# Preparing for your

# Total Hip or Knee Joint Replacement

St. Clair Hospital
Center for Orthopedics



- We will present general information about hip and knee replacement procedures done at St. Clair Hospital.
- Your individual surgeon's technique or protocols may vary slightly.
- ♦ If you have specific questions about any differences not addressed in this class, please talk to your physician.



## **Objectives**

#### This class and packet have been designed to:

- Help you prepare for your surgery.
- 2. Overview of knee/hip replacement surgery.
- 3. Know what to expect during your hospital stay.
- 4. Explain how you will regain strength and mobility.
- 5. Help you prepare for a safe discharge.



# **Discharge Planning**

- Care Managers and Social Workers are a vital part of the orthopedic team.
- ♦ Our goal is to help you safely return to your home

Please call your insurance company prior to admission for specific information on your coverage, co-pays etc.



# Length of Stay in the Hospital

- ♦ Length of stay for total joint replacement surgery is 1 3 days.
  - Weekends include same number of therapy sessions
- If you have a *partial* knee replacement (vs. a *total* knee replacement) your length of stay will be 1 to 2 days.
- ♦ Discharge destination:
  - The goal is to return directly home upon leaving the hospital.
  - If the care team determines that you may need additional rehabilitation before going home, we will work with you to determine the best place to meet your needs.
- ♦ Discharge usually is after morning therapies. Plan ahead and secure transportation for the discharge



#### **Discharge Planning**

- Your Care Manager/Social Worker will provide information/coordination on various services including:
  - Home therapy needs upon discharge.
  - Medical Equipment you may need for home.
  - Provide handicap placard application.
  - Short stay in a Skilled Nursing (SNF) or Rehab facilities
    - When necessary (if you meet criteria)





NURSING

# **Preparation Checklist**

- Your medical doctor and cardiologist (if applicable) has cleared you for surgery
- ♦ The following testing has been completed:
  - Chest x-ray
  - > EKG
  - ➤ Nasal swab for MRSA
  - ➤ Blood work
    - ❖Including Type & Screen w/in 14 days



# **Preparing for Surgery**

- You may need to stop taking certain medications 7 days before surgery:
  - ➤ Ibuprofen, Aleve, Celebrex
  - Over the Counter Vitamins and supplements
    - Vitamin E, Fish Oil, etc
- Talk with your doctor if you are taking, blood thinners such as:
  - Coumadin, Xarelto, Plavix or Aspirin (81 or 325 mg)
  - You may need "bridge therapy"
- ♦ Tylenol and/or ice is usually safe to continue.



# Important Information: Before your surgery

- Notify your surgeon/PCP if you develop any injury or physical illness/infection:
  - > Fever
  - > Chills
  - Painful or burning sensation with urination
  - Back pain
  - > Cloudy or foul smelling urine



## **Preparing for Surgery**

- ♦ Help prevent Infections:
  - Do NOT shave legs 1 week prior to surgery.
  - Night before: Shower and Sage Wipes.
    - Clean towels, PJs and bed linen
    - Expect mild redness/tackiness of skin
  - The morning of surgery: Sage Wipes.
    - Clean Clothes



See your dentist prior to having this surgery, if possible.



## **Pre-Op Phone Call**

- → The hospital will contact you after 1:30 p.m. one business day prior to your surgery to tell you:
  - When to stop eating/drinking
  - What medicine to take before surgery
  - What time to arrive at the hospital
- ♦ If you will NOT be home please call 412-942-2240 after 1:30



## **The Orthopedic Team**

- ♦ Physicians
- ♦ Nurses
- ♦ Nurse Aides (CNAs)
- Physical Therapist
- ♦ Occupational Therapist
- ♦ Care Manager / Social Worker



#### **DAY OF SURGERY**

- → Bring this education booklet.
- Leave jewelry/valuables and money at home. You will not need them and we would not want them to get lost.
- Do not wear make-up, nail polish or jewelry.
- Designate your coach to bring your belongings/clothing to your room after surgery.
- ♦ Bring any brace, splint, sling and CPAP you normally use or if your doctor gives you one.



# **Day of Surgery**

- ♦ Report to OPSU on the 3<sup>rd</sup> floor.
  - ➤ Photo ID and Advance Directive (living will).
  - Parking garage is usually best place to park.
- OPSU (Outpatient Surgery Unit)
  - Written list of all home medications:
     Example: Metoporol <u>Succinate</u> 25 mg 2X per day
  - Please include vitamins, supplements and any medications on hold for surgery.
    - Keep this list for your 5A orthopedic nurse to review.



