

# Pre-Operative Education

## **Hip Replacement and Knee Replacement**



**Sequoia Hospital**  
A Dignity Health Member

# Sequoia Hospital Total Joint Replacement Pre-Operative Education

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**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**

# Purpose of education

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



# Pre-Surgery

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- 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 (not Uber/Lyft)
  - Pre-cook meals, laundry, housekeeping/cleaning done
- Purchase over the counter meds & equipment recommended by surgeon
- Review all educational materials from surgeon office and hospital
- Ensure family member or caregiver reads educational materials as well

# 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 and the AM of your surgery day*



# Pre-Surgery

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- Hospital will call with surgery time the evening before (typically between 2-4pm)
- **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

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- Arrival **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



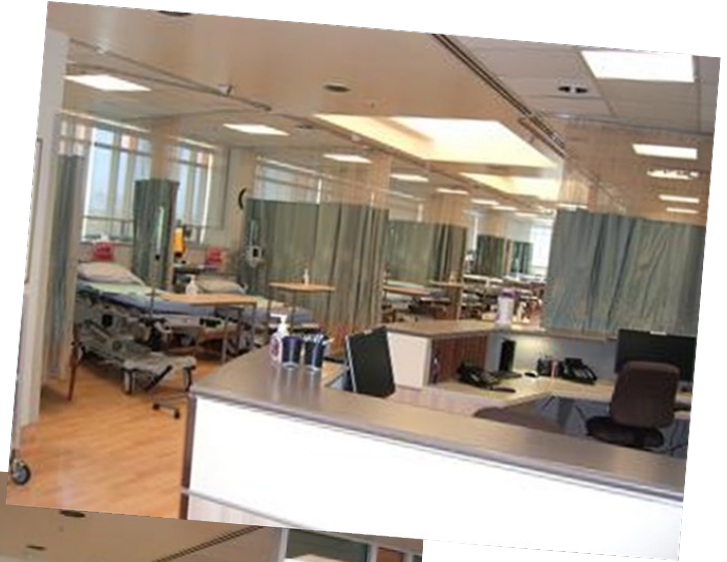


# Pre-Surgery

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## 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 nurse in ACU



# Surgery

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## Operation:

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

# Surgery - Anesthesia

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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

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## 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 room

Located on the 3<sup>rd</sup> floor

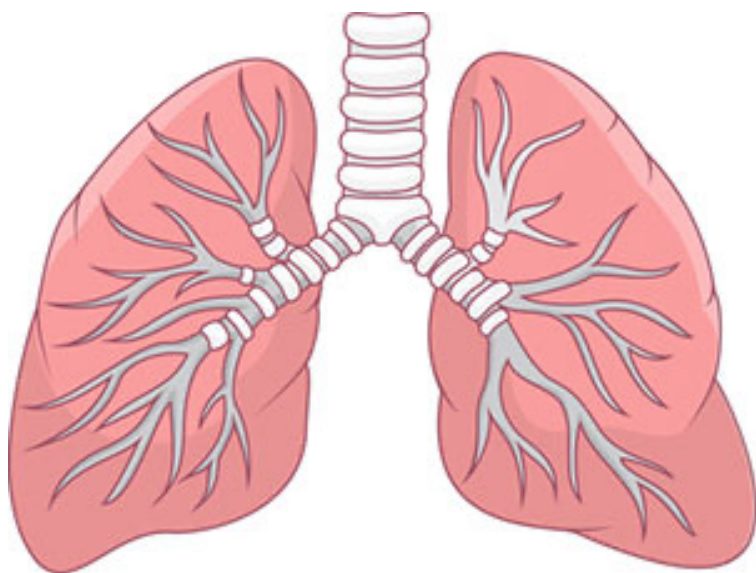
Patients requested to wear mask while in hospital





# Incentive Spirometer — will be taught in the hospital

- Reduces Fevers
- Prevents Pneumonia
- Bring home for continued use



# Hospital Stay

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## 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

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## **For patients not discharged day of surgery**

### Post-Op Day 1:

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

# Hospital Stay

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**For patients not discharged on post-op day 1**



## Post-Op Day 2:

- Pain management
- Physical Therapy – 1-2x
- 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

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# Constipation

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

## 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

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- 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

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- 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

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- 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

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





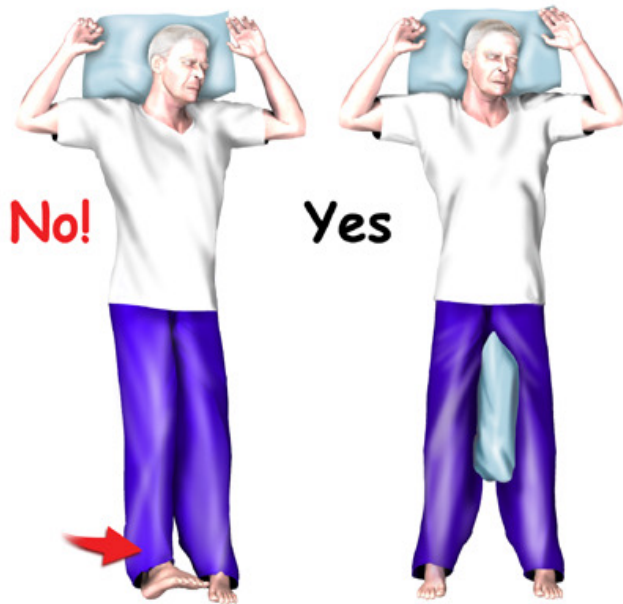
# Occupational Therapy

- 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.



# Total Hip Replacement

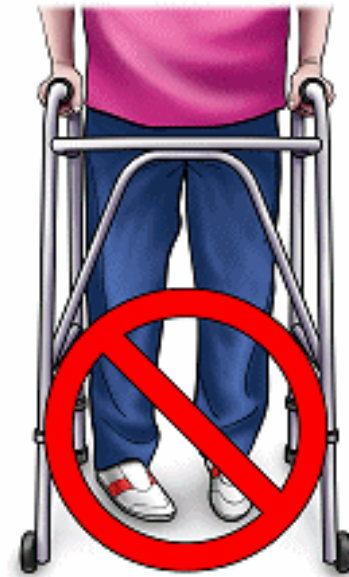
- You will have some restrictions with mobility depending on how the surgery was performed. The need for continued restrictions will be discussed at your follow-up surgeon appointment.



**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

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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

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## **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)

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- 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!!

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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, Gloria Kwok 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.