

## WELCOME TO TOTAL JOINT CLASS

Items to bring with you to the hospital (Do not bring a lot)

- Bath and teeth supplies
- Shaving equipment
- Comfortable sturdy shoes-tennis or walking shoes, please “break in” if new
- Loose, short robes that snap or button in the front.
- May wear shorts and T shirt once dressing is off-whatever is most comfortable for you.
- Crutches if you have them.
- This book
- Please do not bring credit cards or large amounts of money. We do have safes available in each patient room, but cannot be responsible of such items while in surgery etc.

On your day of surgery:

- You will go in the front doors of Methodist West, using Valet service for your car if desired.
- You will then go to the front desk, directly to the left inside the front doors and they will guide you to the surgery center area.
- You will check in with a volunteer in the surgery center and sit in the surgery waiting area until they call you back.
- You will go to the surgery room when your doctor is ready for you.
- Surgery will last from 1-2 hours.
- Family members will be instructed to check in at the Surgery Waiting Room where someone will keep them updated with your progress.
- After surgery, you will go to the Post Anesthesia Care Unit (Recovery Room) for about 2 hours.

PACU-Recovery Room

- You can expect to be here for 1-2 hours
- Your nurse will watch you closely and give you pain medicine if you need it.
- Please let the nurse know if you need anything else.

When you are ready to leave PACU, you will be taken to your room on the 3<sup>rd</sup> Floor, our Orthopaedic floor.

- You will be moved with some slide sheets into your bed.
- You can expect to have an I.V., you may have oxygen or a catheter to drain your bladder.
- Your nurse will check your vital signs often.
- You will not get any food until you are not having any nausea or vomiting, but you will be able to have water, ice chips and liquids as long as you’re able to tolerate them.

Methodist West

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To avoid having any problems after surgery, you will be reminded to do the following:

- Practice your exercises (located on pages 15-16) prior to surgery
- Cough and deep breathe 10 times every hour to prevent pneumonia.
- Do your exercises every hour to prevent blood clots
- Wear your foot pumps to prevent blood clots
- You may receive a shot or pill as your doctor orders to prevent blood clots.
- If possible, stop smoking 2 weeks before surgery-see family doctor for patch if needed.

Pain management is very important to us. There are several things you will be doing to help us treat your pain.

- You will be asked to use a pain scale from 0-10 to rate your pain. “0” is no pain, and “10” is the worst pain possible.
- You will begin pain pills before surgery, to help prevent pain after surgery. You will continue on pain pills as long as you’re not nauseated-some will be scheduled for you and some you will need to ask for if your pain is not well controlled.
- Your nurse will explain how to control your pain, and give you all of your options with pain medicine.
- To help with therapy, ask for pain medicine before you expect to do exercise or walking

After surgery, you will begin the following activities:

- Take a few steps and sit in a chair the night of surgery.
- You will use a wheeled walker and progress to crutches as able. You will also begin working on your exercises.
- We will begin working with you on such things as dressing, bathing and going to the bathroom.
- Your surgical dressing (bandage) will be removed 1-2 days after surgery and your incision will may be covered with a light dressing until the drainage stops.
- The staples in your incision will be removed 10-14 days after surgery.
- You may shower as soon as you are steady on your feet, and there is no drainage or redness at your incision site.
- When going to the bathroom, we will help you to the commode. You will start walking to the bathroom as soon as you are able.

Discharge Planning should begin before your surgery.

- How long you are in the hospital will depend on your progress (usually 2-3 days).
- A Patient Care Facilitator will meet with you right after surgery to start discussing discharge planning.
- Start planning now who will take you home, let someone know they will need to pick you up by 10:00 am on the day that you are discharged.
- Social Service is available to help, if skilled placement is needed.
- If you have home care needs, we will help you with this.

These are the activities you will need to do to be successful with your joint.

