TOTAL SHOULDER REPLACEMENT
PATIENT GUIDE
Dear Patient,

The Bone and Joint Center at Grant is pleased to provide you with this Total Shoulder Replacement Guide to Recovery. We have developed this guide to make it easier for you and your family to know what to expect before, during and after your surgery. This guide will serve as a valuable resource during your recovery and can be used to answer many of your questions. Keep this guide with you as a source of information both at home and during your hospital stay.

Our orthopedic team is ready to assist you in any way. Please let us know how we can accommodate your needs.

Sincerely,

The Bone and Joint Center at Grant Team
TABLE OF CONTENTS

About your Surgery and Recovery

Background Information ............................................................... 5
Potential Complications with Total Joint Replacement Surgery ............... 9
Post Operative Instructions .......................................................... 11
  Incision Care .............................................................................. 11
  Bathing ..................................................................................... 12
  Dressing ................................................................................... 12
  Sleeping ................................................................................... 13
  Sling Use .................................................................................. 13
  Driving ..................................................................................... 16
  Shoulder Precautions ............................................................... 16
  ROM Exercises ......................................................................... 17
  FAQ ......................................................................................... 23
About Grant Bone and Joint Center

Preparing for Shoulder Replacement Surgery ................................................. 25
Day Before Surgery .................................................................................. 27
Day of Surgery ......................................................................................... 28
After Your Surgery .................................................................................. 33
Preventing Complications ...................................................................... 35
Discharge Planning .................................................................................. 38
Future Reference ..................................................................................... 40
Information about the Grant Bone and Joint Center ............................. 41
Financial Considerations ........................................................................ 43
Directions ............................................................................................... 44
Information to Remember ........................................................................ 45
BACKGROUND INFORMATION

**Total Shoulder Replacement**

A total shoulder replacement, or arthroplasty, is an operation performed to replace the ball and socket part of your shoulder called the gleno-humeral joint. It is often done to replace the worn or degenerated parts of your shoulder when conservative measures (such as medications, physical therapy, and injections) are no longer working. A total shoulder replacement can also be performed when a patient has a severe break or fracture of his or her arm bone, making it too difficult to put all the pieces back together.

In either case, the damaged parts of the shoulder are removed, and replaced with a mechanical artificial joint called a prosthesis. As a result, patients typically notice an immediate decrease in pain and as well as significant improvement in shoulder function. This allows patients to improve their quality of life, and return to activities such as dressing, cooking, golfing, bowling, gardening, tennis, swimming and fishing.

**A Normal Shoulder Joint**

Your shoulder is a ball and socket joint where the arm bone (humerus), meets the socket of the shoulder bone (scapula or glenoid). A healthy shoulder has a smooth layer of cartilage that covers or coats the ends of your arm bone and socket part of your shoulder. This cartilage allows the arm bone to fit easily into the socket and move smoothly in all directions. The cartilage creates a space between the bones, which can be seen on an x-ray.
**The Degenerated Shoulder Joint**

Degeneration is when the smooth layer of cartilage that coats the bones wears away. This can occur at the top end of the arm bone, in the socket part of your shoulder, or both. As the smooth cartilage wears away, the surface becomes rough and gritty like sandpaper, causing a cracking or grinding sensation. When these two uneven surfaces rub against each other, it can be very painful. As your pain increases, you start to use your shoulder less. This can lead to stiffness and a loss of shoulder range of motion.

Degeneration is most often caused by osteoarthritis, which is the normal wear-and-tear of the shoulder. Osteoarthritis can be affected by several other factors such as usage, age, genetics, and prior injury. Degeneration is also caused by rheumatoid arthritis and avascular necrosis (decreased blood supply to the bone usually due to certain medications). Degeneration can be seen on x-rays, and is characterized by a loss of joint space between the bones, flattening or irregularity in the shape of the bone, as well as bone spurs.

**Your Replacement Shoulder Joint**

In a total shoulder replacement, the very top part of the arm bone is removed. A metal stem is then placed down the hollow shaft of your arm bone. This stem is attached to a metal ball that now forms the new top part of your arm.
The shoulder socket is typically so worn away that there is nothing left to remove. Instead, it is replaced with a plastic cup. This plastic cup is held in place with cement and creates a spot to hold the metal ball. The prosthesis parts come in many different sizes to ensure the best fit that will allow the ball to move smoothly in the socket.

**Reverse Total Shoulder Replacement**

Reverse total shoulder replacement, or arthroplasty, is a variation of the total shoulder replacement operation to solve more difficult situations. A reverse replacement is needed when a patient also has a rotator cuff tear that is unable to be repaired. A reverse replacement means that the position of the ball and socket joint is switched during surgery. Reverse total shoulder replacement is also utilized for revision procedures, fractures, tumors or other challenging conditions.

In a normal shoulder, the top part of the arm bone is the ball and the socket is part of the scapula bone. In a reverse total shoulder replacement, the ball part of your shoulder is attached to your scapula bone, and the socket is on the top of your arm bone. Reversing the relationship of the ball and socket joint allows other muscles (such as the deltoid), to raise the shoulder because the rotator cuff is no longer functioning properly.

When someone has a rotator cuff tear that has been present for a long time, it can cause the arm bone to migrate up towards the collar bone. This creates a situation where the arm bone rubs against the part of the shoulder bone called the acromion (next to the collar bone). This can contribute to a grinding sensation coupled with pain. With a reverse total shoulder replacement, the arm bone is back where it belongs, and is no longer rubbing painfully against the acromion bone.
**Your Reverse Replacement Shoulder Joint**

In order to perform a reverse total shoulder replacement, the top part of your arm bone (humerus) is removed. A metal stem is then placed down the hollow part of your arm bone. This stem is attached to a metal tray, which is connected to a plastic cup that helps create the socket part of the shoulder. The old shoulder socket is then replaced with a metal base plate, which is held in place by several metal screws. The base plate is attached to a metal ball called a glenosphere. The glenosphere is what sits inside the plastic cup and is what allows the shoulder to move. The prosthesis parts for a reverse shoulder replacement come in many sizes to ensure the best possible fit for each patient.

**Hemiarthroplasty**

A hemiarthroplasty is when half of the joint (typically the ball part) is replaced and the other half is left alone. A hemiarthroplasty can be performed for many reasons and should be discussed with your surgeon.
POTENTIAL COMPLICATIONS WITH TOTAL JOINT REPLACEMENT SURGERY

The goal of total joint replacement is to increase the quality of life for patients suffering from arthritis or any other orthopedic problems. It is important for both you and your family to understand the surgical procedure, possible risks of surgery, and non-operative options. After you understand the surgery and possible risks, you will be asked to sign a surgical consent form to allow the surgeon and the orthopedic team to replace your joint. The majority of patients recover from total joint replacement surgery without any complications. The following are the most common complications and some ways you can help to prevent them.

