

Shoulder SURGERY

Planning For Your Best Results





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Patient name: _____

Phone number: _____

Emergency contact name: _____

Emergency contact number: _____

Family physician: _____

Phone number: _____

Orthopaedic surgeon: _____

Phone number: _____



Canadian Shoulder and Elbow Society (CSES)
Société canadienne de l'épaule et du coude

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Your Role in Planning for Your Best Results

The news that an operation will give you relief from pain and disability can be very comforting. However, it can also cause concern, anxiety and even feelings of loss of control. Getting ready, mentally and physically, is an important step towards a successful result, and so is understanding what will happen following your procedure.

That's why the Canadian Orthopaedic Foundation has prepared this guide. Use it to help you, your family or caregiver, and your doctor to successfully prepare for your surgery, your return home, and your recovery. It contains:

- Questions that you may want to ask your health care professionals, with space provided for answers. You may not wish to ask them all, but can use them to help organize your thoughts and preparations.
- Information about what you can do before surgery (pre-op) to prepare for the best results.
- Advice on handling some common issues – from showering to controlling pain – after surgery (post-op).
- Guidance to support your recovery, with key information about issues like shoulder motion/immobilization following surgery, sling wear and usage, and rehabilitation/therapy.
- Charts for recording daily information to help you to track your improvement.

This is intended to be a general guide and should be used in conjunction with education provided by your health care team. For information about specific procedures, visit **www.movepainfree.org**. You'll find a list of several common shoulder conditions and surgeries. If you don't have access to the internet, please ask your doctor if he/she can check for you and print any relevant information.

You can also call the Canadian Orthopaedic Foundation toll-free, at 1-800-461-3639. While we can't provide medical advice, we can provide you with helpful information and support. Please have the name of your procedure handy so we can best help you.

By taking part in decisions about your health care, asking questions, and learning about what's expected, you can be an active participant in your best possible results!

Part 1: Connecting With an Orthopaedic Surgeon

Diagnosis and Referral

Prior to your initial consult with an orthopaedic surgeon, an important step is to get a proper diagnosis and referral.

Under the *Canada Health Act*, all patients must be referred to an orthopaedic surgeon by a family physician. You can contact the Royal College of Physicians and Surgeons, the governing authority for all medical professionals, for a list of orthopaedic surgeons in your province.

Depending on where you live, it could take up to a year or more before an orthopaedic surgeon can see you for the first time. At any point during this period, contact your family doctor if your condition worsens to the point that it has further impacted your daily life.

It is important to understand that your orthopaedic surgeon does not control the wait lists for referral or surgery, and is as unhappy about your wait as are you. Wait times are longer when demand for treatment outweighs the health care system's ability to meet it. If you are concerned about your wait, the best way to help is to write or call your member of provincial legislative assembly (MLA) or provincial parliament (MPP).

Your First Orthopaedic Consult

The consult with your orthopaedic surgeon will be different from a visit to your family physician, and is likely to be much shorter than you'd expect. The surgeon's goal is to answer three questions:

- Is the diagnosis correct?
- Will orthopaedic surgery help this patient?
- If not, what can the surgeon offer or suggest that will help this patient?

The surgeon will answer these questions based on your family physician's referral, your medical history, and a physical examination. Thus, you need to be able to communicate well with your surgeon.

If you have communication difficulties (hearing or speech impediments, do not speak the language fluently), or if you become shy or nervous with health care professionals, bring a trusted family member or friend who can communicate on your behalf. It's important for you, your surgeon, and your health that you are able to communicate clearly.

Your Medical History

The most important information that you can provide is your medical history. A medical history is information gained from your responses to questions asked by the surgeon. Take some time before your appointment to think through concise descriptions of the following factors. The more clear and specific you can be, the more helpful in determining if surgery can help you.

Age _____ Height _____ Weight _____

Major concern (e.g. shoulder pain, shoulder weakness, shoulder instability)

History of the major concern (e.g. when symptoms began, how quickly pain increased or mobility decreased, current pain level)

Past illnesses (e.g. heart condition, diabetes, major surgeries, infections)

Family diseases or illnesses (e.g. heart disease, cancer)

Lifestyle factors relevant to your condition, surgical treatment, and recovery (e.g. living arrangements, help at home, occupation, activity level, tobacco use)

Name and dosage of regular medications (includes those prescribed by doctors, over-the-counter, and alternative medications such as herbal supplements)

Refer to the table on Page 11 for a complete list.

