

ROSE INSTITUTE FOR

JOINT REPLACEMENT

PATIENT CARE GUIDE
SHOULDER

JOINT REPLACEMENT SERVICES AT
ROSE



ROSE
Medical Center



Rose Institute for Joint Replacement

Patient Care Guide – Shoulder

TABLE OF CONTENTS

| | |
|---|-----------|
| INTRODUCTION | 3 |
| PARKING..... | 4 |
| DIRECTIONS | 6 |
| HOTEL ACCOMMODATIONS..... | 7 |
| FAMILY AND FRIENDS..... | 8 |
| | |
| PATIENT INFORMATION SHEET | 10 |
| | |
| YOUR CARE TEAM..... | 15 |
| | |
| BEFORE YOUR SURGERY | 16 |
| | |
| SURGERY DAY..... | 18 |
| ANESTHESIA..... | 19 |
| WELCOME TO PAVILION II..... | 20 |
| PAIN MANAGEMENT..... | 21 |
| | |
| PLANNING FOR DISCHARGE | 22 |
| | |
| RISKS OF SURGERY | 23 |
| | |
| FREQUENTLY ASKED QUESTIONS | 24 |
| | |
| HOME EXERCISE PROGRAM..... | 26 |

Rose Knows Joints

The Rose Institute

Expertise, Experience, Knowledge, Compassion, Integrity

At Rose, our world-class surgeons and staff provide excellent medical care and customer service that surpasses other hospitals. We are committed to providing the highest level of quality, compassion and comfort for all our patients.

What will you find at ROSE?

- All orthopedic surgeons are board certified.
- Over 5,000 joint replacements performed in the past five years; more than any other Denver metro hospital.
- Operative team dedicated solely to joint surgery.
- Complication rates are lower than the national average.
- Infection rates are lower than the national average.
- A patient care team trained specifically for total joint replacement patients.
- Dedicated occupational and physical therapy staff for your patient care.
- The highest quality prosthesis.
- Free education seminars and pre-operative classes prior to surgery.

How To Use This Handbook

This book is an important part of your preparation for and recovery from surgery. Each section is designed to help you and your family understand your joint replacement surgery. Please bring this manual to all your physician and hospital appointments. Refer to it often, and please ask questions!

You!

Foremost in our hearts and mind is the commitment to our patients. We are dedicated to bringing you the services and support needed to make your surgery a success...BUT....the most important part of the joint replacement program is **YOU!** Your commitment and cooperation is vital to a rapid and successful recovery.

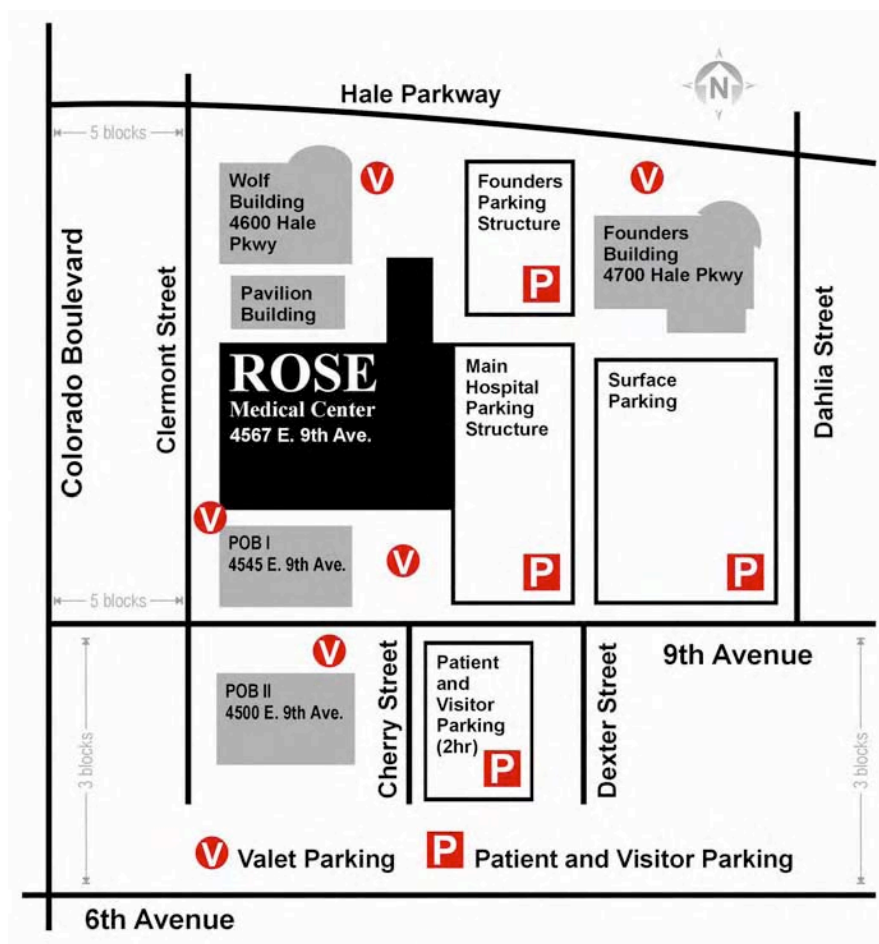
Pre-Registration

Pre-registration will save you time and help us expedite your admission into the hospital. Please go to our Web site to pre-register www.rosemed.com or call our Pre-Registration number at 303-320-2798.

Important Phone Numbers

| | |
|---|---------------------|
| Physician Referral Center <i>Call us to find a Rose doctor</i> | 303-320-2578 |
| Director, RIJR | 303-320-2153 |
| Pavilion II, Unit Manager | 303-320-2866 |
| Nurse Practitioner | 303-320-7200 |
| Patient Case Manager | 303-320-7200 |
| Rose Switchboard | 303-320-2121 |
| Pre-Registration | 303-320-2798 |
| Financial Counselor | 303-320-2626 |

Rose Medical Center Parking



Patient & Visitor Parking

Parking for patients and family is available at:

- Main Parking Garage
- Rose Founders Parking Garage
- Rose Founders Surface Lot
- 9th Avenue & Cherry St (two-hour limit)
- On side streets around the hospital (spaces, however, are limited and you must feed parking meters).

