

Mercy Medical Center Merced Total Joint Replacement Class



Reflection

*A journey of a
thousand miles begins
with a single step.
- Lao Tzu*



Welcome

- The goal of this class is to:
 - To help you prepare for your upcoming surgery.
 - Educate on what to expect before, during, and after surgery.
 - Clarify expectation
 - What to expect and what to do to continue your successful recovery at home.
 - To reduce anxiety.

Topics to Discuss Today

- Your Joint Care Team
- Pre surgery Instructions
- Day of Surgery
- Hospital Stay
- Pain Management
- Physical Therapy program
- Occupational Therapy
- Discharge Planning
- Questions



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Orthopedic Program Coordinator

- Serves as a single point of contact for any questions or concerns
- Facilitates communication with all members of the patient's healthcare team
- Provides education
- Provides an ongoing assessment of the patients needs

Total Joint Replacement Program - Center of Excellence

Total Joint Replacement Awards

- Blue Distinction Center
 - Blue Distinction
- Joint Commission's Gold Seal of Approval® for Advance Certification of Total Hip and Total Knee Replacements



Total Joint Replacement Programs

Help us track your recovery and measure your improvement



Many people in your situation have found surgery makes the quality of their lives a whole lot better. Before you know it, we expect you will be back to doing the things you love.

As one part of your surgeon's evaluation of your recovery after surgery, we will have you complete several online assessments at various times throughout your recovery process. These assessments are a set of statistically validated questions that are designed to track both your physical recovery, as well as the improvement to the overall quality of your life.

There are no right or wrong answers, but it is important that you answer each question to the best of your ability. You can expect each assessment to take about 15 minutes to complete.



You'll take the assessment from home, on any device.

SAMPLE QUESTION

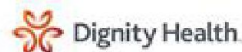
NEXT STEPS

✉ Check your email or phone messages

A member of our Outcomes Team will contact you by email or phone message a few days before you are scheduled to take the first assessment to provide you with all the information you need. If you don't have email or a smart phone, you'll be contacted by phone.

✓ Complete assessment

It is important that you complete each assessment within a few days of being contacted. This allows your care team to have all the information needed to provide you with the best care possible.



1. Improve care for patients who receive hip and knee replacements
2. Data collection to identify quickly devices with positive and negative outcomes
3. Collaboration nationally to enhance quality of care, patient outcomes, and safety.

AJRR American Joint Replacement Registry
Improving Orthopaedic Care Through Data

It starts with you.
And ends with benefits for your patients

Preparing for Surgery



What is your Goal?

- What is your personal goal for your replacement?
- Ex: Walking, golf, dancing?
- We want to include your goal throughout each phase of your care.
- You will be asked this question from:
 - Orthopedic Surgeon
 - Pre- Admit Nurse
 - Floor Nurse
 - Occupational Therapy/ Physical Therapy



Smoking

- Smoking can affect surgery outcomes which includes:
 - Increasing the risk of medical complications including infection and blood clots.
 - Possible lengthening recovery time.
- Referral to Smoking Cessation Program (www.nobutts.org or call 1-800-NO-BUTTS)



Cigars, e-cigarettes, vaping,
chewing tobacco, nicotine
gum, patches

Alcohol and Recreational Drug Use

- Before surgery, it is important to be honest with your health care provider about your alcohol and recreational drug use.
- Tell your health care provider how many drinks you have per day (or per week).
 - This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery.
- Tell your health care provider what type of recreational drug you use and how much you do it.
 - This information is essential to delivering the best care possible to you.

For more information please visit the Community Resources Directory:

