PRE-HAB CLASS

TOTAL KNEE REPLACEMENT AND TOTAL HIP REPLACEMENT



Welcome

We are here to support you in your decision to have joint replacement surgery

GOALS OF THIS CLASS

INFORM THE PATIENT AND FAMILY WHAT TO EXPECT.....

- Help You Become Better Prepared-
- Before, During And After Surgery
- Reduce Anxiety
- Explain Pain Management options
- Improve your self-management after surgery
- Answer Questions

MEET THE TEAM

- SURGEON
- ► RN
- ► ANESTHESIA
- PHYSICAL THERAPIST
- CASE MANAGERS
- DIETICIAN
- HOUSE KEEPING
- NURSE PRACTITIONER/PHYSICIAN ASSISTANT
- ► ADMINISTRATION

Meeting with Your Surgeon

You and your orthopedic surgeon will discuss treatment options. If surgery is indicated and you decide now is the time, you and your surgeon will decide on a date for surgery. Your surgeon will:

- Discuss with you the benefits and risks of joint replacement surgery
- > Determine if pre-surgical physical therapy is necessary
- Instruct you to meet with your medical physician for medical optimization
- Start on your daily multivitamin and iron regimen as prescribed by your doctor

GETTING READY FOR SURGERY

- Preparation for surgery should start the day you decide to have surgery
 - Eat right -high protein and iron, low carbohydrate
 - Stay physically active (as much as you can tolerate)
 - Get enough sleep at night
 - Quit smoking (if applicable)
 - Educate yourself about the surgery

Diet

- Eating a well balanced diet before and after your surgery will help promote a successful recovery.
- Eating foods rich in protein and iron will help to reduce your risk of anemia.
- After your surgery, it is important to keep yourself well hydrated. Even if you are not feeling up to eating a full meal, you need to drink lots of fluids
- Medical issues may influence diet restrictions ---e.g., diabetes, hypertension.

Medical Clearance

- Your primary care physician in collaboration with your surgeon will order certain tests. These tests may include:
 - Blood work
 - ► EKG
 - Chest X-ray (if indicated)
 - Cardiology or other specialty clearance (if necessary)
 - Other additional tests/procedures that your physician/surgeon deems necessary
 - Medical clearance must be done within 30 days of surgery

Medical Clearance

- Certain medications must be stopped prior to your surgery-e.g., Coumadin, aspirin, antiinflammatory, herbs.
- Discuss with your surgeon/physician if any of your medications need to be stopped before surgery.
- If medications need to be stopped, you may need to discuss with your surgeon/physician when to stop the medications

Preparing for Surgery

- You will use the CHG wipes which we will provide to you at the end of this class.
- This will be used for Three (3) days in a row prior to your surgery



How To Use CHG Wipes

Patients will be bathed with 2% CHG cloths as per manufacturer's guidelines.

Each package contains six rinse-free, alcohol free, 2% CHG cloths and it is to be utilized as follows:

- 1 Wipe- both arms
- > 1 Wipe- chest
- > 1 Wipe-groin area avoid mucous membranes
- > 1 Wipe- right leg
- > 1 Wipe- left leg
- > 1 Wipe- buttocks avoid mucous membranes
- > Do Not wipe on Face

Discard the cloths in regular waste receptacle. DO NOT FLUSH down toilets.

Before Surgery

- The day before surgery our Same Day unit will call you to review your health history and give you time and directions to the hospital
- Do not eat or drink anything after midnight before your surgery
- If instructed by your surgeon/physician to take a specific medication(s), do so with a very small sip of water

What To Bring to the Hospital

- List of medication-do not bring medications from home
- Glasses, hearing aid, dentures
- Toiletry Items
 - Toothbrush
 - Toothpaste
- Flat Supportive Non-Slip Shoes
- Urinary Incontinence Products (only if you use and prefer a specific brand that may not be available in the hospital)
- Leave valuables and medications at home

Day of Surgery

- Arrive to the hospital at your designated time
- > You will be directed to the registration area to complete your registration
- Once registration is complete you will be directed to the Same Day Nursing Unit.
- You will be given another packet of CHG wipes and a gown to change into
- Once you are changed the nurse will review your health history, answer any questions you may have.
- You will also meet your anesthesiologist and they will review your history and explain the anesthesia plan for you
- Your surgeon will mark the site he/she will be operating on and answer any questions

