



## What To Expect For Your Total Joint Replacement

## Class Outline

- Preparing for Surgery
- What to expect on the Day of Surgery and During Your Hospital Stay
- Nursing Care and Pain Management
- Physical & Occupational Therapy
- What Happens After Discharge?
  - Patient Care Coordination



## What Does My New Knee or Hip Look Like?



3

Note that these are not representations of Summit Medical Centers actual hip and knee joints but are an educational representation of what they will look like. If you would like to see what the actual unit being placed looks please contact your surgeon.

## Prepare BEFORE Surgery:

- Attend Total Joint Replacement Class ✓
- Read the Surgery Guide, Total Joint Replacement guide and other materials provided by your surgeon's office
- Think of home care needs: call agencies and outpatient physical therapy facilities that you or others have used in the past
  - Get recommendations and visit facilities
- If you have commercial insurance, call ahead to check which in-network status.
- You will speak with the Care Coordinator prior to surgery for an individualized Care Plan.

4

See check list in Surgery Guide book on page 12-14

## Preparing for Surgery

- Complete a pre-surgical medical clearance with your Primary Care Provider
  - Your surgeon and or primary doctor will tell you if you need to meet with a cardiologist or other specialist
- You will also need to complete a visit at or with Summit Medical Center Pre-Admission Testing Department
  - They will call you approx 2 weeks prior to surgery to conduct a phone screening or to set up pre surgery testing such as lab work or other medical tests.

## Preparing for Surgery

- Ask about which medication you should stop prior to surgery, and which medication you should still take the day of surgery (with a small sip of water)
- Except for medications, no food or drink after midnight the day of surgery. No gum, mints, smoking or chewing on day of surgery. You can brush your teeth but DO NOT use water.
- Follow instructions for use of skin cleanser the night before and morning of surgery.

6

Please wash as directed or contact Summit Medical Center or surgeons office with questions.

1<sup>st</sup> Shower is to be taken the night before surgery before bed. Wash with cleanser soap around surgical area such as from middle of stomach to knee if you are having a hip replacement and from hip to toes if having a knee replacement.

2<sup>nd</sup> shower to be taken the morning of surgery. Wash from neck to toes with cleanser. Do NOT use any lotion or oil on your skin or face.

If you lose or did not receive cleanser you can wash with an antibacterial soap. The soap must say "antibacterial" on it.

Please let the nurse that admits you know what kind of soap you used and when.

## Anticoagulants

- What are they?
- Why do you need to take them after surgery?
- How often and when will you take them?
- If you are already taking an anticoagulant, be sure to check with your surgeon or doctor that prescribed it for any instructions on stopping or changing before surgery.
- Your surgeon will prescribe the correct blood thinner after surgery and direct how long to take them. **TAKE EXACTLY** as prescribed



7

Anticoagulants commonly known as blood thinners, are medications that prevent or reduce the blood's ability to clot

These medications help to prevent DVT= Deep Vein Thrombosis (complication) also known as blood clots in the legs

You will be asked to take them for up to 6 months once a day.

You may need to use a medication called Lovenox. Lovenox is an injection and the nursing staff will educate you on how to give it to yourself and when.

## What to Bring to the Hospital

- Toiletries
  - Toothbrush, denture care, glasses, contacts, etc
- Clothing
  - Undergarments, sweat pants, gym shorts, T-shirt, nightgown
    - Clothing should be loose fitting
    - Avoid: jeans and flip-flops
    - You will receive hospital traction socks, you may bring shoes if you prefer
    - Please pack lightly!
- Family and Friends
  - Encouraged to observe therapy sessions and be present at discharge for instructions



8

See books:

Page 12 in the THA book

Page 14 in the TKA book

## Preparing Your Home for Discharge

- Raise the height of chairs and beds if necessary
- 3 in 1 commode or raised toilet seat if necessary
- Remove throw rugs and cords from walkways
- Ensure adequate lighting; nightlights are a good idea!
- Have footwear available that is easy to slip on but also provides protection for your toes and heel and is slip resistant.
- Make arrangements for care of young children and pets
- Do laundry and stock up on groceries prior to surgery
- Ask for help when you need it !!!

[https://players.brightcove.net/3699350166001/default\\_default/index.html?videoid=6163437577001](https://players.brightcove.net/3699350166001/default_default/index.html?videoid=6163437577001)

9

[https://players.brightcove.net/3699350166001/default\\_default/index.html?videoid=6163437577001](https://players.brightcove.net/3699350166001/default_default/index.html?videoid=6163437577001)

Please click link or open and copy and paste into browser and watch this short video.

