

Welcome!

Thank you for choosing Good Samaritan Regional Medical Center

You are now in the hands of physicians and staff with specific expertise in taking care of patients having joint replacement surgery. We want to be sure you know what to expect, have the information you need and have your questions answered before and after your surgery.

Things to bring to the hospital ...

- A legal picture identification, such as a driver's license
- Your hospital insurance cards
- The *Pre-surgical Blood Band Identification Form* you were given during your pre-admission testing visit
- Any x-rays or lab reports, as instructed by your physician
- Your cane, if you use one, for your therapist to evaluate
- Your completed *Health Care Proxy* form
- A list of your current medications with dosages
- A list of your physicians' name and contact phone numbers
- Flat, non-slip supportive walking shoes or sneakers
- Personal toiletries
- One credit card for TV and phone rentals
- A book, magazines or other reading material
- Eyeglasses, but not contact lenses

Please DO NOT BRING ...

- Medications, unless specifically instructed to do so by your doctor
- Valuables, except those mentioned above
- Jewelry

Getting to Know Us

There are a number of people that you will meet and services that we will provide to you throughout the course of your surgical experience, including ...



Nursing and support staff

You will meet nurses, care partners, technicians and other support staff members in every phase of your care. From pre-admission testing, same-day surgery, operating room, recovery room and the orthopedic unit, the staff is here to ensure you receive excellent care. Our total joint coordinator will be in touch with you before your surgery and stay in contact with you throughout your total joint experience.

Anesthesia and pain control

Prior to your surgery, you will meet with your anesthesiologist to review your medical history and plan the most appropriate anesthetic to meet your individual needs. Please make sure to tell them of any anesthesia experiences you've had in the past. The anesthesia used can be any of the following: Spinal, epidural, general, regional nerve block, or a combination of any of the above. No matter what type of anesthesia you have, be assured you will not feel the surgery.

Your anesthesiologist will formulate the best and most appropriate medication regimen to control your pain. Medications may be

administered by oral or intravenous routes or via an epidural or peripheral nerve catheter: or any combination thereof. 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 and adjust your treatments accordingly.

Physical and occupational therapy

The therapist will help you with an exercise program. You will be given exercises to do before surgery. After surgery, the therapist will see you every day in the hospital, supervising your walking and reinforcing your exercises. Physical and occupational therapy continues when you leave the hospital, either in a rehabilitation facility or as an outpatient.

Radiology

You may have x-rays taken of the joint area before surgery.

Case management

Discharge planning begins prior to admission and continues throughout your hospital stay. Case management can arrange for walkers, commodes and your transportation home. Home care with a registered nurse and physical therapy can also be planned as per your insurance benefits. When you are no longer homebound, your physical therapy will continue as an outpatient according to your doctor's orders. Rehabilitation in a skilled nursing facility can be arranged if you need it.

Preparing for Surgery

Now that you have made the decision to have your joint replaced, your surgeon's office staff will schedule your appointment for pre-admission testing (PAT) as well as your surgery date.

Pre-admission testing (PAT)

Eat and take your medications as you normally would do. You do not need to fast for the tests.

Bring to the hospital a list of all your medications, including dosage and instructions; a list of your physicians' names and phone numbers; and a copy of any documents with instructions on who will assist us in your healthcare decisions.

Park in the hospital visitor's parking lot. Valet parking is available at a nominal rate.

We look forward to your arrival at the admitting desk on the first floor. Have your insurance card and photo ID available.

The nurse will complete an interview and ensure that all the tests ordered by your surgeon are performed. Testing may include blood work, urine, x-rays and an EKG.

You will also meet privately with an anesthesiologist, a physical therapist and a case manager.

We offer a pre-op educational class (one hour) and recommend that you attend. In the class, we'll discuss the surgical process, realistic expectations, safety, mobility, pain management and how to minimize complications. The class also offers a casual, relaxed opportunity for you to ask questions.

The PAT visit takes approximately three hours.

Before the day of surgery

We can make arrangements with the Home Care Department to visit your home for an evaluation and make suggestions to support your

Ten days before surgery, stop all anti-inflammatory medications such as aspirin, Motrin, Naproxen, Vitamin E, herbal supplements, etc. These medications may cause increased bleeding. If you are on Coumadin, Plavix or other blood thinning medications, you will need special instructions from your physician for stopping the medication. The physician will instruct you on what to do with your other medications.

If you are feeling sick anytime before your surgery or on the day of your surgery, call your surgeon. He or she will tell you what to do.

The night before surgery

Do not eat or drink anything after midnight. The only exception is to take medications with a small sip of water, as instructed by the anesthesiologist or nurse. Do not chew gum, mints, or candy.

The day of surgery

Please arrive at the Admitting Department on time. We will place an identification bracelet on your arm and show you to your room.

The nursing staff will prepare you for the operating room (change into hospital gown, start an intravenous [IV] line, etc.).

You will then be brought to the holding area of the operating room. Here, we will start your antibiotics. You may also get special catheters inserted to help with pain control.

The anesthesiologist, operating room nurse and your surgeon will all see you in the holding area before you go into the room for your surgery.

After Surgery

After surgery, you will go to the Post Anesthesia Care Unit (PACU), where you will be closely monitored for one to two hours.

While you are recovering, your physician will talk with your family. During your time in the recovery room, we will establish pain control, monitor your vital signs and may take an x-ray of your new joint. You may have an oxygen tube in your nose when you wake up, and you will still have the IV line. You may also have a catheter in your bladder to drain your urine.