- Walk a lot. Slowly increase your distance.
- Showers are allowed. Please avoid tub baths for 6 weeks.
- Sit in firm chairs with arms.
- Continue exercises as instructed by your therapist.
- Expect some swelling that may last for several months

Visiting hours are flexible

- Family and friends are welcome.
- A couch is available for one family member to spend the night if they would like.
- Hospital accommodations are available at reduced prices if needed, just ask for these details.
- Designating one family member to call us and report to other family members is most helpful. Feel free to call at any hour.
  
- For additional information about your hospitalization, we encourage you to read the “Patient Handbook” located in your hospital room.

**Enjoy Your New Joint!!!!**

## ADMISSION FOR SURGERY

You will be called the **Day Before Surgery** to let you know what time your surgery is and when to come to the hospital. Please take a good shower or bath the night before surgery. Do not eat or drink anything after midnight the night before surgery. Take any medications your doctor has told you to take. You may brush your teeth or rinse your mouth. Do not use make-up or nail polish.

### **Items to bring to the hospital:**

- Bath and teeth supplies
- Glasses
- Shaving equipment
- Comfortable tennis or walking shoes. Please “break in” if new.
- May wear shorts and T-shirt once bandage is off, whatever is most comfortable for you.
- Crutches, if you have them.
- This book.
- Please do not bring credit cards or large amounts of money. We do have safes available in each patient room, but cannot be responsible of such items while in surgery etc.

Come directly to the Surgery Center the morning of surgery. Check in with the volunteers at the desk as you enter the surgery waiting area. We recommend that you valet park your car and leave your belongings in the car. After you are admitted to your room after surgery, your family members can have the car brought to the closest entrance and obtain your belongings.

As soon as you arrive, we will draw your blood for your type and crossmatch. This is done in case you need to receive blood during or after surgery. This can only be done 24 hours before surgery. You will then be give a patient gown to wear and asked to remove other clothing or jewelry. If a ring cannot be removed, we will tape it on. Your glasses and dentures must be removed prior to going to surgery. If you are very hard of hearing, you may wear your hearing aides to surgery.

## CONSENT FORMS

You will be asked to sign two consent forms before surgery. These consents show that you understand the information that you have been given, the surgery that will be done and possible risks.

### **#1 Informed Surgical Consent**

Gives the surgeon permission to perform the surgery.  
Questions about the surgery will be answered by your surgeon.

### **#2 Informed Consent for Anesthesia**

Explains the affects of the drugs (anesthetics) that put you to sleep and the possible complications. Any questions about anesthesia or the consents will be answered by the anesthesiologist.

We want you to be informed before you sign these forms. If you have any questions, please ask.

The Orthopaedic (Ortho) floor will be your “home away from home” for several days. You will have a private room. Visitors are welcome anytime, but may be asked to step out of the room occasionally. Your recovery from surgery is our first priority.

Children may come for brief visits, if they are healthy and quiet.

You will have several people taking care of you:

**RN-Registered Nurse:** Coordinates your care, gives your medications, IV’s and blood, communicates with your doctor.

**Patient Care Tech (PCT):** Helps with dressing, equipment, walking and bathing.

**Hostess:** Brings your tray and water.

**PT-Physical Therapist:** Helps with special exercises, teaches you how to walk and climb stairs, with walker or crutches and move from bed to chair.

**OT-Occupational Therapist:** Helps you with activities of daily living such as: putting your clothes on, bathing, eating, teaches you how to get in/out of a chair.

**Patient Care Facilitator:** Helps ensure things are ready for you to discharge, including setting up home care, referring you to the social worker if skilled care is needed. There as a advocate for patient between all staff caring for patient.

## **PAIN CONTROL**

### **Surgical Pain**

Surgical pain is felt differently by everyone. Each patient can expect to have some kind of pain after surgery. You will be asked to choose a pain goal between “0” and “10” and then rate your pain. We will work with you to reach your goal by discharge. (Please read the “Facts of Pain” sheet provided to you when you are admitted.) Your nurse will ask you to rate your pain during your stay.