Allergies

If you and your surgeon determine that surgery will help you, ask questions to be sure you understand the decision. It's tough to remember new information after leaving the office, so jot down quick notes while you're with your surgeon then complete them in the waiting room on your way out. The next section provides a list of possible questions about your surgery and space to record responses.

Part 2: Pre-Op Period – Preparing for Surgery

Questions to Ask Before Consent

No surgery can be performed without your informed consent. Usually you'll be asked to give consent at your first meeting with the surgeon.

When you agree to surgery, you're appointing your surgeon to act in your best interests. Thus, you're entitled to know what's going to happen to you, why the procedure is necessary, and the risks. Here are some questions you may wish to ask your surgeon before giving consent:

What is the operation called?

Why is this operation necessary?

What happens during the surgery?

How long will the operation take?

Will this be day surgery or require an overnight stay?

What type of anaesthesia will be used (regional, general or combination)?

What are the risks during and after surgery?

How much can I expect to improve?

How long will I have to wait for surgery?

Questions to Ask About Recovery

Surgery will have a short-term impact on your life before the long-term benefits become apparent. Recovery times vary from person to person, depending on the procedure and the individual's general health. It's especially important to discuss how long you might expect to be off work, so that you can plan your absence with your employer. Here are some questions to ask your surgeon about your recovery after surgery:

Will I have to stay in the hospital?

If so, for how long?

Will I be in a lot of pain? How long will it last?

What can be done to lessen the chance of infection?

Will I need any special medication? For how long?

How long will the surgical wound take to heal?

Will I need therapy? How long will it last?

When can I start moving my shoulder/arm?

Do I need to use a sling?

How long before I can return to...Work? Driving? My daily routine?
My favourite pastime?

How much help will I need at home?

Will I need any special equipment?

When will my first follow-up visit with you be?

Once a decision is made and the surgery is booked, there is likely a waiting period. This time can be used to learn about the surgery and prepare for pre-op tasks and post-op plans that will make your recovery easier.

From the Decision to the Surgery

Along with the expertise of your orthopaedic surgeon, you play the most important role in your surgery and recovery. You want the best outcome possible from your surgery so you must prepare. Here's what you can do to get ready for that important day:

- Follow your orthopaedic surgeon's orders – he or she is looking out for you!
- If you are on daily medications, especially blood thinners, ask your surgeon if you should still take them the morning of your surgery.
- Learn about your surgery. For common surgery explanations, visit www.movepainfree.org.
- Arrange any supportive care (e.g. transportation, assistance at home), if needed, in preparation for discharge from the hospital.
- Consider any accommodations that you might need to make to your living arrangements (eg. move often used items, such as pots and pans, to counter height; move items in the lower parts of the fridge/freezer to a higher shelf) to support your recovery at home.
- Smoking increases the risk of poor bone and wound healing. In fact, some surgeons may refuse to perform some surgeries for smokers because of poor healing risks. Quitting before surgery is in your best interest to reduce complications and improve your outcome.
- If you have diabetes, poorly controlled blood sugars will lead to complications, such as infections, wound problems, and delayed bone healing. It is important to get your diabetes controlled prior to surgery by seeing your family physician or endocrinologist.
- Find out if you will require outpatient therapy. If so, locate a clinic close to home or work for convenience, and also discuss with your surgeon whether there is a preferred clinic for you to complete your rehabilitation. While in the hospital, a therapist may review some exercises with you. It may be helpful to make your first post-operative therapy appointment prior to your surgery.
- Find out about any assistive equipment you'll need to rent or purchase (such as a shower chair, hand-held shower hose or sock aid). These devices are designed for your safety, convenience, and recovery after surgery.

Most shoulder surgery is performed on an outpatient basis, however, some procedures could require an overnight hospital stay. As such, this guide includes information on what to expect during hospital stays.

The Pre-Op Visit

Most hospitals conduct a pre-operative/pre-admission visit. You will meet some members of the health care team to assess your general health, prepare you for surgery, and plan your discharge. You will have an opportunity to ask questions about your surgery and recovery, including options for support post-surgery. Bring a list of your current medications to the pre-op visit to discuss with the healthcare team.

