



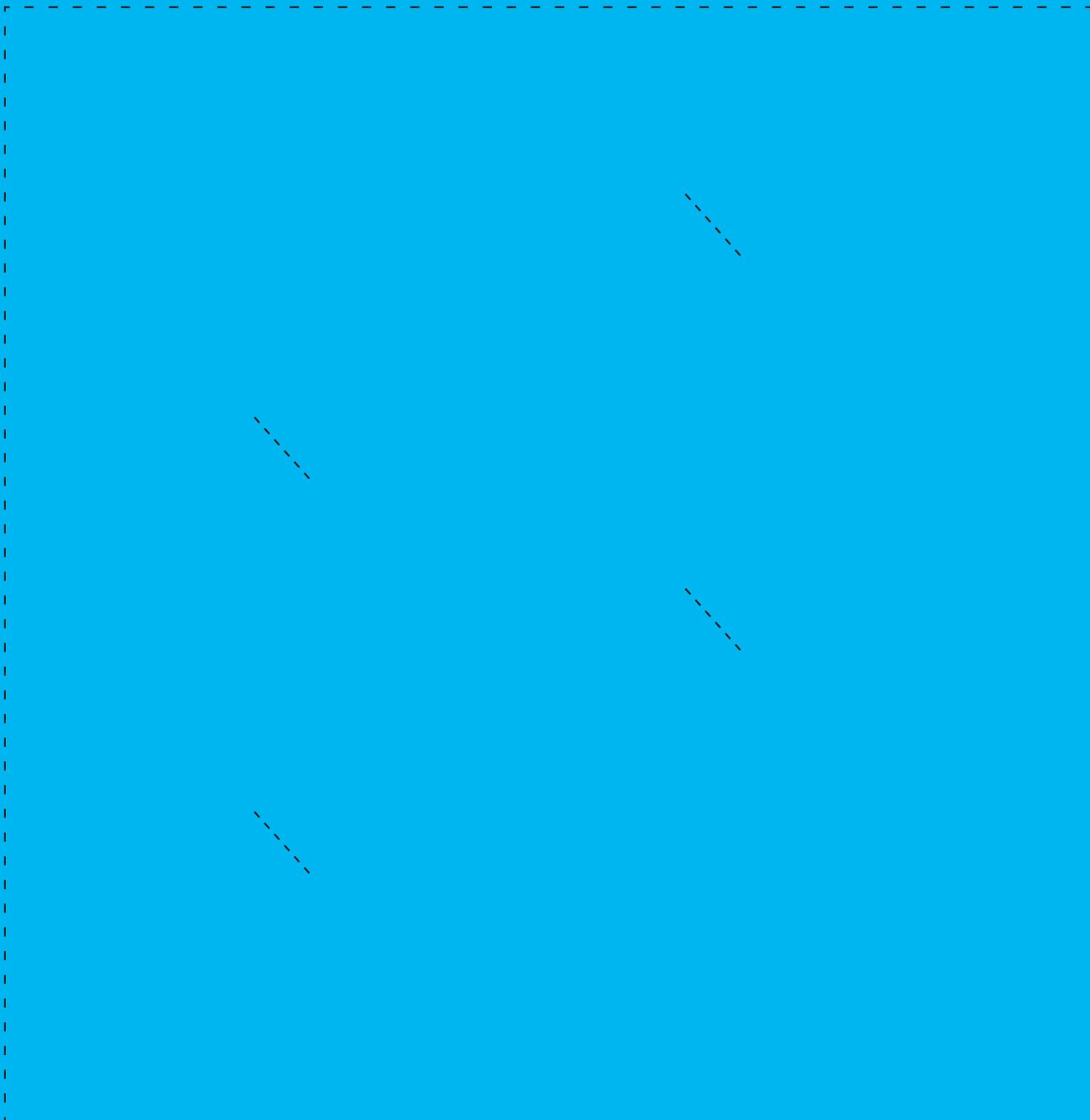
# Journey Guide

for shoulder surgery

## **Table of Contents**

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- 2** Get Started
- 4** Your Team
- 6** Getting Healthy for Surgery
- 10** Home & Equipment Needs
  - 11- Home Readiness Checklist
  - 12- Medical Equipment
- 14** Presurgery Countdown
  - 15- 4-6 Weeks
  - 18- Week Before
  - 20- 2-3 Days Before
  - 22- Night Before
  - 23- What to Bring
  - 25- Day of Surgery
- 26** What to Expect in the Hospital
- 30** Discharge
- 32** At-Home Checklist
- 33** Staying Healthy
- 34** FAQs
- 35** Important Phone Numbers

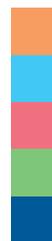


At UT Southwestern Medical Center, we want your shoulder surgery and recovery to go as smoothly as possible. Our orthopaedics team will be by your side throughout your surgical journey. We are offering you this guide to help you prepare for surgery and better understand what to expect during and after surgery. Working together, we can get you back to normal activities in a safe and timely manner. Thank you for choosing us to be your surgical team.

## Your Guide to a Successful Surgery

You're in great hands at UT Southwestern. We rank among the best hospitals in the nation for orthopaedics, according to *U.S. News & World Report*. This is based on a number of categories, including patient outcomes, volume of high-risk patients, key programs, services and staff, and professional recognition of the hospital.

UT Southwestern has one of the most comprehensive orthopaedic practices in North Texas. Our board-certified orthopaedic specialists are leaders in the newest surgical procedures available. We offer comprehensive surgical treatment plans that incorporate physical therapy before and after surgery for optimum results. Our orthopaedic surgeons are uniquely skilled, and they strive for the best outcomes.