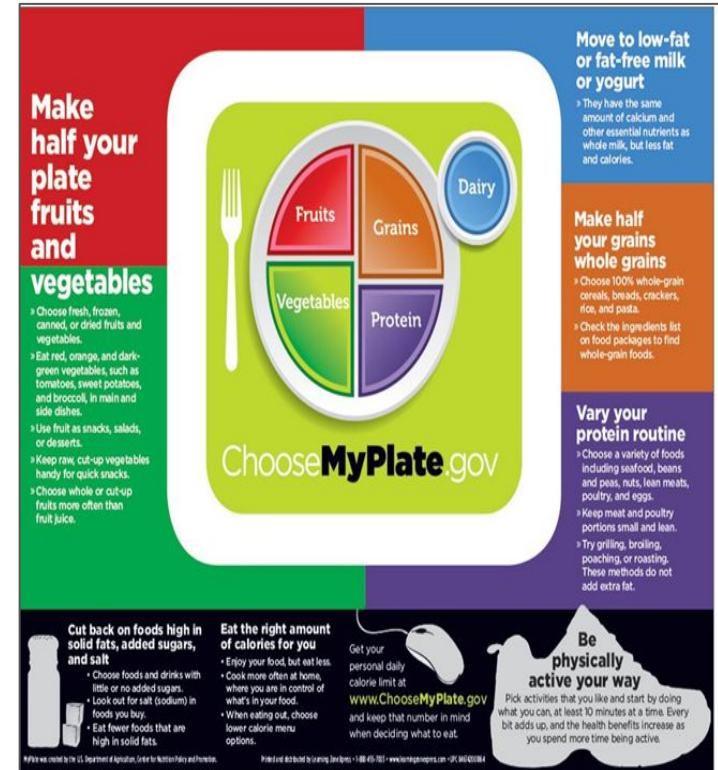
Diabetes Guideline and Blood Glucose Management

- Managing your blood glucose is always important, but it is extremely important before surgery.
- Managing your blood glucose before surgery can:
 - Improve healing
 - Lower the risk of infection and other complications
- Stress before and after surgery can affect your blood glucose control which may make it more difficult to manage blood glucose levels.
- Surgery can also affect your normal diet, and may change your usual medication routine.
- When in the hospital, you may be given insulin instead of/or in addition to your regular medications.
This does not mean that you will go home on insulin.

For more information please visit the Community Resources Directory:

Nutrition: Eat Well...Heal Well

- Starts before surgery and continues after surgery
 - Nutritional status before surgery is a good predictor of surgical outcome.
- Drink plenty of fluids and stay hydrated.
- Consume high-fiber foods (corn, peas, avocados, whole grain products, sweet potato or yams, broccoli, almonds, oats, etc.)to avoid constipation often led by pain medications.
- Diet should include foods rich in Iron (lean meats, green leafy vegetables, raisins, and prunes), Vitamin C (oranges, tomatoes, strawberries), Calcium (whole milk, cheese, Greek yogurt, fortified cereal, soy products).
- Eat light meals the day before surgery for normal bowel function and to avoid constipation.
- It's important to maintain good bowel health before and after surgery



Maintaining a Healthy Weight

- Maintaining a healthy weight starts before surgery and continues after surgery
 - Nutritional status before surgery is a good predictor of surgical outcome.



Pre-Surgery (Hospital)

Pre - Surgery

- Decision for Surgery
 - Insurance Authorization
- Preparation
 - See orthopedic doctor for pre-op
 - Register at Mercy Medical Center
 - Pavilion 1st floor – Registration (Free valet parking starting at 8am – 5pm)
- Bring photo ID, insurance card/s, and orders from the doctor
- Be prepare to do:
 - Lab work
 - Chest X-ray if ordered by the doctor
 - EKG if ordered by the doctor



Pre - Surgery Instructions

- Prior to surgery you will meet with the Pre Admission Nurse
 - Please be prepared to discuss medications, previous surgery, and medical conditions.



Home Medications

What your doctor may allow on the day of surgery:

- Heart medications
- Blood pressure medications
- Respiratory medications
- Seizure medications
- Heartburn/reflux medications

