



EXCEL

ORTHOPEDIC SURGERY & RECOVERY

TCOEXCEL.com

SHOULDER

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Dear EXCEL Patient,

Welcome to the TCO EXCEL Orthopedic Surgery and Recovery program! The physicians and staff at TCO are pleased you are considering us for your upcoming surgery. We are committed to providing quality medical care and excellent service to each one of our patients.

We would like to take the time to briefly discuss the process for your upcoming surgery. This manual is designed to offer information on your preparation before surgery, the surgery itself, and the road to recovery after your procedure. It is important to your recovery that you feel supported and well prepared for the upcoming operation.

We take great pride in the care our patients receive. Our team is here to assist you through this entire process. If at any time you have any questions, please feel free to contact our team.

We look forward to working with you and getting you back to all the activities you enjoy.



Leah Zimmerman, RN, BSN

EXCEL Program Director

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Welcome to Twin Cities Orthopedics!

Thank you for choosing Twin Cities Orthopedics for your orthopedic needs. We take pride in providing the highest quality of specialized orthopedic care for muscle, bone and joint conditions.

As the largest orthopedic group in Minnesota and the second largest in the nation, we are pleased to offer the collective expertise and experience of over 100 board-certified physicians. We have developed the TCO EXCEL program in an effort to help advance the practice of orthopedic medicine, providing patients with successful outcomes and a positive experience.

The new innovative model offers:

- Simplified billing with the goal of reducing the cost of health care.
- Efficient surgery performed in an ambulatory surgery center.
- Recovery in a comfortable and private orthopedic recovery suite.
- Total coordination of care from day one to full recovery.
- One-on-one personalized concierge service from your surgeon and a Registered Nurse who will guide you through every step of the process.

We understand that the thought of surgery can be stressful, which is why we have worked hard to make the TCO EXCEL experience as seamless and comfortable as possible. This manual will assist in educating you about your surgical condition, procedure and treatment.

If there is anything we can do to provide the best possible care, please let us know.

Sincerely,



Chris Meyer, MD

President, Twin Cities Orthopedics

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EXCEL CARE TEAM

ROLE OF EXCEL RN PROGRAM COORDINATOR

Your EXCEL coordinator is here to guide you through the entire experience. This role includes:

- Providing you with detailed information about the EXCEL program and what is necessary to ensure you are ready for surgery and recovery.
- Reviewing your Preoperative exam that is completed by your primary care provider.
- Getting you connected with a Preoperative education class
- Assisting in coordinating your care between the surgeon's office, your primary care provider's office, the surgery center and your stay.
- Assessing your needs when you are discharged to your home.
- Answering your questions and providing you with any resources needed before and after surgery.

Your EXCEL RN Coordinator will call you 4-6 weeks before surgery to go through the Preoperative information.

THINGS THAT YOU CAN DO PRIOR TO THE CALL WITH YOUR RN COORDINATOR:

1. Schedule your Preoperative physical with your primary care provider 21-29 days prior to surgery.
2. Identify who is available to help in your recovery.
3. Visit <https://TCOEXCEL.com/> to find online patient resources.

PREOPERATIVE HISTORY & PHYSICAL

Schedule a Preoperative history and physical, also known as an H&P, with your primary care provider. A Preoperative H&P is required for all patients having surgery. The date of your appointment should be 21-29 days prior to your surgery date. This timeline allows the team plenty of time to receive the information and follow up on anything that is outstanding or requires additional clearance for surgery without having to delay your surgery date.

Please share this page or inform your provider that you will need the following labs and testing completed for surgery in an outpatient surgery center:

- CBC lab draw
- BMP lab draw
- A1C within last three months with a diabetes diagnosis
- EKG for anyone older than age 65 -OR- has a cardiac history or takes cardiac medications (EKG within last 6 months is accepted)

In the back of this book is a Preoperative History & Physical Document that can be removed and given to your provider at your appointment. With electronic documentation, very few providers complete their documentation on this form.

Talk with your provider about all the medications that you take. Your provider will advise when you should stop taking these medications before surgery and when it is safe to resume these after the operation. General recommendations for stopping medications seven days before surgery:

- Aspirin
- Multivitamins and supplements unless specifically advised to take (example Iron)
- NSAIDs (examples Ibuprofen, Motrin, Advil)
- GLP1 Medications: Stop weekly injectables 7 days prior. Stop daily injectables day before surgery.

YOUR COACH

Schedule a Preoperative history and physical, also known as an H&P, with your primary care provider.

- Your coach should be someone who has the time and physical abilities to assist you throughout this process.
- You are encouraged to share the EXCEL education materials with your coach.
- Your coach is needed at the surgery center on the day of surgery and available for your discharge instructions.
- If your recovery plan of care includes an overnight in the EXCEL Recovery Suites, your coach should attend one of the physical therapy sessions and be available to bring you home between 10-11am the day after surgery.

EXCEL PRE-OP EDUCATION CLASS

We know that our patients are busy and there are many things to plan for prior to your surgery. We offer self-paced modules for our patients to receive additional education on how to prepare and what to expect with your surgery and recovery.

Below is a brief overview of what you can expect in the education materials:

- Instructions on preparing for surgery
- Day of surgery expectations in the surgery center
- Surgical procedure overview
- The discharge process
- Patient safety, mobility, pain management, and preventing complications
- Physical Therapy

Your EXCEL RN Coordinator will assist you in receiving the additional teaching information.

GETTING INTO SHAPE FOR SURGERY

Alcohol, Tobacco and Drugs

- Don't consume alcohol for at least 24 hours before surgery. If you have concerns about abstaining from alcohol, please contact your RN Coordinator.
- Cannabis products should be stopped 24 hours prior to surgery.
- Do not use tobacco products after midnight on the day of surgery.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery and your recovery.

