

Pre-Operative Education

Hip Replacement and
Knee Replacement



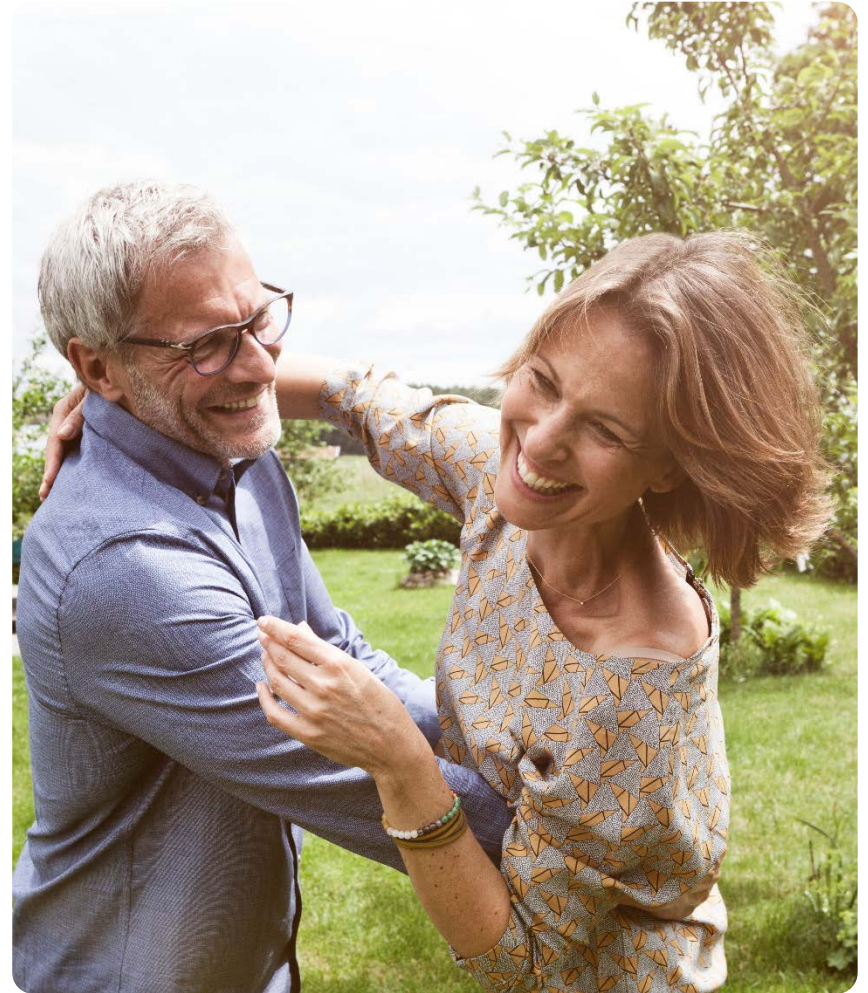
Dignity Health™
Sequoia Hospital

Total Joint Replacement Pre-Operative Education

Patients and Family are encouraged to read prior to total hip or knee replacement surgery.

Know what to expect before, during and after your procedure to:

- Prepare you for hospitalization
- Review daily routine & rehabilitation
- Plan for discharge



Preparing for Surgery

- Arrange for help at home prior to surgery
 - Who? Family, Friends, Neighbors
 - When? For 3-7 days after discharge
 - Arrange for transportation to and from surgery
 - Pre-cook meals, laundry, housekeeping/cleaning done
- Purchase over the counter meds & equipment recommended by surgeon
- Make appointment for preop Covid19 and MRSA test: 650-261-6864
- Review all educational materials from surgeon office and hospital
- Ensure family member or caregiver reads educational materials as well

Preparing for 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
- Chlorhexadine shower the night before — clean PJs & sheets!