**Blood Clots**

Blood clots may occur anywhere in blood vessels when the flow of blood is slowed. The most common place for blood clots to occur after joint replacement surgery is in your legs. This is why it is important for you to tell the nursing staff if you ever have: pain, redness, swelling, or warmth in your legs while you are in the hospital or during your post-operative care at home. The staff may ask you to do the exercises listed below to help prevent a blood clot. Even though you may follow everything correctly, sometimes a blood clot may still occur.

- Do ankle pump exercises 10 times an hour while you are awake.
- Wear compression devices on your feet or lower legs that compress and release pressure to help promote circulation.
- Take anticoagulation medication as directed to thin your blood.
- Get out of bed and start walking as soon as possible to decrease your risk of complications.

**Infection**

After every surgery, there is the possibility of developing an infection at the incision site or even deeper in the body around the new joint. Your doctor will give you antibiotics immediately following surgery to help prevent infection. The nursing staff will check your temperature and your incision daily for signs of infection. It is important for you to do this at home as well. If you ever notice any redness, drainage, pus, foul odor, or develop a temperature when you go home, please notify your doctor’s office.

**Nerve Injury**

There are many different nerves around the new shoulder joint. It is very rare, but sometimes these nerves can be damaged during surgery. The nerves may heal over a long period of time.
**Fracture**  
Total joint replacement requires drilling into bone. Drilling into the bone may cause the bone to break or fracture. This is very rare, but may occur.

**Dislocation**  
A dislocation is when the ball part of the arm bone comes out of the socket part of the shoulder. This can happen in a small percent of patients after joint replacement surgery. This is more likely if you do not follow your shoulder precautions after surgery.

**Implant Wear Breakage**  
You should expect to have some wear on your implant after surgery from normal daily activities. However, in unusual circumstances when the wear is severe or if the implant breaks, it is possible you may need surgery to revise your replacement. In most cases, the survival rate of a total shoulder replacement is 95 percent at 20 years.

**Loosening**  
It is possible for the implant to loosen from the bone. If this occurs and is painful, you may need surgery to revise your replacement.

**Anesthesia Reaction**  
It is very important to tell your surgeon and anesthesiologist if you have ever had any adverse reaction to anesthesia, pain medicine or have had a latex allergy with previous surgery. Some patients are more sensitive than others to anesthesia and pain medications.

**Blood Transfusion**  
It is possible, but unlikely, that you will require a blood transfusion after surgery. A blood transfusion may be needed due to blood loss during surgery, or if you have a medical condition where your blood cells do not work properly. If you have a preexisting bleeding disorder, please make sure to notify your surgeon. In an unusual circumstance, you may be asked to donate blood before your surgery.

**Loss of limb is very rare.**  
**Death is very rare.**

It is very important to your physicians and the staff that you understand the possible complications of total joint replacement surgery. If you or your family would like to speak to someone in more detail about any complications, please ask one of our associates.
POST OPERATIVE INSTRUCTIONS

The following section contains information that outlines a typical post operative course after both a Total Shoulder Replacement and Reverse Total Shoulder Replacement. Please note that each person may recover differently after surgery, and your treatment plan will be individualized to meet your needs. This information is not meant to act as medical advice or replace a relationship with a healthcare professional.

IMMEDIATELY AFTER SURGERY

Incision Care
The incision is typically made along the front of the shoulder and is approximately six inches long, and will be closed with sutures and staples, and covered with a dressing before you go home. The staples will be removed at your first post-op visit. After surgery:

- Keep your dressing clean and dry.
- You may remove the dressing after three days.
- You may shower after dressing is removed (see below).
- Place a clean dressing over your incision after your shower. Change your dressing once a day until your follow up appointment.
- Do NOT use any powders or creams on your incision.
- You may notice swelling and bruising along your shoulder, arm, or side of your chest. This is normal after shoulder surgery, and should continue to improve.

Call your physician if you notice:

- The swelling or bruising getting worse.
- Redness, drainage or a temperature of 101 or greater.
- Puss or a foul odor.
- Separation along the edges of your incision.
- Worsening pain that cannot be controlled by your pain medication.
- Numbness, tingling or discoloration of your extremity.
- If you have any other questions or concerns.
- For chest pain or shortness of breath, please proceed immediately to the nearest emergency room.
Bathing

- You may shower after the dressing is removed after the first three days.
- Gently wash the incision with soap and water. Do NOT scrub.
- After you are out of the shower, pat the area dry and apply new dressing as directed above.
- Do NOT submerge your incision (pools, baths or hot tubs) until your incision is completely healed. This is usually three to four weeks after surgery.
- When bathing, lean forward so that the arm you had surgery on is hanging straight down. Gently wash under this arm, moving it away from your body as little as possible.

Dressing

Use the following steps when dressing:

1. Lean forward so that the arm you had surgery on is hanging straight down.
2. With the other arm, gently pull the shirt over your operative arm as it is hanging straight down.
3. Gently pull the shirt over your head and non-operative arm, moving the arm you had surgery on as little as possible.
4. You may use both hands to fasten any buttons by bending your arm at the elbow, keeping your operative arm against your side.
**Sleeping**

- Most patients find it more comfortable to sleep in a recliner after shoulder surgery. However, you may also sleep in a bed with pillows propped up behind you.
- When lying in a bed, place a folded towel or sheet under the back of your shoulder and upper arm for support.
- To get out of bed, roll onto your “good side,” and use your non-operative arm to push yourself up into a sitting position.

**Sling Use**

- Remain in your sling the majority of the time for the first few days after surgery. It is VERY important to protect your shoulder after surgery to prevent a dislocation.
- You may come out of the sling while bathing, sitting quietly while resting, and to perform your home exercises as outlined below. We recommend wearing the sling at night.
- You may gradually wean yourself out of the sling over the course of a month. During the second week post-surgery, you only have to remain in your sling three quarters of the time. During the third week, remain in your sling half of the time. During the fourth week, remain in your sling one quarter of the time. By the time you are one month out from surgery, you will not longer be required to wear the sling.
- You may continue to wear the sling (as desired) in public for a few more weeks for protection.
- For detailed instructions on how to apply your sling, please see the directions below. Patients who have had a regular shoulder replacement are typically placed in a sling and swathe. Patients who have had a reverse shoulder replacement are typically placed in a sling and pillow.
Applying the Sling and Swathe

1. Place your operative arm through the sling with your elbow at a 90 degree angle. Your arm should be centered in the middle of the sling, with your elbow and hand at the ends of the sling.

2. Take the white straps and place them straight up over each shoulder (one over the left shoulder and one over the right shoulder).

3. The straps will then cross over your back making an X pattern.

4. Bring the straps around to the front and velcro both straps to the underside of the sling. One strap will be by your elbow and the other will be by your hand. The strap length can be adjusted by tightening or loosening the straps by the silver buckle near the top of the sling.

5. Attach the swathe to one side of the sling (hand side or elbow side).

6. Pass the swathe around your back and velcro it to the opposite side of the sling. It should go over your operative arm to hold it against your body, and under your non operative arm.

*If needed, have someone assist you in getting in and out of the sling.*
Applying the Sling and Pillow

1. Place your operative arm through the sling with your elbow at a 90 degree angle. Make sure your elbow is all the way back against the sling. Your hand will be in the opening.

