

Centre intégré de santé et de services sociaux de Laval

PREPARATION GUIDE FOR A SURGERY

**BRING THIS GUIDE
WITH YOU THE DAY
OF YOUR SURGERY**



Shoulder surgery

**This guide will help you understand and get ready for your surgery.
Read it over with your family.**

Québec 

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ANATOMY

SHOULDER SURGERY

The shoulder is the upper part of the arm that attaches to the chest. It consists of 3 bones: the humerus, scapula, and clavicle.

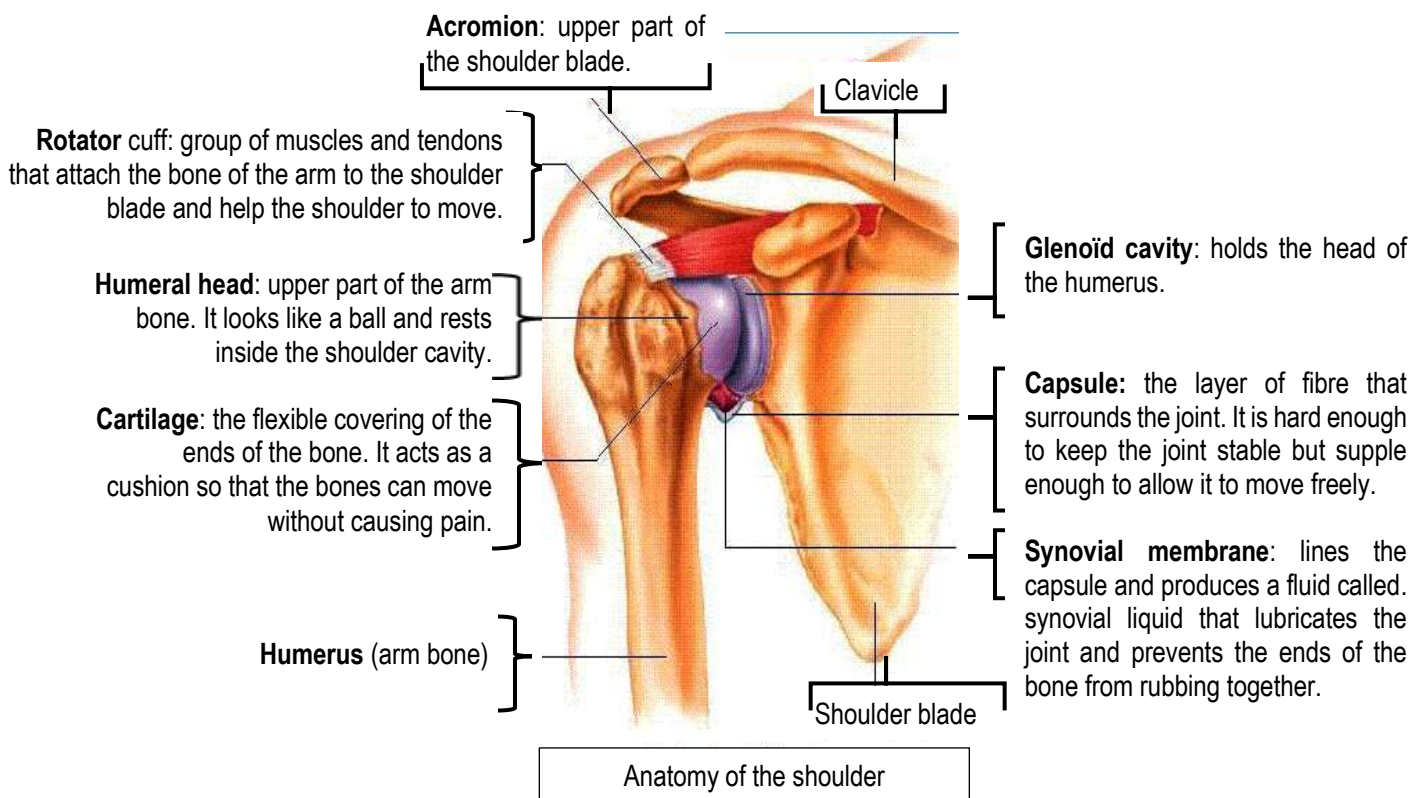
It has two layers of tendons and muscles:

A **deep layer** that surrounds the head of the humerus bone called the rotator cuff. The rotator cuff has 4 muscles that attach with their tendons all around the head of the humerus.

This combination of muscles and tendons lets you lift and turn your arm and also helps keep your shoulder stable. Shoulder stability depends on a series of ligaments and muscles.

