

Total Joint Class

Objectives of Class

- Welcome
- Describe the admission process
- Identify items to bring to hospital
- Discuss what to expect during each phase of surgery
- Describe methods to control pain
- Identify equipment used after surgery
- Discuss nursing assessments and post op care
- Explain the role of ancillary staff
- Review discharge information
- Describe the post hospital stay survey

Before Surgery Checklist

- Nurse will phone to discuss medications and medical history
- Arrival time to the hospital
- EKG (to check heart function)
- Chest x-ray
- Labs will be drawn
- Donate blood prior to surgery
- Wash area evening before and the morning of surgery with antibacterial soap (i.e. Dial or Safeguard). No creams or lotions over the area where the incision will be.
- Women should not shave their legs within 4 days of the surgery.
- Coumadin (blood thinner) prior to surgery
- Nothing to eat or drink after midnight the night before surgery.

Items to bring to the hospital

- Complete list of medications and dosages.
- Comfortable, loose clothing, pajamas, or shorts (we will want to look at your incision; make sure your garment can be raised to see your knee or lowered to see your hip without difficulty)
- Non-skid or rubber-soled shoes that allow room for swelling
- Personal items such as toiletries, dentures, glasses, and hearing aides
- Walker or cane
- Insurance card
- Advanced directive copy

Nutrition

- Adequate nutrition is important for healing.
- May supplement diet with Ensure or Boost before and after surgery.
- If diabetic be sure to keep your blood sugar under good control.
- Do not change the amount of green leafy vegetables. Vitamin K can be found in leafy greens and can affect how thick or thin blood is.
- Certain herbs can also affect your clotting time. Make sure your physician knows what supplements you are taking.

Day of Surgery

- When you arrive you will check into a room and change into a hospital gown.
- A nurse will go over your medications and health history
- You will have an IV started at this time.
- Discussion with anesthesiologist.
- Procedure and site verification.

Anesthesia

- **General Anesthesia:** You are put to sleep
- **Spinal Block:** Medication is injected into you back and typically lasts 3-6 hours. You are sedated during the procedure and when you awaken, your legs may feel weak until the spinal wears off.

Surgery

- The surgery nurse will remain with you during the surgery.
- Anesthesia will be administered.
- Surgery will last approximately 1.5-2 hours.
- Pre-operative scrub will be applied to the surgical site.
- Your family will be taken to a waiting room.
- After surgery you will be taken to a recovery room and the surgeon will speak with you family.

