

Thank You for Choosing

The Joint Replacement Center at St. Anthony Community Hospital



Reflection & Gratitude



“A healthy attitude is contagious but don't wait to catch it from others. Be a carrier.”

- Tom Stoppard

Pre-Admission Testing Day



What to Do Before You Arrive

- You do **NOT** need to fast
- Take your medications as you normally would



What to Bring to the Hospital

- Insurance Card
- Photo ID
- A list of all your medications, including dosage and instructions (information sheet provided in Patient Folder)
- List of all allergies: environmental, food, latex, medications and metals
- Your physicians' names and phone numbers
- A copy of your health care proxy, living will or any documents with instructions on who will assist us in your healthcare decisions
- Discharge caregiver name

Pre-Admission Testing (PAT) Day

Plan for Pre-Admission Testing (PAT) visit:

- Review your medical history with the anesthesiologist and Registered Nurse plan the most appropriate anesthetic to meet your individual needs.
- Please make sure to tell the anesthesiologist of any anesthesia experiences you've had in the past.
- Complete Pre-Anesthesia Checklist.



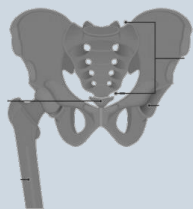
Pre-Admission Testing Day

Types of Anesthesia



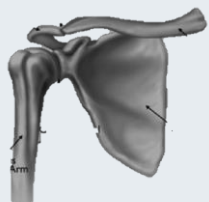
TOTAL KNEE REPLACEMENT

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



TOTAL HIP REPLACEMENT

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



TOTAL SHOULDER REPLACEMENT

The anesthesia most commonly 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.

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)

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.



There's No Place Like Home

Case Management

Discharge Planning

Even though total joint replacements have become fairly common practice and are less invasive, they still are a major surgery.



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)

- Discharge plan depends on many factors, including:
 - ✓ Your medical condition
 - ✓ Your progress, ability to walk, and perform exercises
 - ✓ Insurance coverage and co-pays

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
- Home care and/or Physical therapy
- Transportation home

Prior to Surgery

- Approximately two (2) weeks prior to surgery check with your physician regarding when to stop the following as these medications may cause increased bleeding:
 - ✓ Aspirin
 - ✓ Motrin
 - ✓ Naproxen
 - ✓ Vitamin E
 - ✓ Herbal Supplements
 - ✓ Coumadin
 - ✓ Plavix
 - ✓ Other blood thinning medications etc.
- If you are feeling sick a day or two before your surgery, call your surgeon.
- Do not have any invasive procedures or dental work 2 weeks before surgery unless clearing it with the surgeon (including tattoos and body piercings).

Day Before Surgery



Drink plenty of fluids - preferably water.

This will help keep you hydrated and will better allow us to start an IV.



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.



You will be called by our Patient Access Department between 2pm and 5pm the night before surgery.

If you do not hear from anyone please call the Patient Access Department for information at: [845- 987-5187](tel:845-987-5187)

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.



NO ANIMALS ALLOWED IN THE BED with you and minimize other human contact.

Morning of Surgery

When you wake-up:

- Do not shower or bathe
- Brush your teeth
- Use the chlorhexidine antiseptic tooth brush- brushing lightly.
- Dress in comfortable clean clothing.

You are now ready to head to the hospital!



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.

