

WELCOME



Welcome _____!

Your _____ by Dr. _____

is scheduled for _____ at
Lincoln Surgical Hospital @ 1710 S. 70th Street, Lincoln, NE 68506.

Please arrive at _____ at Entrance C and proceed to the Admissions desk as you walk in – we will be expecting you.

Please bring your driver's license, insurance card(s), prescription card(s) and your medications.

Between class and your surgery if you have any questions please feel free to call Monday - Friday from 8am to 5pm at 402-484-0884 and leave a message – we will get back to you within 24 hours during business hours.

We look forward to taking care of you and your family!

Lincoln Surgical Hospital has free WIFI. Look for LSHguest; no password needed.

Make PT appointment:

Things to do: _____



NIGHT BEFORE SURGERY



Medications:

- Blood thinners or slickers: If you are on any type of blood thinners talk to the physician that prescribes that medication for instructions on stopping it if needed prior to your surgery date.
- Other: _____
- Diabetic medication: Do NOT take oral diabetic medication the morning of surgery.
**If you take insulin in the morning, please contact your physician for instructions.
- Diuretics (water pills): Do NOT take water pills (diuretics) the morning of your surgery.
- 7 days/1 week before surgery stop:
 - herbal supplements/medications
 - weight loss medications
 - over-the-counter medications (OTC's)
 - Ibuprofen products
- Other: _____
- Take morning of surgery:

When to stop eating and drinking before surgery:

_____ Food: No solid food after midnight the night before surgery.

_____ Nothing to drink after midnight.

_____ Clear liquids: You may drink clear liquids up to 2 hours before your arrival/admission time. Water, apple juice, black coffee (no cream or sugar). Do not drink milk, orange juice, or anything that is not clear.

- No alcohol or tobacco products 12 hours before surgery.
- Do not chew gum or suck on (or eat) any candy after midnight. **If you eat, drink, suck on candy or chew gum your surgery may be canceled.
- You may brush your teeth the morning of surgery. Do not drink any additional fluid.

****Failure to comply with any of these instructions may result in the cancellation of your surgery****

Other Instructions:

- No contacts; glasses are acceptable
- Do not shave operative area for 48 hours before surgery
- Leave all jewelry at home
- No body piercing /jewelry
- No nail polish or makeup on
- All patients should take Hibiclens showers for 3 consecutive days prior to surgery.

If you become ill, or have any type of infection (cold, flu, diarrhea, vomiting, cuts or scrapes that may be infected) or any other open areas at the site of surgery please contact your surgeon's office immediately as your surgery may need to be rescheduled.

DAY OF SURGERY



***Please enter through Entrance C and proceed to the front desk**

Here are the items you need to do/bring with you on the day of your surgery:

_____ Bring medication(s) in original container(s)

_____ Drivers license or other ID card

_____ Insurance card(s)

_____ Prescription card(s)

_____ Comfortable clothes for 1-2 days (drawstring or elastic waist pants/shorts), personal items (toiletry bag) and shoes (slip on with back, no sandals)

_____ Cane (if needed)

_____ Your joint book should come back with you

_____ If applicable: your home CPAP/Bipap

_____ If you have one, bring your Advanced directive, power of attorney or living will

WELCOME



Welcome to Lincoln Surgical Hospital!

Thank you for choosing us! We will have *“exceptional people providing extraordinary care”* during your stay with us.

Our goal is to help decrease the anxiety that comes with having surgery by answering your questions, preparing you for what to expect, communicating to your family and getting you home to recover so you can get back to your normal day-to-day life!

OUR RECENT ACCOMPLISHMENTS AND AWARDS INCLUDE:

- ★ One of America's **100 BEST HOSPITALS** for Joint Replacement, Healthgrades®
- ★ **5 STAR RECIPIENT** for Total Knee Replacement, Healthgrades®
- ★ **5 STAR RECIPIENT** for Total Hip Replacement, Healthgrades®
- ★ Recipient of the **Outstanding Patient Experience Award**, Healthgrades®
- ★ Rated one of the **TOP 100 HOSPITALS** for Patient Experience, Women's Choice Award®
- ★ Recognized as a **TOP SMALL HOSPITAL** for Overall Inpatient Satisfaction, HealthStream®
- ★ Named among the **TOP 7%** of elite facilities in the U.S. to achieve a 5 Star rating from Medicare/Medicaid



Thank you for putting your trust in us!
Robb Linafelter, CEO



NON-DISCRIMINATION STATEMENT



Lincoln Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-297-2266 0018-4960-6554 (TTY: 1-877-248-7836).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-297-2266 0018-5658-6202 (TTY: 1-877-248-7836).

