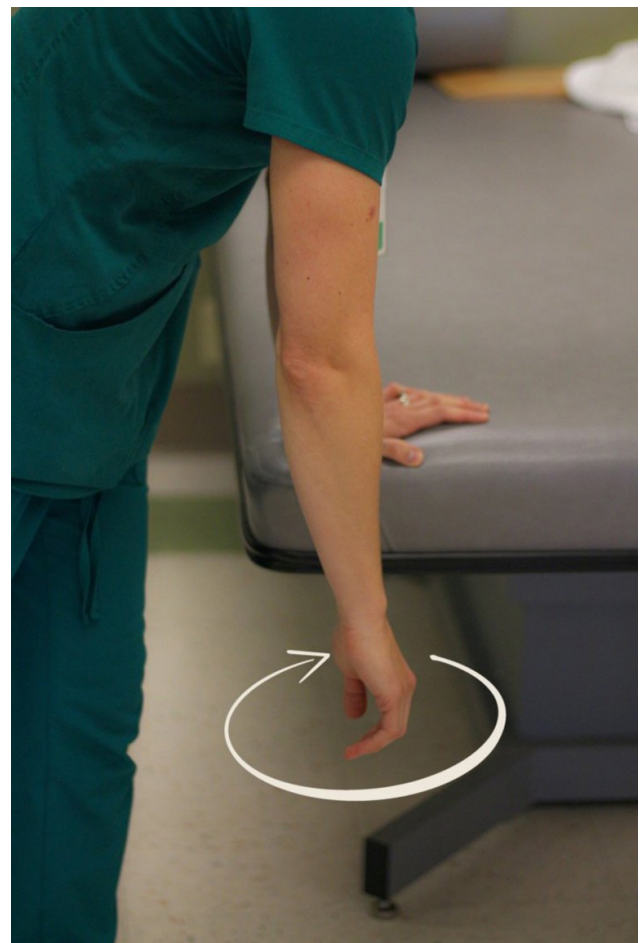
Shoulder Replacement Restrictions

- You should not use your arm to lift, pull, or push weight. This includes pushing up out of a chair or bed.
- Moving or using the arm too early can prevent proper healing.
- You will most likely wear a sling for 6 weeks after surgery, unless otherwise directly by your surgeon.
- You will be shown how to safely remove your sling so you can bathe and get dressed.
- Your surgeon or physical therapist will tell you when you can do gentle, passive arm exercises.

- Physical therapy will show you how another person can assist in moving your arm for these exercises.
- You will likely have a physical therapy appointment set up by your surgeon's office to learn how to get your shoulder stronger and moving better.

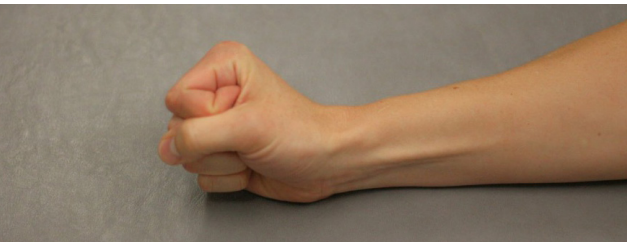
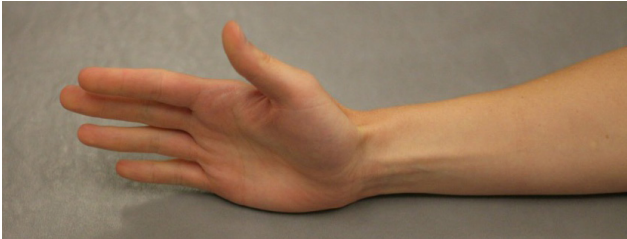
PENDULUM (CODMAN'S):

Lean on a table or the back of a chair, bending your knees and keeping your back straight. Now, let your arm relax and hang straight down. Begin making small circles, first clockwise then counterclockwise. Let the arm swing freely, remaining as relaxed as possible. Now repeat the pendulum motion forward and backward and then side to side. Remember to stay relaxed. Do 1 set of 10. Do exercise 4 times/day.