Among the health care professionals you may meet:

- A nurse who will inform you of what to expect when you have your operation.
- A medical internist who may assess your general health.
- A social worker who may discuss your discharge planning needs.
- A laboratory technician who will do blood work and other tests ordered by the doctor.
- A physiotherapist who may conduct a test of your abilities and teach you some of the exercises you will perform following surgery.
- An occupational therapist to learn about managing your daily activities after surgery.
- An anaesthetist to assess conditions/concerns and discuss the type of anaesthesia with you.

Your doctor or hospital will notify you of the date of your pre-op visit. It usually happens 2-4 weeks prior to your surgery.

Anaesthesia

There are three types of anaesthesia:

- **Regional anaesthesia** numbs only the part of the body that will be operated on. The rest of your body is conscious of what's happening. This is commonly accompanied by sedation so that you are comfortable during the operation. Regional anaesthesia for shoulder surgery involves an injection or the placement of a catheter into the area around the collarbone or neck to numb the nerves that supply the shoulder and arm. The affected area will feel numb for some time until the anaesthesia wears off, up to 8-10 hours.
- **General anaesthesia** puts your brain and whole body to sleep so you don't feel or remember what goes on during your surgery.
- A **combination** of regional and general anaesthesia numbs the surgical area, while a lower dose of general anaesthesia (sedation) helps you relax and be less aware of the surgery.

The type of anaesthesia you receive depends on your surgery and overall health. The anaesthetist or your surgeon can answer questions and discuss any concerns you have. You may meet the anaesthetist when you have your pre-op tests or when you arrive at the hospital for your surgery

Here are a few questions you might want to ask:

How should I take my regular medications before the procedure?

What type of anaesthesia is used for my procedure?

Are there potential complications? If yes, what are they?

What can I do to reduce the risk of complications? Before surgery? After surgery?

If I have regional anaesthesia will I hear/see what's going on in the operating room?

During anaesthesia, the systems that keep food and drink safely in the stomach become weak. Food and drink could find their way into the lungs by vomiting or regurgitation, causing serious problems.

You will be advised not to eat or drink anything after midnight the night before surgery. You may be asked to consume a small quantity of clear fluids or juice the morning of your surgery (this depends on the province and hospital where you have your surgery).

Be sure to follow the orders given by your surgeon and anaesthetist. You will be instructed about how to take your regular medications by your surgeon and/or anaesthetist.

When Changes Happen

There is always the potential that your surgery could be postponed for various reasons, from availability of resources to an urgent trauma case that takes precedence over others. This can be disruptive, as you have already arranged for postsurgical care or time off work. Unfortunately, these events are out of your surgeon's control and are just as frustrating to him/her. Every effort will be made to reschedule your surgery as quickly as possible.

Pre-Surgery Checklists

Household (items to prepare you for surgery and the recovery period afterward):

- Get special equipment recommended by your health care team.
- Identify a grocery with delivery service, if available near you.
- Identify a pharmacy with delivery service, and ensure they stock your medication.
- Arrange home services such as snow removal, lawn care, and dog walking.
- Organize a “recovery room” for your return after surgery. You may find that sleeping in a recliner chair may be more comfortable than a bed following shoulder surgery.
- Remove area rugs, electrical cables and other hazards that could cause a fall.
- Prepare/buy frozen microwaveable and other easy-to-prepare dinners.
- Arrange a ride to and from the hospital.
- Pack your bag for the hospital.

What to pack (items depend on whether you’re staying overnight):

- Nightclothes.
- Dressing gown and slippers.
- Loose clothing that is easy to put on. Consider tops that button or zip in the front.
- Personal care items.
- All your medications in their original containers and a list of what they are.
- Books and magazines.

Note: Leave cash, credit cards, jewelry, and other valuables at home.

Current medication list:

Medication	Reason	Dose	How Often

What to Expect at the Hospital

Your date for surgery has arrived! You should not have anything to eat or drink after midnight the night before your surgery. While each hospital may have variations (such as being asked to drink a small amount of clear fluids or juice the morning of your surgery), the basic processes are the same.

