

Thank You for Choosing
**The Joint Replacement Center
at Good Samaritan Hospital**



Westchester Medical Center Health Network



Getting to Know Your Team



Surgery

Dr. Arup Bhadra, Director, Total Joint Program

Dr. Richard Clarkin, Chief of Anesthesia

John Bilancione, RN, BSN, BS Orthopedic Service Line Director

Jennifer Cassidy, RN, Total Joint Coordinator

Lynn Keith, RN, Nurse Manager, Same Day Surgery and PACU



Rehabilitation

Sajani Ramphal, MS, Physical Therapy

Case Management

Nurses and Care Partners

Other key members

Megan Hanys – RN, MSN
Manager Orthopedic Unit

Penny Mann – Pt Engagement
Officer



Overview of Preparation for Surgery

This is an elective surgery

Prepare meals

Prepare home (Put away decorative items, throw rugs, etc.)

Make clear pathway to bedroom, bathroom, and kitchen

Arrange for caregiver post operatively

Home Care will be provided for the first 2 weeks

- Review stairs, bathtub transfers, and bed transfers with home physical therapist

YOU WILL DO GREAT!!

We will see you after surgery! Thank You!



Pre-Admission Testing Day



What to Expect and Who You Will Meet With

- EKG and blood work
- Meet with Nurse
 - ✓ Assessment and history
- Meet with Hospitalist
 - ✓ Medical and surgical history
- Meet with Anesthesiologist
 - ✓ Medical history
 - ✓ Previous anesthesia experience
 - ✓ Spinal anesthesia vs. general anesthesia
- Finish with x-rays and CT Scan

Metal allergy:

1. What type of reaction do you have?
2. Let the nurse and your surgeon know
3. You may need to see allergist to get tested



Pre-Admission Testing (PAT) Day

Plan for Pre-Admission Testing (PAT) visit:

- Diet: You do not need to fast
- Please allow 3-4 hours for testing
- Complimentary valet parking is available at the front entrance



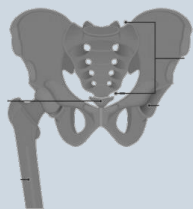
Pre-Admission Testing Day

Types of Anesthesia



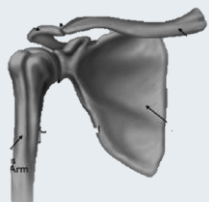
TOTAL KNEE REPLACEMENT

The anesthesia predominately used is a spinal anesthetic with a long-acting local anesthetic.



TOTAL HIP REPLACEMENT

The anesthesia predominately used is spinal anesthesia with a peripheral nerve block.



TOTAL SHOULDER REPLACEMENT

The anesthesia predominately used is a regional nerve block with general anesthesia/sedation.

There are instances when general anesthesia is necessary.
Your individual needs will be determined by the Anesthesiologist.

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.

Covid 19 Testing

- Covid test will need to be completed five (5) days prior to surgery
- PAT is completed first, followed by Covid 19 swab just before the surgery



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

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

Morning of Surgery

When you wake-up:

- Do not shower or bathe
- Brush your teeth
- Dress in comfortable clean clothing.

You are now ready to head to the hospital!



What to Bring to the Hospital



What to Pack

- Photo ID
- Insurance card
- Allergy list
- Medication list with dosages
- Shoes
- Comfortable clothing
- Toiletries
- Book or other reading material
- Glasses (not contacts), dentures, hearing aids
- CPAP/BIPAP if indicated

Things Not to Bring When You Come to the Hospital



- Medications, unless specifically instructed to do so by your doctor
- Limit cash amount to co-pay, credit/debit card and check to one (1) only
- Jewelry
- Any valuables, except those mentioned above. The hospital is not responsible for any valuables left at the bedside

We cannot be responsible for lost belongings.

Anesthesia and Pain Control

What to Do Before You Arrive

- Your anesthesiologist will formulate the best and most appropriate medication regimen to control your pain.
- Rest assured, your comfort is our top priority and your anesthesiologist will see you on a daily basis to assess your pain and side effects, if any, and adjust your treatments accordingly.
- **Please remember that you will not be pain free!**
- The Anesthesiologist and the nursing staff will do everything they can to ensure your pain is manageable.
- Medications may be administered by oral or intravenous routes or via an epidural.
- Duramorph is preservative free, long acting, and should maintain a constant level of pain relief.

Day 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



Day of Surgery

Ambulatory Surgery

- Change into hospital gown
- Lab may draw some blood
- The nurse may clip the hair from your knee or hip

Holding Area in the OR

- Start your IV/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!



