

Total Joint Replacement Center at Good Samaritan Hospital



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Getting to know your team



Surgery

Sharlyn Serwatien, Director of Care Coordination
Surgeon
Anesthesiologist
Hospitalist services



Rehabilitation

Nurses and Care Partners
Physical Therapy
Occupational Therapy
Case Management/Social Worker

Other key members

Gelsie Tucciariello – BSN, RN
Manager Orthopedic Unit



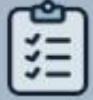
Pre-Admission Testing Day

Plan for Pre-Admission Testing (PAT) visit:

- Diet: You do NOT NEED to fast
- Allow 3-4 hours for testing
- Complimentary valet parking is available at the front entrance
- Check in at registration upon arrival



Pre-Admission Testing Day



What to Expect and Who You Will Meet With

- **Clearance must be obtained by primary care physician or hospitalist**
- Preadmission testing Nurse
 - ✓ Assessment and review history
 - ✓ Obtain baseline blood work, EKG, urinalysis, chest x-ray
- Director of Care Coordination
 - ✓ Ensure medical optimization
 - ✓ Discuss current living situation and social support after surgery
 - ✓ Identify any barriers you may have that may affect your recovery
 - ✓ Schedule Prehab visit so that PT can assess your home environment to maximize safety and outcomes (stairs, bathtub, bed)
 - ✓ Expectations are that all patients are discharged home
- May be seen by the Anesthesiologist
- All patients having robotic surgery are required to have baseline CT scan



Preparation for Surgery

This is an elective surgery. Preparation is **ESSENTIAL!**

- Arrange for a discharge caregiver
- Patients will be offered a Prehab referral prior to their procedure.
 - ✓ Physical Therapist will review home environment (Stairs, layout, rugs, etc.)
 - ✓ Prepare meals
- Prepare home (bathroom, kitchen, bedrooms, living areas)
- Please note that a commode or raised toilet seat needed for total hip replacements is often **Not** covered by insurance



Medications That Increase Bleeding

Blood Thinners

Heparin

Coumadin

Xarelto

Lovenox

Antiplatelets

Aspirin

Plavix

Herbal Supplements

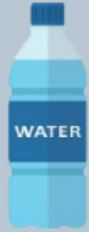


Before Surgery

Approximately two (2) weeks prior to surgery check with your physician regarding when to stop any additional medications, as they may cause increased bleeding.



Day Before Surgery



Drink plenty of fluids - preferably water.

This will help keep you hydrated and will better allow us to start an IV. If you have fluid restriction follow the directions of your health care provider.



Please do NOT shave your legs or underarms or use chemical hair remover the day before surgery.

Tiny nicks and cuts, or a rash can let in germs and lead to infection.



Your surgeon's office will call you to tell you what time to arrive at the hospital on the day of surgery. Arrive at the time they advise. This time allows for prep work for the OR

Please expect a call from the surgeon's office 1-2 days prior to your procedure to confirm the time of your surgery



Night Before Surgery



DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.

No gum, mints, or candy. Surgery may be delayed 2 or more hours due to gastric movement.



The **ONLY EXCEPTION** is to take medications with a small sip of water, as instructed by your provider, surgeon, or anesthesiologist.



Shower or bathe - after one hour use the chlorhexidine antiseptic wipes (Nose to Toes SAGE) given to you at your pre-admission testing appointment.

Allow the skin to dry and then get into clean pajamas.



