

Beth Israel Lahey Health 
Lahey Hospital & Medical Center

Your Guide to Shoulder Replacement

Department of Orthopaedic Surgery



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Introduction

Thank you for choosing Lahey Hospital & Medical Center. The Department of Orthopaedic Surgery is committed to providing you with the best shoulder replacement possible.

This booklet provides an overview of shoulder replacement at Lahey and explains what to expect before and after the surgery. If you have questions about this booklet or about your shoulder replacement, call the Department of Orthopaedic Surgery at **781-744-8650**.



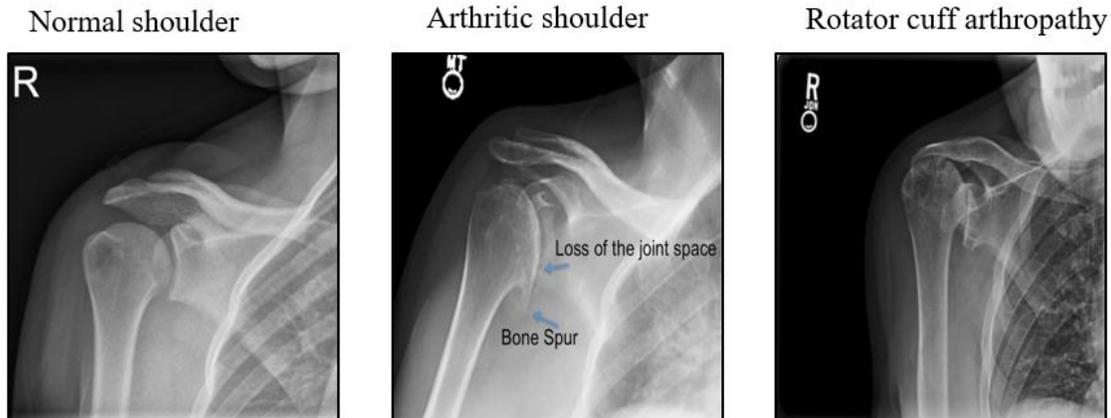
For more information about shoulder replacement and Lahey's Department of Orthopaedic Surgery, visit www.Lahey.org/OrthopaedicSurgery.

What Is Shoulder Replacement?

To understand shoulder replacement, it is helpful to know a little bit about your shoulder:

- Your shoulder is a joint that connects your upper arm to your chest
- Your shoulder joint is made up of three bones: the upper arm bone (humerus), the shoulder blade (scapula), and the collarbone (clavicle).
- The shoulder is a ball and socket joint. The top of the humerus is a ball that fits into a shallow socket in the scapula. The socket is called the glenoid.
- The rotator cuff is a group of four small muscles that begin on the scapula and connect to the top of the humerus. The rotator cuff helps provide stability and support to the ball and socket joint of the shoulder.
- In a normal shoulder joint, the ball and socket are coated with a smooth surface called cartilage. The cartilage lets the bones move against each other easily.
- In an arthritic shoulder, the smooth surface of the cartilage is destroyed. Bone rubs against bone, which causes pain, inflammation (swelling) and stiffness. This limits motion. This can be caused by wear and tear, previous injury, or chronic tear of the rotator cuff.

What Is Shoulder Replacement?



Shoulder replacement surgery replaces your damaged ball and socket joint with an artificial (man-made) joint called a shoulder implant made of metal and plastic. The artificial joint moves smoothly to restore motion.

Choosing Shoulder Replacement

Choosing to have your shoulder replaced is a big decision. Here are some things to think about to help you make your decision:

There are 2 main reasons to have shoulder replacement surgery:

- To reduce pain from shoulder arthritis that significantly interferes with your ability to perform basic day to day activities
- To improve motion bringing your arm forward

Shoulder replacement is usually an elective surgery (a surgery that is planned in advance and not an emergency). Most patients try other types of treatment before choosing shoulder replacement. For example, they may try nutritional supplements, medications, physical therapy and/or injections. They may also try to limit or change their activities. If you have tried these options and they have not helped, then shoulder replacement may be for you.

