

**Patient's Guide to Shoulder
Replacement Surgery**

**Anthony A. Romeo, M.D.
Sheri Shindelar, PA-C
Allison Terry, PA-C**

Midwest Orthopaedics *at* Rush



**Midwest
Orthopaedics
at RUSH**

TEAM PHYSICIANS

Chicago White Sox & Chicago Bulls

3 1 2 . 4 3 2 . 2 3 4 2

www.rushortho.com

www.shoulderelbowdoc.com

Table of Contents

I. PREPARING FOR YOUR JOINT REPLACEMENT SURGERY	3
Now that you are scheduled for surgery	3
Understanding shoulder replacement surgery	4
The risks of surgery	8
Information on autologous blood donation	8
Questions and answers about anesthesia	9
Home health care versus outpatient rehabilitation	10
Preparing for your hospital admission	11
Preparing for your surgical procedure	11
Day of surgery	12
II. POSTOPERATIVE CARE	14
General care	14
Therapy	15
Pain control	15
Antibiotics	16
Discharge information	16
III. PREPARING FOR HOME	17
Home instructions	17
When to seek a doctor's treatment	18
Follow-up visits	19
Life-long prevention of infection	20
Office and financial policies	21
Glossary	23

I. Preparing for Your Joint Replacement Surgery

Now that you are scheduled for surgery

To help prepare you for surgery the following steps will be taken:

1. The following information will be discussed with you in the doctor's office.
 - Preoperative teaching about the surgical procedure
 - Surgical risks
 - Preparation for surgery
 - What to bring to the hospital
 - Discharge planning
 - Home preparation for after surgery
2. Dr. Romeo's office will provide you with the information to schedule the required tests. These usually include:
 - Blood tests
 - Urinalysis
 - EKG and chest X-ray
 - History and Physical from a Rush internist.
3. You need to take your usual medicine, unless told otherwise by the primary care physician. Do not take aspirin or aspirin-containing medications, such as nonsteroidal anti-inflammatory medications (Motrin, Advil, Nuprin, etc.) ten days prior to your surgery.
4. You may perform your usual activities, but should refrain from smoking.
5. Carefully review this information booklet to learn more about your surgery and what you can do to help insure the best possible experience.

Understanding Shoulder Replacement

Introduction

Shoulder replacement surgery has been recommended for the treatment of your shoulder problem. This operation is usually done for arthritis or fractures of the shoulder, but other conditions involving the shoulder can also be successfully treated with shoulder replacement surgery.

The purpose of this booklet is to give you information about the surgery, as well as answer the most common questions patients have asked us in the past. This handout should help you prepare for your surgery, your hospital stay, as well as your return home.

If you have any additional questions after reading this handout, please contact Dr. Romeo's office at (312) 432-2342.

The Normal Shoulder

The shoulder joint is very complex and actually involves three bones and more than one joint. These bones are the clavicle (collar bone), the scapula (shoulder blade), and the humerus (arm bone). Numerous muscles, ligaments, and tendons surround the joint (See Figure #1). The upper end of the arm bone (humerus) and the lateral (outside) edge of the scapula bone (glenoid) form a ball-and-socket joint. This joint is remarkable because it normally allows a greater range of motion than any other joint in your body (See Figure #2).

Figure #1

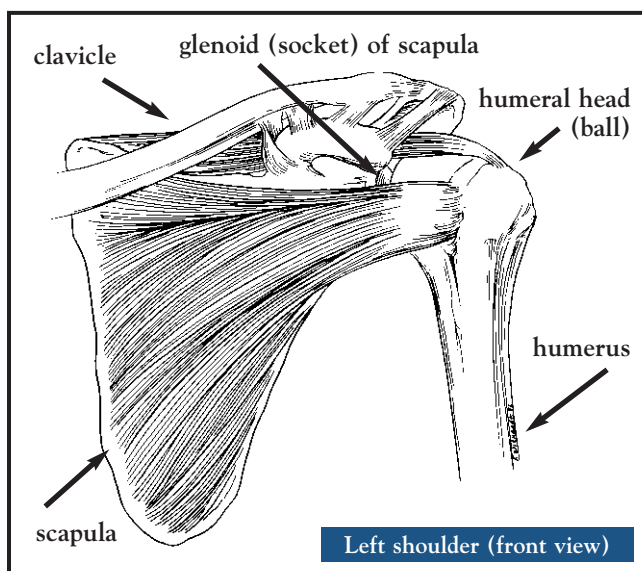
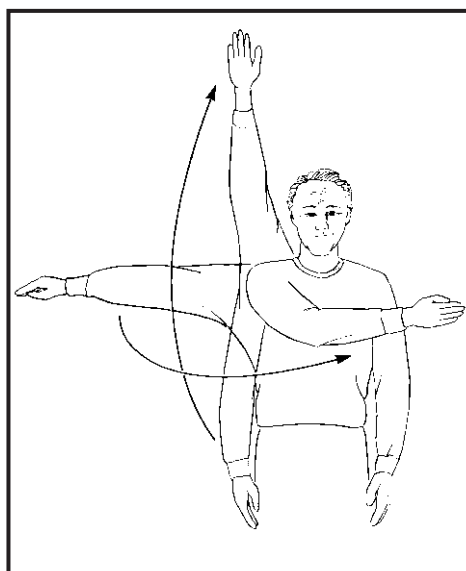


Figure #2



Shoulder Replacement

Who needs shoulder replacement surgery?