### **Anesthesia**

An anesthesiologist will talk with you about the types of anesthesia and how they affect your pain. If a general anesthesia is used, you may feel some pain on waking in the PACU (recovery room). If a spinal is used, you may not have any pain for several hours after surgery.

### **Pain Pills**

You tell us when you need a pain pill. Take your medication when you first feel pain or before a procedure you know may cause some discomfort, such as exercise or walking. We encourage you to use your pain medication, because refusing it will only slow your progress.

As you recover from your surgery, your pain will gradually decrease. You will be given a prescription for home. Usually by 2-3 weeks, you will not need any prescription pain medication.

### **REMEMBER....**

It is easier to prevent pain than get it back under control!!! Ask for more medication if you need it!

## **SURGERY**

### **Before Surgery**

You will stay in the Surgery Center until your operating room is ready for you. Someone from surgery will come to take you to the operating room. Your family members will be directed to the waiting room. Family members will be informed on the progress of your surgery.

### **The Operating Room**

Once in the operating room you will be moved onto a special bed under bright lights. All people in surgery wear operating gowns or scrubs, caps and masks. The room will be cool and there will be a lot of activity.

Your anesthesiologist or nurse anesthetist will introduce himself or herself to you. They will re-explain the anesthetic that you will receive and answer any questions you may have. A general anesthetic, which rapidly puts you to sleep is placed in your IV tubing. Once you are asleep, a tube may be placed in your throat to give you anesthetic gases and oxygen. If you are having a spinal anesthetic, the anesthesiologist or nurse anesthetist will explain the procedure to you. Surgery usually takes 2-4 hours. The first hour is spent getting you ready. The operating time usually takes 1-3 hours.

### **After surgery**

When your surgery is over, you will be take to the PACU (recovery room). You will receive constant care from trained critical care nurses. Your family will not see you until you come out of the PACU and your family will be kept informed at all times. When your condition is stable, you will be taken to your room.

## **AFTER TOTAL SHOULDER SURGERY**

You will go your room after you have been released from PACU. A staff member will take you on a cart to the Orthopaedic nursing unit. Family members will be asked to wait outside your room until you are settled into bed and your nurse has assessed your condition.

After gently turning you to your side, a set of sliding sheets will be placed under you. You will be asked to lift your head as staff members lift you into bed. Then your nurse will take your blood pressure, heart rate, respirations and temperature. He/she will also have you move your fingers and check for numbness or tingling in your fingers. You may have oxygen going into your nose. This is normal after surgery and you may need to use this at least over night. Please remember to take deep breaths and cough often to keep your lungs clear. It will be up to your nurse to decide when you can have ice chips or clear liquids. He/she will listen to your stomach and let you have something when it is awake and rumbling. Most patients will be able to have food the evening of surgery, if no nausea or vomiting are present.

Total shoulder patients will have a dressing on the surgical arm. This will be removed 1-2 days after surgery. You may be in a sling or immobilizer. You can move your fingers and wrist as much as is comfortable.

Some patients may come back from surgery with a catheter (small tube) to help drain urine from the bladder. If you do not have a catheter, you will be asked to use a commode to empty your bladder. If you are unable to urinate, a tube will be placed into your bladder just long enough to drain the bladder of urine and then it will be removed.

The IV (intravenous) that was started in surgery will still be in your vein when you come to the floor. You will be getting fluid and medication through this line. If you need a blood transfusion, it will be given through this IV. The IV line is needed for 1-2 days after surgery.

Your nurse will be in and out of your room often during the first several hours after surgery. Please feel free to ask any questions during these visits. Family members are welcome to call at any time to check on you. Please pick one or two people to call for information. They can share this information with the rest of the family.

**REMEMBER TO COUGH AND DEEP BREATHE 10 TIMES EVERY HOUR!!**

## **ACTIVITIES AFTER TOTAL SHOULDER SURGERY**

Right after surgery you will be on bed rest, until your nurse feels that you can be up safely. You can get up to the commode the night of surgery to urinate, as well as sitting in a chair or on the edge of your bed the night of surgery. Your care team will help you. You should use the commode, or bathroom but not the bedpan when able. You will get stronger faster and your bladder will empty better if you get out of bed.

