Welcome

Total Joint Replacement
Hip & Knee
Pre-Operative Education Class

Joint Care Coordinator
Rachel Doss, BSN,RN
325-947-6292 OR 325-947-6259
Objectives for Today

• Understanding Your Procedure-Basic Anatomy
• Preparing For Surgery
• What To Expect During Your Hospital Stay
• Physical/Occupational Therapy In Hospital
• Discharge Planning-Therapy Options
• How To Care For Yourself At Home

(Each Objective Will Be Discussed In Detail)
What is the Joint Center?

- 10 bed in-patient orthopedic unit specializing in elective total knee replacements, partial knee replacements, total hip replacements, and total shoulder replacements
- No infections on the unit
- Dedicated nursing and physical therapy staff to help you with the proper care and education you need
- Best evidence based practices are utilized by your surgeon to ensure the best possible outcome
  - Pre-op Practices
  - Therapy Program
Understanding Your Procedure - Basic Anatomy
Total Knee Replacement

• Removal of the damaged bone and cartilage from your thigh bone (femur), shin bone (tibia), and knee cap (patella) with the insertion of an artificial joint

• Expect 1-2 night stay
Partial Knee Replacement

- Removal of only half of the knee (affected side) joint with the insertion of an artificial prosthesis
- Expect 1 night stay
Total Hip Replacement

- Removal of the damaged bone and cartilage from your thigh bone (femur) and hip bone with the insertion of an artificial joint
- Expect 1-2 night stay
How To Prepare For Surgery
Preparing for Surgery

- HAVE YOU DONE EVERYTHING AT HOME ALREADY?

- Do you have someone to help you?
- Have you removed rugs and cords from walkway areas?
- Do you need to rearrange house furniture?
- Have adequate grocery supplies?
- If you have up stairs, do you know where you are going to sleep?
- Have transportation arranged if doing outpatient therapy?
- Have you started your pre-op exercises?
Preparing for Surgery

• SPECIFIC SURGERY GUIDEBOOK DISCUSSES:
  • Each section of the guidebook-what to expect before, during, and after surgery
  • Contact information-call with questions/concerns
  • What to bring to hospital-clothing, toiletries, etc.
  • Coach role and responsibilities
  • Pre-op exercises-recommended to begin before surgery
    • START YOUR EXERCISES TODAY!!

  • Guidebooks are given by your surgeon’s office or the Joint Care Coordinator. Please call if you do not have one.
Preparing for Surgery

• HAVE YOU PICKED UP YOUR PRE-OP WASH?

DynaHex 4% Solution (Chlorhexidine Gluconate)

Anti-Septic Prep Wash

Use 2 days prior to surgery and the morning of surgery prior to coming to the hospital

Instructions:
• Apply solution to a clean washcloth and shower (This soap is thin and will not lather like other soaps)
• Clean body from neck down with avoidance of face and perineal area (use normal soap for face and perineal area)
• Clean thoroughly to surgical extremity
• Rinse off and dry thoroughly
• No lotions or shaving of the surgical extremity during this time

**You may pick-up this body wash from the surgeons office or Joint Center**
Medical Clearance Prior to Surgery

- Medical/Cardiac Clearance for surgery
  - Ensure primary care physician & or cardiologist is aware of surgery
  - Alterations in medications prior to surgery and maybe after surgery
- Lab Values
  - Surgeon Ordered
  - Can be done with Primary Care Physician
  - Will be done before surgery and surgeon’s office will call with any abnormal results
Medications

• Follow instructions set by Surgeon and/or Primary Care Physician
  • Anti-Inflammatories
    • **STOP** Motrin, Ibuprofen, Advil, Aleve, Meloxicam, Celebrex, Vitamin E, and some Herbal Preparations at least 4-5 days prior to surgery
  • Blood Thinners
    • Seek PCP or Cardiologist approval about *IF* and *WHEN* needing to stop:
      • Coumadin, Plavix, Xarelto, Brilinta, Eliquis, Effient, Aspirin, etc.
      • These should be stopped 4-5 days prior to surgery
  • Diabetic Medications
    • Seek Primary Care Physician or Endocrinologists approval *IF* needing to stop
      • No eating or drinking after midnight
      • Medications may lower sugar even more—**Do not take morning of surgery!!**