Day of Surgery

Operating Room

- Many activities going on at the same time
- Many staff members will be in the room – It can get overwhelming
- Monitoring equipment will be applied:
 - ✓ Cardiac Monitors to chest
 - ✓ Oxygen Saturation Monitors to finger tip
- IV fluids and medications to be administered
- Blankets provided for warmth

Please remember to communicate any issues or concerns

Day of Surgery

TKR/THR/TSR

- 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

Knee Replacement

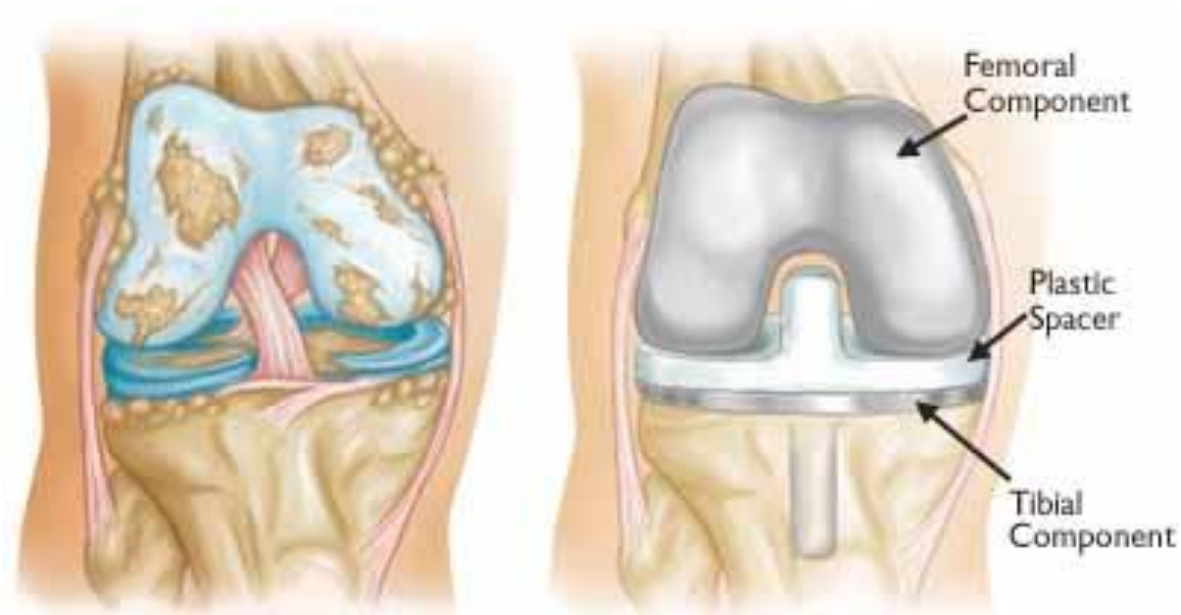
There are Four Basic Steps to a Knee Replacement Procedure

Prepare the bone.

Position the metal implants.

Resurface the patella.

Insert a spacer.



TKR (Total Knee Replacement)

- 3 Blocks
 - ✓ Spinal, Femoral, Popliteal
- Numbness may lead to buckling
- Knee immobilizer intact to prevent from buckling
 - ✓ Brace to be worn the day of surgery into post op day 1
 - ✓ Thereafter brace to be worn with weight bearing activities and can be taken off when resting in bed or chair
- Pain Management
 - ✓ Pain medicine
 - ✓ Increase mobility
 - ✓ Icing

TKR (Total Knee Replacement)

- Sit with legs straight and toes facing the ceiling
- Towel rolled under ankle
- Promote knee extension (getting back of knee flat)
- Exercises will be provided
 - ✓ Increase range of motion
 - ✓ Increase strength
 - ✓ Increase circulation

Hip Replacement

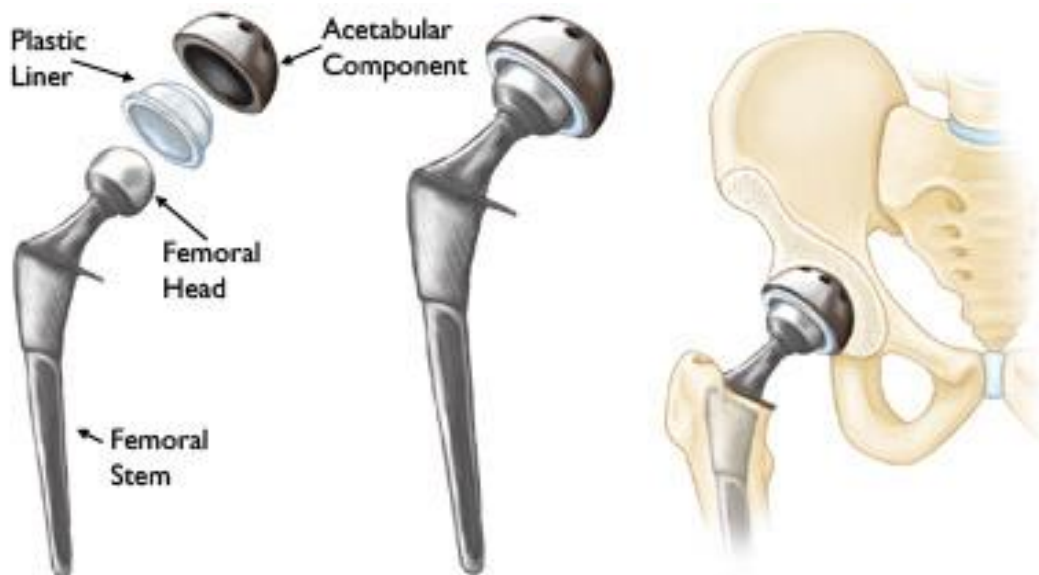
There are Four Basic Steps to a Hip Replacement Procedure

Damaged femoral head is removed and replaced with a metal stem.