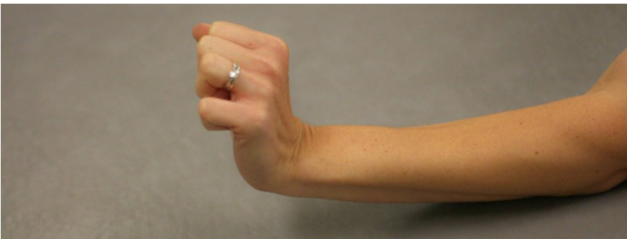
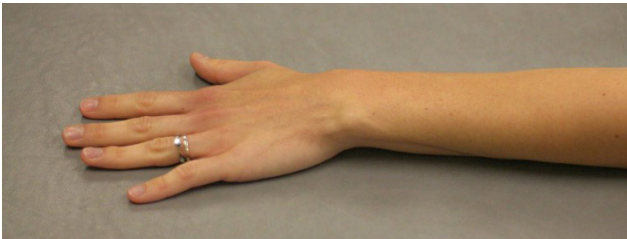
GRASP:

Make a fist, be sure each joint is bending as much as possible. Relax and then straighten fingers as much as possible. Relax. Do 1 set of 10. Do exercise 4 times/day.



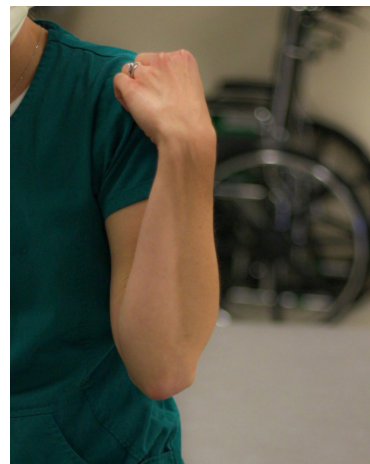
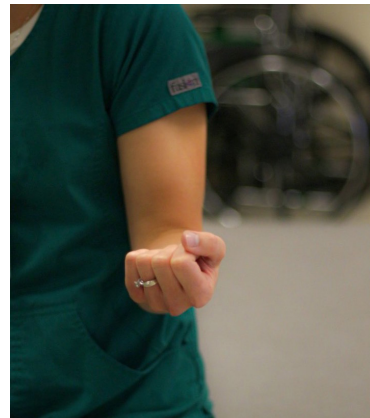
WRIST FLEXION/EXTENSION:

Support forearm and wrist on a table. Lower your hand over the edge, palm down, then raise it up. Do 1 set of 10. Do exercise 4 times/day.



ELBOW FLEXION/EXTENSION:

With your palm facing forward, work your elbow in a pumping motion, first up, then down. Continue each motion to the point of tightness, gently stretching the elbows. Do 1 set of 10. Do exercise 4 times/day.



PART 4: Returning Home After Shoulder Surgery

You will be discharged as soon as our team determines you are ready, which may be within one day. Your stay is short so you will need a plan for the first few weeks after discharge. We encourage you to recover at home if possible. You are less likely to develop complications if you recover at home.

These instructions provide you with general information on caring for yourself after you leave the hospital. For the next 6 to 8 weeks, your new joint will continue to heal. You will receive specific instructions by your surgeon upon discharge titled After Visit Summary (AVS).

DISCHARGE INFORMATION:

- We strive to discharge you in a timely manner to get you home as soon as possible.
- It is important that you arrange for someone to assist you the first several days, this does not have to be 24 hours a day
- You will have a follow up appointment at your surgeon's office in 10-14 days after surgery. Your follow up appointments are very important.

OUTPATIENT PHYSICAL THERAPY:

- Physical therapy is an important part of recovery and preventing injury in the future. You may require outpatient physical therapy for several weeks to achieve full function of your new joint. Most insurance companies and Medicare reimburse or will cover this, at least in part.

IN HOME PHYSICAL THERAPY:

- If Physical Therapy (PT) in your home is deemed appropriate, the Clinical Case Manager will set this up with your input. This typically lasts one week, then you would begin outpatient PT.

Getting Around at Home

AT HOME ACTIVITIES:

At home, increase your activity over time. Do more activity each day.

- Increase walking
- Do exercises as ordered by your surgeon and Physical Therapist
- Plan periods of rest into your day.
- Use help with chores as needed (laundry, cleaning, cooking, pet care)

CAR:

- Use the same technique you would getting in and out of a chair.
- Take care not to use your operative arm to pull or push yourself from the car.
- Do not drive a car (typically 4-6 weeks) until cleared by your surgeon.
- If you are riding in a car, stop every hour and get out of the car to stretch.
- Do your ankle pumping exercises while you are riding in the car.