Arrival and pre-surgery

- You arrive at the hospital about 2 to 2½ hours before your scheduled surgery time (or at the time told to you by the hospital) and report to the Pre-Operative or Pre-Admission Clinic.
- Staff will give you hospital clothing and an identification wristband, and explain what to expect in the surgical area. Staff may also ask questions about your medical history, and check your temperature, pulse, respiration, and blood pressure.
- For peace of mind and safety, know which joint or limb will have the surgery. However, do not mark the surgical site yourself. Surgeons sign their initials right on it before surgery to attempt to avoid any confusion. Check that the nursing staff and surgeon are in agreement, and that the consent lists the correct surgery.
- You will get an intravenous (IV) line to provide fluids and medication during surgery.
- The anaesthetist will speak with you just prior to surgery.

In the operating room

- The type of anaesthesia discussed with you will be given.
- Depending on the anaesthetic, you may have a bladder catheter inserted to drain urine.
- You'll be prepped for surgery. Skin will be cleansed, and all areas except the surgical area will be covered with drapes.
- The surgery will be performed, with the length of time depending on your procedure.
- A drain may be inserted into the surgical site to allow blood to escape over the first few hours post-op

After surgery

- You'll be taken to the Recovery Room or Post-Anaesthesia Care Unit to check your blood pressure, pulse and breathing.
- You'll receive medication for your pain either intravenously or by injection.
- You'll be asked to do your deep breathing and possibly some exercises to ensure good circulation.
- You may have an x-ray.

Part 3: Post-Op Period – The Road to Recovery

After surgery, the focus is on your comfort, healing and recovery. Minimizing pain, preventing complications, and ensuring proper care are critical to all three.

The Day After Surgery

Most shoulder surgeries are performed on an outpatient basis, requiring no overnight hospital stay. However, if you need to remain in hospital, on the day after surgery you may:

- Have blood drawn for testing (although this is rare for shoulder surgery).
- Be able to eat and drink as you can tolerate.
- Receive medications you normally take and to control pain.
- Have the catheter removed, if inserted, and be expected to get up and use the washroom or commode.
- Have the drain removed, if inserted.
- Receive a visit from the therapist who will assist you with exercises to regain your mobility.

Preparing to Go Home

Should you require a hospital stay, the duration will depend on your overall health and the progress you have made towards returning to mobility. Before you leave the hospital, you will:

- Have your dressing changed, if permitted for your procedure, and have information on how to care for the surgical wound.
- Receive instructions from your therapist on an exercise routine.
- Have instructions on any restrictions regarding exercise, bathing, diet, etc.
- Know how to use any assistive devices you may require.
- Receive a prescription for any medications you need.
- Be given an appointment to see your orthopaedic surgeon, usually in 10-14 days, if you don't already have one.
- Review discharge plans with staff.

Usually, you'll need to arrange a ride home. Home is where the rest of your recovery begins. Rehabilitation will help your body heal, resulting in more mobility, less pain and greater freedom to do the activities you love.

Eating and Drinking

You can return to what you normally eat and drink right away. If you have had general anaesthesia, you might wish to start with a light snack to ensure your stomach has settled.

Activity Levels

Your doctor and/or therapist will advise you on appropriate and expected activity.

Wear your sling as instructed by your doctor and/or therapist, and limit the activities performed with the operative arm to those that your doctor and/or therapist asked you to perform.

Your doctor will also tell you when you can go back to work and sports. Don't do any strenuous activities, like jogging or cycling, until your doctor tells you it's safe.

Personal Care

You can take a shower 2-3 days after your procedure or as instructed by your doctor. Do not take baths until your wound heals, about 10-14 days.

Dressing changes before your first follow-up with your doctor should only be performed if you have been instructed to change the dressing. You may be asked to cover the dressing before showering. If you are asked to remove the dressing before showering, and if you have steri strips, leave them on to shower.

Do not put any cream or lotion on the incision unless you have been instructed to do so by your doctor.

Falls in the shower during the post-operative period can lead to damage to the surgical area or injury to a different area of the body. Consider renting or purchasing a shower stool (if you have a walk-in shower) and/or bath transfer bench (if you have a bathtub), a non-slip mat and a grab bar.

Pain Management

If your body is stressed from pain, healing may take longer, so minimizing pain is important. However, some pain after surgery is expected. Pain medication is meant to ease this pain, but will not eliminate the pain completely. Everyone is unique, so you might need to try different pain medications and doses to find which work best. Consult your physician, and follow all directions provided by your physician. Consulting your pharmacist may also help you better understand and optimize your pain management.

