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# PREPARATION AND RECOVERY

A comprehensive guide to your  
shoulder replacement journey.

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 **Bozeman Health**  
Spine + Joint Institute

EXCELLENCE IN ORTHOPEDIC SURGERY

*Serving Southwest Montana and Beyond*

# Welcome

We value your commitment to improve your health. Thank you for choosing Bozeman Health to help you reach that goal. Through high quality compassionate care, research and surgical advances, we can help revitalize your quality of life.

Our local orthopedic surgeons have worked closely with Bozeman Health medical staff to develop a joint replacement program that shortens your post-operative stay, improves the quality of your orthopedic care, and makes your entire experience more enjoyable. Bringing together our combined expertise, we have created a program that is unparalleled, with your satisfaction as our top priority.

Our goal is to treat each patient like family. With comprehensive patient education and individually tailored care, our program is designed to provide the information, care and support you need every step of the way to achieve your ideal experience.

This guide will help you understand the ways you can prepare for surgery and improve your recovery afterward. Please use the included checklists to help remind you what you need to do as your surgery date gets closer.

Your education and participation are essential to ensuring that you have an outstanding experience and the best possible outcome, so please read all of the information in this booklet. Our staff is available to help you with questions and concerns. We look forward to being part of your joint replacement experience!

Sincerely,  
Your Bozeman Health Care Team

## Your surgery is scheduled for:

## Important Phone Numbers

Bozeman Health Deaconess Regional Medical Center | 406-414-5000  
Emergency | 911

Spine + Joint Institute | 406-414-5094

Pre-Anesthesia Clinic (PAC) | 406-414-4280

Perioperative Surgical Services | 406-414-1600

Patient Financial Services | 406-414-1015

Alpine Orthopedics | 406-586-8029

Bridger Orthopedic | 406-587-0122

Ortho Montana | 406-606-5494



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# UNDERSTANDING YOUR SHOULDER REPLACEMENT

## WHAT CAUSES OSTEOARTHRITIS?

Osteoarthritis is the most common type of arthritis. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. People in early stages of life can also develop osteoarthritis. Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body. Cartilage is the cushion that covers the ends of bones in normal joints, so that the bones articulate smoothly. It serves as a shock absorber as wear and tear occurs in the joints after years of use. There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint and overuse. The aging process, as well as ordinary wear-and-tear, is the most frequent reason.

## SYMPTOMS OF OSTEOARTHRITIS CAN INCLUDE:

- Joints that are sore and ache, especially after periods of activity.
- Pain that develops after overuse or when joints are inactive for long periods of time.
- Joint swelling
- Stiffness
- Instability



## TOTAL SHOULDER REPLACEMENT SURGERY

The standard total shoulder replacement surgery involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem and a plastic socket.

These components come in various sizes and may be either cemented or press fit into the bone. If the bone is of good quality, your surgeon may choose to use a non-cemented (press-fit) humeral component. If the bone is soft, the humeral component may be implanted with bone cement. In most cases, an all-plastic glenoid (socket) component is implanted with bone cement. Implantation of a glenoid component is not advised if:

- The glenoid has good cartilage.
- The glenoid bone is severely deficient.
- The rotator cuff tendons are irreparably torn.

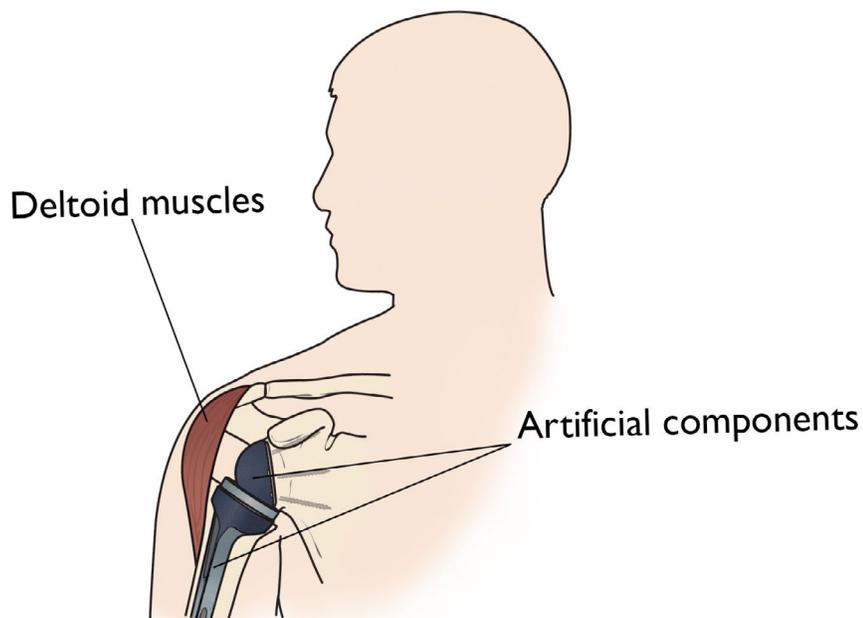
Patients with bone-on-bone osteoarthritis and intact rotator cuff tendons are generally good candidates for conventional total shoulder replacement.



## REVERSE TOTAL SHOULDER REPLACEMENT SURGERY

Another type of shoulder replacement is called reverse total shoulder replacement. Reverse total shoulder replacement is used for people who have:

- Completely torn rotator cuffs with severe arm weakness.
- The effects of severe arthritis and rotator cuff tearing (cuff tear arthropathy).
- Had a previous shoulder replacement that failed.



For these individuals, a conventional total shoulder replacement can still leave them with pain. They may also be unable to lift their arm up past a 90-degree angle. Not being able to lift your arm away from the side can be severely debilitating.

In reverse total shoulder replacement, the socket and metal ball are switched: A metal ball is attached to the shoulder bone, and a plastic socket is attached to the upper arm bone. This allows the patient to use the deltoid muscle instead of the torn rotator cuff to lift the arm.

# YOUR SURGERY JOURNEY



Surgeon's Name \_\_\_\_\_

Date \_\_\_\_\_

My Nurse Navigator \_\_\_\_\_ Phone \_\_\_\_\_



Date \_\_\_\_\_ Time \_\_\_\_\_

**Bozeman Health Deaconess Regional Medical Center  
Pre-Anesthesia Clinic** (see map on back page)

Entrance 8 | Copper Zone | Floor 2



- Call 406-414-5094 to schedule your live class.  
*OR*
- Scan the code to watch a pre-recorded class.  
Click on Quick Links > Resources > Pre-Surgery Class.  
<https://bozemanhealth.org/services/orthopedics/#videoclass>



My nurse navigator will call me with check-in time and instructions for eating and drinking.

**Check-in Time** \_\_\_\_\_

**Perioperative Services** (see map on back page)

Entrance 8 | Copper Zone | Floor 2



**Check-in at Perioperative Services**

Surgery → Recovery Room → Patient Care Unit



- Home with outpatient services.
- Home with home-health services.
- Rehabilitation unit / skilled nursing.



**Follow-up with my surgeon:** Date \_\_\_\_\_ Time \_\_\_\_\_

**Post-Op Physical Therapy:** Date \_\_\_\_\_ Time \_\_\_\_\_

# PREPARING FOR SURGERY

## Your To-Do Checklist

- Read this entire booklet** and bring to all appointments including the day of surgery.
- Contact your insurance company** about surgery and rehabilitation coverage.
- Designate a coach.** Your “coach” can be a family member, friend or other individual who will help and support you through your surgery. Ideally, they should:
  - Attend your Pre-Anesthesia Clinic appointment and Shoulder Replacement Class.
  - Be available during your hospital stay.
  - Assist you after discharge.
- Create a list of your current medications.** Include all prescriptions, over-the-counter medicines, dosages and times taken. Note any allergies (see page 10).
- Fill out Advance Directive and/or POLST forms.** Talk to your primary care provider if you haven’t started. Bring completed forms to the Pre-Anesthesia Clinic for them to scan.
- Attend your Pre-Anesthesia appointment.**
  - Complete a pre-operative medical optimization with the Pre-Anesthesia Clinic (PAC).
  - This helps provide important health information to your surgeon, anesthesiologist and nursing team.
  - This information also helps to support safe and effective management of your care before, during and after surgery.
- Attend the shoulder replacement class two to four weeks prior to surgery.**
  - Required one-hour class led by a nurse navigator.
  - Covers surgery preparation, hospital stay and recovery expectations.
  - Offered twice monthly.
  - [Call 406-414-5094 to register or scan the QR code on page 5 to watch a pre-recorded class.](#)
- Prepare your home** (see page 7).
- Obtain necessary recovery equipment** (see pages 31-33).
- Pack your hospital bag.** If applicable be sure to include glasses, dentures, hearing aids and CPAP machine.
- Arrange transportation.** Coordinate with your coach and plan your ride to/from the hospital and review the help you’ll need at home post-surgery.
- Pre-surgery bathing.** Bathe the two nights before and the morning of surgery, unless instructed otherwise (see page 8).

# PREPARING YOUR HOME

Here are some ideas that will assist in making your home safe.

