

Pre-Operative Education

Hip Replacement
Knee Replacement
Mako Robotic Surgery



Sequoia Hospital
A Dignity Health Member

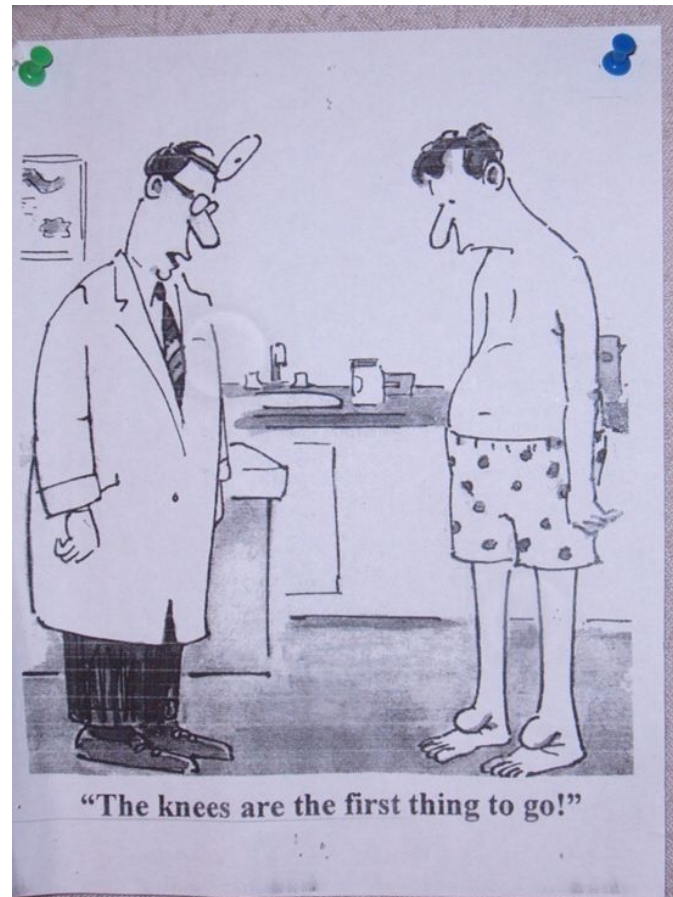
Sequoia Hospital Total Joint Replacement Pre-Operative Education

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



Purpose of education

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



Pre-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 (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 morning of your surgery day*



Pre-Surgery

- 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

- 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

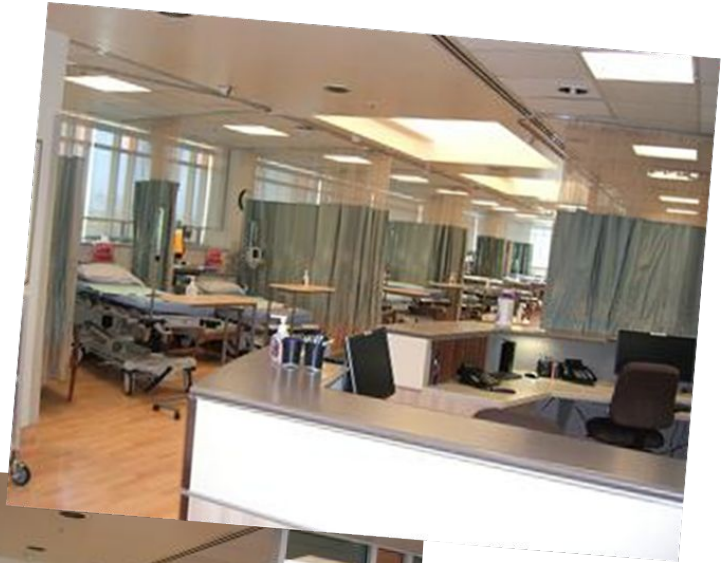
- Enter through main hospital entrance, mask will be given if you do not have one
- Please go to admitting/registration and continue straight down hallway on the right