Maintaining a Healthy Weight

It is important to eat well before your surgery. Good nutrition will help with healing after surgery and preventing complications. Excess weight can add extra stress to your body during surgery. It can also put extra stress on the new joint during your recovery. Check with your RN Coordinator or your surgeon if you need support and guidance about maintaining a healthy weight.

Exercises

In the appendix of this manual, you will find exercises to do prior to and after surgery. Performing the exercises before surgery will make them easier for you to do after surgery.

Nutrition

Poor nutrition before and after surgery can significantly increase the risk for surgical site infections, delay healing, and impair incision strength.

Nutrient	Function	Food Source
Protein	Maintenance and repair of body tissues.	White meat, fish, eggs, dairy products, liver, soy beans, legumes, seeds, nuts, and grains.
Calories: Carbohydrates/ Fats	Main sources of energy and prevents protein-energy malnutrition.	Carbohydrates: Whole grain cereals, breads, rice, and pasta. Fats: Meats, dairy products, oils, and fats (mono-polyunsaturated fats).
Antioxidants: Vitamins C, A, and E	Promoting incision healing while decreasing the chance for infection.	Vitamin C: Oranges, grapefruit, tomatoes, leafy vegetables, and juice. Vitamin A: Milk, eggs, cheese, dark green vegetables, oranges, and red vegetables. Vitamin E: Spinach, almonds, bell peppers, asparagus, and dark leafy greens.
Minerals: Zinc and Iron	Zinc: Important for protein and collagen synthesis and tissue growth and healing. Iron: Transports oxygen in the blood.	Zinc: Red meat, fish, shell fish, milk products, poultry, and eggs. Iron: Red meat, eggs, fish, whole wheat bread, dark green leafy vegetables, dried fruits, and nuts.
Hydration	Increases oxygen and nutrients to the surgical site while increasing the strength of the incision.	Water, juice, milk, soup, Jello, ice cream, and yogurt.

PREPARING YOUR HOME

- Arrange furniture to allow clear pathways within and between rooms
- Adequate lighting for night-waking
- Secure loose rugs or carpets
- Make sure that the bed or chair you will be using is easy to get in and out of
- Store commonly used items in easy to reach locations

Some patients find purchasing additional equipment to be helpful: long-handle reacher, shoehorn, shower chair or bench, raised toilet seat.

THE DAY BEFORE SURGERY

The surgery center will contact you 24-72 hours before surgery to give you the arrival time for surgery and the eating and drinking restrictions.

Eating and Drinking

- Eat a light dinner the night before surgery. We recommend avoiding fatty, greasy, or spicy foods. Stop eating food 8 hours before your scheduled surgery.
- You may drink clear liquids up to 2 hours before you arrive for surgery. Clear liquids include water, Gatorade, coffee and tea without additives like cream, milk, or sugar.

Packing for Surgery

Please bring the following items when you arrive at the surgery center:

- Photo ID
- Insurance Card
- Assistive device if one was issued to you prior to surgery

Please leave all jewelry and valuables at home, including wedding bands.

NIGHT BEFORE SURGERY

You will complete two Preoperative showers with Hibiclens or Dial soap. Hibiclens or Dial soap can be purchased at any drug store. Complete the first of the two Preoperative showers the night before surgery. Change your bed sheets so you sleep on clean linens after your shower.

Showering Instructions

1. You may use your own shampoo & conditioner first in the shower
2. Wash everything from the neck down with Hibiclens or Dial soap
3. Wash the surgical site for an additional 2-3 minutes
4. Rinse
5. Use a clean towel to dry off
6. Do not apply lotion, perfumes, or hair products after showering

Showering notes: Keep the cleanser out of the eyes, ears and mouth. For external use only. Stop shaving the surgical extremity 7 days prior to surgery.

DAY OF SURGERY

- Complete the second shower following the same instructions and dry off with a fresh towel.
- Remember not to apply lotions or hair products.
- Please remove all jewelry, including wedding bands, and keep them at home.
- Hold all medications unless instructed to take medications in the morning of surgery or take any of the medications on the following list. You may take these with a small sip of water.
 - Beta-blockers
 - Asthma medication
 - Acid reflux medicine
 - Seizure medicine

SURGERY CENTER

After checking in, a member of your surgical care team will bring you back to the Preoperative area where they will get you ready for surgery. A nurse will start an IV and begin to get you ready for surgery.

You will meet the anesthesia team to review your care plan. You will also meet with your surgeon and surgical site will be marked. You will be asked to sign a consent form by each of these providers. Please ask any questions that you need clarified prior to the procedure.

OPERATING ROOM

There are many people that are part of the operating room team. The surgeon and the first assistant, the anesthesiologist or nurse anesthetist, surgical techs and nurses.

Before the operation begins, the members of the team take a safety time-out in which everyone stops what they are doing, and they go through a checklist of information for the procedure and roles of the team members. During your time in the operating room, you are continuously monitored by the team.

ANESTHESIA

There are different types of anesthesia that can be used with your surgery. The type of anesthesia you will receive is based on surgeon preference, the surgical procedure, your medical history, and is a collaboration between the surgeon and anesthesia team. No matter what type of anesthesia is administered to you, you are closely monitored throughout your surgery by the anesthesia team.

ANESTHESIA TYPES	HOW IT WORKS
Spinal Anesthesia	Spinal anesthesia is administered through a needle/catheter placed directly into the fluid of the spinal canal. This causes temporary loss of feeling and movement to the lower part of the body. Medications will be administered to make you sleepy and unaware of the happenings in the OR.
General Anesthesia	General anesthesia is administered into the bloodstream or can be breathed into the lungs, resulting in total unconsciousness. Patients may also have a tube placed in the windpipe to assist with breathing with this anesthesia.
Nerve Block	Nerve blocks are used for different total joint procedures. Most commonly in knee, shoulder, and ankle replacement. A nerve block provides additional pain relief by injecting medication near a specific nerve that provides sensation to the part of the body having surgery. As the nerve block slowly wears off, it can provide additional pain management for the first 1-2 days after your surgery.