Valet Parking M-F

Valet parking is available at five locations:

- Main Hospital Entrance (9th Ave)
- POB II Entrance (9th Ave)
- Rose Founders Building Entrance (off Hale Pkwy)
- Wolf Building (off Hale Pkwy)
- Emergency Dept Entrance (Clermont St.)

The Republic Parking System valet staff will help you with your parking needs when you pull up to the valet stand. There is a small charge of \$4.00 per day.

Complimentary Shuttle

If you need transportation to another location on the Rose Campus, we have a complimentary shuttle bus to help you make the transfer.

Main Hospital (9th Ave)
POB II (9th Ave)
Rose Founders Building (Dahlia St)
Wolf Building (Hale Pkwy)

Please call **303-518-5833** or ask the medical staff to call for a transfer.

Vehicle Assistance Service

Complimentary vehicle assistance is provided by the Parking Department from 8:00 AM to 4:30 PM, M-F. They provide an unlock service, jump start service, and will inflate or change a flat tire.

Please call **303-329-5197** for assistance. After 4:30 PM, please call security at **303-320-2726**.

Taxis

If you should need a taxi, please note the following numbers:

Metro Cab

Please call 303-333-333

Yellow Cab

Please call 303-777-7777

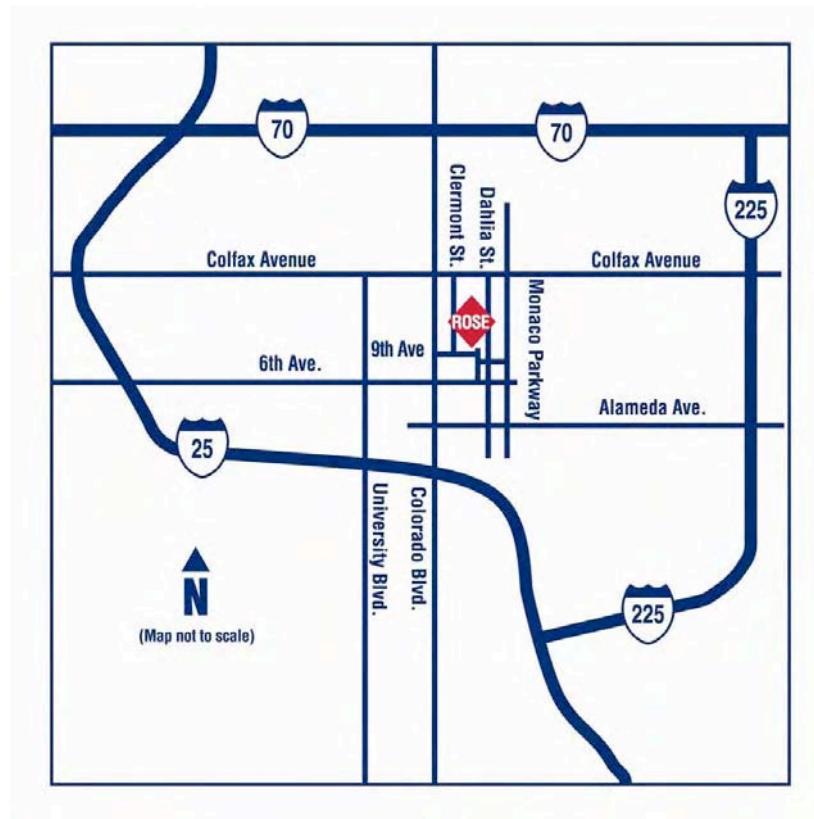
Emergency Parking

Emergency Department parking spaces are available off Clermont Street. Please note that these spaces are for Emergency Department patients only and that there is a two-hour time limit. If your Emergency Department stay is longer than 2 hours, Republic Parking staff can move your vehicle to the Valet. To facilitate this transfer, please give your keys to a staff member and receive a valet claim check.

Handicapped Parking

Handicapped parking is available in all parking facilities. Please look for the standard ADA signs near the elevators.

Rose Medical Center Directions



Driving from the North

Driving north on I-25, exit east 6th Avenue (Exit 209A) and continue on east 6th Avenue until you reach Colorado Boulevard. Turn north on Colorado Boulevard. Turn east on 9th Avenue from Colorado Boulevard and continue for approximately 6 blocks. Rose Medical Center will be located on the north side of the street between Clermont and Dexter streets.

Driving from the West

Driving from the west by I-70, exit at Colorado Boulevard, south, (Route #2) (Exit 276). Go south on Colorado Boulevard until 9th Avenue. Turn east on 9th Avenue from Colorado Boulevard and continue for approximately 6 blocks. Rose Medical Center will be located on the north side of the street between Clermont and Dexter streets.

Driving from the South

Driving south on I-25, exit Colorado Boulevard going north (Exit 204) and continue on Colorado Boulevard until 9th Avenue. Turn east on 9th Avenue from Colorado Boulevard and continue for approximately 6 blocks. Rose Medical Center will be located on the north side of the street between Clermont and Dexter streets.

Driving from the East

Driving east by I-70, exit at Colorado Boulevard, south, (Route #2) (Exit 276). Go south on Colorado Boulevard until 9th Avenue. Turn east on 9th Avenue from Colorado Boulevard and continue for approximately 6 blocks. Rose Medical Center will be located on the north side of the street between Clermont and Dexter streets.

Hotel Accommodations

If you require accommodations while your family member or friend is at our Institute, we hope that the following list is helpful.

The Rose Information desk is available from M-F 08:00-6:00 PM to assist with any further questions you may have regarding accommodations. The phone number is 303-320-2396.