- Purchase a non-slip bathmat for your tub/shower.
- Check every room for tripping hazards; remove throw rugs and secure electrical cords.
- Identify items from dressers, cabinets, and shelves you'll need immediately after returning home.
- Move frequently used items to counter height to avoid bending or reaching.
- Plan to use a cordless or cell phone for easy access and mobility.
- Ensure stairs have securely fastened handrails.
- Consider boarding pets for a few days after returning home.
- Use a chair with a firm back, armrests and a higher seat to aid standing; avoid chairs with wheels.
- Prepare and freeze meals in advance or purchase prepared meals to minimize cooking.
- Install night lights in bathrooms, bedrooms and hallways.
- Do laundry ahead of time and put clean linens on your bed.
- Arrange for someone to collect your newspaper and mail.

Your safety is our primary concern. We recommend that a family member or friend stay with you after your surgery until you can perform activities of daily living independently and safely. Typically, this occurs within 72 hours after you return home.



# INFECTION PREVENTION AND PREPARING YOUR SKIN

## DENTAL CARE

The American Dental Association suggests brushing your teeth twice a day with a soft-bristled brush and rinsing with mouthwash. Flossing daily can help reduce the bacteria between teeth where your brush can't reach. Be sure to brush your teeth, floss and rinse with mouthwash everyday - even the morning of surgery. Discuss any pre-surgery dental work, including cleaning, with your surgeon. You must call your surgeon's office if any dental problems arise before your scheduled surgery date.

## ILLNESS

If you become ill with a fever, cough, sore throat, flu or any other illness, please contact your surgeon's office.

## SHAVING

It is very important that you do not shave or use any hair removal products anywhere near the surgical area for **THREE** days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow bacteria to enter.

## FINGERNAIL POLISH

You should remove all fingernail polish from surgical arm as it can harbor bacteria.

## SKIN

Our skin is the largest organ of our body. One of its many functions is to prevent dirt, bacteria and viruses from getting inside our body. All of us have millions of microorganisms on our skin, and if our skin is cut, microorganisms are able to get in and cause an infection. Broken skin such as cuts, burns, or rashes should be reported to your surgical team. Because incisions will be made through your skin for surgery, you are at a higher risk for infection.

Preparing your skin before surgery can help reduce the risk of a surgical site infection by removing the bacteria that is normally on our skin or found in the environment. Chlorhexidine gluconate (CHG) is a special soap used before surgery. Hibiclens or DYNA- HEX – are both CHG soaps.

Please follow the instructions on this page to use it.

## HOW DO I BATHE OR SHOWER WITH CHG SOAP?

Plan to shower using CHG two nights before, the night before and the morning of surgery, unless otherwise instructed.

1. If you have any open skin areas at the time of using CHG, ask your surgeon before using it.
2. Use regular shampoo to wash your hair. Wash your face and genital area with your normal soap.
3. Rinse hair, face and body thoroughly to remove any shampoo or soap residue.
4. Apply CHG directly to your skin or on a clean, wet wash cloth and wash gently. If showering, move away from the water when applying CHG to avoid rinsing it too soon. Rinse thoroughly with warm water once applied. **USE ONLY AS DIRECTED.** See CHG label for full information and precautions.
5. Do not use regular soap after applying and rinsing CHG.
6. Dry your skin with a clean towel.
7. **DO NOT** apply any lotions, creams, perfumes, makeup or other products to your skin.
8. Put on clean pajamas or clothes after bathing. If you have pets, please do not allow them to sleep in bed with you the night before your surgery.



## Quit Smoking

If you smoke or chew tobacco, plan to quit as soon as you know you may need to have surgery. The sooner you quit smoking, the more benefits there are.

### Smoking can increase your risk of surgical complications, including:

- Increased risk of lung problems such as pneumonia.
- Increase risk of heart problems such as high blood pressure, heart rate and risk of irregular heartbeat (arrhythmias).
- Decreased oxygen in your blood.
- Increased risk of blood clots.
- Increased risk of wound complications such as slow healing, infections, cell and tissue death and hernias at the wound site.

### When should I quit?

- Before surgery is the best time — the quit rate is much higher for those who quit before surgery.
- Quitting eight weeks before surgery can help improve your airway function.
- Quitting four weeks before surgery can help decrease your surgical complication rate by 20-30 percent.
- Quitting one day before surgery can help improve your blood pressure and heart rate.

# RESOURCES TO HELP QUIT SMOKING

## AMERICAN LUNG ASSOCIATION

[LungUSA.org](http://LungUSA.org)

## CENTER OF DISEASE CONTROL

[cdc.gov/tobacco/quit\\_smoking](http://cdc.gov/tobacco/quit_smoking)

## NATIONAL CANCER INSTITUTE TOBACCO LINE

1-877-448-7848 (also in Spanish)

## AMERICAN SOCIETY OF ANESTHESIOLOGISTS

[Asahq.org/stopsmoking/provider](http://Asahq.org/stopsmoking/provider)

## SMOKEFREE.GOV

- [teen.smokefree.gov](http://teen.smokefree.gov)
- [espanol.smokefree.gov](http://espanol.smokefree.gov)
- [women.smokefree.gov](http://women.smokefree.gov)



# MY MEDICATIONS

**PLEASE DO NOT BRING YOUR MEDICATIONS FROM HOME UNLESS YOU ARE SPECIFICALLY INSTRUCTED TO DO SO.**

## MEDICATIONS PRIOR TO SURGERY

During your Pre-Anesthesia Clinic appointment, a nurse will review which medications to take the morning of surgery. If you have questions about which medications to take before surgery, please call the Pre-Anesthesia Clinic at **406-414-4280**.

## MEDICATIONS WHILE IN THE HOSPITAL

Your physician will prescribe any necessary medication during your hospital stay from our pharmacy. If you do bring your medications to the hospital, they will be sent home or stored in the hospital pharmacy for you until your discharge.

## DISCHARGE PRESCRIPTIONS

Our Med-to-Bed program is a free delivery service provided by Bozeman Health Highland Park Pharmacy. It ensures that your medications are delivered to you before you leave the hospital. Highland Park Pharmacy accepts most prescription insurances, so your cost is similar to or the same as other pharmacies.

A pharmacy employee will bring your medication to your nurse for delivery. This allows you to go home with your medications and avoid an additional stop at the pharmacy.

When reviewing your medications on the day of surgery, you will have the opportunity to choose this option if desired.



# DAY OF SURGERY

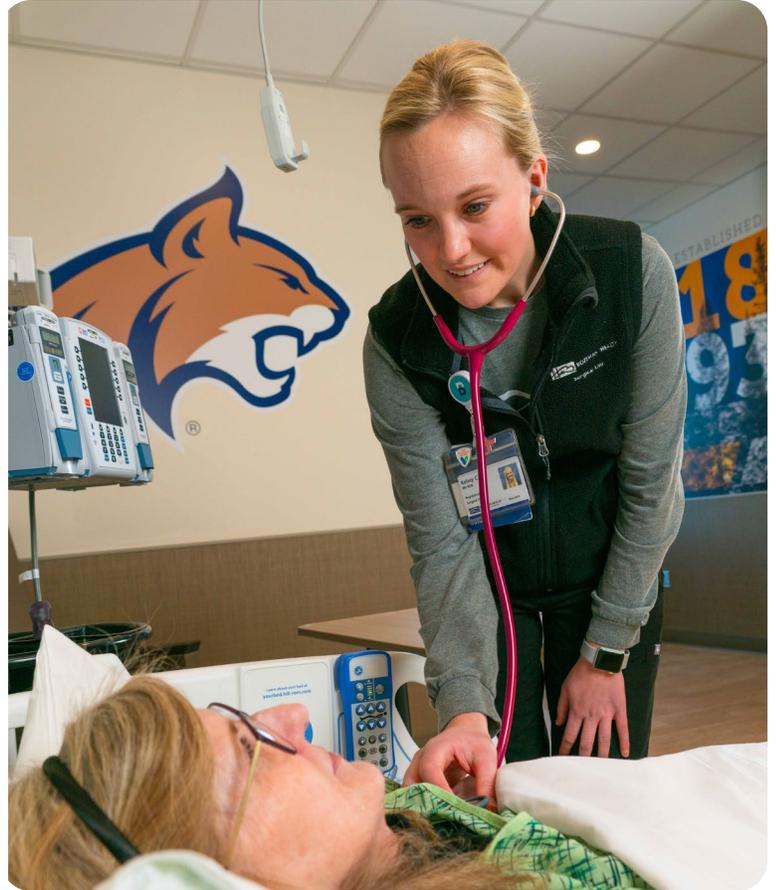
## CHECK-IN

You will be contacted by Bozeman Health one working day before surgery to inform you of your check-in time and eating and drinking instructions. You may continue to drink clear liquids (water, sports drink) to stay hydrated even once you have stopped eating solid food. If you do not follow these instructions, your surgery may be canceled. Check-in times are based on patient's specific medical needs, age and type of surgery.

If you have any questions or concerns regarding your scheduled time, please call **406-414-1600**.