AFTER SURGERY, RECOVERY ROOM

You will continue to be closely monitored while in the recovery room by a nurse. You will become more alert and may start feeling sensation return to the surgical extremity if you have a spinal. You may experience some pain or nausea, and the nurses will be able to provide you with medications to make you more comfortable.

When you are ready to sit up in a chair, the team will give you something to eat and drink and soon you will be up walking with assistance to the bathroom. The nurses will also assist you in getting dressed in regular clothes. When it is safe for you to be discharged from the surgery center, the nurses will go through the discharge instructions, and we invite your coach to be present during this education.

As you leave, a staff member will take you to your car in a wheelchair and assist you in the vehicle.

If your discharge plan includes an overnight stay in the EXCEL Recovery Suites, more information can be found on page 35.

TOTAL SHOULDER JOINT REPLACEMENT

**Overview**

This surgery fixes a damaged or diseased shoulder joint. The bad parts will be taken out and replaced with artificial parts. The new parts let your shoulder move smoothly.

Preparation

To begin, you're given medicine to put you to sleep or to make you feel numb and relaxed. The surgeon makes a cut to get to your joint. The head of your upper arm bone is removed. That's the "ball" of your shoulder's ball-and-socket joint.

Implants placed

Now, the surgeon smooths and reshapes your shoulder socket. An artificial socket is fitted into place. Then, the end of your arm bone is reshaped. A metal stem is put into this bone, and a ball is placed on the stem. Finally, the ball is put into the new socket. Your shoulder joint is tested to make sure it works properly. Then, your incision is closed.

End of procedure

After the surgery, you're watched in a recovery room. Follow your surgeon's instructions as you heal.



See the Video

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REVERSE TOTAL SHOULDER JOINT REPLACEMENT



Overview

This surgery repairs a damaged shoulder joint. It reverses the position of the ball and the socket. This lets you move your arm with your deltoid muscle, instead of the muscles of the rotator cuff.

Preparation

To begin, you're put to sleep. Or, you're given medicine to make you feel relaxed and numb. We make an incision to reach your joint.

Humerus component

First, we modify the humerus. That's the bone of your upper arm. We take off the head of the humerus, and make space in this bone for the implant. The implant's stem slides into the bone's center. We attach a cup to the top. This is the shoulder's new socket.



Glenoid component

Next, we modify the glenoid. That's the end of a bone called the "scapula." We reshape the glenoid to make a stable surface. Then, we secure an implant to it. This is the shoulder's new ball. We bring together the new ball and socket to form the new joint.

End of procedure

When it's done, we close your incision and bandage your shoulder. You're watched closely as you become awake and alert again. Follow your care plan for a safe recovery.



See the Video

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PAIN MANAGEMENT

You should expect to have some pain after surgery. The goal with pain management is to achieve a pain level that is “functional,” meaning that you can move around, participate in any exercises, and rest. It is not uncommon for people to feel more discomfort or swelling at home due to an increase in your activity. It’s important to use different types of pain management methods to help you recover.

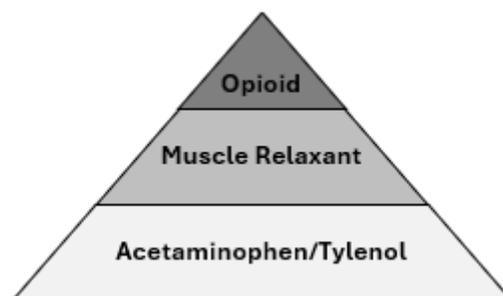
DIFFERENT TYPES OF PAIN YOU MAY FEEL AFTER SURGERY

You may be surprised at where you experience pain after surgery. Often, the incision itself is not the only area of discomfort. You may or may not feel the following:

- Muscle pain – You may feel muscle pain in the neck, shoulders, back, leg, feet, or chest from positioning during surgery.
- Throat pain – Your throat may feel sore or scratchy.
- Movement pain – Sitting up, walking, and coughing are all important activities after surgery, but they may cause increased pain at or around the incision site.

MEDICATIONS

You will be prescribed narcotic and non-narcotic medications to manage your pain after surgery. All patients will be prescribed Acetaminophen or Tylenol that is taken on a schedule and assists in managing muscle pain Postoperatively. Many of our physicians prescribed a muscle relaxant like Vistaril or Hydroxyzine to aid in pain management. Finally, your physician will prescribe narcotic pain medication. Narcotics like Oxycodone, Norco, or Dilaudid are used to support the scheduled pain medications with breakthrough pain. You may also be prescribed a muscle relaxant like Vistaril or Hydroxyzine to aid in pain management.



The philosophy of “treating to prevent pain” or “getting ahead of pain” and taking frequent narcotics is not a practice that we follow nor recommend. Narcotics should be used when the other medications aren’t effectively managing your pain, and you need something stronger to get comfortable and to participate in activities. Your surgeon team will discuss with you their specific expectations when it comes to Postoperative narcotics and refills.

NON-MEDICATION WAYS TO MANAGE PAIN

- Relaxation tapes or Guided Imagery is a proven form of focused relaxation that coaches you in creating calm, peaceful images in your mind, a “mental escape.”
- Listening to your favorite music or tuning in to your favorite television show can provide a distraction from your pain or discomfort.
- Go outside if the weather allows you to. Getting some fresh air can help when you are feeling down or having a hard time managing your pain.
- Plan a social connection with your family or friends. Getting together with those you love can help with mood and can create a distraction if you are having a hard time with your recovery.

IMPORTANT: If you feel your pain is not being controlled to allow you to exercise and get up and move, please talk with RN coordinator. It’s important to find a pain management plan that will work for you and make sure you can participate in your recovery.