A FEW WEEKS BEFORE SURGERY



Here are some of the items you can take care of before surgery:

- _____ Schedule pre-op physical with labs within 2 weeks of your surgery date (has to be within 30 days) with your primary care provider.
- _____ Pre-op surgery scrub - You will need to do a neck to toe scrub prior to surgery for 3 days – the scrubs can be picked up at your surgeon’s office or we can provide these for you.
- _____ Drink plenty of liquids 1 week before surgery.
- _____ Do not shave your surgical area for at least 48 hours prior to your surgery.
- _____ Please see your dentist before you have surgery.
- _____ If you become ill, or have any type of infection (cold, flu, diarrhea, vomiting, cuts or scrapes that may be infected) or any other open areas at the site of surgery please contact your surgeon’s office immediately as your surgery may need to be rescheduled.
- _____ Arrange for friends or family members to stay with you for a few days. You will need help with cooking, cleaning, laundry, shopping, and yard work. You may also need help with some self-cares.
- _____ You need a driver for at least 2 weeks or as directed by your surgeon.
- _____ Remove throw rugs, electrical cords and other obstructions from walkways.
- _____ Install night lights in the bathroom, bedroom, and hallway.
- _____ Obtain any adaptive equipment you may need (shower/tub chair, etc.).



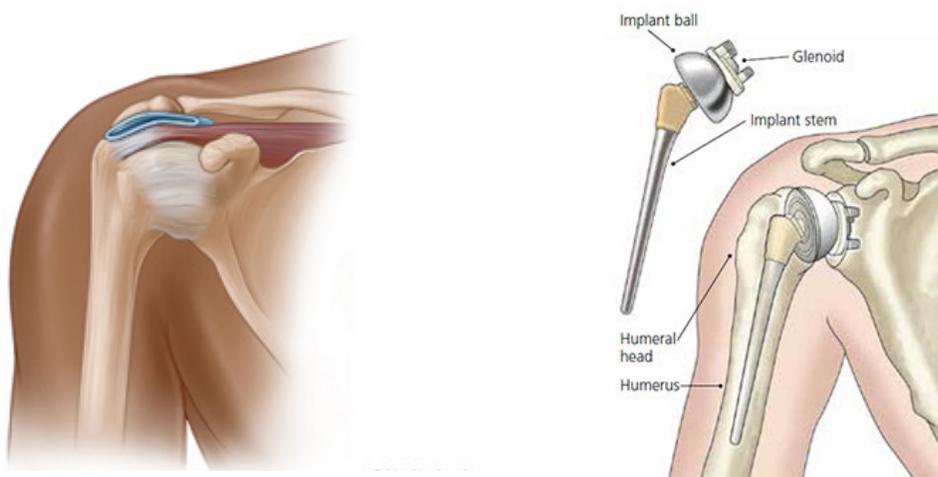
WHAT IS SHOULDER REPLACEMENT?

Shoulder replacements were first performed in the 1950's to treat severe shoulder fractures. Shoulder replacements have now transitioned to treat other conditions, ailments, and various types of arthritis.

Approximately 53,000 total shoulder replacements are performed each year. They are not as common as a hip or knee replacement; however, they are just as successful.

During a total shoulder replacement, the damaged parts of the shoulder (ball and socket area) are removed and replaced with artificial components, called a prosthesis. The replacement can be done to just the head of the humerus (ball) or to both the ball and socket (glenoid).

A typical total shoulder replacement involves replacing the damaged/arthritis joint surfaces with a highly polished metal ball attached to a stem, and a plastic socket.



WHAT ARE THE RESULTS OF SHOULDER REPLACEMENT?

At 3 months, most patients are reasonably comfortable, demonstrate approximately 50% of normal motion, but do notice some weakness

At 6 months, most patient are pain free (weather does have an effect on this), and nearly full motion and about 65% of normal strength

At 1 year, about 95% of patients will be pain free and will have returned to normal activity. 5% of patients have general aches due to weather changes or with higher level/extensive activity. Most patients have minimal difficulty with strength or function of the replaced shoulder (given the shoulder musculature was normal beforehand).

TOTAL SHOULDER SCHEDULE



PHYSICAL THERAPY:

The Physical Therapist (PT) will work with you to provide education on exercises to increase your strength, improve range of motion, and to improve balance and safety. The PT will teach you a home exercise program. In addition, the PT will work on getting you in and out of a bed and chair, walking, and going up and down stairs.

OCCUPATIONAL THERAPY:

The Occupational Therapist (OT) will work with you to identify strategies to best perform activities of daily living, including bathing, dressing, toileting, and other home tasks. The OT may recommend equipment, such as a reacher, sock-aid, long handled sponge, long-handled shoehorn, or a dressing stick.

DAY OF SURGERY:

- You will be able to get up and use the commode or bathroom with assistance.
- Your arm will likely be numb this day due to the type of anesthesia used.