## PREPARE FOR YOUR ARRIVAL

- Shower, using the CHG soap, before coming to the hospital (see page 8).
- Wear clean, comfortable clothes.
- Do not wear any cream or lotion on the surgical area.
- Do not eat or drink anything (other than **20 ounces** of water or clear/yellow sports drink) including candy, cough drops, gum or chewing tobacco/smoking.
- Take any medications as instructed at your Pre-Anesthesia Clinic appointment with your **20 ounces** of water or clear/yellow sports drink. If you do not remember which medications to take, please call the Pre-Anesthesia Clinic at **406-414-4280**.
- Bring this booklet with you.
- Bring a complete list of your current medicines, including prescriptions and over-the-counter, dosages and times taken. Be sure to list any medications you are allergic to.
- Bring a bag with personal items including toiletries.
- Please leave all valuables at home as the hospital cannot be responsible for these items.



## ARRIVING AT BOZEMAN HEALTH

On surgery day, park in Lot F or G. Please reference the map on the back page of this booklet.

**Lot F | Entrance 8 | Copper Zone**

Go to Perioperative Services on the second floor.

In the registration area you will be greeted and checked in for your surgery.



## SURGERY PREPARATION

After you check in at registration, you will be directed to the surgical preparation area. A wristband will be applied at this time. If you have any allergies, an additional wristband will be applied. It is important for you to verify that all information on your identification bracelet is correct.

You will be asked to change into a surgical gown. Your clothes and any items you bring with you will be placed in a locker.

Just before surgery, a nurse will review your medical records, take your vital signs, perform a brief physical exam, clean the surgical site and start an IV. The IV allows medication and fluids to flow directly into your bloodstream. We utilize preoperative antibiotics to reduce the risk of infection.

Your orthopedic surgeon and the anesthesiologist will visit you in the pre-op area prior to surgery. Among other things, your surgeon will ask you to identify which joint is being operated on and will mark the surgical site with a special marker. Your anesthesiologist will review your chart, discuss your anesthesia and answer any questions.

## FAMILY WAITING

Your family member or friend will be able to stay with you until you are ready to be transported to the operating room. At this point, they will be directed to a family waiting area where they will wait while you have your surgery. Once your joint replacement is complete, a member of the surgical team will contact your family member or friend. At this time they will be able to speak with your surgeon to discuss your procedure.

## THE OPERATING ROOM

Inside the operating room, you will be cared for by a team of physicians, physician assistants, nurses and skilled technicians. You can expect to have compression sleeves placed on your calves in the operating room. These sleeves will squeeze your legs at regular intervals to circulate blood and to help prevent clotting. The OR is often cold and bright, but you will be provided with a blanket to keep you warm throughout the procedure. When you are settled on the operating bed, the anesthesiologist will make you comfortable for the procedure. The total time required for surgery will be different from patient to patient depending on the complexity of your procedure, but plan for **at least 1.5 to 2 hours**.

# ANESTHESIA

Your anesthesiologist will meet you before surgery and discuss your medical and anesthetic history. Together, you will determine the best plan for your anesthesia. This is also a good time for you to discuss any prior history of anesthesia complications or current concerns.

## PERIPHERAL NERVE BLOCKS

A nerve block is the temporary numbing (blocking) of a nerve bundle. For shoulder replacements, you will receive a nerve block that will provide pain relief after your surgery. The block is performed before surgery, with IV sedation/relaxing medicine, by using an ultrasound and needle to place medication near the nerve bundle that covers the shoulder. You may receive this one-time injection (single shot) or a longer-term block with medication given through a tiny tube to the area.

Single shot nerve blocks typically last eight to 24 hours. If the numbing medicine is delivered through tubing (a continuous nerve catheter), it typically will last 48 to 72 hours. Once the nerve block starts wearing off (6 to 8 hours after the nerve catheter is removed), you will start to get feeling back and you may start to have a slight increase in pain.

## GENERAL ANESTHESIA

General anesthetic provides anesthesia for the entire body by changing the way the brain perceives pain.

Regardless of the type of anesthesia, your surgeon will also use long-acting local anesthetics at the surgical site. Additionally, your surgeon may prescribe non-opioid pain relievers for both before and after surgery to reduce the number of opioids needed post-operatively.



# RECOVERY IN THE HOSPITAL

## POST OPERATION

After surgery, you will be transported to an area called the Post Anesthesia Care Unit (PACU), or recovery room. Your stay in the PACU will depend upon the effects of the anesthesia and pain control. Nurses will check your vital signs and monitor your progress.

You will then be admitted to a hospital room or, in some circumstances, discharged home. If you are admitted overnight, a hospitalist (medical doctor) may assist in your medical care during your hospitalization.

## WHAT TO EXPECT FROM YOUR NURSES

Your nurses will:

- Help you determine the need for pain medication.
- Administer your regular medications as well as medication to prevent blood clots.
- Monitor any side effects to medicines; don't forget to tell the nurse if you experience any nausea or itching.
- Check your bandages and check drainage from your surgical site.
- Remove incision drain and IV. The IV port will remain for any further need until you are discharged.
- Encourage you to cough and take deep breaths, you will be instructed about, and go home with, an incentive spirometer to prevent post-operative pneumonia.
- Assist you to the bathroom.
- Assist you to the chair or back to bed.

**Remember, please use the call light to request help from the staff to get back from the bathroom or in/out of bed and the chair.**

## DIET AND NUTRITION AFTER SURGERY

After surgery you may resume a regular diet. While in the recovery room, you may be given a light snack, such as juice and crackers. Stay well hydrated by drinking water. Eat a healthy diet.

Your discharge instructions will let you know if there are any diet restrictions you must make after surgery.



# PAIN MANAGEMENT

## WHAT TO EXPECT

It is important to control your pain following surgery. When you are in a lot of pain, you will be less likely to do the things that you need for recovery such as eating, drinking, walking and taking deep breaths.

The amount of pain and discomfort you experience depends on multiple factors. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques.

During the first day and over the next few days you will start taking pain medications by mouth. Arrange to take your pain pills approximately 30 minutes prior to doing your exercises to help control the soreness that often accompanies activity in the first few days after surgery. It is normal to experience a deep ache through the bone after surgery.

Ice packs can be placed on the surgery area throughout the day by nurses and therapists. **Do not place ice packs directly on your skin as they may cause frostbite.**

You can help us by letting your health care team know your pain rating. Controlling pain will help ensure that you continue to play an active role in your recovery.

## PAIN MEDICATION

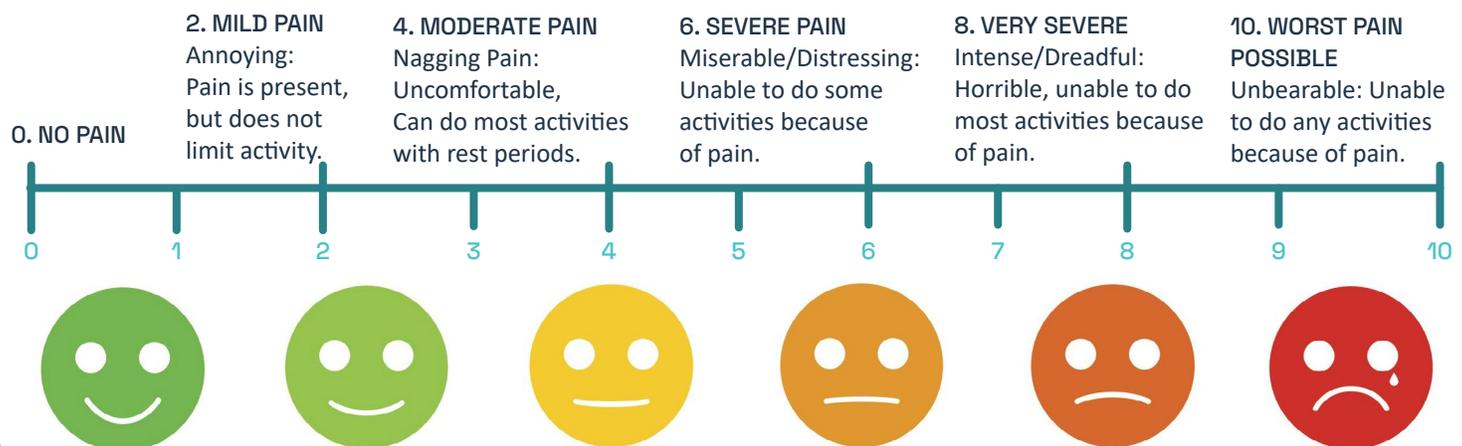
Our goal is to use preoperative medications and special injections during the surgery that will reduce your pain and therefore reduce the need for postoperative opioid pain medications. Opioids can cause nausea and vomiting and can slow down your bowel function.

Be sure to take your pain medications by mouth with food. You may not drink alcohol or drive while taking prescribed pain medication.