The day after surgery you will start your activities. You will help to sit in a chair 2-3 times that day. You will also start walking in the hallways 2-3 times per day. Even though you have a dressing or an IV you can still walk.

Your dressing may be removed before you go home and your incision will be washed with alcohol. You will start doing gentle exercises with P.T. Remember to use your pain medicine. The success of your surgery depends on your cooperation and enthusiasm. We are here to help you do the best you can to get better.

**REMEMBER, WALKING AND EXERCISES ARE THE MOST IMPORTANT THINGS YOU CAN DO TO GET BETTER!!**

## RECOVERY AFTER TOTAL SHOULDER REPLACEMENT

Return to normal activity after a total shoulder replacement depends on following an outlines exercise program.

1. The exercises will help your shoulder move normally.
2. They will help your shoulder get stronger and prevent it from getting stiff.

These guidelines will help you return to normal activity as soon as possible.

### General Guidelines

1. Start slowly. Do not do these exercises too quickly. If you start to feel pain, swelling, increased warmth, or tenderness in your shoulder, do the exercises slower. You should also do the exercises with less intensity (not as hard). If the problem continues, call your doctor or physical therapist.
2. Do not have a therapist or anyone else use more force or push than you can tolerate to increase your motion.
3. Do each exercise slowly, in rhythm, and carefully.
4. You will need to remove your immobilizer or sling for the exercises noted.
5. Do not overdo exercising, especially at first.
6. Hold or perform each exercise in the proper position as noted.
7. Do all the exercises twice or more a day as noted by your doctor or physical therapist. Gradually increase the number of times you do each exercise as you get stronger. Repeat the exercise less often if it causes pain that is lasting.

### General Precautions

Your shoulder requires special treatment for a temporary period after surgery, usually about two weeks. During that time, you need to practice the following precautions:

#### 1. Immobilizer/Sling Considerations:

- A. Maintain the immobilizer or sling in a comfortable position with the elbow at 90 degrees for support.
- B. Use the thumb ring on the immobilizer or sling to support the arm while walking, standing or sitting.

#### 2. Shoulder Movements:

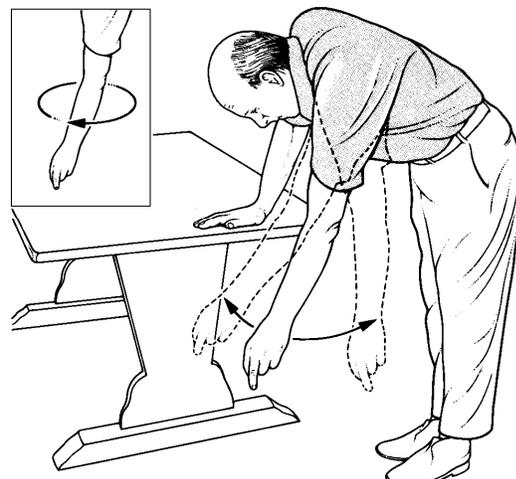
- A. Do not force or push your shoulder motion beyond the specified degree from your doctor or physical therapist.
- B. Do not stop your shoulder exercises until your doctor or physical therapist directs a change in activity.
- C. Do not attempt to lift any object with your surgical arm.

**If you have any questions about your exercise program, please call your physical therapist at (515) 343-1300**

## PENDULUM EXERCISES

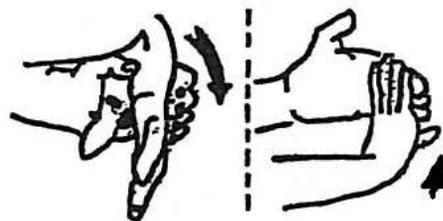
### Pendulum Exercise

- Lean on a sturdy surface, such as a counter, supporting your body with your uninvolved arm.
- Let involved arm hang straight down in a relaxed position and gently swing your arm by rocking your body weight.
- Move your body so your arm moves in circles (clockwise and counter-clockwise) and in a pendulum motion, forward and backward and side to side.
- Repeat \_\_\_\_\_ times each direction.
- Do \_\_\_\_\_ sessions per day.