DAY OF SURGERY

- You will be asked to empty your bladder.
- An IV will be started so you can receive anesthesia, fluids and medication.
- Preoperative medications will be given if ordered
- Any glasses, contacts, hearing aids, or dentures will be removed and returned after surgery.
- Your family may remain with you while you are in the Same Day unit but then will be directed to the family waiting room once you go the operating room

DAY OF SURGERY

- You may receive your initial physical therapy evaluation on the day of your surgery if certain criteria are met. You can expect to dangle at the bedside on the day of surgery and possibly ambulate a short distance with the help of your team members.
- You will have a continuous passive motion machine during the night to keep the joint from stiffening.

OPERATING ROOM

- What to Expect inside the OR
- The OR team will introduce themselves to you
- A Timeout will occur to ensure safety
- You then will receive anesthesia and surgery will begin
- You may or may not receive a urinary catheter
- A dressing will be applied to the incision area

RECOVERY ROOM

- Waking Up from Surgery
 - Pain and nausea medications will be available
 - > You may feel:
 - Sleepy and confused
 - Opening your eyes will be hard and your eyesight maybe blurry
 - Dry mouth
 - Soreness at the incision site
 - Sore throat

PAIN MANAGEMENT

- We are dedicated to manage your pain
- Please always let us know if you are uncomfortable
- The Nurse will also be asking periodically throughout the day
- Pain will never be a 0/10 however we can manage it so that it is tolerable to you
- You can also receive medication to control the nausea and itchiness some pain medications may cause.
- > You receive a stool softeners to reduce the risk of constipation.

PHYSICAL THERAPY

- Goal is for you to obtain the best possible outcome after your joint replacement surgery, as well as enable you to return to many of the activities you enjoy
- You should begin "Prehab" physical therapy before your surgery, as instructed by your surgeon.
- Walking is very important to your recovery, as early as the day after surgery you will begin walking with the physical therapist

PHYSICAL THERAPY GOALS

- Getting Up and Around (with staff assistance only)
 - Do not attempt to get out of bed, stand up, or walk without help
 - Please always use your call light to request assistance
 - It is necessary for you to do your exercises, even if you are weak and uncomfortable at first.
 - > You may receive pain medication prior to your therapy session

PHYSICAL THERAPY GOALS

- Your Physical Therapist will teach you how to:
 - Lay in your bed in a comfortable position
 - **Sit** on the edge of the bed, then proceed to stand for a few moments
 - **Take several slow deep breaths before you stand up.**
 - Stand and walk as straight as you can with an assistive device.
 - Comply with hip and knee precautions
 - Start slowly and stop after short distances
 - Push yourself to walk a bit further each day
 - Perform home exercises EXERCISE BOOKLET WILL BE PROVIDED

OCCUPATIONAL THERAPY GOALS

Your Occupational Therapist will teach you how to:

- Complete your activities of daily living. This involves bathing, dressing and toileting
- You will be taught how to use adaptive equipment if needed. Examples of this are: Long handles shoe horn Shower grab bars

POSTOPERATIVE PRECAUTIONS

HOW TO REDUCE YOUR RISK FOR A COMPLICATION

KNEE PRECAUTIONS

- After your knee replacement surgery, make sure not to put anything directly under the knee—i.e., pillows, towels, blankets etc.
- A rolled towel will be used under your ankle to help with extension of your knee. To help prevent the joint from stiffening, complete your range of motion exercises hourly.
- Do not kneel directly on your new knee joint.

REDUCING YOUR RISK FOR BLOOD CLOTS

- Remember safety first!.
- Frequent ambulation after your surgery is strongly encouraged.
- Postoperatively your doctor will prescribe an appropriate anticoagulation therapy based on your medical history.
- You will have leg wraps around your calves which will be connected to the machine (SDA) while you are in bed. This will increase your circulation and decrease your risk of clot formation.
- Every hour you should be doing your ankle pump exercises to increase your circulation (a minimum of 10).
- Once you are home do not sit in one place for an extended period of time. You should walk about 50 feet every hour.

SIGNS AND SYMPTOMS OF A BLOOD CLOT

- **Tenderness in the calf.**
- Redness and warmth in the leg.
- Excessive swelling in leg(s).
- If you experience any of these symptoms please notify your doctor immediately

SIGNS AND SYMPTOMS OF A PULMONARY EMBOLISM

- New onset of chest pain
- Unexplained shortness of breath
- Difficulty breathing
- Rapid heart rate
- If you experience any of theses signs or symptoms, get medical attention immediately.