## SIDE EFFECTS OF OPIOIDS

- **Constipation**—drink plenty of water and eat high-fiber foods (fruits and whole grains). You will be instructed to take an over-the-counter stool softener. Exercise and walking also help prevent constipation. If you do not have a bowel movement within two days, there are other medications that can assist with this; please ask.
- **Nausea or vomiting**—there are medications to help control or prevent this; please ask.
- **Drowsiness**—this usually goes away in a few days after you get accustomed to the medication. Report severe drowsiness or confusion.
- **Itching**—may occur with certain medications; notify your nurse or doctor if this occurs.

**PAIN ASSESSMENT SCALE** - Please use this scale to indicate the level of pain at any given time.



# ACTIVITY AFTER SURGERY

After your surgery, it is important to get out of bed and be active. Being active will help:

- Prevent blood clots from forming.
- Assist in the return of normal bowel function after surgery.
- Help you get back to your regular daily activities sooner.
- Prevent lung infections such as pneumonia.

You may walk with assistance when it has been determined that you are stable. The amount of weight you are permitted to place on your new joint will be communicated to you after surgery and is determined by your surgeon based upon intra-operative findings.

Post-operative exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is for you to perform activities of daily living, like walking, climbing stairs, getting in and out of a bed and up and down from a chair or toilet.

**To ensure maximum success, it is important that you follow physical therapy instructions both while you are in the hospital and after you are discharged to home.**



# GENERAL ACTIVITY TIME FRAMES

## DAY OF SURGERY

- Diet as tolerated. Start slow and advance as you feel better.
- Ice therapy.
- Take pain medications as needed.
- Start occupational/physical therapy.
- Ankle pumps as instructed.
- Up in chair as tolerated.
- Use incentive spirometer 10 times every hour while awake.
- Transition home, if applicable.

## FIRST POST-OPERATIVE DAY

- May shower with assistance, keeping the dressing and wound dry.
- Continue use of ice as instructed.
- Take pain medications as needed.
- Exercises at least 3 times.
- Use incentive spirometer 10 times every hour while awake.
- Transition home, if applicable.

## SECOND POST-OPERATIVE DAY

- Continue use of ice as instructed.
- Take pain medications as needed.
- Elevate operative arm on a pillow to reduce swelling when you are not doing exercises or walking.

It is vital that you do ankle pumps and walk for 10 to 15 minutes every one to two hours. This will help prevent blood clots and joint stiffness.



## OCCUPATIONAL THERAPY

Occupational therapists help you to increase independence in everyday activities (dressing, bathing and using the toilet). This may include changes to your surroundings or equipment to enhance function.

What will I do with the occupational therapist in the hospital?

- Practice using adaptive equipment for dressing. This will include instruction in compensatory techniques. Bring loose fitting clothing to wear home.
- Do grooming/hygiene tasks in a sitting position, working up to a standing position at the sink.
- Work on bathing ability using a shower chair and removable shower head.
- Discuss home layout as it relates to safety issues and equipment needs.

# TRANSITIONING HOME

There are certain goals you must reach so that you can be safely discharged from the hospital, and your medical team will work with you to help you reach these goals and plan for this transition.

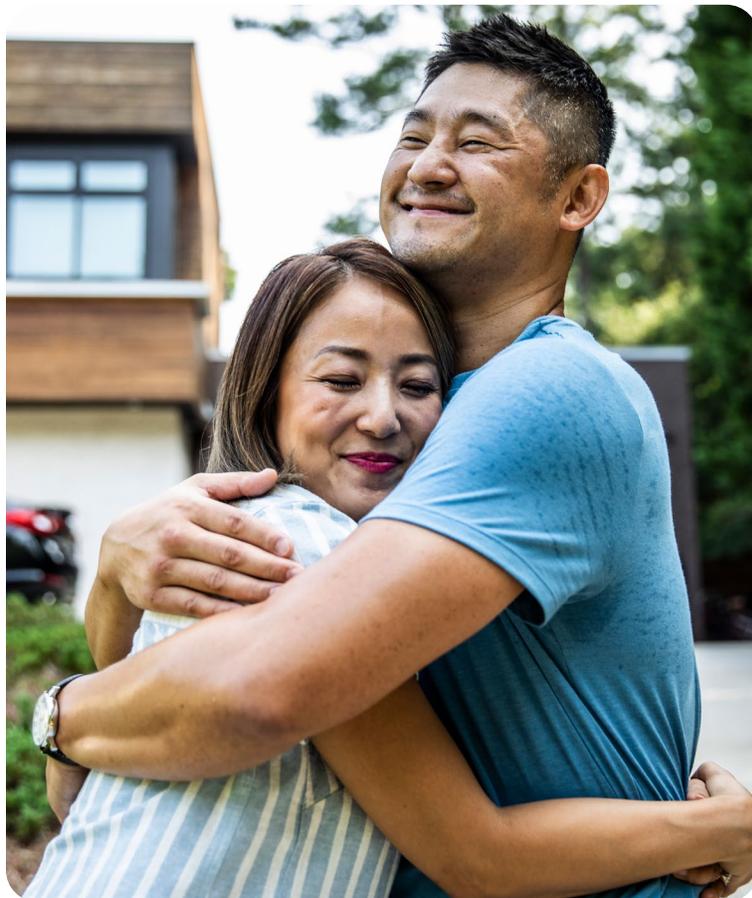
Please coordinate any private home care, home health care, or outpatient services with your provider prior to your scheduled procedure, including obtaining any durable medical equipment. A case manager will be available to assist you with any additional discharge needs that may arise during your stay in the hospital.

## GENERAL DISCHARGE CRITERIA

- Tolerate the diet your physician prescribed to you.
- Drink all of the liquid your body needs without feeling sick.
- Pass gas.
- Manage your pain with oral pain medicine only.
- Get out of bed and walk without help.

Everybody meets discharge criteria at slightly different times. Different surgeries, and different surgical approaches may need more or less time in the hospital. For some surgeries you are able to go home the same day. Please talk with your surgeon about expectations for your surgery.

You will need to arrange for a responsible adult to drive you home. To make your ride more comfortable, your driver should bring pillows, slide your seat back and recline the seat slightly.



## MEDICATIONS YOU MAY GO HOME WITH

- Acetaminophen (Tylenol) and an opioid medication for pain management.
- Celecoxib (Celebrex) to decrease inflammation and pain.
- Omeprazole (Prilosec) to protect your stomach lining.
- Aspirin or a blood thinning medication to help prevent blood clots.
- Cephalexin (Keflex) or another antibiotic to prevent infection.
- Muscle relaxant for muscle spasms.
- Stool softener to prevent constipation.

These prescriptions and instructions will be given to you during the discharge process from the hospital. Resume your home medications as instructed by your physician.

# WHAT HAPPENS WHEN I LEAVE THE HOSPITAL?

## OPTION ONE: HOME WITH OUTPATIENT SERVICES

- Follow-up appointments at surgeon's office.
  - Physical therapy at clinic of your choice, if ordered by your surgeon.
- Best option if you have:**
- Good mobility.
  - Help with transport.
  - Help at home.

## OPTION TWO: HOME WITH HOME CARE SERVICES

- Nurse comes to your home to check incision and assist with medications.
  - Physical therapy, if your surgeon orders it, at your home to instruct in post-operative exercises.
- Best option if you have:**
- Help at home, but still have limited mobility.
  - Limited help with transportation.

## OPTION THREE: SKILLED NURSING FACILITY FOR REHABILITATION

- Nursing, physical therapy and occupational therapy provided on site. Your goal is to build up strength and independence before going home.
  - 24-hour nursing care.
  - 24-hour nurse aide assistance for mobility and routine activities.
- Best option if you have:**
- Medical needs in addition to a joint replacement that requires a longer hospital stay, you might qualify for a skilled nursing facility stay.

# RECOVERY AT HOME

## PHYSICAL ACTIVITY

Being overaggressive with your exercises and therapy may lead to increased pain and swelling.

Work on your range of motion exercises gradually, but multiple times per day, for the best results.

It is vital that you do ankle pumps and walk for 10 to 15 minutes every 1 to 2 hours.

This will help prevent blood clots and joint stiffness.