***Bring a medication list to the hospital including**

- Name of drug
- Dosage and frequency
- Purpose
- Prescribing doctor

***Do NOT bring your home medications to the hospital unless directed by your pre-admit nurse**

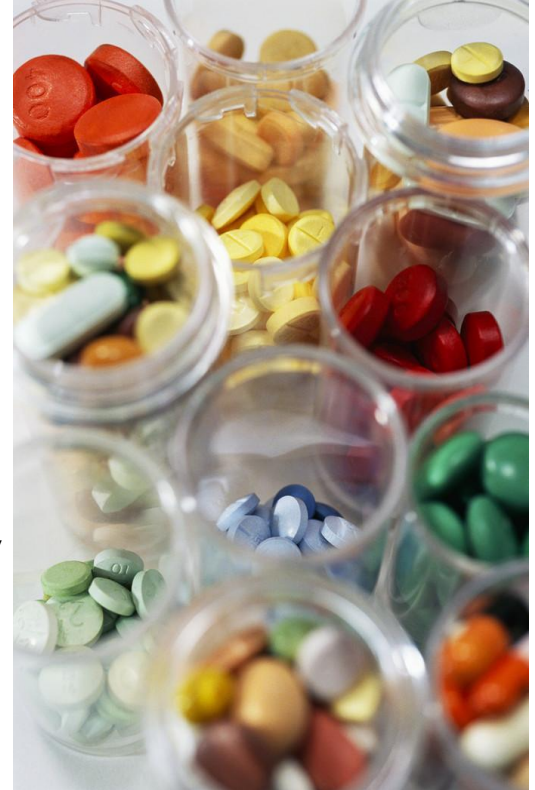


Home Medications

What **not** to take:

- Blood thinners, Aspirin
- Motrin, Ibuprofen
- Ask your doctor specifically about Diabetes medications/insulin
- Herbs/Supplements
- Diuretics/Water pills

***Check with your medical doctor regarding your current medications that may need to be stopped prior to surgery**



Night Before Surgery

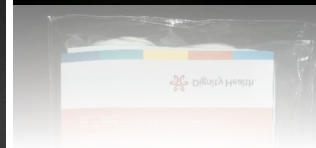
Eat a light meal.

Have nothing to eat or drink after midnight. That includes water, chewing gum, sucking on hard candies/breath mints. You may brush your teeth.

Infection Control:

No shaving of your operative leg 5 days prior to surgery.

Chlorhexidine shower: Night before surgery and morning of surgery.



Surgery Day

Visitation

- 1 person during pre-op
 - Other visitor may wait in the waiting room
- Visitation Hours
 - 8:00am - 9:00pm
 - 14 y/o and older with valid school ID or regular ID
- If staying overnight
 - 1 person can stay (single room only)



Welcome to the Peri-Operative Department

- You will meet your pre op nurse.
- During this time you will:
 - Get weighed
 - Change into a gown
 - Vital signs
 - Nurse will wipe down site with antibacterial wipes
 - Chart review, interview and teaching by the nurse
 - Consent for surgery
 - Opportunity to ask questions



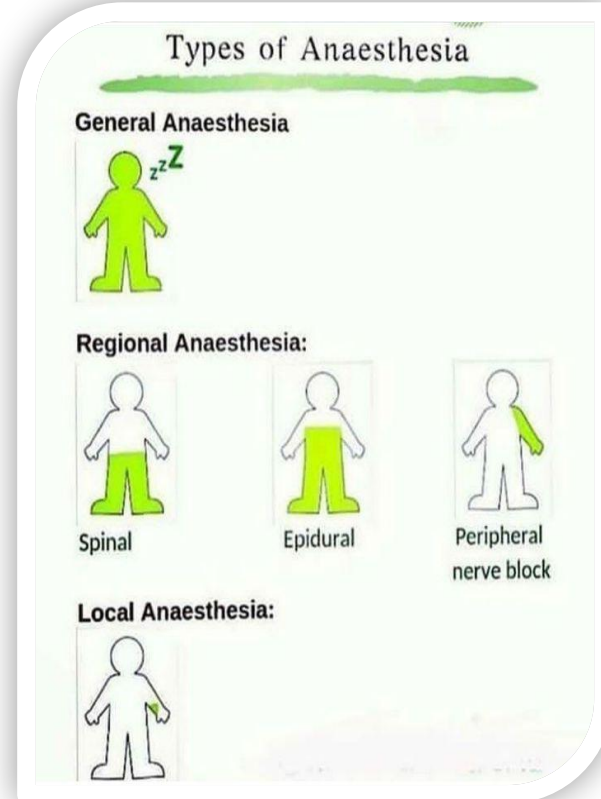
Tips for a Safer Surgery

- To avoid wrong site surgery:
 - You will be asked to identify yourself & your date of birth & the site of surgery.
 - Your team will review the procedure & side with you and ask you to verify.
 - Your surgeon will mark the site of your surgery.