A **superficial layer** called the deltoid, which is the largest muscle in this area, forms the rounded contour of the shoulder and lets you raise your arm forward, sideways and backward.

The head of the humerus is held in place within the glenoid cavity by soft tissues such as the joint capsule, ligaments and the labrum, which also contribute to the stability of the shoulder.



Shoulder surgery procedures include:

1. **Arthroscopy:** Using an arthroscope (a small camera connected to a screen), your doctor will examine your joint to make a specific diagnosis. This procedure is also used for surgeries with delicate and sophisticated instruments that do not require additional incisions (3 to 4 incisions, 1 cm in length). A slightly larger incision (called a “mini open”) may be necessary in some cases.

Your orthopedic surgeon must fill the joint with fluid to get a better view of the procedure site.

2. Using an **arthrotomy** (or the creation of an opening in the joint), your orthopedic surgeon will then repair the injured areas.

Acromioplasty

Acromioplasty is the thinning of the acromion. With some movements, the rotator cuff tendons can rub against the acromion and create a sharp sensation of pulling that can limit the duration and intensity of your arm movements.

Your orthopedic surgeon will thin the acromion to reduce this friction. The space will then allow the tendons of the cuff to freely move. Irritation and inflammation of the tendons (tendonitis) should decrease.

Rotator cuff repair

Tearing the rotator cuff tendons can result in decreased strength, limited movement and significant pain.

To help you regain functional capacity in your shoulder, your orthopedic surgeon will repair one or more tendons of your muscles using stitches.

The surgeon may also perform an acromioplasty while repairing your rotator cuff.

Surgical treatment for recurrent shoulder dislocations**A. Bankart repair: shoulder stabilization**

A dislocation is when the head of the humerus falls out of the glenoid cavity. A dislocation will also tear the labrum, which is called a Bankart lesion. The resulting impact on the humeral head is called a Hill-Sachs lesion.

To stabilize your shoulder, your orthopedic surgeon will reattach the labrum to the glenoid where it should normally be. The repaired labrum (soft tissue) will restabilize the head of the humerus in the glenoid (the shallow cavity of the bone that is part of the joint). Your doctor may also perform a “remplissage,” which involves adding tissue to the Hill-Sachs lesion.

B. Superior labrum anterior and posterior (SLAP) lesions

Like Bankart lesions, SLAP lesions are injuries to the labrum on the upper part of the shoulder joint.

Your orthopedic surgeon will reattach the labrum to restabilize your shoulder. A biceps tenodesis will also be performed if required.

C. Capsulorrhaphy

A joint capsule that is too large (without tearing the labrum) can cause repeated dislocations of the shoulder. Your orthopedic surgeon will attach the synovial folds in your shoulder to tighten the capsule.

D. Biceps tenodesis

This procedure consists of attaching the long head of the biceps to the upper part of the glenoid and removing the injured area to relieve pain and to allow you to recover mobility and normal use of your arm. This is often done at the same time as a rotator cuff repair and acromioplasty.

AFTER YOUR VISIT TO THE PREADMISSION CLINIC

Admission date and time

You will receive a call from the hospital's pre-admission department.

The secretary will inform you of the date of your surgery.



Surgery date : _____

Arrival time : _____

You will be informed of the time of your arrival at the hospital by phone 24 to 48 hours before the surgery.

SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- ☐ You have a sore throat, a cold or the flu.
- ☐ You have a fever.
- ☐ You are taking antibiotics.
- ☐ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ☐ You have a possible or unconfirmed pregnancy.
- ☐ Redness, inflammation, discharge, wound or any other problem at the operating site.

**CALL IMMEDIATELY to inform the
administrative officer at
450 975-5487**



WHEN TO STOP OR CONTINUE YOUR MEDICATION

At your appointment with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



☐ **Aspirin®**, ☐ **Asaphen®**, ☐ **Rivasa®**, ☐ **Entrophen®**, ☐ **Novasen®**, ☐ **Persantine®**, ☐ **MSD AAS**, ☐ **Aggrenox® (dipyridamole/ASA)**, etc.

☐ Stop ____ days before your surgery.

☐ Do not stop this medication.

☐ **Plavix® (clopidogrel)**

☐ Stop ____ days before your surgery.

☐ Do not stop this medication.

☐ **Effient® (prasugrel)**, ☐ **Ticlid® Ticlopidine)**,
☐ **Brilinta® (ticagrelor)**

☐ Stop ____ days before your surgery.

☐ Do not stop.