## Get Started

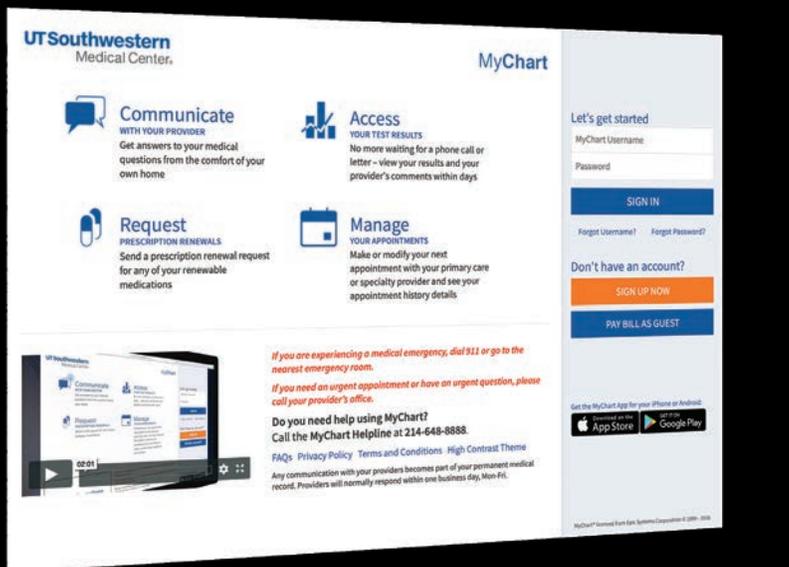
Use this booklet to help guide you through your shoulder surgery journey.

- Bring it with you to appointments and your stay in the hospital.
- Review important dates, complete the checklists, and learn more about what you should and shouldn't do before and after surgery.
- Find key phone numbers inside, and use this guide to write down questions and take notes.

### MyChart Electronic Medical Record

UT Southwestern offers patients an online health resource that allows you to communicate with your health care providers, request appointments and prescription renewals, and access portions of your UT Southwestern electronic medical record using an encrypted, secure internet connection.

If you are not already using MyChart and would like to, please call the MyChart help line at 214-648-1888 or ask for a sign-up link at your next appointment.



Patient	Surgeon	Procedure

**Important Dates and Activities**

Event	Date <i>(if applicable)</i>	Time and Location	Notes	Completed
Imaging: Complete diagnostic testing (X-rays or MRI)				
Get healthy for surgery: Take important steps to prepare			Learn more on page 6	
Get surgical clearances			Learn more on page 7	
Review your home readiness			Learn more on page 11	
Work on presurgery exercises			Learn more on page 15	
Check for infections/wounds			Learn more on page 19	
Do your night-before-surgery preparations			Learn more on page 22	
Begin your postoperative physical therapy			Learn more on page 28	
Attend your follow-up visits			Learn more on page 33	
Do your postsurgery exercises			Learn more on page 34	

If you have any questions, please contact:

Name	Phone Number

## Your Orthopaedic Surgery Team

A team of orthopaedic professionals will care for you during your surgical journey. This team is committed to keeping you safe and providing compassionate, world-class treatment services.

### Orthopaedic Surgeon

Your surgeon and surgical care team will guide your care and perform your shoulder surgery.

### Advanced Practice Provider

The advanced practice provider (a physician assistant or nurse practitioner) will



work with your surgeon and other members of the team to manage your care.

### **Anesthesia Team**

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An anesthesia physician or advanced practice nurse will evaluate your anesthesia needs. This team is specially trained to keep you safe during surgery and in recovery.

### **Registered Nurse (RN)**

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Your nurse is trained in orthopaedics and will follow your surgeon's plan for your recovery. The nursing team will teach you how to stay safe and healthy during the various stages of your journey.

### **Physical Therapist (PT)**

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Your physical therapy team will plan the best way for you to be your strongest both before and after surgery.

### **Occupational Therapist (OT)**

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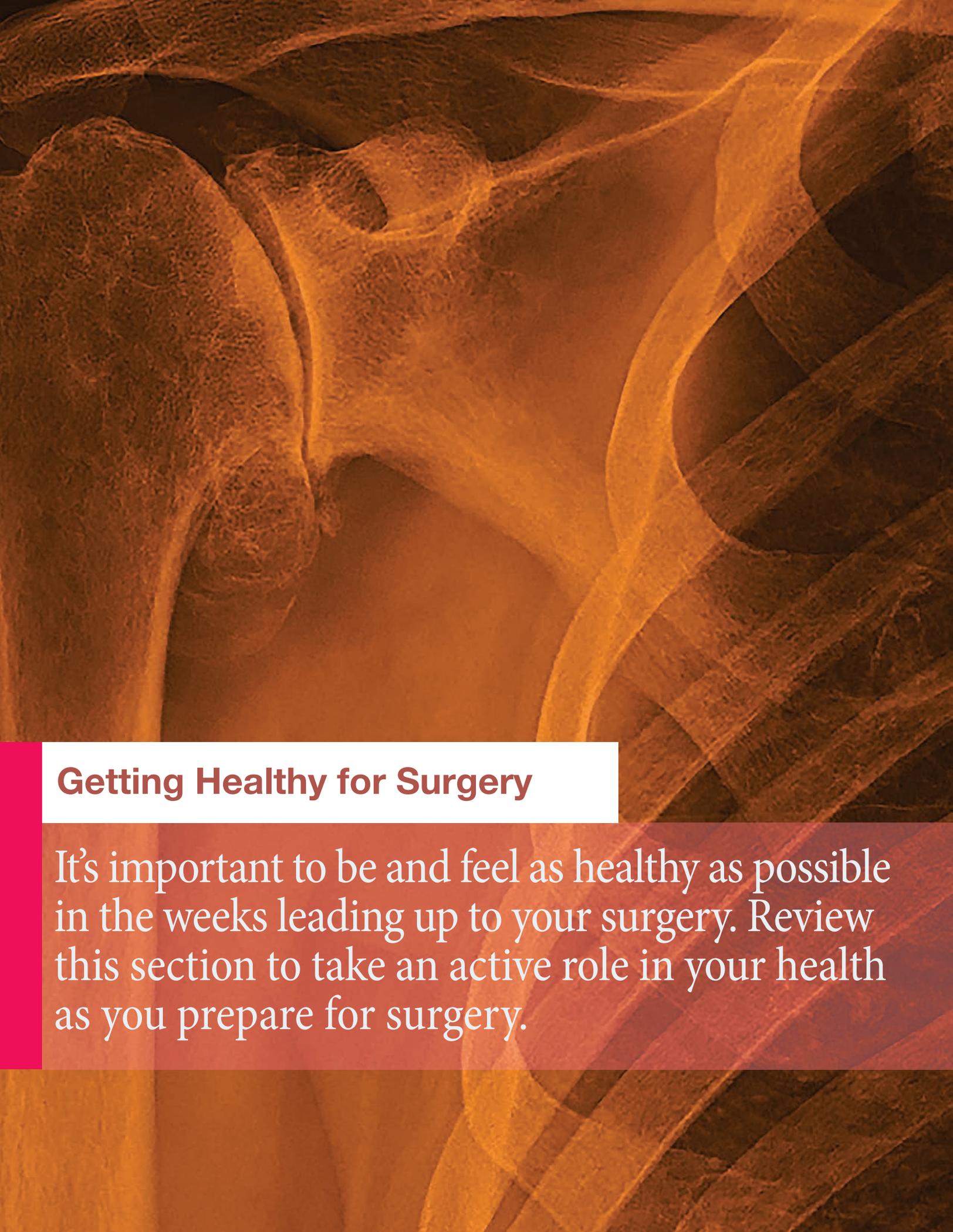
Your occupational therapist will help you plan to safely complete daily activities after your surgery, such as dressing and bathing. He or she will teach you how to be independent at home.