Shoulder replacement surgery is a result of degeneration of the ball-and-socket joint. When the smooth surfaces of the ball and socket become rough, they rub against each other rather than glide. Most patients who decide to have shoulder replacement surgery have had shoulder pain for a long time. Many patients have developed pain that bothers their daily activities, as well as interferes with their sleep. Shoulder stiffness also interferes with the use of their arm for everyday activities.

A shoulder replacement is performed to alleviate shoulder pain. It often times helps to improve the range of motion of your shoulder joint, which also improves your function and the quality of your life.

The two most common reasons for shoulder replacement are:

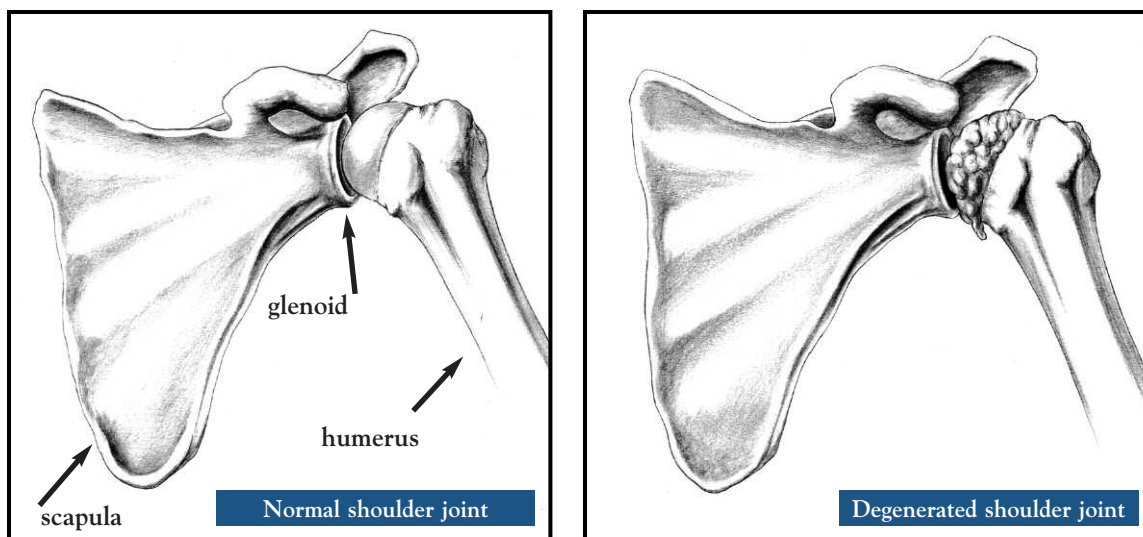
1. Severe degenerative arthritis (osteoarthritis)—the cartilage has worn away. When the smooth surfaces of the head of the humerus (ball) and glenoid (socket) become rough, they rub against each other rather than glide.
2. Fractures involving the shoulder joint.

Other reasons for shoulder replacements include:

1. Inflammatory arthritis/rheumatoid arthritis. The cartilage is destroyed by the inflammation.
2. Avascular necrosis - loss of the blood supply to the humeral head (ball).

Reasons for reverse shoulder replacement:

1. Severe degenerative arthritis combined with a dysfunctional rotator cuff.
2. Fractures involving the shoulder joint with significant injury to the rotator cuff tendons.