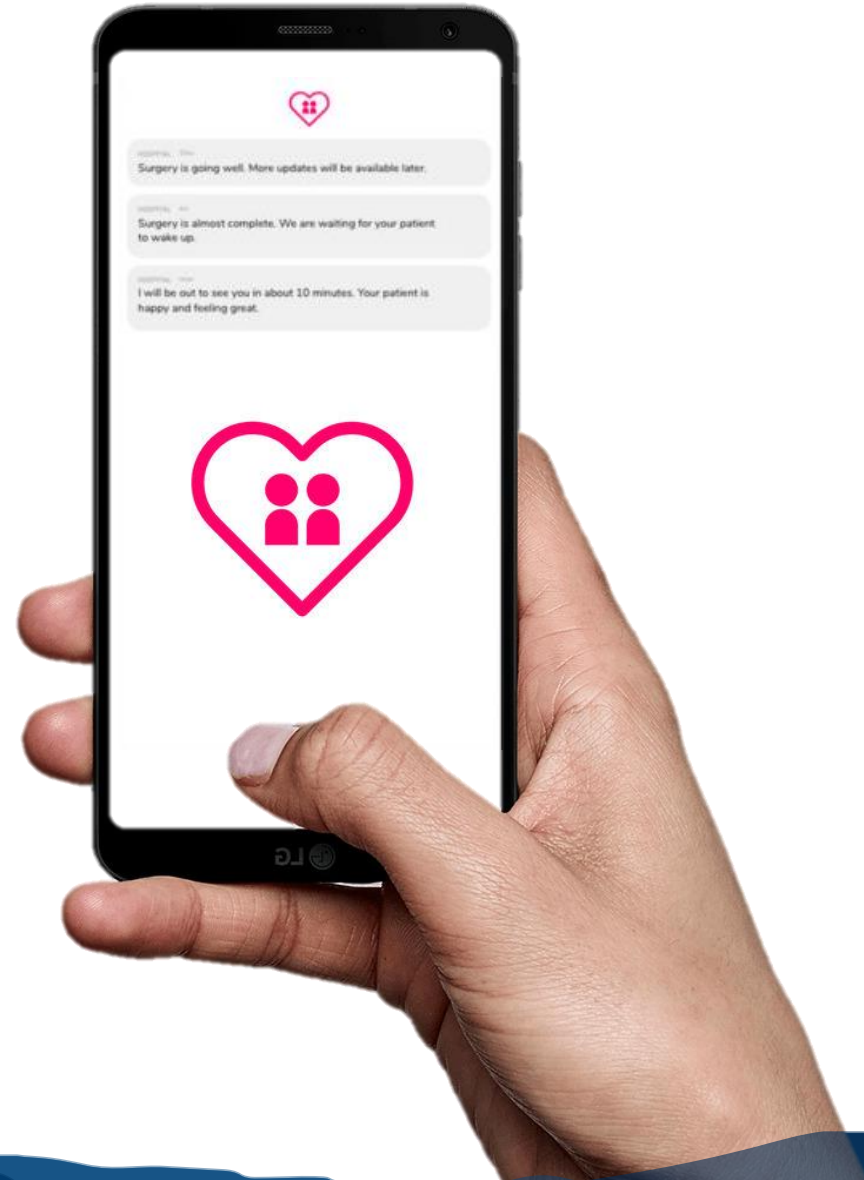
Day of Surgery

- Arrive at the hospital a couple hours prior to your surgery. Please be prompt and on time.
- **Please be aware that your surgery time may change between now and the day of surgery.**
- 1-2 family members may be present at the bedside.
- Family will then be directed to the waiting room
 - ✓ No one under the age of 18



Day of Surgery

- Family/friends can follow your progress through the surgical process utilizing the Tracking Card provided by Patient Access.
- This card correlates with the Tracking Board in the waiting room.
- **The Family First** messenger application, is now available at St. Anthony Community Hospital – it is a mobile platform that allows hospital staff to communicate directly with your family and provide text-message updates during your procedure.



Day of Surgery

Ambulatory Surgery:

- Start your IV/Antibiotics
- Your nares will be swabbed with a nasal antiseptic solution
- The Nurse will use a third SAGE wipe and clean the operative site.
- The Anesthesiologist 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 – or a “Bair Hugger” machine/blanket applied
- **Please remember to communicate any issues or concerns**

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

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

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.

Tips to prevent constipation with a high fiber diet

- Increase your fiber intake
 - ✓ Found in whole grains, brown and long grain rice, fresh fruit and fresh vegetables, 25 gm = a high fiber
- Introduce high fiber foods slowly to your diet, so if your surgery is in two weeks to one month away, start now
- Try to look for foods that have 4-5 gm or more of dietary fiber per serving
- Fiber loves water and drinking at least 8 glasses of water per day can help lessen constipation
- Moving your body is also very important to prevent constipation after surgery, try to walk as much as you can
- If you cannot move well after surgery, or cannot increase fiber enough, stool softeners or Psyllium powder like Metamucil or Benefiber can help
- Refer to handout for more information.

Nutrition Facts	
Serving Size 1 Slice	
Servings per Container 22	
Amount per serving	
Calories	50
Calories from Fat	10
% Daily Value *	
Total Fat	1g 1%
Saturated Fat	0g 0%
Cholesterol	0mg 0%
Sodium	115mg 5%
Total Carbohydrate	10g 3%
Dietary Fiber	5g 20%
Sugars	1g

Always look at the serving size

This healthy, whole-wheat bread is low in fat and cholesterol

Fiber is a healthy nutrient, so you want AT LEAST 100% each day

Whole wheat bread



Total Joint Center

Discharge Planning

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.