2. Attach the closure strap across the open top of the sling. Position the strap so it holds the arm securely in the sling.

3. Attach the thumb strap across the open end of the sling by the hand. Position the strap so that it is between the thumb and the fingers.

4. There is a black strap that starts by your elbow. It should go up around the back your neck and come down in the front and fasten into a clip on the top of the sling by your hand. The strap length can be adjusted using the velcro on the back of the strap. The neck pad (on the strap) is optional and can be centered over the back of the neck to provide comfort.

5. The sling will velcro to the pillow. The pillow should sit at just above your waist (on the same side you had surgery). It should be at about a 45 degree angle, halfway between the front of your body, and the side of your body.

6. The pillow will have a strap that goes around your body and fastens into the clip on the front of the pillow. The strap length can be adjusted using the velcro on the back of the strap.
Driving

- You may ride in a car immediately after surgery. If you are going to be in the car for a long period of time, we recommend getting out of the car at least once an hour to walk around.
- We do NOT recommend driving while you are in the sling, as you can be held liable if you are in an accident. Please wait at least three to four weeks before driving.
- We recommend practicing in a parking lot to ensure you are able to control the vehicle.
- Remember, you are NOT allowed to drive while taking any pain medication.

Shoulder Precautions

- Do NOT actively use the shoulder for the first six weeks. No pushing, pulling or lifting.
- Gentle use of the elbow, wrist and hand is allowed after surgery, as long as your arm is at your side. Do NOT lift anything heavier than a coffee cup. For example, immediately after surgery, you may come out of your sling to do basic self-care activities such as washing your face, feeding yourself, reading, writing, typing and dressing.
- Do NOT externally rotate past 30 degrees for the first six weeks.
- Do NOT reach behind your back for the first six weeks.
- Do NOT use your operative arm to weight bear or transfer for at least eight weeks. If you require the assistance of a walker, we strongly recommend using a cane or hemi walker (walker that can be used with one hand) with your non-operative arm.
- Avoid fast or jerking movements.
Range of Motion Exercises

During your stay at the hospital, an occupational therapist will show you how to perform the follow exercises:

- Pendulum exercises
- Passive range of motion exercises
- Table slides

It is very important that you perform your exercises as directed by your doctor or occupational therapist. You may begin these exercises immediately after surgery. If you do not perform these exercises, you will have trouble with stiffness, which can delay your recovery.

We do not want you actively contracting your muscles to move your shoulder after surgery, but passive range of motion is allowed. Passive range of motion is when another body part or another person is doing the work for you.

For detailed instructions on how to perform these exercises, please see the directions below.

Pendulum Exercises

1. While standing, bend at the waist. Support your uninvolved arm on a table or chair and allow your involved arm to hang freely while keeping your elbow straight.
2. Move your hips in a circular motion to generate the movement at your shoulder. This allows the shoulder to move without doing any of the work.
3. Gently make clockwise circles with your involved arm for one minute.
4. Reverse the direction and make counterclockwise circles for one minute.
5. Repeat three times per day.
Passive Range of Motion

1. While sitting or lying use your uninvolved hand to grasp your involved wrist.

2. Use your uninvolved arm to gently raise your involved arm up above your head, and then continue to use your uninvolved arm to lower it back down. You may raise your arm straight in front of you as well as at the side. You may go as high as you can tolerate, including above your head.

3. You may also have a family member move the arm for you while sitting or lying down.

4. Do this for ten repetitions and repeat the exercise three times daily.

RAISING YOUR ARM IN FRONT

RAISING YOUR ARM TO THE SIDE
**Arm Slides**

1. While sitting or standing, use your uninvolved hand to grasp your involved wrist.
2. Use your uninvolved arm to gently raise your involved arm up onto a counter or tabletop.
3. With your involved forearm resting on the counter or tabletop, gently begin to move your body away from counter or table.
4. Continue to move your body away from the counter or tabletop to gradually increase your range of motion. You may move your body away as far as you can tolerate.
5. Be careful NOT to lean or put weight on your operative arm while it is on the table.

It is also important to make sure you move your elbow, wrist and hand to prevent these joints from getting stiff. You may gently move these joints in all directions as long as your arm is by your side.
Physical Therapy

If you had a total shoulder replacement, a case manager or social worker will arrange for a therapist to come to your house for the first one to two weeks after surgery. After that, you will receive a prescription for outpatient physical therapy for about three to six months after surgery, depending upon how you are progressing. You may attend your outpatient therapy at any location that is convenient for you. You may discontinue physical therapy whenever you and the therapist feel you are ready.

If you had a reverse shoulder replacement, physical therapy is often delayed until you are at least six weeks out from surgery. You will be given a prescription for physical therapy at that time if the doctor determines that it is necessary.

Icing

You will go home from the hospital with a polar unit on your shoulder (on top of your dressing). This is an attachment that hooks up to a water cooler, which pumps cold water around your shoulder, and is a very effective way to control pain and swelling after surgery.

You may use the polar unit as much as you want after surgery, but should turn it off every few hours to prevent freezing the skin. Protect the skin by placing a towel between the polar unit and your skin.

Home Medications

You may resume taking your medications as directed prior to surgery. You will also be started on the following medications:

Pain Medications

- Take your pain medication as directed.
- Pain medication can make you constipated, so make sure you are consuming plenty of water and fiber. If necessary, you can also try an over the counter laxative or stool softener.
- You may also take your pain medication with food to prevent nausea.

Antibiotics

- Take your antibiotic as directed.
- It is important to complete the entire prescription.

Blood Thinners

- You may be asked to take aspirin after your surgery to help decrease the risk of a blood clot.
7-10 DAY FOLLOW-UP APPOINTMENT

During your first postoperative appointment, it is likely that our Physician Assistant will see you. The intent of this visit is to simply check your incision and go over basic instructions. The physician will be available if there are any questions or concerns.

**Incision Care**
- During this appointment your staples will be removed and steri strips will be applied to your skin. You may take the steri strips off after one week. Do not worry if they fall off sooner.

**Bathing**
- You may continue to shower, even with the steri strips on.
- Stand with your other shoulder in the shower jet, so the water is not hitting the incision directly.
- Remember, no submerging until your incision is completely healed over.

**Sling Use**
- Continue to wear your sling as outlined on page 13.

**Activity Level**
- Continue to follow the precautions outlined above.
- You may now participate in low impact cardiovascular activities at this time, if desired. This includes walking, biking and using the elliptical. Remain in your sling so that you do not use your operative arm.
- Be VERY careful getting on and off the exercise equipment. If you trip or fall, it is possible that you will injure your shoulder and prolong your recovery.

**Physical Therapy**
- Continue to perform your home exercises, increasing your motion as tolerated.
- If you had a total shoulder replacement you will likely be given a prescription for outpatient physical therapy during this visit. After your home therapy is completed, call the number on the back of the prescription provided and set up an appointment.
- Remember, if you had a reverse shoulder replacement, physical therapy is often delayed.
6 WEEK FOLLOW-UP APPOINTMENT

**Activity Level**
- You are now allowed to gently start actively moving your shoulder.
- Do NOT use your shoulder to push, pull or lift anything greater than 5 pounds for the next 6 weeks.
- Continue to avoid using your operative arm to weight bear or transfer for another 2 weeks.