REDUCING YOUR RISK FOR PNEUMONIA

- After your surgery, we will give you an incentive spirometer and show you how to use it. This will help you perform your deep breathing exercises.
 - It is essential that you take a minimum of 10 deep breaths per hour.
 - Make sure you are coughing up any phlegm from your airways.
 - Sit up in a chair throughout the day. It is best not to stay in bed for long periods of time. Feel free to grab a nap in your recliner.
 - Frequent ambulation is essential and promotes health wellbeing.

REDUCING YOUR RISK FOR INFECTION

- Before and after your surgery, you will receive prophylactic antibiotics to help reduce your risk for infection.
- > You will instructed to use the CHG wipes before your surgery.
- All of your caretakers must wash there hands before rendering care to you.
- You should also encourage all of your visitors to utilize the hand sanitizers that is present in all patient care areas. Do not allow your visitors to sit on your bed.
- Your surgical dressing will remain on until your surgeon changes is it in 5-7 days. You will be instructed on how to care for your surgical incision at home.
- Sponge bathe until cleared to shower by your surgeon
- Please advise sick family and friends not to visit until they are better.
- Always wash your hands before and after you touch your incision site or change the dressing

SIGNS AND SYMPTOMS TO MONITOR FOR AN INFECTION

- Unexplained oral temperature over 101 degrees
- Drainage from the incision, it may be foul smelling or discolored.
- Increased pain
- Increased redness or swelling at the incision
- If you experience any of these things, notify your doctor immediately

REDUCING YOUR RISK FOR CONSTIPATION

- You will be prescribed a stool softener while you are recovering. If you are still experiencing some constipation, you will be given a laxative to help you have a bowel movement.
- Frequent ambulation also helps prevent constipation.
- If you are able to eat a high fiber diet, this may help as well
- Adequate hydration is essential –Keep drinking water throughout the day.

DISCHARGE PLANNING

- A case manager will be assigned to work with you to assist your in your discharge plan.
- Many patients recover well enough to go directly home from the hospital. If you are planning to go home:
 - A visiting nurse will be arranged for you by your case manager. The visiting nurse will come to your home 24-48 hours of your discharge to assess you
 - If you require in home physical therapy the visiting nurse will make those arrangements.
 - Make note of the number of stairs inside and outside of your home. All necessary equipment to ensure a safe discharge will be ordered, prior to discharge-e.g. walker, commode etc.
 - Arrange a ride with a family member or friend for the day of discharge

DISCHARGE PLANNING

- Patients who require additional rehabilitation at a short term inpatient facility
 - You may choose our Transitional Care Unit –a tour will be given afterwards.
 - You may also present three(3) choices for rehab prior to your surgery date. We suggest you arrange a preadmission tour first of the facilities.
 - We make every attempt to make arrangements with your first choice however due to space availability somethings are out of our control.
 - Your case manager will work with your insurance and rehab choices to facilitate and inform you of any cost for the transportation

SAFETY AT HOME

- Prepare your house for your return home. You can start this before you have your surgery to ensure a smooth transition.
- Make sure you have:
 - Clear pathways inside and outside your home
 - No loose rugs or cords
 - Any necessary arrangements for your animals
 - Make sure items are easily accessible, especially for hip surgery patients.
 - You may want to prepare some meals in advance and freeze them.
 - Have a firm chair with armrests and a good height available
 - Arrange for help to assist with housekeeping, shopping or driving

LIFESTYLE CHANGES

- After joint replacement surgery there are several lifestyle changes that will be necessary to promote a healthy recovery. Some of these include:
 - Continuing follow-up care with your surgeon and medical doctor to ensure you are recovering well
 - Maintaining your instructed precautions for the designated time frame
 - Conduct daily exercises to maintain your mobility
 - Maintaining a healthy weight to help minimize the wear on your new joints(s)
 - Taking necessary precautions to ensure your safety at home
 - Prevention of infection: short term by following discharge instructions, as well as long term by notifying your caregivers of your new prosthesis for prophylactic antibiotic treatment when indicated.

CONGRATULATIONS AND GOOD LUCK