WHAT TO EXPECT POST-OP

Everyone's recovery from surgery is different and it can be hard not to compare your progress with friends, family, and even from your own experience with a previous surgery.

Swelling

Swelling is normal and common after surgery and may last for several months. It is helpful to ice after activities or exercises. Rest, ice, and elevation of the hand are the best ways to manage postoperative swelling.

Numbness

It is very common for patients to have an area of numbness around the incision. This is normal after joint replacement surgery. This area will typically decrease over 6-12 months after surgery. This is not a concern.

Fever

A low-grade fever (less than 101 degrees) is common after surgery. You may have night sweats or chills as your body reacts to the "trauma" of surgery. If the fever does not respond to Tylenol or you have other symptoms accompanying the fever, please call the RN Coordinator.

Body Changes

- It is normal to not have a decreased appetite after surgery. Drink plenty of fluids and focus on foods with plenty of nutrients that will help with healing. Your appetite and desire to eat will get better over time.
- You may have difficulty sleeping. This is normal and you may need to try different sleeping positions or locations in the home to find the most comfortable place to sleep.

PUTTING ON AND TAKING OFF A SHOULDER SLING

A shoulder sling keeps your arm and shoulder from moving too much as you heal from surgery. It is important to wear your sling properly to avoid discomfort and to make sure your arm heals the right way.

TO PUT ON YOUR SHOULDER SLING:

- Hold the sling in your unaffected hand. All straps and buckles should be undone.
- Slide your affected arm into the sling. Your elbow should fit snugly into the corner of the sling.
- Then wrap the shoulder strap around your neck and shoulders and attach the strap end to the sling.
- Adjust the shoulder strap so your elbow is resting at a 90 degree angle and position the shoulder pad behind your neck.
- If your sling has a closure strap, attach it across the open top to keep your arm secure in the sling.
- Next, attach the thumb strap between your thumb and forefingers.
- Some slings include a pillow or a waist strap. If your sling has a waist strap, wrap the strap around your back and fasten it near your hand so it fits comfortably and is not too tight. You should be able to fit two or three fingers between your body and the strap.
- If your sling includes a pillow, place the pillow at your waistline and attach it to the sling.

TO REMOVE YOUR SHOULDER SLING:

- Release the buckle on the shoulder strap.
- Then release the closure strap across the top of the sling as well as the thumb strap near your hand.
- Gently slide the sling off your arm, being careful to keep your arm by your side as much as possible as you do so.



Your elbow should rest at a 90-degree angle in the sling.



If your sling has a waist strap, you should be able to fit 2 or 3 fingers between your body and the strap.



Keep your arm by your side as much as possible as you slide the sling off.

MOBILITY GUIDELINES

After shoulder replacement surgery, you may need to move differently until your shoulder heals. Follow these instructions on how to move the right way after surgery.

GETTING ON AND OFF A CHAIR WITH ARMS

- Back up to the chair until your legs touch the chair
- Reach back for the arm on the chair with your non-surgical hand and lower yourself into the chair.
- Slide forward to the front edge of the chair.
- Put your non-surgical hand on the arm rest.
- Push up with your non-surgical arm and your legs.



GETTING OUT OF BED

- You will need to get out of the bed on your non-surgical side.
- Do a log roll toward your non-surgical side. Turn to your side, keeping your body in straight alignment. Your shoulders, hips, and knees should all move together.
- Swing your legs over the edge of the bed as you push your upper body up with your non-surgical arm.
- Stand up slowly, pushing off with your non-surgical hand on the edge of the bed.



GETTING IN AND OUT OF A CAR

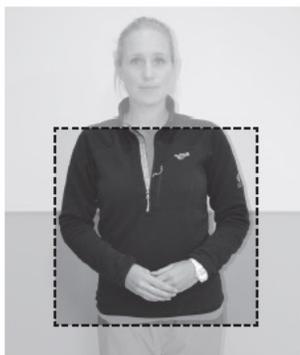
It is recommended to sit on the side of the car so the seatbelt crosses over your non-surgical shoulder. Do not use your surgical arm to push off of arm rest to assist in repositioning.

USING THE TOILET

Put the toilet paper on your non-surgical side to make it easier to reach. A raised toilet seat can help you stand up from a low toilet.

BOX OF SAFETY

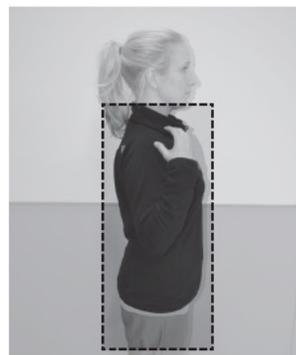
You can do light activities within the “box of safety” without hurting your new shoulder. Light activities including eating, knitting, reading, and table-top activities, such as eating, writing or typing.



Keep your hands in front of your body.



Keep your elbows at your side. Do not move them behind your body.



Keeping your elbow at your side, you may bend your arm at your elbow.

GETTING DRESSED

It will be easiest if you can wear loose-fitting clothing like sweatpants, shirts with wider collars, or zip-up tops.

- Shirts: Start by dressing your surgical arm first. Using your non-surgical hand, tread your arm through and hold open the collar to allow your head to go through and end with putting your non-surgical arm through the arm. When undressing, remove clothing from your non-surgical arm first.

- Socks: Sit down on a chair. Using your non-surgical arm, place your thumb and fingers in the cuff of the sock and spread your fingers apart. Slip your toes into the opening of the sock and pull the sock up. Use your non-surgical arm to put your socks on both feet.
- Bra: If you chose to wear a bra, try to wear one that closes in the front. Place the strap over your surgical arm first. If you chose to wear a bra that closes on the back, you will need help to put it on.