## WOUND CARE INSTRUCTIONS

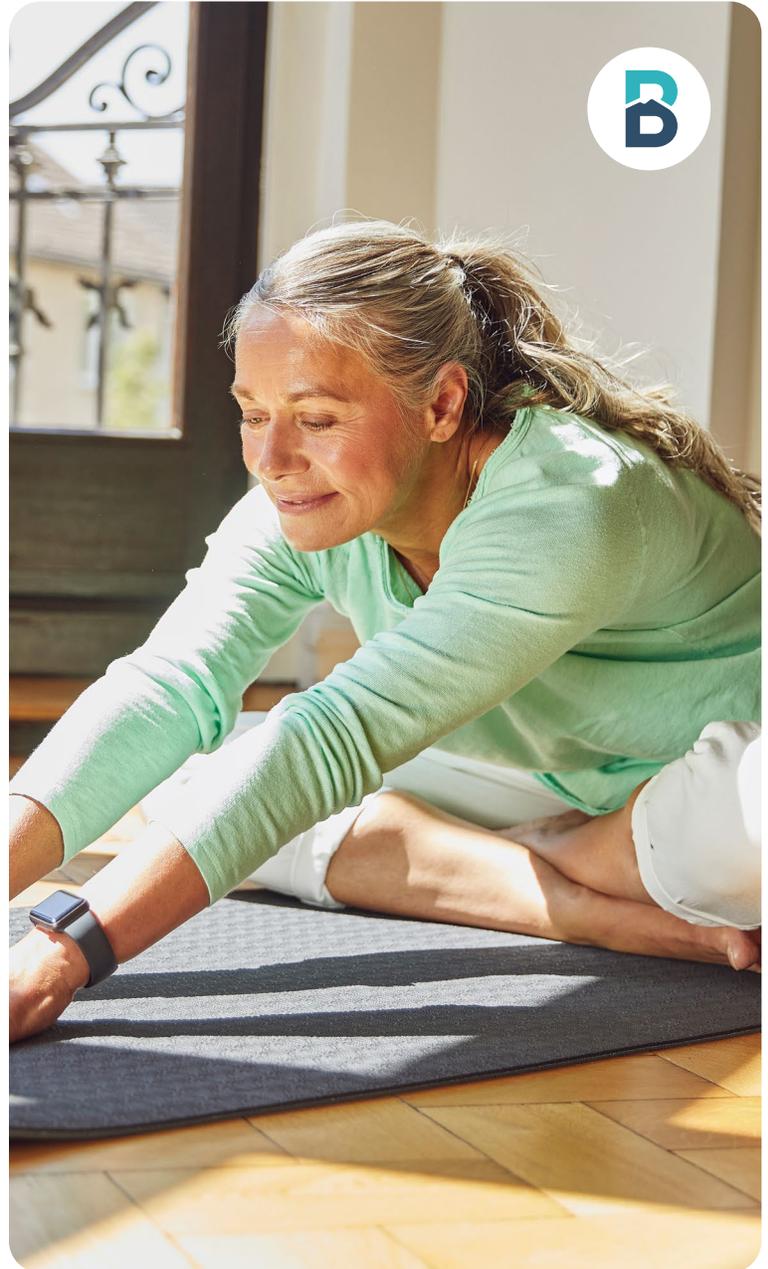
- Always clean your hands with soap and water or an alcohol-based hand rub before and after caring for your surgical incision(s).
- Do not allow pets too close to your surgical incision(s).
- Do not apply any ointments or lotions to surgical incision(s) unless specifically instructed to do so by a provider.
- No pools, baths, or soaking of the surgical incision(s) until instructed to do so by your surgeon.
- Family/friends who are visiting should clean their hands with soap and water or an alcohol-based hand rub before and after visiting.

## WHEN CAN I RESUME MY NORMAL ACTIVITIES?

Participating in as much of your personal care as possible will increase your confidence and independence as well as supplement your exercise program.

You will participate in physical therapy for up to three to four months following surgery and gradually progress to a home exercise program.

During your follow-up visit, check with your surgeon about when to return to specific athletic activities.



## IMPORTANT REMINDERS

- Avoid wet and slippery areas and be very cautious around children and pets as they can be unpredictable.
- Listen to your body and rest when you need to. Do not allow yourself to become fatigued.

# LIFE AFTER JOINT REPLACEMENT

## TRAVELING

When traveling long distances, you should attempt to change position or try to stand every hour. Some of the exercises, like ankle pumps, can also be performed should you need to sit for long periods of time. Because your new artificial joint contains metal components, you may set off the security systems at airports or shopping malls. This is normal and should not cause concern.



## EXERCISES AND ACTIVITY

Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high-impact exercises, like running, jumping, heavy weightlifting or contact sports, are not recommended. Participating in these activities or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, gardening and golf are encouraged. You may kneel on your new knee without damaging it; however, it will likely feel uncomfortable.

## DENTAL CARE/ANTIBIOTICS

You must take care to prevent an infection of your total joint replacement. Depending on your risk factors, antibiotics may need to be taken before any dental procedure, including routine cleanings.

**Check with your surgeon to determine if you will need a prophylactic antibiotic prior to any dental cleaning or procedure.**



## WHAT RESULTS ARE TYPICAL?

You can expect a successful outcome from your joint replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before the onset of arthritis. Your artificial joint will last longer if you maintain your ideal weight, exercise and undergo routine follow-up examinations.

# HOW TO PREVENT POTENTIAL COMPLICATIONS

All surgical procedures have some risks. Despite utilizing specialized pre-operative testing, the latest techniques, and novel pain and rehabilitation management, every joint replacement is still a major surgery. Although advances in technology and medical care have made the procedure relatively safe, these risks do exist. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks which include:

## SURGICAL SITE INFECTION

After surgery, an infection can develop in the part of the body where surgery took place – this is called a surgical site infection (SSI). Most patients who have surgery do not develop an infection. Although rare, SSIs can be serious. We want all patients to be aware of the possibility of an SSI and help prevent them. Patients with chronic health conditions, like diabetes or liver disease, or patients who take corticosteroids, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery.

### Some common SSI symptoms include:

- Cloudy fluid draining from your surgical wound.
- Fever.
- Pain, redness and warmth around the surgical area.

### AS YOUR BODY HEALS, IT IS USUAL TO SEE SOME REDNESS AND SWELLING AT YOUR INCISION. DO NOT BE ALARMED.

If you are concerned about redness and swelling associated with pain, fever or cloudy fluid draining from your incision, please call your doctor for further instructions.

## BLOOD CLOTS

Deep vein thrombosis (DVT), or a blood clot in your leg, is a possible complication of joint replacement surgery. A blood clot that travels from your leg to your lungs is called a pulmonary embolus.

It is very important that you follow instructions to prevent blood clots:

- Take your anticoagulant medication as directed.
- Wear your TED stockings (compression socks) as directed after your surgery.
- Minimize time in bed after surgery, take walks several times a day.

### SIGNS OF A BLOOD CLOT IN YOUR LEG (DVT)

- Swelling of foot, ankle, calf, or thigh that does not resolve with elevation.
- Pain, heat and/or tenderness in leg or calf.

If you develop any of the above signs, please notify your surgeon's office.

### SIGNS OF A PULMONARY EMBOLUS

- Sudden chest pain.
- Rapid or difficult breathing.
- Shortness of breath.
- Sweating.
- Feeling lightheaded or passing out.

If you develop any of the above signs, this is an emergency and you must call 911 right away.



### HEMATOMA

Bleeding into the joint can occur either immediately after surgery or at a later time. This is accompanied by acute pain and swelling and is sometimes confused with infection.

### NERVE, BLOOD VESSEL AND LIGAMENT INJURIES

Damage to the surrounding structures including nerves, blood vessels and ligaments, is possible but extremely rare. More commonly there is numbness in the area of the incision which usually, but not always, resolves in 6 to 12 months. Do not be surprised if you have some small residual numbness in one or more areas around your incision.

### WOUND HEALING

Sometimes the surgical incision heals slowly, particularly if you take corticosteroids, smoke\*, or have a disease that affects the immune system, such as diabetes.

**\* Smoking can cause serious complications, and quitting before undergoing joint replacement surgery is strongly encouraged. Talk with your orthopedic team or your family physician if you need help with smoking cessation.**

### WEAR

Your new joint replacement is a mechanical device that will wear over time. The rate of wear may depend on your age, weight and activity level.

### LOOSENING OF THE JOINT

Over the long term, loosening of the artificial joint is a risk associated with any joint replacement. Joint replacements are meant for low impact activities.

## REDUCE YOUR RISKS

You can help reduce your risks of many of these complications by:

- Reducing or eliminating the use of tobacco, if applicable.
- Being compliant with managing your diabetes, if applicable.
- Maintaining a healthy diet.
- Using good hand-washing techniques.
- Performing your exercises as directed by occupational or physical therapy.
- Limiting high-impact activities.

# TOTAL SHOULDER REPLACEMENT: KEY POINTS TO REMEMBER

## WEAR YOUR SLING

Your surgeon will advise on sling instructions after surgery depending on your surgical procedure. You may be advised on any of the following sling instructions. Do not discontinue sling use until instructed by your surgeon.

- All the time until your follow up appointment.
- As you need for comfort.
- Walking, in public, or other at risk activities.
- At night while you sleep with towel roll or small pillow placed behind elbow.

## ACTIVITIES OF YOUR SHOULDER ARE LIMITED TO:

Your surgeon and physical therapist will advise on shoulder range of motion restrictions after your surgery depending on your surgical procedure. You may be advised on any of the following instructions:

- Gentle active range of motion of your shoulder.
- Passive range of motion of shoulder.
- No range of motion of shoulder.

## BATHING AND SHOWERING

- Remove the sling each day to wash your arm and shoulder. Lean forward to allow surgical arm to rest on knee and use a damp washcloth to wash your armpit and skin. Dry well with a towel. Limit active movement of your injured arm during this activity.
- A shower chair or tub bench is recommended for your safety and comfort. It will decrease the chance of a fall, help you conserve energy, and allow your surgical arm to rest on your lap.