BED:

- You may find it uncomfortable to lie flat in bed for the first few weeks following shoulder surgery as this position can cause extra strain on your shoulder.
- Sleep in a recliner if you have one or prop yourself up in bed with pillows.
- To stand up from a chair/recliner, use only your non-operative arm to push yourself up. Remember not to push or pull using your operative side unless cleared by your surgeon.
- To get out of bed, move your legs off the bed as you slide your body toward the edge of the bed. Stand up just like getting out of a chair.

BATHING OR SHOWERING AFTER SURGERY:

- Your surgeon will give you instructions for showering after surgery.
- Cover your dressing with Glad Press 'n Seal when showering. This can be purchased at most grocery stores.
- Do NOT scrub your incision.
- Do not shower alone. Have someone close by until you feel safe.
- Use grab bars for balance.
- Use nonslip bathmat on bathroom floor and in shower/tub.
- Sit on a shower seat/chair.
- Use handheld shower to wash areas more closely.
- Use long-handled scrub brush to wash hard to reach areas.

GETTING DRESSED:

- Button-closure or zip up shirts are easier to put on and take off for the first few weeks after shoulder surgery.
- You may need help dressing. Physical therapy can give you and your loved one tips on dressing before you're discharged home from the hospital.
- Wear supportive shoes with a back or shoes with elastic shoelaces to make it easier to put them on and take them off.

RESUME SEXUAL ACTIVITY:

- Ask your doctor when it is safe for you to have sex.
- Ask what precautions you should follow.
- You may need to try new positions. Some positions are more comfortable and safer.

LONG TERM FITNESS:

- You must be cleared by your surgeon before performing any physical activity using your operative shoulder.
- Physical activity is encouraged as you recover from your joint replacement surgery. This will help to restore normal function to your joint and allow

you to perform everyday activities without pain.

- Do not participate in sports or high impact activities without your doctor's approval.
- Keep in mind that excess stress on your new joint can lead to wear and tear of your implant.

AIR TRAVEL:

- Air travel is restricted for the first 6 weeks after surgery. For the first year after your joint replacement, use these precautions to protect your new joint and reduce your risk of complications:
 - When booking your flight, notify the airline you have a total joint in place.
 - Be sure to tell the officers at the security check points that you have had a total joint replacement.
 - Request assistance to travel through the airport, as necessary.
 - Wear your compression stockings during any flight if you were instructed to wear them post-operatively.
 - Stand frequently and do your ankle pumping exercises during the flight as you are able.

ADAPTIVE EQUIPMENT FOR SHOULDER REPLACEMENT

You may need equipment to help you with everyday activities such as bathing or reaching for things. Your therapist will recommend what equipment you need. You can purchase, rent, or even borrow most equipment.

Medications

- You will have prescription medications sent to your pharmacy for medicines you will need at home if you were not taking them before your surgery.
- Nurses will review your medications with you and instruct you what to take and will discuss which prescriptions are new.
- Start taking any medicines you were taking before surgery unless the discharge instructions say otherwise.
- Do not take any herbal medications, unless instructed by your surgeon.

PAIN MEDICATIONS:

- Take pain medication when needed, as prescribed by your surgeon.
- Consider taking your pain medication before you exercise. This will help ease any pain you may feel when you exercise. You should feel a little better every day as your body heals.
- Don't wait until the discomfort is intolerable to take medication.
- It may be helpful to keep a written record of when you take your pain medication (include time, medication, and amount).
- As you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them. Eventually you will no longer need pain medication.
- Do not drink alcohol or drive while taking pain medication.
- If you have new pain or swelling that is different from the pain you had in the hospital, please let your surgeon and/or physical therapist know.
- If your pain is not improved by the prescribed pain medication, please let your surgeon know.

ACETAMINOPHEN:

- DO NOT take more than a total of 4 grams (4,000 milligrams) of acetaminophen (Tylenol) in a 24-hour period. Some pain medications have acetaminophen (Tylenol) in them. It is important to know this when you are calculating your daily dose. Check with your doctor or pharmacist to be sure.