Mark I Guest Suites Hotel

(T) 303-331-7000

(F) 303-331-7171

4321 E Hale Pkwy

Denver CO

*Across the street from Rose Medical Center

Cherry Creek Hotel

(T) 303-757-3341

(F) 303-756-6670

600 South Colorado Blvd

Denver CO

*Ask for Rose Medical Center rate

Staybridge Suites Hotel

(T) 303-321-5757

(F) 303-321-1317

4220 E Virginia Ave

Denver CO

*Complimentary shuttle to and from Rose Medical Center

La Quinta Inn

(T) 303-758-8886

(F) 303-756-2711

I-25 and South Colorado Blvd

Denver CO

Ramada Inn - Downtown Denver

(T) 303-831-7700

(F) 303-894-9193

1150 East Colfax Ave

Denver CO

*Free shuttle service to and from Rose Medical Center and airport

Fairfield Inn Denver

(T) 303-691-2223

1680 South Colorado Blvd

Denver CO

Red Lion Hotel Denver Central

(T) 303-321-6666

4040 Quebec St

Denver CO

*Ask for the Rose Medical Center rate

Holiday Select Inn

(T) 303-388-5561

455 South Colorado Blvd

Denver CO

*Complimentary shuttle to Rose Medical Center. Call ahead rate for rate.

Doubletree Hotel

(T) 303-321-3333

3203 Quebec Street

Denver CO

*Ask for the Rose Medical Center rate

Hampton Inn & Suites

(T) 303-692-1800

4150 East Kentucky Avenue

Denver CO

*Ask for Rose Medical Center rate

Loews Denver Hotel

(T) 303-782-9300

4150 E Mississippi

Denver CO

*Call for "in-house" rate

*Shuttle to and from Rose Medical Center

Homestead Studio Suites

(T) 303-388-3880

4444 Leetsdale Drive

Glendale CO

Family and Friends

Location

Rose Medical Center is located on East 9th Avenue just minutes from midtown Denver and the renowned Cherry Creek area. Please see the map located in the "Directions" section of this book.

Directions and Parking

Please refer to the "Directions" section of this manual for directions and parking options.

Visiting Hours

Family and friends may visit guests during the hospital's general visiting hours, which are 11 AM to 8:30 PM.

Waiting Areas

Waiting rooms are available on the Pavilion II (2nd floor) across from the Nursing Unit secretary. An area located on the main floor, adjacent to Little Miss Latte is also available. This area is equipped with WiFi access, a telephone, a television and reading material.



Rose Gift Shop

The Gift Shop is located on the Main floor near the public elevators. Many personal and gift items are available within the hospital. Gift deliveries are made by volunteers. A United Parcel Service delivers gift items outside the hospital. You can contact the Rose Gift Shop at **303-320- 2297**.

Hospital Dining Options

For Visitors, meals are available at the Rose Garden Cafe and Little Miss Latte.

Rose Garden Cafe

(located on the Ground floor):

This café offers a variety of hot food choices, deli items, a salad bar and takeaway options for breakfast and lunch. Daily breakfast and lunch specials are available as are meal tickets (\$7).

| | |
|---------|-------------------|
| M-F | 6:30 AM - 3:00 PM |
| Sat-Sun | 6:30 AM - 2:00 PM |

Little Miss Latte

(located on the First floor near the main elevators):

Available are coffee drinks, soups, salads, pastries, deli options, and hot meal entrees for dinner.

| | |
|-----|-------------------|
| M-F | 6:30 AM - 1:00 AM |
| Sat | 7:30 AM - 1:00 AM |
| Sun | 2:00 PM - 1:00 AM |

ATM Machine

An ATM machine is located on the first floor near the main elevators, across from Little Miss Latte.

Valuables

Please do not leave valuables or personal belongings unattended while visiting your loved one at the hospital. The Lost and Found is located on the Ground floor.

Smoking

In the interest of this hospital's patients, Rose Medical Center maintains a smoke free environment. Smoking inside of the hospital building is strictly prohibited.

Cell Phones/Two way Radios

To provide a safe environment for our patients, the hospital asks that patients and guests do not use personal communication devices in any patient care area due to possible interference with medical equipment.

Personal Safety

Patient safety is a priority for our hospital. At Rose Medical Center, we encourage patients' active involvement in their own care as a patient safety strategy. Patients should contact their nurse immediately should they feel concern for their safety or alternatively initiate a Code Yellow for emergent assistance by dialing 5555.

Patient Information Sheet

This information sheet is very valuable to the patient care team at the Rose Institute for Joint Replacement. Please answer the questions truthfully. **It should be completed prior to your next physician appointment.** Your patient care team will be referring to it regularly.

Patient's Name:

Height:

Weight:

ALLERGIES

Do you HAVE allergies to:

Latex Yes No
Medications Yes No
Foods Yes No
Environments Yes No
Contrast Media Yes No
Other _____

If answered YES to the above, list names of known allergens:

CURRENT MEDICATION LIST

List ALL prescriptions, herbals, vitamins, and over-the-counter medications

| Name (i.e. Lasix) | Dose (i.e. 20mg) | Route (i.e. oral) | Frequency (i.e. twice a day) | Time & date last dose taken before surgery |
|----------------------|---------------------|----------------------|---------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IMMUNIZATIONS

Have you had the Pnuemovax vaccine?
Have you had a Flu shot? (If yes: when _____)
Other:

Yes No
 Yes No

1. Neurological

- | | |
|--|--|
| Do you have problems with sleeping? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a stroke? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Parkinson's? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have blurred vision or double vision? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have substantial weakness in lower extremities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have numbness/tingling anywhere in your body? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

2. Eyes, Ears, Nose Throat

- | | |
|--|--|
| Do you wear glasses or contacts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have cataracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you hard of hearing or wear a hearing aid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you get nosebleeds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does twisting your neck quickly cause pain, tingling or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had lumps or swelling in your neck? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wear dentures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