Practice deep breathing and relaxation techniques



What to bring to the Hospital

- Photo ID
- Insurance card
- Allergy list
- Medication list with dosages
- CPAP
- Toiletries
- Book or other reading material
- Glasses (not contacts), dentures, hearing aids
- Walker or durable medical equipment upon day of discharge



Things NOT to Bring to the Hospital



- Medications, unless specifically instructed to do so by your doctor
- Cash or credit cards
- Jewelry
- **The hospital is not responsible for any valuables left at the bedside/lost belongings**

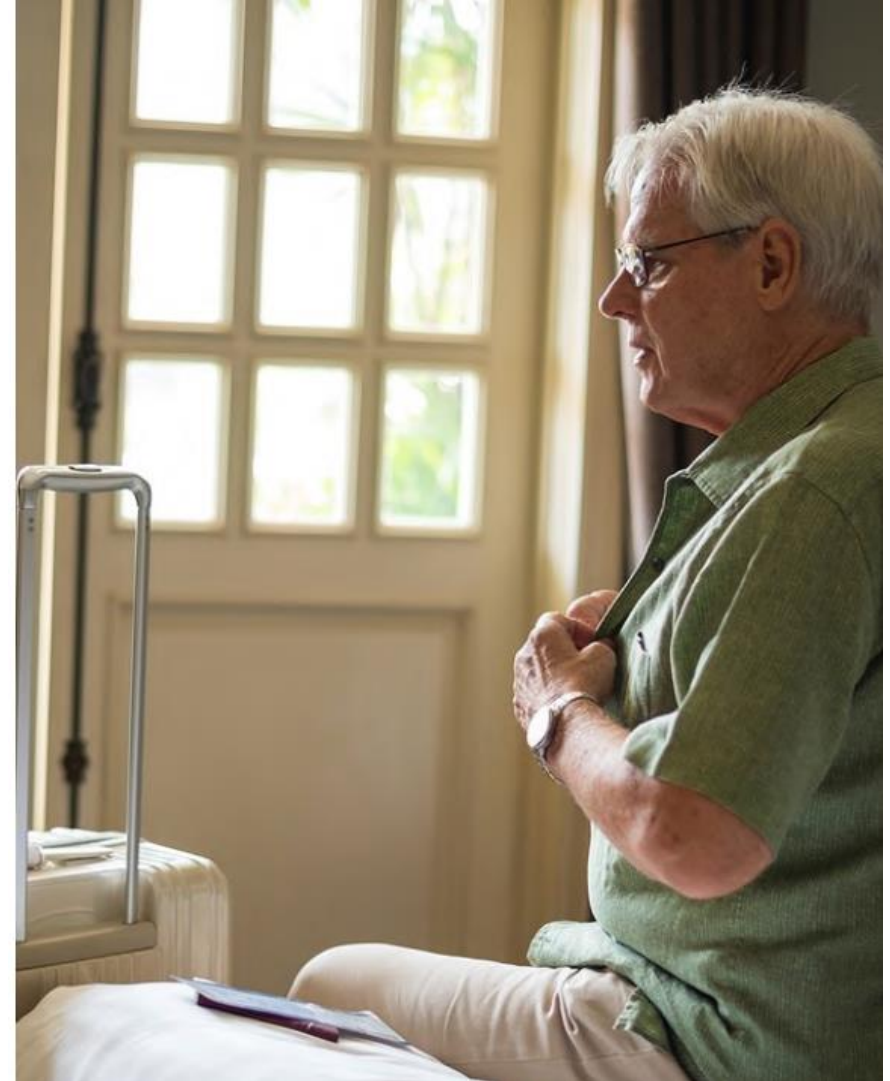


Morning of Surgery

When you wake up:

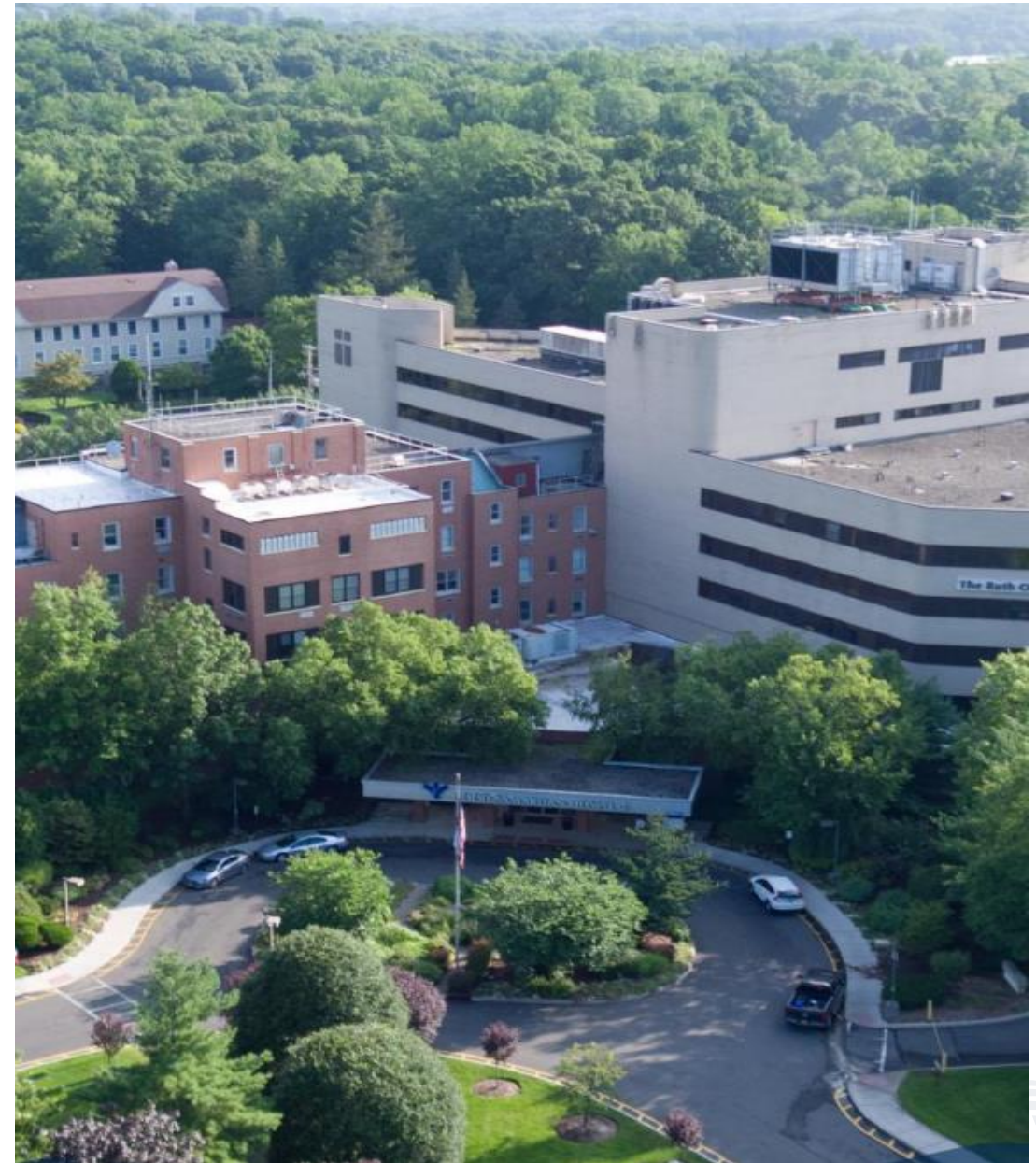
- Do not shower or bathe
- Brush your teeth
- Dress in comfortable clean clothing with easy slip-on shoes

You are now ready to head to the hospital!



Morning of Surgery

- Report to the Information Desk in the Main Lobby and you will be escorted to the Ambulatory Surgery
- You will be greeted by surgical staff and the pre-op process will begin, your Identification bracelet will be applied
- Family will then be directed to the waiting room
- Please inquire with registration about Family First application to track your family member



Day of Surgery

Same Day Holding Area

- Change into hospital gown
- Lab may draw some blood

Holding Area in the OR

- Start your IV/ administer antibiotics
- The Anesthesiologist, OR Nurse and your Surgeon will all see you
- Chart finalized, final questions asked, operative sight marked by your surgeon
- Anesthesia can give you medication to relax you prior to going to the Operating Room – ASK!
- Peripheral nerve block will be administered



Day of Surgery

Operating Room

- Many staff members will be in the room
- Monitoring equipment will be applied:
 - ✓ Cardiac Monitors to chest
 - ✓ Oxygen Monitors
- IV fluids and medications to be administered
- Blankets provided for warmth



Please remember to communicate any issues or concerns



Anesthesia and Pain Control

Please remember that you will not be pain free!