Pre-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 nurse in ACU



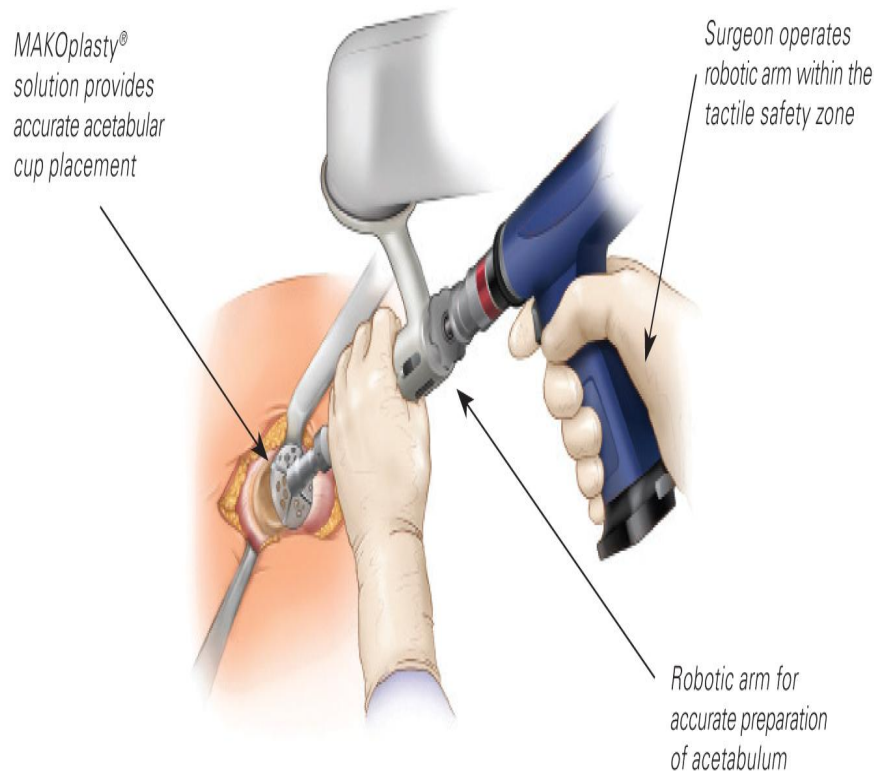
Surgery



Operation:

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

Mako Robotic Surgery



MAKO technology provides your surgeon with a patient-specific 3-D model to pre-plan your surgery. During surgery, your surgeon guides MAKO's robotic-arm based on your specific plan. By selectively targeting just the damaged part of the joint, your surgeon can replace it while helping to spare the healthy bone and ligaments.

It will be a discussion between you and the surgeon regarding this option in the office.

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



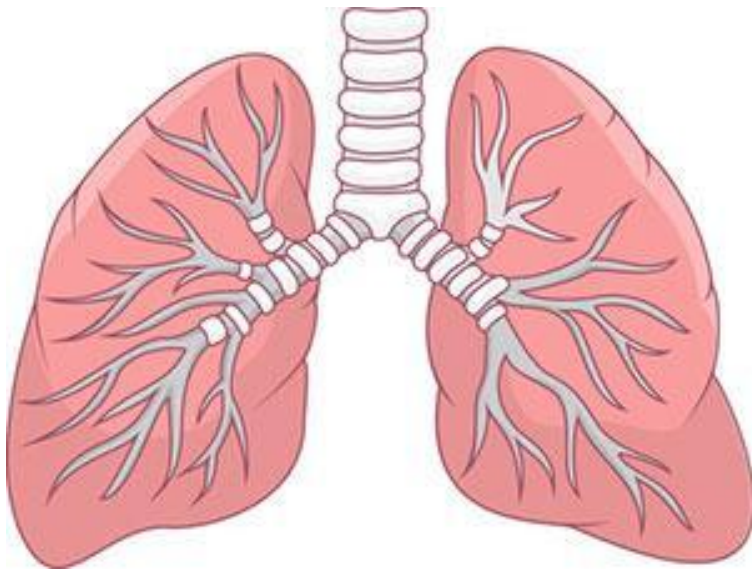
Patient Rooms

Total joint center patient room
Located on the 3rd floor



Incentive Spirometer — will be taught and given in the hospital

- 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 – 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

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)
 - Eliquis
 - Aspirin



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

- 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.



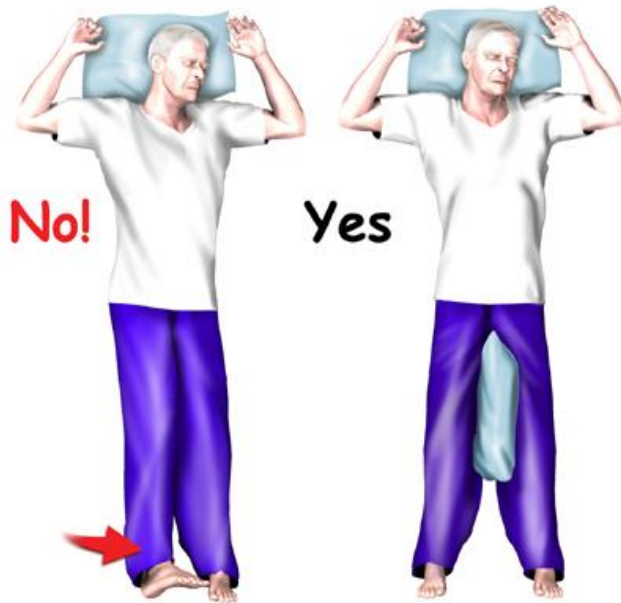
Occupational Therapy

- 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.



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, therapists 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, Gloria Kwok 650-482-6031
 - Care Coordination/Social Services 650-367-5683
 - Physical & Occupational 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.