EATING

You can use your surgical arm to help you eat. Follow the instructions for the box of safety, bending your elbow and wrist to use your arm.

GOING UP AND DOWN STAIRS WITH CRUTCHES (NON-WEIGHT-BEARING)

Here are some tips on how to brush your teeth, fix your hair or shave.

- Brushing your teeth: Use the hand of your non-surgical arm to hold the toothbrush. You can use your hand on your surgical arm to put the toothpaste on your toothbrush. Remember not to lift your shoulder.
- Fixing your hair: You will need to use your non-surgical arm to fix your hair. If you need to use your surgical arm, you can make the handle of your hairbrush longer by attaching a dowel or ruler.
- Shaving: Use your non-surgical arm to shave. It will be easier to shave if you use an electric shaver.
- Keeping your underarm clean: Gently lean forward. Rest your non-surgical arm on a sturdy surface. Let your surgical arm hang away from your body. Wash the underarm of your surgical arm. Gently pass a soapy washcloth from the front to the back. Rinse and dry the same way with a clean towel.

MOBILITY AFTER SURGERY

DAY OF SURGERY

It's important to get up and walk around early and often after surgery. Start with smaller trips to the bathroom or to other areas of your house and remember to use your assistive device. Increase the length of time you are up and how far you go gradually. Your coach and support person can be helpful to you at home with tasks, such as making meals, cleaning, or completing errands

WEEK 1

Walking is an important part of your recovery. It's important to move throughout the day, but you can overdo it. Your surgeon may have provided you with some simple exercises to perform. These may include elbow, wrist, and hand exercises.

WEEK 2-3

Continue walking, increasing how long you are walking and how far you go as tolerated. Swelling may increase in your hand and fingers. At your follow up appointment, talk to your surgeon team about when you should schedule for first physical therapy appointment.

Your pain levels will start to decrease, and you don't need as much, if any, pain medications.

WEEK 4-6

Most patients begin physical therapy during this time. Your therapist will provide you with new or additional exercises to do on your own. Your pain levels will continue to decrease, relying less on pain medications.

During this time, you might be returning to a desk job and find that you are doing more during the day.

At six weeks, your incision is healed, and it would be safe for you to submerge in water like a pool or hot tub. Some surgeons may have a specific timeline for when you can return to these activities.

WEEK 7 AND BEYOND

You will progress to more range of motion exercises for the shoulder and might be weaning from the sling. We encourage you to continue your home exercise program for a year after surgery. You will continue to see gains in strength and range of motion.

Most patients are back to full functional activities between 20-28 weeks after surgery.

CONSTIPATION

Constipation is a common side effect from narcotic pain medication. Another cause of constipation following surgery is lack of activity, which is another reason why walking is important in your recovery. You can reduce your risk of becoming constipated by staying hydrated, eating a good diet high in fiber, and using over-the-counter stool softeners.

OVER-THE-COUNTER TREATMENT OPTIONS FOR CONSTIPATION

We recommend that all patients take Senna-S and Miralax while taking narcotics. Below is a list of OTC medications that can be used to treat constipation, beginning with the least aggressive to the most aggressive. Please use caution if combining these OTC medications, the onset of the medications can take several hours to take effect.

Docusate (COLACE) – a stool softener

Usual dose: take 1 tablet by mouth two times a day

Polyethylene Glycol 3350 (MIRALAX) – a gentle laxative

Usual dose: Add 17 grams (fill to cap line) to 4-8 ounces of beverage. Drink once a day

Senna (SEKOKOT) – a natural stimulant

Usual dose: take 1-2 tablets by mouth two times a day

Senna-Docusate (SEKOKOT-S) – A combination of a stool softener with a natural stimulant Usual dose: take 1 tablet by mouth two times a day

Magnesium Hydroxide (MILK OF MAGNESIA) – a laxative

Usual dose: 2-4 tablespoons at bedtime

Bisacodyl (DULCOLAX) tablet – a stronger stimulant laxative

Usual dose: take 1 tablet by mouth daily

Bisacodyl (DULCOLAX) suppository – a stronger stimulant laxative

Usual dose: insert 1 suppository into the rectum daily

Magnesium Citrate (CITROMA) – a stronger laxative that usually works within several hours Usual dose: drink 1/2 - 1 bottle once a day

Other things you can do to prevent and treat constipation: drinking water, prune or white grape juice, eat high-fiber foods like popcorn, crunchy vegetables, and fruit, take a high-fiber supplement.

RECOGNIZING AND PREVENTING COMPLICATIONS

SURGICAL SITE INFECTION

A surgical site infection is an infection within the part of the body where surgery took place. If you have any concerns that you may have a surgical site infection, contact your EXCEL coordinator or your surgeon team immediately.

Things that Can Put You at Risk for an Infection:

- Poor nutrition
- Diabetes
- Obesity
- Smoking
- Conditions that affect how your immune system responds
- Age
- Infections in other areas, like a urinary tract infection or an infected wound on another part of your body.

What are the Signs and Symptoms of a Surgical Site Infection?

- Drainage or cloudy fluid from the incision/surgical site
- Pain or tenderness
- Localized swelling
- Redness
- Heat from surgical area
- Fever 101.0 degrees or higher

Discharge Instructions

- Make sure that you and your coach understand your discharge instructions and how to care for your surgical incision. Please ask questions!
- Know who to contact for any questions and concerns regarding your surgery.

Postoperative Incision Care

- Wash your hands before and after you change your dressing.
- Healthcare providers must wash their hands before and after examining you. If you don't see them wash their hands, ask them to do so.
- Family and friends must wash their hands before and after visiting. They should **NEVER** touch the surgical incision or dressing.
- Keep animals away from your incision.

Dental Work

- Make sure dental work is up to date prior to surgery.
- No dental work should be done for 3 months following your surgery, this includes cleaning and dental procedures.
- Following surgery, your surgeon may prescribe antibiotics prior to any dental work to prevent infections.
- Inform your dentist that you received a total joint when scheduling any dental appointment.