1 DAY AFTER SURGERY

- Your shoulder dressing will be changed and you or a caregiver will be taught how to do it.
- If you have a drain, it will typically be removed on this day.
- You will be evaluated by a physical therapist.
- The physical therapist will teach you appropriate exercises and go over your precautions
- The occupational therapist will evaluate your ability to complete self-care tasks.
- You will be taught how to put your sling on and take it off.

GOING HOME

- Discharge is specific to your medical needs

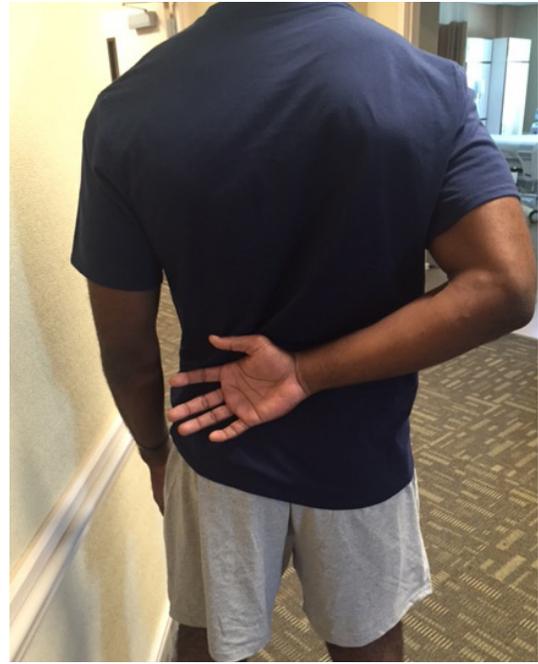
TOTAL SHOULDER PRECAUTIONS



Avoid moving your hand away from your body (No External Rotation).



Do NOT put your arm/hand behind your back, such as to tuck in a shirt or perform hygiene (No Internal Rotation).



Do NOT let your arm fall past the plane of your body (hyperextension) - always keep elbow forward.

- Do not actively move the affected shoulder.
- No lifting, reaching, or carrying things with the affected arm.
- Do not push/pull yourself up from any surface with the affected arm (chair, toilet, car)
- No excessive stretching or sudden movements.



TOTAL SHOULDER EXERCISES



Perform exercises 1-2 sets of 10 reps 2-3 times daily.

#1- TOWEL ROLL SQUEEZE



Gently open and close hand, or squeeze ball or towel roll.

#2- PENDULUMS



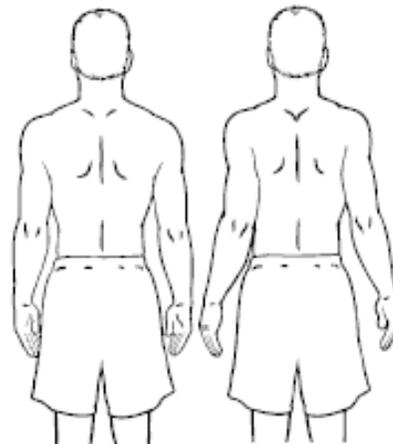
Let surgical arm move in circle clockwise, then counterclockwise, by rocking body weight in circular pattern. **DO NOT ACTIVELY MOVE THE ARM- LET IT DANGLE.**

#3- ELBOW FLEXION



Gently bend and straighten elbow.

#4- SCAPULAR RETRACTION



With arms at sides (surgical arm can be in sling/immobilizer), pinch shoulder blades together. *Focus on pulling them down and back.

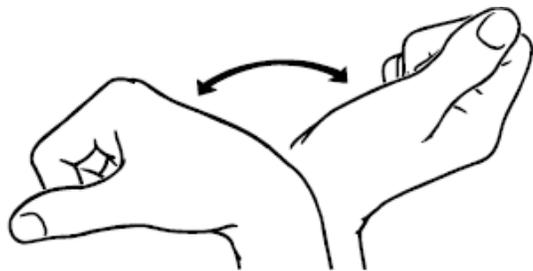
*Illustrations used with permission from VHI 1-800-356-0709. www.vhikits.com

TOTAL SHOULDER EXERCISES



Perform exercises 1-2 sets of 10 reps 2-3 times daily.

#5- WRIST FLEXION/EXTENSION



Actively bend wrist forward then back. Focus on light and gentle mobility and stretching.

#6- FOREARM SUPINATION



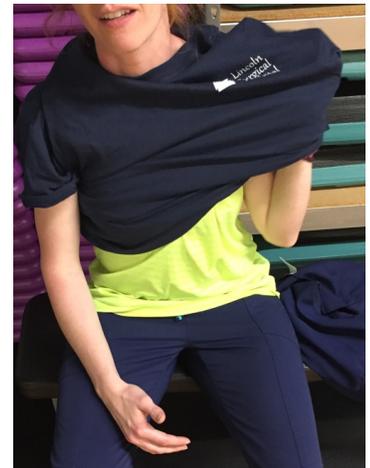
Slowly rotate palm down until stretch is felt. Relax. Then rotate palm up until stretch is felt.