- Your group of physicians and nursing staff will do everything they can to ensure your pain is manageable.
- Your anesthesiologist will formulate the best and most appropriate medication regimen to control your pain.
- Rest assured, your comfort is our top priority. Your doctor will round on a daily basis to assess your health including pain control, vital signs, and labs and adjust treatments accordingly.
- Medications may be administered by oral or intravenous routes. It is crucial to take pain medications regularly so that you are able to participate in therapy.



After Surgery

Recovery Room:

- Pain control
- Cardiac monitoring
- Oxygen
- IV Fluids
- Deep breathing and coughing
- Incentive Spirometer
- Surgeon contacts family
- Brief family visiting if possible



Pain Scale and Assessment

Wong-Baker FACES® Pain Rating Scale



Rating	Pain Level
0	No Pain
1 – 3	Mild Pain (nagging, annoying, interfering little with activities of daily life (ADLs))
4 – 6	Moderate Pain (interferes significantly with ADLs)
7 – 10	Severe Pain (disabling; unable to perform ADLs)



Non-medicinal Pain Management

- **Distraction:** Watching TV or listening to music
- **Relaxation/guided imagery:** Guiding you through relaxation exercises such as deep breathing and stretching can often reduce discomfort. Mental images of sights, sounds, tastes, smells, and feelings can help shift attention away from the pain.
- **Change positions:** sometimes a slight shift of your position is all that is needed
- **C.A.R.E. Channel**-Channel 38 on your room tv, has over 80 hours of non-repetitive content designed to alleviate anxiety and ease discomfort for patients during the course of their hospital stay. It is also the only 24-hour channel designed to support the normal day-night cycle
- **Meditation** - Mindfulness Meditation Practice Reported:
 - Better pain control
 - Reduction of severity of pain
 - Less anxiety and tension
 - Improved healing (four times faster)



Total Knee Replacement - Precautions

- **Nerve blocks may lead to numbness & buckling**
- **Knee immobilizer application to prevent buckling**
 - ✓ Brace to be worn the day of surgery into post-op day 1 (Therapist to determine needs thereafter)
- **Pain Management**
 - ✓ Pain medicine
 - ✓ Increase mobility
 - ✓ Icing via ice pack

- **Sit with legs straight and toes facing the ceiling**
- **Towel rolled under ankle**
- **Promote knee extension**
- **Exercises will be promoted**
 - ✓ Increase range of motion
 - ✓ Increase strength
 - ✓ Increase circulation



Total Hip Replacement - Precautions

- **DO NOT CROSS YOUR LEG**

- **Abduction pillow**

- ✓ Transferred from OR/Recovery Room with pillow strapped between both legs
- ✓ Prevent from crossing your legs in bed
- ✓ You will take this home to prevent crossing your legs
- ✓ Sit in a higher chair

- **Maintain 90° position**

- ✓ Do not bring your knees above your hips
- ✓ Do not bend over to pick anything up off of the floor
- ✓ Occupational Therapist (OT) will provide a hip kit to assist you with lower body dressing in order to be compliant with total hip precautions

- **Do not internally rotate your surgical leg**

- ✓ AKA no pigeon toe position
- ✓ When walking with a rolling walker make small turns and step with your surgical leg first



Total Shoulder Replacement

Shoulder replacement procedure:

- Sling to surgical arm
- NO range of motion to surgical shoulder
 - ✓ Elbow and wrist range of motion allowed
 - ✓ PT/OT will review elbow/wrist exercises
 - ✓ PT/OT will review donning and doffing of sling
 - ✓ OT will review proper upper and lower body dressing to be compliant with no range of motion to surgical shoulder



