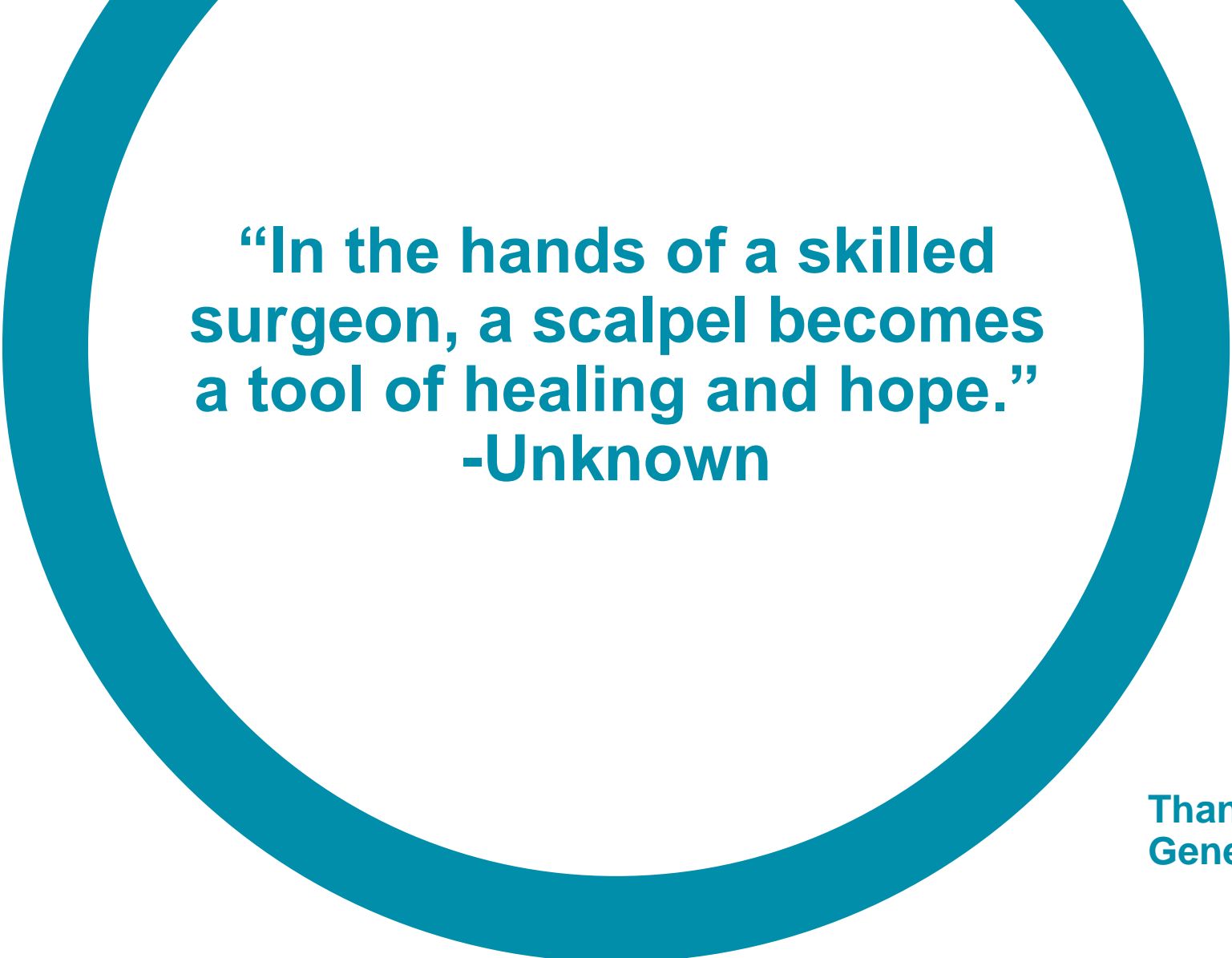


Total Joint Education Class

It's a Joint Effort!



