

# Total Joint Care Program

Same Day Discharge



**Dignity Health®**

Sequoia Hospital



The Sequoia Hospital Total Joint Care team will provide you with all the information and training you need to prepare for your joint replacement procedure. We are here to support you before, during, and after your surgery, and will help you plan your return to your daily routine.

Early preparation and being an active member of your health care team will ensure maximum success for your surgery and rehabilitation.

For more information, please contact our Total Joint Patient Navigator at **650.482.6031**.

Other important phone numbers for you to know are as follows:

Care Coordination/Social Services: **650.367.5683**

Main Hospital Operator: **650.369.5811**

Physical Therapy: **650.367.5517**

Pre-Operative Department: **650.367.5545**

Visit **[www.dignityhealth.org/sequoia/awards-and-quality](http://www.dignityhealth.org/sequoia/awards-and-quality)** for a full list of awards.

## Our Total Joint Care program includes:

- A Patient Navigator will phone you prior to your surgery to coordinate your plan of care and communicate that plan to your Total Joint Care team.
- A well-coordinated plan of care with seamless transition from one level of care to the next.
- Coordinated post-operative nursing and therapeutic care.
- Rehabilitation services that guide and support you until you reach your goals.
- Referrals as needed to community resources including home health, private caregiving services, medical equipment, and other services.



## The 10 days prior to surgery

1. Prepare for your homecoming. If possible, take care of chores and meal preparation. Clean and sanitize your bath and shower to minimize risk of infection.
2. Please schedule your pre-admission appointment with the nurse by calling 650.367.5545.
3. A nurse will call you a few days before your surgery. They will review your pre-anesthesia questionnaire, collect a list of your current medications, and review pre-operative instructions.
4. Remove or fasten area rugs so you won't slip or trip. Prepare clear, flat, and wide walking paths throughout your home by removing obstructions or unnecessary objects.
5. Until you are more independent with daily activities, it is recommended that you plan to have help with daily chores, pet care, and medical management for about two weeks after you've been discharged from the hospital.
6. Obtain the assistive device prescribed by your doctor, such as a front-wheeled walker, so that it is ready and available to you when you return home.

## What to bring to the hospital

- Personal hygiene items such as toothbrush, deodorant, razor, and comb.
- Comfortable, loose-fitting clothes or lightweight robe.
- A copy of your advance health care directive, if you have one.
- Eyeglasses and hearing aids. Do not wear contact lenses.
- Cell phones and tablets are welcome. Remember to bring chargers.

- A list of current medications including over-the-counter medications, vitamins, and recreational drugs (i.e. marijuana).
- Your home CPAP machine.
- Copy of prescription insurance card and credit card.

**Please do not bring:**

- Medications from home.
- Perfumes or fragrances.
- Jewelry or other valuables.

## **The day before surgery**

You may receive a telephone call from the anesthesiology team regarding your choice of anesthesia. Any additional questions or concerns that you may have can also be addressed at this time. Expect that the anesthesiologist will meet and talk with you prior to your surgery.

The night before your surgery you will be directed to take a shower with an anti-microbial liquid soap (Hibiclens or Chlorhexidine). After your shower, dress in clean pajamas. Bed linens should be freshly changed. Repeat shower with anti-microbial soap the morning of your surgery unless otherwise directed by your surgeon.

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### **Important reminders:**

- No food after midnight. The day before surgery (late afternoon) a nurse will call and instruct you when to stop fluid intake. The nurse may leave a message.
- Stop taking aspirin and anticoagulants one week prior to surgery.
- For all other medications, please check with your primary care doctor or surgeon.
- You are encouraged to drink clear liquids up to 2 hours prior to coming to the hospital. This helps prevent post-op nausea and dehydration. Clear liquids allowed: water, electrolyte water, tea or coffee (no cream or sugar). If your surgeon tells you otherwise, please follow his or her instructions.

## **The day of surgery**

- Check-in at the Main Entrance of the hospital. Covid screening will happen here. A mask will be provided for you if you do not have one.
- After check-in, you will be prepped for surgery by the nurses in the Ambulatory Care Unit.
- Anticipated surgery times are 1-2 hours for both hip and knee replacement.

## **After surgery in the Post-Anesthesia Care Unit (PACU)**

In the post-anesthesia care unit (PACU), your anesthesiologist will manage the anesthesia chosen for pain control. In addition, the nursing team may administer other medications ordered by your surgeon. You will remain in the PACU until your pain, nausea, and blood pressure are well-controlled. On average, a patient spends 60 minutes in the PACU but this may vary between individuals.

## On the nursing unit

### Pain management

Communication is important in helping us manage your discomfort and pain. Discomfort should be tolerable, but you should not expect to be totally pain-free. We encourage you to share information with your nurses about any pain you experience. We aim to limit the amount of narcotics that patients require through a multi-modal approach.