3. Respiratory

- | | |
|--|--|
| Have you ever been diagnosed with sleep apnea? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use Oxygen at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use a CPAP/BIPAP machine at home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have problems with shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wheeze or gasp for breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever coughed up blood? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had emphysema? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

4. Cardiovascular

- | | |
|---|--|
| Do you have a pacemaker or AID? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had chest pains or tightness in your chest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a heart attack? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had Rheumatic Fever? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you bothered with a pounding or racing heart beat? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been short of breath at night or with regular activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been diagnosed with Congestive Heart Failure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been diagnosed with high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have your ever been diagnosed with a heart murmur? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had recent blood pressure changes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

5. Vascular

- | | |
|---|--|
| Do you have light headedness or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever fainted or blacked out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are your ankles or feet swollen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a blood clot? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have circulation problems in your hands or feet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have varicose veins? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you ever get leg cramps? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

6. Musculoskeletal

- | | |
|---|--|
| Do you have an implant or prosthetic device? (if yes, list _____) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have arthritis in other joints? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a fracture? (If yes, where: _____) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are any of your extremities deformed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any muscle diseases? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

7. Digestive

- | | |
|---|--|
| Do you have heart burn? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you feel bloated with meals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have excessive belching? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you frequently become nauseated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever vomited blood? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have difficulties or pain with swallowing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are your bowel movements loose for more than a day? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are your bowel movements black and tarry or bloody? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had bleeding from your rectum? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any appetite changes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been diagnosed with an ulcer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been diagnosed with a hiatus hernia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

8. Endocrine

- | | |
|--|--|
| Are you a diabetic? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use insulin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use oral agents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been diagnosed with a thyroid problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been diagnosed with a pituitary problem? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had recent weight loss (amt: _____) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had recent weight gain (amt: _____) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Urinary

- | | |
|---|--|
| Do you urinate more than 5-6 times a day? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you get up at night to urinate? (If yes, how many times _____) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have burning or pain with urination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your urine ever been bloody, black or brown? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have trouble starting your urine flow? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a constant feeling that you need to urinate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you leak urine when you cough, sneeze, laugh or sleep? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

10. Gynecological

- | | |
|--|--|
| Are you pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently breastfeeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of pregnancies _____ live births _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you on hormones? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you taking calcium supplements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had or are you having unusual vaginal bleeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

11. Skin

- | | |
|---|--|
| Do you have skin problems? If yes, list: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your skin itch or burn? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you bruise easily? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have trouble stopping even a small cut from bleeding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have psoriasis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any moles or birth marks that are changing shape/color? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have open sores? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your skin excessively dry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any skin rashes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

12. Psychosocial

- | | |
|---|--|
| Have you ever been diagnosed with a psychological disorder? (Depression, anxiety, suicidal thoughts? If yes, list: _____) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you smoke? If yes, how many per day? _____ If yes, how many years? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you drink alcohol? How many drinks daily? _____ Weekly? _____ Weekends? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use other substances? (cocaine, marijuana etc) If yes, type of substance? _____ Frequency? Daily _____ Weekly _____ Weekends _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | |

13. Anesthesia

Have you ever had anesthesia?

Yes No

If yes, do you have difficulty waking up after the anesthetic?

Yes No

Have you or any family member been told you had a high fever with general anesthesia?

Yes No

Have you ever been told that the anesthesiologist had a difficult time putting a tube in for breathing during surgery?

Yes No

Do you have problems with nausea or vomiting after receiving anesthesia?

Yes No

Please check any of the following conditions, illnesses or problems you have now or have had:

TB

Rheumatic Fever

Cancer (Where:____)

Scarlet Fever

Polio

Tumor (Where:____)

Hives/Rashes

Psoriasis

Bronchitis

Diverticulitis

Hemorrhoids

High Blood Pressure

Lung disease

Pneumonia

Heart Attack (When:____)

Heart Trouble

Blood Transfusion

Hernia (Type:____)

Pancreatitis

Gall Bladder Trouble

Yellow Jaundice

Malaria

Anemia

Blood Clots/Phlebitis

Stroke

Ulcers (Where:____)

Drug /Substance Abuse

Psychiatric disorder

Reactions to anesthesia

Other information you would like us to know:

Your Care Team

At the Rose Institute for Joint Replacement we are committed to providing quality health care to you and your family. Your care team consists of different health care professionals, some who you will see every day and others who work behind the scenes. Each health care professional takes a personal interest in your care plan and will work with you to make your experience at Rose as successful as possible.

Orthopedic Surgeon

- Performs your surgery, oversees and directs your care
- Checks your progress at follow-up office appointments

Anesthesiologist

- Administers anesthesia to you in the operating room
- Monitors your condition during surgery
- May direct your post-operative pain management

Physician Assistant

- Works closely with your surgeon to evaluate, diagnose and assist in the treatment of your surgical condition
- Coordinates your care after surgery

Total Joint Institute, Director

- Ensures overall efficiency, quality and development of the joint replacement program

Nurse Manager Pavilion II

- Provides administrative and clinical leadership for the orthopedic unit
- Assists patients and staff with problems and concerns
- Serves to educate and develop the skill of the team members providing direct patient care

Nurse Practitioner

- Plans and coordinates your care based on physician orders
- Monitors and communicates information about your condition to other team members
- Educates and helps you and your family with personal care needs

Pharmacist

- Coordinates your medications based on physician orders
- Educates you on medications

Inpatient Nursing Staff

- Works closely with other team members to deliver you individualized care
- Monitors your condition and communicates information about your condition to other team members
- Helps you and your family with personal care needs

Physical Therapist

- Assesses your physical status and develops an individualized care plan
- Instructs and assists you with post operative exercise programs, the use of equipment and movement precautions

Occupational Therapist

- Helps you adapt to temporary lifestyle changes that are necessary following joint replacement
- Teaches you how to perform daily tasks such as bathing or dressing without endangering your new joint
- Instructs you on how to use adaptive equipment

Dietician

- Provides information and materials about your dietary needs

Patient Case Managers

- Helps identify any individual needs you may have when you leave the hospital
- Coordinates your discharge from the hospital and any follow up care required

Before Your Surgery

Appointments

Please ensure that these appointments have been arranged before your surgery.