• Tylenol and narcotic pain medications are safe to continue as needed

• **DON’T BE AFRAID TO ASK THE SURGEON OR PRIMARY CARE PHYSICIAN**
Body Awareness

• Treat any injuries/infections prior to and after surgery
  • Major Cuts/Sores
  • Respiratory Infections
  • Unexplained Fever
  • Unexplained Diarrhea
  • Urinary Tract Infection (UTI)
  • Tooth Abscess

• Possible surgery cancellation until healed or treated

• Dental procedures-ensure dentist is aware of total joint replacement-may require antibiotics before procedures
  • Check with surgeon when you can get next teeth cleaning appointment (Routinely 6 weeks post-op)

• **Remember to get treated as soon as possible because any untreated infection can lead to a prosthesis (joint) infection—SEEK MEDICAL CONSULTATION!!**
Coach

• Who is the coach?
  • Spouse, family member, friend, or a volunteer

• What is the role of the coach?
  • Present during group therapy sessions
  • Assist patients with daily newsletters
  • Record keeper
    • Understand and assist with exercises
    • Understand medications
    • Understand Do’s and Don’ts
  • Provider of POSITIVE encouragement
    • and motivation

*Coach will receive one free meal ticket while here*
What to Bring

• **Guidebook**

• **Current Medication List** (list ALL prescription and over the counter medications)

• **Loose Fitting Clothes**
  • Shorts, Capris, Gowns, and/or T-shirts (*No tight/restrictive clothing*)
  • Shoes with a back for support (*No Sandals or Flip-Flops*)

• **Personal Items (Can provide if not available)**
  • Toothbrush/toothpaste
  • Deodorant
  • Brush/comb
  • Lotion, shampoo, conditioner

• Can bring cell phone or other electronic devices

• Walker if available (A therapist will assess use)

• CPAP machine
Day Before Surgery

• Meals
  • Eat healthy meals
  • Hydrating fluids (lots of water!)
  • Nothing after midnight
    • Includes NO FOOD, WATER, GUM, OR CANDY
• Time
  • DSU Pre-Registration nurse will call with arrival time for day of surgery, medical history, and medications
  • Call (325)-947-6587 if worried
Hospital Stay

Community Joint Center
Day of Surgery

• Report to Williams Family Center/Day Surgery Area
  • Back entrance of the hospital on Executive Drive
  • Check-In at Day Surgery station with volunteer if available or sign clipboard and have a seat in the lobby

• Personal Items
  • Leave Valuables at home or with a family member (ensure documentation is performed in DSU prior to surgery for valuables)
  • No contacts or dentures morning of surgery
    • Glasses will be left with family prior to taking to surgery
Day of Surgery

- Move to Day Surgery room by Day Surgery staff member
  - Obtain vital signs, height, weight
  - Change into surgery gown
  - Have IV started
  - SAGE prep scrub wipes per nursing staff to operative surgical site area
- Review home medications
- Sign consents for surgical procedure
- Pre-Operative medications will be given if ordered
- Application of compression stockings and compression device to non-operative lower extremity
Meet Your Anesthesiologist and Surgeon

• Anesthesiologist will visit with you about their process of the surgery
  • Please inform of any previous anesthesia problems such as nausea/vomiting, blood pressure problems, etc.
  • Will talk with you about peripheral nerve block
    • Helps with pain management after surgery
    • May have a mild sore throat after surgery
• Surgeon will visit you in the room prior to moving to surgery
  • Mark operative leg for surgery
Day of Surgery

• Once you are taken to surgery your family will be taken to the surgical waiting room.
• After the completion of the surgery the Surgeon will come to the surgical waiting room and give the family details of the surgery and status of the patient.
• Family members will then be able to move to the Joint Center Unit and wait for the patient to be moved to their room for Post-Operative care.
• You will know your room number the morning of surgery while in Day Surgery
Length of Surgery