Your medication regimen will include pain medications, anti-inflammatory agents, anti-nausea agents, and anti-coagulation therapy to prevent blood clots.

Typically, joint replacement patients will have the following lines, tubes, and positioning devices:

- Urinary catheter in OR then removed in Recovery Room.
- Nasal cannula for oxygen therapy (removed when you are stable).
- Sequential Compression Devices (SCDs) and TED stockings for prevention of blood clots and swelling reduction.
- Incentive spirometer to prevent respiratory complications.
- Ice machine for knee replacement surgery patients (which will be given to you in PACU and is intended for you to take home and keep).

### Discharge goals

Studies have shown that people recover more quickly in their own home. Thus, our goal is to help you return home as soon after your surgery as possible, if it is safe for you to do so. In some cases, your medications can be delivered to your hospital room prior to your discharge home.

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In order to go home, you must:

- Have no medical complications.
- Be able to urinate independently.
- Have an incision without signs and/or symptoms of infection or active bleeding.
- Have pain controlled with oral pain medications.
- Be able to walk safely with a walker.
- Be able to transfer with minimal pain.
- Tolerate liquids without nausea/vomiting.
- Coordinate with nurse discharge time and pick up time from family/friend.

## **Physical and occupational therapy**

After surgery, your physical therapist (PT), occupational therapist (OT), and nursing staff will work closely with you to help you regain your independence.

The PT will work with you on getting in and out of bed, standing up and sitting down, walking, navigating stairs if needed, performing simple exercises, and will help determine the appropriate assistive device to use during these activities. The PT will teach precautions to follow after hip replacement prior to discharge.

The OT will assist you in the activities of daily living, such as grooming, bathing, and dressing.

Before you leave the hospital, you must meet the goals set by your PT and OT. They will prepare you for activities of daily living and instruct you on the best ways to move about.

Your therapists and nurses will review the movement precautions outlined by your surgeon throughout all activities while you are in the hospital, and will let you know what to expect when you go home.



### **Goals of activity program:**

- Improve your general fitness, strength, and mobility.
- Reduce the risk of complications associated with surgery (such as blood clot).
- Improve the active range of motion of your involved extremity.
- Become independent with bed mobility, transfers, and activities of daily living.
- Achieve independence when walking using the appropriate assistive device.
- Ensure that you can continue with your exercise program independently at home.

## **Leaving the hospital**

When it is time to leave the hospital, your specialized care does not come to an end. Each person recovers differently and because of this, your discharge plan will be as individual as you are.

### **1. Home Health**

You will return to a home setting with nursing and/or therapy visiting you for continued services. If you are considered “homebound,” your doctor may recommend this option. You will be considered “homebound” if it requires a considerable and taxing effort for you to leave your home. Home therapy will be arranged for you to have PT/OT for 2 weeks at home.

## **2. Home with Outpatient Therapy**

You will return to a home setting with continued physical therapy at an outpatient clinic. Your doctor may recommend this option if you have enough strength and mobility to get out of the home with minimal difficulty.

## **3. Transportation**

If you are returning home, make sure someone will be able to stay with you for the first few days. Remember to pre-arrange a ride home and to have your medications picked up from the pharmacy before discharge. Your doctor will recommend that you do not drive yourself, or take a bus or cab alone after receiving sedative medication.



## Notes

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## Sequoia Hospital contact numbers

Sequoia Hospital

**650.369.5811**

Total Joint Patient Navigator

Anita Leary

**650.482.6031**

Pre-Admit Appointment

**650.367.5545**

Admitting Dept.

**650.367.5551**

Laboratory

**650.367.5544**

Surgical Services/Ambulatory Care Unit

**650.367.5627**

Physical/Occupational Therapy Dept.

**650.367.5517**

Care Coordination

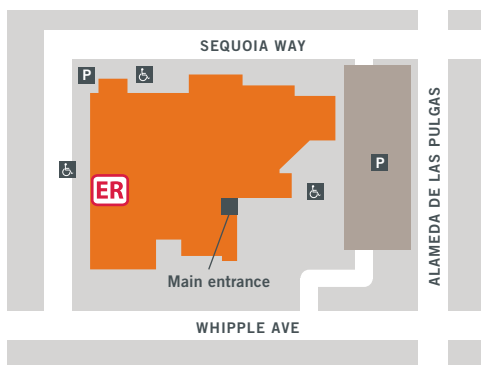
**650.367.5683**

Med/Surg/Ortho Unit – MSO

**650.367.5601**

Cardiac Surveillance Unit – CSU

**650.367.5617**



### Sequoia Hospital

170 Alameda de las Pulgas  
Redwood City, CA 94062

650.369.5811

[dignityhealth.org/sequoia](http://dignityhealth.org/sequoia)

**P** Parking

 Wheelchair access



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