Primary Care Physician

You must complete a history and physical exam **within 30 days** of your surgery. If you do not have a personal doctor, Rose Institute for Joint Replacement will arrange a pre-op history and physical for you.

Surgery Date and Time

Your surgery date and time will need to be scheduled in advance.

Pre-Admission Hospital Appointment (PAT)

A nursing history and assessment is required for all surgeries. This can be scheduled one to two weeks in advance of your surgery through PAT at 303 -320-2568.

Follow Up Appointment

After discharge from the hospital, your surgeon will require a follow up appointment usually within seven to ten days. Please have this appointment arranged before your surgery.

Discharge Arrangements

Discharge from the hospital is 11AM. Please have arrangements made with family or friends to help you return home.

Eating and Drinking

Do NOT smoke, eat or drink anything (including water) after midnight the night before your surgery. If you have been instructed by your physician to take certain medications, please take the medications with only a sip of water.

Fever/Cough

Call your surgeon if you have a change in your condition prior to surgery, i.e. fever, cough, flu, rash or other infection. Your surgery may need to be re-scheduled.

Medications

- Bring a list of your current medications (name, strength, dose, frequency) to the hospital.
- The hospital is unable to use the medicines you currently have at home. The hospital pharmacy will provide all medications during your stay.
- Follow your surgeon's instructions about when to discontinue anti-inflammatory, aspirin or other herbal medicines prior to surgery.
- Check with your surgeon about diabetic adjustment for the day of surgery.

What to Bring

- Personal care items such as a toothbrush, toothpaste, shaving equipment, deodorant, eyeglasses, contacts.
- Clothing such as knee-length gowns, robes, nightshirts. Loose fitting shorts and t-shirts for physical therapy.
- A positive attitude and commitment to be involved in your care while at the hospital.
- This manual.

What to Leave at Home

- Valuables - anything of personal or financial value such as rings, credit cards, jewelry, computer, mobile phones.

Checklist

Your Last Minute Checklist

The 24 hours before surgery will be busy. Please use this checklist to make sure you remember everything:

- ___ Ensure you have travel arrangements planned ahead for your discharge day. These arrangements will need to be made for 11 AM on the day of discharge.
- ___ If you will be returning home after surgery, ensure that someone is available and able to help you with your daily activities.
- ___ Take a shower or bath the night before surgery. This will help reduce the risk of infection.
- ___ Do not shave the area of surgery. If necessary, your doctor/nurse will do this at the hospital.
- ___ Do not smoke, eat or drink anything after midnight the night before surgery.
- ___ Do not wear lipstick, makeup or nail polish on the day of surgery.
- ___ Bring a list of current medications. (Name, strength, route, time)
- ___ Bring a hospital bag including items such as:
 - Toothbrush/Toothpaste
 - Shaving equipment
 - Hair brush, comb
 - Makeup
 - Glasses, contact lens & solution
 - Comfortable shoes or slippers with non-skid soles
 - Knee length robe, gown or loose fitting pajamas
 - Loose fitting sweat suit or jogging suit for physical therapy
- ___ Bring items to occupy your time such as reading material, knitting, crossword puzzles.
- ___ Leave anything of personal or financial value at home, such as jewelry, rings, credit cards, computers, cell phones.
- ___ Leave your medicines at home unless instructed by your physician. The hospital pharmacy will supply these while you are with us.
- ___ If you do not already have a parking permit for a disabled person, please apply for a temporary permit several weeks prior to your surgery. Contact the Department of Motor Vehicles or your surgeons office for an application form.
- ___ Bring this manual!

Surgery Day

Before Surgery

Your surgeon will ask you to arrive at Rose Medical Center one or two hours before your surgery. It is important that you arrive on time to ensure that additional tests or assessments can be completed before your surgery time. When you arrive at the hospital you can request a wheelchair or assistance at the Information Desk located near the main entrance on the First Floor. You will go to the 2nd Floor Pre-Operative department. Your family and friends can accompany you in the Pre-Operative area.

Pre-Operative Medications

You will receive medications prior to surgery in order to help prevent nausea and vomiting after surgery along with medications to help manage your pain.

To help **prevent nausea and vomiting** you may receive any combination of the following:

- Pepcid Used to decrease the stomach's production of acid
- Zofran Used to prevent nausea and vomiting
- Reglan Used to prevent nausea and vomiting

To help **prevent pain** after surgery you may receive any combination of the following:

- Tylenol A non-prescription medication used to treat pain
- Celebrex A medication used to reduce inflammation along with treating pain
- Oxycontin A prescription medication used to treat pain

After Surgery

You will be taken to PACU (Post Anesthesia Care Unit) after the surgery is finished.



The nurses in PACU are specially trained to care for patients who are recovering from anesthesia.

The medication used for your anesthesia may cause blurry vision, chills, a dry mouth and some nausea. You may also have a sore throat if a tube was placed in your windpipe.

You will stay in PACU from one to three hours, depending on the type of anesthesia you received and your individual response to it.

Your family and friends will not be allowed in PACU. Your surgeon will be contacting the person you identified as a "primary contact" to inform them that your surgery is over.

When you are released from PACU, the nurse will take you to Pavilion II. Your family and friends may visit after the nurse checks you in.

Anesthesia

Anesthesia is defined as the loss of feeling or consciousness. During your surgery, the anesthesiologist will provide the anesthesia and constantly monitor your medical condition.

Your anesthesiologist will be assigned 24 hours prior to your surgery. He/She will personally interview you and examine you the day of surgery.

You will have two options for your anesthetic: general anesthesia or regional anesthesia.