Total Knee, Hip, and Shoulder Repair

- Cleared from recovery
- Transfer to Orthopedic Floor
 - ✓ Nurse will clear for out of bed activities
 - ✓ Vitals stable
 - ✓ Asymptomatic post anesthesia
 - ✓ May experience numbness
 - ✓ May experience onset of pain



How We Minimize Complications



Deep Vein Thrombosis (DVT's) - blood clots that can form in your legs

- Exercise and ambulation
- Medications (blood thinners such as Lovenox)
- Compression devices placed on your calves/feet
- Compression stockings or ace wraps



Leg and ankle swelling

- Elevating the operative leg
- Avoiding sitting for more than 30-45 minutes at a time
- Performing your ankle exercises



Pneumonia/ Atelectasis (partial lung deflation)

- Using Incentive Spirometer
- Doing your breathing exercises with the incentive spirometer will minimize the risk of developing pneumonia



Nutrition

Narcotics may lead to constipation

- ✓ Consumption of high fiber foods will be essential
- ✓ Drink plenty of fluids
- ✓ Early mobility and ambulation for motility

Nutrition – Constipation Prevention

Good Sources of Fiber:

- Oatmeal
- Bran cereal
- Beans
- Berries
- Prunes
- Apples
- Pears
- Bananas
- Broccoli
- Cauliflower
- Popcorn
- Almonds

Other Tips:

- Add lettuce, tomato to your sandwich
- Change from white bread/pasta/rice to whole grain
- Add fruit or popcorn as a snack
- Change from Corn Flakes to Cheerios
- Hot beverage/hot cereal in the morning
- Utilize stool softeners when offered
- Increase fiber gradually
- Take the opportunity to try
- Relax



Total Joint Center



OUR GOAL:

Safe discharge to home on the day after surgery

- You will be seen by Physical therapy, Occupational Therapy and/or nursing to get out of bed and ambulate on the day of surgery as long as you are medically stable.
- Physical therapy will see you 1-2 times/day for range of motion and strengthening exercises, along with all functional mobility training to be able to get in and out of bed, ambulate and negotiate stairs.
- Occupational therapy will see you 1-2 times/day to make sure you are comfortable eating, dressing, toileting, and bathing, along with mobility training.
- Surgeon or Physician Assistant will visit, provide instructions and change your dressing.
- Visit by Case Manager for final discharge planning arrangements.



Total Joint Center

- Please don't hesitate to ask questions or use your call bell to get help. We are here for you!
- Do not attempt to get out of bed on your own!
- Staff will round frequently, if assistance is needed prior, do not hesitate to call
- Abduction pillow or knee immobilizer for total hip patients
- Knee immobilizer for total knee patients
- Shoulder immobilizer for total shoulder patients
- Goals to mark your progress and help you and your family know what to expect will be posted in your room
- The physical therapist will meet you on your day of surgery
- You will walk on the day of surgery and sit in a chair
- We will get moving on that road to recovery and home!!!



Discharge Day

- Hygiene with bath wipes
- Assisted out of bed into recliner/hip chair
- Discontinue antibiotics & IV Fluids
- Visitation by your surgical team: Surgeon, Physician Assistant, and Orthopedic Coordinator
- Visit by case manager for discharge planning
- Physical Therapy sessions twice daily
- Occupational therapy once daily
- Incentive spirometer for breathing exercises
- Wear mechanical foot pumps while in bed
- Drink fluids!
- Do ankle pumps other exercises provided



Positioning

Things to perform and things not to perform:



TOTAL KNEE REPLACEMENT

- Do not place a pillow under your **knee**
- Need to work on bending knee, but keep straight at all other times



TOTAL HIP REPLACEMENT

- Do not bend your hip greater than 90 degrees
- Do not cross your operated leg across the midline of your body
- Do not twist or rotate the operative leg



Positioning (cont.)


