

Thank You for Choosing

# The Joint Replacement Center at Good Samaritan Hospital



# Getting to Know Your Team



## Surgery

**Dr. Arup Bhadra**, Director, Total Joint Program

**Dr. Richard Clarkin**, Chief of Anesthesia

**John Bilancione, RN** 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 Hany's – Mgr T4**

**Penny Mann – Pt Engagement  
Officer**

# 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



## 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

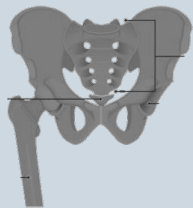
# Pre-Admission Testing Day

## Types of Anesthesia



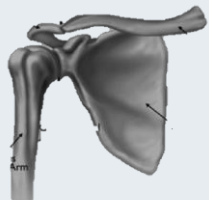
### TOTAL KNEE REPLACEMENT

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



### TOTAL HIP REPLACEMENT

The anesthesia predominately used is spinal or general anesthesia with sedation.



### 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.

# 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
- 1-2 family members may be present initially
- 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**

# Knee Replacement

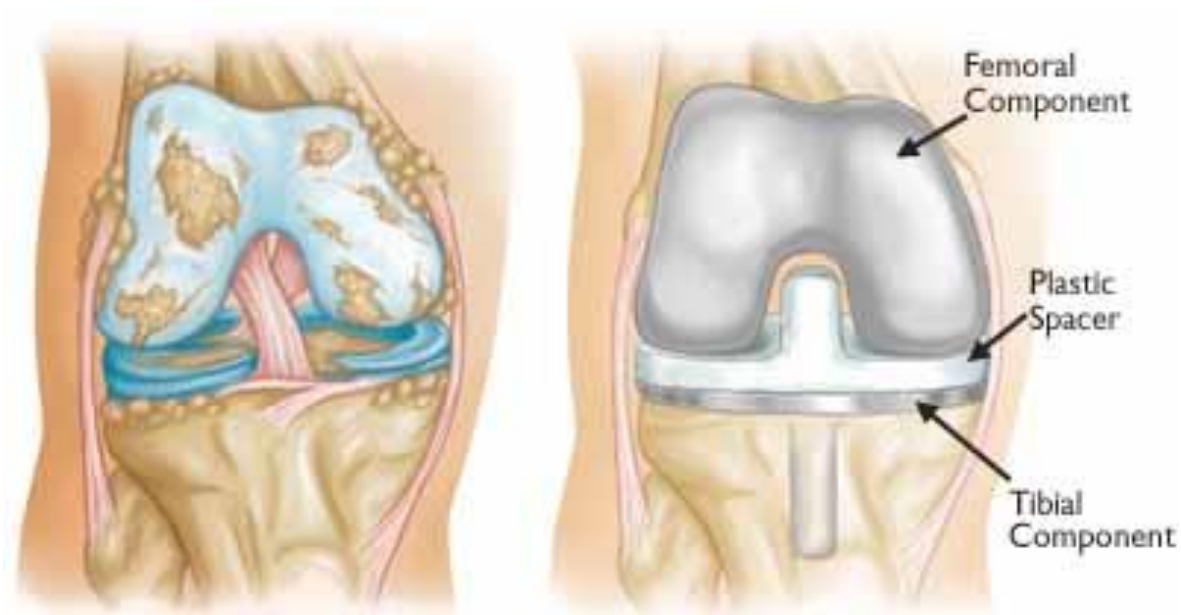
## There are Four Basic Steps to a Knee Replacement Procedure

Prepare the bone.

Position the metal implants.

Resurface the patella.

Insert a spacer.





# Hip Replacement

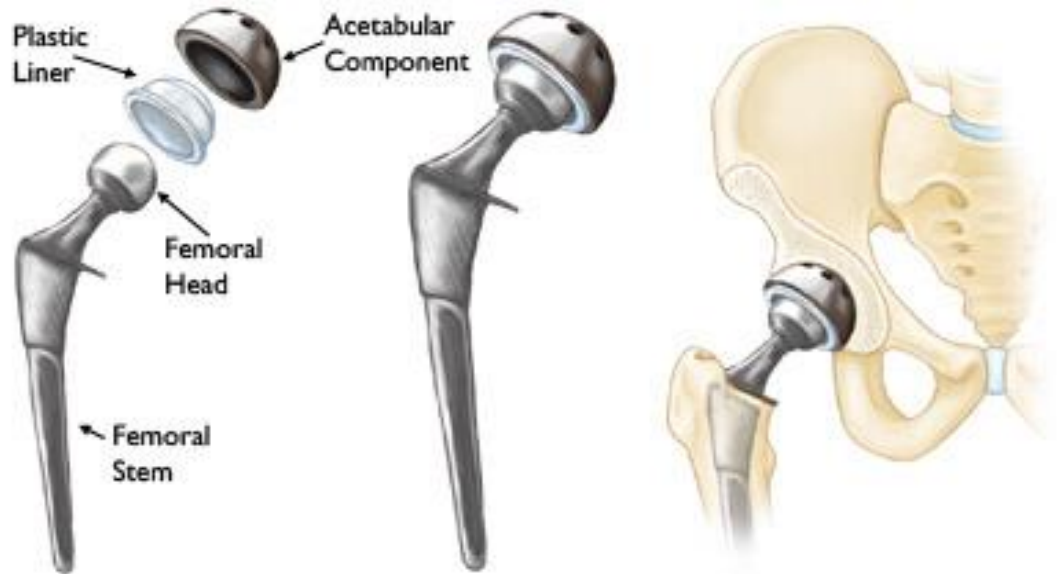
## There are Four Basic Steps to a Hip Replacement Procedure

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.



# 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



# 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



# 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**

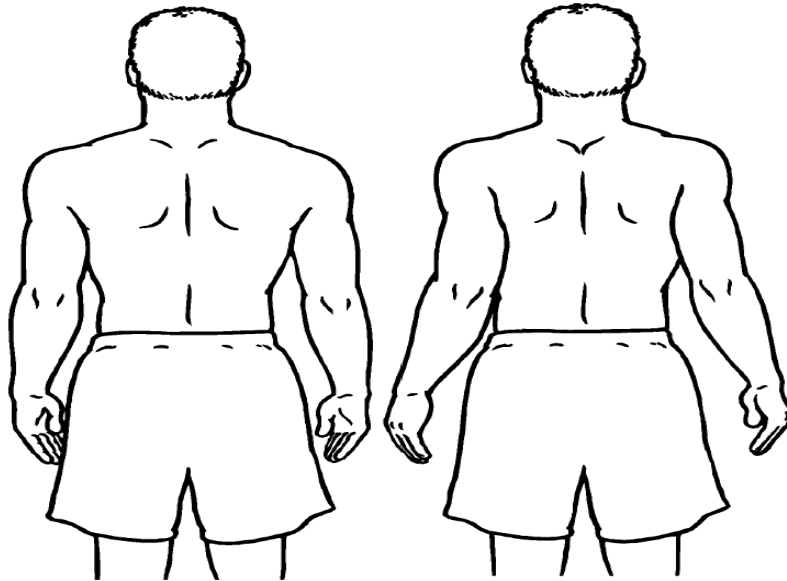
# Positioning (cont.)

## 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.

# 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



# Questions & Answers

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