General Anesthesia

The main purposes of general anesthesia are:

- pain relief (analgesia)
- inhibits normal body reflexes to makes the surgery safe and easier to perform
- relaxes the muscles of the body
- produces unconsciousness
- blocks the memory of the procedure (amnesia)

With general anesthesia, you will be unconscious throughout the entire operation. You will receive an intravenous injection that produces unconsciousness within a few seconds and then an anesthetic gas will maintain the anesthesia until the end of the surgery. During surgery you may have a tube placed in your throat to deliver inhaled anesthesia. This tube may cause you to have a sore throat or hoarse voice for a few days after surgery.

During the surgery, the anesthesiologist constantly monitors your breathing, heart rate, blood pressure and body temperature. At the conclusion of the surgery, the anesthesiologist slowly reduces the amount of anesthetic drugs so that you awaken soon after your operation is finished.

Because general anesthesia affects the central nervous system, patients may feel drowsy, weak or tired for as long as a few days after. Most side effects usually disappear as the anesthetic wears off, however if they persist or cause problems, your

nurse or physician should be notified.

Regional Anesthesia

Regional anesthesia such as spinal or epidural is an alternative to general anesthesia and affects only the portion of the body that is to undergo surgery. A small area of skin is numbed by a local anesthetic injection and a needle is placed between the bones of the lower back and the anesthetic drug is injected. With this technique, medication is delivered in the spinal area of the lower back to numb the nerves that carry sensation and movement messages from the brain to the lower part of the body.

In addition to regional anesthesia, you will be sedated to help you relax throughout the operation. The extent of sedation is determined by the anesthesiologist and is based on your discussion with he/she before surgery.

If regional anesthesia is used, patients are usually aware of events in surgery though they do not feel pain.

We're here for YOU!

Please feel free to talk to your anesthesiologist, surgeon or nurse if you have any questions or concerns about your anesthesia options.

Welcome to Pavilion II

Your care and return to an active lifestyle is our primary concern.

The orthopedic nursing unit is located on the 2nd floor. Nurses and staff support are here to care for you 24 hours a day. Our floor has private rooms available for the comfort of you and your family.

Our management team is available to help you with your questions, concerns or special needs.

| | |
|---------------------------|---------------------|
| Director | 303.320.2153 |
| Nurse Manager | 303.320.2866 |
| Nurse Practitioner | 303.320.7200 |
| Case Managers | 303.320.7200 |

A Rose Medical Center Administrative Representative is available to help you 24/7. You can reach them by calling the hospital operator (0).

Call Button

The purpose of your call button is to contact your nursing care team. When you press your call button, a signal is sent to the nurse call monitor. There is a slight delay between the button being pressed and the signal call. You may also call your nurse directly by dialing the four-digit extension written on your communication board. Our goal is to answer your call and meet your needs.

Visiting Hours

Visiting hours are between 11 AM and 8:30 PM. We do not allow family members to stay overnight in lounges or semi-private rooms. A family member, if over the age of 18 years, may spend the night in your private room. If your family member chooses to stay with you, please inform the Charge Nurse so appropriate arrangements may be made.



Meals

When you stay at Rose Medical Center, we treat you right and you can expect the very best. Following the "Room Service" model used in fine hotels everywhere, patients call when they want to eat, anytime between 7:00 AM- 6:30 PM.

The "room service" number is easy to remember:

Dial 5444, and food prepared by our chefs is delivered within 45 minutes of ordering. Menus are located at the patient's bedside. And best of all, this service is provided at no extra charge!

Please let us know if you need a special diet. Kosher, vegetarian and calorie or fat restricted diets are available upon request. A family pantry is available on Pavilion II for cold or hot drinks.

Chaplain

Chaplains representing many faiths are available 24 hours a day to provide spiritual and pastoral needs. Please notify a member of your care team if you or your family member would like to talk with a chaplain. The Charles C. and Esther Winocur Chapel is located on the first floor of the main building and is open at all times.

Pain Management

Our Goal

Our goal at the Rose Institute for Joint Replacement is effective pain management for all patients.

Pain Management Assessment

Assessing and evaluating are the key components of treating pain. Inform your nurse when you are experiencing pain and provide as much information as possible.

Type of pain - Describe the type of pain you are experiencing. You may use such descriptive words such as dull, sharp, burning, stabbing, shooting or pins and needles.

How much pain - You can describe the intensity of pain on a scale of 0 to 10. "0" being no pain and "10" being the worst pain you can imagine.

Where is the pain - Inform the nurse of the location of your pain.

Do not wait until the pain is unbearable. The worse the pain, the more difficult it is to get under control.

Your Role

With your assistance and cooperation, your patient care team will work with you to establish a realistic pain relief goal. It is important that you identify an acceptable pain level which will allow you to participate in therapy, activities of daily living (ADLs) and be comfortable at rest. The amount of pain a person feels varies from one person to another. Your nurse and physician will work closely with you to provide the best pain control possible.



Medications

There are many effective medications available to help control pain. Before your surgery, your anesthesiologist will discuss pain management options with you. When you are on Pavilion II, your physician will order pain medications for your post-operative recovery phase. If the first medications do not provide relief, additional medications are available, as needed.

Other Possible Pain Solutions

Many people are able to manage their pain through alternative methods. Some suggestions are:

- Non-opioid therapies such as ice or heat
- Repositioning
- Distraction - watching TV, music or reading
- Listening to relaxation tapes
- Imagery

Planning for Discharge

Case Managers

At the Rose Institute for Joint Replacement, we have specialized case managers on our Pavilion II floor. Our case managers are available to assist you and your family in preparing for discharge. A case manager will not make decisions for you and your family, but will provide information that will assist you to make the best decision about your care after discharge.