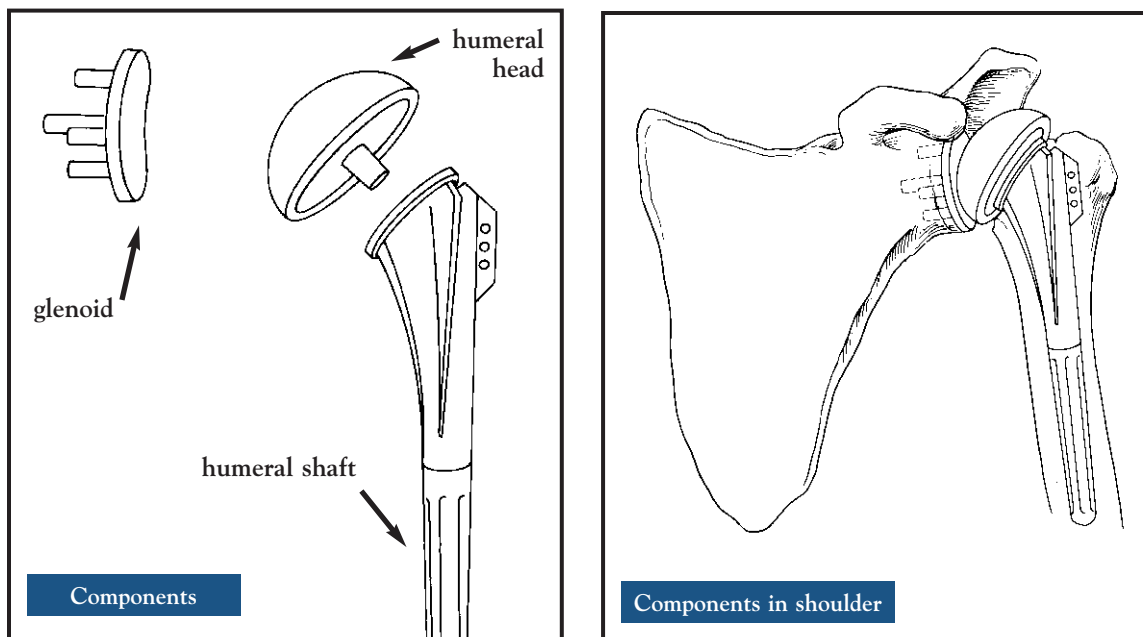
The Surgery

The essential part of the surgery is to remove the damaged area and replace it with a shoulder prosthesis (artificial joint). To get to the shoulder joint an incision is made on the front of your shoulder. After exposing the shoulder joint, the damaged ends of the bone are removed. The bone is prepared for the placement of the artificial joint.

The artificial joint is made of metal, usually a titanium or a cobalt-chrome alloy. The stem is placed inside the humerus bone. Bone cement may be used to secure the stem in the humerus.

The glenoid component is made of a special plastic. The glenoid is cemented into place. Not all patients require a glenoid component. The final decision to use a glenoid component is made during the surgery. Patients with osteoarthritis and inflammatory arthritis generally benefit from the placement of a glenoid component.

After the components are in place, the shoulder joint is checked to make sure that the shoulder is stable and has the potential for good motion after rehabilitation.



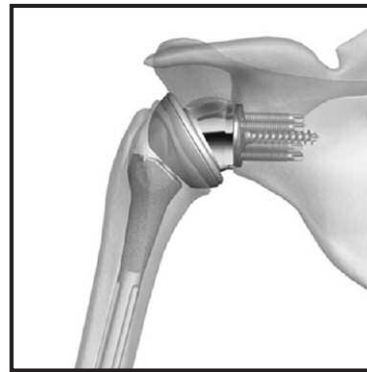
Reverse Shoulder Replacement

For a reverse shoulder replacement procedure, much of the surgery is the same. The components of the reverse shoulder replacement are just shaped differently.

The glenoid component is shaped like a ball (called the glenosphere) and is anchored to the scapula with screws. The humeral component (the arm) is a socket that attaches to the upper end of the humerus.



Reverse Shoulder Prosthesis



An Implanted Reverse Shoulder Prosthesis



X-Ray of a Reverse Shoulder Replacement Patient

The Risks of Surgery

Some risks come with every operation and they differ for each person depending on the person's age, health, and the type of surgery performed. The risks of shoulder replacement surgery are relatively low for major reconstruction of a joint. Potential risks include infection, excessive blood loss, instability of the components (the ball will not stay in the socket), nerve injury and blood clots. The chance of having a complication related to your surgery is increased if this is a revision surgery or if there is a complex deformity of the shoulder joint, which often times occurs in the treatment of old fractures that have gone on to develop arthritis.

There are also risks related to anesthesia which will be discussed on the day of your surgery by the anesthesiologist who will be caring for you. If you have a history of medical problems, particularly problems with your heart or lungs, please notify Dr. Romeo in advance of your planned surgery. In addition to medical clearance by a Rush internist, you may need to have additional evaluation by the anesthesiologist in preparation for your surgery.

Autologous Blood Donation

A blood transfusion may be necessary in shoulder replacement surgery, but is extremely uncommon. Dr. Romeo will decide whether this is necessary during your preoperative evaluation. Most patients do not require donation or transfusion.

Questions & Answers About Anesthesia

Who are anesthesiologists?