Choosing Shoulder Replacement

Shoulder replacement is a major surgery. As with all major surgeries, there are risks. Examples of risks include problems from the anesthesia and/or medications used to control pain during and after surgery, bleeding, damage to nerves or blood vessels, fracture, dislocation, infection, or blood clots. There is also a chance that you will have pain and stiffness after surgery.

There are different types of shoulder replacements. In some cases, the ball and socket joint will be replaced in the same anatomic position as your natural ball and socket. In cases where the rotator cuff is not functioning properly, the new ball and socket parts are placed in a reversed position to allow the arm to move without needing the rotator cuff and using other muscles instead.

Your surgeon will assess your situation carefully and determine which type of shoulder replacement will best meet your individual needs.

Anatomic Shoulder Replacement



Reverse Shoulder Replacement



Preparing for Surgery: Appointments You Will Need

Once you have decided to have your shoulder replaced, we'll ask you to work with one of our schedulers to choose a date for your surgery. Please be as flexible as possible when choosing the date.

You will also work with the scheduler to schedule some of the appointments you will need before your surgery. Many of them can happen on the same day.

Appointment With Orthopaedic Surgery

You will meet with a nurse practitioner or physician assistant in Orthopaedic Surgery. During this visit, you will:

- Have your shoulder examined
- Sign a consent form to give us permission to perform the surgery
- Learn more about preparing for and recovering from your surgery
- Have your questions about shoulder replacement answered
- Fill out forms that will later help us learn how successful your shoulder replacement was



You'll also talk about taking medications to help prevent blood clots after surgery. Patients who have a major joint replacement have a higher risk of clots in their legs. They cannot move around a lot at first, so the blood flow in their legs slows down. As a result, blood can thicken and clots (clumps of blood) can form. This can be dangerous. Fortunately, there are many steps we will take before, during and after surgery to prevent blood clots and keep you safe.

Patient Compact

Your role in your recovery is very important. During your appointment with Orthopaedic Surgery, your provider will talk with you about your role and the Patient Compact. This is a document that explains how you and your health care team can work together to get the best results from your surgery. It lists some of the ways you can actively participate in your recovery (such as communicating with the team and involving a trusted caregiver at home). We'll ask you to review and sign this document.

Appointment With the Preop Center

During your appointment with the Preop Center, the following will happen:

- You'll have routine tests that you need for your surgery. Examples include a blood test, urine test, EKG (a test that checks your heart's activity), a test that checks for infection and a glucose test (if you have diabetes).
- **You'll meet with a nurse who will ask you questions about your health.** He or she will review specific steps to take before your surgery. For example, the nurse will explain what medications you can and cannot take. **Please share a list of your medications, vitamins and supplements with the nurse.** If you have any concerns about anesthesia, you can talk about them with your nurse. We can also arrange to have you talk with a member of the anesthesia team.
- You'll have a physical exam by a Lahey doctor. This will help us make sure that you are healthy enough to have surgery. If you are new to Lahey or have a primary care doctor outside Lahey, please bring to this visit the results from your last physical exam and a list of your medications. And if you haven't done so already, please let your primary care doctor know that you're planning to get your shoulder replaced.

Appointment With Radiology

At this appointment, you'll have a special X-ray taken of your shoulder. This X-ray will help us make sure we have the right size implant for you.

Planning for Discharge

Before your surgery, it is important to think about your plans for when you are ready to leave the hospital. Some patients are able to go home the same day as surgery, others stay in the hospital overnight. Please identify and confirm a trusted friend or family member to drive you home. It is helpful to have someone stay with you for the first several days to a week following surgery. Your arm will be in a sling after surgery, so planning ahead by arranging frequently used items at counter height can be helpful. Removing scatter rugs and any tripping hazards is also a good idea. You should have several button down or front closure shirts as these will be easiest to wear following surgery.

Appointment With Your Dentist, if Needed

If you have dental problems, please tell us and get the care you need well before your surgery. Keeping your mouth healthy is important to prevent infections. Dental infection can lead to shoulder infection. We recommend that you do not have routine dental work, such as a cleaning, for 3 months after your shoulder replacement.