**Physical Therapy**
If you had a reverse total shoulder replacement, you will likely be given a prescription for physical therapy at this visit.

12 WEEK FOLLOW-UP APPOINTMENT

**Activity Level**
- You will now be allowed to use your shoulder to push, pull or lift within reason. You may gradually increase the amount of weight that you lift, however, we do NOT recommend lifting anything heavier than 40 pounds if it is close to your body and 20 pounds if it is held away from your body. This is a permanent restriction.
- We do NOT recommend using your shoulder for activities that place extreme demands on your shoulder, such as repetitive lifting overhead or high impact/jarring activities (i.e. hockey). This is also a permanent recommendation.
- You may now participate in activities such as golf, bowling, tennis, basketball, running, swimming, gardening, shooting, chopping wood and fishing.

Ongoing six month and twelve month follow-up appointments will be set, based on your progress.

**X-rays**
X-rays are taken immediately after surgery and will also be taken at your 6 week, 12 week, 6 month and 12 month follow up appointments to ensure proper placement of your implant. If you had a reverse total shoulder replacement you will also have x-rays at your 7 to 10 day follow up appointment.

**General Reminders**
It is important to be as healthy as possible especially during the recovery process. We encourage you to:

- Rest often, as you will tire easily.
- Eat nutritious meals to help your body heal.
- Consider quitting smoking as this will help you heal faster and is beneficial to your overall health.
FREQUENTLY ASKED QUESTIONS

How do you know when you are ready to have a total shoulder replacement?
If you are a candidate for shoulder replacement surgery, the single most important reason to have the surgery is due to pain. The second biggest reason is loss of function. When the pain and decreased level of function start to have an impact on your quality of life, it is time to consider having a shoulder replacement.

What is the most common age for a shoulder replacement?
The average age for a shoulder replacement is at least 50 years old. The average age for a reverse shoulder replacement is at least 60 years of age. This is the typical age that patients start to consider joint replacement surgery, once conservative measures such as medications, physical therapy or injections no longer work. Waiting as long as possible before surgery ensures that you will get the maximum amount of use out of your implant. However, there are exceptions to every guideline, and these should be discussed in detail with your surgeon.

How long does a joint replacement last?
The survival rate of a total shoulder implant is 95 percent at 20 years. There is not enough data on a reverse total shoulder replacement to make this same determination, but similar results should be expected.

What is a total shoulder implant made out of?
A total shoulder replacement is made of three parts. The stem is the part that goes down into the arm bone, and is made of titanium. The ball attaches to the stem, and is made of stainless steel. The ball articulates with the cup, which forms that socket part of the shoulder, and is made of polyethylene.

What is a reverse total shoulder implant made out of?
A reverse total shoulder replacement is made of five parts. The stem is the part that goes down into the arm bone, and is made of titanium. The tray attaches to the stem and is also made of titanium. The tray is connected to a plastic cup made of polyethylene. The base plate replaces the socket part of the shoulder and is held in place by several metal screws. Both the base plate and the screws are made of titanium. The base plate attaches to the ball, which is made of stainless steel.

Will I set off a metal detector at the airport?
It is possible that your implant will set off a metal detector at the airport. Explain to the attendant that you had shoulder replacement surgery and he or she can use a wand to confirm that it was the shoulder that set off the detector. We also have joint implant cards available at our office, if you wish to carry additional documentation.

How long have surgeons been performing total shoulder replacement?
Total shoulder replacements have been routinely performed in the United States since the 1970s. The shoulder is the third most commonly replaced joint, behind the hip and knee. Osteoarthritis of the hip and knee is about ten times more common than osteoarthritis of the shoulder, since the hip and knee are weight bearing joints.
The reverse total shoulder replacement started in Europe in 1980s, but it was not until 2004 that it was approved by the FDA (Food and Drug Administration) for use in the United States.

**What type of anesthesia is used during the surgery?**
You will receive general anesthesia during your surgery. This means that you will be intubated (have a tube down your throat). You will also have the option of a regional block, which involves using a small needle to numb the area around your neck and injecting a local anesthetic to numb the nerves around the shoulder and arm. This means that you will not be able to move or feel your arm for approximately 12-24 hours after surgery. This significantly helps with pain control both during and after your surgery, and decreases the amount of general anesthesia you will require. We will leave the decision to receive a block up to you, but it is strongly recommended.

**Are there any permanent restrictions after a shoulder replacement?**
For the first several months after shoulder replacement surgery, you will have several types of restrictions. If you are doing well, most of these restrictions are removed around three months after surgery. However, we do NOT recommend repetitive heavy lifting after a shoulder replacement. A guideline for the maximum amount of weight you should lift after a total shoulder replacement (or reverse replacement) is approximately 40 pounds if it is held close to your body and 20 pounds if it is held away from your body.

**When can I drive after a shoulder replacement?**
We do NOT recommend driving while you are in a sling, as you can be held liable if you are in an accident. Therefore, we recommend waiting at least three to four weeks before attempting to drive. If you are doing well, this is around the time that you will be allowed to discontinue wearing your sling. We recommend practicing in a parking lot to ensure that you are able to control the vehicle. You are NOT allowed to drive under any circumstances if you are taking pain medication.

**When can I type or write after a shoulder replacement?**
You will be in a sling for several weeks after a total shoulder replacement or reverse shoulder replacement, but may come out of your sling immediately after surgery and gently use your elbow, wrist and hand as long as your arm remains by your side. This includes activities such as washing your face, feeding yourself, reading, writing, typing, and dressing. We typically recommend avoiding lifting anything heavier than two pounds (equivalent of a coffee cup), when using your elbow.

**Is bruising and swelling normal after shoulder replacement surgery?**
Yes. It is very common to have both bruising and swelling after shoulder surgery. This can occur along your shoulder, along your arm and even along the front and side of your chest. This is normal and should continue to improve. Notify your surgeon if your swelling gets worse, causes increasing pain or if you develop numbness and tingling.

**Can I have an MRI (Magnetic Resonance Imaging) Scan after my shoulder replacement?**
Yes, it is safe for you to have an MRI after your surgery. However, it is important to note that the MRI results may be difficult to interpret regarding the same shoulder.
PREPARING FOR SHOULDER REPLACEMENT SURGERY

Introduction
Preparing mentally for surgery is an important part of your recovery. As a result of medical advancements, total joint replacement surgery is possible to relieve pain and discomfort and to improve your activity level. It is not uncommon to experience surgical pain for several weeks following your joint replacement. The pain and activity limitations that you experience immediately after surgery will be temporary and short term. An important part of the recovery process is following proper shoulder precautions and performing your home exercises as directed.

Your recovery and exercise plan will be tailored to meet your needs because each patient recovers differently. If your surgery is a revision, expect to progress at a slower pace than after your first surgery.