Anesthesia

- You will speak with an anesthesiologist about the type of anesthetic that will be best for you.
- Anesthesia:
 - Spinal
 - Nerve Blocks for knee replacements
- Varying Sedation:
 - General Anesthetic



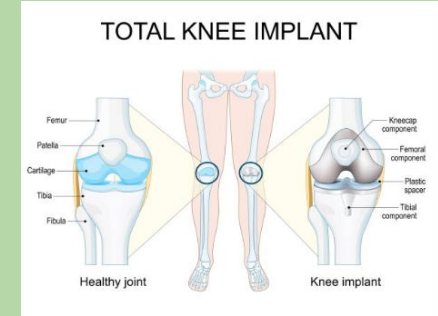
On to the Operating Room

- You will be taken into the Operating Room lying on a gurney
- Surgery may take 1-2 hours.

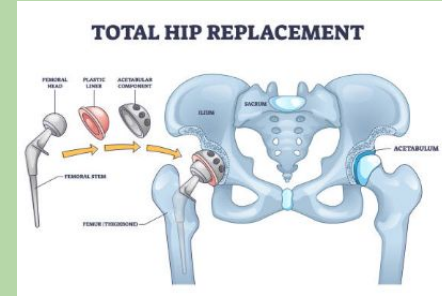


Total Joint Surgery

[Total Knee Replacement Video](#)



[Total Hip Replacement Video](#)



Recovery Room (Post Anesthesia Care Unit)

- After surgery you will be moved to the recovery room (post anesthesia care unit). Your Surgeon will call to speak with your designated family member or friend.
- The recovery room nurse will be managing your care
 - Goals: Recovery from Anesthesia, Pain Control, Focus on relaxation, oxygen, vital signs, nausea management
- Once you are stable, you will:
 - Have a session with Physical Therapy and then be discharged to home **or** be transported to the Medical Surgical Unit, located on the 5th floor.



In-Hospital Physical Therapy & Occupational Therapy

Physical Therapy

- The Physical Therapist will:
 - Instruct you in your exercise program, which has been created to improve your functional mobility by increasing the range of motion and strength of your legs.
 - Review your precautions (dependent on type of surgery)
 - Increase your walking distance and activity
 - Learn to climb stairs (if needed)
 - Discuss weight-bearing status
 - After a Total Joint Replacement, the surgeon determines the patient's weight-bearing status, which can range from full weight-bearing (FWB) to partial weight-bearing (PWB) or even weight-bearing as tolerated (WBAT), depending on the type of procedure and the patient's individual needs.



Weight-Bearing Status Breakdown

- **Full Weight-Bearing (FWB):** Patients can place their entire body weight on the affected leg without restrictions.
- **Partial Weight-Bearing (PWB):** The patient is allowed to bear a certain percentage of their body weight on the affected leg, often with the help of an assistive device like a walker.
- **Weight-Bearing as Tolerated (WBAT):** The patient can bear as much weight as they are comfortable with, up to full weight-bearing, depending on their pain levels and tolerance. * Most Total Joint Patients will be at this status *
- **Non-Weight Bearing (NWB):** The patient cannot place any weight on the affected leg.
- **Touch-Down Weight Bearing (TDWB):** The foot of the affected leg can touch the floor, but no significant weight is placed through it.

Occupational Therapy

- If ordered the Occupational Therapist will:
 - Teach you mobility training consisting of bed mobility, toilet transfers, and other activities of daily living such as dressing and bathing
 - Therapeutic exercise for your arms
 - Instruct patients and their families on the use of adaptive techniques/equipment to increase independence and maintain your surgical precautions.
 - Recommend any additional equipment that you may need such as durable medical equipment (DME).



Discharge Planning

Requirements for Home

Discharge Medications:

- Pain Medication
- Blood Thinner
- Bowel Medication

Return to previous medications:

- Check with physician if any changes should take place

Durable Medical Equipment (DME):



Additional DME





- Consider the vehicle you will travel home in. You will be more comfortable getting into a sedan or small SUV.
- We will practice safe transfer techniques and stair training with your Coach or family member prior to discharge.
- Do not drive until your surgeon approves.