It's important to communicate your pain to health care providers, so they can better understand it and select the best treatment. A common way to measure pain is on a scale from zero (no pain) to 10 (the worst possible pain you can imagine). Words that are helpful in describing pain would be aching, burning, stinging or throbbing.

Complication Prevention

All surgeries come with a risk of complications; they are rare, but they can happen. By following your doctor's orders and knowing the possible complications, you can do a great deal to prevent or lessen the risk of them occurring.

Spot emergencies

Call your surgeon or visit the nearest emergency department for:

- **Bleeding that won't stop:** Press on the area for 15 minutes. Call your surgeon if the bleeding doesn't stop and soaks your dressing.
- **Severe pain:** Call your surgeon if your pain worsens and doesn't get any better when you take your prescribed pain medication.
- **Swelling and circulation concerns:**
 - Your arm and hand are very swollen.
 - Your fingers feel cold or have changed colour (are pale or blueish).
 - You have less feeling in your arm or hand after the anaesthetic wears off.
 - You can't move your fingers.
- **Fever higher than 38°C or 101°F.**

Infection

While less than one percent of patients develop a wound infection after surgery, any infection can be a serious complication – so prevention is key. Infections can start in your joint during surgery, in the hospital or when bacteria travel to your wound from elsewhere in your body. You are less likely to get an infection if you are well nourished and if your immune system is strong.

You can prevent infection by:

- Eating healthy foods before and after your surgery.
- Taking antibiotics, if prescribed to you, as directed.
- Washing your hands frequently.
- Carefully following instructions for wound care.
- Avoiding people who have colds or infections.

- Stopping smoking before your surgery and staying smoke-free following surgery.
- If you are a diabetic, ensuring that your blood sugars are adequately controlled by your diabetes medication or insulin.

Signs of an infection:

- Fever over 38°C or 101°F degrees for more than 2 days.
- Increasing redness beyond the basic edge of the wound.
- Significant swelling of a wound.
- Drainage from a wound.
- Increased pain in the surgical area during activity and rest.

The symptoms of an infection may also be signs of a hematoma (bleeding into the tissues around the surgery). If you suspect or see signs of an infection, please contact your surgeon promptly.

Swelling

You may experience swelling in the affected limb for the first few weeks after surgery. To help reduce the swelling, it is important to perform hand exercises to encourage blood flow in the hand and arm. You can also reduce the swelling of the hand and arm by elevating the arm on a pillow above the level of the heart. This may not be possible because of the need to wear a sling. You may want to ask your surgeon about the best ways to reduce swelling in the arm and hand.

Bruising

You will experience some swelling and bruising of the hand and arm. This is normal and results from the swelling and bruising from your shoulder, which travels down the arm. It is recommended that you bend and straighten your elbow frequently and make a fist to help keep your circulation flowing and help speed the resolution of this normal process.

Respiratory or Lung Complications

Lung complications such as fluid in the lungs or pneumonia may occur due to the anaesthetic and prolonged bed rest. If there are any problems with breathing or shortness of breath, see your health professional as soon as possible.

Nausea

This is the most common post-operative complication. If nausea and vomiting continue, medication may be given. You are given fluids after surgery to make sure you are not nauseated; once your stomach is working, you will be moved on to your normal diet.

Constipation

Lack of activity following surgery and the use of narcotics or pain killers, which control pain but also reduce bowel function, often cause constipation. If needed, stool softeners and laxatives may be prescribed.

Allergic Reactions

These may result from the medications you have been prescribed, and can vary from a mild rash to an intense reaction. The most common reactions are to penicillin, sulpha drugs and codeine. Tell your doctor about any previous allergic reactions. If you suspect you are having an allergic reaction, inform your health care professional immediately.

Nerve Injury

Depending on the surgical area and whether a regional anaesthetic has been administered, nerve injury may result due to the proximity of the nerves and blood vessels. Usually the injury is temporary; permanent injury is rare.

Surgical Wound and Stitches or Staples

Your nurse or doctor will advise you on how to care for your surgical wound and your stitches. Follow all instructions to ensure proper healing and minimal scarring. Ask questions if you do not understand how to change your bandages.