#### SURGERY

#### ♦ THE ANESTHESIOLOGIST/CRNA WILL SEE YOU IN THE PRE-OP HOLDING AREA

#### **Spinal**

No Breathing Tube
Anesthetizes only legs
Other medications for sleepiness
Very sm. Needle below spinal column

#### General

ET Tube
Anesthetizes all of body
Anesthetic gases

#### **Pros/Cons**

Wake up quicker
Do not have to lay flat
May have voiding issues
Analgesia gradually wears off

↑ Post-Op Nausea↑ Post-Op Sleepiness↑ Residual gases in lungsAnalgesia done when surgery done



# POST ANESTHESIA CARE UNIT PACU

- Unit where patients wake up after surgery.
- ♦ Vitals signs closely monitored (usually every 5 15 minutes), cardiac monitor, oxygen, pulse oximetry.
- Shivering not uncommon and will be treated with warm blankets and medication if extreme.
- ♦ Pain and nausea managed.
- ♦ Specialty trained staff, usually no visitors.



## **PACU**

- ♦ Discharge Criteria:
  - Reactive from anesthesia:
    - General: Awake
    - Spinal: Moving and able to move legs
  - Vital Signs Stable
  - Pain Controlled
  - Any nausea/vomiting controlled if present
  - Body temperature normal
- Discharged by Anesthesiologist when criteria met



# **After Surgery**

- ♦ You will spend 1 2 hours in PACU
  - Rooms are assigned as they become available.
  - Advise Surgical Lounge Greeter when you enter or leave the lounge.
- When stable you will be brought to the orthopedic floor
  - Usually unit 5A on the 5th floor\*.
  - ➤ Your temperature, pulse, respirations, blood pressure and urinary output will be monitored often.
  - ➤ It is important for the nurses to monitor you closely even through the night!

\*Because patient flow is sometimes unpredictable, you may experience a delay in getting to your room.



# On the Orthopedic Unit

- The orthopedic staff shares your goal of regaining mobility and optimizing your quality of life.
- ♦ 22 Bed unit: most rooms are semi-private
  - For your comfort and healing, and out of respect for your roommate, we ask that you limit visitors in your room at any given time.
  - Visits are best 12:00 1:15pm or 4:00 – 8:30pm
- Cindy Gaber, RN/BSN, Manager of 5A Ortho Unit, will see you at least once during your stay.



### **Center of Orthopedics 5A**

- Use the call button at your bedside any time.
- ♦ We respect your Privacy.
  - Family must provide your Privacy Number for your nurse to disclose information.
- ♦ St Clair Hospital is a non-smoking facility.



## Call, don't fall!

- ♦ Do not attempt to get out of bed on your own: Call for assistance from nursing staff.



## **Equipment you may have**

Incentive spirometer



Hip Abduction Pillow: some hip patients



CPM Machine: some knee patients



# **Equipment you may have**

♦ Drain

♦ IV Pump







## **Equipment you may have**

 Personal, Posey or bed alarm





♦ Pulse Oximeter



#### **Your Diet**

- ♦ Your first meal will be "clear" liquids
- ♦ A concierge will take your order twice a day

If you are on a special diet, the appropriate menu will be

available for you.

You can also order from the menu if you do not like the main meal selection.

Meals:

Breakfast 7:30 am

❖ Lunch: 12:10 pm

❖ Dinner: 5:10 PM





# **Recovery Diet**

- Food quality not amount is important, choose the following:
  - Protein to help bones and tissue heal.
  - > Fiber to help your bowels:
    - All Pain medications are constipating.
  - > Fluids for hydration.
  - Think about comfort foods, eat what sounds good.



#### **Pain Control**

- Each of our orthopedic surgeons has a multi-faceted pain protocol intended to provide round the clock pain control.
  - Pre-Op Medication
  - During Surgery
  - > Post-Op:
    - Narcotics (IV vs Pills)
      - PCA Pumps
      - Nerve Blocks (IF used may require use of

Knee immobilizer)

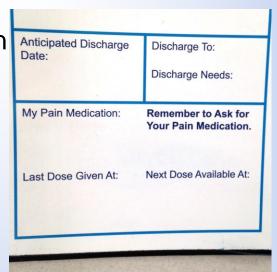
❖ Non-narcotics: Tylenol (IV or Pill), Ultram

Or Tordol



#### **Pain Control**

- Pain protocol on 5A is a combination of medications:
  - ➤ Some are given automatically, it's part of the plan!
  - Others you request.