DEEP VEIN THROMBOSIS (DVT)

Deep vein thrombosis (DVT) is a blood clot that forms in a vein deep in the body. Most deep vein blood clots occur in the lower leg or thigh. It also can occur in other parts of the body.

A blood clot in a deep vein can break off, travel through the bloodstream to the lungs, and block blood flow. This condition is called pulmonary embolism (PE). PE is a very serious condition that can cause death.

What are the Signs and Symptoms of a DVT?

- Swelling of the leg or along a vein in the leg.
- Pain or tenderness in the leg.
- Increased warmth in the area of the leg that's swollen or in pain.
- Red or discolored skin on the leg.

Other symptoms may relate to pulmonary embolism and require immediate emergency treatment. **Call 911 or proceed directly to the ER if any of these symptoms occur:**

- Unexplained shortness of breath.
- Pain with deep breathing.
- Coughing up blood.

Preventing a DVT

- Take any medication you are instructed to take to thin your blood.
- Stay active after surgery.
- Exercise your lower leg muscles during long trips in a car, bus, or plane.
- Be sure to talk to your surgeon about traveling after surgery.

BREATHING EXERCISES

Deep breathing, coughing, and using your incentive spirometer may speed your recovery and lower the risk of lung problems, such as pneumonia. Learn the following exercises and practice them prior to surgery.

Deep Breathing

To deep breathe properly, you must use your abdominal muscles, as well as your chest muscles. Breathe in through your nose as deeply as possible. Hold your breath for 5-10 seconds. Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale. Rest and then repeat these steps with 10 repetitions.

Coughing

To help you cough: Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest. Breathe out through your mouth and concentrate on feeling your chest sink downward and inward. Take a second breath in the same manner. Take a third breath. This time hold your breath for a moment and then cough vigorously. As you cough, concentrate on forcing all the air out of your chest. Repeat this exercise two more times.

Incentive Spirometer

An incentive spirometer is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help to keep your lungs healthy after surgery. The Incentive Spirometer will be provided to you in the surgery center and you will have a chance to practice using it with the nurse.



1. Sit upright in a chair and hold the device upright in both hands
2. Place the mouthpiece in your mouth and seal your lips around it.
3. **Breathe in** slowly and deeply. The piston should rise inside the column.
4. When you've reached your full inhale capacity, hold your breath for three seconds.
5. Exhale normally, then rest. If you start to feel dizzy or lightheaded, take a break.
6. Reset the indicator to the level that you reached during your best effort.

Repeat these steps 10 times every hour that you are awake or as often as your provider tells you to.

FREQUENTLY ASKED QUESTIONS

When can I drive?

Patients typically can start driving 4-6 weeks after surgery. If you have an automatic transmission and surgery on your left leg, you may be allowed to drive sooner. Consult your surgeon prior to driving. Keep in mind that you cannot drive while taking narcotic pain medication.

When can I return to work?

Return to work varies depending on your recovery and type of work you do. Typical return to work is in 4-6 weeks.

When will I be able to shower or take a bath?

The nurse will review specific showering instructions with you in your discharge materials. Patients can generally begin showering the day after surgery. No submerging in bathtubs until 6 weeks after surgery.

Is it normal to feel a little depressed after surgery?

It is not uncommon for patients to have feelings of depression after surgery. Contributing factors can be limited mobility, discomfort, increased dependency on others, and/or medication side effects.

Is bruising normal after surgery?

Bruising is normal after surgery. Bleeding occurs after surgery and tracks along the tissue of your leg resulting in bruising in different areas of your leg. The bruising will gradually go away on its own as the body reabsorbs the blood.

Are blisters normal after surgery?

Some patients may develop blisters around their incision that may leak clear fluid but eventually a scab will form and they will heal. Contact your EXCEL coordinator or surgeon with concerns. Do not pop the blisters and allow them to heal on their own.

When can I travel?

Speak with your surgeon about when it is safe to fly after surgery. We recommend that you walk around and stretch your legs every hour during travel and perform ankle pump exercises when sitting. We no longer provide joint replacement cards and recommend notifying the TSA you have had a joint replacement.

When can I return to having sex?

Healing of the implant and bone can take up to 6 weeks. Discuss concerns with your surgeon or physical therapist at your follow up appointment to identify when it is safe for you to resume sexual activities.

PREOPERATIVE EXERCISES

Outcomes are highly attributed to your participation in exercises before and after surgery. If an exercise is causing pain, discontinue those exercises and focus on the ones you can perform. Perform these exercises for both legs for better surgical preparation. Exercises can be performed on a bed or exercise table. Do not perform them on the floor unless you are safe and able to do so prior to surgery. If you have questions about exercises, you can contact our EXCEL PT Manager Nichole at NicholeMeyer@tcomn.com.



SUPINE QUAD SET

Reps: 10-15 | Sets: 2 | Hold: 5 sec | Frequency: 2x/day

Setup

On your back with one knee bent and your other leg straight with your knee resting on a towel roll.

Movement

Gently squeeze your thigh muscles, pushing the back of your knee down into the towel.

Tip

Make sure to keep your back flat against the bed or table during the exercise.



ACTIVE STRAIGHT LEG RAISE WITH QUAD SET

Reps: 10-15 | Sets: 2 | Hold: 5 sec | Frequency: 2x/day

Setup

Begin lying on your back with one knee bent and your other leg straight.

Movement

Squeeze the thigh muscles in your straight leg and flex your foot, then slowly lift your leg until it is parallel with your other thigh. Lower your leg back to the starting position and repeat.

Tip

Make sure to keep your back flat against the bed or table during the exercise.



SUPINE HEEL SLIDE

Reps: 10-15 | Sets: 2 | Frequency: 2x/day

Setup

On your back with your legs straight.