Discharge Time

Your surgeon will determine when you will be released from the hospital. Please make transportation arrangements to leave the hospital by **11 AM** on the day of discharge. This will allow you to get home and settled, as well as do any last minute things such as get prescriptions filled or acquire any needed medical equipment. If you have any questions or if concerns arise, you will be able to call your surgeon during office hours.



Extended Care Facilities/ Skilled Nursing Facilities/ Rehabilitation Units

In some cases, you may be discharged to an extended care facility or skilled nursing facility. We at the Rose Institute for Joint Replacement understand that the decision to continue your rehabilitation in another facility may be difficult and we are here to help you with this process. Our goal is to make this transition a smooth and comfortable one. The case manager will provide you with information on available facilities which will help meet your requirements.

Placement in these facilities will be determined by the level of care you need, physician orders, bed availability and payment source. These facilities provide 24 hour per day care for patients. Because the time for selecting a facility can be very limited, it is very important that you and your family discuss potential choices with the case manager as soon as possible.

Your case manager will also help assist you in finding transportation to the facility. Based on your care needs, you may be transported by family car, wheelchair van or stretcher ambulance.

Insurance

Only your insurance company can provide you with specific information on coverage. It is important that you contact your insurance customer service or benefits representative to determine your covered benefits and preferred providers. The case manager can help facilitate accessing that information for you.

Risks of Joint Replacement

Over 23,000 patients a year have successful shoulder joint replacement surgery. As with any type of surgical procedure there are certain risks associated with joint replacement surgery. Though complications are rare and extensive measures are taken to minimize these risks, it is important that you are aware of potential problems.

Infection

Infection may happen while you are in the hospital or after you go home. Areas in the wound or around the new joint are at a higher risk. To minimize the risk of infection, you will be given antibiotics before and after surgery. The hospital enforces strict infection control policies and procedures in every patient care area. Your patient care team also ensures that the operating site is sterile, all instruments have been sterilized and the number of operating personnel entering and leaving the operating room is limited.

Blood Clots

If your blood moves too slowly it may form clots (lumps of blood). In order to prevent this you may be given medication, special stockings to wear and instruction on exercises to help prevent this. If you have pain or swelling in your legs after surgery please call your physician. In rare cases blood clots may travel to your lungs causing shortness of breath, chest pain or even shock. Please notify your surgeon if you experience any of these symptoms.

Pain/Stiffness/Swelling

After surgery you may experience some stiffness and swelling. As you move your new joint and your muscles strengthen, this pain will lessen and your flexibility will increase.

Instability/Dislocation

This usually only happens if the soft tissues around the shoulder are stretched too soon after surgery. To help prevent this, do not allow your elbow to move part your body toward your back.

Nerve and Blood Vessel Damage

In rare occasions, nerve and blood vessels may be damaged during surgery. If this has occurred it often improves over time and may disappear.

Your surgeon will discuss these risks with you and answer any questions you may have. When you have discussed the operation thoroughly with your surgeon, you will be asked to sign a consent form. The purpose of the consent form is to confirm that you understand the risks and complications associated with joint replacement surgery.

Frequently Asked Questions

General

Q: What is Shoulder Replacement Surgery?

A: The shoulder is a ball-and-socket joint that enables you to raise, twist and bend your arm. You can also move your arm forward, to the side and behind you. In a normal shoulder, the rounded end of the upper arm (head of the humerus) glides against the small dish-like socket (glenoid), in the shoulder blade (scapula). These joint surfaces are normally covered with smooth cartilage which allow the shoulder to rotate through a greater range of motion than any other joint in the body. An arthritic or damaged shoulder can lead to loss of cartilage and mechanical deterioration of the shoulder joint.

Total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem and a plastic socket. The humeral head is replaced with a metal "ball" component that has a stem which extends down inside the patient's upper arm (humerus). A plastic socket is placed over the surface of the patient's own glenoid.

Q: How long will a joint replacement last?

A: The average time length is 15+ years, however with advancing technology the life expectancy for these implants continues to increase. There are other factors that affect the longevity of your new joint such as your age, weight, activity level and medical conditions.

Q: What types of implants are used to replace my joint?

A: There are many different types of implants that are used for shoulder replacement. They all, however, share the same basic components: a metal ball that rests against a plastic (polyethylene) socket.

Q: What are the major risks of joint replacement surgery?

A : While risks are low, they do exist with every surgery. The two most serious complications are infection and blood clots. To avoid these problems, we use antibiotics and blood thinners. We also take special precautions in the operating room to reduce the risk of infections.

Activity

Q: When can I fly?

A: Since you have undergone major surgery you are at a higher risk for blood clots. You should discuss this with your surgeon.

Pain

Q: How much pain will I experience?

A: Thanks to advances in medication technology we are able to keep you very comfortable after surgery. Any temporary discomfort experienced after surgery does not compare to the pain endured by most people for months or years prior to surgery.

Blood Transfusion

Q: Will I need a blood transfusion?

A: A small percentage of people (10-20 percent) may require a transfusion post-operatively. Your pre-operative blood level, the length of time for the surgery and the difficulty of the operation are some of the factors that will determine if you need a blood transfusion. Patients who take certain medications such as aspirin, anti-inflammatory or other blood thinners may lose more blood than others. These medications are usually stopped pre-operatively to help prevent this. This will be part of the discussion with your surgeon at your first meeting.

Anticoagulation

Q: What is this?

A: Since you have undergone surgery, you are at a higher risk for blood clots. You will be started on a blood thinner (Coumadin/Warfarin) after surgery for approximately three to four weeks. Coumadin is a highly effective medication which needs to be regulated closely. Your blood will be tested to measure how quickly your blood can clot. There are many precautions that you will need to adhere to while taking Coumadin. Please discuss these with your pharmacist or nurse.

Dental Considerations

Q: Are there any dental precautions?

A: Since you will be having major surgery, you will be at a risk for infection. Please do not schedule any dental appointments including routine cleanings, six weeks before and after your surgery. Please discuss with your surgeon the use of prophylactic antibiotics for all dental procedures following your surgery.