Anesthesiologists are physicians who care for patients and provide pain management during and following surgery. During a major operation, anesthesiologists choose from a variety of medications to fulfill many different functions, such as stopping pain, making the patient unconscious, and relaxing the body's muscles. To do this they may administer inhalation (gas) anesthetic agents, sedatives, muscle relaxants, and many other medications to help maintain normal body functions. The anesthesiologist carefully balances all of these medications in accordance with the individual medical and surgical needs of each patient.

What are my options for anesthesia?

There are two methods of providing anesthesia during your shoulder replacement surgery. The most common method is a general anesthetic agent. With a general anesthesia, you are unconscious and have no awareness of the surgical procedure or other sensations. This is usually administered via tube that is placed into the airway to your lungs. The second method is to use a regional anesthesia, which is performed by the anesthesiologist. Your anesthesiologist will inject medication near a cluster of nerves in the lower part of your neck on the same side as your surgery to numb the area of your body that requires surgery. Many patients undergo this operation with both a general anesthesia as well as a regional anesthesia. The advantage of this combined approach is that you will be comfortable during the surgery without worrying about the surgical procedure itself, and then following the surgery the regional anesthetic will provide you with good pain relief throughout most of the day of your surgery.

What happens after surgery?

The anesthesiologist and Dr. Romeo will continue to oversee your care in the recovery room. You may receive medications to decrease postoperative discomfort. Throughout your recovery, your condition and vital signs will be carefully monitored until it is determined that you are able to leave the recovery room.

What must I tell the anesthesiologist and all hospital staff?

Please inform the anesthesiologist and the nursing staff of any allergies or medications that have caused problems for you in the past. It is also important to discuss any problems that you may have had with anesthesia during a previous surgery. It is essential that you let us know whether you have any allergies to antibiotics.

Home Health Care Versus Outpatient Physical Therapy

The need for home health care will be decided between you and Dr. Romeo. It is important that Dr. Romeo understand your level of independence, your general health status, and how much help you have at home. Many patients can get assistance from other family members, which will help ease the transition upon their return back home. Patients who live alone and do not have available transportation are more likely to be candidates for home care. Not all insurance companies allow for home health care or home physical therapy, and it is important that you understand the availability of these services and whether or not your insurance company will pay for this care prior to surgery.

Outpatient Physical Therapy

If Dr. Romeo decides that you are an appropriate candidate for home care, a nurse and a physical therapist will come to your home to assist you. The nurse may come once a week and assess your general condition. The therapist will come three times a week and will assist you in your exercise program. Eventually, you will be able to attend outpatient therapy or continue your exercise program at home on your own.

Home health care will be coordinated with the assistance of the hospital discharge planner and the home health care service while you are in the hospital.

To receive supervised physical therapy outside your home, you must be able to travel to a facility that offers these services. We recommend that you avoid driving for the first six weeks following your surgery. Outpatient physical therapy centers may be located within a hospital setting, or may be a free standing clinic. Dr. Romeo and his staff will make every effort to recommend an appropriate facility that is within a reasonable distance from your home or one that provides transportation for shoulder patients. You will be expected to attend supervised therapy sessions two to three times a week. Eventually, you will learn your exercise program and be able to continue with your exercises at home without supervision.

Home Care

Please understand that you are the most important therapist for your shoulder. On those days that you do not have supervised physical therapy, it is essential for you to continue the exercise program at home. The best results of shoulder replacement surgery occur in those patients who independently perform their exercises on a daily basis for at least one year.

Preparing for Your Hospital Admission

You will be admitted to RUSH University Medical Center on the morning of your surgery. This is called a “same-day admission.” Insurance companies do not allow admission to the hospital the day before your procedure. Patients are asked to arrive at least two hours before the actual time of the surgery. The surgical scheduling office will call you the working day before your surgery to inform you of your arrival time. Please make every effort possible to arrive at the hospital on time, as we have reserved a starting time for your surgery.

You should expect to be discharged on the second day after your surgery. Some patients are able to go home on the first day after surgery in the afternoon. More than 75% of our patients are discharged to home without the need for an extended-care facility. With your help, we will make every effort possible to anticipate your needs and provide you with the appropriate support services. If you feel that you will not be able to return back home because of the anticipated limited use of your arm, please notify Dr. Romeo and his staff prior to surgery.

If you take anti-inflammatory medications such as aspirin, Motrin, ibuprofen, Naprosyn, Lodine, Voltaren, DayPro, etc., you should stop taking this medication ten days prior to your surgery. If you are taking these medications or blood thinners for a medical condition (e.g., heart disease), please notify Dr. Romeo’s office prior to your surgery.

Preparing for Your Surgical Procedure

If there is any change in your physical condition, such as a fever, flu, diarrhea, skin rash or cold, please call your personal physician and Dr. Romeo’s staff as soon as possible.

Patients who do not speak English should have someone accompany them to the hospital who can translate their language to English.