Chronic Conditions and Shoulder Replacement

We want to make sure that you get the best results from your surgery. Because of this, we ask that any chronic (long-term) condition you may have, like diabetes or high blood pressure, be in control before surgery. Patients with chronic conditions that are well-managed are much more likely to have a successful shoulder replacement surgery. If you have concerns about your condition, we encourage you to see your primary care doctor or specialist.

We also encourage you to talk with your primary care doctor if you are very overweight (body mass index of over 40). Together, you can decide whether this is the best time for surgery for you. Patients with a body mass index under 40 are more likely to have successful shoulder replacement surgery.

Preparing for Surgery: Medications and Lifestyle Changes

In General

- **Eat healthy meals.** Your body needs good nutrition to heal.
- **Get plenty of rest.**
- **Stop smoking** (or at least cut back). This will improve your breathing and help you heal faster. It will also lower your risk of complications (problems) after surgery. We will give you more information about quitting smoking. You can also call Lahey's Quitline at 781-744-7848 for help on quitting. 
- **Stop drinking alcohol** (or at least cut back). It's important for us to know about your actual alcohol use so we can safely care for you. By avoiding alcohol, you lower your risk of complications after surgery and will heal faster.
- **Try to exercise.** This will improve your muscle tone and give you more energy, which will help you recover after surgery.
- **Continue to manage any chronic conditions**, like diabetes, that you may have. When chronic conditions are in good control, it's easier to heal after surgery.
- **Develop a positive attitude** about your shoulder replacement!

1 Month Before Surgery

- **If you are on a blood thinner**, such as aspirin for a heart condition, warfarin (Coumadin), clopidogrel (Plavix), enoxaparin (Lovenox) or fondaparinux (Arixtra), you may need to stop taking it for a short while before your shoulder replacement. Please discuss this with your surgeon and the doctor who prescribed the medication.
- **If you take a drug that affects your immune system**, such as methotrexate (for example, Trexall and Rheumatrex), etanercept (Enbrel), infliximab (Remicade) or adalimumab (Humira), you may need to stop taking it for a short while before and after your surgery. Please discuss this with your surgeon and the doctor who prescribed the medication.
- At least 1 month before surgery, **get any dental work** you may need. All dental work should be done at least 2 weeks before surgery.
- **Begin to plan for life after surgery.** Start to think about who will help you throughout your recovery. If you feel you do not have adequate help with friends and family, you should contact your insurance company to learn more about your options. Our case managers can also help you with this process.

2 Weeks Before Surgery

- **Call your surgeon** if you get a rash or other skin problem around the shoulder that will be operated on.
- **If it's flu season** and you're thinking about getting the flu shot, try to get it at least 1–2 weeks before your surgery.
- **If you have an ingrown toenail**, be sure to have it treated by a podiatrist (foot doctor) before your surgery. Ingrown toenails can sometimes cause infections.

1 Week Before Surgery

- **Stop taking all nonprescription vitamins and herbal supplements.** These may increase your risk of bleeding or developing blood clots.
- **If you get a cold or the flu**, call the Preop Center.
- **Prepare a bag** to bring to the hospital. It should include: – Personal care items, such as a toothbrush
 - Loose, comfortable clothing with button down/front fastening shirt to fit around sling
 - Shoes or sneakers that have a low heel, nonskid soles and good support
 - Anything that might help you relax or pass the time, such as reading materials or a device to listen to music (such as an iPod and its charger)

48 Hours Before Surgery

- **Stop taking** ibuprofen (Advil, Motrin), naproxen (Aleve) or similar over-the-counter medications for pain or swelling. This will help reduce the risk of bleeding during surgery.

Day Before Surgery

- **Call the Preop Center** to find out what time you should arrive at the hospital and where you should check in for your surgery. Call 781-744-8118 between 10:30 am and 2:30 pm the day before your surgery. If your surgery is on a Monday, call the Friday before.
- You can eat or drink anything you want up until midnight. **After midnight, do not eat or drink anything except for the following:** clear liquids including water, juices without pulp (apple, white cranberry) coffee or tea without milk, clear soda and high carbohydrate drinks such as Gatorade (with sugar, not red) or Clear Ensure.