### **Case Manager**

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Your case manager is trained as a registered nurse or social worker. The case manager will work with your care team to prepare you for discharge and can also answer discharge-related insurance questions.





## Getting Healthy for Surgery

It's important to be and feel as healthy as possible in the weeks leading up to your surgery. Review this section to take an active role in your health as you prepare for surgery.

## Get Surgical Clearances

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You must see your primary care physician for surgical clearance. You might also need clearance from your cardiologist, rheumatologist, neurologist, or other specialist. Your care team will let you know if additional clearances are required.

## Choose a Personal Champion

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- The person you pick will motivate you to be your very best during your journey. Select a family member or friend who can be by your side to help you stay on track to complete your checklists and be successful.
- Your personal champion will help you meet your surgery planning and recovery goals. He or she will be a second set of ears to learn with you as you attend your appointments.

- Your personal champion will help you become independent faster. He or she will learn the appropriate exercises and encourage these daily activities when you go home.
- When you first arrive home, your personal champion can stay with you for a few days or visit daily. This home support will encourage you during your recovery journey.

## Stop Smoking – It Will Help You Heal Faster

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When you stop smoking, your body recovers faster, and infection can be prevented. We want to provide you with the best outcome; therefore, we **highly recommend** you quit smoking or using any tobacco or nicotine-containing products prior to surgery.

This includes:

- Smoking
- Dipping/smokeless tobacco
- Vaping
- Hookah
- Nicotine patches and gum

Please consider UT Southwestern's free tobacco cessation program to help you quit smoking or using tobacco products. It is led by facilitators certified in nicotine cessation. The program can help you change habits, reduce stress, and teach you how to prevent relapses. Call 888-980-6050 or email [canceranswerline@utsouthwestern.edu](mailto:canceranswerline@utsouthwestern.edu) for more information or to register.

## Pay Attention to Nutrition

### **Start taking a multivitamin and increase your protein intake**

Eat well-balanced meals to be healthy for surgery. In addition, one month prior to surgery:

- Begin taking a multivitamin with iron, calcium, vitamin D, and zinc once a day.
- Begin drinking a nutritional protein shake or eating a protein bar once or twice a day.

### **Stop Certain Medications and Supplements Prior to Surgery**

Make a list of your medications to go over with your care team. Pay attention to which medications you must stop prior to surgery.

### **Medications to STOP 30 days prior to surgery include:**

- Hormone replacement medications (estrogen, testosterone, progesterone, growth hormone, etc.)

- Birth control pills – stop at end of menstrual cycle four weeks prior to surgery and stay off for one month after surgery

### **Medications to STOP 7 days prior to surgery include:**

- Fish oil/omega-3 fatty acids
- Herbal supplements (ginkgo biloba, ginseng, echinacea, ephedra, St. John's wort, ginger, garlic, dong quai, hoodia); herbal products need to be treated as medicine, and natural substances can be harmful
- Anti-inflammatory medications such as ibuprofen and naproxen
- Narcotic pain medications (discuss this with your orthopaedics team)

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain, as directed on the bottle or by your care team.

**You must tell your orthopaedic surgeon if you are on any anticoagulants (blood thinners), prednisone, or other medications for rheumatoid arthritis, psoriatic arthritis, or inflammatory arthritis.**



If you have any questions, do not hesitate to ask your surgeon or any orthopaedics team member.

### **Take Control of Diabetes**

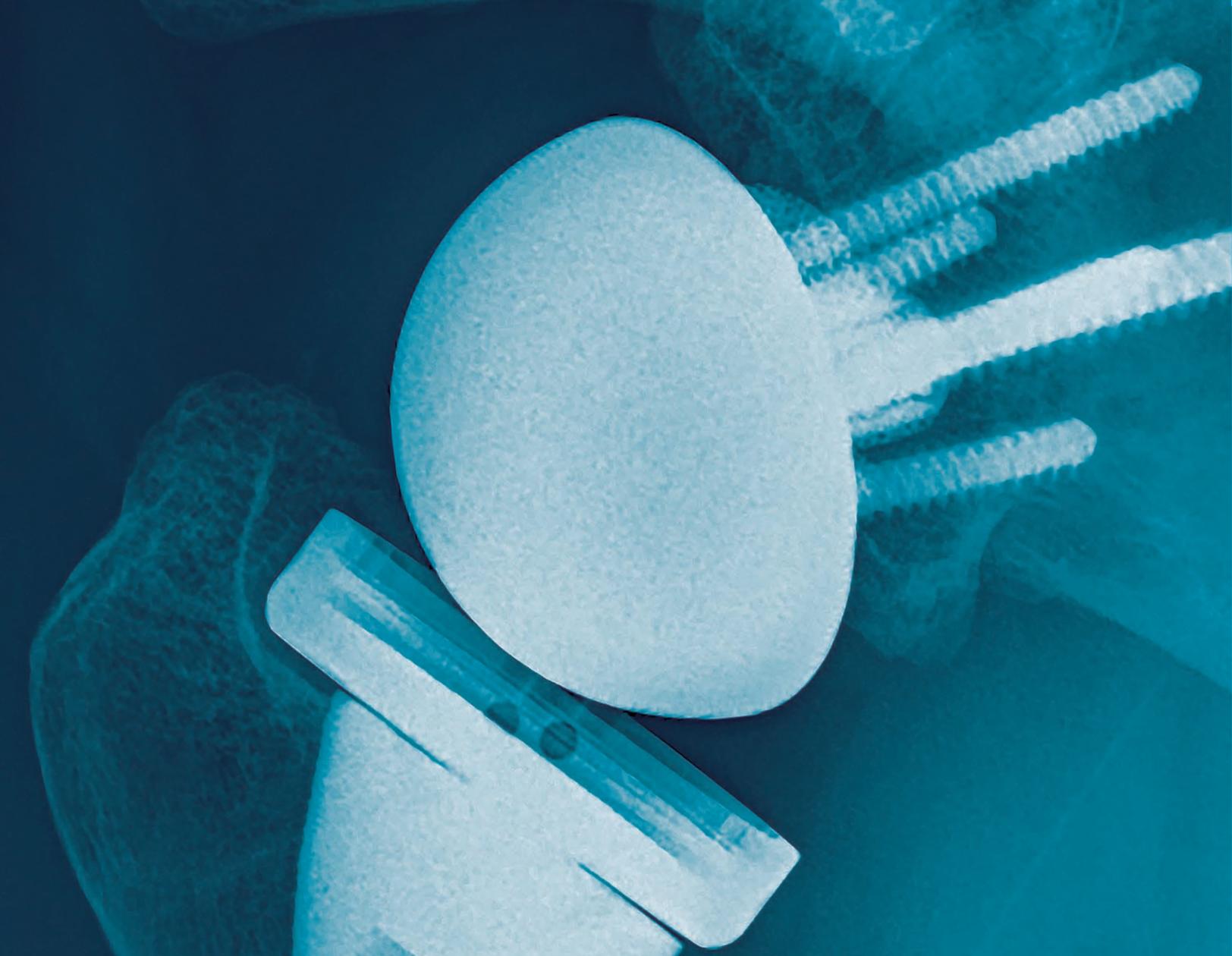
It is very important to control your blood glucose levels during your journey.