Incision Care



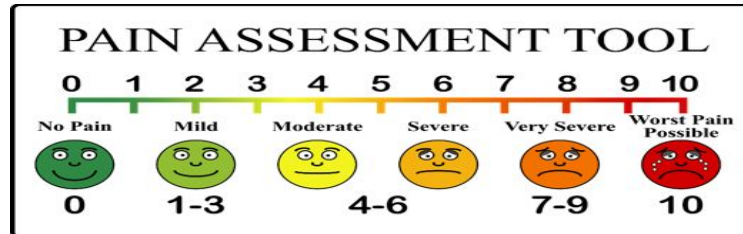
- Your incision should remain clean and dry
- If your surgeon has used a waterproof dressing, you may shower - Saran Wrap
- Do not immerse in water such as a bath or hot tub until cleared to do so by your surgeon
- Do not put any creams on your incision unless ordered by your doctor
- Avoid touching your incision



Pain & Swelling Management

Pain Management - Multimodal

- There are a number of different types of pain control methods available that will keep you comfortable.
 - Oral Medications
 - Injections into the knee/hip during the surgery
 - Relaxing music and visual imagery
- The aim of good pain control is to decrease the pain before it becomes intolerable!
 - You will be asked by your nurse to rate your pain on a scale of 0-10; 10 being the worst pain you have ever had.
 - Be verbal with your nurses and let them know if the pain medication is or is not effective in controlling your discomfort.
 - This isn't the time to "tough" it out! Good pain control increases your mobility and speeds up recovery.



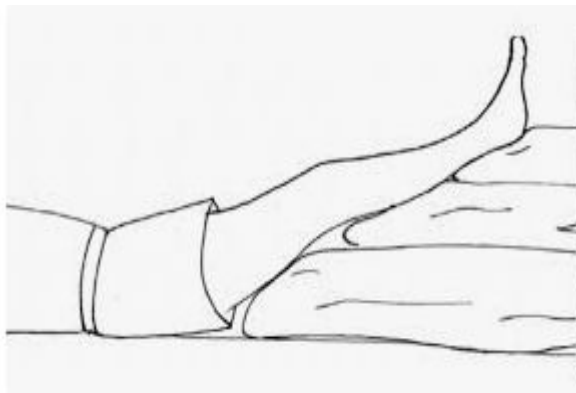
Pain Management - Multimodal

- Multimodal pain management is the practice of using different types of treatments to manage pain
- You may be offered ice and repositioning to help with comfort
- We may offer pain medication
- Other ways to manage pain include distraction – listening to music, watching a movie, a puzzle book

Swelling Management

- To help reduce swelling on operated leg
 - Change position every hour
 - Sit for less than an hour at a time
 - Out of bed for meals
- Elevate affected extremity above the heart
 - If increased swelling is noted in foot or ankle, it is time to spend more time with the leg elevated
 - “Toes over nose”
- Use ice packs
- Ankle pumps while elevating extremity over heart