Day of Surgery

- Follow the instructions that the Preop Center gave you.
- **Do not eat anything.** You may drink clear liquids only including water, juices without pulp (apple, white cranberry) coffee or tea without milk, clear soda and high carbohydrate drinks such as Gatorade (with sugar, not red) or Clear Ensure. Stop drinking 2 hours before you need to arrive at the hospital.
- **Please leave all jewelry and valuables at home.** Your family and friends can bring you personal items, including your hospital bag, after your surgery.

Preparing for Surgery: Your Home

You can prepare your home ahead of time to make your life easier and safer when you return after shoulder replacement.

General Tips

- Rearrange furniture to make walking paths larger and straight.
- Arrange frequently used items such as dishes and toiletries in easy to reach places, such as at counter height.
- Remove scatter rugs to prevent falls.
- Make sure all doorways and pathways are clear, and that your stairs have a sturdy railing.
- Install night-lights.
- Stock your freezer and pantry.
- If your home has a lot of stairs, consider living on one floor for a few weeks after surgery.
- Have a seat that is not too low or soft to rest in.

Items That Can Help

These items can make your daily activities easier. We can recommend which might be most helpful to you.

To make bathing and using the bathroom easier

- Nonskid mats for the shower or tub
- Grab bars in the shower/tub and near the toilet
- Shower chair
- Long-handled sponge

To make dressing easier

- Button down shirts will be easier to put on than over-the-head shirts after surgery
- For women, a front closure bra or very stretchy camisole

To make carrying items easier

- A backpack or an apron with pockets

The Day of Your Surgery: Arriving at the Hospital

After you check in, you will change into a hospital gown, and a name band will be placed on your wrist.

Getting Ready in the Preop Area

You will be brought to the preop area. If you'd like, a family member or friend can go with you to the preop area. He or she can stay with you until you're taken to the operating room.

In the preop area, the following will happen:

- A nurse will **check your vital signs**, including your heart rate and blood pressure.
- You will **talk with your surgeon** and his or her assistants. These may include a resident, fellow, physician assistant or nurse practitioner.
- Your surgeon will **mark the shoulder** that will be replaced with their initials.
- You will **meet your anesthesia care team**, whose main goal is to keep you safe and comfortable. They will review your medical records, discuss your anesthesia options with you and answer your questions.
- A very thin tube, called **an intravenous line (IV)**, will be placed in a vein in your arm. Before going to the operating room, you will get medication through the IV that will make you feel relaxed.

In the Operating Room

Before surgery

- Next, you will be taken to the operating room. You will move to the operating table. Your vital signs will be checked again. Then you will be given anesthesia.
- With general anesthesia, you'll be given a medication through your IV that causes you to fall into a deep sleep. Your anesthesia care team will closely watch you and check your vital signs throughout the surgery.
- In addition to general anesthesia, most patients will be given pain medications by mouth. Some patients are also given a nerve block. This is a numbing medication that is injected into a nerve to help control pain after surgery.

After you receive anesthesia and an antibiotic to prevent infection, your shoulder replacement surgery will begin. During the surgery, medication will be injected around your new joint to help control pain after surgery.

After surgery

When your surgery is over, the following will happen:

- A **surgical dressing** (a special type of bandage) will be placed over your incision (wound).
- **Support stockings and a special pump** may be placed on one or both of your legs. These will get your blood moving, prevent clots and lessen swelling.

In the Recovery Room

When the operation is over, you will be taken to the recovery room (also known as the PACU). When you arrive there, you will be sleepy. You may not remember much about the surgery or your operating and recovery rooms. In the recovery room, you will:

- Receive **pain medication** through your IV line or by injection.
- Be given an **antibiotic** to prevent infection.
- Be taught how to use a device, called an incentive spirometer, **to help you take deep breaths**. Deep breathing will help prevent lung problems and fevers that can develop after surgery. It's important that you use the incentive spirometer at least 10 times every hour, when you are awake.
- **Start to move** with the help of staff. Our team will assist you to stand, walk and use the restroom.