When you control your blood glucose, you will heal faster, prevent wound complications, and assist in preventing infection. The orthopaedics team can assist you in finding help with your glucose control.

### **Prepare to Return to Work**

If you work, start planning for when you can go back after surgery. Ask your surgeon's office for an estimated back-to-work date. Your care team will help you prepare to go back to work. Understand that the type of work you do will determine how soon you can safely return to work. Contact your employer for the appropriate paperwork, and fill out your portion before bringing to the clinic.





## Home & Equipment Needs

To help ensure a successful recovery, you will need to prepare your home and secure some needed equipment beforehand. This section will guide you on what to do.

## Home Readiness Checklist

### Set up your home for the easiest transition when you return after surgery.

- Make/purchase healthy, easy-to-prepare meals.
  - For your safety, put your favorite things in places you can easily reach.
  - Delay your mail or arrange for someone to pick it up for you.
  - Secure help for taking care of any children and/or pets.
  - Secure someone to do your yardwork.
  - Do laundry prior to surgery.
  - Clean your home prior to surgery.
- Make sure all stairs inside and outside have a sturdy railing.
  - Pathways must be clear where you walk. Pick up, remove, or be aware of anything that could be in your way or could cause you to slip or trip. This includes loose rugs, uneven surfaces, wires, and cords.
  - Make sure areas where you will be walking are well lit. Replace burnt-out light bulbs, and consider adding extra lighting to dimly lit areas.
  - Be sure you have several loose-fitting shirts or button-up shirts for after surgery.

Borrow or purchase any other items that will help you become independent after surgery. Review the list of equipment you'll need on the following page.

## Medical Equipment Needs

The following is a list of equipment you will need to be independent and safe at home after surgery.

### **Specialized Ice Machine** (ice helps control pain and reduce swelling)

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- You will have the OPTION to rent or purchase a specialized ice machine (not covered by insurance).
- A representative from the ice machine vendor will contact you a week prior to your surgery.
- If you choose to rent or purchase a machine, it will be delivered to you in the hospital.
- The representative will explain how the machine is programmed and how to wear the pad that comes with it. You will have an opportunity to ask questions and ensure proper fit.

### **Recliner**

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While this is NOT required, some patients find it more comfortable to sleep in a recliner the first few weeks after surgery. If you have one available, you might find this helpful. You can

also try placing pillows behind your operative arm to give it more support while lying in bed.

### **Sling**

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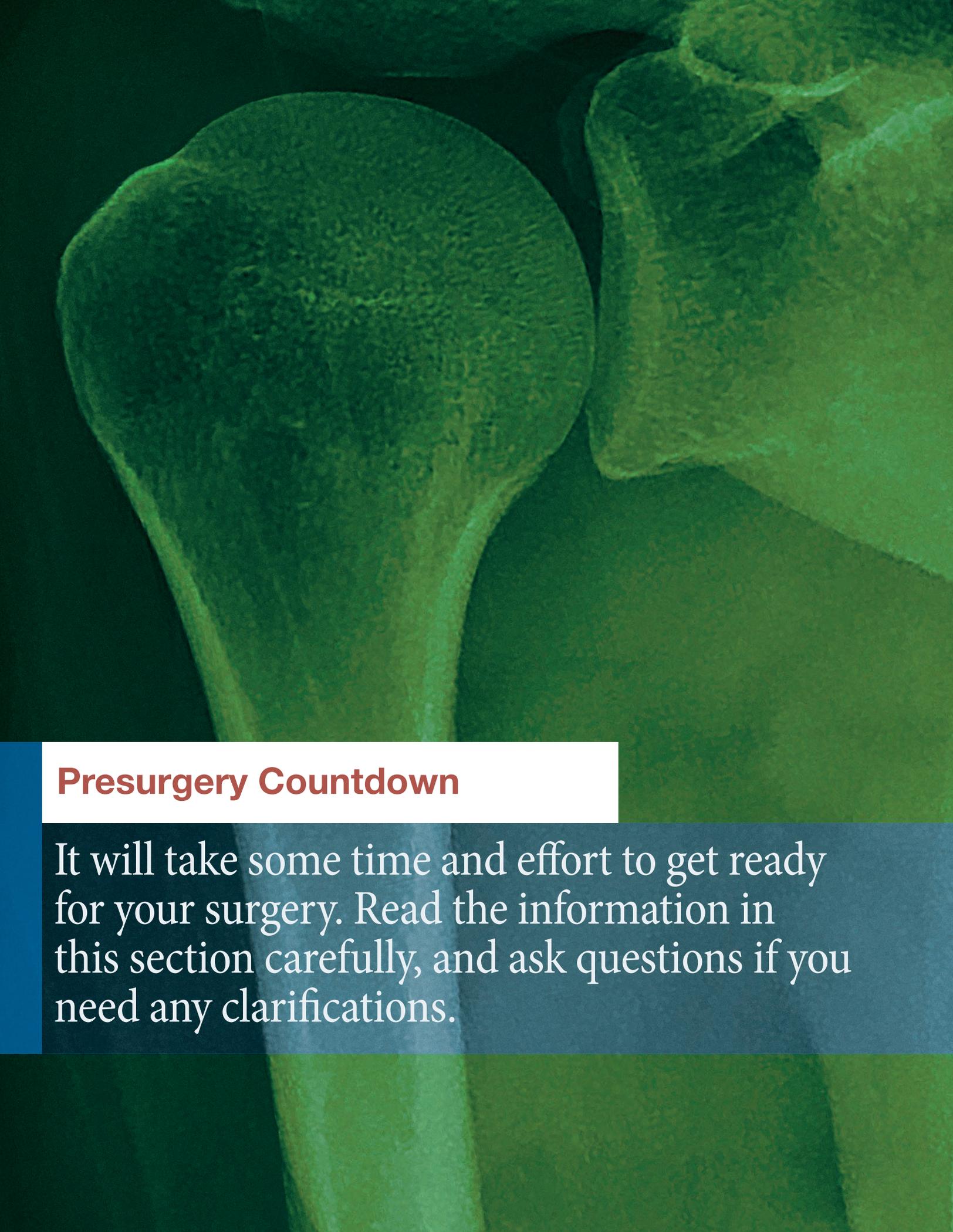
A sling will be placed on you after surgery, even before you leave the operating room. Be sure you