Pack a bag or a small suitcase with the items you may need during your hospital stay. Please bring along your own toiletries and any necessary personal items. While in the hospital you may choose to wear a hospital gown or you may bring your own clothing from home. We suggest loose comfortable clothing or a shirt which buttons in front and can easily be placed over the top of your shoulder. During your therapy, you will need to wear clothing that will allow your arm to move comfortably without being restricted. Furthermore, you will need to wear shoes that are comfortable and safe. Generally, open-heeled shoes or slippers are not recommended.

Do not bring valuables with you to the hospital. Leave all money, jewelry (including wedding rings) and credit cards at home.

Please bring with you a form of photo identification (driver’s license) and insurance cards to present to the registration and admitting department. If your insurance carrier requires that you submit a claim form at the time of admission, please remember to bring a completed claim form with you. Be sure to keep all cards and forms in a safe place in your room.

Eyeglasses, contact lenses, hearing aids and dentures must be removed prior to your surgery. Please bring a container to protect these items.

The Night Before Your Procedure

Bathe or shower the night before or the morning of your surgery. Scrub your shoulder and arm pit with antibacterial soap.

Do not eat or drink anything after midnight before the surgery. This includes drinking water, chewing gum, or sucking hard candy. An empty stomach helps to avoid possible complications during your surgery. Failure to follow this instruction may result in the cancellation of your surgery.

Try your best to get a good night's sleep. Go to sleep at your usual time. Avoid caffeine from any source after 4:00 in the afternoon the day before your surgery. If you are having trouble falling asleep, you may take 25- 50 mg of Benadryl before midnight the night before your surgery.

Day of Surgery

If you have been instructed to take medication by mouth on the morning of the surgery, you may take that medication with a sip of water.

You may brush your teeth and rinse your mouth, but do not swallow any water.

Do not wear any jewelry, facial makeup or nail polish to the hospital.

You will be notified one to two days in advance by the surgical scheduling office of the exact time that you are to report to the registration area on the day of your surgery. The registration area is located on the fourth floor of the Atrium Building at RUSH University Medical Center. There is an Information Desk on the fourth floor that will provide you with further guidance if needed. If you park in the large parking garage, take the elevator to the fourth floor, then walk through the skywalk across Harrison Street heading north (towards the Eisenhower (I-290) freeway). As you are walking through the skywalk, you will see the downtown Chicago skyline on your right. The skywalk will take you to the fourth floor Information Desk in the Atrium Building.

In the Same-Day Surgery Unit, you will change into a hospital gown and the nurse will begin to prepare you for the surgical procedure.

Day of Surgery (continued)

Approximately one hour before your surgery, Dr. Romeo will ask the nurse to have you sent from the fourth floor Same-Day Surgery Unit to the fifth floor preoperative anesthesia holding area. In this preoperative holding area, you will meet the anesthesia personnel, and undergo additional preparation by the nursing staff.

Family members and friends may wait in the Smith Family Lounge located on the fourth floor of the Atrium Building during your surgery. Family members and friends should register with the personnel at the front desk in the Smith Lounge. Only those who register will be contacted when the surgical procedure is completed. Your family members and friends are welcome to use other facilities at RUSH University Medical Center, but again should notify the personnel at the front desk of the Smith Lounge of their location.

While awaiting your surgical procedure, your nurse may give you an injection (shot) or pill that will make you drowsy, and possibly make your mouth feel dry. This medication aids in the effectiveness of the anesthesia. You will be taken to the preoperative holding area where an intravenous infusion (IV) will be started. When the operating room is ready and you are properly prepared for your surgery, you will then be escorted to the operating room.

Recovery Room

After your surgery, you will be placed on a hospital cart and taken to the post-anesthesia care unit (PACU). Your vital signs (heart rate, blood pressure, temperature and breathing), IV, shoulder dressing and level of comfort will be checked frequently. You will be asked to move your fingers, wrist and elbow to test the motor function of your hand. The circulation and sensation of your arm will also be checked frequently.

Your arm will be in a sling or arm immobilizer and supported on a pillow. Once you are awake and your vital signs are stable, you will be discharged from the post-anesthesia care unit and brought to your hospital room (usually the 9th floor of the Atrium Building). Most patients spend two to three hours in the recovery room for close observation after shoulder replacement surgery. Your family members should be aware that after they leave you, it may take four to six hours before they will be contacted by Dr. Romeo to discuss the results of your surgery.

II. Postoperative Care

General Care

Respiratory Care

If you were given a general anesthesia during your surgery, your lungs might have become “lazy” causing congestion. Coughing and breathing exercises help to loosen the mucus in your lungs and prevent pneumonia. Keeping your lungs clear is very important. The following activities will help you avoid complications:

Turn from side-to-side to loosen secretions and allow them to drain.

Cough—one or two deep coughs as needed will help to keep your lungs clear.