Leaving the Recovery Room

You will leave the recovery room once you seem to be recovering well. Our staff will determine if you are safe to go home or if you will spend the night at the hospital. If you will be staying overnight, you will be moved out of recovery room when a hospital room becomes available for you. Some patients may spend the night in the recovery room.

Blood Transfusions

With shoulder replacement surgery, you will lose blood from the bone, muscle and other soft tissues that are moved or cut.

In very few cases, patients might need more blood from a transfusion. Transfusions are not common but are more likely in patients with certain conditions. Examples of these conditions include having a low number of red blood cells (anemia) before surgery, a heart condition, extensive shoulder reconstruction (when your shoulder is “rebuilt”) and past shoulder surgeries on the same shoulder.

If you have questions about blood transfusion, please ask your surgeon.

For Friends and Family

Your surgeon will call the person you chose as a contact after surgery. If you didn't choose a patient contact, you can ask for help from a patient advocate. Our staff will let your contact person know when you are recovered enough for visitors and when you are ready to leave the hospital.

Your Hospital Stay

Safety Measures

- There will be a button (generally on your bed) that you can press so you can reach a nurse. Make sure you can always reach this button.
- Always call your nurse when you need to get out of bed. For your safety, please wait for your nurse to help you.
- You may have an alarm on your bed or chair for your safety. If you try to get up from the chair or bed without help, an alarm will go off to alert a nurse.

Medications

We will give you these medications:

- Pain medication to keep you comfortable
- Antibiotic to prevent infection
- Blood thinner to prevent blood clots
- Stool softener to prevent constipation (trouble moving your bowels), which can be caused by pain medication
- The usual medications you take at home (you may need to take different amounts or stop some for a short while)

Please remember to ask your nurse for pain medication if you are uncomfortable. It may take some time for your pain medication to start working. Please ask for pain medication before your pain becomes overwhelming.

Blood Tests

Your surgeon will determine if any blood tests are needed after surgery.

Wound Care

Your wound will be covered with a special dressing (Mepilex dressing). It should be changed 7 days after it was put on.

Eating and Drinking

At first, you will be able to have only clear liquids, such as water, Jell-O and broth. We will offer you other foods when it is safe to do so.

Occupational Therapy (Activities of Daily Living)

During your hospital stay, you may meet with an occupational therapist who will:

- Give you tips on how to perform daily activities such as bathing, dressing and using the toilet
- Explain how to keep your home safe to help protect your new shoulder

Case Management

If your surgeon determines you will need therapy or nursing services at home you will meet one of our case managers. The case manager will work with you, your family, your doctors, your therapists and your health insurance company to make final plans for your discharge.

Physical Therapy

The goal of physical therapy in the hospital is to help you safely “transfer” (move from one spot to another), to help you learn to walk safely while wearing your sling.

- **Transfers.** The therapists and the nurses will help you out of bed and into a chair safely. This movement has many benefits, including improving the blood flow in your legs. You will practice transfers at least 3 times a day while you are in the hospital. As you gain strength, you’ll need less help getting in and out of bed. Patients who are going home after their hospital stay are usually able to transfer in and out of bed and a chair on their own toward the end of their stay.
- **Safety measures.** The therapists will talk with you about the steps to take at home to keep your shoulder safe.
- **Stair climbing.** Toward the end of your hospital stay, you may practice climbing stairs.

Leaving the Hospital

Many shoulder replacement patients are able to go home on the same day as their surgery. For those who stay overnight, most patients leave the hospital (are discharged) before noon. Please ask family members to be ready to bring you home in the morning on the day you'll leave the hospital.

In some cases, your team may feel you require ongoing care at an inpatient facility. Whether you are going directly home or to a skilled nursing facility or an acute rehab hospital, your case manager will help you and your family with discharge plans.