**“In the hands of a skilled
surgeon, a scalpel becomes
a tool of healing and hope.”
-Unknown**

**Thank you for choosing MercyOne
Genesis for your total joint care!**

Learning Goals

- Properly prepare you for the day of surgery
- Review expectations for your hospitalization
- Help you better understand typical procedures and equipment
- Enhance your physical recovery
- Allow you to return to your usual “Activities of Daily Living” (ADL’s) as quickly as possible

Your Team

The team who will help you during your stay includes:

- Surgeon
- Anesthesiologist
- Hospital physician or primary physician
- Surgery Scheduling
- Pre-Admission Services
- Nursing
- Respiratory Therapy
- Occupational Therapy
- Physical Therapy
- Care Coordinator / Social Worker

Preparation

Pre-Admission Activities

You will be contacted by a Pre-Admission Nurse to:

1. Schedule pre-surgical testing
2. Obtain medical history
3. Screen for Obstructive Sleep Apnea
4. Review all home medications

You may receive special instructions regarding:

- Blood thinners
- Diabetic Medications
- GLP-1 receptor agonists
- Blood pressure medications

Preparation At Home

Get your house ready for easy and safe use after surgery

- Remove throw rugs, cords and clutter from floor and stairs
- Consider installing a railing on your stairs if you do not already have one
- Have good lighting in each room, add night lights
- Arrange furniture so there are clear walking paths to common areas

Preparation At Home

Other considerations

- Place items you use frequently on counter or tables that are easily accessible
- Think about having pets stay with loved ones or boarded for a few days
- Prepare meals that are easy to heat up
- Complete the exercise program if given to you by your surgeon or therapist as directed
- Get extra hydration day prior to surgery

Preparation Hospital Stay

1. Most people spend the night the day of surgery and discharge the next morning

- Discharge goal 10:00am
- Bring only necessities

Ice machine (if obtained)

CPAP/BiPAP

2. Same day discharge, anticipate several hour stay for PT/OT.

Support Person

1. Please arrange for someone to be available to you the first few days after surgery
2. Their commitment and active participation is key to ensuring a successful and timely recovery
3. This person does **not** need to be a trained professional, but will be responsible for:
 - Giving you a ride home day of or morning after surgery
 - Providing supervision when going up or down the stairs
 - Assisting with gathering items or medication
 - Preparing simple meals

Home Medical Equipment

1. Potential equipment needs:

Walker, walker tray, cane, toilet riser, grab bar, bath bench, reacher, night lights

2. Your Physical and Occupational Therapists will help you decide what equipment you will need at home, so you don't purchase items you won't use.

3. MercyOne Genesis Home Medical Equipment (563-421-3300)

Nutrition



In the Hospital:

There is no specific diet for joint repair patients. Depending upon your recovery, your diet may advance as follows:

- Clear Liquids: broth, tea, gelatin, juices
- General Diet: well-balanced diet to maintain good health

Alert staff to Special Dietary Needs

At Home:

Needs can generally be met by eating a well balanced diet

If extra nourishment is needed, you may try:

Carnation Instant Breakfast

Boost or Ensure

In the days leading up to surgery, make sure to keep yourself hydrated!

Pre-Operative Skin Preparation

Goal: Reduce the risk of infection prior to surgery

Antiseptic wipes will be given to you by Preadmission Testing or mailed to your home for you to apply the night before your surgery.

Instructions will be included on how to use them.

- Do not scrub, only wipe

- Will need assistance with wiping back

On the day of surgery, the antiseptic wipe process will be completed again with staff wiping the planning surgical site



Before Surgery Guidelines

1. Protect your legs from injury—wear long pants when doing yard work
2. DO NOT eat for at least 8 hours prior to procedure.
 - Follow your physician's instructions when to stop eating and drinking
 - Includes NO gum, mints, hard candy day of surgery
3. CALL your doctor if you are ill or have a fever up to 3 days before your surgery

Before Surgery

Optimizing your Recovery

1. It is recommended to **quit smoking**.
 - No smoking day of surgery
 - No tobacco products/ chew or vape
 - No marijuana of any type
2. DO NOT drink alcohol for 24 hours prior to your surgery
3. NO illicit drug use for 3 days prior to surgery

Before Surgery Medications

1. Know WHEN you took all of your medications (last date & time)

- Medications that may require special diet instructions or have specific instructions to follow from your surgeon may include:

1. Blood Thinners
2. GLP-1 receptor Agonists (semaglutides, Wegovy, Ozempic, etc)
3. Diabetic Medications
4. Metformin
5. Insulin pumps
6. Blood Pressure Medications

Know when to stop/or if needed to take prior to surgery

2. **Contact your surgeon** if you have questions about medications prior to surgery.