Deep breathing—10-20 deep breaths per hour will help to promote normal function of your lungs.

In addition to these key steps, your nurse may instruct you on special breathing exercises or if necessary you may receive respiratory therapy.

Circulation Movement & Sensation

Increasing the amount of fluid you drink and exercising your legs helps prevent blood from becoming “sluggish” in your blood vessels. For the first 24 hours following your surgery and beginning prior to the surgical procedure, sequential compression stockings will be applied to your legs to help prevent blood clots from forming in your legs. Once you are up and walking around consistently, the compression stockings can be discontinued.

If a regional block was used as part of your anesthesia, it will take 12-18 hours for a patient to recover full sensation and active control of the muscle groups in the operated arm.

Diet

Following the surgery you will begin on a light, perhaps liquid, diet to help avoid stomach upset. We will attempt to return you back to your regular diet as quickly as possible.

Exercise

During the first day of your surgery, it is not unusual to feel weak, lightheaded and drowsy after the surgical procedure. Within 24 hours, these effects wear off and you will be able to gradually increase your activity level. You can start with short trips to the bathroom and gradually increase your walking as tolerated. Increasing your activity will help to promote good circulation and decrease the risks of developing blood clots. Furthermore, walking will help to avoid problems with your lungs. Please ask your nurse to assist you the first few times you get out of bed.

Ankle pumps. Push your foot down as if you were pushing a pedal all the way to the floor. Hold it down for a count of five (5), then bring your foot up again as far as possible. Make little circles with your foot. Do this exercise every hour while awake.

Bowel Management

Some patients become constipated because of pain medications as well as being inactive. It is important that you drink plenty of fluids, as well as eat foods that are high in fiber. Increasing your activity level, such as walking, will also help to avoid this problem. If necessary, you may be given a laxative or stool softener.

Physical Therapy

The day after surgery your physical/occupational therapist will work with you in planning your therapy program. He/she will begin exercises for your shoulder, elbow, and wrist the morning after the surgical procedure. While you are in the hospital, the physical therapist will work with you two times per day.

To help maximize your efforts with your therapy program we encourage you to take your pain medication approximately 30 minutes before your therapy session. While the therapy sessions on the first day are uncomfortable, it is important to start your range of motion program as soon as possible to avoid stiffness.

Occupational Therapy

Some patients have other orthopaedic problems or medical problems that make their post-operative mobility and personal care more difficult. This is particularly true for patients who have an inflammatory arthritis where multiple joints, especially their hands, can be affected. An occupational therapist may be asked to evaluate your needs and challenges. Occupational therapists provide services including education regarding modified personal care, assistive devices, and strategies for increased mobility and independence.

Pain Control

- Pain control can help you:
- Enjoy greater comfort while you heal;
- Get well faster.

With less pain you can start walking, do your breathing exercises and get your strength back more quickly. You may even leave the hospital sooner. During your surgery, your pain will be controlled through a general anesthesia and often a regional nerve block.

After surgery, we use a patient-controlled analgesia (PCA) method to help control your pain. With PCA, you control when you receive the medication and how much medication is necessary to relieve your pain. As soon as you begin to feel pain, you press a button and the medication will be delivered to you through the intravenous (IV) tube in your vein. Built-in timers insure that you get the medication that you need and prevent you from taking too much medication. On the morning of the first day after your surgery, the PCA will be discontinued and you will be given a pill to control your pain.

Ice applied to your shoulder will also help to decrease your discomfort. The ice should be applied for 20-30 minutes for a minimum of three times per day.

Tips for Controlling Pain After Surgery

Take pain medications as soon as you feel the pain. This is a key step in proper pain control.

Take action as soon as the pain starts.

If you know your pain will worsen when you start performing your exercises, take the pain medication 30 minutes in advance of your exercises. It is harder to ease your pain once it has become severe.

Do not try to see if you can tolerate the pain during the first 48 hours. Shoulder replacement surgery is painful and all patients require pain medication to control their discomfort.

Help the doctors and nurses “measure” your pain. When asked about your pain, we ask that you rate it on a scale of 0-10, where 10 is the worst pain possible, and 0 is no pain at all. This will help us to understand your level of discomfort. If you let your pain increase significantly, it will become difficult to quickly relieve your pain.

Antibiotics

You will be given antibiotics through your IV for a period of 24 hours as a routine precaution for your surgery. Remember, please inform the nursing staff and Dr. Romeo of any allergies to antibiotics.

Discharge Information

You are going home!

Planning for your discharge from the hospital begins before you enter the hospital. Dr. Romeo and his staff will try to anticipate your needs as you gradually return back to your independent daily life. The staff at RUSH University Medical Center is committed to providing quality care to our patients. We will make every attempt possible to provide you with a pleasant experience and insure that your recovery is uneventful and complete.