UPPER BODY DRESSING



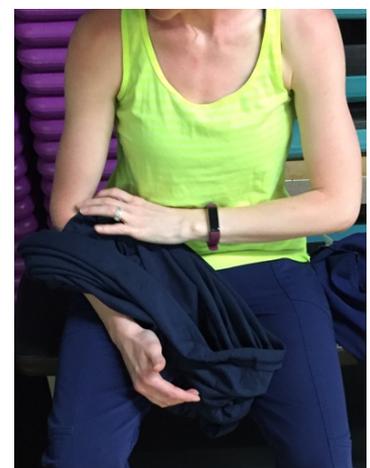
PUTTING ON A SHIRT:

1. Dress surgical arm first.
2. Hold back of neck opening to pull up and over head. Pull shirt down over trunk.
3. Dress non-surgical arm.



TAKING OFF A SHIRT:

1. Pull shirt over head using good arm.
2. Take shirt off the good arm.
3. Undress the surgical arm last.



CARING FOR YOUR SHOULDER INCISION



1. Self-adhesive wrap is used.
2. Use a smaller piece over the actual incision.
3. Then, place a second piece over top of the first piece.
4. Try to place the second piece as close to the neck as possible.



- Your doctor will determine your incision care needs.
- Keep your incision clean and dry. You will be instructed on how to cover your incision for showering at the hospital. You will want to cover your staples with a light dressing which may be held in place by tape.
- Notify your surgeon if you notice redness, warmth, increased swelling or drainage from your incision.
- A temperature over 101 degrees Fahrenheit is also to be reported. Any large amount of swelling or bruising may be a sign of a hematoma. Please notify your surgeon if this the case.

MEDICAL EQUIPMENT



General Information Regarding Durable Medical Equipment (DME)

Prior to coming into the hospital for your knee surgery you will want to consider purchasing or borrowing some equipment that will help you perform daily tasks safely and more independently upon your return home.

You could also choose to borrow these supplies from a friend or family member to use for the duration of your recovery.

Is DME available at LSH?

During a patient's hospital stay, DME may be purchased through See the Trainer. The bill is sent through the individual's insurance for potential coverage. If there is patient out-of-pocket expenses, a bill will be mailed to the patient's home.

Is my DME covered?

Some DME may be covered by your insurance. You will need to check with your specific insurance carrier to determine what is covered by your plan.

Medicare will typically cover certain DME products if the supplier is an approved Medicare provider, you have a physician's prescription, and specific qualifying criteria are met. Medicare typically covers 80% of the DME product while the remaining 20% is covered either out-of-pocket or by a Medicare supplement.

If you have specific questions about coverage, please contact your DME provider of choice.

DME may also be purchased out-of-pocket directly from vendors, including pharmacies, grocery stores, big-box stores, wholesale clubs, or online retailers.

Note: Although bath seats, grab bars, long-handled bath sponges, and hand-held showers make bathing easier and safer, they are typically not covered by insurance or Medicare.



DURABLE MEDICAL EQUIPMENT OPTIONS

If you have a shower in the tub, you may need to purchase a tub seat for after surgery.

For Total Shoulder patients use of the bench is optional depending on your balance and strength when stepping over the side of the tub.



Tub chair with back

Also available without a back.
Could be used in a free-standing shower.



Tub transfer bench that extends outside of the tub.



TOILET RISER

This increases the height of your toilet making it easier to get up and down.

Consider:

- Installing grab bars around the toilet and shower, or add a tub clamp
- Installing a hand-held shower head

These options work with tubs that have a shower curtain. If you have glass doors, the doors need to be removed. Non-skid bath mat is also recommended.

MEDICAL EQUIPMENT



DURABLE MEDICAL EQUIPMENT OPTIONS- You can purchase these at any home health store, pharmacy, or online.



Cane



Quad Cane

If you use a walker, your therapist may switch you to using a cane initially as you will have an immobilizer/sling on your arm.

A quad cane may be needed for extra support.

Your physical therapist will help you determine if this is appropriate.

If you have either of these, you are welcome to bring them to the hospital.



REACHER and SHOEHORN

- A long shoehorn may be helpful for getting your shoes on.
- A reacher is helpful for getting dressed.
- They can also be useful for picking things up from the floor.



DRESSING STICK

A dressing stick is helpful for taking off TED hose and socks.



ELASTIC LACES

These allow you to fasten your shoes without having to bend down to tie them.

