Pre-Operative Class
Hip Replacement and
Knee Replacement

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Sequoia Hospital Total Joint Replacement
Pre-Operative Classes

Patients and Family are encouraged to attend prior to total hip or knee replacement surgery!

Know what to expect before, during, and after your procedure
Answer Questions.
Purpose

- Prepare you for your hospitalization
- Review daily routine & rehabilitation
- Discharge planning
Pre-Surgery

Decision for Surgery

- Insurance Authorization

Preparation

- PCP Evaluation
- Lab work
- Medication Review
- Consents
Pre-Surgery

• Arrange for help at home prior to surgery
  • Who?  Family, Friends, Neighbors
  • When?  Few days after discharge

• Arrange for transportation to and from surgery

• Purchase over the counter meds & supplies
Pre-Surgery

• Check with your medical doctor regarding medications prior to surgery
• No anti-inflammatories 7 days prior to surgery
• No alcohol 3 days prior to surgery
• No shaving of your operative leg 5 days prior to surgery
• Chlorhexidine shower– night before… clean PJs & sheets!
Pre-Surgery

• Hospital will call with surgery time the night before
• Nothing to eat after midnight! Your surgeon may encourage you to drink clear fluids (no jello) up to 2 hours prior to arrival to the hospital
• Bring comfortable clothes and shoes
• Please do not bring valuables to the hospital
Hospital Stay

• 1 - 3 Days
• Preop
• Surgery
• Postop

• Discharge... driver to home Who?
Hospital Stay

• Arrival **2 hours** prior to surgery
• There are parking lots to the right of the entrance
Hospital Stay

• Main Hospital Entrance
  (Free valet parking-starting at 5am)
• Patient Registration straight down hallway on the right
Hospital Stay

Ambulatory Care Unit (ACU)

- Preparation by the Nursing Staff
- Surgeon & Anesthesiologist
- Consent
- Identify Surgical Site
- IVs
- Wipe/Scrub
- Family Members Allowed
Family Waiting Area

Leave a contact phone number with the nurse in ACU if leaving hospital
Hospital Stay - Surgery

Operation:

- 1-2 Hours
- In the OR 2-3 hours
- Anesthetic
- Prepping
- Operation
- Dressings
- Wake Up
- Transfer to the PACU
Hospital Stay

Anesthesia:

• Spinal
• Nerve Blocks for Knee Replacements
• Varying Sedation:
  • Awake
  • General Anesthetic
Hospital Stay

PACU – Recovery Room:

- 1-2 Hours
- Wait for Spinal to end
- Monitor Vital Signs
- Family Not Allowed
Third floor – Center for Total Joint Replacement

- Transported from PACU via Hospital Bed
- Physical Therapy Visit - Day of your Surgery
Patient Rooms
White board is used for your daily plan of care
Hospital Stay - Equipment

- Sequential Compression Stockings
- Oxygen Saturation Monitor
- IV Pump
- Incentive Spirometer
Incentive Spirometer

- Reduces Fevers
- Prevents Pneumonia
- Bring home for continued use
Hospital Stay - Daily Routine

Post-Op Day 1:
- Regular Diet
- Drain Removed
- Pain Management – IV & Oral Narcotics
- Physical Therapy – 2x
- Occupational Therapy – 1x
- Care Coordinator Visit Discharge Planning
- Discontinue IV Fluids
- Discontinue urinary catheter
- Fast Track Hips may be Discharged
Hospital Stay - Daily Routine

Post-Op Day 2:

- Oral pain medication
- Physical Therapy – 2x
- Occupational Therapy – 1x
- Verify equipment needs
- Hips Discharged Home
- Fast Track Knees Discharged Home
Preventing Blood Clots

- Early Ambulation – out of bed day of surgery
- Ankle pump exercises
- Sequential Compression Device (SCD)
- Blood Thinner:
  - Arixtra
  - Lovenox
  - Warfarin
  - Aspirin
Constipation

“A healthy colon is the gateway to a happy mind!”