feel comfortable with how to take it off and put it on prior to leaving the hospital. If you have questions or are confused, please ask a nurse. The sling should be worn only while sleeping and when you are out and about, unless you are instructed otherwise.



A close-up photograph of a human shoulder joint, showing the humeral head and the glenoid cavity of the scapula. The image is overlaid with a semi-transparent blue gradient at the bottom, where the text is located. The lighting is dramatic, highlighting the textures of the bone and the surrounding soft tissue.

## Presurgery Countdown

It will take some time and effort to get ready for your surgery. Read the information in this section carefully, and ask questions if you need any clarifications.

## 4-6 Weeks Before Surgery

### Pre-Op Anesthesia Testing

You will receive a phone call from our surgery scheduler, who will set you up for a presurgery testing appointment (PST). This is a meeting with the anesthesia team to discuss your medical history and ensure you are ready for surgery from their standpoint. We will get a chest X-ray and labs at this appointment as well. The team will go over your list of current medications with you and discuss which ones you should stop using prior to surgery.

### **Medications to STOP 30 days prior to surgery include:**

- Hormone replacement medications (estrogen, testosterone, progesterone, growth hormone, etc.)
- Birth control pills – stop at end of menstrual cycle four weeks prior to surgery and stay off for one month after surgery

### Presurgery Exercises

In order to have the best outcomes after surgery, we recommend you work on a couple of exercises to strengthen the bigger muscle groups in your shoulder prior to surgery. You should have been shown these two simple exercises at your most recent appointment with your provider, but we have pictures of them below to remind you.



**Shoulder blade pinches (scapular retraction):** Bend both elbows to 90 degrees and pull back, pinching your shoulder blades together as if you are trying to hold a pencil between them. Hold for a few seconds and relax. Do this 20 times, twice daily.



**Lying overhead lift (passive supine forward elevation):** Lie down flat on your back with both arms by your side. Raise one arm straight up in front of you, and bring it as far back as you can toward the floor above your head. You may use your other arm to help if needed. Move your arm back down by your side. Do this 20 times, twice daily.

*For a more detailed guide of these exercises, refer to the handout in the front of this book.*

*Reminder: We recommend you stop smoking and/or using any tobacco- or nicotine-containing products.*

### **Secure After-Surgery Equipment**

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Review the “Medical Equipment Needs” list on page 12.

## **POSH Program Available to Help Seniors Prepare for Surgery**

### **Presurgery Service**

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The UT Southwestern Perioperative Optimization of Senior Health (POSH) Program provides comprehensive evaluation of older adults who are planning to undergo surgery. It is designed to ensure surgery for our older patients is safe and that their recovery is smooth.

### **Postsurgery Service**

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After the procedure, UTSW POSH care team members continue to provide consultative management of medical comorbidities, make recommendations for delirium prevention, and assist with a safe transition out of the hospital.

Please let us know if you would like more information about this program, or call 214-645-8600 to contact the POSH Program directly.



## The Week Before Surgery

Follow these instructions for safety and infection prevention.

### Medications to STOP 7 Days Prior to Surgery:

- Fish oil/omega-3 fatty acids
- Herbal supplements (ginkgo biloba, ginseng, echinacea, ephedra, St. John's wort, ginger, garlic, dong quai, hoodia); herbal products need to

be treated as medicine, and natural substances can be harmful

- Anti-inflammatory medications
- Narcotic pain medications (discuss this with your orthopaedics team)

You may continue taking any acetaminophen product (such as Tylenol) as needed for pain (as directed on the bottle).



### **Expect a Phone Call Confirming Your Time of Surgery**

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This will come from the hospital.

### **Secure After-Surgery Equipment**

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Review the “Medical Equipment Needs” list on page 12.

Outside vendors will be contacting you (if they have not already) about securing a specialized ice machine (optional).

### **Get Ready for At-Home Infection Prevention Therapy**

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Make sure you have picked up the Mupirocin nasal ointment from your pharmacy. You will begin to use it two days before surgery. See instructions on page 20.

Locate the Hibiclens wash given to you at your presurgery testing appointment. You will use it the night before and the morning of surgery, washing with it from the waist down. See instructions on page 23.

### **Do You Think You May Have an Infection?**

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Call your surgeon’s office if you feel sick or think you may have an infection of any kind, such as a respiratory, bladder, skin, or tooth infection.

### **Do You Have Any Open Wounds?**

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Check your skin for open sores, wounds, and rashes. If you have any questions, call your orthopaedic surgeon’s office. Open wounds can increase your risk of an infection.