Avoid water or other moisture on the wound for the first 24 hours. After that, and if you do not have a dressing on your incision, you can begin washing with soap and water, very gently. Cleansing twice a day will prevent build-up of debris. Debris may cause a larger scar, make suture removal more painful and difficult, or increase the likelihood of infection.

It's important that the sutures be removed on the day designated by your surgeon to avoid unnecessary scarring. If you have dissolving stitches, make sure you understand exactly when they should dissolve and how to care for the site during and after that period.

Even after your stitches are removed, it's important to care for the wound site, and to protect the site from injury for at least four weeks.

Watch for signs of an infection (see Infection) and:

- Unusual tenderness or swelling. You will experience the most tenderness on the second day, but it should subside each day after.
- Stitches that come out sooner than expected.

If you experience one or more of these symptoms, contact your doctor immediately. If your doctor is not available, go to your hospital's emergency department for examination.

Tips for Recovery

Everyone heals differently. In general, here's what to do, and what you can expect, for the best possible progress after your surgery:

- Be active, gradually increasing your activity as directed by your health care team.
- Remember to rest when you need to, but do not stay in bed once you get home.
- Follow your exercise program to improve endurance, strengthen your muscles, and ensure a full return to mobility.
- Use the home aids or assistive devices to protect and reduce stress on the surgical areas.
- Resume your normal diet, unless instructed otherwise. Eat plenty of foods high in protein to help with healing.
- Follow your discharge instructions.
- Don't be alarmed by pain, which is quite commonly felt surrounding the surgical site.
- Don't get discouraged. It may be weeks and months before your desired results are achieved. Your improvement might be steady and then slow down. But even after a year or more, activity can increase as muscle strength continues to improve.
- See your surgeon as needed for regularly scheduled follow-up visits. These typically depend on your progress and whether you are having any problems.
- Track your recovery. At the back of this guide, you'll find a diary to note your progress – how you're feeling, what you can do, and any signs of infection. That helps you, and others helping you, to manage your recovery. You can share this information with your surgeon at your follow-up appointment, or if you develop complications.

Part 4: Other Considerations

Returning to work

Incorporating activity into everyday routines is important. And looking for forms of recreation, exercise or sports is also essential. But recognize that work is an activity too.

What does that mean after you're back at work? Your ability to assume work duties again can depend on everything from your general condition, to your stage of rehabilitation, to your specific job. In some cases, you may require a graduated return to full duties. A job that involves things like heavy lifting, carrying, or climbing ladders might also require some modifications. Certainly, it may take you longer to return in full to a physically demanding job than a more sedentary role.

You know your job best, so discuss all of this with your surgeon, family doctor or therapist, as well as with your employer. The goal is to ensure your long-term recovery by returning to work only when you can, and taking on only what you are physically able to handle safely.

Weight management and diet

Weight management and healthy eating is good for your health in general – and for your bones and joints too.

Being overweight, especially when combined with inactivity, can also increase the risk of a number of chronic diseases, and limit your independence.

Ideally, part of enjoying a more active lifestyle should include healthy eating. That can be just as much of a challenge as getting moving. For help with weight management and healthy eating tips, consult the Canada Food Guide (food-guide.canada.ca). You may want to be referred to a dietician, or talk to your family doctor or physiotherapist to see if any free resources for dietary consultation are available to you.

Healthy eating, along with activity, are big steps toward better health!

When you travel

You can travel as soon as you feel comfortable after your shoulder surgery. It is typically recommended to wait one month after surgery before flying due to an increase risk of blood clots. If you plan to travel within the first three months after surgery, speak to your physician about options to reduce the risk of blood clots. This includes both long road trips or if you are flying. It is also recommended that you wear compression socks for both long road trips or while flying.

Follow-ups with your surgeon

Most people have excellent long-term results after shoulder surgery. Talk to your surgeon about what follow-up is appropriate. Remember, call any time to make an appointment if you're experiencing pain or problems related to your shoulder surgery.

Post-surgery exercises

The rehabilitation program provided to you following surgery is a key part of a successful recovery following shoulder surgery. The program, provided by your surgeon, may occur under the supervision of a therapist (most common), as a home program that you complete on your own, or in a classroom setting. In the majority of cases, the exercises provided to you need to be performed daily, unless instructed differently by your surgeon or therapist. It is very important to remember that the success of any shoulder surgery depends upon your active participation in your rehabilitation. The more effort and energy you put into your recovery, the more likely you are to achieve a successful outcome following shoulder surgery.