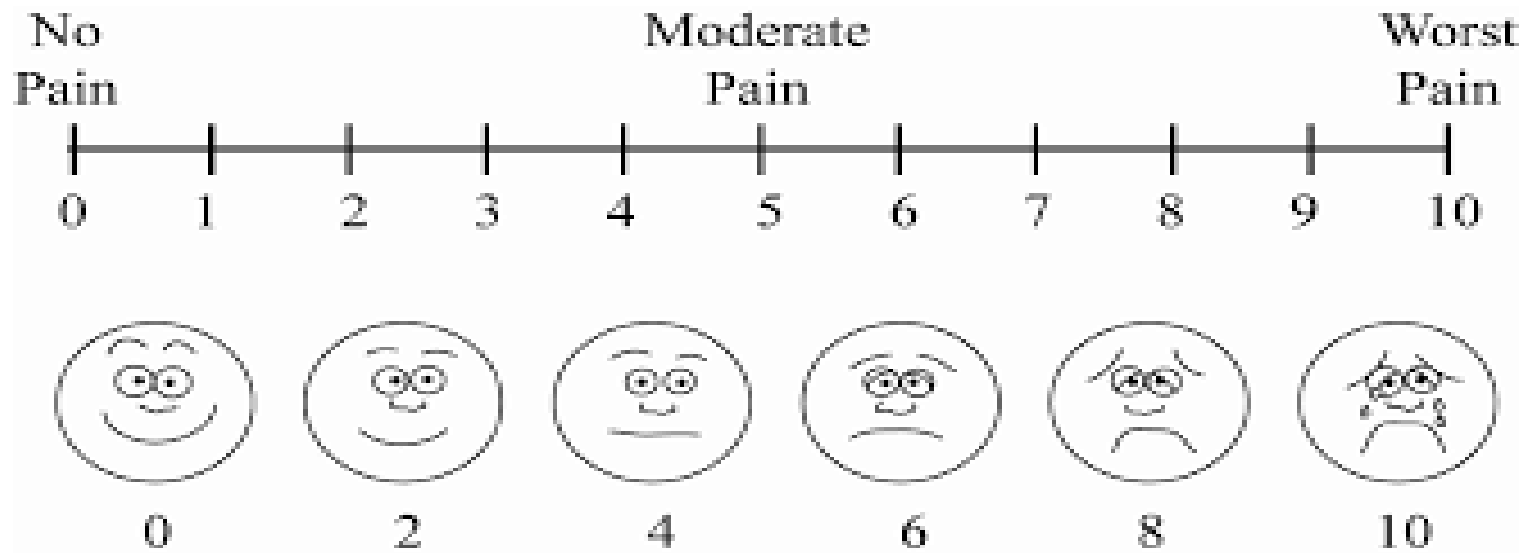
Recovery Room

- In the recovery room for about 1-2 hours.
- Sleepy from anesthesia
- At this time you will be closely monitored
- Pain is controlled
- When stable you will be transferred to the surgical unit on the 4th floor.

Pain Medications

- Patient Controlled Analgesic (PCA): This is medication administered intravenously by the patient.
- If a PCA is not ordered you will have IV injections available after the surgery.
- Pain Care Pump: This is medication that is supplied directly into your joint for local pain relief. It is used for 72-90 hours. Dr. Liudahl is the only surgeon that uses this.
- Oral Medications: the type of medication may vary. Your nurse will offer you medications frequently.

Pain Management



Equipment after Surgery

- Knee Exerciser (PROM-Passive range of motion)
- IV fluids and possibly a PCA Pump
- Pain Care pump
- Sequential Compression Devices (SCD's)
- Oxygen
- Pulse Oximeter
- Urinary Catheter
- Ice bags or cooler may be applied to surgical site
- Surgical Dressing
- Pillows, Immobilizer, or abductor splint
- Incentive Spirometer
- Ted Hose

Assessments by Nurses

- Vital Signs
- Pain Level
- Oxygen Level
- Mental Status
- Urine Output
- Lungs
- Heart
- Circulation in your feet
- Bowel function

Promotion of Circulation

- Coumadin
- Lovenox
- Aspirin
- Exercise
- Walking
- Compression Devices
 - TED hose
 - SCD's

Physical Therapy

- Will assist in walking and strengthening
- Will demonstrate exercises to do before and after surgery.
- It is important to sit in a chair and walk to reduce post operative complications
- Leg and knee exercises for both hips and knees.
- For total hip replacements, walking is the best exercise

Occupational Therapy

- Getting dressed
- Putting on Ted hose
- Bathing needs
- Special Equipment
 - Sock Aide
 - Reacher
 - Shoe Horn
 - Dressing stick
 - Assistive Devices

Case Managers

- Will assess for any discharge needs.
- Provide assistance for any care needed after surgery

Avoid Falls

- Please do not get out of bed alone
- Call the nurse or tech before getting out of bed
- Safety is our first priority

Evening of Surgery

- Possibly a regular diet depending on when surgery was during the day.
- Apply stocking and pump to help with circulation
- Use incentive spirometer
- Frequent vital signs and assessments by nurses.
- IV fluids and PCA (Patient Controlled Analgesic)
- May have urinary catheter
- Physical therapy may work with you.
- Up in chair for meals

Post Op Day 1

- Regular diet
- Started on oral pain medications
- Blood work will be drawn
- Bulky dressing removed and light dressing applied
- Use incentive spirometer 10 times per hour
- Urinary catheter will be removed
- Up in chair for all meals
- Walk in the halls four times a day
- Work with physical therapy