***Complete the “Home Readiness Checklist” on page 11.***



## 2-3 Days Before Surgery

Please review the following information to help you prepare in the two to three days leading up to your surgery.

### **Medical Equipment**

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If you ordered equipment from representatives of the vendors UT Southwestern works with, it will be delivered to the hospital on the day of your surgery.

### **Start Your Infection Prevention Therapy**

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Make sure you have picked up the Mupirocin nasal ointment from your pharmacy. Two days before surgery, begin application of the Mupirocin ointment. Apply it with a Q-Tip to both nostrils, twice a day, starting two days before surgery and continuing the day of surgery and two days after surgery.



A close-up photograph of a woman with long brown hair, wearing a white top, smiling as she packs a black suitcase. Her hands are visible, one holding the zipper and the other holding a folded piece of clothing. The background is softly blurred, suggesting an indoor setting with natural light.

**If You Did Not Already,  
Please Complete the  
“Home Readiness  
Checklist” on Page 11**

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For a successful and quick recovery, your home will need to be in order and ready for your return.

**Pack Your Bags**

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Review the “What to Bring” checklist on page 23.



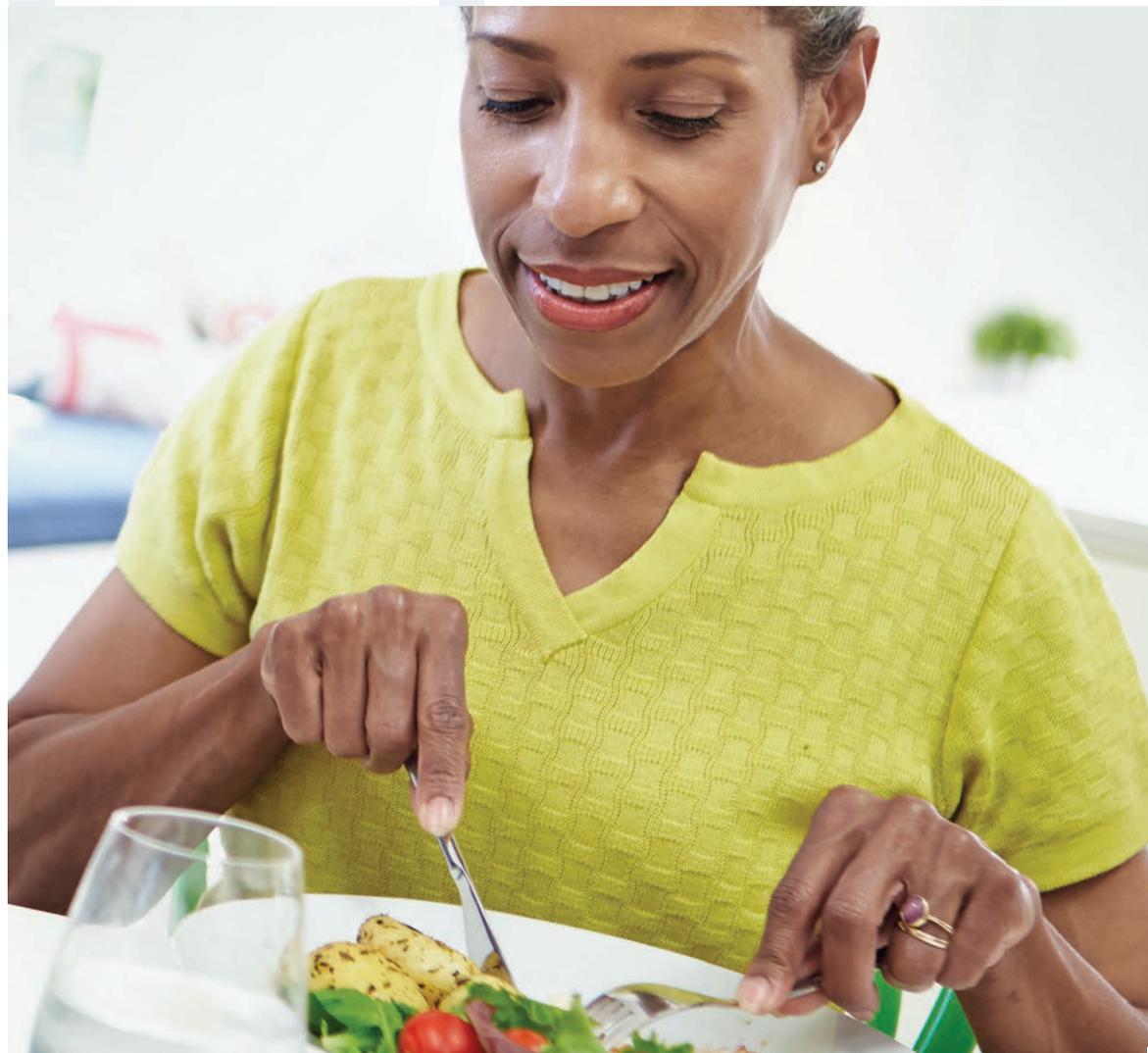
## Night Before Surgery

Please review each item and follow the instructions. Completing this checklist to the best of your ability will help ensure a safe and successful surgery.

- ❑ ***Eat a light dinner.***  
Remember that you can't eat, chew gum, or use lozenges after 11 p.m. the night before your surgery.
- ❑ ***Keep drinking water.***  
You may have up to 20 ounces of water or clear Gatorade between midnight and up to two hours prior to your surgery.

Diabetic patients may drink up to 20 ounces of clear apple juice up to two hours prior to their scheduled procedure if their glucose check prior to arrival is low or they are feeling symptomatic.

- ❑ ***Remove all nail polish from your fingernails and toenails.***



- ❑ **Don't shave.** It is especially important to avoid shaving near the area where you will be having surgery.
- ❑ **Continue the infection-prevention nasal ointment.** Apply twice a day to both nostrils, starting two days prior to surgery and continuing the day of your surgery and two days after.
- ❑ **Use the special soap.** Wash with Hibiclens from the waist down the night before and morning of your surgery. Dry with clean towels.
- ❑ **Do not use any lotion, powder, makeup, deodorant, or perfume.**
- ❑ **Wear freshly washed clothes and sleep in clean sheets.** This will help prevent infection.
- ❑ **Pack your bags if you have not already.** Please complete the "What to Bring" checklist that follows.