Let's get going...

HOME

- Written discharge instructions
- Medications
- Physical therapy (outpatient or home care)
- Patients cannot drive and can only return to driving when cleared by the surgeon.

Positioning

Total Knee Replacement (TKR)

- Full knee extension with pillow under calf when in bed
- Need to alternate working on bending knee, along with straightening knee
- Pain and swelling will generally decrease and return to normal within 2-4 weeks

Total Hip Replacement (THR)

THR Precautions: 8-12 weeks post surgery depending on surgeon guidelines

- 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
- Pain and swelling will generally decrease and return to normal within 2-4 weeks

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.

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.

Strengthening Program Exercises

Ankle Pumps



- With legs relaxed, slowly push your feet down and back up to bend your ankles.
- Repeat 10 times, three times a day.
- After surgery you will do ankle pumps 10 times every hour you are awake.

Strengthening Program Exercises

Hamstring Set (Heel Press)



- Press heels down into the bed to tighten calf muscles.
- Hold for ten seconds. Repeat 10 times, three times a day.
- Do NOT hold your breath.

Strengthening Program Exercises

Quad Set (Knee Press)



- Push the back of your knees into the bed while tightening the muscles on the top of your thigh.
- Hold for 10 seconds, and then relax.
- Do NOT hold your breath.
- Repeat 10 times, three times a day.

Strengthening Program Exercises

Heel Slides (Bending Knee)



- Bend your knee by sliding your heel towards your bottom and then straighten your leg.
- Repeat 10 times (each leg) slowly three times a day.

Strengthening Program Exercises

Knee Extension (Knee Kicks)



- Place a towel/blanket roll or pillow under your knee.
- Raise your foot off the bed by straightening your knee, hold for three seconds then slowly lower the heel back to the bed. Do NOT raise your thigh off the towel/blanket. Do NOT rest with a pillow directly under your knee.
- Repeat 10 times (each leg) three times a day.
- After surgery you may need assistance from your coach to get into this position to begin/end exercise.

Strengthening Program Exercises



Knee Extension (Knee Kicks)

- Place towel/blanket roll or pillow under foot to stretch and straighten your leg.
- Press your knee down and hold for 30 seconds to increase the stretch.
- Work up to a 15-minute heel prop in this position three times a day.
- Remember: straightening your knee is just as important as bending your knee.

Strengthening Program Exercises

Straight Leg Raise



- Bend your unaffected leg. Tighten your thigh muscles in your surgical leg, press knee down to straighten leg and lift the entire leg up slowly several inches off the bed.
- Keep your knee straight and your toes pointed up. Hold the leg up for three to five seconds and then lower it back onto the bed. Do NOT hold your breath.
- Repeat 10 times, three times a day.

Strengthening Program Exercises



Gluteal squeeze

- While lying on your back in bed, squeeze your buttock muscles together and hold for a count of five to ten seconds.
- Repeat 10 times, three times a day.
- Do NOT hold your breath.

Strengthening Program Exercises

Hip Abduction (Leg Slides)



- While lying on your back in the middle of the bed, slide your surgery leg out to the side until your legs are shoulder width apart.
- Keep your knee straight and your toes pointed up. Slide your leg back to the center.
- After surgery you will need assistance from the therapist or coach with this exercise. Repeat 10 times, three times a day.

Strengthening Program Exercises



Knee Extension Seated

- While sitting in a chair or sofa, kick surgical leg straight forward
- Hold for five seconds
- Repeat 10 times, three times a day.