*You can keep taking drugs such
as Tylenol®, Tylenol® Extra-
Strength, acetaminophen and
Tempra® until midnight the night
before your surgery.*

Anti-inflammatory drugs (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)

Stop 2 days before your surgery.

All natural products (glucosamine, omega 3, vitamin E, etc.).

Stop 7 days before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



You must follow this instruction.

BEFORE YOUR VISIT TO THE PREADMISSION CLINIC

Your record will be transferred to the hospital's Preadmission Clinic. Someone will call you with the date and time of your Preadmission Clinic appointment.

Date and time of your appointment : _____

During your Preadmission Clinic visit

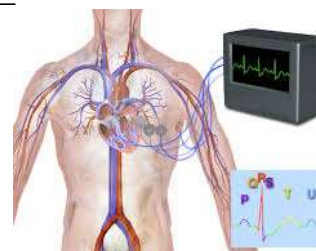
You will:

Meet with a nurse, who will explain how to prepare for surgery and what to expect during your hospital stay.

Have an ECG (electrocardiogram) if the nurse determines that you need one.

Have blood taken, if required. You will be sent to the hospital's test centre.

The nurse will tell you if you need more tests or have to meet with other doctors or professionals.



CONSENT TO SURGERY AND ANESTHESIA

At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.



This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.

TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain.



If you need help to quit smoking, don't hesitate to contact:

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (1-866-527-7383)**.
- Website: **tobaccofreequebec.ca/iquitnow/**.

ALCOHOL

Avoid drinking alcohol **7 days before your surgery**.



Alcohol can interact with some medications and increase the risk of bleeding and complications.

To get help to stop right now, contact the regional hotline (for Laval residents):
Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>.

DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.
- The orthopedist or nurse will give you a prescription for a topical gel to be applied all over the skin of your shoulder (front, back and upper arm) at bedtime, 5 days before your surgery. This will help prevent the development of an infection at the surgical site.

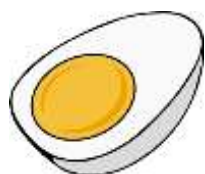
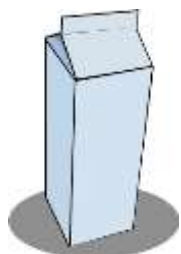
EXERCISES

- Exercising helps ensure that your body is in the best possible condition for your surgery. If you already exercise, keep up your good habits. If not, slowly start adding exercise to your daily routine.
- Exercise doesn't have to be strenuous to be effective. In fact, a 15-minute walk is much better than doing nothing at all.
- You can also start practicing the exercises you will need to do after surgery (p.21, 23, 31).

PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

Suggestions to boost your protein intake.



You can also take a supplement such as Ensure or Boost.

Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta

THE NIGHT BEFORE YOUR SURGERY

Preoperative diet

The night before your surgery:

You can eat normally up to the night before your surgery.

Day of your surgery



➔ For all users – Starting from midnight the night before your surgery:

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.



THE DAY OF YOUR SURGERY

At home

Your nurse has given you specific instructions:

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum or eat candy.



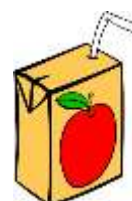
You can brush your teeth but avoid swallowing the water.

OR

- **You MUST drink clear fluids** before the surgery.

Allowed clear fluids include :

- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



👉 Make sure that you **ONLY** drink these clear fluids and nothing else.

When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning. Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.

IMPORTANT:



You must follow these instructions to ensure your surgery is safe and to prevent serious complications.

If you have not followed these instructions, you must advise the nurse once you get to the hospital.



HYGIENE BEFORE YOUR SURGERY

☐ **Dexidin disinfectant soap (4%):**



The morning of the surgery, you must shower using the antimicrobial soap you purchased at the gift shop at the main entrance of Block C or Block D or at the pharmacy. You must use the soap from your chin to your toes and then rinse.

Put on clean clothes after your shower.



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.



Do not shave the surgical area.



Medication

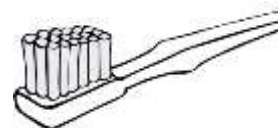
Take these medications **ONLY**
(with some water).



If all of these instructions are not followed, your surgery may be cancelled.

WHAT TO BRING TO THE HOSPITAL

- This guide.
- A valid health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.
- If you need to, bring sanitary napkins, baby diapers or incontinence products.



Please leave all your jewelry and other valuable objects at home.

The hospital is not responsible for lost or stolen items.