Preparing for Surgery

- Hospital will call with surgery time the evening before (typically after 2:45pm)
- **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, shoes, insurance card, access to credit card# if needed for prescriptions/equipment, and a long phone charger cord if using cell phone/tablet.
- Please do not bring valuables to the hospital



Hospital Stay

- Arrive **2 1/2 hours** prior to surgery with a mask in place
- There is a parking garage to the right of the entrance
- Free valet service 0530 – 1400 Mon-Fri



Day of Surgery

- Enter through main hospital entrance, mask will be given if you do not have one
- Please go to admitting/registration after meeting the entry screener where your temperature will be taken, continue straight down hallway on the right
- Visitors are not allowed past this point unless preapproved per hospital policy



Day of Surgery

Ambulatory Care Unit (ACU)

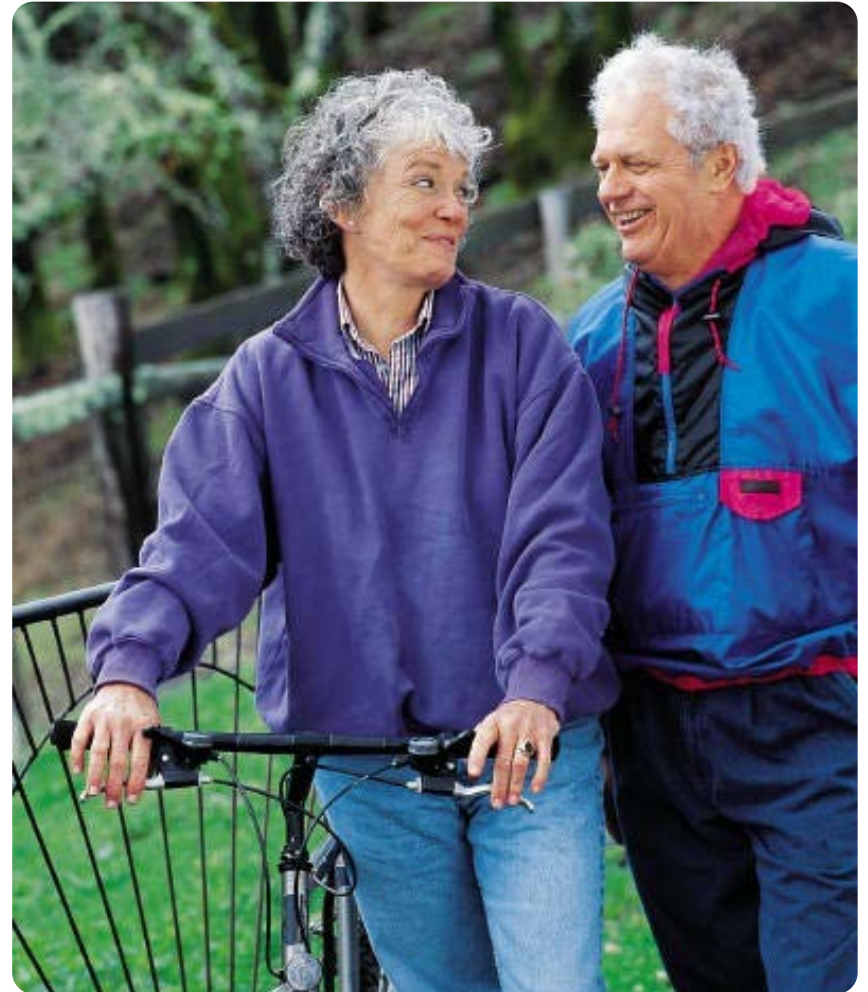
- Preparation by the nursing staff for surgery
 - IV started
 - Wipe/Scrub
 - Surgical consent reviewed
- Surgeon & Anesthesiologist visit
 - Identify Surgical Site
- Leave a contact phone number with the with nurse in ACU



Surgery

Operation:

- 1-2 Hours for the operation only
- In the OR 2-3 hours total



Surgery

Anesthesia:

Anesthesia types will be discussed with you by the anesthesiologist in the pre-surgery area.