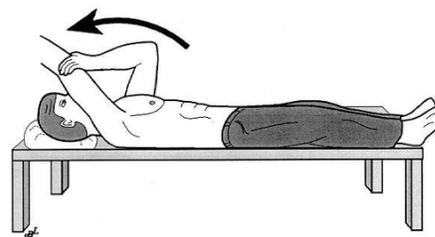
### Wrist Extension/Flexion Stretch

- Stand, or sit on a chair, with elbow bent to 90 degrees and arm at your side.
- Grasp the involved hand, and slowly bend wrist down until a stretch is felt.
- Slowly bend wrist up until a stretch is felt.
- Repeat \_\_\_\_\_ times each direction.
- Do \_\_\_\_\_ sessions each day.



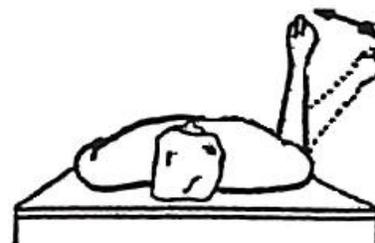
### Assisted Shoulder Flexion

- Start lying face up, arms at your side.
- Remove immobilizer.
- Support the \_\_\_\_\_ elbow with one hand and grasp the wrist with your other hand.
- Slowly lift the whole \_\_\_\_\_ arm (as if lifting arm over head) up to \_\_\_\_\_ degrees.
- Slowly lower the arm back to the starting position.
- Repeat \_\_\_\_\_ times each direction.
- Do \_\_\_\_\_ sessions per day.



### Assisted Internal/External Rotation

- Start lying face up, arms at your side.
- Bend the \_\_\_\_\_ elbow 90 degrees, so the hand points toward the ceiling.
- Support the wrist and hand with one hand, and keep the elbow tucked at your side.
- Gently rotate the \_\_\_\_\_ hand out away from the body to \_\_\_\_\_ degrees, then back toward your stomach.
- Repeat \_\_\_\_\_ times each direction.
- Do \_\_\_\_\_ sessions per day.



## SUGGESTION FOR DRESSING AND REMOVING CLOTHES

- A. A good rule of thumb is to dress the weak side first and remove clothing from strong side first.
- B. Clothes with large buttons are easier to manipulate than small buttons, open-ended zippers, or grippers snaps.
- C. A patient should be encouraged to do all possible dressing activities on his/her own.

### Shirt or Open Front Dress

- A. Place shirt/dress in your lap. With strong arm, grasp weak arm and place it in armhole of shirt/dress.
- B. Pull clothing up weak arm and over shoulder so that the rest of the shirt/dress can be reached in back with strong arm.
- C. Place strong hand in remaining armhole and work shirt/dress up and over strong shoulder.

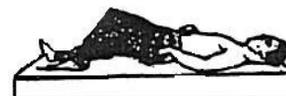


### To Remove:

- A. Drop clothing off weak shoulder with strong hand.
- B. Pull shirt/dress off strong side shoulder and wiggle arm free of the sleeve. Remove weak side from its sleeve with strong arm.

### Underpants or Trousers

- A. Sit on edge of bed or chair so that feet are flat on the floor.
- B. Using strong arm, cross weak leg over strong leg and pull leg over weak foot.
- C. Place strong foot in other pant leg and pull up over knees.
- D. If you can stand, non-assisted or assisted, do so and pull pants up to waist. Sit down again and fasten pants.
- E. If you cannot stand up to complete dressing, pull pants up under hips by rocking from side to side and pulling first on one side of pants and then the other. You may have to lie face up on the bed and use the strong leg with knee bent to push hips up.