Movement

Slowly slide one heel on the bed or table toward your buttocks, until you feel a stretch in your knee or upper leg, then slide it back out and repeat.

Tip

Make sure not to arch your low back or twist your body as you move your leg.



SUPINE SHORT ARC QUAD

Reps: 10-15 | Sets: 2 | Hold: 2-3 sec

Setup

On your back with a towel roll or foam roller under one knee with heel resting on the ground.

Movement

Make sure to keep your back flat against the bed or table as you move your leg.

Tip

Make sure not to arch your low back or twist your body as you move your leg.



STANDING HIP ABDUCTION WITH ANTERIOR SUPPORT

Reps: 10-15 | Sets: 2 | Hold: 5 sec Frequency: 2x/day

Setup

Standing upright position holding onto a stable object in front of you. **Movement**

Lift one foot off the ground and draw your leg outward. Then bring it back and repeat.

Tip

Make sure to keep your shoulders and hips facing straight forward during the exercise.



Disclaimer: This program provides exercises related to your condition that you can perform at home. As there is a risk of injury with any activity, use caution when performing exercises. If you experience any pain or discomfort, discontinue the exercises and contact your health care provider.

EXCEL RECOVERY SUITE

Your surgeon may have recommended that you stay overnight in the EXCEL Recovery Suites following surgery. Your physician would have discussed this plan at your surgical consult.

LOCATIONS

Blaine Recovery Suites

11225 Ulysses St NE, 2nd Floor
Blaine, MN 55434
Phone: 763-302-2534

Edina Recovery Suites

4100 Minnesota Dr
Edina, MN 55435
Phone: 952-995-8750

Two Twelve Recovery Suites

111 Hundertmark Rd, Suite 307N
Chaska, MN 55318
Phone: 952-857-0330

Plymouth Recovery Suites

16800 37th Pl N, Suite 120
Plymouth, MN 55446
Phone: 763-302-2750

Eagan Recovery Suites

2611 Nordic Way
Eagan, MN 55121
Phone: 952-846-2225

GETTING FROM THE SURGERY CENTER TO THE RECOVERY SUITE

An EXCEL RN will meet you in the recovery room once you are ready for discharge.

- If the Surgery Center and Recovery Suite are in the same building:
 - The EXCEL RN will take you to the Recovery Suite in a wheelchair.
- If they are in different buildings:
 - The EXCEL RN and a driver will transport you in a wheelchair-accessible van to the Recovery Suite.

Once you arrive at the Recovery Suite, your nurse will do a thorough assessment and visit with you about the goals for your stay. Your family and your coach are welcome to visit you. It is not required for someone to stay overnight, however, if you would like to have a guest stay, we can accommodate one person.

DURING YOUR STAY IN THE RECOVERY SUITE

Upon arriving, the team will get you settled into the recliner and oriented to the room. If you are hungry, they will bring you something to eat. All rooms are private with private bathrooms with space for a visitor to comfortably sit or stay the night if desired. However, it is not required for someone to stay overnight with you.

The team includes a registered nurse who will focus on pain management, POST-OP assessment, and patient education. We keep your IV in place from the surgery center to access for administering some medications. The physical therapist will work with you on walking, home exercises, and practicing the stairs. They will make sure that you understand any restrictions that you might have after surgery. The nursing assistant supports the nurse and therapist by walking in the halls with you and making sure that you are comfortable with ice and warm blankets.

Your surgeon will check in with you during your stay by either coming to see you in person or talking to you on the phone. We also have an Internal Medicine provider that is available should there be any non-orthopedic medical concerns during your stay.

CARE DELIVERY

EXCEL Recovery Suites delivers care under a homecare license that is owned and managed by TCO. You will be asked to complete some paperwork for your stay. If you are interested in viewing these documents prior to surgery, they can be found on our website or ask your EXCEL RN Coordinator how to access this.

It can cause some confusion when patients hear the word “homecare” because it doesn’t mean that people will be coming your home to provide you with the care. The Department of Health views the suite as your “home” during the overnight stay.

MORNING AFTER SURGERY

Patients are ready to discharge home the following morning between 10-11am. We invite your coach to arrive at 8am so they can participate and watch your morning physical therapy session and listen to the discharge information provided by the nurse. The discharge instructions will include new medications, including medications for pain and when to take them, activity precautions or restrictions, and symptoms we would like you to report to the surgeon.

Staff will escort you down to your car and assist you in getting into your vehicle safely.

PACKING CHECKLIST FOR EXCEL RECOVERY SUITE STAY

- Home prescription medications in original bottles from the pharmacy
- Loose, comfortable clothing
- Supportive Tennis Shoes
- Toiletries
- Eyeglasses/Contacts Case
- CPAP if you have Sleep Apnea
- Glucometer if you check blood sugar
- Cell phone & Charger
- Headphones or ear buds

DAY 5 AT HOME							
MEDICATION	DOSE	TIME OF DAY					

DAY 6 AT HOME							
MEDICATION	DOSE	TIME OF DAY					

DAY 7 AT HOME							
MEDICATION	DOSE	TIME OF DAY					



**HEALTHCARE IS
YOUR CHOICE.
CHOOSE TCO.**

DID YOU KNOW?

If you're treated in the emergency room, you can request a TCO physician for your follow-up care.

If you need to go to an emergency room:

- Ask for a TCO physician for your follow-up care.
 - No referral required to return to TCO.
 - We accept all major insurance plans.
-

Thank You for Trusting TCO

ORTHOPEDIC URGENT CARE OR ER? HOW TO CHOOSE.