Your stay in the hospital will be short and your recovery will continue after discharge in your home or at an Extended Care Facility (ECF). It is important for you to make a commitment to follow your doctor’s instructions and work on your individual exercise plan after surgery, in order to maximize the benefits of the joint replacement. If you need physical or emotional support to cope with surgery and recovery, please talk to one of our associates. We find that the improved lifestyle after recovery is worth the risk and stress of surgery.

Total Joint Education Class
A total joint education class is offered to you and your family. The class will review important information about what to expect before, during and after your surgery. Please contact your surgeon’s office for details on how to register for this class. We strongly recommend attending this class.

Pre-Admission Testing (PAT)
A physical exam performed by an internal medicine physician is required before your surgery. Our office will help you set this up with a medical group. They will determine what testing is required to ensure that you are prepared for your surgery. These tests may include:

- History and Physical
- Chest X-Ray
- Electrocardiogram “EKG”
- Blood work

Medications
Talk with your internal medicine physician during Pre-Admission Testing about which medications you should take before surgery and when they should be resumed after surgery. These include:

- Heart medications
- Blood pressure medications
**Medications (continued)**

- Blood sugar medications
- Blood thinning medications i.e., Aspirin
- Over the counter or herbal medications
- Pain medications

The hospital will provide you with any medications needed during your stay. Please do not bring or take any medications of your own, unless specifically instructed to do so during your Pre-Admission Testing or pre-surgery phone call with your nurse.

**Preparing Your Home**

There are several steps that you can take to prepare your home to make it easier for you once you are home from surgery. We suggest you:

- Move items that you use everyday to countertops or shelves that you can reach easily with your non-operative arm.
- Remove and items that you might trip on such as rugs or cords.
- Do any cleaning, laundry or errands ahead of time.
- Prepare meals in advance and freeze them.
- Ask a friend or family member to help you once you are home.
- Consider purchasing or borrowing a recliner as most patients find it more comfortable to sleep in a recliner after shoulder surgery.

**Preparing What To Bring With You To The Hospital**

Please be sure to bring the following items with you to the hospital on the day of surgery:

- Comfortable clothes to wear home. We recommend a loose-fitting top that buttons or zippers up the front.
- Glasses or contact case and any other toiletry items.
- Mask for CPAP/BIPAP machine.
- Any paperwork that pertains to your surgery.
- A list of your medications (including the reason you are taking the medication, the dose, and how often you take it).
- Your insurance card and photo ID.
- Your co-payment.
- Copy of any legal papers such as living will/advance directives or power of attorney. This includes documentation for a legal guardian or conservator.
DAY BEFORE SURGERY

Information
Your surgeon’s office will call you a day or two in advance to tell you what time to arrive at the hospital. You will be asked to arrive two hours before your scheduled surgery time, to register and prepare.

Keep in mind:
- It is very important that you arrive on time.
- It is possible for your surgery time to change.
- You should notify your surgeon’s office if you have any changes in your physical condition such as a cold, sore throat, fever or flu like symptoms, as this may postpone your surgery.

A nurse from the hospital will call you a few days before your surgery to pre-register you. He or she will:
- Review your medical history including any medications, medical conditions, previous surgeries and anesthesia history.
- Review your insurance information.
- Provide you with an estimate of your co-payment for your hospital visit. Please note that this co-payment is due in full the day of your surgery.
- Provide you with instructions on where to go on the day of your surgery.
- Review any last minute questions or concerns about your health.

Instructions
Do NOT eat or drink anything after midnight the night before your surgery.
- No food or liquids
- No water or ice chips
- No hard candy
- No mints
- No gum

Other pre-surgery reminders:
- Do NOT smoke, chew tobacco or drink alcohol 24 hours before surgery.
- You may shower the night before or early the morning of your surgery.
- Do NOT apply any lotion on the area where you are having surgery.
- Try to relax and get a good night’s sleep.

It is very important to follow these instructions. Failure to follow these instructions may result in a cancellation of your surgery.
DAY OF SURGERY

At Home:

- You may brush your teeth, but try to not swallow any water or toothpaste.
- Take your morning medications as directed by your doctor. Medications may be taken with a small sip of water.
- Glasses, contacts, hearing aids and dentures may be worn to the hospital, but must be removed prior to surgery and left with a family member.
- Do NOT wear any nail polish, makeup or hair clips.
- Leave all valuables at home, such as your wallet or purse, money, credit cards, checkbook and jewelry.*

*Grant Medical Center is not responsible for lost or stolen items.

At the Hospital:

Parking
When you arrive at the hospital, please take advantage of our complimentary valet parking, which is located at the front of the Bone and Joint Center on East Town Street. Visitors may also take advantage of the complimentary valet parking or park in one of the parking garages. Visitors should ask the nurse for parking validation.

Admitting
When you enter the Bone and Joint Center on East Town Street, you will be greeted by the guest liaison on the main level. They will direct you to the elevators to take you to the second floor where you will be checked in. A nurse will then escort you to the pre operative area where you will be registered at your bedside. Your family will be asked to wait in the waiting room while you are being registered.
Preoperative Area

- A nurse will help you change into a hospital gown and non-skid socks, and will then start an Intravenous (IV) Catheter so that fluids and medication (i.e. pain medicine and antibiotics) may be given. If necessary, the surgical area may be clipped or shaved.

- The nurse will monitor your vitals (blood pressure, pulse, oxygen levels) and also review your medical history with you to determine if any additional testing is required. If needed, you may receive oxygen through a tube under your nose.

- Once you are ready, an associate will escort one friend or family member to wait with you until you are taken to surgery.

- If you have not already done so, you may be asked to sign a consent form.

- An anesthesiologist will meet with you to discuss your anesthesia needs. He or she will talk to you about performing a nerve block in addition to the general anesthesia you will receive. This will help control your postoperative pain. Please refer to the insert in your Patient Education Folder for more information about a nerve block.

- After you are taken to surgery, your friend or family member will be escorted back to the family waiting room, where they may track your progress on our patient tracker boards. Our patient care associates are also available to help answer any questions or concerns.
Operating Room

- When it is time for surgery, you will be taken to one of our world-class operating rooms, which are specialized for orthopedic surgery. You will be placed in a special cap to cover your hair.

- All staff in the operating room wear special scrub clothes, caps, and masks. You will notice that the room has bright lights and is quite cool. Many pieces of special equipment and tables and set up with supplies and instruments. A scrub nurse or operating room technician gets the instruments and supplies ready for your surgery.

- A nurse will be in the Operating Room to greet you and check your identification (ID) bracelet. You will be asked about allergies and get confirmation of your surgery. Then you will be made comfortable on the operating table. A safety strap will be put over you so you stay on the table. You will be covered with an extra blanket if you are cold and your arms may be tucked in at your sides or put on an arm board.

- Your vital signs will be closely monitored. Leads used to monitor your heart will be put on your chest. They will be connected to a monitor that counts your heart rate. As the monitor counts your heart rate it makes a beeping noise. Your heartbeat also may be seen on a screen. A small clip (pulse oximeter) is placed on your finger to measure your pulse and the amount of oxygen in your blood. You will also have an inflatable cuff on your arm to monitor your blood pressure throughout the surgery.