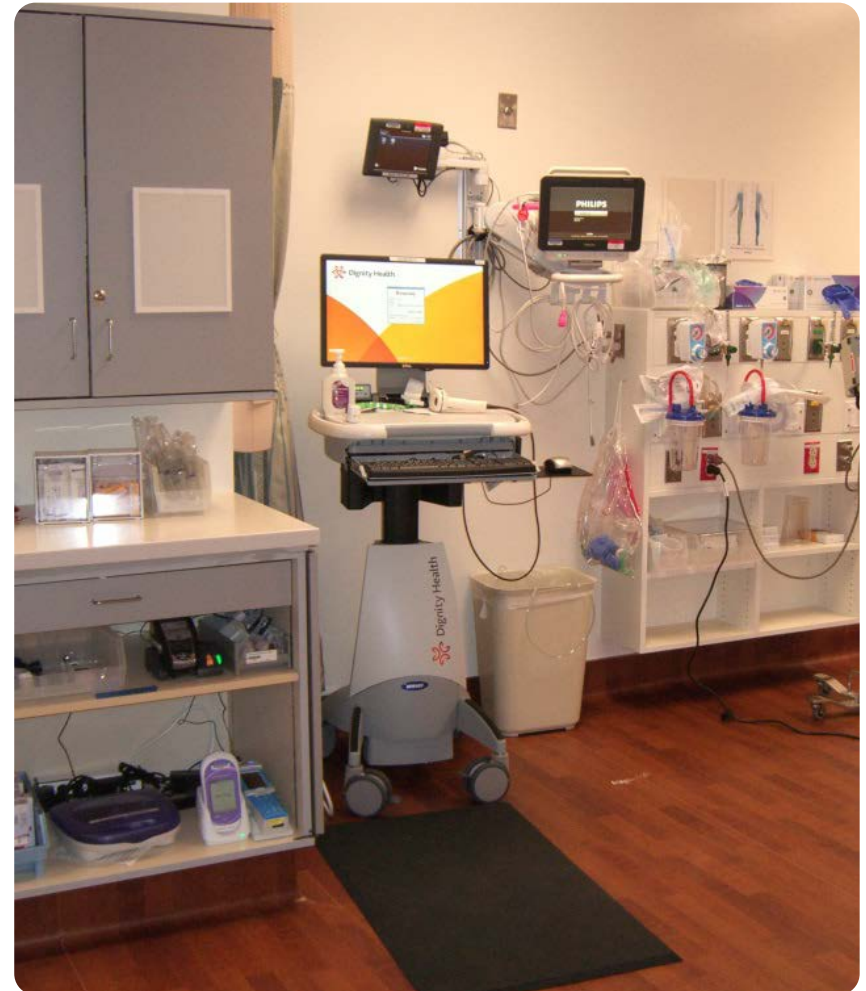
- Spinal
- “Twilight”
- General Anesthetic
- Nerve Blocks for Knee Replacements



After Surgery

PACU – Recovery Room:

- Typically, 1 Hour
- Wait for Spinal to end
- Monitor Vital Signs
- Drink fluids with head of bed up



Patient Rooms

Total joint center patient rooms are located on the 3rd floor.

- Patients requested to wear mask while in hospital



Incentive Spirometer

This will be taught in the hospital.
Please bring with you the day of surgery if received at preop appointment.

- Reduces fevers
- Prevents pneumonia
- Bring home for continued use



Hospital Stay

Same Day Discharge:

- Some patients have been identified by the surgeon and anesthesiologist to be appropriate for day of surgery discharge.
- Requirements:
 - Medically stable
 - Pain and Nausea managed
 - Cleared by physical therapy and occupational therapy
 - Established safe discharge home
 - Medications for discharge confirmed
 - Transportation for home established once cleared for discharge

Hospital Stay

For patients not discharged day of surgery

Post-Op Day 1:

- Regular diet
- Drain removed if present
- Pain management
- Physical therapy – 2x
- Occupational therapy – 1x
- Total Joint Nurse Navigator visit to discuss discharge plans to home
- Discontinue IV fluids
- Anticipate discharge to home