Cause:

• Dehydration
• Narcotics
• Immobility

Treatment:

• Fluids, Mobility
• Medications:
  • Colace
  • **Miralax** (may begin 3-5 days before surgery; check with physician)
  • MOM – Milk of Magnesia
  • Suppositories → Fleet enemas
Nausea

Cause:
- Anesthetic
- Dehydration
- Narcotic

Treatment:
- Clear Liquid Diet
- Zofran
- Fluids
- 2\textsuperscript{nd} and 3\textsuperscript{rd} Line anti-emetics
Hospital Stay - Daily Routine

Post-Op Day 3:
(If medically needed)

• Physical Therapy
• Occupational Therapy
• Discharge by 1130
Discharge
Requirements
Requirements for Discharge

- Regular diet
- Stable vitals
- Good management of pain and swelling
- Increase independence with activity and mobility

Home is where the healing is.
Discharge Preparation

Lovenox Injection or other anticoagulant
Pain management
Constipation
Equipment for home use
(remember to take ice-man if knee surgery)
Always wear shoes or non-skid socks when out of bed.
Helper “coach”
Joint precautions
On-going therapy
Discharge Medications

• Narcotics – Triplicate Prescription
• Medications E-mailed to your Chosen Pharmacy or Pharmacy Delivery Service available.
  – Blood Thinner
  – Anti-inflammatories
  – Bowel Medications
  – Nausea Medications
• Return to Previous Medications
  – Check with primary care physician if any changes should take place
Physical & Occupational Therapy

Andrea Beylen, Director
Physical Therapy

• Functional mobility
Physical Therapy

- Early mobility
- Exercises
- Walking
- Steps/Stairs
- Ice and Elevate
Occupational Therapy

• Activities of Daily Living (ADL)
Occupational Therapy

- Adaptive Equipment
- Not Covered by Insurance
Positioning after Total Hip Replacement

Your leg may be resting in a foam splint
Total Hip Replacement

- You may have some restrictions with mobility depending on how the surgery was performed.

Do not bend your operated hip beyond a 90° angle.
Do not cross your operated leg or ankle.
Do not turn your operated leg inward in a pigeon-toed position.
Discharge Planning

Care Coordination

(650)367-5683
Discharge Planning

- Discharge Planning is performed by either care coordinator or social worker
Discharge planning is coordinated between you, your Physician, therapist and other clinical staff with recommendations of resources and needs post discharge.

Care coordinator will help arrange for your discharge needs.

- Verify insurance coverage for services needed at discharge.
- Order durable medical equipment.
- Make referrals

Home is where the healing is.
Home Health

- Agencies, coverage and copay dependent on individual insurance plans
- PT will make an initial assessment in the home and make a recommendation of treatment plan
  - Approximately 2-3 times per week for 1-2 weeks depending on assessment of needs and insurance coverage
  - Outpatient rehab may continue after home health
  - Some patients may go directly to outpatient therapy
- Home health agency name and phone number are provided in your discharge paperwork
Home Help – private pay

• Non-licensed help available a few hours a week up to 24/7.
• Example of services:
  • Transportation from hospital to home
  • Pick up prescriptions, shop for fresh food
  • Help settle patient in at home “tuck-in”
  • Light housekeeping, laundry, linen changes
  • Prepare meals
  • Put follow-up appointments on calendar, remind to take meds

Not covered by insurance ~ Approx $28/hour

• (typically 4 hour minimum)
Skilled Nursing Facility (SNF)

• If SNF is ordered by your physician, care coordination will assist with this preparation and insurance authorization.

• “Skilled care” is health care given when you need skilled nursing or rehabilitation staff to treat, manage, observe, and evaluate your care on a daily basis.

• Transportation to facility may or may not be covered by insurance – Out of pocket costs approx $80-$200

Care Coordinator office: 650-367-5683
Thank You for Coming Today

• We look forward to taking care of you soon
• Please don’t hesitate to call if you have any further questions:
  – Total Joint Patient Navigator, Anita 650-482-6031
  – Care Coordination/Social Services 650-367-5683
  – Physical Therapy 650-367-5517
  – Main Hospital Operator 650-369-5811
  – Pre Operative Department 650-367-5545
Encouragement...
Rehab process is a journey!

Questions???

Thank you!

Dignity Health
Sequoia Hospital