Strengthening Program Exercises

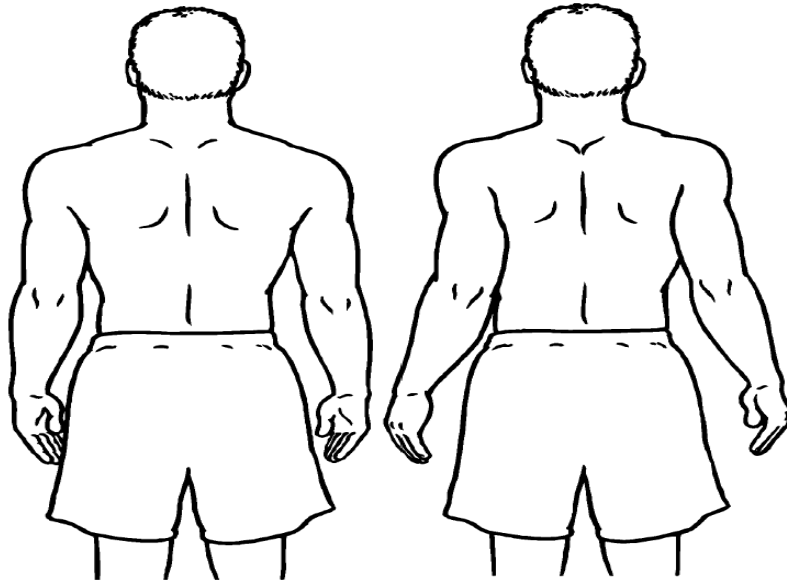


Armchair Push-ups

- Sit in a chair with arm rests with feet flat on the floor.
- With hands on armrests, push up from the chair straightening your arms while raising your buttocks off the chair. Do NOT stand all the way up, return slowly to sitting in chair. This will increase the strength in your arms.
- Perform up to 10 repetitions, three times a day.

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.

Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



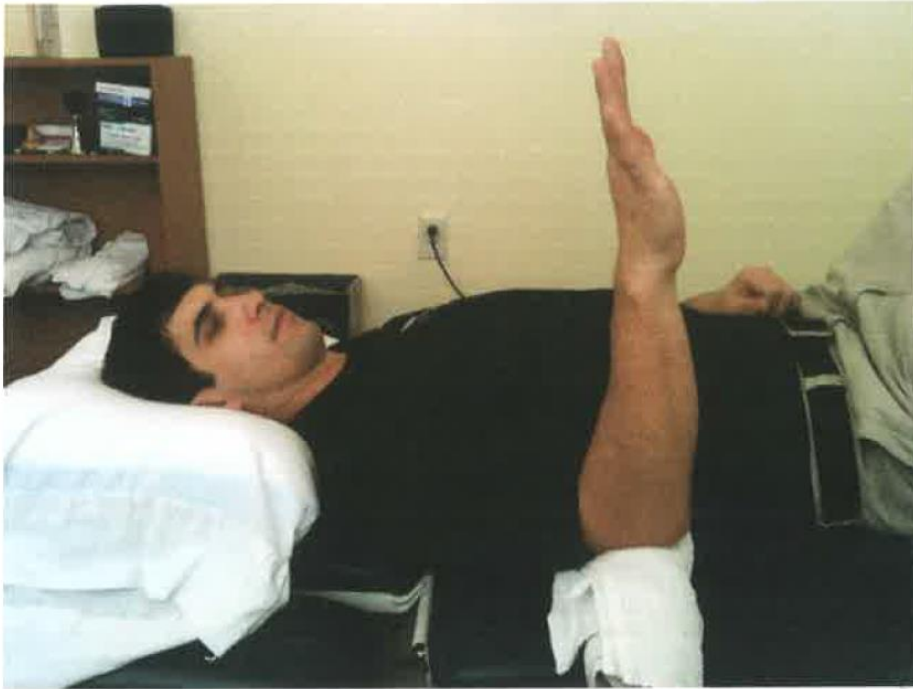
Elbow Flexion Extension – Supine

- While lying on your back, rest your elbow on a small rolled towel.
- Next bend at your elbow and then lower back down and repeat.
- Hold for 1 second.
- Repeat 10 times.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Supination/Pronation

- Bend your elbow 90 degrees.
- Alternately turn your palm all the way up and then all the way down.
- Keep a towel roll under your elbow.
- Repeat 10 times.
- 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Ball Squeeze

- Grip a small ball or small rolled up towel and squeeze it with your hand.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Wrist Flexion Extension

- Bend your wrist up and down as shown while your arm is in the sling.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Pronation Supination

- While in the sling, rotate your forearm so that your palm is directed upward and then downward as shown.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Strengthening Program Exercises

SHOULDER SURGERY RECOVERY



Sling – Elbow Flexion Extension

- Carefully take your arm out of the sling using your unaffected arm.
- Let your affected elbow straighten and allow gravity to stretch it.
- Then bend your elbow back into the original bent position and repeat.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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Questions & Answers

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