Total Shoulder Replacement (TSR)

- Wear sling and waist straps at all times, even when sleeping, per your surgeon's orders
- Sling is only to be removed to perform elbow, forearm, wrist, and hand motions along with dressing/bathing as per surgeon's orders and instructed by the occupational therapist
- No active shoulder movement for 6-8 weeks, which is directed by your surgeon
- Physical Therapy 1-3 weeks after your surgery



Rehabilitation After Surgery

Pain Control

 PLEASE REMEMBER THAT YOU WILL NOT BE PAIN FREE!

- Anesthesia and the nursing staff will do everything they can to ensure your pain is manageable
- It is crucial that you take your pain medication regularly, especially before therapy

Prevention of Pneumonia:

- Incentive Spirometer
- Maximize lung expansion
- This is extremely important to use every hour while awake
- This will help minimize any risk of pneumonia complications



Rehabilitation After Surgery



GOAL: HOME WITH HOME CARE OR OUTPATIENT THERAPY

- Anticipate attending outpatient therapy for 6-12 weeks as needed for Hip or Knee replacements. Shoulder replacement surgeries anticipate 1-3 times/week for 3-5 months as needed per surgeon's protocol
- As your swelling and pain decreases, and you become stronger, you will be able to return to more activities
- The days that you feel good, try not to overdo it

Patient Centered Focus:

- We work together as a team to help you!



How We Minimize Complications



Dislocations

- Dislocation of the new hip joint can be minimized by following specific Hip Precautions, which is provided in your education folder.



Infection can be reduced by:

- Keeping the dressing clean and dry
- Call your doctor if you have a fever greater than 101° or if the incision becomes swollen, red, or exhibits changes in the color, amount or odor of the drainage.



Future surgeries

- After the placement of an artificial joint, check with your doctor for any future dental work or surgical procedures. You may need preventative antibiotic treatment.

****Avoid scheduled procedures for 90 days post surgery to decrease risk for infection**



Case Management

Discharge Planning

HOME

- Safe environment
 - ✓ Need clear spaces that a rolling walker can fit through and tripping obstacles like throw rugs removed
- Stairs
 - ✓ All stairs will require at least one rail of firm hand hold in order to navigate safely
- Someone to stay with you and complete chores such as laundry, food shopping
- Home care and/or Physical therapy
- Transportation home

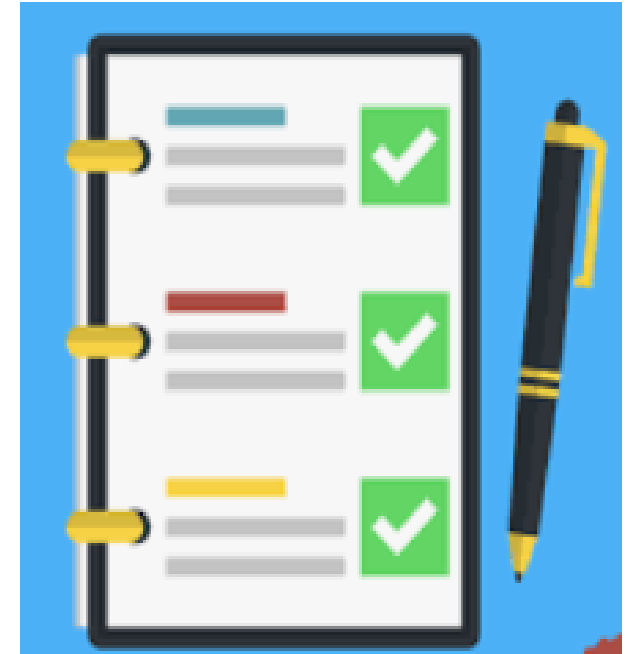


Surveys That You Will Receive

- Pre-operative functional assessment : Hoos and Koos
- Postoperative : Press Ganey scores
- Subjective surveys upon discharge
- One year post operative functional assessment

These are important because:

- Accountability
- Provides hospital with feedback
- Reflects hospital ratings



THANK YOU



Thank you for choosing Good Samaritan Hospital
to meet your orthopedic needs!