## What to Bring to the Hospital

- ❑ A great attitude. You are on your way back to an active lifestyle!
- ❑ This journey guide
- ❑ Phone numbers of anyone you may want to contact during your stay in the hospital
- ❑ An accurate medication list
- ❑ Your insurance card
- ❑ A photo ID
- ❑ A prescription card, if you have one through your insurance company
- ❑ An outfit to wear while at the hospital in case you end up staying the night; bring loose-fitting clothing such as T-shirts or button-up shirts
- ❑ Clothing to layer in case you get cold
- ❑ Comfortable walking shoes and socks
- ❑ CPAP machine for sleep apnea, if you use one at home

### Please do NOT bring:

- Jewelry
- Valuables such as credit cards, checks, or large amounts of money
- Medications – your UT Southwestern care team will give you all necessary medications while you are in the hospital; if there is a special medication that you are concerned will not be available to you, please discuss this with your care team member



## Day of Surgery

Please review the following information to help ensure a safe and successful surgery.

### UT Southwestern Surgical Locations (check your location)

- Zale Lipshy Pavilion (Zale)**  
5151 Harry Hines Blvd.  
Dallas, TX 75390
- Outpatient Surgery Center (OSC)**  
1801 Inwood Road  
Dallas, TX 75390
- Arrive three hours before your scheduled surgery (or when advised by the surgical team). Valet parking is available for patients and visitors for a small fee each day.

- Check in on the first floor; you will be escorted to the presurgery area.
- Bring an accurate, current list of medications you are taking.
- In the presurgery area, we will review your medical history and medications and start an IV in your arm. The anesthesiologist will discuss an anesthesia plan with you.
- Members of the orthopaedic surgery team will review the surgical plan with you and mark your surgical site. You will be given medication for comfort and antibiotics prior to surgery.
- Family/friends/your personal champion may stay in the presurgery room until surgery.

***Reminder: Stop drinking all liquids two hours before your scheduled surgery time.***



## **What to Expect While You're in the Hospital**

At UT Southwestern, we want to make your stay with us as comfortable and safe as possible. Here's what to expect.

## A Word About Medications

We will use a combination of narcotic and non-narcotic medications to safely minimize your discomfort after surgery. Be open to trying this regimen; you will be pleasantly surprised how well it works. Narcotic medications may have side effects, which include nausea, vomiting, itching, drowsiness, constipation, and hallucinations, which can impede your recovery.

We will work with you to decrease your risk of addiction and abuse, which can be managed if the medications are used properly, for a short period of time, and for the right reasons. Non-narcotic medications can decrease the number of stronger medications used, which will reduce the risk of side effects. Our goal is to create a smooth, safe, comfortable recovery while reducing complications.

### **Nerve Block**

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Prior to your surgery, a member of the anesthesia team will discuss doing a nerve block to numb your operative arm. This is a routine procedure that helps with postoperative pain. A numbing medication is injected into the side of your neck, just above your shoulder, using ultrasound. If you are a candidate, this will be done shortly before we take you to the operating room.

### **Pain Management**

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Your orthopaedics team will work with you to manage your pain after surgery. You will need to notify us with your call system when your pain starts to feel unmanageable. Please note that no pain medication will be scheduled. You will use a pain scale as a guide to ask for medication based on how you feel. We will strive to give you enough pain medication to keep you moving without leaving you feeling nauseous or sleepy.

### **Postsurgical Movement and Activity**

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Moving as soon as possible after surgery has been proven to enhance outcomes and minimize complications after surgery. With the aid of a physical therapist or nurse, you will get out of bed the same day as your surgery. Movement helps your circulation, breathing, and digestion. Movement will also reduce the risk of a blood clot (or deep vein thrombosis) and will open up your lungs to prevent pneumonia and postoperative fevers.

Your safety and fall prevention are a priority, so please do not get out of bed without assistance from our team. Do not hesitate to use your call system any time you need help moving.

### **Blood Clot Prevention**

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Your surgeon and his or her care team will determine the medical treatment you need to prevent a blood clot.

## **Pneumonia Prevention**

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A member of the nursing team will bring a breathing device called an incentive spirometer to your room and teach you how to use it. This is to improve the movement of air and the airflow in your lungs. Getting out of bed to walk and using a spirometer will help you take deeper breaths and increase airflow to the lungs. Spirometry also helps with postoperative fevers, so please use as directed by your spirometry team.

## **Nutritional Needs/ Gastrointestinal Issues**

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Some people can experience an upset stomach after surgery due to anesthesia and pain medication. You will have anti-nausea medication available after surgery; please notify the nurse if you need this medication. Eating small meals and taking frequent sips of water will help with nausea and dehydration.

Some people can experience constipation due to anesthesia, pain

medication, and lack of activity. We will be sending you home with a prescription of senna-docusate to take on an as-needed basis. We encourage you to be up – out of bed and moving around – several times per day to help prevent constipation.

## **Postoperative Occupational and Physical Therapy**

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Your therapists will visit you once you are settled in your hospital room after surgery if you do not go home the same day.

The physical therapist is going to teach you goals for postoperative mobility, including how to:

- Get in and out of bed
- Perform exercises

Your goal in the first six weeks after surgery is healing. The physical therapist will see you each day while in the hospital and help ensure you are safe ambulating (walking) before your discharge. Please alert the therapist of any obstacles you have at home that have not been mentioned previously.

## **Length of Stay**

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Although it is common to go home the day of surgery, you will have to successfully reach a few parameters before you are



released. You will need to have your pain controlled on oral medications, and you must be approved to go home by the physical therapy team. This means you must be able to get

in/out of bed and walk to the bathroom. Please note that the length of stay in the hospital varies for individual patients and their type of surgery. Every patient is unique.





## **Discharge – Going Home**

Are you ready to leave the hospital?

Since the beginning of your journey, the team has been working with you through your preoperative care, surgery, and now your discharge home and rehabilitation. Our goal is to relieve your pain and get you back to the activities you enjoy. That requires active involvement on your part.

Throughout your stay, we will be monitoring your progress, your strength and endurance abilities, and all of the resources required for your safe recovery.

You will be able to discharge from the hospital once your pain is controlled with oral medications and you have passed the expectations of physical therapy.