HOME INSTRUCTIONS



- Sling/immobilizer: Wear your arm sling/immobilizer including abductor pillow throughout day and night unless otherwise directed by your doctor or physical therapist.
- Throughout the day, remember to relax your arm and shoulder muscles. Do not guard your arm/shoulder. Let your sling support your surgical arm. Practice good posture and do not slouch.
- Bathing: When washing under your arm, bend forward at the waist and let your arm naturally fall forward in order to reach your armpit (you can do the same motion to apply deodorant).
- Prior to bathing, place either a towel roll in a zip lock bag (comparable to the size of your sling's pillow) or an empty 2 liter pop bottle under the surgical arm to continue the support provided by your sling's pillow during the shower.
- Dressing: For easier dressing, 1st bend forward at the waist and let your arm naturally fall forward in order for you to place your surgical arm in your arm sleeve. Next, pull the shirt over your head and then dress your non-surgical arm. When removing your shirt, remove your non-surgical arm from the sleeve first then remove the sleeve from your surgical arm. For women, it may be more comfortable to keep from wearing a bra for the first 2 weeks.
- Positioning: While seated in the car or in a chair during rest or sleep, place pillows under the arm including the hand and behind the shoulder to increase comfort and control pain.
- Initially, a bed that is flat can be uncomfortable to sleep in and a recliner is recommended. If you decide to sleep in bed, position a pillow behind the arm to prevent the shoulder from going back toward the bed because this can cause pain and decreased support after your surgery.

WHILE IN THE HOSPITAL

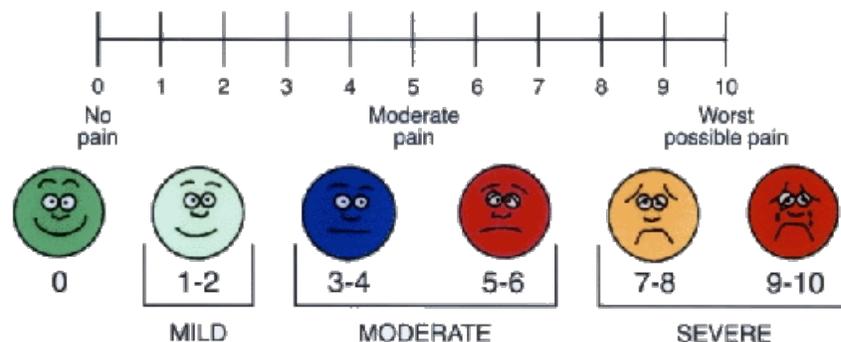


Pain Management: At Lincoln Surgical Hospital, our pain management process begins before your surgery starts, and is tailored to your individual needs throughout your entire length of stay.

- Prior to the start of your surgery, your nurse will administer medications that will help decrease the amount of pain you experience immediately after surgery.
- During your surgical procedure, your surgeon will inject a medication into your surgical site that will help manage your pain after surgery.
- After surgery, a special combination of medications is given to you on a routine schedule to further improve your pain control and enhance your comfort. The medications used are given in low-to-moderate doses. Most patients tolerate these medications very well and experience only some slight drowsiness.
- Stronger medications are available on an as-needed basis to provide additional pain control if necessary.

Our clinical staff is highly skilled in managing postoperative pain. Your nurse will work closely with you, your surgeon, and our clinical pharmacists to tailor your drug therapy to fit your needs. Your comfort is extremely important to us, and we realize that everyone responds differently to medications. Communication with your nurse is important to ensure we are not only meeting your expectations for pain control, but also addressing any side effects caused by the medications. Our goal as your healthcare team is to partner with you to provide exceptional care that exceeds your expectations.

UNIVERSAL PAIN ASSESSMENT TOOL



WHILE IN THE HOSPITAL



A member of the front desk will escort you to the pre-op area on Level 2. Here you will be asked to use the bathroom, change into a gown, and be weighed. You will change into a special hospital gown, booties, and hat. Your nurse will complete a surgical consent, You will be connected to monitors to measure your vital signs, an incentive spirometry baseline will be done, an IV will be started and a surgical prep will be completed. You will be measured for support hose and fitted on your non-operative side.

An anesthesia provider will meet you the day of surgery and discuss with you which type of anesthesia is the best option for you- general or spinal.

Surgery generally takes 1 ½ to 2 ½ hours. Some of this time is spent preparing you in the operating room and Recovery/PACU (Post Anesthesia Care Unit). Family/friends will be asked to wait in a waiting area or cafeteria. You will be transferred to a patient care area when awake and stable. Here you will be reunited with family/friends. You will be offered something to drink and eat.

Our private suites have plenty of space for comfort and quiet. Your rest and healing begin! Your health and recovery are our top priority!!