Diary of Progress

Week # 1	S	M	T	W
Pain Level 1 = none, 10 = high level				
Pain Medication Number of times needed				
Wound Check Redness – Swelling – Heat – Pain at Site – Other				
Redness or Swelling Yes/No/Location				
Usual Medications Taken Yes/No				
Exercise and Activity Note increase/decrease in time or distance				
Normal Activities Note changes in daily ability				
Other				

Week # 2	S	M	T	W
Pain Level 1 = none, 10 = high level				
Pain Medication Number of times needed				
Wound Check Redness – Swelling – Heat – Pain at Site – Other				
Redness or Swelling Yes/No/Location				
Usual Medications Taken Yes/No				
Exercise and Activity Note increase/decrease in time or distance				
Normal Activities Note changes in daily ability				
Other				

Th	F	S	Notes

Th	F	S	Notes

Week # 3	S	M	T	W
Pain Level 1 = none, 10 = high level				
Pain Medication Number of times needed				
Wound Check Redness – Swelling – Heat – Pain at Site – Other				
Redness or Swelling Yes/No/Location				
Usual Medications Taken Yes/No				
Exercise and Activity Note increase/decrease in time or distance				
Normal Activities Note changes in daily ability				
Other				

Week # 4	S	M	T	W
Pain Level 1 = none, 10 = high level				
Pain Medication Number of times needed				
Wound Check Redness – Swelling – Heat – Pain at Site – Other				
Redness or Swelling Yes/No/Location				
Usual Medications Taken Yes/No				
Exercise and Activity Note increase/decrease in time or distance				
Normal Activities Note changes in daily ability				
Other				

Th	F	S	Notes

Th	F	S	Notes

Week # 5	S	M	T	W
Pain Level 1 = none, 10 = high level				
Pain Medication Number of times needed				
Wound Check Redness – Swelling – Heat – Pain at Site – Other				
Redness or Swelling Yes/No/Location				
Usual Medications Taken Yes/No				
Exercise and Activity Note increase/decrease in time or distance				
Normal Activities Note changes in daily ability				
Other				

Week # 6	S	M	T	W
Pain Level 1 = none, 10 = high level				
Pain Medication Number of times needed				
Wound Check Redness – Swelling – Heat – Pain at Site – Other				
Redness or Swelling Yes/No/Location				
Usual Medications Taken Yes/No				
Exercise and Activity Note increase/decrease in time or distance				
Normal Activities Note changes in daily ability				
Other				

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Who We Are

Founded in 1965, the Canadian Orthopaedic Foundation is a national registered charity powered by a professional staff and network of over 300 volunteers. The Foundation is Canada's only health charity dedicated solely to helping people maintain and restore their bone and joint, or orthopaedic, health.

Our Vision: Pain-free mobility for all Canadians.

Our Mission: To achieve excellence in bone & joint health and mobility by advancing musculoskeletal research, education and care.

The Foundation is committed to patient education and to providing patients and their families with accurate, up-to-date information that will make going through orthopaedic surgery a little easier and less frightening. In addition, the COF funds research to enhance orthopaedic surgery and care.

As a charitable organization we rely on donations to make our programs possible. To make a donation, visit our website at www.movepainfree.org.



1.800.461.3639
www.movepainfree.org

This booklet is produced free of charge by the Canadian Orthopaedic Foundation, Canada's charity dedicated to bone and joint health.

Still Have Questions?

Access free, reliable, surgeon-approved resources and support programs to help with your return to mobility. Call today! We are here to support you every step of the way.

This booklet provides general, practical information only and should not replace consultation with, or care or instructions provided by, qualified health care professionals. The Canadian Orthopaedic Foundation does not endorse any product, treatment or therapy.

The Foundation's Medical & Scientific Review Committee has reviewed the content of this booklet for accuracy, reliability and helpfulness to the intended audience. While the Canadian Orthopaedic Foundation makes efforts to ensure the information in this booklet is accurate and reliable, it cannot guarantee that it is error-free or complete. Before making medical decisions, or if you have questions about your medical situation, speak to your surgeon.