## CLOTHING MANAGEMENT

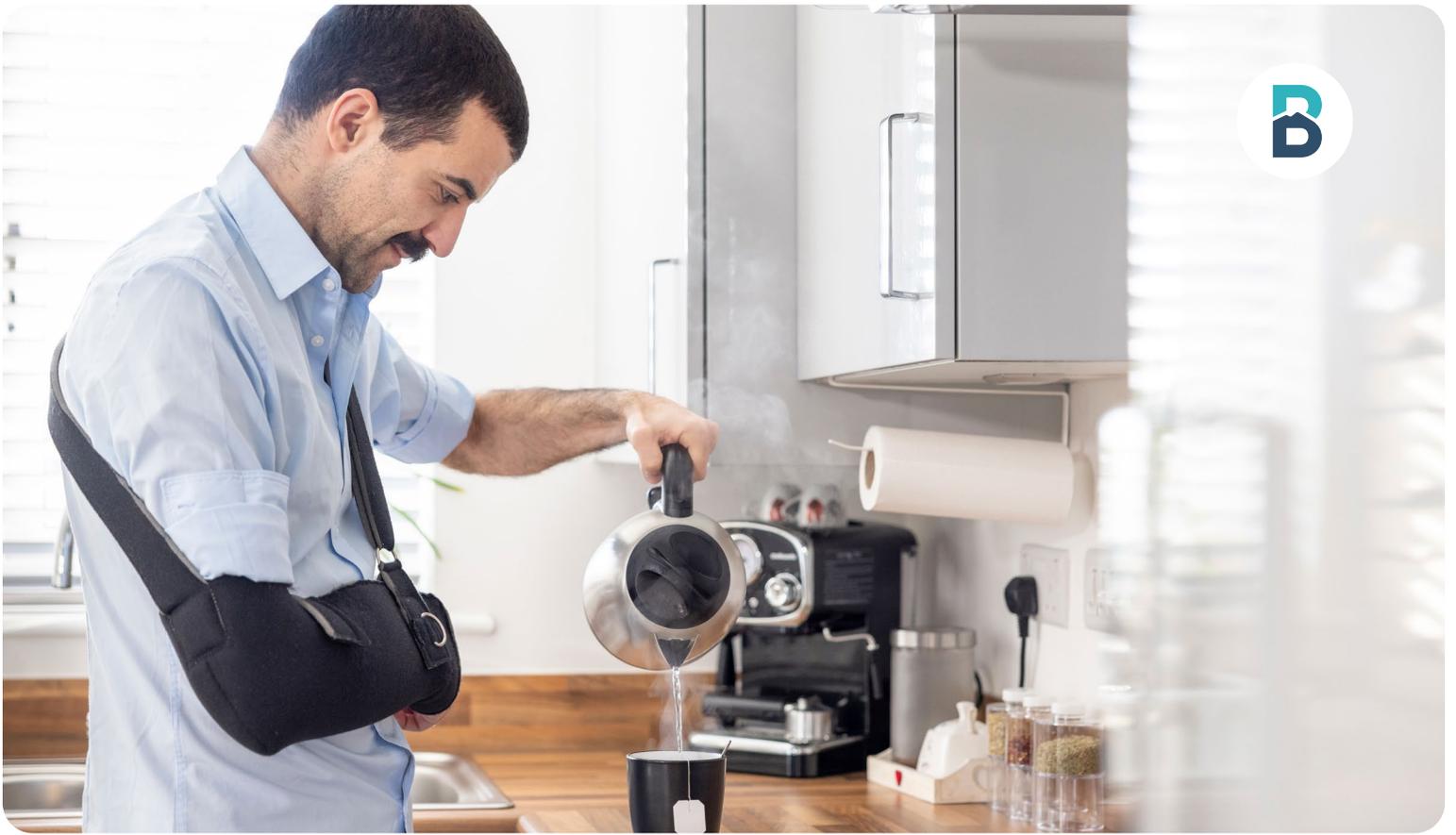
- Sit down while completing upper and lower body dressing.
- Wear loose-fitting clothes. Elastic waist pants and loose-fitting shirts are easier to manage.
- Put your surgical or least- mobile arm in shirts **FIRST**, followed by your head and then your non-surgical arm.

## DAILY LIVING NEEDS

- Arrange your house so that frequently used items are easily accessible. Place items between knee and shoulder level for easier access.
- Keep living areas and walkways free of clutter and well lit, and put away throw rugs for at least four weeks.
- Sleeping on your back with your surgical arm supported in the sling and propped with pillows is recommended. You may find a semi-reclined position is more comfortable.
- Listen to your body when doing activities, if you start to feel an increase in pain and/or fatigue, then take a break.

## DRIVING/TRANSPORTATION

- Resuming driving is up to your surgeon's discretion!
- Your return to driving will be dependent on how often and what medication you are on. You should **NOT** drive while taking any narcotic pain medication.
- Plan to rely on other means of transportation until you have been cleared to drive.



## OTHER KEY POINTS TO REMEMBER

- You should **NOT** bear weight through your surgical arm. This includes leaning on your surgical arm on an arm rest, using surgical arm to scoot forward or backwards in a chair, or to assist you in or out of bed.
- Limit lifting or carrying items with surgical arm to less than two pounds.
- You may use the hand on your surgical arm for functional tasks such as eating, typing and writing as long as you do not rotate your arm/shoulder away from your body.
- Your surgical arm should NOT go behind you (pulling up pants, wiping after toileting, washing your hair).
- Range of motion of your elbow, wrist and fingers are encouraged. Exercise your fingers, wrist and elbow at least three times each day on the injured/surgical arm. This will keep your muscles and joints working well and decrease swelling.
- Resume as much personal care as possible within your recommended precautions. This will help increase your confidence and independence as well as your activity tolerance.
- Walking is essential to staying healthy and getting your endurance back!
- The more you are able to RELAX your shoulder the more comfortable you will be.

# ONE HANDED TECHNIQUES FOR DAILY LIVING

## PUTTING ON A PULLOVER SHIRT

- Put your shirt on your lap, with the neck or collar at your knees. Place the back of your shirt facing up.
- Thread your surgical arm through the sleeve. Use your strong arm to pull the sleeve up past your elbow.
- Slip the shirt over your head. Then reach your strong arm under the shirt. Put this arm through the other sleeve.
- Using your strong arm, pull your shirt over your shoulders. Adjust your shirt by pulling down on the front and sides.



## PUTTING ON A BUTTON-UP SHIRT

- Put your surgical arm in first, and pull the sleeve up to your shoulder or as high as you can get it.
- Bring the collar around the back of your neck and put your strong arm into the second sleeve.
- Use your strong hand to button the shirt or use a button hook.



## PUTTING ON A BRA

- **Option 1** Clasp the bra in front and work the bra around so the clasp is in the back then put arms in straps.
- **Option 2** Leave bra clasped and put on the same as a pullover shirt.
- **Option 3** Wear a sports bra with no clasps and put on the same as a pullover shirt.

## PUTTING ON SOCKS

- Put your strong hand inside the sock, just over the fingers.
- Cross your leg resting your ankle on the opposite knee or prop your foot up on a stool.
- Slide your toes into the sock opening the sock by spreading your fingers.
- Slide up to your ankle.

## PERSONAL CARE

- Use a shampoo bottle with a pump.
- Use liquid soap with a pump instead of bar soap.
- Use pop-top toothpaste instead of screw-on cap. If you can use your affected-arm's hand, place toothbrush in hand and use non-affected hand to apply toothpaste.
- Put on deodorant by leaning forward and let your affected arm dangle or swing away from your body, if cleared with the doctor. Spray deodorant is also an option.
- Use a goose neck clamp to hold the hair dryer while you use your one hand to comb.
- Use claw clips to hold hair back instead of rubber bands.

## OTHER

- When reading, use one or two pillows on your lap to keep the book near eye-level.
- Use rubber bands to keep pages of a book open.
- Use a clipboard to keep paper still while writing.
- Try to buy cans with pop-top lids.
- Use multiple pillows to prop yourself up while you sleep and under the affected arm for comfort.

## PUTTING ON SHOES

- Use shoes that slip on or use Velcro closures. Avoid shoes that are too loose or flip flops that may cause you to slip or trip.
- You can purchase elastic laces to replace standard shoe laces.

## IN THE KITCHEN

- To open jars, use a piece of waffle-weave shelf liner to help grip the jar on the counter or between your knees.
- Deep-sided dishes or containers can help keep food on the plate.
- Place a damp towel under a plate or cutting board to keep it in place.
- Keep heavier items on the counter so that you can slide them from place to place.
- Put lightweight items above eye level in cabinets.
- Store items in easy-to-open containers.
- Store liquids in small containers that are lighter.

# COMMON QUESTIONS

## WHAT TIME IS MY SURGERY?

Bozeman Health will call you one business day before surgery to review instructions and verify your check in time. If you do not have a surgery time by 3 p.m. one business day before your surgery, call 406-414-1600.