We want to keep you safe during your hospital experience. We ask that you NEVER GET UP WITHOUT ASSISTANCE! Staff will use a gait belt around your waist every time you get up, as well as having at least one or two staff assist you.

A Health Advocate will update your insurance company, as needed, during your stay. Discharge date depends on medical necessity.

Lincoln Surgical Hospital has a group of physicians that your surgeon may consult to manage your care while you are hospitalized. They are:

Dr. Arthur Annin
Dr. Wasim Chughtai
Dr. James Fosnaugh
Dr. Matthew Jacobsen

BREATHING EXERCISES



After surgery, you will be less active than normal. Because you are not moving as much as you normally would, you tend to breathe shallow. This could cause portions of your lungs to collapse. If the collapsed areas do not get filled with air, it can cause complications such as pneumonia and bronchitis. Preventing post-operative lung problems is a priority at Lincoln Surgical Hospital. Oxygen is also used to help your body heal. The best way to have a smooth recovery without lung problems is to do these lung exercises. Oxygen is also available to assist with your recovery.

Deep Breathing (to completely fill lungs with air)

1. Breathe in through your nose as deeply as you can. (Your stomach should go out as you breathe in). Hold breath for 5-7 seconds.
2. Let the breath out slowly through your mouth. Try to take twice as long breathing out as breathing in. (Your stomach should go down as you breathe out).

Do this exercise 10 times. Deep breathing exercises can help you relax and relieve pain. Following the 10 breaths, do the coughing exercise.

Coughing (to help keep lungs clear)

1. Take a slow deep breath in through your nose. (Try to fully expand chest and back.)
2. Breathe out through your mouth. (Your chest should sink down and in.)
3. Take a second breath in the same manner.
4. Take a third breath in, but hold your breath for a moment, then cough hard forcing all of the air out of your lungs.

Do the coughing exercise 3 times. Do the combined deep breathing and coughing every hour while you are awake after surgery. The hospital may give you an incentive spirometer to help you do deep breathing after surgery. Someone will show you how to use it.



Practice these breathing exercises for a week before surgery to help prevent lung problems. Once you are able, following surgery, getting up and walking around will also help prevent lung problems. Remember, never get up on your own while in the hospital. We will gladly assist you. Also, if you smoke, please try to quit.

DISCHARGE INSTRUCTIONS/ HOME CARE



General Precautions

If you should develop a fever of more than 101°F or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.

Pain Control

- Change your position every hour throughout the day.
- Some pain is normal.
- Take pain medications as prescribed.
- **Use stool softeners or laxatives if necessary. Try to eat more fruits, vegetables, & whole grains.**
- If you had a block, start pain medication before numbness wears off.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use more than 20 minutes at a time each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel makes an ideal ice pack. Mark the bag of peas and return them to the freezer (should only be used as an ice pack).
- You can make your own homemade ice pack that can be molded to your shoulder by adding 1 bottle of rubbing alcohol and 2 bottles of water in a gallon size ziploc freezer bag (double the zip loc bag to prevent leaks). Always place fabric between the ice pack and your skin.
- Place a towel between the ice pack and your body if it gets too cold.
- Relaxation/comfort measures such as elevation, position changes, and deep breathing can aid in comfort.
- Gradually wean yourself from prescription medication to Tylenol. You may take two extra-strength Tylenol® in place of your prescription medication up to four times per day.

Prevent Infection

- Keep incision clean and dry
- Wash hands before and after any contact with incision or dressings
- Cough and take deep breaths. Use incentive spirometer (breathing exerciser) if ordered
- Do not smoke

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated.
- Your desire for solid food will return.
- You may have difficulty sleeping. This is normal. Don't sleep or nap too much during the day.
- Your energy level may be decreased for the first month or two.
- Pain medication contains narcotics, which promote constipation. Use stool softeners or laxatives if necessary. Try to eat more fruits, vegetables, and whole grains.
- You may have bruising around incision or on the shoulder.



Prevention of Blood Clots

- Foot and ankle pump exercises. Do these hourly while awake.
- Walking - Do this hourly while awake.
- Compression stockings (TEDs)
- Blood thinners such as Aspirin®, Coumadin® and/or Lovenox®

Blood Clot Information

- Surgery as well as decreased activity increases your risk for blood clots. Anticoagulants will be prescribed to minimize this risk.
- Stockings may be used to help compress the veins in your legs. This helps to keep swelling down and reduce the chance for blood clots.
- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg about heart level.
- If you have TED hose, you will initially wear them continuously removing for a couple hours after you shower.
- Notify your physician if you notice increased pain or swelling in either leg.
- If you have TED hose, ask your surgeon when you can discontinue use of them. Usually, this will be done two - three weeks after surgery.

Signs of Blood Clots in Legs

- Swelling in thigh, calf or ankle that does not go down with elevation
 - Pain, tenderness in calf
 - Redness
- NOTE: Blood clots can form in either leg.