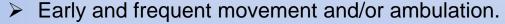


- It is important to know that you should expect to experience some pain in the days following your surgery.
- → Together with your nurse, you will establish a "comfort goal".
  - If your pain rises above your goal level, please ask for medication.
  - > Do not wait until your pain is severe.



# **Preventing Complications**

- Preventing blood clots is key.
  - Sequential compression devices (SCDs) on at all times when in bed.
  - Medication to help prevent blood clots in your legs or lungs:
    - Aspirin, Coumadin, Lovenox, or Xarelto:
       Surgeons preference, therapy lasts
       10 35 days.
    - Keep hydrated!



- Attend all PT and OT sessions.
- Perform leg exercises in bed.





## **Preventing Complications, Part II**

#### ♦ Constipation:

- Surgery, pain medications, and lack of mobility are contributors to constipation.
- ▶ It is common not to have a bowel movement until the 2<sup>nd</sup> or 3<sup>rd</sup> day after surgery.
- You will be offered preventative measures to avoid constipation.
- Your doctor will order blood work for the next 2 days to monitor your blood levels.
  - This will be done very early in the morning.
  - You may receive a blood transfusion.
  - You may need IV fluids if your intake is poor



## **Preventing Complications, Part III**

#### Urinary Retention

- ➤ Attempt to void within 1 3 hours of arriving on 5A.
- Expect to be bladder scanned.
- Drink plenty of fluids.
- Ask for assistance if you need to stand or use a bedside commode.
- Straight catheter vs. Foley catheter.





## **Hourly rounding**

- A member of the nursing staff will check on you as frequently as every hour:
  - Bathroom needs
  - Pain medication
  - To make sure you have simple, but important things close by
    - water, tissues, hand wipes, your phone, and call bell
- Please remember to call for assistance any time you need to get up or out of bed.

"CALL DON'T FALL"



#### **Bedside Report**

- → To keep you informed, the nurses will give one another "report" at your bedside.
  - Family/friends may stay or leave, upon your request.
- ♦ Your nurses will discuss:
  - Your progress
  - The plan for the day
  - Mobility Status
  - Discharge Plan
  - Care Needs
  - Pain Control
  - Update your white board



You are welcome to use this opportunity to ask questions and participate in decision making.



# **Discharge**

- You may be discharged on Post-Op Day 1, 2 or 3 after the following:
  - Seen by your surgeon and possibly your PCP.
  - Attend morning therapy sessions.
- > Expect discharge at approximately 10:30 am if going home.
- Expect discharge by late morning or early afternoon if going to a facility.



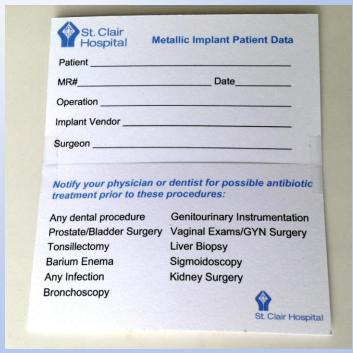
# **Going Home**

- ♦ Before leaving the hospital for home, you will be given:
  - Wound dressing supplies.
  - Prescriptions for pain medication and prophylactic medication to help avoid blood clots in your legs or lungs.
    - Lovenox Kit, if applicable
  - Written Discharge instructions, which will include your Home Health Agency name and phone number.
  - Wallet Card with important information



#### **Wallet Card**

- After having joint replacement surgery, you will need to take an antibiotic prior to certain procedures:
  - Tell your physician or dentist you've had a joint replacement before undergoing any of the following:
    - Any dental procedure/cleaning
    - Barium enema
    - Bronchoscopy
    - Genitourinary instrumentation
    - Kidney surgery
    - Liver biopsy
    - Prostate / bladder surgery
    - Sigmoidoscopy
    - Tonsillectomy
    - Or if you experience any other infection
  - This is a life-long recommendation





# Call Your Doctor if You Experience:

- Swelling or pain in your calf muscle.
- ♦ Possible signs of infection:
  - Severe pain unrelieved by pain medication.
  - Drainage or increased swelling around incision.
  - Temp greater than 101.
- Chest pain or Breathing difficulties: CALL 911
- ♦ Any other concerns.



## Let us know how we're doing!

- Our team places customer service as a top priority. We want to make your stay an outstanding experience!
  - During your stay please let us know what we can do to help you.

♦ You may receive a short survey 1 – 2 weeks after discharge we appreciate you taking the time to complete it.



## **Summary**

- Your recovery period is a **joint** effort between the orthopedic team and you. You play a big role in your recovery and by attending this class your should be familiar with:
  - Preparing for surgery and what to expect the first 2 3 days after surgery.
  - Understanding of how you will regain your strength and mobility with the help of OT and PT
  - Better understanding of how to prepare for your transition home
- Please feel free to ask any questions about the things that you don't understand or that concern you.
  - ♦ We are here to help!