- If having general anesthesia, the anesthesiologist will put a tube down your throat after you are asleep and take it out before you wake up. This is to keep your airway open during surgery.

- The time it takes for your surgery is estimated. Your surgery may take a longer or shorter time than you and your family were told. If your surgery takes longer than you were told, it does not mean anything is wrong, as non-surgical delays are common. After your surgery is over, the surgeon will come to the waiting area or call to talk with your family.
Post Anesthesia Care Unit (PACU)

- After surgery you will wake up in the recovery room, where a nurse will be observing you closely.
- As you awaken in PACU after anesthesia, you may have blurry vision, dry mouth, chills, nausea, sore throat, pain or discomfort. These symptoms are normal and should continue to improve.
- You will be given small doses of pain medicine through your IV if needed while in the recovery room. As you wake up, we will try to make you as comfortable as possible. Please let your nurse know if you are in pain.
- The nurse will continue to monitor your vitals.
- You will have oxygen on while in the recovery room and may have this on overnight as well.
- You will have a bulky dressing on your operated area. Your nurse will check on your dressing after your surgery.
- An x-ray will be taken of your shoulder while in the recovery room.
- Ice or a cuff that wraps around your shoulder and is intermittently filled with ice water will be applied to the operative area after surgery to decrease pain and swelling.
- You will be in the recovery room for at least one to two hours. The type of surgery, type of anesthetic and how you respond to it, will determine how long you stay in the recovery room.
- Your family will not be able to see you in the recovery room.
**Private Room**
Once you are awake, stable and your pain is under control, you will be taken to your private room, where another nurse will monitor you and make sure you are as comfortable as possible. Your family will be notified of your room number, and may visit once you are settled. During this visit, you may be drowsy. Rest is very important for your recovery, so there should only be two visitors in your room at a time.

**Condition Reports**
Family members are an important part of your recovery. While you are in the hospital the staff will try to keep your family as informed as possible on your progress. We ask that you select ONE family member to act as a spokesperson when talking to the nurses and doctor. This person can then share the information with the rest of the family. This helps ensure privacy of patient information and allows the nursing staff more time to care for your loved one. If your family member is staying on the third floor of the Bone and Joint Center you can reach the nurses desk at 614-566-9359. The number for the nurse’s station on the fourth floor is 614-566-9879.
AFTER SURGERY

**Healthcare Team**
After your surgery, your surgeon will come see you to ensure that your early recovery is going well. They will work with other members of the health care team to ensure your successful recovery. This may include:

- Other physicians
- Physician Assistants
- Anesthesiologists and Nurse Anesthetists
- Nurses
- Occupational Therapists
- Case Managers or Social Workers

**Daily Routine**
A nurse will visit your room every hour (more often, if necessary), to determine how you are doing. You are also able to reach the nurses station at any time by pressing your call button. There is also a whiteboard in your room that can be used for communication.

A flat screen TV and bedside phone are available in your room.

**Pain Management**
During your stay, we will try to make you as comfortable as possible. The nurses will ask you to rate your pain on a scale of 0-10. Every patient has a different pain tolerance. Your doctor will order pain medicine to best meet your needs.

Many patients will experience some pain following surgery. You can expect to have some pain at your incision site and joint after surgery. You may also have some soreness in other parts of your body because of the way you are positioned during surgery. Your pain will be assessed frequently while you are at the hospital.

Most patients tolerate this procedure very well. If you received a regional block, you will likely have little to no pain the day of your surgery. If needed, there are several different ways to control your pain, such as intravenous pain medication, injectable pain medication or oral pain medication. We will make every effort to make sure that you are comfortable and that your pain is under control prior to discharge.
Please make sure to communicate your pain level and any side effects of the pain medicine to your nurse. Proper pain management will allow you to resume routine activities of daily living and facilitate your recovery. Proper pain management can also lead to a shorter hospital stay. Remember, it is easier to stay ahead of your pain than to try and control your pain once it has built up.

Postoperative pain can last up to four to six weeks after surgery. During this time, you may require pain medication. Many patients are concerned about addiction; however, this is very rare in patients taking pain medication to relieve postoperative pain (less than one percent).

**Diet**
You will be started with ice chips and then a clear liquid diet on the day of surgery. You will progress to a regular diet as tolerated. Once you have progressed to a regular diet, room service is available for your ordering from 7:00 a.m. to 7:00 p.m. After you are home, you may resume your regular diet.

**Intravenous (IV) Therapy**
You will have an IV during your hospital stay. The purpose of the IV is to deliver fluids to prevent dehydration. The IV can also be used as a route to deliver pain medications and antibiotics used to prevent infection. Your IV site will be covered with a clear dressing so that your health care team can easily observe it. Frequent observations ensure the site is free from redness or swelling. Please notify your nurse if you experience:

- Pain at the insertion site
- Redness
- Swelling
- Leakage of fluid around the tubing or at insertion site

Most IV fluids will be discontinued on the first postoperative day once you are tolerating oral food and liquids. You may experience tenderness at the IV site for one to two days after it had been removed.

**Bladder Function**
To avoid postoperative infections, it is important to drink at least six to eight, eight-ounce glasses of fluid/water each day to flush your bladder as long as you are not on fluid restricted diet. It is possible that you might have a Foley Catheter after surgery. If this is the case, the nurse will review your instructions with you.

**Occupational Therapy**
During your stay, an occupational therapist will meet with you. You will learn how to:

- Bathe and dress safely
- Get in and out of bed
- Use the restroom
- Properly wear your sling and swathe
- Maintain proper shoulder precautions
- Perform your home range of motion exercises
PREVENTING COMPLICATIONS

As indicated earlier, there are several possible complications following joint replacement surgery. To help prevent these complications, we encourage the exercises listed below.

To Prevent Blood Clots
To help prevent the risk of a blood clot, we recommend the following:

Ankle Pumping
This exercise promotes circulation. Follow these directions:
- Lie on your back with your leg straight.
- Bend your ankle and pull your foot up towards your head.
- Push your foot back down away from you as far as possible, like you are pushing on the brake pedal of a car.
- Repeat this 10 times every hour while you are awake.

Compression Devices
You may also have air compression devices on your feet or legs that attach to a small pump. Air is pumped in and out of the devices to increase blood circulation in your legs.

Anticoagulation Medications
As an added precaution to prevent blood clots, your doctor may order medicine called an anticoagulant. This medicine helps thin your blood, which prevents clotting. This anticoagulant may be a pill or in an injectable form.
To Prevent Blood Clots (continued)

Getting Out of Bed and Walking Around
Walking is an essential element of your postoperative care. You will be evaluated by Occupational Therapy which will instruct you on the easiest way to get in and out of bed after your surgery. The nursing staff will also assist you with ambulation and transfers after the initial consult by Occupational Therapy. Early ambulation prevents numerous complications including lung complications and decreased circulation and also promotes return of normal bowel function. We encourage you to get out of bed several times a day and walk around. Ask your nurse for assistance if needed.