If You Are Going Home

You may choose to go home after surgery if you:

- Have someone at home to help you at all times for the first week
- Can walk safely
- Can climb stairs if needed

If you go home, this may occur the same day as surgery or 1 to 2 days after depending on your progress. Please make sure that the car you are going home in has plenty of room and is easy to get in and out of. Avoid cars with low bucket seats. In some cases we will arrange for a visiting nurse and/or a physical therapist and occupational therapist, as needed, to come to your house. During these visits, the nurse may change the dressing over your wound, check your skin and review your medications.

If You Go to a Skilled Nursing Facility or Acute Rehab Hospital

For some patients, going to a rehab or skilled nursing facility after leaving the hospital is the best option. This must be approved by your insurance plan.

- Your case manager will talk with you more about the difference between these facilities and which might meet your needs best. Generally, acute rehab hospitals are for patients who need more intense therapy (for example, those who have other medical issues that also need to be addressed). Skilled nursing facilities are usually for patients who need some more support with daily activities (such as getting in and out of bed or up the stairs themselves) before they're safe to go home.
- If you do go to one of these facilities, you will most likely be discharged the day after surgery. You may go by ambulance or be driven by a family member or friend, depending on your situation. We will give you a specific plan of care to take to the facility.
- When you return home, you'll likely have home health services, such as a visiting nurse, physical therapist and/or occupational therapist.

Discharge Instructions and Medications

Before you leave, we will give you specific instructions on how to help yourself recover. We'll give you a prescription for pain medication and suggest ways to prevent constipation. (Pain medications can often cause constipation.) We'll also give you a blood thinner to prevent clots. Your medications can be conveniently picked up at the Lahey pharmacy (located just inside the main entrance to the hospital) or at your local pharmacy.

Follow-Up Visits

- **Two weeks after surgery**, you'll have a visit with your health care provider in Orthopaedic Surgery. We will schedule this visit for you. During the visit, your provider will examine your wound, check on your recovery and explain how long to take your blood thinner. Your provider will also let you know when to start outpatient physical therapy (when you'll leave your house to see the physical therapist).
- **Also within 2 weeks after surgery**, we recommend that you see your **primary care doctor** if you have other medical issues and to manage your medications. Please schedule this visit yourself.
- Approximately 4 weeks after surgery, you'll likely start **outpatient physical therapy**. We recommend that you schedule your appointment as soon as your provider tells you when to start the therapy. Appointments for physical therapy book up quickly. Outpatient physical therapy after surgery is key to your recovery.
- **Six weeks after surgery**, your health care provider in **Orthopaedic Surgery** will check on your recovery and examine your shoulder. You will also have X-rays. We will schedule this visit for you.

Caring for Yourself After Surgery

Sling: After your shoulder replacement you will be wearing a sling to protect and support your shoulder for the first 4 to 6 weeks. Your surgeon will determine the length of time you will need to wear it. You will be able to remove the sling for getting dressed, hygiene and exercises prescribed by your surgeon. You can use your hand to perform very light activities such as eating, typing or reading. You should not lift anything heavier than a cup of tea with your operated arm for the first 6 weeks or until instructed by your surgeon.



The sling should be removed several times a day to extend your elbow, move your wrist and hand and to do exercises prescribed by your surgeon. You should sleep in the sling to prevent unexpected movements.

Following surgery, you should not bear weight on your operated arm. This means you should avoid using your arm to push or pull yourself up from a seated position. If you require a rolling walker for balance, your surgeon and physical therapist will work together to determine the safest option for you after surgery. If you use a cane, then this would be held in your non-operative arm.

Driving

Do not drive until cleared by your surgeon. You should not drive while in the sling or while taking prescription pain medications

Sexual Activity

You may have sex when your discomfort from surgery lessens. A general rule for sex after shoulder surgery is to do what seems comfortable while keeping your shoulder safe.

Dental Work and Other Procedures

Wait 3 months after your surgery before you have routine dental work, such as a cleaning. If you have tooth or gum pain or an emergency, call your dentist right away. Tell him or her that you recently had your shoulder replaced.