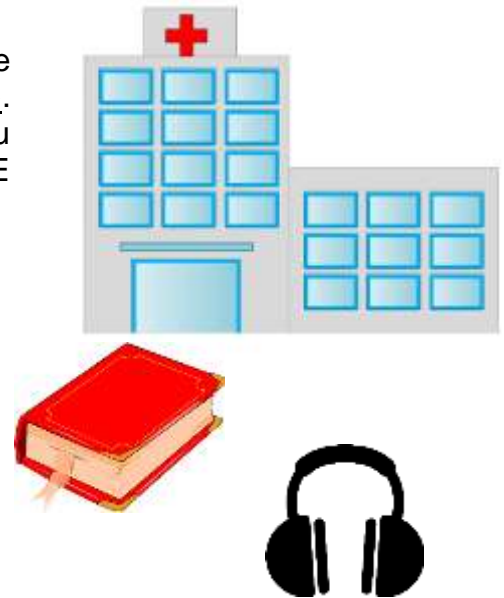
(The lockers do not have locks).

Rings will have to be cut off if not removed beforehand.

WHEN YOU ARRIVE AT THE SURGERY UNIT

❑ **The surgery is made as a day surgery:** Go directly to the day surgery unit on the first floor of Block B (Room 1.165). The time of your surgery will be given to you when you arrive at the unit. **YOU WILL NOT BE STAYING AT THE HOSPITAL OVERNIGHT.**

- **Only one person** can accompany you.
- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.
- Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



THE DAY SURGERY UNIT

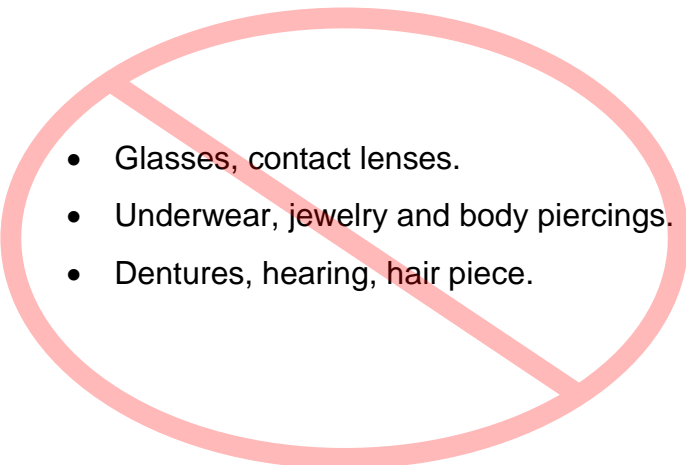
At your arrival, the nurse will help you to get ready for your surgery.

- She will give you an hospital gown to put on.
- She will proceed to a blood test if necessary.
- She will go over all preparations that you had to do before your surgery.

OPERATING ROOM

When you leave for the operating room, you must only wear the hospital gown and no other personal clothing.

You must remove your:

- 
- Glasses, contact lenses.
 - Underwear, jewelry and body piercings.
 - Dentures, hearing, hair piece.



Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

For further information about anesthesia, please read the guide on anesthesia – information guide, the nurse will provide when attending your preadmission meeting.

IN THE RECOVERY ROOM

You will wake up in the recovery room after your surgery.

No visitors are allowed in the recovery room.

Staff will place you comfortably on a stretcher or bed.

You won't be able to eat or drink right away, but the nurse will give you the go-ahead once your condition is stable.

Once you are stable and your pain is controlled, you will be transferred to the day surgery unit.

RETURN TO THE DAY SURGERY UNIT

Staff will set you up comfortably on your stretcher or bed and will take your vital signs a few times. The nurse will also check your dressings.