## Adaptive and Ambulatory Equipment



3 in 1 Commode \*



Raised Toilet Seat



Walker



Cane

10

Many insurances do not cover these items. Considering purchasing or borrowing these ahead of time  
Most of these items can be found at home improvement stores, medical supply stores, pharmacies, Walmart's, Walgreen's or thrift stores.

Borrowing from local loan closets may also be an option such as Senior centers.

See page 21 in the surgical guide

Page 35 in the knee book

Page 35 in the hip book

## Adaptive Equipment



## Day of Surgery

- We will call you the day before surgery to go over check in time and special instructions!
- Report to Registration
  - ✓ Bring ID and insurance cards
- You will be taking to the Surgical Holding Area
  - ✓ You may be in this area for up to 2 hours before surgery
- Operating Room
  - ✓ Surgery is approx 1.5 - 2 hours
  - ✓ Family may wait in waiting area
- Recovery Room (PACU)
  - ✓ Family will be updated by doctor
- Family Waiting Area
- Patient Rooms



12

Note that times vary for different reasons and we will provide updates as often as possible. Your Surgeon and medical team will provide updates to family and loved ones that you have approved as your surgical stay progresses.

## Anesthesia Options



- **Regional Anesthesia** (preferred)
  - Spinal or Epidural Anesthesia
  - Plus...Deep IV sedation
  - Pros: gentler recovery, less bleeding during surgery, lower incidence of postoperative blood clots, possibly less pain afterwards
- **General Anesthesia**
  - May be necessary if taking blood thinners, have had prior back surgery, or if spinal/epidural does not work
  - **Pain Block (on-Q pump)**
    - Numbing medication infused over 72 hours. Anesthesia will place to help with incisional pain.
- Anesthesiologist will discuss the choices with you.
- **In either case you will be asleep during surgery.**

## Pain Management

- Rate your pain on a scale of 0-10

- 0 Pain free
- 1 Very minor annoyance – occasional minor twinges.
- 2 Minor annoyance – occasional strong twinges.
- 3 Annoying enough to be distracting.
- 4 Can be ignored if you are really involved in your work, but still distract
- 5 Can't be ignored for more than 30 minutes.
- 6 Can't be ignored for any length of time, but you still can go to work and participate in social activities.
- 7 Makes it difficult to concentrate, interferes with sleep. You still can function with effort.
- 8 Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain.
- 9 Unable to speak. Crying out or moaning uncontrollably. Near delirium.
- 10 Completely distressed. Pain makes you pass out.



Reference book:

Surgery guide page 16-20

Knee book page 18

Hip book Page 18

## Pain Management

### • Pain medication:

- Oral Pain Pills
  - Long acting, ask the nurse if you need a pain pill
- IV Medication
  - Short acting
  - For breakthrough pain
- Local Anesthetic
  - Longest acting, 72 hour infusion! Numbing medicine
  - Non-Narcotic
  - Works on surgical sight only slowly infuses correct dose for three days



### Pain management at home:

•**Ice:** Intermittently placing an ice pack on can help alleviate some pain and reduce swelling. While you ice, be sure you do not get the incision area wet. Place a thin towel around the ice and apply for approximately 20 minutes at a time.

•**Medications:** Your doctor will prescribe you a pain reliever for use at home. Follow instruction for these medications and tell your care team other over counter pain medications you may use or use regularly.

•**Call:** If your pain has increased or changed please call your surgeons office as soon as possible.



15

Pain medication can be asked for as needed. Not all pain medication is scheduled or give at a certain time. Your surgeon is the one that will order the pain medication. So having a conversation about pain control before surgery is important. Also note that we use different modalities or ways to pain control not just opioids or narcotics (i.e. tramadol, gabapentin, etc.)

See page 16 in the surgical guide book

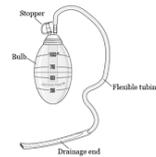
Page 18 in hip book

Page 18 and 34 in knee book

## Immediately After Surgery... Waking Up in the PACU

- PACU= Post Anesthesia Care Unit
- Oxygen for breathing support
- IV in your arm
- Bandage on surgical area
- Possibly have a drain attached to surgical sight (mostly hips)
- Pain pump (on-Q for knees)

Jackson-Pratt Drain



## Transfer to the Nursing Unit

- **Nursing assessment and monitoring**
  - Vitals signs checked every 4hrs first night
  - Nurses will be in about every hour to check on you
- **Call Don't Fall!**
  - Use call light every time you need to get up
- **Breathing exercises**
  - Incentive Spirometer, do this on your own every hour!
- **Blood clot prevention**
  - Sequential Compression Devices, early walking intervention
- **Ice packs**



## Constipation

### **Common causes of constipation after surgery:**

- A change in your regular eating habits can affect your digestive system.
- Narcotic pain medicines slow down your body's digestion process.
- A decrease in your daily activity also slows down food digestion.