### **Review Your Discharge Instructions**

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A nurse will review your discharge information with you. Please ask questions so you understand what is

expected of you. Be sure to find your physician “discharge instructions,” which will include dates for dressing changes, follow-up appointments, medications, and information on ice and elevation.

### **Blue Folder**

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Prior to leaving the hospital, you will receive a blue folder that contains information about your postoperative medications, instructions for dressings, and restrictions. Your physical therapy protocol is also enclosed. Please read through the folder’s contents and contact our office if you have any questions.

### **Let Us Know Where You Are Going**

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The care coordinators and social workers at the hospital will help set up the care you need upon discharge and help facilitate all your discharge needs. If you have a home health or other facility that you prefer to use, please bring the name, address,

and phone number with you, and give these to the care coordinator involved in your care.

If you are going to a nursing or rehabilitation facility, the care coordinator or social worker will arrange for your transportation.

### **Leaving the Hospital**

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Whatever your destination, at the hospital you will be transported by wheelchair to the patient pick-up area. Be sure to gather all of your belongings.

## Care-at-Home Checklist

Your surgical dressing may be removed 48 hours after surgery. Leave the tape strips in place; they will fall off on their own within two weeks. If you have staples, they will be removed at your two-week post-op appointment. Here are some other things to do and not do at home after your surgery:

### **Do**

- Ice your shoulder at least 4-5 times per day. Be sure to place a towel between your skin and the ice pack to prevent burns.
- Take a shower after you take off your bulky dressing 48 hours after surgery. Let water run over the incision/tape strips, but do not scrub the incision.
- Take your pain medications. We recommend you schedule them around the clock while your arm is still numb from the nerve block so that you are not hit with an increase of unexpected pain when the block wears off. After the block wears off, you may take the medication as needed.
- Take a stool-softener with the pain medication.
- Wear your sling for sleep and/or presence in uncontrolled crowds.
- Begin using your arm in front of your body, unless told otherwise by your surgeon.

### **Do Not**

- Soak in bathtubs or hot tubs or get in any bodies of water such as pools, rivers, lakes, or the ocean until 6 weeks after surgery
- Use any lotions, alcohol, oils, or ointments on your incisions for at least 6 weeks after surgery
- Lift anything heavier than 1-2 pounds with your operative arm
- Place your arm behind your back within 3 months after surgery
- Consume alcoholic drinks until your follow-up appointment with your surgeon

### **When to call your surgeon's office after surgery:**

- Fever above 100.0 degrees, lasting longer than 24 hours
- Increased swelling, redness, or warmth from your incision

- An odor or discharge from your incision
- Excessive bleeding from your incision
- Experience of sudden shortness of breath or chest pain
- You are unable to reestablish normal bowel habits despite increasing fluid intake
- Uncontrollable pain not relieved by ice and pain medication

***Schedule of follow-up visits:***

- 1 week
- 6 weeks
- 12 weeks (3 months)
- 6 months
- 1 year
- Every year thereafter

## Staying Healthy

### **Eat Healthily**

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Eat a balanced and healthy diet and manage your weight.

### **Stay Smoke-Free**

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Being smoke-free means you care about practicing preventive medicine. Also, try to avoid smoking environments. Secondhand smoke can increase your risk of poor healing and infection.

### **Live a Healthy Lifestyle**

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You can maintain better health by being aware of certain aspects of your body. Proper blood pressure, glucose levels, cholesterol, and weight are necessary to maintain a healthy body. This commitment to ensuring your body is healthy should be lifelong and not just during the period of your surgery. Improve your overall health by getting checkups regularly to live your best health at any age.

### **Mention Dental Appointments or Upcoming Surgeries**

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If you have any other surgery or dental appointments approaching, remember to tell your doctor or dentist that you have had recent surgery or a joint replacement. You and your physician can discuss the need for antibiotic treatment before the appointment or procedure to prevent a possible infection. This applies to routine dental cleanings. It's also important to maintain good dental hygiene.

## Exercise to Keep Your Body Strong

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Once you are cleared by your surgeon, try to exercise regularly, three to four times per week, 20 to 30 minutes at a time. This commitment will allow you to maintain your strength, balance, and, especially, good posture. Proper mechanics and posture will help your joint to function in a smooth and pain-free manner. Try to do a variety of exercises, including weightlifting, bodyweight exercises that use your own weight to provide resistance against gravity, and aerobics (walking, biking, swimming).

## FAQs

### ***How long will I have to wear the sling after surgery?***

You will wear the sling for 6 weeks for sleeping and when you are out and about in crowds. You do not need to wear it while relaxing around the house, unless you are told otherwise by one of the providers.

### ***How long will I be in the hospital?***

Most patients go home the same day of surgery unless they do not have anyone to assist them at home or they have other medical issues that need further treatment in the hospital.

### ***When can I drive?***

You may drive when you are able to lift your arms to shoulder level and are not taking pain medication during the day. This is typically a couple weeks after surgery.

### ***When can I return to work?***

If you work a desk job, you may return to work whenever you like. You will have to follow lifting restrictions (no greater than 1-2 pounds). If you have a job that involves physical labor and are not able to temporarily move to light duty, you will not be able to go back for 3 months or longer depending on what your job entails.

### ***When will I start physical therapy?***

Most patients begin physical therapy after their first postoperative appointment, one week after surgery. Depending on your surgery, your PT may be delayed 6 weeks to allow your shoulder to begin healing.

## Important Phone Numbers

- UT Southwestern Orthopaedic Surgery Clinic – Dallas: **214-645-3300**
  - UT Southwestern Outpatient Surgery Center:
    - Guest and Patient Services **214-645-3395**
    - Admissions Department **214-645-6730**
  - Zale Lipshy Pavilion:
    - Guest and Patient Services **214-645-4101**
    - Admissions Department **214-645-4637**
  - UT Southwestern Medical Center at Frisco: **469-604-9000**
  - Financial Counseling (for all locations): **214-633-4036**
  - POSH Program – Division of Geriatric Medicine: **214-645-8600**
  - Tobacco Cessation Program: **214-761-3139**
  - UT Southwestern Center for Human Nutrition: **214-648-2890**
  - Anesthesia nerve block team: **214-633-5555**
- Home Health Agency:
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- Outpatient Therapy Center:
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- Primary Care Physician:
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- Dentist:
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- Specialist(s):
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## Notes and Questions

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