Elevate for at least 6 weeks after surgery



Cold Therapy



Preparing for Home



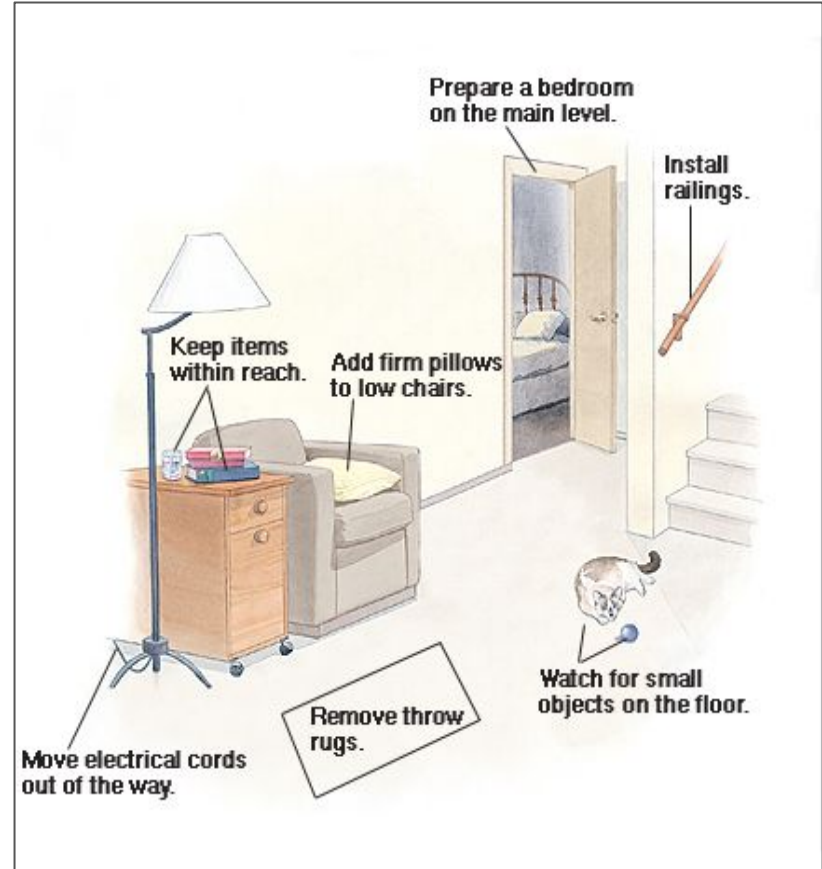
Steps Coach

- Prior to surgery, designate one or more helpers to assist you after surgery for **1 to 2 weeks**. (Especially during the night)
 - Time frame is based on recovery progress after surgery
- **Designated Helper's possible duties:**
 - Cooking, cleaning, laundry
 - Assisting you with navigating your home safely
 - Driving you to your appointments
 - Encourage you to perform your exercises safely
- If you are having difficulty with finding help notify your surgeon as soon as possible.



Preparing for Home (Home Safety)

- Get prescriptions filled
- **Remove all throw rugs and power cords** from kitchen, bathrooms and entryways
- Place commonly used item at waist level in kitchen and bath
- Contain your pet the day of your homecoming
- **You will need a walker!!!**
- Use Your Walker until your doctor or therapist instructs you otherwise
- Make sure your home has good lighting, nightlights work well for late night trips to the bathroom
- If your bedroom is on the second floor, find a room and bathroom on the first floor or plan to minimize trips up stairs during your initial recovery
- 2 weeks worth of meals (cook & freeze, buy ready made)
- Use chairs that have arms, avoid chairs that are too low or has wheels



Pets

- Your pets know when you are away from home.
- They know when you are not “yourself”.
- Your pet will be happy to see you after a couple of days away.
- Make sure that you have made arrangements with someone to care for your pets to avoid any stumbles or falls.
- Do not let your pet sleep with you.
- Their hair and pet dander can get into your incision and dressing, causing an infection.
- Do not let your pet lick your wound. Again this can cause an infection.



Recovery

Hip Precautions

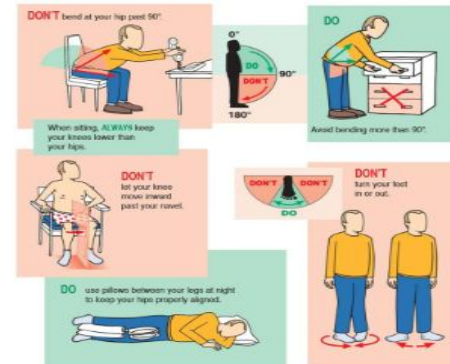
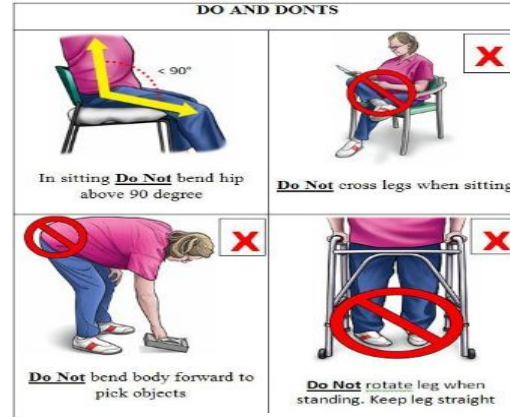
- **Posterior Approach**

- No bending of the hip greater than 90 degrees.
- No pointing your toes in (hip internal rotation)
- No crossing your legs (hip adduction)

Use a high-back chair with armrests; avoid low sofas and chairs with wheels. Your operated leg may be resting in a foam splint to assist with maintaining proper precautions when in bed.