# Occupational Therapy



# **Occupational Therapy**

- For some time after your surgery, you may need to modify how you perform your activities of daily living.
- Occupational Therapy will work with you once a day to increase your independence and safety for discharge home.



# **Before Surgery**

- ♦ Prepare your home
  - Pick up throw rugs
  - ➤ Ensure kitchen, bedrooms, hallways are clear and barrier free to walk with a walker.
  - You may need extra help at home for meals, shopping, housekeeping etc.
  - Arrange for a coach (a family/friend) to help you



# **Before Surgery Cont.**

- Organize frequently used items at a convenient height.
- Assess home for possible equipment needs shower chair, raised toilet seat etc.
- Simple things like coffee mugs with lids may be safer and more practical when walking with a walker.



# **Upper Extremity Exercises**

♦ Chair Push Ups



♦ Bicep curls





# What to bring with you to the hospital

- ♦ A good fitting pair of shoes
- ♦ Shorts
- ♦ T shirt/Sweat shirt
- ♦ Knee/Ankle brace, if you already have
- ♦ Rechargeable razor



# **Review of Hip Precautions**

Your doctor will let you know if you have any movement or positioning precautions after your surgery. Located in your blue folder.



### **OT Sessions**

- Evaluation including details of prior level of activity and home set up
- Introduction to Activities of Daily Living (ADL) equipment and training
- Transfer training (in/out of bed, chair, tub/shower, toilet, car etc.)



## **Day of Discharge**

- Continue self care and transfer training
- ♦ Ideas for simple home making
- ♦ List of adaptive equipment
- ♦ Home exercise program for arms



# Physical Therapy



### PT is the KEY

- Participation with PT after your surgery is vital.
- He who works the hardest gets the BEST results!!!
- A certain degree of pain is to be expected but the pain is usually significantly improved by day 2.
- Achieving early movement is essential to a successful recovery.





# **After Surgery**

- If you are on the nursing unit by 6:00 PM, a Physical Therapist will see you in your room.
  - If possible, we get you out of bed, and take a brief walk.
- If you arrive on the floor after 6:00 PM, your PT will start the next day.



### **PT Sessions**

- You will receive PT twice a day lasting approximately 1 hour each.
  - Each session consists of exercises and gait training.
  - Cell phones are not permitted in the gym.
  - You will progress to stairs over the course of your PT treatments in the hospital.







# Rest – It's Part Of The Program!!

- In addition to 2 PT sessions every day, you will also be receiving OT once a day working on regaining your independence for self care tasks.
- You will be busy during your hospitalization!!! Allow yourself adequate rest.



## **Hospital Visitors**

- For the sake of other patients, we do not have visitors in therapy gyms.
- ♦ Ask visitors to come between 12:00 and 1:15 PM or after 4:00 PM.
- Visitors may be more helpful when you return back home.

# **Equipment**

- If you have any ambulatory equipment (walker, crutches or cane) which you plan to use at home, you may be asked to bring them during the course of your stay to be inspected for appropriateness.
- Even if you don't bring them for inspection please have them in a handy place ready for you when you arrive home.



# **Equipment Cont.**

- If you do not currently have a walker, cane or crutches PT will issue one prior to your discharge if you return directly home.
- If you have steps at home which do not have a railing, it is recommended to get one installed prior to your surgery, if possible.



# **Safety First**

- ♦ Never attempt to get out of bed by yourself.
- ♦ Always call for help!! "CALL DON'T FALL"
- ♦ Knee replacement patients MAY receive nerve blocks which may cause your knee to buckle for the first 24 – 72 hours
  - ➤ A Knee immobilizer may be used temporarily for safety.



#### **Demonstration**

- With very few exceptions, most everyone is allowed to put full weight on the operative leg.
- Basic exercises: ankle pumps and thigh and hip muscle squeezes.
- Everyone starts out using a walker. Some of you may be able to progress to crutches.
- Demonstration of sit-to-stand transfers, ambulation with a walker, and stair climbing.



# **Discharge Planning**

- By post op day 1 to 3, you will be ready to move on to the next level of care.
- Most of you will return directly home with your daily home exercise program.
  - You will continue Physical Therapy by a home care PT.
  - After home care PT you will go to an Outpatient PT clinic.
    - St Clair Oxford Center is an option
    - Courtesy Van may be available for this option
- Depending on your needs, some of you may go to a skilled nursing facility for continued therapy.