Signs of Blood Clots in Lungs

- An unrecognized blood clot could break off the vein and go to the lungs.
- This is an emergency and you should CALL 911 if you are having the following symptoms:
 - Sudden chest pain
 - Difficult and/or rapid breathing
 - Shortness of breath
 - Sweating
 - Confusion



Dental precautions?

Cleaning your teeth may make it possible for bacteria to go into the bloodstream and travel to your new joint, causing infection. Notify your dentist prior to or after surgery as you will be required to take a prophylactic antibiotic within an hour of a dental procedure or any other invasive procedures (ex. colonoscopy/heart catheterization) These guidelines may be in effect for 2 years or more depending on your surgeon's preference. Get dental work or routine cleanings done prior to surgery, or wait at least three months afterwards. Remember, your new joint acts like a type of germ magnet and can attract bacteria from infections in another part of your body.

Can I travel?

- If traveling in a car, make sure to get out and walk every hour, as well as doing ankle pumps in the car.
- Your new joint may trigger metal detectors, so please inform security when appropriate.
- You will not receive a card that says you have an artificial joint.
- If you have travel plans, please consult your surgeon.

When can I drive?

- You typically cannot drive for 2 weeks.
- Your surgeon will let you know when it is advisable to drive again.

When can I return to work?

Typically, people plan on taking a one month leave of absence from work. The physical demands required for your job, as well as your own progress, will determine when you can return to work. Your surgeon will tell you when you can return to work and if there are any limitations.

How long do I have to use the equipment? Please check with your surgeon

Can I get a handicap permit?

Please contact your surgeon's office to find out, as it varies depending on the surgeon.

What if I have pain with urination or trouble urinating?

Please call the surgeon's office to discuss this further.

Am I allowed to sit in a recliner?

Yes, it is okay to sit in a recliner as long as you follow your shoulder precautions when getting in and out of the chair.



When can I resume having sexual activity?

After surgery, it will take time to regain your strength, as well as confidence in your new joint. Most people feel able, physically and mentally, to engage in sexual activity four to six weeks after surgery. Depending on the individual's healing rate, at four to six weeks the incision, muscles, and ligaments are usually sufficiently healed to consider resuming sexual activity. Talk to your surgeon if you have any questions.

Will my medications affect my ability to engage in sexual activity?

Some medications can affect performance and/or enjoyment during sexual activity. Many narcotic pain relievers and cortisone medications can decrease sexual performance. Other common medication related side effects are: a decreased interest in sex, vaginal dryness, abnormal erections and delayed orgasms. If you sense that your medication is causing these side effects, try having sex in the morning before taking your dose or in the evening before your last dose. Do not adjust or stop taking your prescribed medicine without consulting your surgeon. Often, a simple adjustment or change of medication can eliminate certain side effects.

WAYS TO MOVE



After your total joint replacement, it is important to avoid injury and follow the instructions provided by your surgeon, nurse, occupational therapist, and physical therapist.

Make sure to follow your movement precautions.

TRANSFER TO BED

1. Back up to the bed until you feel the bed
2. Reach back with the unaffected arm, sit down
3. Lean onto your good elbow and bring your legs up into the bed
4. Roll to your back, reposition as needed using only your legs and good arm



TRANSFER TO VEHICLE

1. Push the seat all the way back and recline it if possible. (Once transferred, make sure to sit the seat back upright).
 2. A plastic trash bag can be used on the seat of the vehicle to help you slide and turn toward the front.
 3. Back up to the car until you feel it touch the back of your legs.
 4. Reach back for the seat and lower yourself down.
 5. Try to avoid cars with lower bucket seats due to the low height.
 6. No driving until your surgeon approves you to drive.
- Reverse these steps to get out

WAYS TO MOVE



TRANSFER TO A TOILET

You may need a raised toilet seat or toilet frame to help you get on and off the toilet safely while following the shoulder precautions.

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet.
2. Back up to the toilet until you feel it touch the back of your leg.
3. If using a commode with arm rests, reach back for the arm rest and lower yourself onto the toilet.

When getting up from the toilet:

If using a commode with arm rests, use the arm rest to push up.

NOTE: Balance yourself before pulling up your clothing and grabbing the cane if using one.



TRANSFER TO THE TUB

Using a bath bench:

1. Place the bench seat in the tub facing the faucets.
2. Back up to the tub or bench surface until you can feel it at the back of your knees. Be sure you are in front of the bath bench.
3. Reach back with one hand for the bath bench/chair.
4. Slowly lower yourself onto the bath bench.
5. Move the cane out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub.

Note: Although bath seats, grab bars, long-handled bath sponges, and hand-held showers make bathing easier and safer, they are typically not covered by insurance or Medicare.