Performing Exercises
The following exercises can also help promote circulation and prevent stiffness.

Quad Sets
- Keep your leg straight and tighten the muscles of your thigh by pushing your knee into the bed while trying to raise your heel one-half inch off the bed.
- Hold for a count of five.
- Relax.
- Repeat with the other leg.

Gluteal Sets
- Squeeze your buttocks together
- Hold for a count of five
- Relax, then repeat
  - Do these exercises lying on your back.
  - Repeat each exercise ten times.
  - Perform the exercises two to three times a day after surgery until you become more active.
  - Remember to breathe in as you tighten your muscles, and breathe out as you relax them.
  - Breathe normally while you hold a position.
  - Each one of these exercises plays an important role in reducing complications after surgery.
  - If you have any questions, please do not hesitate to ask your nurse or therapist.

To Prevent Pneumonia
It is important for you to breathe deeply to help keep your lungs clear after surgery in order to avoid complications such as pneumonia and atelectasis (collapsing of air sacs at the base of your lungs). There are several different exercises you can perform to help prevent this from happening. They include:
To Prevent Pneumonia (continued)

Deep Breathing
Breathe in slowly and deeply through your nose. Fill your lungs as much as you can. Then breathe out fully through your mouth. Purse your lips when breathing out. Deep breathing is encouraged as often as possible.

Coughing
Perform the deep breathing as directed above, and then cough two or three times in a row. Try to push all the air out of your lungs as you cough. Coughing is good for you, even if you do not produce phlegm.

Incentive Spirometer
An incentive spirometer is a device that exercises your lungs. Coughing and deep breathing might not be enough to prevent postoperative complications, so we also encourage the use of an incentive spirometer. Follow these directions:

- Sit as upright as possible and hold or stand the incentive spirometer in an upright position.
- Exhale normally then place your lips around the mouthpiece.
- Inhale slowly to raise the blue piston in the clear chamber. Try to raise the blue piston as high as you can and then make the level that you reached.
- When you are done inhaling, try to hold your breath one to three seconds, then exhale normally. Try to cough when you are done.
- Repeat the procedure at least 10 times. Your goal is to raise the blue piston to the same level or higher each time you repeat the procedure.
- We recommend using your incentive spirometer every hour that you are awake.

The nursing staff will provide instructions and make sure that you are using your incentive spirometer correctly.

Getting Out of Bed and Walking Around
See above.

To Prevent Constipation
There are several factors that can contribute to constipation after surgery, such as pain medicine and lack of normal movement. To decrease the risk of constipation after surgery, we recommend:

- Increasing your fluid intake.
- Increasing dietary fiber by eating fruit, bran and vegetables.
- Taking laxatives or stool softeners.
- Getting out of bed and walking around.
DISCHARGE PLANNING

You healthcare team will assess if you are ready to go home. Most patients are ready to go home the following day after surgery. Arrangements can be made if you need to stay longer.

You will need someone to drive you home and stay with you for at least 48 hours.

During your stay, you will meet with a case manager. The case manager will work you to assess your home health care needs. They will review your insurance, and help you set up the following:

Home Health and Home Physical Therapy
Home health care consists of nursing visits for dressing changes as well as physical therapy visits. Please keep in mind that home health is not a 24-hour service, and visits are usually about 30 minutes in length. Medicare only covers these visits if you are deemed “homebound,” meaning that you are unable to leave your home except for medical reasons such as doctor appointments. For patients desiring home care above and beyond that Medicare will cover, private duty care is available at the patient’s expense. If you have private insurance, the case manager will check your policy for any home health benefits.

Extended Care Facility/Nursing Center
Most patients are able to go home the following day after their shoulder surgery and are able to function and perform normal daily activities. If you live alone or are not independent enough to function at home, you may also be evaluated for a possible short-term stay at a local extended care facility. There, you will receive 24 hour nursing care as well as physical or occupational therapy. After a minimum three-night stay in the hospital, Medicare will cover your stay at a nursing center at 100 percent for the first 20 days. If further inpatient stay is needed after day 20, Medicare then covers at 80 percent. If you have supplemental insurance, they will usually cover the other 20 percent. If you have private insurance, the case manager will check your policy for ECF benefits and authorization prior to transfer.

Transportation
Medicare and most private insurance companies do NOT cover the cost of non-emergency transport. This means that they do NOT cover transport from the hospital to a home or Extended Care Facility. If you are in need of transport by ambulance, the case manager can help you check your insurance benefits to determine if transportation is included in your coverage, but it is becoming increasingly difficult to get ambulance transport covered.
Special Equipment
If you are having difficulty with normal daily activities such as eating, bathing or dressing, adaptive equipment is available. Please consult your nurse or case manager for more details.

Before going home, you will also receive information about the following:

Follow Up Appointment
Your follow up appointment with your surgeon is scheduled before you leave the surgeons office. You will receive a reminder card while in the hospital, indicating the date, time and location of your follow up appointment. This appointment will take place at your surgeon’s office. It is very important that you attend this appointment, so that you incision can be checked and any questions that you have can be answered.

Discharge Instructions
You will receive written discharge instructions reviewing much of the information contained in this guide. It will include individualized information about your diet, self care, sling use, activity level and restrictions.

Home Medications
While at the hospital, you will be monitored by a general medical doctor who will review all of your home medications with you. You will receive detailed information about when to resume these medications. You will also be given a prescription for your pain medication and an antibiotic from your surgeon. Take these as directed.

If there is any information that you do not understand, please do not hesitate to ask a Grant Associate before leaving the hospital.
FUTURE REFERENCE:

Antibiotic Prophylaxis

Before a Surgical Procedure
After joint replacement surgery, you will be required to take an antibiotic before having any other surgical procedures. This includes:

- Oral/Dental Procedures (including routine cleanings)
  *Please note that dental care on a regular basis every 6 months including X rays is important to prevent infection originating in your teeth.
- Upper Respiratory Procedures
- Gastrointestinal Procedures
- Genitourinary Procedures
- Podiatric Surgery

Antibiotic prophylaxis is NOT required for:

- Cataract Surgery
- Pap Smears or Cervical Biopsies

Please contact your surgeon or primary care physician to prescribe the appropriate preventative antibiotic.

To Prevent the Spread of Infection
An infection in another part of your body (i.e. skin, mouth, lungs, and kidneys) could possibly spread to the new joint through the blood stream. Contact your primary care physician for a preventative antibiotic.
INFORMATION ABOUT THE BONE AND JOINT CENTER AT GRANT

Waiting Room
We recognize that the wait during surgery is long and stressful. Complimentary coffee and hot chocolate is available for you to enjoy in the waiting room. Wireless internet access is also available for you to use in the hospital. This may be accessed in the waiting room, cafeteria, library, hallways and patient rooms. We ask that one family member remain in the waiting room at all times. If you must leave, please notify the attendant so that we can stay informed. Surgery can sometimes be delayed or take longer than expected. This does not mean something went wrong. Please feel free to ask out patient care associate if you have any questions or concerns. The number for the family waiting room is 614-566-8338.