Day of Surgery

What to Bring

1. DO NOT bring valuables, money, or jewelry
2. All jewelry and body piercings must be removed prior to coming to the hospital
3. Family/visitor will be responsible for management of your belongings
4. If applicable bring CPAP or BiPAP with you to the hospital
5. If you have secured an ice machine, please bring that to use during your hospital stay
6. Green band (blood band) from Pre-admission (if needed)
7. Support person
 - Must be at least 18 years old
 - Limit 2 visitors

Surgical Waiting Room



Surgical Waiting Room

- Parking is available in the lot directly in front of the hospital or the south parking ramp attached to the hospital
- Check in at the admitting desk in the main lobby of the hospital on the 1st floor.
- You will then go to the 2nd floor (using A elevators) and check in at the surgical waiting room desk.
- This is where your family, friends and/or support person will wait during your surgery
- Your chosen person will be kept updated via our texting system
- The surgeon will update them in person after the procedure

Day of Surgery: Pre-Op

Nursing assistant will use electric clippers to remove hair, if needed, at the site of your surgery.

(Do not shave below the neck for at least 7 days before surgery)

Prep skin with antiseptic wipes (again)

Warming gown – reduces risk of infection and hypothermia

Prevent Blood Clots

- SCD (Sequential compression device)
- TED Hose (white stockings)