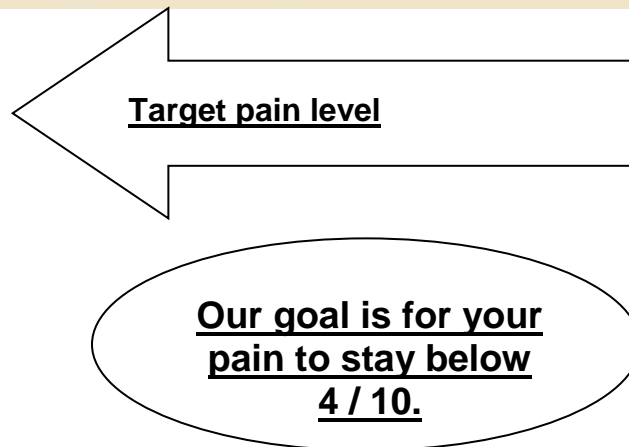
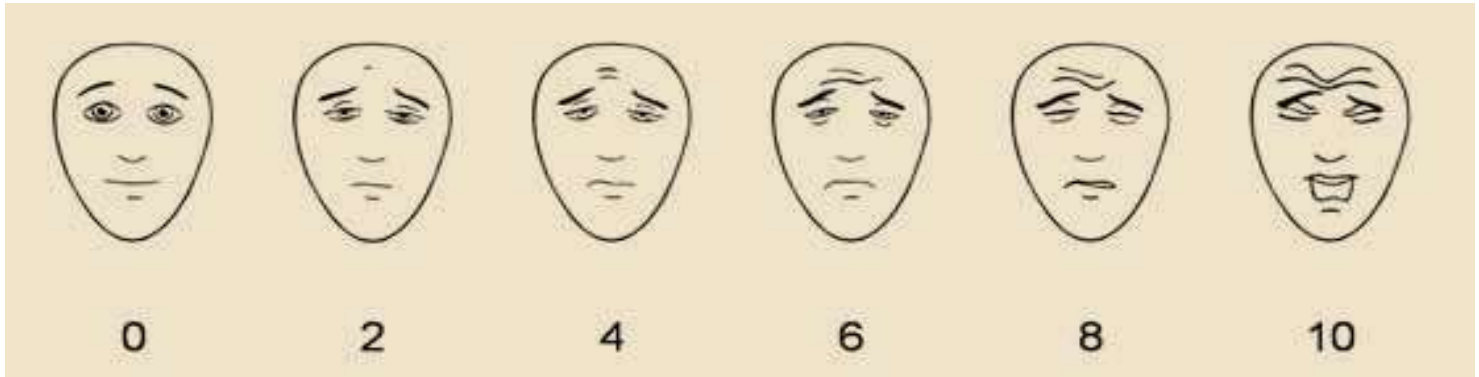
A Stevenson splint will be installed. Some surgeries require a splint with an abduction pad (which supports your arm in a specific position).



CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

You will be asked to assess your pain on a scale of 0 to 10



Pain relief is important because this will help you:

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

Pain relief technics

Analgesics (pain medication)

- You may receive injections if your pain is too intense.
- You will get your medication in tablet (pill) form once you can tolerate it or once you can eat food.

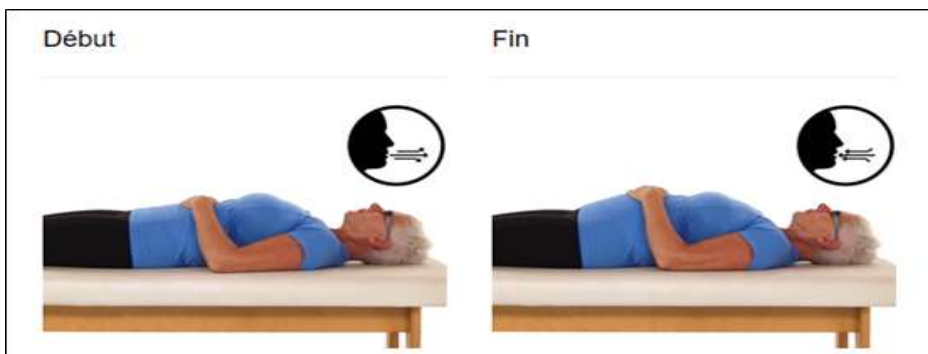


BREATHING EXERCISES

Deep breathing

****Do this as soon as you wake up from surgery**

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.



This exercise is not easy to do.

Therefore, you need to practice before your operation.

Spirometer

The preadmission nurse will give you this device if you need it.

How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).

Tube



Flow volume selector



3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.

4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

Spirometer breathing exercises help you:

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

CIRCULATION EXERCISES¹

These exercises encourage blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Ankle rotations

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every 2 hours.

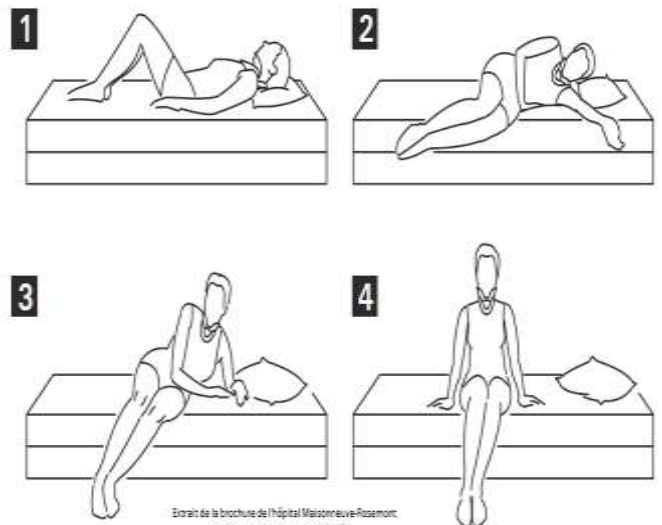


GETTING UP

When you get up for the first time, a staff member will be there to assist you; however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

To help you get in and out of bed, you need to raise slightly the head of your bed.

1. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Stay in this position for a few minutes. Take a few deep breaths and move your feet around.
4. If you do not feel well, tell the nurse or care attendant.



Staff will help you sit in an armchair if you need to.

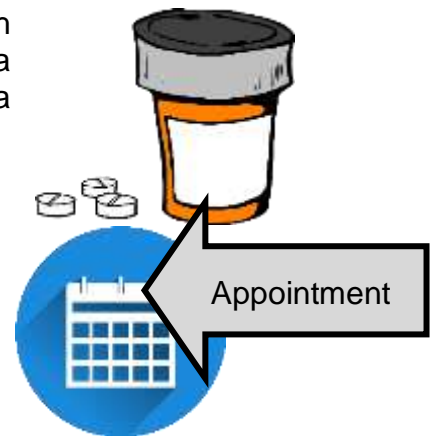
¹ These circulation exercises are based on those developed by Paradis and Poissant.

YOUR DISCHARGE FROM THE UNIT

- Your orthopedist is the one who will discharge you.
- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- The nurse will give you a follow-up appointment with your orthopedist. You must absolutely go to this appointment, even if you feel well.

Orthopedist name: _____

Date & time of appointment: _____



- You will receive a proof of hospitalization or medical leave from work form if you need one. Your orthopedist should be notified if you need these documents.
- **If you have insurance forms that need to be completed, contact your orthopedist surgeon's secretary at his private office. (See orthopedist referral on page 34).**
- All forms must be forwarded to the private office. No forms will be filled out at the hospital on the day of surgery.



ONCE YOU GET BACK HOME – INSTRUCTIONS

Your incision

Your surgeon and nurse will explain whether you will have an incision or more, as this depends of your procedure. You might experienced of numbness or burning around the surgical wound. This sensation will gradually disappear.



Hygiene

- Keep the surgical dressing in place until the first orthopedic outpatient visit (7-10 days postoperatively).
- Do not get your surgical dressing wet and do not change it unless specifically told to do so by your orthopedic surgeon.
- You cannot have a shower until your stitches have been removed.
- If your bandage gets wet or soiled through, contact the Orthopedic Outpatient Clinic (450 975-5569).
- Wash the wound with a mild soap and rinse and dry well. You cannot use whirlpool baths, regular baths or hot tubs or go into pools, lakes, or the ocean until your orthopedic surgeon gives you the go-ahead.
- The splint will have to be removed for your hygiene or to get dressed.
- You can take your arm off the body to the value of a hand for armpit hygiene.
- Bending forward may facilitate access to the armpit.
- To clean under your arm, lift your operated shoulder with your non-operated arm. It is important not to force this movement (your arm can move away from the body by a hand width). Dry the skin well to avoid irritation.
- It is IMPORTANT to dry the armpit well to avoid irritation. It is recommended to put a dry cloth (ex.: washcloth) under the armpit if you are unable to put on your sweater or shirt sleeve.
- If you have bridging diachylons (Steristrips®), you can remove them after 7 to 10 days if they have not fallen out by themselves.
- You will be more comfortable in a semi-seated position to sleep (use extra pillows or sleep in a recliner).
- To get dressed after your operation, wear tops that open at the front, such as a blouse or button-down shirt.



Going back to work

Recovery depends on the work you do and the time will be determined by your orthopedist at your outpatient appointment.



The recovery time for an acromioplasty is generally 4 to 6 months. Recovery for a rotator cuff or Bankart lesion repair may last up to 6 to 12 months, depending on the extent of the injury.

Breastfeeding

If you are breastfeeding, ask the surgeon or nurse if you can continue.



Generally, you need to wait 2 to 3 hours after having general anesthesia before breastfeeding your baby. As soon as you return home, you can breastfeed if you feel alert and comfortable.

NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.

If you need to adjust your diet after your operation, the surgeon and nurse will give you instructions. If you have questions, please do not hesitate to ask them.