Visiting Hours
We recognize the individual needs of each patient and family for social interaction and the need for a safe, comforting and healing environment. We encourage families and friends to visit with patients. We believe that time with loved ones is essential to healing. At the same time, patients who are recovering from surgery need to have plenty of rest and avoid stress. We ask that visitors follow these guidelines:

- On the day of surgery, limit visits to no more than 10 minutes per hour to allow for rest.
- Visitors are asked to abide by visiting hours, which are from 11:00 a.m. until 8:30 p.m. If you are unable to visit during these hours, please talk to the nurse about making other arrangements.
- Only two visitors are permitted in a patient’s room at a time.

Telephones
All patient rooms at the Bone and Joint are equipped with telephones. Anyone needing a telecommunications device for the deaf should contact their nurse for assistance. Arrangements can also be made in advance by notifying your physician’s office. As a courtesy to other patients on the floor, we suggest that you receive incoming calls from 7:00 a.m. to 10:00 p.m. The number for the operator is 614-566-9000.

Smoking
Grant Medical Center is a smoke free facility.

Language Services
Foreign language interpreters and aids for the hearing impaired (including TDD equipment, closed caption units, amplified phone and interpreters) are available. Please notify your physician’s office to make arrangements. Any questions can be directed to the Language Service Office at (614) 566-3256.

Convenient Resources
Please take advantage of our complimentary Wi-Fi, accessible throughout the hospital. We also encourage you to make use of the cafeteria, gift shop, library, and workout facilities. You may ask any associate for directions.
**Chapel**
Grant Medical Center’s Chapel is located near the main hospital lobby. An inter-domination service is offered each Sunday at 11:00 a.m.

Chaplains are available to provide spiritual and emotional support 24 hours a day for every patient, regardless of faith. If you require the services of a chaplain, please notify your nurse to page the on-call chaplain. If you have any other questions, you may call the Pastoral Care office at (614) 566-9610.

**Hotels**
The following is a list of area hotels, provided for families and patients needing a place to stay. The majority of these hotels offer discounted rates to our patients and family members. To get the discounted rate, tell them you are a patient or a family member of a patient at Grant Medical Center. Some also offer shuttle service to Grant Medical Center. Ask about this when making your reservation.

- Varsity Inn North, 3246 Olentangy River Rd (OSU North), (614) 267-4646 or (800) 621-1429
- Renaissance Hotel, 50 North 3rd Street, (614) 228-5050
- Doubletree Guest Quarters, 50 South Front Street, (614) 228-4600
- Drury Inn and Suites, 88 E. Nationwide Blvd, (614) 221-7008 or (800) 378-7946
- Holiday Inn Downtown, 175 East Town Street, (614) 221-3281
- Holiday Inn Columbus/Worthington, 7007 North High Street, (614) 436-0700
- Hyatt on Capitol Square, 75 East State Street, (614) 228-1234
- Hyatt Regency, 350 North High Street, (614) 228-1234
- The Red Roof Inn, 111 Nationwide Boulevard, (614) 224-6539
- University Plaza, 3110 Olentangy River Rd., (614) 267-7461
- Ronald McDonald House, 555 Children’s Drive, (614) 227-3734
- Hampton Inn and Suites, 501 North High Street, (614) 559-2000
- Residence Inn, 36 East Gay Street, (614) 222-2610

Please note that the prices of hotels downtown might be higher than other areas of town. It is important to ask for the nightly price (including a Grant Medical Center discount) and any added taxes and parking fees.

**Security**
Security officers are on duty at all times to assist you with any safety or security concerns. They can also help if you have been locked out of your car, need a jump, or would like an escort to your parking space. Security can be reached at (614) 566-9300.

**Patient Relations**
The patient relations department is available to assist you and your family throughout your hospital stay and help with any issues that may arise. You may contact patient relations by calling (614) 566-9375.
FINANCIAL CONSIDERATIONS

Insurance
Insurance plans do not normally provide full coverage of your hospital bill. Your hospitalization policy is a contract between you and your insurance company. The hospital has no control over provisions, coverage or benefits. We will do everything possible to expedite your claim, but please keep in mind that hospitalization policies vary and that you are ultimately responsible for your account. If your insurance company has not paid the hospital within a timely manner, the account will be considered your responsibility.

During the admission process, you will be asked to provide information about the name and address of your insurance company and address of who to send the bill to. In most cases the insurance company will pay the hospital directly. You are responsible for your co-payment on the day of service, as well as a payment of any deductible for any services not covered by your insurance.

Grant Medical Center is approved for both Medicare and Medicaid and honors the policies of most insurance companies. For information on financial concerns or questions, please contact Patient Financial Services at (614) 566-8689.

Your Hospital Bill
Included in the daily service charge on your hospital bill are your room, general nursing service, dietary service and standard hospital equipment such as wheelchairs, stretchers and certain floor stock medicines.

All other charges are governed by your physician’s orders. Only your physicians may order other medical services such as laboratory tests, x-ray, respiratory therapy, physical therapy, etc. All charges are based upon a standard fee schedule and will be itemized on your statement.

You will receive a discharge summary within one week after discharge, which should include all charges incurred during your hospital stay. If you have any questions about your bill, please call the Customer Call Center at (614) 566-5594 or toll-free at (800) 837-2455.

Physician Fees
Your hospital bill does not include your surgeon’s fees. In addition, your surgeon may request the services of a consultant, such as another physician, pathologist, anesthesiologist, radiologist or other surgeon. These physicians will send you a bill for professional services separate from your hospital bill.

If an anesthetic is administered by an anesthesiologist, the hospital will charge you only for the anesthetic supplies/equipment. You will receive a separate bill for the anesthesiologist’s services.
DIRECTIONS

Directions to the Bone & Joint Center at Grant Medical Center

Driving Directions

The Bone & Joint Center at Grant Medical Center is located at 323 East Town Street between Grant and 6th Streets.

From the North
Take I-71 to Main Street. Turn left on Main Street and continue west to Grant Avenue. Turn right on Grant Avenue and continue north to Town Street.

From the South
Take I-71 North to I-70 East to Fourth Street. Turn left on Fourth Street and continue north to Town Street. Turn right on Town Street and continue to 323 East Town Street.

From the East
Take I-70 West to Fourth Street. Turn right on Fourth Street and continue north to Town Street. Turn right on Town Street and continue to 323 East Town Street.

From the West
Take I-70 East to Fourth Street. Turn left on Fourth Street and continue north to Town Street. Turn right on Town Street and continue to 323 Town Street.
INFORMATION TO REMEMBER

• Name of your surgical procedure

• Doctor’s name and phone number

• Case Manager’s name and phone number

Notes:

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Thank you for choosing Grant Bone and Joint Center for your healthcare needs. We hope your stay with us was comfortable and exceeded your expectations. If you have any questions or concerns after you leave the hospital, please do not hesitate to contact us. We wish you a full recovery!