- Aim to wean off narcotic pain medication as soon as possible (oxycodone, hydrocodone, etc.). You may combine or supplement narcotics with acetaminophen (Tylenol) routinely or as needed during your recovery.

ANTICOAGULATION MEDICINE (BLOOD THINNERS):

- Most patients will leave the hospital with an order for an anticoagulation medicine to reduce your risk of a blood clot.
- Anticoagulation medicines slow down the process of blood clotting. Using controlled amounts of medicine reduces the risk of blood clot formation.
- You will be at an increased risk for blood clots several weeks following surgery. This medicine is usually taken for up to 6 weeks.
- If you get a cut, apply pressure to the site and call your doctor if the bleeding won't stop.
- Avoid razors, use an electric shaver.

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS):

- Do not take any non-steroidal anti-inflammatory drugs (NSAIDs) including ibuprofen (also known as Advil or Motrin) or naproxen (Aleve) until follow-up visit, unless otherwise directed by your doctor.
- Aspirin and other arthritis medicines are also anticoagulants.
- Two anticoagulants should not be combined without a doctor's approval.

Preventing Complications

CONSTIPATION:

Pain pills can cause constipation. To prevent constipation:

- Increase fluids
- Increase fiber (fruits/vegetables/bran)
- Prunes and/or prune juice
- Increase walking
- Stool softeners will make it easier to have a bowel movement without the laxative effect.

- You may use an over-the-counter laxative, if needed.
- If you have not had a bowel movement in three days following your surgery, please call your surgeon's office.

INFECTION:

- Hand washing is the best way to prevent the spread of infection.
- Wash your hands after using the restroom, coughing, or sneezing and before meals.
- Proper care of your incision can help prevent infection.
- Eating a healthy diet can also help prevent infection and promote healing.

INCISION CARE

- It is important to check your dressing/incision every day.
- You will receive instructions about your dressing on the After Visit Summary (AVS).
- Keep the incision clean and dry until instructed otherwise at your first post-operative appointment after surgery.
- If there is any redness around the bandage, worsening pain, or persistent itchiness under the bandage, call your surgeon's office for further instructions. Do not remove unless instructed by your surgeon.
- If the dressing becomes saturated or soiled, call your surgeon's office for instructions. Do not remove unless instructed by your surgeon.
- Your dressing will be removed in the surgeon's office during the post-operative appointment, unless otherwise directly.
- Once your dressing is off:
 - Wash your hands before touching the incision (if you must touch it for any reason).
 - Wash your incision and the skin around it gently with soap and water.
 - Do NOT use chlorhexidine (Hibiclens) directly on your incision.

- Pat incision dry with a clean towel, do not rub.
- No tub baths, avoid swimming pools and hot tubs until incision is completely healed (about 3 weeks).
- Do not use any creams, lotions, ointments, or alcohol on or near your incision.
- Keep fresh incision covered if you are to be around pets or small children.
- Avoid smoking until the incision is completely healed.
- If you have diabetes, better management of your blood glucose levels will help with wound healing.

SWELLING:

- Swelling is common following a total joint replacement.
- Wear your sling as directed.
- Sitting in a chair is less painful than lying in bed.
- Use a few pillows to prop up your arm, if needed.
- Wear TED stockings for 1 month unless otherwise directed by your surgeon. Apply stockings in the morning and remove at night.
 - Wash the stockings regularly with soap and water and hang them to dry at night.

BLOOD CLOTS:

- Most patients will leave the hospital with an order for an anticoagulation medicine to reduce your risk of a blood clot. Continue to take this medication unless directed otherwise by your surgeon.
- As previously mentioned, wear TED stockings for 1 month unless otherwise directed by your surgeon.
- Lying in bed for long periods of time can increase your risk of developing a blood clot. Increase your activity and ambulation as tolerated.

DENTAL PROCEDURES/OTHER PROCEDURES:

- No dental procedures for 6 weeks (includes teeth cleaning).
- For dental procedures, other surgeries, or any test/procedure where bleeding may occur (cardiac catheterizations, biopsy, etc.), it is recommended that you take antibiotics prior to the procedure.

- Your surgeon or dentist can provide the prescription.
- You will be given a card to show your dentist/doctor about the need for antibiotics.