### To remove:

- A. If you can stand, simply unhook trousers and let them fall to the floor. Sit down and remove strong leg from trousers. Cross weak leg over strong leg and remove pants from weak leg with strong arm.
- B. If you cannot stand, lie down in bed and unfasten trousers. Bend strong knee and push foot against bed to lift hips. Push pants below hips. Work strong leg free and with strong foot push pants off weak leg.

## LONG TERM GOALS FOR SHOULDER REPLACEMENT

### You should:

- **See a long term improvement in your chronic joint pain.** Discomfort from your surgery should improve every day.
- **Primary goal is pain relief.**
- **Dress with a little help.**
- **Perform activities of daily living with a little help.**

Your incision will continue to heal. There may still be some redness or swelling of the shoulder or arm for several months, which will slowly go away.

You will achieve these goals over time. There are many options to assist in helping you recover. We encourage you to plan ahead and visit with us if you have special home care needs.

## **GOING HOME**

Your doctors and the rest of your hospital team will watch your progress and decide when you go home. Plan now who can come and get you and how much notice they need. We would like them to be here by around 9:15 on the day you will be discharged, because we'd like you to leave by around 10:00 am. It is very important to have help lined up and ready to go before going home. Unfortunately, your insurance companies will not authorize extra days in the hospital for patient and family convenience.

You will be given a prescription for pain pills and any other medication you need. You will take home the walker or crutches we have arranged for you.

Once your doctor has told you that you can go home, your nurse will need some time to prepare a return appointment card teaching cards for any medicine and discharge instruction sheets. We will go over these with you and your family. You do not need to stop in the business office before you leave.

When you are ready, we will take you to your car in a wheelchair and help you into the car. Plan to stop every hour and walk 5 minutes if you live more than 1 hour away.

## **DISCHARGE PLANNING FOR TOTAL JOINTS**

Most patients are able to get in and out of bed by themselves, and to safely walk to the bathroom by transitioning from the hospital to home. Occasionally some patients require home care services. If you do, we will help with those arrangements.

Insurance information-Covered Home Care Services

### Medicare:

1. Home care skilled services means a RN, Physical Therapist or Occupational Therapist is required and must be ordered by your physician.
2. If there is a medical need for an RN or therapist to follow up at home, then a patient may also qualify for aide services for 1-2 hours per day, 3 times a week. Aides help with bathing and personal needs.

### Private Insurance:

May cover RN, Physical Therapist or Occupational Therapist skilled services only (this means no aide services) and must be approved before starting services.

It would be helpful for you to plan to have someone stay with you 1-2 nights after discharge from the hospital to help keep you safe while walking and getting to the bathroom.

Private aide services are available if you have an interest in hiring help.

## **SOCIAL SERVICES**

A Social Worker is available to you by your request or by a referral from your doctor or nurse. The primary goal of the Social Worker will be to make sure that when you leave the hospital, you are returning to a safe living situation with your needs met. For some people this simply means returning home. For others it may mean looking at a skilled nursing facility for a short stay for physical therapy. We can also help explain the stringent guidelines Medicare requires for skilled care coverage. We are available to help you and your family locate a facility. We are also available for counseling when needed. If you have any questions, ask your nurse to contact us.

## **DENTAL CARE**

To prevent any infections to your total joint, you will need antibiotics for any dental work.

This includes:

- Teeth cleaned
- Cavities filled
- Teeth pulled
- Root canal

Either your surgeon or your dentist can provide this prescription. Now that you have a new joint when visiting your dentist for teeth cleaning, filling cavities, tooth removal or a root canal, it is very important that you take an antibiotic. This prevents any infection from occurring in your joint. Notify your dentist when making your appointment and call your doctor for a prescription.

## **INVASIVE PROCEDURES**

Please remind your doctor that you have an artificial joint any time you have an invasive procedure such as foley catheter, gastroscopy, protoscopy, dental work or surgical procedures.