Post Op Day 2

- Prepare for discharge
- Discontinue IV lock
- Ensure that pain is well controlled
- Walk to bathroom and in halls
- In the chair for all meals
- Discuss dismissal needs, appointments and medications

Discharge Information

- Most important thing is to plan for discharge now!
- Physical therapy will be required for 4-6 weeks after a total knee replacement and for some total hip replacements.
- Home exercises will need to be performed several times a day, not just during therapy
- If you are on Coumadin at home you will need blood work drawn a couple times a week post discharge. The results will be called to your physician and he may decide to change your dose as needed.
- If it is a weekend your surgeon may not visit you. One of their partners will be available.
- Work with your nurse on determining what time to have your ride available.
- You may want to take a nap prior to departure.
- Taking a pain pill prior to a ride may be beneficial

Key Points

- Total knees will need to elevate surgical leg above heart 2-3 times per day for at least 1 hour.
- Take your pain medication as prescribed by physician.
- Take your blood thinner medication as instructed at discharge.
- Work hard on your exercises at home.
- A temperature up to 100.5 is normal for several days after surgery, if it goes higher than that, and stays there for more than two days, it is reason to call your surgeon.
- Keep your incision clean and dry, do not bathe in the tub without permission from your physician. Do not apply any creams or peroxide while the staples or steri-strips are present.
- Redness around the incision should not increase after discharge.
- You should rest equally as long as you are up for the first week after discharge. When icing and elevating your surgical leg, this is a good time to rest.
- Antibiotic therapy prior to dental work or surgical procedure.

Physical Therapy – Ankle Pumps

Step 1



Step 2



Physical Therapy – Heel Slide

Step 1



Step 2



Physical Therapy – Leg Raise

Step 1

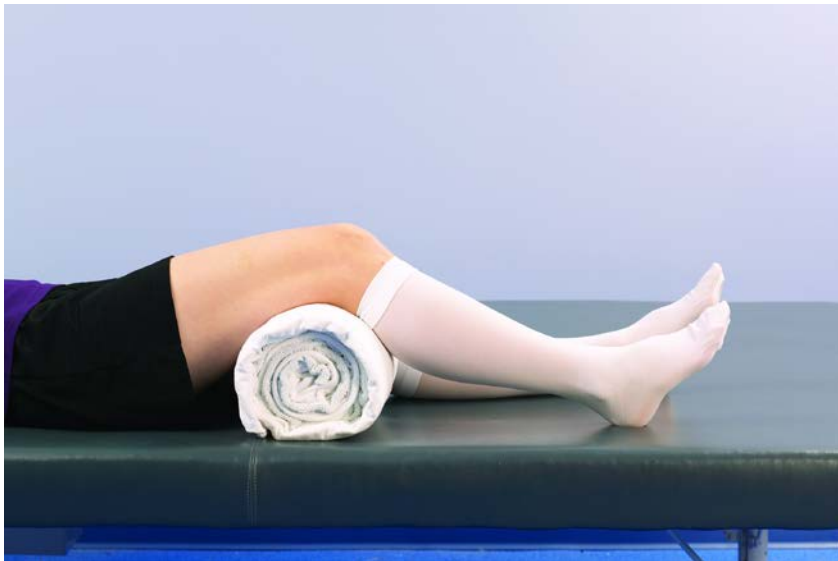


Step 2



Physical Therapy – Leg Straighting

Step 1



Step 2



Physical Therapy – Glut Squeeze



Physical Therapy – Heel Raises

Step 1



Step 2



Physical Therapy – Leg Straiten

Step 1



Step 2



Survey

- Survey will arrive in the mail.
- Complete survey and return.
- Let us know how your care was while at UnityPoint Health-St. Luke's

- “We want to provide the best outcome for every patient every time”

Thank You



UnityPoint Health