TCO URGENT CARE

Best for common orthopedic injuries:

- Sprains, strains, and sports injuries
- Suspected fractures (bone not visible)
- Muscle, bone, joint, or tendon pain
- Sudden pain that makes walking difficult
- Concussion symptoms without vomiting or fainting

- ✓ Walk-in access to orthopedic specialists
- ✓ Shorter waits than the ER
- ✓ Lower cost than the ER

EMERGENCY ROOM

Go to the ER for:

- Bone visible or sticking through the skin
- Burns
- Concussion with loss of consciousness or repeated vomiting
- Deep cuts or heavy bleeding
- Severe deformity or major trauma

Ready to go to TCO?
Check wait times for all
Urgent Care locations.





ORTHOPEDIC SURGERY & RECOVERY
TWIN CITIES ORTHOPEDICS

Preoperative History & Physical

Please fax to 763-302-2705

Dear Provider, (form not to be completed by the patient)
Surgery will be completed in an ambulatory surgery center. We ask that the following labs are completed for our patients within 30 days of surgery:

- CBC
- BMP
- EKG for anyone >65 or has a cardiac hx or cardiac medications 6 months
- A1C within the last three months with diabetes dx

Thank you!

Patient Name: _____ Date of Birth: _____

Surgeon: _____ Date of Surgery: _____

Date of Exam: _____

PREOP DIAGNOSIS / REASON FOR SURGERY: _____

SURGERY / PROCEDURES INDICATED: _____

HISTORY OF PRESENT ILLNESS: _____

Has a member of your Family or a Partner (now or in the past) intimidated, hurt, manipulated or controlled you in any way?

Yes No Referral needed: Yes No

PAST HISTORY:

Surgical (including any anesthetic problems): _____

Medical: CAD HTN Valvular heart disease Dysrhythmia CHF Pulmonary disease
 Other: _____

MEDICATIONS (include herbals and vitamins):

Aspirin / NSAID use in last 10 days: Yes No Steroid use in last 10 days: Yes No

Plavix use in last 7 days: Yes No

Medications	Dose	Frequency	Medications	Dose	Frequency

ALLERGIES: _____ Latex Tape INTOLERANCES: _____

SOCIAL HISTORY: (tobacco, alcohol, or drug use): _____

Health Care Directive: Yes No

Nutrition Status: _____

Learning Barriers: _____

FAMILY HISTORY:

FH of anesthesia reactions Yes No (if Yes, comment): _____ FH of bleeding disorder Yes No

REVIEW OF SYSTEMS (any history or symptoms of the following):

Yes	No	Comments if Yes	Yes	No	Comments if Yes
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance: _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes/Endocrine: _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin: _____	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular: _____
<input type="checkbox"/>	<input type="checkbox"/>	Head: _____	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory: _____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: _____	<input type="checkbox"/>	<input type="checkbox"/>	GI/Hepatitis: _____
<input type="checkbox"/>	<input type="checkbox"/>	Ears: _____	<input type="checkbox"/>	<input type="checkbox"/>	Urinary: _____
<input type="checkbox"/>	<input type="checkbox"/>	Nose: _____	<input type="checkbox"/>	<input type="checkbox"/>	Neurological: _____
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat: _____	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic: _____
<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease: _____	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychological: _____	<input type="checkbox"/>	<input type="checkbox"/>	Genito-reproductive: _____

Preoperative History & Physical

Phone: 952-456-7300

Fax: 763-302-2705

Patient Name: _____

PHYSICAL EXAM:

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____
Pulse: _____ Respirations: _____ LMP: _____ Women of child bearing age need a pregnancy test:
Results _____

	<u>Normal</u>	<u>Abnormal - describe</u>		<u>Normal</u>	<u>Abnormal - describe</u>
General Appearance	<input type="checkbox"/>	_____	Heart	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____	Abdomen	<input type="checkbox"/>	_____
Head	<input type="checkbox"/>	_____	Genitourinary	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	_____	Vaginal	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	_____	Rectal	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	_____	Musculoskeletal	<input type="checkbox"/>	_____
Mouth and Throat	<input type="checkbox"/>	_____	Lymphatics	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	_____	Blood Vessels	<input type="checkbox"/>	_____
Thorax	<input type="checkbox"/>	_____	Neurological	<input type="checkbox"/>	_____
Breasts	<input type="checkbox"/>	_____	Other Findings/Diagnosis:	_____	_____
Lungs	<input type="checkbox"/>	_____			

LAB / RADIOLOGY RESULTS:

Hgb: _____ PLT: _____ INR: _____ BUN/Creat: _____

CXR: _____ (New or unstable cardiopulmonary disease)

Electrolytes: K⁺ _____ (Digoxin or diuretic use, or renal disease)

If Diabetic, Glucose: _____

EKG: _____ (Enclosed copy) (Consider age guidelines: patients \geq 60 or patients with hypertension, diabetes, peripheral vascular disease, chest pain, CAD if not done in last 6 months)

ECHO: _____ Stress Testing: _____

PFT: FEV₁ _____ FVC _____

Other Test Results: _____

IMPRESSION / ACTIVE PROBLEMS:

- CAD: Severity/functional status: _____ Stable Needs preop evaluation
Most recent evaluation/intervention: _____
- HTN: Well controlled Other _____
- Valvular heart disease (or undefined murmur): Lesions/severity _____ Stable Needs preop evaluation
Last Echo: _____
- Dysrhythmia Atrial Fibrillation/Flutter Rate controlled Other: _____
 History of ventricular dysrhythmia _____
- CHF (or history of): Etiology: _____ Well compensated Other: _____
Last Echo: _____
- Pulmonary disease: COPD: _____ Restrictive Stable Other: _____
Last PFT: _____
- Sleep Apnea History of: _____
- Other pertinent diagnoses: _____

PLAN: Patient's active problems diagnostically and therapeutically optimized for planned procedure.

Other _____

Provider Signature: _____ Date: _____ Time: _____

Print Provider Name: _____

Clinic Name and Number: _____