Hospital Stay

For patients not discharged on post-op day 1

Post-Op Day 2:

- Pain management
- Physical therapy – 2x
- Occupational therapy – if needed
- Verify equipment needs
- Discharge home



Preventing Blood Clots

- Early Ambulation – out of bed day of surgery
- Ankle pump exercises
- Sequential Compression Device (SCD)
- Blood Thinner determined by MD:
 - Arixtra
 - Lovenox injection (nursing will teach how to administer)
 - ~~Warfarin~~
 - Aspirin

Constipation

Cause:

- Dehydration
- Narcotics
- Immobility

Treatment:

- Increase fluids 3 days before surgery and continue after discharge;
Mobility

Medications:

- Colace
- **Miralax** (may begin 3-5 days before surgery; check with physician)
- MOM – Milk of Magnesia
- Suppositories → Fleet enemas

Requirements for Discharge

- Tolerate regular diet
- Maintain stable vital signs
- Management of pain and swelling
- Increase independence with activity and mobility
- Confirmed safe discharge plan with staff



Discharge Medications

- Narcotics – Discussed with you in MD office prior to surgery and confirmed prior to discharge from the hospital
- Common medications for home include the following:
 - Blood Thinner
 - Anti-inflammatories and/or narcotics
 - Bowel Medications
 - Nausea Medications
- Return to Previous Medications
 - Check with primary care physician if any changes should take place

For your education a medication brochure will be given to you while in the hospital which reviews medications purpose and potential side effects.

Physical Therapy

Works on mobility such as walking with use of a walker, getting in/out of bed/chair, maneuvering up & down stairs.

Therapists will also review cold therapy and elevation techniques which reduce swelling and pain.



Occupational Therapy

Works with activities of daily living (ADL) such as dressing, grooming, bathing and assist with determining additional needed equipment.▲



Occupational Therapy

- Optional equipment may be purchased before surgery. OT can teach how to use.
- Not covered by insurance



Positioning After Total Hip Replacement

- Your leg will be resting in a foam splint right after surgery. This will remind you not to cross your legs while in bed.



Restrictions After Total Hip Replacement

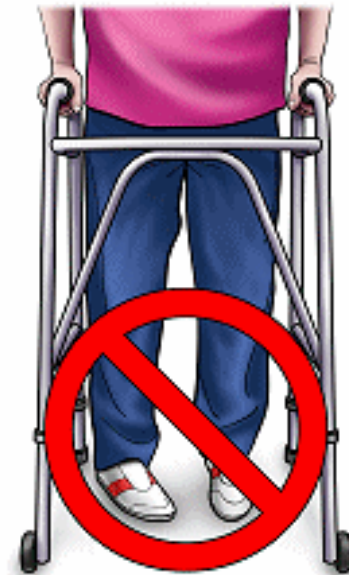
- You will have some restrictions with mobility depending on how the surgery was performed. The need for continued restrictions will be discussed at your follow-up surgeon appointment.



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 from the Hospital

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 such as transportation home to assist if needed (ie for stairs or no access to ride home)

Home Health and Outpatient Therapy

Agencies, coverage and copay dependent on individual insurance plans

Home health therapy:

- Home health agency name and phone number will be provided before or after discharge to home. You will receive a call from the agency within 24-36 hours after discharge.
- Home physical therapy (PT) and occupational therapy (OT) will make an in home initial assessment and make a recommendation of treatment plan
 - PT typically 2-3 times per week for 1-2 weeks depending on assessment of needs and insurance coverage
 - OT typically one time visit

Outpatient Therapy:

- Some patients may go directly to outpatient therapy per surgeon recommendation, or participates after home health therapy

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 \$100 - \$200

Care Coordinator office: 650-367-5683

Thank You

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
- Admitting Department: 650-367-5551
 - Please ensure our admitting department has your correct phone number and address before coming to the hospital.

Thank You