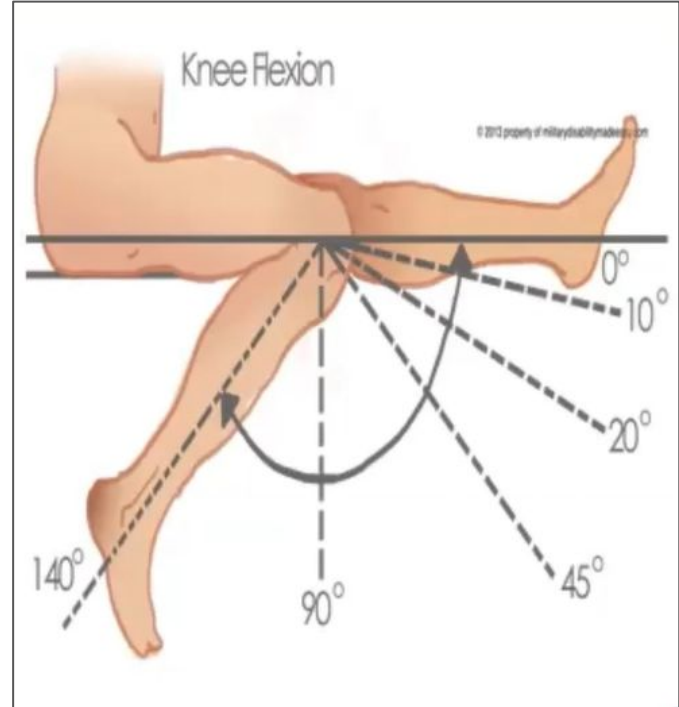
- **Anterior Approach**

- Precautions are generally less restrictive depending on your surgeon.
- Avoid combined backward and outward rotation of the operated limb



Knee Recovery

- **Range of motion goal:**
 - 0 degree extension (knee completely straight) to 120 degrees or more flexion (knee bend) by 6 - 8 weeks after surgery
- Do **NOT** place anything under the knee!! (pillows, towel, ect)



Be Comfortable!

- Take your pain medicine at least 30 minutes before physical therapy.
- Continue to **increase your activity** level, as directed by your physician and physical therapist.
- **Get up and move** around during the day every hour to keep circulation going.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes at a time. You can use it before and after your exercise program.



Home Exercise Program: Mobility is Medicine

- Following home exercises are important to perform before and after surgery. It is important to be as strong as possible before surgery to help in your recovery.
- These exercises will build strength and range of motion to aid with getting in and out of bed, standing up, and walking.
- Depending on the type of surgery and your progression, the physical therapist will let you know which exercises will be appropriate for you to perform.
- Please do not add any other exercises to the routine until instructed to do so.
- Do your home exercises 2 – 3 times a day.



Pain Medication Safety

- Only take the amount of pain medicine that is prescribed by your doctor
- Keep track on a notepad or calendar how frequently and at what time you are taking your pain medication
- Do not mix alcohol or sedating medication such as Valium, Ativan, or Xanax with opioids
- Take the LEAST amount of opioid medication that you need in order to make the pain tolerable
 - Try other techniques such as ice, distraction, relaxation, etc.
 - Take non-opioid medications such as Tylenol* to help manage pain
 - PLEASE NOTE THAT NORCO, VICODIN AND PERCOCET HAVE TYLENOL IN THEM – NEVER TAKE MORE THAN 3000 MG PER DAY



Home Infection Prevention

- Once your home, make sure to wear fresh clean clothes and pajamas everyday. Do not re-wear them. Even though you have only been home recovering and sleeping in them, your clothes still get dirty.
- Wash your sheets weekly.
- Do not reuse towels or washcloths. Make sure to use fresh clean towels or washcloths each time you shower.