A metal or ceramic ball is placed on the upper part of the stem.

Damaged cartilage surface of the socket is removed and replaced with a metal socket.

A spacer is inserted.



THR (Total Hip Replacement)

- 3 Total Hip Precautions
 - ✓ (1) 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
 - Bend of the knee or above to align with seat of the chair

THR (Total Hip Replacement)

- 3 Total Hip Precautions
 - ✓ (2) 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

THR (Total Hip Replacement)

- 3 Total Hip Precautions
 - ✓ (3) Do not internally rotate your surgical leg
 - AKA no pigeon toe position
 - When walking with a rolling walker and need to turn, make sure to turn the surgical leg outward first then the walker



Shoulder Replacement

Shoulder Replacement Procedure

Damaged parts of the shoulder are removed

Replaced with artificial components:

- Replacement of just the head of the humerus
- Replacement of the ball and the socket



TSR (Total Shoulder Replacement)

- 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

After Surgery

PACU (Post Anesthesia Care Unit):

Will remain for 1-2 hours

- Pain control
- Drain- may be placed in the OR
- IV Fluids
- Deep breathing and coughing
- Incentive spirometer
- Cardiac monitoring
- Oxygen
- X-rays are taken
- Blood work
- Surgeon meets with 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) |

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.

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

Total Joint Center

Total Joint Center



OUR GOAL

You to go home directly from the hospital on the day after surgery.
(Knee Replacement and Shoulder Replacement patients typically will be discharged Post Op #1)

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!!!

Post Op Day #1

Hygiene with bath wipes

Assisted out of bed into recliner/hip chair

Discontinue antibiotics & IV Fluids

Surgeon or Physician Assistant visit

Anesthesiologist visit-monitor pain control

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 and straight leg raises



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.

Incentive Spirometer

- Maximize lung expansion
- This is extremely important to use every hour while awake.
- This will help minimize any post op pneumonia complications.

Rehabilitation After Surgery



GOAL: HOME WITH HOME CARE OR OUTPATIENT THERAPY

- Anticipate attending outpatient therapy for 6-12 weeks as needed for TKR and THR. TSR replacement surgeries anticipate 1-3 times/week for 3-5 months as needed and 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!
- You will receive three phone calls after discharge to monitor your progress and hear your opinion about our Total Joint Replacement Center.

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

Positioning

Do's and Don'ts



TOTAL KNEE REPLACEMENT

- Full knee extension with pillow under calf
- 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

******Abduction Pillow and/or Knee Immobilizer
may be used to assist with maintaining precautions**

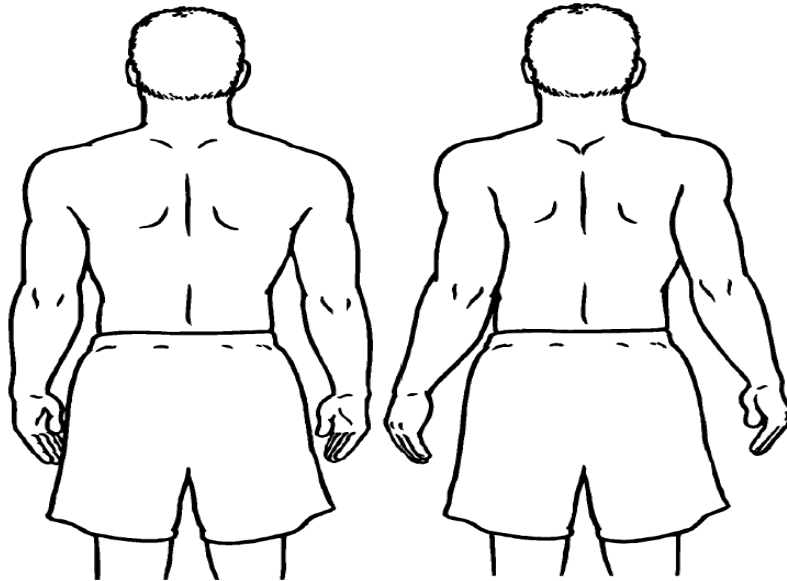
Positioning (cont.)

Total Shoulder Replacement (TSR)

- Wear sling and waist strap 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.
- Forward flexion to 120° and external rotation to neutral may be done in physical therapy, by a therapist **ONLY**
- Physical Therapy 1-3 weeks after your surgery.

Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Scapular Retraction

- Keep sling on. These exercises involve squeezing the shoulder blades towards one another in a squeezing motion.
- Hold for 10 seconds.
- Repeat 10 times.

Questions & Answers

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The Joint Replacement Center at Good Samaritan Hospital