## **TOTAL SHOULDER REPLACEMENT DISCHARGE INSTRUCTIONS**

### **Going Home**

Most patients are expected to return home about 1-2 days after surgery. It is normal for you to feel uneasy at this time. We have repeatedly found that patients adapt well to being at home.

### **Incision**

Upon discharge, your incision should be healing well. It is normal for your shoulder to still be swollen, red, and warm. This does not go away for 3-5 months. Large amounts of bruising over the shoulder, arm and chest is normal after total shoulder replacement. This skin staples most likely will not be removed before you leave the hospital. You will be scheduled to return to your doctor's office in 1-2 weeks for removal of the staples. If your doctor uses steri-strips, these will fall off on their own. A bandage should be worn if there is still any drainage from the incision; otherwise no bandage is necessary.

### **Bathing/Dressing**

You will need help with bathing while you are in the sling or immobilizer. If you have a sling, it may be removed for exercises and bathing. If you have an immobilizer, someone will need to support your arm while it is being washed. Your doctor will tell you when you can take the immobilizer off and shower. Your sling can be worn on top of your clothing and may be temporarily removed to change clothes. Put your affected arm in the sleeve first, work up the shirt without moving arm, put head in and then your good arm. Reapply the sling. The shoulder immobilizer must be worn under clothing with the affected arm not in the sleeve.

### **Activity**

It is important that you be as active as possible. Try to increase your activity each day: walking, going outside, and short rides in a car. Loosen the wrist strap of immobilizer to exercise wrist and elbow often. Do not lift your arm above your head or away from body. When lying on your back, support back of shoulder with pillows.

## **Exercises**

The physical therapists have taught you several important exercises. It is important that you continue to gently do these exercises. It is helpful to set aside the same time each day to do the exercises. Your doctor will tell you when you increase these exercises. They may be easier if you take your pain medication 30 minutes before beginning.

## **Pain Medication**

You will be given a prescription for pain pills. Do not be afraid to use these for pain and as directed by your doctor.

## **Antibiotics**

You may be sent home on an oral antibiotic for a few days.

## **Blood Thinner**

You may be given a prescription for a blood thinner, which is generally prescribed for 1-3 weeks after surgery.

## **Dental Care**

When you are making a dental appointment (teeth cleaned, cavity filled, tooth pulled, root canal, etc) notify the dental office that you have an “artificial joint.” You will also need to contact your physician for an antibiotic prescription to begin taking prior to your dental visit.

## **RETURN APPOINTMENT**

You will be given a return appointment card before you leave the hospital. You will return to see your doctor in 1-2 weeks. At that time, they will arrange for you to receive more active physical therapy if needed. If you need to change your appointment, please call your surgeon’s office.

## **RETURNING TO WORK**

You and your doctor will talk about when you can return to work. Your work activity may need to be changed following your total hip or knee replacement. This decision will be based on:

- Type of work you do:  
Jobs that require mostly sitting may go back as early as 3-6 weeks after surgery.  
Jobs that require physical activity such as walking or lifting may need up to 3 months recovery.
- Your physical endurance
- Any medical problems

Remember a total shoulder replacement can not hold up to the same activity as an ordinary one.

## WHEN TO CALL THE DOCTOR

Call your orthopaedic surgeon if you have:

- A temperature above 101.5 degrees
- Severe or prolonged pain in your arm that pain medication does not relieve.
- Large amounts or increased swelling in your arm (more than in the hospital).
- Numbness or tingling of fingers.
- Unable to use your arm as you did when you left the hospital.
- Increased redness in or around your incision.
- “Pulling apart” of your incision
- Drainage from your incision

Call your family doctor for chronic problems such as heart condition, blood pressure or diabetes.

You may not need to take your blood pressure medicine when you first get home, since it is common for blood pressure to be lower than usual during recovery. As you get better and more active, your blood pressure may need to be controlled with medicine again. Ask your family doctor if you think your blood pressure needs checked. Call your family doctor if you get a cold, flu, vomiting, or diarrhea.