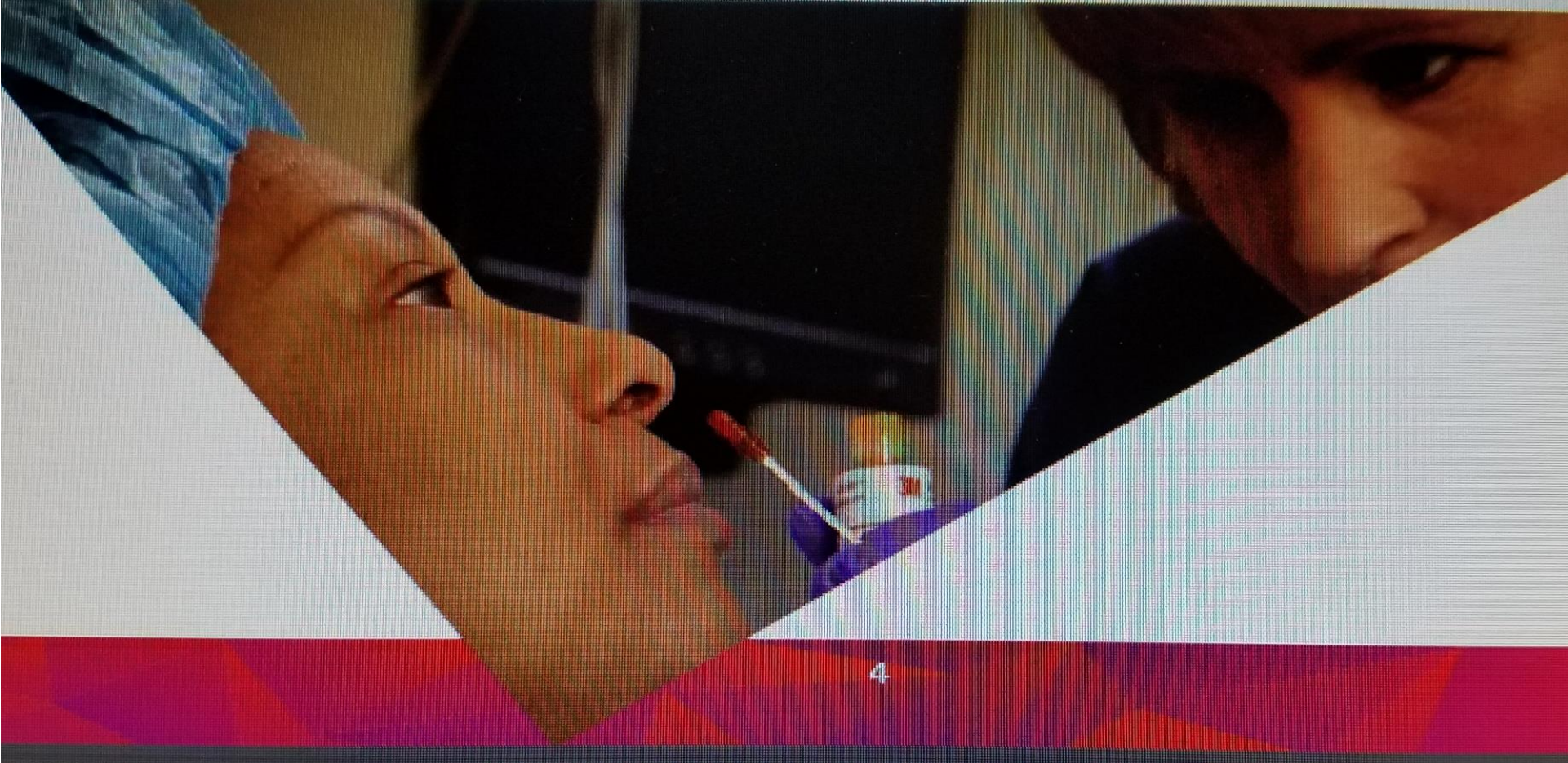
Day of Surgery

- Registration will see you to verify your information and insurance
- An Identification bracelet will be put on
- A nurse will review your history, allergies and medications
- You will sign your consent form(s)
- The nurse will start your IV
- Receive antibiotic

Use of Nasal Antiseptic for infection prevention

- 80% of Surgical Site Infections from Staphylococcus aureus come from the patient's own nasal flora
- 1x application by the nurse
- Iodine base – *inform nurse if you are allergic to iodine*
- at least 12 hour persistence
- 99.5% reduction in Staphylococcus aureus in one hour

Nasal Antiseptic



4

For Your Safety



- You will be asked to state your **full name** and **date of birth** many times during your stay
- You will be asked several times the reason for your hospitalization
- DO NOT get up without assistance of the staff, even to go to the bathroom

Pain Management Is Started in the Outpatient Care Center

- Your pain management is a top priority for our medical team
- Pain medications and medications to prevent nausea will be given orally or through an IV even prior to surgery.

Physician Visit

- Your surgeon will visit with you before surgery
- The surgeon will mark your surgical site with their initials, and answer any questions you may have
- The anesthesia provider will meet with you to discuss your anesthesia plan

Anesthesia Options

1. General Anesthesia
2. Spinal Anesthesia with Sedation
3. You, your surgeon and your anesthesia provider will decide which is best for you