- Once in the operating room, the surgical procedure will average about **1.5-2 hours** then will be moved to the recovery unit (PACU)
What To Expect After Surgery..
Following Surgery

- Following surgery you will be moved to Post Anesthesia Care Unit (PACU)
- Here you will be monitored and cared for by specially trained staff for about 45 minutes to 1 hour or until stable to discharge from their care
- Pain control will be addressed with medications
- Any nausea or vomiting will be addressed
- Preparation for transport to the Joint Center Unit once stable
- No family visitation in PACU
Welcome to the Joint Center Unit

• Upon arrival to the room, you will meet your specialty trained staff and your family
• Staff will complete **Hourly Rounding** to meet your needs
• The Primary nurse will complete a Post-Operative Assessment and will include instructions on medications, labs, vital signs, Incentive Spirometer, meals, and up coming day events
• For total & partial knee patients, you will have cryo unit (ice therapy)
• For total hip patients, you will have ice packs
• Rest until ready to be evaluated by physical therapy (1-2 hours after arrival)
Remember....

- We can’t make the pain go completely away.
- We aim to manage the discomfort so that you can eat, sleep, and move around comfortably
- Always communicate with your nurse and take your pain medications as scheduled
Day of Surgery

• Physical Therapy (PT) Evaluation
  • Out of bed and time to walk (*walk in room or hallway using walker & gait belt with staff*)
  • Up in the recliner chair until bedtime
  • Understand precautions and weight-bearing status per physical therapy instructions

• Continued Nursing Care
  • Post-Operative Monitoring
  • Providing Education
  • Review the specific knee or hip newsletters for this day and upcoming days with your coach or nurse
Preventing Post-Op Complications...

• Pneumonia
  • Preventions:
    • Use the Incentive Spirometer every 1-2 hours with 10 repetitions
    • Cough and Deep Breath with commercials on television
    • Getting out of bed
    • Early ambulation

• Blood Clots/Pulmonary Embolus
  • Preventions:
    • Perform Ankle Pumps while in the chair and bed
    • Early ambulation
    • Start anticoagulant medications per physicians orders
    • Compression sleeves/TED hoses
Preventing Post-Op Complications...

- Infection
  - Preventions:
    - Frequent vital signs
    - Inspection of dressing each shift and incision area with dressing changes
    - Use of IV antibiotics-pre surgery and post-surgery

- Constipation
  - Preventions:
    - Will be given a stool softener/laxative
    - Drink lots of water and eat meals high in fiber
    - Early ambulation

- Nausea and Vomiting
  - Preventions:
    - Medication management
    - Crackers/7up/Sprite/Gingerale
Pain Scale

- Remember we can’t take away your pain completely however we want to keep you as comfortable as possible
- Always communicate with your nurse and take your pain medications as scheduled
- Ask questions. Be sure you understand the pain management efforts that are in place
Post-Operative Day #1
Day after Surgery

• Day begins early with bathing and dressing prior to breakfast
• All Joint Center Participants (JCP) will be up in their recliners by the time day shift starts (7:00AM)
• You will be in your recliner all day!
• Group Therapy (two sessions):
  • 9:00-10:00 A.M. and 1:00-2:00 P.M.
Group Therapy

- Purpose and Process
  - Provides camaraderie and support between patients
  - Twice a day sessions
- In each session, exercises in recliner chairs and walking in the hallways will be performed
- One on one treatment sessions with Physical Therapist and Occupational Therapist
  - These sessions will focus on various activities such as:
    - Gait/Walking (Distance Goal to Walk >300 feet)
    - Transfers (Bed and Chair)
    - Step and stair training
    - Activities of daily living (ADLs) such as bathing, dressing, grooming per the Occupational Therapist
NO PHOTOS PLEASE!!