If you have nausea (you feel sick to your stomach), start by drinking clear fluids and gradually increase the amount and change the texture of the foods you eat as you can tolerate them.



To avoid constipation, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



If, despite these tips, you are unable to have a bowel movement:

- You can use a mild laxative such as Metamucil®, Colace®, Lax A day® or Prodiem® at a pharmacy. Ask your pharmacist for advice.



If you have not had a bowel movement for at least 3 days despite these tips, consult a health care professional (family doctor, pharmacist, Info-Santé at 811).

ACTIVITIES



You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.
- You will have the arm and shoulder mobility to do so.
- You have the go ahead from your orthopedist.

- Depending on your procedure, your orthopedist or nurse may give you other instructions that are appropriate for your situation. Do not hesitate to ask questions.
- You need to stay active after your operation, but you also need to rest. It is normal to feel tired.
- Pain should not prevent you from your daily activities such as getting dressed, washing yourself or eating. Take your pain medication if the pain is too intense, and take it at least 30 minutes before doing exercise, if you need to.
- Walking is one of the best exercises, except if restricted by your surgeon. Increase the distance you walk everyday and alternate with periods of rest. Avoid vigorous exercise, sudden movements, or contact sports.
- Physical activity should be stopped as per your surgeon's instructions. You must absolutely follow the specific instructions for your particular operation.
- For all surgeries, do not wait until the pain is extreme to take your pain medication. The first 48 hours are particularly painful.



- **STEVENSON IMMOBILIZER OR THORACIC-BRANCHIAL SLING: UNIVERSAL ARM-SHOULDER SUPPORT**

- It is important to wear the splint according to the orthopedist's prescription.
- When wearing the splint, it is important that the forearm is placed in a horizontal position (elbow 90°).
- Your forearm must be well supported inside the sleeve while leaving your fingers free.
- It often happens that the outer part of the arm and forearm turns blue after a few days. This is normal and will disappear in a few weeks.
- The arm can be placed on a pillow while sitting in the chair, which allows for finger and wrist exercises.

Every hour

- Move the fingers.
- Rotate your wrists

TO REMOVE AND REPLACE THE SPLINT**To remove**

- Press your forearm 90° against your abdomen.
- Detach the velcro from the cross band just at the top of the sleeve.
- Undo the velcro on the straps without undoing the straps so that they do not become loose.
- Pull the sleeve by sliding it gently along the immobilized arm.

To reattach the brace

- Place the forearm in the sleeve in a horizontal position with the elbow at 90°.
- The straps extending from the sleeve should be crossed over the back and attached to the front of the top of the sleeve.
- Adjust the straps to hold the arm against the body to immobilize the shoulder: make sure to keep the hand free.
- To secure the cross band, press one end of the band just above the sleeve.
- Walk around the chest passing the band under the free arm and then over the immobilized arm.
- Secure the band with Velcro: the band should be tight enough to hold the arm close to the body.

Acromioplasty, distal clavicle resection, calcification removal

- Wear the Stevenson immobilizer for comfort only or according to the specific prescription noted in your record.
- Move your shoulder as you can tolerate it.
- Perform wrist bending and rotation exercises. Remove the immobilizer and perform elbow extensions. Perform shoulder pendulum exercises. No arm movements are restricted unless they cause pain.
- Do not lift any loads until your orthopedic surgeon gives you the go-ahead.

Rotator cuff repair, Bankart

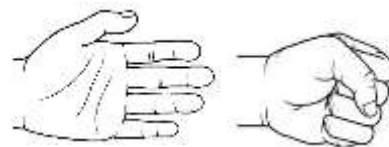
- Wear the Stevenson immobilizer or other type of brace (abduction pillow, etc.) at all times except when performing hygiene and passive exercises (exercises performed with the help of a physiotherapist or by yourself using your healthy arm to move your operated arm without forcing). See next page.
- It is important that you remove your immobilizer several times a day to move your elbow (elbow extension) and prevent joint rigidity.
- You can rest your arm on a pillow while sitting in a chair.
- Avoid externally rotating your arm when in a neutral resting position.
- If you are not allowed to remove the immobilizer for these exercises, your orthopedic surgeon will leave a specific note in your record and the day surgery nurse will let you know.
- It is recommended that you apply an ice pack wrapped in a towel for 15 minutes, 4 to 5 times a day, in the first days after your surgery. You can also use a bag of frozen peas.

CIRCULATION EXERCISES

As soon as you return to your bed or stretcher after your surgery, start doing exercises to prevent circulatory problems and continue in the days that follow.