Note: Always use a rubber mat or non-skid adhesive on the floor of the tub or shower.

Getting out of the tub using a bath bench:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath bench/chair.
3. Push up with one hand on the back of the bath bench/chair.
4. Balance yourself before reaching for the cane if using one.

ADVANCED DIRECTIVE



ADVANCED DIRECTIVE

You might have heard of a Living Will or Power of Attorney for Health Care– which Nebraska recognizes.

An Advanced Directive is a document that voices your choice of medical treatment, identifies the people you may want to make these decisions if you are unable to make them for yourself. If you already have this document, please bring a copy with you.

If you do not have one, we have a booklet that we can give you that helps get you started on an Advanced Directive.

If you are from a state other than Nebraska we can discuss your state's laws.

Instructions for Completing Power of Attorney for Health Care

You, the person giving power of attorney for health care authority to another, are the “principal.” Place your full name in the blank after “I” and before (*your name*).

Your attorney in fact for health care is the person whom you are giving power of attorney authority for health care. Place your attorney in fact’s full name, address, and telephone number on the lines as indicated.

If you should so desire, a successor attorney in fact for health care can be appointed to act in case the original attorney in fact for health care is unable to act for you. If you would like to name a successor attorney in fact for health care, place the full name, address, and telephone number of the successor attorney in fact for health care on the lines as indicated.

You may direct your attorney in fact for health care to follow certain instructions or limitations. If you choose to do so, place those instructions or limitations on the line as indicated.

You may direct your attorney in fact for health care to comply with certain instructions on life-sustaining treatments (for example, respirators). If you choose to do so, place those instructions or limitations on the line as indicated.

You may direct your attorney in fact for health care to comply with certain instructions on artificially administered nutrition and hydration (for example, feeding tubes and intravenous fluids). If you choose to do so, place those instructions or limitations on the line as indicated.

The Power of Attorney for Health Care form must be signed in the presence of TWO witnesses OR a notary to be valid. Do NOT sign the document UNTIL TWO WITNESSES OR A NOTARY ARE PRESENT AND THE WITNESSES OR NOTARY WITNESS YOU SIGNING THE DOCUMENT. Be sure to include the date you signed the document.

Power of Attorney for Health Care forms do not have to be filed with a court, however, it is very important to keep the form in a secure place where they will not be damaged. Additionally, it is very important that all people involved with the power of attorney for health care form are aware of the location of your form, for future reference.

Nebraska Power of Attorney

Health Care

POWER OF ATTORNEY FOR HEALTH CARE

I, _____ (your name) name the following person as my attorney
in fact for health care:

Name: _____

Address: _____

Phone Number: _____

SUCCESSOR TO POWER OF ATTORNEY FOR HEALTH CARE

If my agent (above) is unwilling or unable to act, I appoint the following person as my successor
power of attorney for health care:

Name: _____

Address: _____

Phone number: _____

By initialing the below, I acknowledge that I have read and understand each statement and
the consequences of executing a power of attorney for health care.

_____ I authorize my attorney in fact for health care appointed by this document to make health
care decisions for me when I am determined to be incapable of making my own health care
decisions

_____ I direct that my attorney in fact for health care comply with the following instructions or
limitations:

_____ I direct that my attorney in fact for health care comply with the following instructions on life-sustaining treatment: *(optional)* limitations:

_____ I direct that my attorney in fact for health care comply with the following instructions on artificially administered nutrition and hydration: *(optional)*

_____ **I have read this power of attorney for health care. I understand that it allows another person to make life and death decisions for me if I am incapable of making such decisions. I also understand that I can revoke this power of attorney for health care at any time by notifying my attorney in fact for health care, my physician, or the facility in which I am a patient or resident. I also understand that I can require in this power of attorney for health care that the fact of my incapacity in the future be confirmed by a second physician.**

_____ **I have read the above warning which accompanies this document and understand the consequences of executing a power of attorney for health care.**

Signature of person making designation

Date

Do not sign this form until you are in the presence of either the two witnesses or a notary.

DECLARATION OF WITNESSES

We declare that the individual signing this power of attorney for health care is personally known to us, has signed or acknowledged his or her signature on this power of attorney for health care in our presence, and appears to be of sound mind and not under duress or undue influence. Furthermore, neither of us, nor the principal's attending physician, is the person appointed as attorney in fact for health care by this document.

Witnessed By:

(Signature of Witness/Date)

(Printed Name of Witness)

(Signature of Witness/Date)

(Printed Name of Witness)

OR

NOTARY

State of Nebraska)
) ss.
[County] of _____)

This document was acknowledged before me on _____
(Date)

by _____
(Name of Principal)

Signature of Notary (Seal, if any)

My commission expires: _____