Anytime you visit your dentist, tell him or her about your artificial shoulder. We recommend that you take an antibiotic before you have any dental work, including teeth cleaning, for at least 2 years (and possibly longer) after your shoulder replacement. This will help prevent infection. Either we or your dentist can give you a prescription for the antibiotic.

We also recommend that you take an antibiotic before you have a procedure that may involve a cut in your skin. This includes colonoscopies.

Infections

Rarely, infections from other areas of the body can travel through the blood and settle in an artificial shoulder. Anytime you think you may have an infection of any kind—of your skin, your throat, your urinary tract, your teeth, for example—tell your primary care doctor or dentist right away. Let your doctor or dentist know that you have an artificial shoulder. He or she will decide whether you should take antibiotics to treat the infection.

When to Call Your Surgeon

If you have any of these symptoms, call your surgeon right away at **781-744-8650**:

- Increasing redness, swelling or drainage (leaking fluid) from your incision
- Fever over 101° F
- Any numbness or tingling in the arm that was operated on
- Pain in your calf
- Pain or swelling in your shoulder that is getting worse

If you have chest pain or shortness of breath that doesn't get better with rest, call 911 or have someone take you to the emergency room.

Activity Guidelines

To heal properly, stay safe and enjoy your new shoulder for as long as possible, please follow these activity guidelines.

For the First 2 Months After Surgery

Be careful when you walk and move from one spot to another. Try to prevent falls. For example, make sure all your scatter rugs are removed, and avoid slippery surfaces.

Avoid higher-impact exercises, such as jogging or running. Also avoid activities with a risk of falls, such as skiing or bicycle riding.

Keep your shoulder in a safe position. Your surgeon may ask you to follow some or all of these steps:

Wear your sling as directed. Avoid reaching behind you and avoid twisting your arm out to the side. Do not lift anything heavier than a cup of tea.

Stay active

During the day, get up every 30 minutes or so and take a brief walk. Sitting for too long may make the muscles around your shoulder stiff. Also take longer walks during the day. Walk farther as your strength and energy improve.

Talk with your surgeon if you are considering airplane travel within the first 2 months after shoulder replacement. Flying may increase your risk of developing a blood clot.

For the Rest of Your Life

Your shoulder replacement should relieve your shoulder pain and make your shoulder work better for many years. You can do many activities with your new shoulder. To get the most from your new shoulder and to prevent damage to it, protect it from unnecessary stress:

- Avoid repetitive overhead reaching activities and other maneuvers that place stress on the shoulder such as pushing and pulling with resistance. Push-ups, planks, and bench press should be avoided.
- Take antibiotics before you have dental work or an invasive procedure (a procedure that involves making a cut in your skin).
- Return to see your surgeon so he or she can check on your new shoulder every 2–3 years. If you move to a new area, make sure to have regular follow-up visits with your new doctor.

List of Helpful Phone Numbers

Orthopaedic Surgery

Lahey Hospital & Medical Center, Burlington: **781-744-8650** (main)

Lahey Medical Center, Lexington: 781-372-7020

Lahey Medical Center, Peabody: 978-538-4267

Preop Center: 781-744-8118

(to confirm the time of your surgery)

Orthopaedic OR Scheduling Office: 781-744-3626

(to reschedule or cancel your surgery or to sign up for an education class)

Case Management: 781-901-3600

(for questions about discharge plans)

Orthopaedic Triage Nurse: 781-744-3022

(for any medical questions after surgery)

Financial Counseling

Burlington: 781-744-8814

Peabody: 978-538-4101

Pharmacy

Burlington: 781-744-8658 |

Monday–Friday, 8:30 am to 7:30 pm

Saturday, 8:30 am to 4:30 pm

Peabody: 978-538-4150

Monday–Friday, 8:30 am to 5:30 pm

Helpful Information

Date of my pre-op visit: _____

Date of my surgery: _____

Date of my 1st visit with Orthopaedic Surgery: _____

Date of my 2nd visit to get X-rays: _____

My surgeon: _____

My surgeon's phone number: _____