Repeat each exercise 10 times, 3 times a day

1. Open and close the hand of your operated arm as quickly as possible.
2. Move your fingers regularly as soon as you return from the operating room.
3. Rotate your wrist on the side of the operated arm.



Specific exercises for shoulder surgery

To get better results after your surgery, your orthopedic surgeon will prescribe a consultation with a physiotherapist and will advise you when you can start exercising with this professional (a few weeks after some surgeries). Physiotherapy is done on an outpatient basis and preferably close to your home.

While waiting to begin physiotherapy, you will still need to start some exercises to prevent complications such as rigidity, stiffness, or edema (swelling in the shoulder). Don't forget to use your healthy hand to support your operated arm.

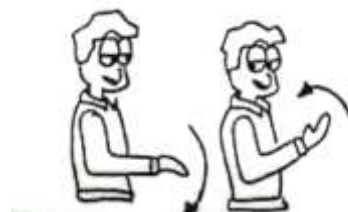
Get the go-ahead from your orthopedic surgeon before progressing in your exercises.

You need to stop physical activity as per your orthopedic surgeon's instructions. You must absolutely follow the specific instructions for your operation.

A. Elbow Flexibility Exercises

Hold your arm close to your body either with your free hand or by using the transverse band.

Slowly bend your elbow (extension) and then bring it back towards you (flexion). Do ten (10) complete extension-flexion sets three times a day.



Shoulder flexibility exercises (the pendulum)

Perform pendulum-like movements with your operated arm without weights or with weights (max. 2 lb. or 0.9 kg) slowly and steadily. or 0.9 kg) slowly and regularly, (depending on your tolerance).

1. With knees slightly bent, lean your body forward while resting your other hand on a table. Let the arm hang freely along the body (figure 1).
2. Swing the arm back and forth for one minute. If this movement is well tolerated, do the movement described in point 3.
3. Swing the arm sideways (right and left) for 1 minute, keeping the elbow perfectly straight. If this movement is well tolerated, do the movement described in point 4.
4. Swing the arm in a clockwise circle for one minute.
5. Repeat the movement described in point 4 in a counterclockwise direction.



Figure 1

(CCMS Monitoring) required at all times:

- C Normal skin color.
- C Good warmth of your arm, hand and fingers.
- M Possible movement of your forearm without problems.
- S Good sensitivity (feel) of your arm, hand and fingers.

COMPLICATIONS

If you have difficulty breathing:

**Immediately call
Urgences-Santé at 9-1-1**



If you have one or more of the following signs or symptoms:



**Fever (38.5 °C or 101 °F or higher)
for more than 24 hours**

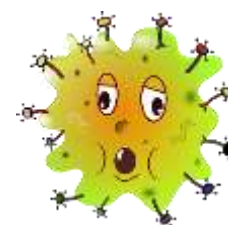
Your pain
increases and is
not relieved by
medication.



You have cramps or constant
pain in your calf.

• Signs of surgery site infection:

- Redness
- Pain
- Swelling
- Yellow or green discharge



• **Significant bleeding in the surgery area.**



**Contact a nurse at Info-Santé by calling 811 at any time
(24 hours a day).**

For all other questions: Contact one of the resources listed on next page.



RESOURCES

For emergencies, call 911
Info-Santé – CLSC, call 811
24 hours a day, 7 days a week

Outpatient Clinic

Preadmission (preoperative only) 450 975-5566
Orthopedics 450 975-5569

Private offices of Orthopedics surgeons in Laval

Address : 1555, Boulevard de l'Avenir, Laval (Québec) H7S 2N5
Phone number 450 668-3840

CLSC

Laval region

Accueil première ligne 450 627-2530, ext. 64922
CLSC des Mille-Îles 450 661-2572
CLSC du Ruisseau-Papineau 450 682-5690
CLSC et CHSLD Sainte-Rose 450 622-5110
CLSC de l'Ouest de l'île 450 627-2530
CLSC et CHSLD Idola-Saint-Jean 450 668-1803

Laurentides region

Centre intégré de santé et de services sociaux des Laurentides :

Thérèse de Blainville 450 433-2777
Des sommets 819 324-4000
St-Jérôme 450 432-2777
Pays d'en haut 450 229-6601
Jean-Olivier Chenier 450 433-2777
Argenteuil 450 562-3761
Antoine Labelle 819 275-2118

Lanaudière region

Lanaudière South 450 654-2572
Lanaudière North 450 839-3864

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<http://www.dagher.fr/>

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**Centre intégré
de santé
et de services sociaux
de Laval**

Québec 

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Direction des services professionnels
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