## WHAT ARE MY EATING INSTRUCTIONS BEFORE SURGERY?

Bozeman Health will call you one business day before surgery to review eating and drinking instructions. If you do not follow the instructions, your surgery may be canceled.

## WHICH MEDICATIONS CAN I TAKE THE DAY OF SURGERY?

During your Pre-Anesthesia Clinic appointment, you will be instructed about which medications to take the morning of surgery. If you do not remember which medications to take, please call the Pre-Anesthesia Clinic at 406-414-4280.

## WHEN CAN I SHOWER?

You can shower after surgery, but your dressing and incision needs to be covered. No tub baths, hot tubs, or swimming pools until your incision is healed.

## HOW LONG DO I HAVE TO WEAR MY COMPRESSIONS STOCKINGS?

Wear compression stockings on both legs for Two to three weeks.

## WHEN DO MY STITCHES OR STAPLES COME OUT?

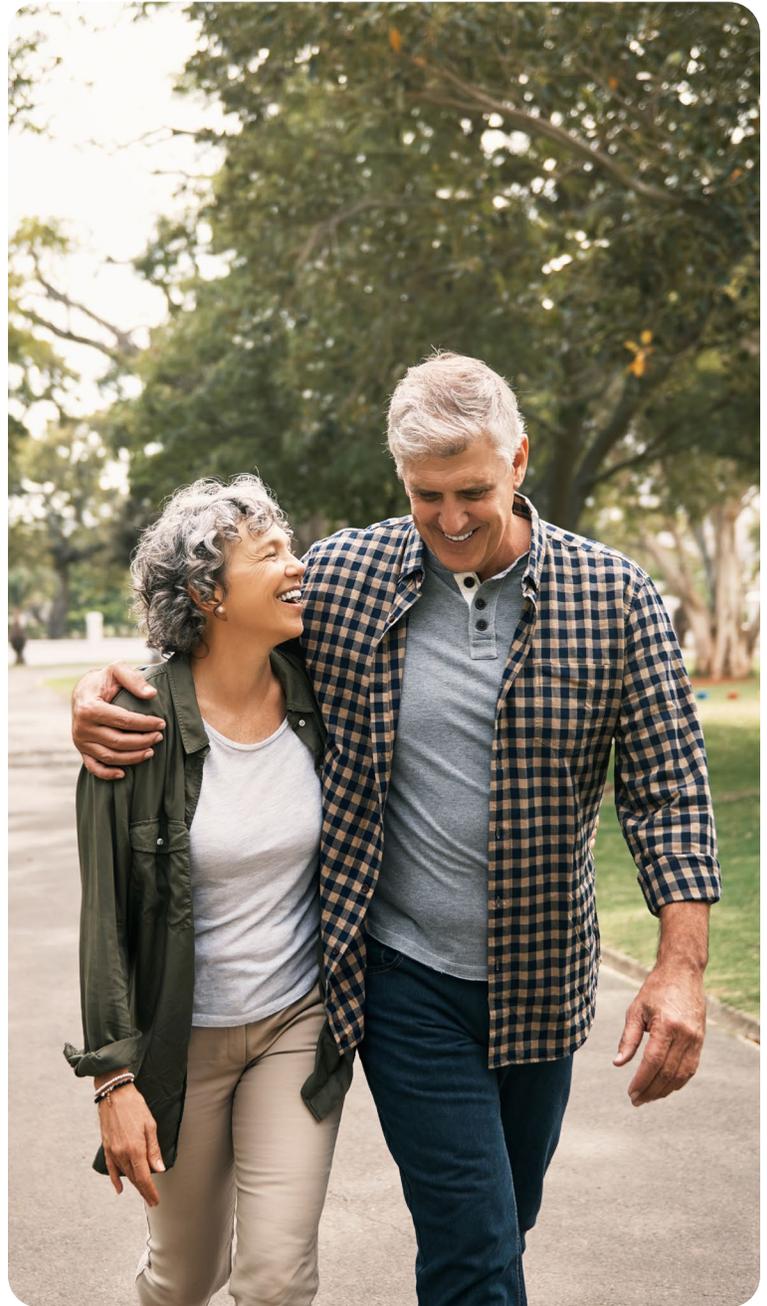
If absorbable sutures are not used, staples or sutures will usually be removed in two weeks at your surgeon's office.

## HOW DO I GET MORE PAIN MEDICATION?

Give your surgeon's office **TWO DAYS NOTICE**. Call their office and leave your name, date of birth, doctor, pharmacy, name of medication and strength. Some medication cannot be called in to your pharmacy and the prescription slip will need to be picked up.

## WHEN CAN I DRIVE?

There are several factors to be taken into account when resuming to drive. Discuss this with your occupational therapist and your surgeon.



## WHEN CAN I FLY ON AN AIRPLANE?

Four to six weeks following surgery is recommended.

# WHEN TO CALL WITH QUESTIONS OR CONCERNS

## WHEN TO CALL YOUR SURGEON

A moderate amount of bruising, swelling and redness can be expected after joint replacement surgery.

If you experience any of the following, you should contact your surgeon's office:

- A fall.
- Pain not relieved by medication or pain that is getting worse.
- Thick yellow drainage or bleeding from the incision site.
- Inability to do your exercises.
- Excessive swelling that persists.
- Increased redness around your incision.
- A temperature over 101 degrees F. (38.3 degrees C)
- Any unexpected problems, concerns or questions.

## IMPORTANT PHONE NUMBERS

**Bozeman Health Deaconess  
Regional Medical Center**  
406-414-5000

**Pre-Anesthesia Clinic**  
406-414-4280

**Spine + Joint Institute**  
406-414-5094

**Patient Financial Services**  
406-414-1015

**Alpine Orthopedics**  
406-586-8029

**Bridger Orthopedic**  
406-587-0122

**Ortho Montana**  
406-606-5494

## MEDICATION REFILLS

Give your surgeon's office **TWO DAYS NOTICE**. If you need a refill of your pain medication, please call your surgeon's office, 8 a.m. to 5 p.m., Monday through Friday, as most pharmacies are also open during these hours and will be able to fill your prescription in a timely manner. Some medication cannot be called in to your pharmacy and the prescription slip will need to be picked up. Please plan ahead for weekends and holiday closures.

# 911

## CALL 911 OR GO TO THE EMERGENCY ROOM IF YOU:

- Have severe abdominal pain.
- Have severe chest pain.
- Are short of breath or have trouble breathing.
- Or if you have any other severe problems.

# DURABLE MEDICAL EQUIPMENT VENDORS

BOZEMAN	HOURS	BUY	RENT	LOAN	NOTES
<b>BOZEMAN SENIOR CENTER</b> 406-586-2421	Monday - Friday 8:30 a.m. - 4 p.m.			X	Must be at least 50 years old. You do not have to live in Bozeman for loan equipment.
<b>BRIDGER ORTHOPEDIC</b> 406-556-9115   406-556-9105	Monday - Friday 8 a.m. - 5 p.m.	X	X		Pick-up available.
<b>PRICE RITE PHARMACY AND MEDICAL EQUIPMENT</b> 406-587-0608	Monday - Friday 9 a.m. - 6 p.m.  Saturday 9 a.m. - 5 p.m.	X			Delivery available Call for details
<b>BLUE BIRD MEDICAL SUPPLY COMPANY</b> 406-585-2860	Monday - Friday 9 a.m. - 5 p.m.	X	X		Delivery available Call for details
<b>PACIFIC MEDICAL, INC.</b> 406-698-2296	Monday - Friday 9 a.m. - 5 p.m.	X			Delivery available to Bozeman, Belgrade and Livingston
<b>COMMUNITY HOME OXYGEN ROTECH HEALTHCARE, INC.</b> 406-586-1262	Monday - Friday 9 a.m. - noon 1 - 4 p.m.	X	X		Delivery available Call for details

SURROUNDING AREAS	BUY	RENT	LOAN	NOTES
<b>BELGRADE SENIOR CENTER</b> 406-388-4711			X	Limited items
<b>BIG TIMBER PIONEER MEDICAL CENTER</b> 406-932-4603			X	Ask for hospice
<b>BUTTE - HARRINGTON SURGICAL SUPPLY</b> 800-345-9517	X	X		Delivery available Call for details
<b>HARLOWTON SENIOR CENTER</b> 406-632-4360			X	Limited items
<b>LIVINGSTON SENIOR CENTER</b> 406-333-2276			X	Limited items
<b>LIVINGSTON WESTERN DRUG</b> 406-222-7332	X	X		\$1 delivery in Livingston
<b>MADISON VALLEY MEDICAL CENTER</b> 406-682-6605			X	Limited items
<b>RED LODGE SENIOR CENTER</b> 406-446-1826			X	Limited items
<b>THREE FORKS SENIOR CENTER</b> 406-285-3235			X	Limited items
<b>WHITE SULPHUR SPRINGS SENIOR CENTER</b> 406-547-3651			X	Limited items

# DURABLE MEDICAL EQUIPMENT

Equipment shown for representational purposes only. Merchandise is subject to stock on hand at the vendor of your choice.