III. Preparing for Home

Help at Home

Many patients will require help from their family and friends for the first few weeks. You may be able to care for yourself, including bathing, dressing and personal grooming. However, it is beneficial to have your family and friends help you with preparing meals, shopping, laundry and other responsibilities that would require driving.

You may gradually resume all of your activities on your own as long as they do not interfere with the rehabilitation of your shoulder.

Restrictions/Precautions

Dr. Romeo recommends that you do not drive while in your sling. Once out of your sling, you may resume driving after you can comfortably use your arm for all of your activities of daily living. This goal is generally achieved by six weeks following your surgery.

Although you should progress with your exercises, do not force any shoulder motions. Most importantly, do not let anyone (therapists or family member) force your arm into uncomfortable positions.

Do not use your arm to pull yourself out of bed or out of a chair for six weeks.

It is necessary to wear a sling or arm immobilizer for six weeks to protect your shoulder from any unexpected movements. Wearing the sling also alerts others around you to avoid accidentally striking your arm.

You may resume sexual activity as tolerated. Remember, do not force any shoulder motions, avoid any sudden forceful movements, and do not bear weight on your shoulder for the first six weeks.

Other Comments

You will be given a prescription for the same pain medications you received in the hospital. If you run out of the medication, please notify Dr. Romeo's office during normal business hours.

Returning to work depends on the demands of your work responsibilities. Please discuss these issues with Dr. Romeo and his staff prior to your surgery. An early limiting factor is the inability to drive for the first six weeks. After this time, sedentary work responsibilities, such as writing can be initiated. At eight weeks following the surgery, light-duty responsibilities are possible for some patients. Medium physical-demand responsibilities may be started as early as three months, but generally take patients close to six months to achieve this level. Patients are permanently restricted from performing any heavy physical-demand responsibilities.

Sling/Immobilizer

Please wear your sling or immobilizer for the first six weeks.

Medications

You will be provided with a prescription for pain medication. If you have problems with your medication or you run out of medication, please call Dr. Romeo's office at (312) 432-2342.

Therapy

You will be given a prescription for physical therapy when you leave the hospital. You are asked to attend supervised physical therapy for the first six weeks to work on your range of motion. Two or three visits per week will be prescribed. If you cannot find transportation for therapy, please inform Dr. Romeo and his staff prior to the surgical procedure so that we recommend a facility that provides transportation.

Incision Care

Your dressing will be changed during your hospital stay. After you are at home you may change the dressing as needed, but after the first week you do not need to continue to dress the wound. Someone, either a family member or your home health nurse, should look at your incision with you every day to check for any signs of infection. Signs may include redness, swelling, increased pain, drainage, or warmth.

Keep the incision clean and dry until you see Dr. Romeo in the office. Do not scratch, cleanse or apply any creams, lotions or other treatments to the incision until you have seen Dr. Romeo in the office. If you choose to shower, please cover the incision with a water-resistant covering, such as a plastic bag, to prevent the incision from getting wet. Your sutures will be removed in Dr. Romeo's office seven to ten days after your surgical procedure.

Please Call Dr. Romeo's Office If...

You develop a fever greater than 101.5 degrees F.

Drainage continues from the site of your incision.

Your shoulder becomes more swollen and tender with increased difficulty performing your exercises.

Please call during normal office hours, 8:30 a.m. to 5:00 p.m. on weekdays. Calls at night or on weekends will be taken by the answering service, and the orthopaedic resident on call may respond to your questions. In general, they have been instructed to not provide narcotic medication refill on evenings or weekends. Please plan ahead and request these medications during normal office hours, and we will promptly refill your prescription as indicated.

If you develop severe pain, chest pain or difficulty breathing, report immediately to your local emergency room or preferably to the emergency room at RUSH University Medical Center. Please call Dr. Romeo's office so that the orthopaedic resident on call and Dr. Romeo can be notified of the emergency.

Follow-Up Visits

(Please call the office to make appointments for these dates.)

Seven to ten day evaluation:

- X-rays
- Site of surgery-sutures are removed
- Progress with exercise program
- Comfort level

Six week evaluation:

- The site of surgery
- Range of motion
- Ability to begin a strengthening program
- Ability to perform activities of daily living and personal care
- Consideration of return-back-to-work responsibilities

Twelve week (three months) evaluation:

- X-rays
- Range of motion
- Progress with strengthening program
- Activities of daily living and personal care
- Return-back-to-work responsibilities

Annual checkup

We would like to reevaluate you and your shoulder replacement on an annual basis. Each year we will reexamine your shoulder, check your range of motion and strength, as well as obtain new radiographs (X-rays) to look at the relationship between the shoulder prosthesis (replacement) and the bones. Follow-up examinations are important to provide you with advice regarding your shoulder replacement, as well as to minimize the risk of a complex problem related to your shoulder replacement.