Constipation Prevention

- Pain medication can be constipating:
 - Drink plenty of water intake.
 - Increase fiber rich foods in your diet.
 - Your surgeon may instruct you to take a stool softener to prevent constipation.
 - Colace (stool softener)
 - Milk of Magnesia (laxative, if needed)



Blood Clot & Pneumonia Prevention

Blood Clot Prevention

- If you have been prescribed a blood thinner for prevention of blood clots remember to continue these per your physician instructions.
- Ankle Pump
- Movement



Pneumonia Prevention

- Incentive Spirometry
- Cough & Deep Breath



Recovery Timeline

First 2 - 3 weeks: Focus on pain and swelling management, mobilizing more and more, and following physical therapy instructions.

- Many can walk without the walker after 2 - 3 weeks

4-6 weeks: maybe able to drive (per dr's recommendation)

2 - 3 months: Most people can return to activities such as riding a bike or playing golf.

3-6 months: Gradually increase activity levels and return to most normal activities

6-12 months: Full recovery

- Each person is different and will have incremental improvements according to patient recovery

Communication!!!!!!: Doctor and physical therapist.



Additional Awareness

Will I Beep????



Types of Implants:

- Commonly made of titanium, stainless steel, or cobalt-chromium alloys.
- Most modern implants are non-magnetic, but some may still trigger metal detectors.

Metal Detection Scenarios:

- Airports
 - Security Protocols: Inform security personnel about your implant before screening.

What to Expect:

- Screening Procedures:
 - Be prepared for additional screening methods, such as hand-held metal detectors or pat-downs.
 - Documentation: Carry a letter from your surgeon confirming your implant status.
 - Communication with Security Personnel. Always notify security staff that you have a metal implant.
- Cooperation: Follow instructions from security personnel for a smooth screening process.

Post-Detection Steps:

- Verification: Security may need to verify the implant with additional documentation.
- Resolution: If issues arise, request to speak with a supervisor or medical professional on-site.

Infection Prevention



Be Aware!!!



Incision Care & Swelling Management:

- Some drainage is normal
- Swelling and bruising are common after surgery

Contact your surgeon:

- Fever over 101° F
- Unusual redness, heat, or drainage from your incision
- Pain in your calf muscle that is not relieved by medication
- Blood in your urine
- Sudden onset of severe pain or limited motion in your joint
- If your bandage begin to come off
- If you have a fall
- If you are readmitted to the hospital!

In an emergent situation such as CHEST PAIN OR SUDDEN SHORTNESS OF BREATH call 911 or go to nearest emergency room!!!!

Important Numbers

- Pavilion Registration: 209-564-3100
- Pre – Admission Nurse:
 - 209-564-3002
 - 209-564-3011
 - 209-564-3012
- Peri-operative Department: 209-564-5148
- Orthopedic Program Coordinator: 209-564-5667
- Mercy Medical Center Total Joint Replacement Website:
<https://www.dignityhealth.org/central-california/locations/mercymedical-merced/services/orthopedic-services>

**** Dignity Health Community Resources Directory**

DignityHealth.org/Merced/CRG

- Abuse & Family Violence
- Adoption, Foster Care, & Transitional Housing Programs
- Adult Residential Facilities
- AIDS & HIV
- Assisted Living
- Cancer Information
- Child Care & Education
- Child Residential Care Homes
- Disability Services
- Drug & Alcohol
- Durable Medical Equipment
- Financial Services & Assistance
- Food Resources
- Funeral Services
- Health Services
- Home Care (Caregiving)
- Home Health Agencies
- Hospice Care
- Housing Services & Shelters
- Immigrants & Refugees
- Intermediate Care Facilities
- Legal Services
- Mental Health & Crisis Support
- Mother & Infant
- Senior Services
- Skilled Nursing Facilities
- Support Groups (Al-non, Alcoholics Anonymous, Diabetes Support Group, Smoker's Cessation, Merced Bariatric Weight Loss, etc.)
- Transportation
- Urgent Care Facilities
- Veteran Affairs



Patient Satisfaction Survey



Thank you for allowing us to care of you!

We look forward to helping you achieve your goals.



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