### **Tips to Decrease Constipation**

- Take the stool softener medicine that your doctor prescribed (Colace or Docusate).
- Increase the amount of liquids that you drink to keep your stools soft. Drink 6 to 8 glasses (8 ounces each) of water every day in addition to other liquids you drink
- Laxatives: Sometimes after an operation, a laxative is needed to help get things started. You can buy these medicines without a prescription ("over the counter") at any drug store:
  - Milk of Magnesia liquid: Works overnight.
  - Bisodolyl rectal suppositories: Work in about 20 minutes.
  - Fleets enema: Works in about 15 minutes.

## Physical Therapy Plan

- Average Length of Stay
  - For both hip and knee patients: average stay is 1 night
- Day of Surgery
  - Our goal is to get you **OUT OF BED SAME DAY**
  - You will either have your full PT evaluation that evening, or your nurse will help you to get out of bed and to the chair or bathroom within hours of surgery
- Post-Operative Day 1
  - You will be seen by PT once or twice
  - You will be seen by OT once(only if needed)



19

Physical Therapy will usually work with you on the day of surgery and the day after surgery

Physical therapy is an important part of your recovery. They will help you walk, climb stairs, and return to other normal activities as quickly as possible.

OT can be used during your stay to help assist with such things as dressing, putting on shoes and other everyday activities but is only ordered when needed and is not always needed.

## Physical and Occupational Therapy Plan

- **Physical Therapy**
  - Strengthening exercises, walking, stairs, group sessions
  - For knee patients, goal is 90 degree bend by time of discharge
  - Recommend the safest assistive device for walking
- **Occupational Therapy**
  - Daily Activities: transferring to toilet, dressing
  - Recommend adaptive equipment

## Posterior Hip Precautions (to be followed for approx 6 wks post surgery)

- Do not cross your legs
- No bending forward at the hip
- Do not rotate your leg inward
- Weight bearing as tolerated



Do not bend your operated hip beyond a 90° angle.



Do not cross your operated leg or ankle.



Do not turn your operated leg inward in a pigeon-toed position.

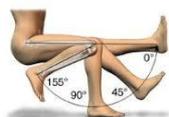
## Anterior Hip Precautions (to be followed for approx 6wks post surgery)

- There are no movement restrictions except for avoiding a figure of four position with the operated hip.
- You may cross your ankles
- Weight bearing as tolerated



## Total Knee Precautions

- Only do exercise that you have been given by your physical therapist or surgeon. Doing too much too soon can cause complications in your recovery.
- Avoid excessive pressure or bending of the knee until cleared by physical therapy or surgeon.
- Do NOT place a pillow under your knee while in bed! Full extension is recommended
- No driving until cleared by physical therapy or surgeon.



## Patient Care Coordination

Your Patient Care Coordinator can assist with discharge planning from the hospital and help you make arrangements for rehabilitation Services if necessary.



24

Reference “important number” page 2 in ortho books or page 24 in surgical book

## Rehabilitation (after surgery) Options

- Outpatient Services
  - Physical therapy appointments 2-3 times/week
  - Most patients will do outpatient therapy
  - Make a therapy appointment before surgery!
- Home Health Care
  - Physical therapist comes to your home 2-3 times/wk
- If you do not feel you are safe to discharge home, the Care Coordinator, Surgeon, or Nurse will discuss other options with you during your stay. Ultimately your surgeon will make the decision

Our goal is for you to safely discharge HOME from the hospital!

## At Home



- You may take a shower after 2 days
- **Do NOT:**
  - **DO NOT:** Submerge the site in water
    - No baths, No hot tubs, No whirlpools, No swimming
  - **DO NOT:** Put any lotions or creams on surgical area
- Contact Surgeon for:
  - any fever over 101 degrees
  - increasing redness or pain in calf
  - drainage from the wound
- Wash hands thoroughly before re-dressing or touching the surgical site in any way – post-op infection is the number one reason for re-admission!
- If your surgeon used staples or sutures to close the surgery site, these will be removed at your first follow up visit

26

Reference books:  
Knee book page 22  
Hip book page 23

## Transportation

**Plan for TRANSPORTATION** home from the hospital, and for all other appointments for at least 4 weeks.

- **2-4 weeks** before your doctor will allow driving
- Proper vehicles for transportation: Avoid anything *too compact* or *too low* to ground
- Up to **6 weeks** before your doctor will recommend flying (risk for blood clots, pneumonia)



## Questions?



Please call 307-232-4055 or email [sbieber@summitmedicalcasper.com](mailto:sbieber@summitmedicalcasper.com) with any questions or concerns.

Thank you!