• PLEASE NO PHOTOS DURING ANY GROUP ACTIVITIES OR THERAPY TREATMENTS

• PLEASE DISCUSS WITH YOUR NURSE OR THERAPIST IF YOU WANT PHOTOS
Post-Op Day #2

• Schedule will be the same as post-operative day #1
  • Bathing, Dressing, Breakfast, Group Therapy (AM and PM), and One on One Walking Sessions
• You will be in your recliner all day!
• Continue to ask nursing for pain medications as needed
• Remember to eat and drink
  • Oral medications can make you nauseated therefore eating prior to taking the medications will help limit this effect
Post-Op Day #2

- Congratulations, it’s time to GO HOME!!!
- Discharge HOME following second Group Therapy session after 2:00 P.M.
- Signing the Joint Center Wall of Success if requested
- Nurse or Pharmacist will educate on new discharge medications
- Nursing will provide education at discharge on:
  - Signs and symptoms of complications to monitor for
  - Home care
  - Home Medications
  - Dressing changes if needed
  - Appointment times for therapy and follow-up with Surgeon
Just a Reminder...

- **Pain Control**
  - Ask your nurse for pain medications
  - Stay ahead of the pain, don’t let the pain get ahead of you!!
  - It is important for the nurse to know if the medications are working because more than likely the oral medication you are on will be what you go home with

- **Eating and Fluids**
  - Although you might not feel like eating, PLEASE TRY!
  - Eat foods high in protein and fiber!
  - Drink plenty of fluids ex: Water, Gatorade, and Juices

- **Bowel and Bladder Functions**
  - Will provide stool softeners/laxatives as ordered by the Surgeon
  - These are slowed by anesthesia but will return
  - Let staffing know if any complications have risen
Discharge Planning

• All discharge planning will be done by Case Management, Joint Care Coordinator, or the primary nurse for the therapy appointment (if utilizing outpatient), or home health arrangement, follow-up appointment, and ordering of equipment

• Outpatient Therapy *(You will need someone to drive you)*
  • 3 visits per week
  • Duration of 4-6 weeks

• Home Health
  • 3 visits per week
  • Duration of 4-6 weeks
  • Can do for 2 weeks then transition to Outpatient Therapy

• Sub-acute Rehab or Skilled Nursing Unit

• **After care may depend on your insurance plans and authorizations, please call your insurance if you are unsure to find in-network companies, see list in guidebook**
Equipment

*Every patient who has a knee or hip replacement will need a rolling walker to go home with*

- Rolling Walker (2 Wheels in front)
- Bedside Commode (3/1 Commode)
- Do you have a preference for equipment company to order from?
  - Your Choice
  - Refer to list in guidebook
  - Will deliver to the hospital prior to discharge
  - Ensure there is a form of payment upon arrival of the equipment, if needed
Other Equipment Options

- Shower/Tub Transfer Bench (*not covered by insurance*)
- Shower Chair (*not covered by insurance*)
- Cryo Unit (*not covered by insurance*)
- Hip Kit (*not covered by insurance*)
  - Reacher, Sock Aide, Long Shoe Horn and Sponge
Discharge to Home

- Best place to sit in the vehicle is in the front seat
- If you live more than 1 hour away, you need to stop get out and walk around the vehicle a couple of times
- Perform ankle pumps while in the vehicle
- Change positions frequently
- Use ice packs as needed for comfort
- Take your pain medications as prescribed
- Monitor for signs and symptoms of complications and report to surgeon as soon as possible
- **When in doubt, call the surgeon’s office**
Pearls to Recovery

• Pick one day each week to measure progress...the physical therapist will help you with this
• Do your exercises twice a day at home
• Stay active and walk daily
• Follow all appropriate guidelines per the surgeon and physical therapist. Review your guidebooks
• Drink plenty of water and ensure eating adequate meals
• DO NOT SMOKE
REMEMBER THERAPY IS VERY IMPORTANT AFTER SURGERY!!
IT HAS TO BE DONE IN ORDER TO GET BETTER!! YOU CAN DO IT!!
Thank you for reviewing the Joint Center Pre-Operative Education Class!!
Please call 325-947-6292 or 325-947-6259 with any questions or concerns!