Anesthesia

Spinal

Complications are uncommon

Eliminates pain from a specific region

You may remain awake but sedated

Medications given through the IV
ensure you are relaxed through the
procedure

General

Some patients have increased nausea
and vomiting

Not as commonly utilized for this
procedure

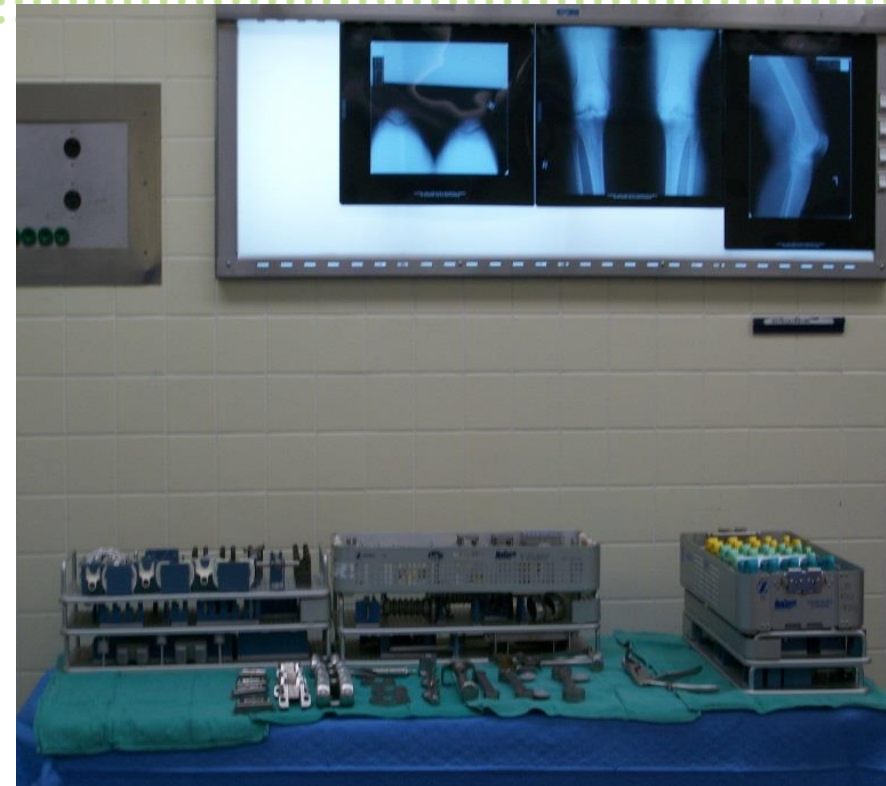
Operating Room

1. Everything you see in the operating room is for your safety and to ensure your procedure takes place as smoothly as possible.
2. There will be a nurse and anesthesia provider with you at all times.
3. For your safety, the “Time Out” process will take place in the operating room.
 - 100% agreement by everyone in the room that this is the correct procedure (hip or knee) and side (left or right) before proceeding with the surgery.



Operating Room Environment

1. The operating room is cool.
You will be covered by a warming gown.
2. You will notice bright lights.
3. Your surgeon and the staff assisting during your procedure will be wearing a helmet with a face shield to help protect you from infection.



Recovery Room

1. The surgeon will talk to your family when surgery is completed. Surgery takes approximately 1.5 hours.
2. You will be transferred to the Post Anesthesia Care Unit – (PACU or Recovery Room). You are in PACU *approximately* 1 hour (this varies per patient).
3. When you wake up you will feel oxygen blowing softly under your nose. This is standard procedure.
4. A nurse will be at your bedside monitoring your vital signs and pain level
5. Ice/Ice Machine will be applied

Transfer of Care

1. From Recovery (PACU), you will be transferred to:

Orthopedic Unit

- to spend the night

Back to Outpatient Care Unit

- for same day discharge

2. Your visitor/family member will receive a text with your room number

If they have not received a text within 1.5 hours after speaking with the surgeon, please notify the front desk.



Recuperation

- If you are not discharging the same day as surgery, you will stay overnight in a private room
- Each room has Wi-Fi and cable TV
- Therapy will take place starting in your room and then progressing to the therapy gym on the Orthopedic unit.
- If going home the same day of surgery therapy will occur in the Outpatient Care Center



Post Operative Nursing Care

Upon arrival to your room

- You will be moved from the cart to your bed with the help of several people
- We will begin assessing your vital signs & your ability to feel and move your lower extremities
- We will show you how to do breathing exercises
- If you have Obstructive Sleep Apnea, we will get your CPAP or BiPAP set up
- We will assist you with repositioning & all out of bed activity – NO ONE gets up without staff
- Your surgical dressing will be removed the next day and replaced with a waterproof dressing
- If you had a hip replacement, depending on your surgeon's technique, you may have an abductor pillow placed between your legs to prevent certain positions.
- **Ice** or a Game Ready/Jet Stream machine will be applied for pain control and swelling.
- You will be asked to rate your pain on a scale from 0-10 to help us manage your pain.

Post Operative Nursing Care

When you have surgery, you are at risk of developing blood clots.

Special precautions will be taken to help prevent blood clot formation - compression stockings, foot or leg pumps, and medication.

1. Depending on your surgeon's preference you may have white compression stockings on your legs; you will also wear these at home for several weeks.
2. You may have a sleeves wrapped around your legs or feet. The sleeves fill with air and then relax. These help promote blood circulation in your legs. You should be hooked up to these devices whenever you are in bed.
3. You will also be started on a "blood thinner" medication –
 - aspirin, Eliquis, Xarelto, etc. – in the hospital and it will continue when you go home.
4. It is important to also perform your leg exercises to help promote blood circulation.



Post Operative Nursing Care

1. Both spinal and general anesthesia have the potential to affect your bladder and bowel.
2. You may or may not have a bladder catheter – this is determined by your surgeon.
3. Some surgeons put a catheter into your bladder while you are asleep in surgery and remove it later.
4. If you don't have a catheter, the nursing staff will do a bladder scan after surgery – like an ultrasound - which tells us approximately how much urine is in your bladder.
5. If the bladder scan shows that your bladder has filled up with urine your surgeon may order a “intermittent catheter” - this is a catheter that we insert, allow your bladder to drain, and then remove.

Post Operative Care Medications

1. Home medications after surgery
2. Pain control post-operative
3. Medications for nausea
4. Antibiotics
5. Stool softeners

Any discharge medications ordered for you will be filled for you here at our First Med Pharmacy.

We will take you to pick up your medication before you leave to go home.