## CANE OR HEMI-WALKER

Single point cane, Quad cane, Trekking pole or Hemi-Walker may be used.



## ELASTIC SHOELACES

Heavy-duty elastic shoelaces don't need special lacing or tying.



## SHOE HORN

16.5 or 18 inches with curved handle to provide secure grip.



## SOCK AID

Slip on socks without completely bending over. Continuous loop is great for one-handed users.



## STANDARD RAISED TOILET SEAT

Raised seat makes it easier to sit and rise from toilet. Installs easily onto round toilet bowls.



## LOCKING RAISED TOILET SEAT WITH ARMRESTS

Comfort and stability with armrests for safety and support.



## REACHER

This lightweight aluminum reacher makes it possible to grasp things more than an arm's length away without undue straining. Trigger action jaws close tightly to grab and hold things and a special pulling lug and magnet combination brings small objects toward you.



## COMPRESSION STOCKING DONNING AID

Used for putting on tight compression stockings if needed.



### SAFETY FRAME

Heavy-duty frame provides extra support for those whose knees, hip or back make it hard to sit or rise.



### BEDSIDE COMMODE

This can be used as a standard bedside toilet, an elevated toilet seat, or safety rails over the toilet.



### BATHTUB TRANSFER BENCH

The bathtub transfer bench makes it safer to step in and out of the bathtub and lets you bathe with confidence.



### HEAVY-DUTY BATH AND SHOWER SEAT

Adjustable, durable seat with drainage holes.



### GRAB BARS

Prevent falls in the bathroom and around the home. Sizes vary. Recommend installation by a qualified professional.



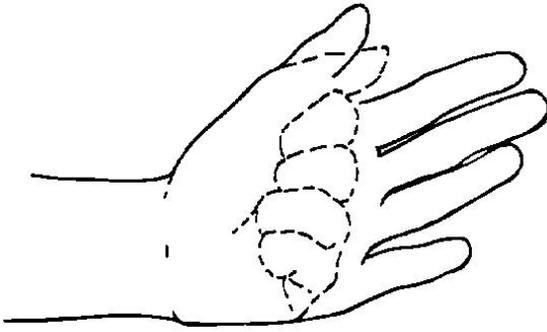
### SMI COLD THERAPY WRAPS

You will be provided with a mobile ice therapy wrap that includes four frozen gel bags to allow for continuous cold therapy after surgery.

# SHOULDER EXERCISES

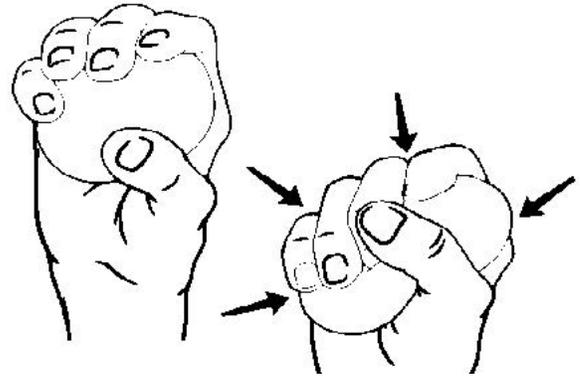
It is important to remember to keep your surgical arm and shoulder muscles completely relaxed throughout exercise. Do not allow your surgical shoulder to actively move or “help” each direction. Let gravity do the work.





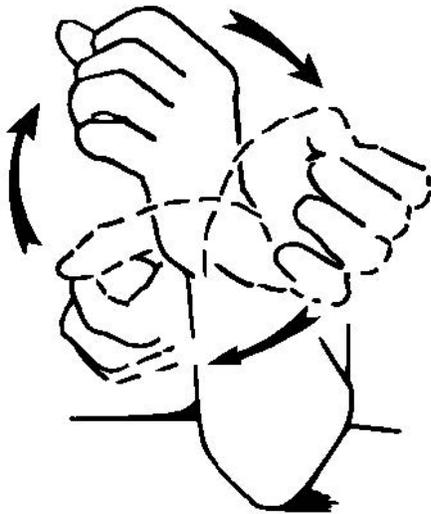
## FINGER: OPEN/CLOSE FIST

- Straighten all fingers, then make a fist, bending all joints.
- Repeat 20 times.
- Do five to six sessions per day.



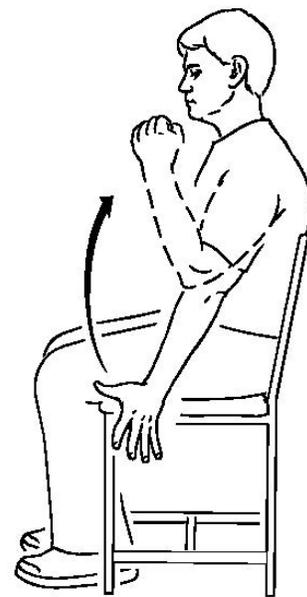
## STRENGTH BUILDING

- Slowly squeeze putty or a soft rubber ball. Repeat with other hand.
- Repeat 20 times.
- Do five to six sessions per day.



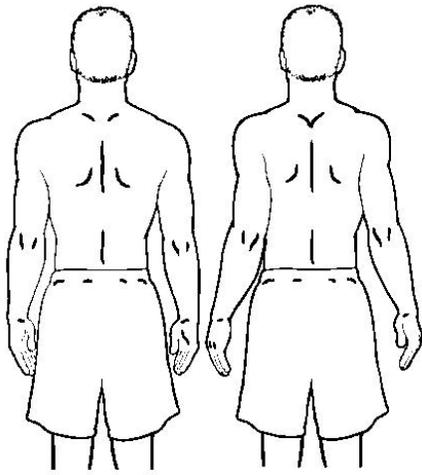
## WRIST: CIRCLES

- With fingers curled, move slowly at wrist in clockwise circles 10 times.
- Repeat counter clockwise.
- Do not move elbow or shoulder.
- Do five to six sessions per day.



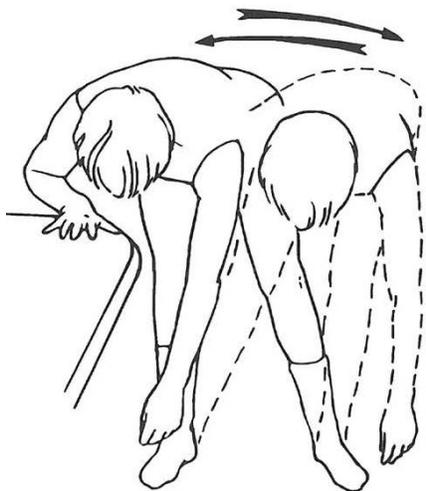
## ELBOW: BICEP CURL

- Begin with elbow straight and palm facing forward.
- Bend elbow.
- 15 reps per set and five to six sets per day.



## SHOULDER: SCAPULAR RETRACTION (STANDING)

- With arms at sides, pinch shoulder blades together. **IMPORTANT:** Do not let your elbows go behind you.
- Repeat 10 times per set.
- Do two sets per session.
- Do five to six sessions per day.



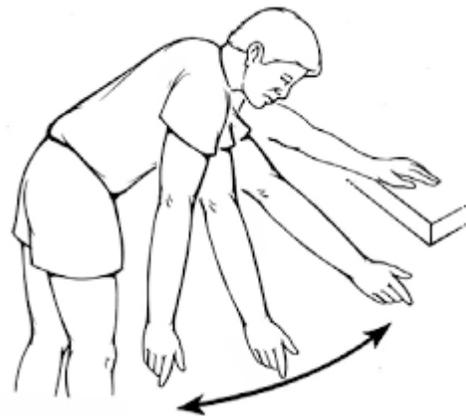
## PENDULUM: SIDE TO SIDE

- Bend forward 90° at waist, leaning on table for support.
- Allow arm and shoulder to relax down for 8-10 seconds.
- Then rock body from side to side and let arm swing freely.
- Repeat 20 times.
- Complete \_\_\_\_\_ per day.



## PENDULUM: CIRCULAR

- Bend forward at waist, using a table for support.
- Allow arm and shoulder to relax down for 8-10 seconds.
- Then rock body in circular pattern to move arm clockwise.
- Repeat counterclockwise.
- Circle 20 times each direction per set
- Complete \_\_\_\_\_ per day.



## PENDULUM: FRONT TO BACK

- Bend forward 90° at waist, leaning on table for support.
- Allow arm and shoulder to relax down for 8-10 seconds.
- Then rock body forward to back, letting arm swing freely.
- Repeat 20 times.
- Complete \_\_\_\_\_ per day.





# DRIVING AND PARKING INFORMATION

BOZEMAN HEALTH DEACONESS REGIONAL MEDICAL CENTER  
915 Highland Blvd, Bozeman, MT 59715

**Lot F | Entrance 8 | Copper Zone**

### ON SURGERY DAY

Park in lot F or G and come in Entrance 8. Then proceed to the Copper Zone elevators and go to Perioperative Services on the second floor to check in.



406-414-5094 | [BozemanHealth.org/SJI](http://BozemanHealth.org/SJI)