CALL 911 FOR ANY OF THE FOLLOWING:

- Chest pain
- Sudden shortness of breath
- Coughing up blood

CALL YOUR SURGEON FOR ANY OF THE FOLLOWING:

- Temperature >101 °F
- Increased redness, swelling, or drainage from or around your incision
- Pain not relieved by pain medication
- Nausea or vomiting
- Edges of wound start to separate
- Coldness of the surgical arm
- Severe calf pain
- Tingling or numbness
- Questions or concerns

CALL YOUR MEDICAL DOCTOR FOR ANY OF THE FOLLOWING:

- Weight gain
- Cold symptoms
- Fatigue
- Gradual worsening of existing health issues (i.e., heart, lungs)

QUESTIONS:

It is very important to your physician that you are kept informed. Please bring any questions or concerns to the attention of your nurse or physician assistants so that your concerns can be addressed.

Planning for Alternative Post-Discharge Needs

SHORT TERM REHABILITATION AT AN AREA NURSING HOME:

In special circumstances a short term rehab facility may be appropriate. You must qualify according to Medicare or your insurance company's guidelines in order to go to short term rehabilitation. Please note, living alone is not enough to qualify for short term rehabilitation. Your insurance company will need to authorize short term rehabilitation depending on your physical needs.

PART 5: Frequently Asked Questions

How long will I be in the hospital?

You will be discharged as soon as our team determines you are ready, which may be within one day.

How long will I be in the operative area?

You will first be brought to the "pre-induction" area or the "holding area" for about one hour. Surgery takes about two hours. You will be in the Post Anesthesia Care Unit for one to two hours. Total time is about four to five hours.

How soon will I be out of bed after surgery?

You will walk as soon as you arrive on the post-op unit from the post anesthesia care unit, with the help of a physical therapist and/or nurse.

How long will I need to wear my shoulder sling?

You will need to wear your shoulder sling for about 6 weeks, unless otherwise directed by your surgeon or physical therapist.

When can I use my operative arm to perform activities of daily living?

You can slowly start to use your affected arm to perform activities at around 6 weeks post-op, once directed by your surgeon and/or physical therapist.

When can I take a shower?

You can typically shower 4 days after surgery, unless otherwise directed by your surgeon. Depending on what dressing is applied, you may need to cover the dressing that is over your incision with Glad Press' N Seal ®.

How long does it take to recover from shoulder replacement surgery?

This varies person to person. Short term recovery takes about 6-12 weeks and long-term recovery could take up to 6 months or longer.

When can I drive?

You should discuss this at your follow-up appointment at the surgeon's office. Do not drive for 4-6 weeks, unless otherwise directed by your surgeon.

When can I go back to work?

You can go back to work in 3-8 weeks depending on what your job is.

Resources

Phone Numbers:

Syracuse Orthopedic Specialists: 315-251-3100

Pre-Admission Testing: 315-703-5108

St. Joseph's Hospital Main Number: 315-448-5111

Pre-induction Unit: 315-448-6439

Orthopedic Patient Navigator:

- Chrissy Benati | 315-726-9133 | christina.benati@sjhsyr.org

Orthopedic and Spine Care at St. Joseph's Health:

- **Nursing Units 4-1/4-2:** 315-448-5410

St. Joseph's Outpatient Physical Therapy:

- **Northeast Medical Center:** 315-329-2550

Physical Medicine and Rehab

(Physical and Occupational Therapy): 315-448-6251

Smoking Cessation NYS Quitline:

- 1-866-NY QUILTS

- 1-866-697-8487

Websites:

St. Joseph's Health (SJH): www.sjhsyr.org

SJH Shoulder Surgery Education: www.sjhsyr.org

- Type "shoulder surgery education" in search box, then enter.
Click Shoulder Surgery.

Smoking Cessation NYS: www.health.ny.gov/prevention/tobacco_control/campaign/quit_smoking/quit.htm

Thank you!

Thank you for choosing St. Joseph's Health for your shoulder surgery needs. We hope that this book serves as a helpful reference for you as you prepare for and recover from your surgery. Please do not hesitate to ask our experienced team of surgeons, physician assistants, nurses, rehabilitation specialists and other team members if you have any additional questions.

Ask to speak to a Nurse Leader or any of our nurses and let us know how we are doing. We welcome your feedback.



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