After your stay in the PACU, you will be taken to your room on the orthopedic unit. Family members or friends may visit. During this time, you will be receiving pain medication through your IV and/or a pain pump. As soon as possible, start your exercises. You will be allowed a clear liquid diet initially. If you tolerate this diet well, you may advance to more solid foods for supper.

You may have a Patient Controlled Analgesia (PCA) pump. This pump delivers a dose of pain medication when you press the button.

The physical therapist and case manager may visit you later in the day.

If you had a total knee replacement you may be placed on a Continuous Passive Motion (CPM) machine to start exercising your leg.

Post surgery to discharge

Recovery is different for every person. Posted in your room are goals to mark your progress and to help you and your family know what to expect.

The nursing staff will orient you to the unit. Please don't hesitate to ask questions or use your call bell to get help. We are here for you!

Your registered nurse and case manager will assess your needs on an ongoing basis and adjust your care accordingly.

Your case manager will talk to you and keep you informed about your progress, in order to arrange appropriate discharge.

Expect to be discharged two to three days after surgery. Most patients go directly home. If you need to stay at a rehabilitation facility, we can make arrangements for you.

The night following surgery

You will be encouraged to sit up on the side of the bed. Your nurse or physical therapist will help you.

Please do not attempt to walk or sit in a chair without help from the nursing staff or physical therapist! This is very important.

How to minimize complications

Deep Vein Thromboses (DVTs) are blood clots that can form in your legs. Exercise and ambulation are the most important things you can do to help minimize the chance of getting DVTs. Other ways are with medications (blood thinners such as Coumadin and Lovenox) and compression devices placed on your legs.

Leg and ankle swelling can be reduced by elevating the operative leg, avoiding sitting for more than 30 to 45 minutes at a time and performing your ankle exercises.

The risk of pneumonia can be minimized by doing breathing exercise with your incentive spirometer.

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.

If you had a total hip replacement, dislocation of the new joint can be minimized by following specific hip precautions. Your physical therapist

Frequently Asked Questions

A quick reference ...

What are the major risks?

Most surgeries go well, without any complications. Infection, blood clots, bleeding and dislocation are serious complications that concern us the most. To minimize these complications, we use various treatments such as early mobilization, antibiotics, blood thinners and reinforcement of special post-surgery precautions. We also take special measures in the operating room to reduce the risk of infections. The chances of this happening in your lifetime are one percent or less.

Will I need blood?

Blood transfusion is sometimes required after total joint replacement. Blood from the hospital supply is considered safe, but we understand if you want to use your own. If you and your surgeon decide that self-donation (autologous blood) is best, the surgeon's office will notify the hospital. We will contact you to set up a donation date, usually three to four weeks before the day of surgery.

What type of anesthesia will I have?

Prior to your surgery, you will meet with your anesthesiologist to review your medical history and formulate the most appropriate anesthetic to meet your individual needs. The anesthesia used can be any of the following: Spinal, epidural, general, regional nerve block, or a combination of any of the above. No matter what type of anesthesia you have, be assured you will not feel the surgery.

How will my pain be managed after my surgery?

Your anesthesiologist will formulate the best and most appropriate medication regimen to control your pain. Medications may be administered by oral or intravenous routes, or via an epidural or peripheral nerve catheter, or any combination thereof. Side effects can include nausea, vomiting, numbness and weakness in the legs. 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 and adjust your treatments accordingly.

How long does the surgery take?

Approximately two to two-and-a-half hours are reserved for your surgery; however, your surgery may take less.

How long will I be in the hospital following my joint replacement?

Typically following a joint replacement, you will stay in the hospital two to three days. Certain goals need to be met in order for you to be discharged.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some may transfer to a sub-acute facility or to an inpatient rehab center. Your Good Samaritan Hospital team, including your case manager, will help you with this decision and make the necessary arrangements. You should check with your insurance company regarding benefits prior to your surgery.

Frequently Asked Questions

A quick reference ...

(continued from reverse side)

Will I need help at home? What if I live alone?

During the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparations, etc. If you go directly home from the hospital, you will have a visiting nurse come to your house as needed. It would be beneficial if family members or friends are available to help you. Making special preparations before your surgery, such as having the laundry done and your house cleaned can minimize the amount of help you need. A preoperative visit from the Home Care Department can also help you prepare for coming home.

Will I need special equipment at home?

Prior to your hospitalization, our rehabilitation staff will assess your equipment needs and make recommendations. The case manager will coordinate obtaining the appropriate equipment. We recommend that you use a walker, cane or crutches for about six weeks after your surgery.

Will I need physical therapy when I go home?

If you go directly home from the hospital, you will either have outpatient physical therapy, or a therapist may come to your home.

Do you recommend any restrictions following this surgery?

Yes. High-impact activities, such as running, singles tennis and basketball are not recommended. You will need to follow the precautions recommended by your physician.

What physical/recreational activities may I participate in after my recovery?

You are encouraged to participate in low-impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening.

When will I be able to get back to work?

We recommend that most people take at least one month off of work, unless your job is sedentary and you can return to work with crutches or other assistive devices. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

How long until I can drive and get back to normal?

Typically when you are discharged, you will be independent with basic activities of daily living such as dressing and bathing. Your physician or physical therapist can advise you on when you can resume driving.

How often will I need to be seen by my doctor following the surgery?

Your first post-operative office visit is usually two weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen monthly until stable and then yearly.

If you have any other questions, please speak with your physician or call 845-368-5884.