Home Exercise Program

Congratulations on successfully completing your shoulder replacement surgery.

You have invested much time and energy into this process and now need to continue your efforts to further improve your strength and motion in your new shoulder. The importance of rehabilitation following shoulder replacement surgery cannot be emphasized enough.

The following section will get you started with exercises to increase your strength and flexibility. You will be instructed in these exercises during your stay in the hospital, and your physical therapist will assist you in completing them. **Upon discharge from the hospital, you should perform these exercises 3 times a day, starting with 5 to 10 repetitions and working up to 20 repetitions each.** It is important to remember to keep breathing steadily throughout all the exercises. You will continue to be guided in your rehabilitation by your outpatient physical therapist.

Pulleys

The exercise can be performed by raising your arm out to the side or straight in front of you (see photos below)

1. Set the pulley up over a door (as seen in the photo below).
2. Sit on a stool or a chair facing the door. To progress the intensity of the exercise, sit with your back against the door as shown below.
3. Perform 15-20 repetitions, 3-5 times per day.



Pendulum

SIDE TO SIDE

1. Bending at the waist, let your surgical arm hang down while supporting your upper body with your non-surgical arm on a stable surface such as a table or counter top.
2. Let your surgical arm swing freely from side to side by rocking your body weight from side to side
3. Repeat 10-20 times, 3-5 times per day.



Pendulum

CIRCULAR

1. Bending at the waist let your surgical arm hang down while supporting your upper body with your non-surgical arm on a stable surface such as a table or counter top.
2. Let your arm move in a circle clockwise, then counter-clockwise by rocking your body weight in a circular pattern
3. Repeat 10-20 times, 3-5 times per day.



Elbow Flexion and Extension

BENDING AND STRAIGHTENING YOUR ELBOW

1. While sitting next to a stable surface rest your elbow on a cushioned surface.
2. With your palm facing up gently bend your elbow up as far as possible, then straighten it down as far as possible
3. Repeat 10 times, 3-5 times per day.



Towel Roll Squeeze

1. With your forearm resting on cushioned surface gently squeeze a towel roll. Hold this position for 3-5 seconds.
2. Rest for 3 to 5 seconds.
3. Repeat 10 times, 3-5 times per day.



Shoulder External Rotation

TURNING YOUR ARM OUTWARD

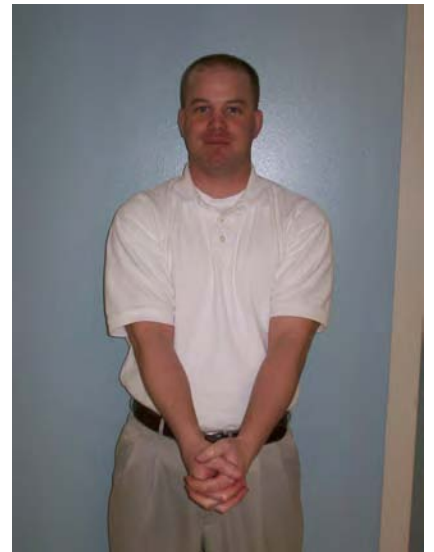
1. While seated next to a stable surface, rest your elbow on cushioned surface with it bent at 90 degrees
2. While keeping your elbow against your side, slide your forearm over the surface in an outward direction and then back inward to the starting position.
3. Repeat 10 times, 3-5 times per day



Shoulder Flexion

RAISING YOUR ARMS OVER YOUR HEAD

1. Standing with your fingers clasped in front of you and your elbows straight, raise your arms slowly over your head.
2. Hold 5-10 seconds in the overhead position and then return to the starting position.
3. Repeat 10 times, 3-5 times per day



YOUR SPECIFIC RESTRICTIONS:

Awards and Honors

Best Places for Families

“Top Hospital/Delivery Room
and Birthing Center”

— *Kids Pages Family Magazine*

Top Baby Hospital in Denver

— *5280 Magazine*

America’s Best Hospitals

— *U.S. News & World Report*

Top Performance Hospital

— *Solucient*

Family Choice Award

“Best Birthing Center”

— *Colorado Parent Magazine*

Top 100 Hospitals

— *Solucient*

Consumer Choice Award

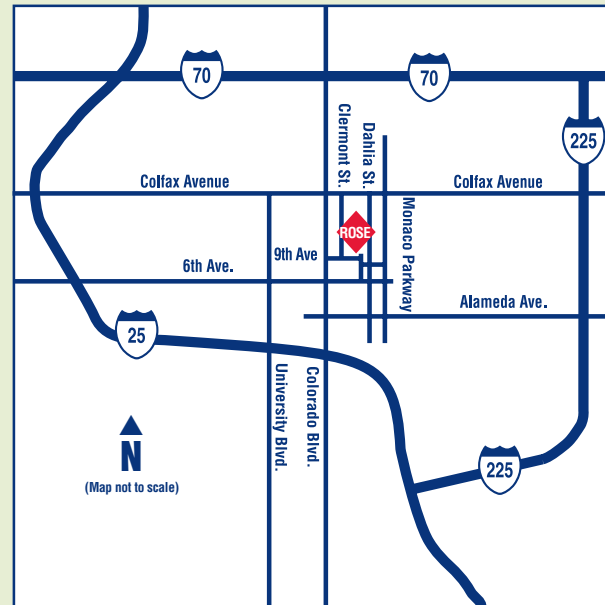
— *National Research Corporation*

More Top Doctors than any other hospital

— *5280 Magazine’s Top Doctors survey*
(as voted by physicians)

Rose Medical Center Mission and Values Statement

Foremost in our hearts and minds is the commitment to our patients. Therefore, we assume responsibility for everything that affects their care.



ROSE
Medical Center



Rose Medical Center
4567 E. Ninth Avenue
Denver, CO 80220
303-320-2121

www.RoseJointReplacement.com

JOINT REPLACEMENT SERVICES AT

ROSE