Pain Control

1. Your pain management is a top priority for our medical team
2. Pain medications can be given by mouth or through an IV before and after surgery
3. The goal of pain management is to control your pain to a tolerable level to participate with therapies and progress with recovery and healing
4. We will work to **minimize** pain, however we cannot eliminate it, so it is important to discuss with your nurse and therapists a plan for managing the pain
5. Often moving the surgical limb – getting up for a walk – is helpful in reducing pain
6. If you have a Game Ready or Jet Stream ice machine, you can bring it to the hospital with you and we will begin to use it as soon as surgery is done

Occupational Therapy in the Hospital

Occupational Therapy focuses on self-cares: bathing, dressing, toilet transfers and tub/shower transfers.

These activities will be reviewed with you during your stay to ensure safety with these activities prior to your return home.

OT intervention will occur the morning after surgery if you are spending the night.

Adaptive equipment may be needed to perform self cares safely.
See next slide for examples.

You will practice with this equipment to determine home needs.

Occupational Therapy

Activities of Daily Living (ADL's)

- Bathing / Showering

Shower Chair

Tub / Shower Grab Bars

Long Handled Sponge

Hand Held Shower Nozzle

- Dressing

Reacher

Dressing Stick

Shoe Horn

Sock Aid

Elastic Laces

- Toileting

Grab Bars

Toilet Riser

Over Toilet Commode

Bedside Commode

Safety Rails

Occupational Therapy and Physical Therapy for a Total Shoulder Replacement

1. If you stay the night, OT will see you in the morning.
 2. Will instruct you in shoulder immobilizer management
 3. Teach you how to dress and modify ADLs within your shoulder ROM/ weight bearing restrictions
-
1. If you stay the night, PT will walk with you same day of surgery and again the following morning.
 2. Will determine if you need an assistive device
 3. Will perform stair negotiation

Physical Therapy in the Hospital

1. You will be seen same day as your surgical procedure and then again the morning after your surgical procedure if spending the night
2. Treatment will focus on functional mobility meaning your ability to get around the home
3. Use of pain medication and ice will help manage pain in order to maximize participation in therapy session

Physical Therapy Focused on Mobility

1. Bed mobility
2. Transfers from chair and toilet
3. Walking with appropriate assistive device
4. Home exercise program
5. Stair negotiation
6. Education on any precautions or restrictions



Physical Therapy in the Hospital

Equipment Needs:

1. Walker with wheels- optimal support & balance
2. Cane- used during stair negotiation training
3. Crutches- can be used, but recommend only if you have prior experience with their use
4. A walker can be ordered and provided for you if needed prior to your discharge home
5. If borrowing equipment, please bring in with you to ensure proper fit and correct size for you.

Activity Guidelines at Home

Sitting: Get up & walk every 30 minutes while you are awake

Walking: Use your walker, increase distance daily
Progress to cane when recommended by physical therapist

Stairs: Have someone near by when first attempting stairs
*Go up leading with your strong leg & coming down with surgical leg

Driving: Do not drive if taking narcotic pain medication
Do not drive until instructed by surgeon;
usually a few weeks

Care Coordination

Coordinate equipment needs for home

Set up in home services if needed

Contact Care Coordinator for questions or concerns at 563-421-8550

Outpatient Rehab

Wear appropriate clothing-

Shorts or loose baggy clothing, Tennis shoes or shoes with laces

Have a Support System

Need rides to and from therapy and doctor appointments.

Take your Pain Medication

To decrease pain during therapy and when performing home exercise program.

There is some pain associated with increasing knee range of motion (ROM) and the pain meds are used as a tool to help achieve your ROM goals.



Outpatient Rehab

Goals for Outpatient Therapy

Total Knee range of motion:

$0^{\circ} > 120^{\circ}+$

Functional Activities

Strength & endurance

Improve gait pattern

Stairs step over step

Activities you are trying to get back to doing.

Compliance

Do your home exercise program

Go to your Therapy appointments



Outpatient Rehab

Average Time Frame For Visits

Total Knee: 3 times/week
for 4–6 weeks

Total Hip: 2–3 times/week
for 2–6 weeks.

****Depends on individual progress****



Resources Available

<http://www.genesishealth.com/care-treatment/orthopedics/conditions-treated/>

Bring your questions with you on the day of surgery or call

Outpatient Care Center 563-421-7920

Orthopedic Patient Care Area 563-421-8550

Questions?

Thank you!