Life-Long Prevention of Infection

Infection prevention is very important for the rest of your life. Your new joint is artificial and does not have your body's "natural" protection against infection. Bacteria from a variety of sources can enter your blood stream and invade your joint. This can eventually cause it to become loose and painful. A list of possible sources of infection are listed below with the things that you can do to minimize your risk to the new joint.

SOURCE	SYMPTOMS	WHAT TO DO
Urinary tract and bladder	pain, burning, fever, blood in the urine, increased need to urinate	Do not wait to see if these problems go away on their own. You should see your medical doctor immediately so he can evaluate and treat the problem.
Any wound or cut that looks inflamed	red, swollen, hot, pus or drainage	Do not wait to see if these problems go away on their own. You should see your medical doctor immediately so he can evaluate and treat the problem.
Infection elsewhere in the body (ears, throat, etc.)	pain, fever, redness or drainage	Do not wait to see if these problems go away on their own. You should see your medical doctor immediately so he can evaluate and treat the problem.
Dental work (extraction, drilling, root canal or cleaning)		Call your dentist or oral surgeon for a prescription for antibiotics. You should take the medication prior to going to the dentist.*
Any invasive procedure (e.g., proctoscopy, cytoscopy, endoscopy, interventional radiology)		Inform your doctor that you have an artificial joint and need to be given antibiotics to protect it during these tests.

**Some dentists do not believe that there is an increased risk of infection of your joint replacement when undergoing dental work. However, most orthopaedic surgeons believe that there is a very small, but definite risk of potential infection of your joint replacement with extensive dental work. Dr. Romeo recommends that you take antibiotics prior to going to the dentist. If your dentist is unwilling to prescribe antibiotics, please contact Dr. Romeo's office and we will provide you with the appropriate prescription which may help to prevent an infection in your joint replacement.*

Office and Financial Policies

We would like to thank you for choosing Midwest Orthopaedics at Rush, LLC (MOR), as your medical provider. To keep you informed of our current office and financial policies, we ask that you read and sign our financial acknowledgement prior to any treatment. Please keep this document for future reference.

Canceled Appointments:

If you are unable to keep your scheduled appointment, please call our office within 24 hours to reschedule your appointment. This will enable us time to use your slot for another patient.

No Insurance:

Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Customer Service Representative or Financial Coordinator.

Insurance:

Please bring your insurance card with you at the time of your appointment. For insurance plans that we contract with, your carrier requires that all copays be paid prior to any services being rendered. The copay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. If you do not have your copay at the time of your visit, you must provide us a written waiver from your insurance carrier specifically authorizing MOR to waive this obligation. You are responsible for any coinsurance, deductibles or noncovered services as required by your insurance. You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of that statement.

Workers' Compensation:

If your injury is due to an accident in your workplace, please be sure to contact your employer and inform them of your injury. We will need to receive authorization from your employer before we can process any of your medical claims. Please have your employer contact our Workers' Compensation Department at **877-632-6637**. Failure to properly report this injury to your employer may result in your claims being denied. Denied claims will be your responsibility.

Return Checks:

A \$30.00 charge will be added to your account for any check returned by your bank for any reason.

Disability or Insurance Forms:

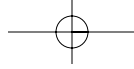
There will be a charge of \$15.00 - \$35.00 for the completion of medical forms (charge is based upon number of pages and complexity of information requested). Payment is due at the time that you pick up the forms. Please allow 7 - 10 days for the completion of these forms. If you would like the forms mailed to you or your insurance company, payment will be due prior to mailing.

Medical Records:

We will provide you a copy of your medical records upon request. You will need to sign a letter of release at the time of pickup. Please allow 7-10 days for us to copy your records. If you wish for your records to be mailed, there may be an associated fee to cover the mailing costs. You may be charged for additional copies of your medical records. Rates charged are within Illinois state statutes.

X-Rays:

We will provide you with a copy of your X-rays upon request. You will need to sign a letter of release at the time of pickup. Please allow 48 hours from the time of your request. There is a \$3.50 charge per X-ray, that is payable at the time of pickup. If you have any questions or concerns, please contact our Customer Service Department at **877-632-6637**.



RUSH Oak Park Hospital

610 South Maple Avenue, Suite 1400

Oak Park, IL 60304

Toll free 877 MD BONES

Phone: 312.432.2342

Fax: 312.243.6246

RUSH University Medical Center

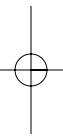
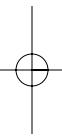
1725 West Harrison Street, Suite 1063

Chicago, IL 60612

Toll free 877 MD BONES

Phone: 312.432.2342

Fax: 312.243.6246



www.shoulderelbowdoc.com

www.rushortho.com

