

Preoperative Joint Replacement Education



LEIGH ORTHOPEDIC SURGERY CENTER



Leigh Orthopedic Surgery Center

6201 E. Virginia Beach Blvd
Suite 200
Norfolk, VA 23502
(757) 624-0700

The surgery center is located on
the 2nd floor.



LEIGH ORTHOPEDIC SURGERY CENTER

RN Total Joint Navigator

Maggie Foederer RN, ONC

mgfoede1@sentara.com

(757)624-0713

- Helps coordinate your care at the Leigh Orthopedic Surgery Center
- Provides preoperative education
- Available to answer questions and address concerns



Objectives

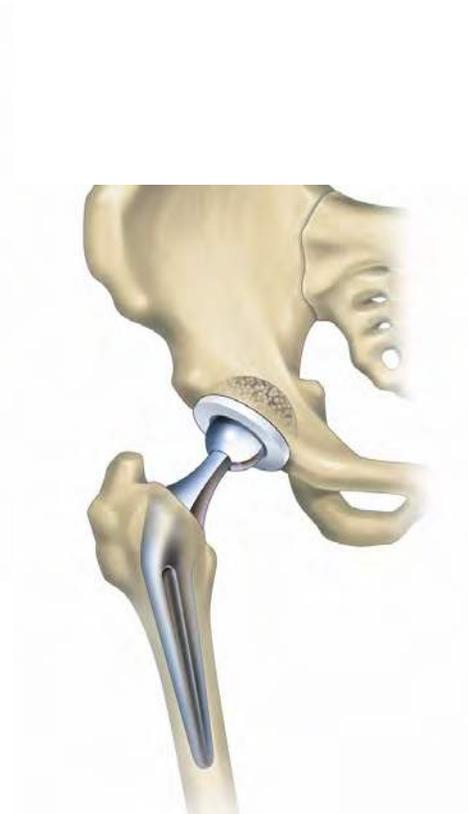
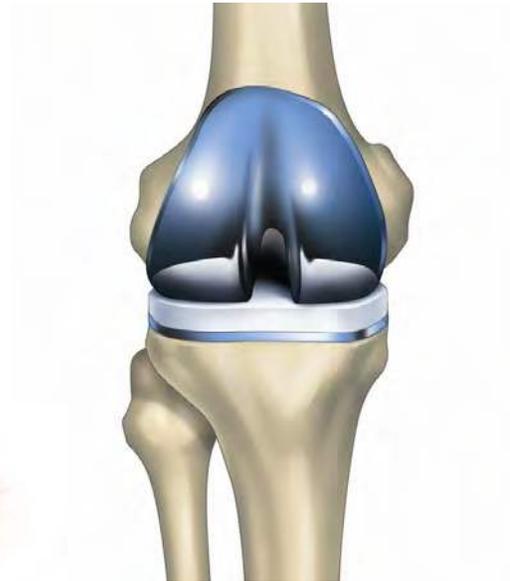
Gain an understanding of what to expect before, during and after surgery...

- Preparing for surgery
- Pain Management
- Ensuring Success



Joint Replacement

Resurfacing of an arthritic or damaged joint with material (joint prosthesis)



Preparing for Surgery



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Medical Clearance before Surgery

Medical Clearance Exam

Typically done by your primary care physician, nurse practitioner or physician assistant

- Instructions to stop or change medications
 - Coumadin, Aspirin, Plavix, NSAIDs, fish oil, herbal supplements
- Necessary lab work completed
- Additional consults or testing as needed
- Surgical site preparation will be done at the surgery center
 - Do not shave, clip, wax or use chemical hair removal three days prior



Pre Anesthesia Surgical Screening - PASS

- The RN Total Joint Navigator or pre-operative screening nurse will call you
- Be ready to provide your current medication list
- Review preoperative instructions
- If you miss their call, please listen to their message.
The number may display on your phone screen as (757)624-7000



The benefits of having a coach

- You should find a coach to help you
- Best to have a family member or close friend
- Participates in your care and recovery
- Builds confidence for transition home



Hibiclens



- Plan on purchasing a bottle of Hibiclens
- Hibiclens, also known as chlorhexidine gluconate is a skin cleanser used to help prevent infections.
- Can be purchased at your local pharmacy
- You will shower using Hibiclens the night before and the morning of your surgery.



Showering with Hibiclens

- If you plan to wash your hair, use your regular shampoo; then rinse your hair and body thoroughly to remove any shampoo residue
- Wash your face with your regular soap or water only
- Thoroughly rinse your body with water from the neck down
- Apply Hibiclens directly on your skin and wash gently; move away from the shower stream when applying Hibiclens to avoid rinsing it off for one minute
- Rinse thoroughly with warm water and keep out of eyes, ears and mouth; if Hibiclens comes in contact with these areas, rinse out promptly
- Dry your skin with a towel
- Do not use your regular soap after applying and rinsing with Hibiclens
- Do not apply lotions or deodorants to the cleaned body area
- Shower the night before and the morning of surgery using Hibiclens or chlorhexidine gluconate



The Day Before Surgery

- Remove fingernail polish
- Put clean sheets on your bed
- Eat a regular meal in the evening
- Do not eat after midnight
- Shower with “Hibiclens” before bedtime



The Morning of Surgery

- Repeat shower using Hibiclens following previous instructions
- **Clear** liquids permitted until 4 hours before your surgery start time
 - Water, sports drinks (Gatorade or Powerade), pulp free fruit juices, black coffee, tea without milk/cream



Arrival at the Surgery Center



- Check-in at Registration



In the Pre-Op Area

- Change into gown
- Pre-op nurse will
 - Review medical history, medications & allergies
 - Take vital signs, height, and weight
 - Start an IV
 - Complete your prep using antiseptics
 - Nose swabs and antiseptic skin wipes
 - Shave/Clip surgical site
 - Give pre-op medications



Meet Your Anesthesiologist

- Review history
 - Medical, surgical, anesthesia and medications
- Discuss the type of anesthesia that is best for you
 - General anesthesia
 - Spinal anesthesia
 - Nerve Block



Post Anesthesia Care Unit (PACU)

- Recover/Wake up in PACU for 1-2 hours
- Vital sign stabilization
- Get ready to go home



Pain Management



Pain Management

- Understand your pain management plan
- Stay ahead of the pain
 - the amount and frequency of pain medication will decrease at home over time
- You will experience some pain when you wake up. The best thing you can do to help with that is get out of bed, which our nurses will help you with.
- The goal is to manage your pain so you can eat, sleep, be mobile
- “Multimodal” Pain Control is the key to success
 - A mix of pain management modalities – medications (Tylenol and NSAIDs), cold therapy, and mobilization allow you to control pain and minimize side effects from narcotic medicines



Additional Comfort Measures

- Cold therapy
 - Ice packs
 - Before/after therapy
 - Apply 20 minutes on/40 minutes off
 - **Take the ice Gel Packs home!!**
- Change position frequently
- Walking



Common Medications after Surgery

- Pain
 - Narcotic and non-narcotic (Tylenol and NSAIDs)
- Constipation prevention
- Anticoagulants to prevent blood clots
 - As determined by your surgeon

DISCHARGE MEDICINES TAKE INTO ACCOUNT YOUR MEDICAL HISTORY AND YOUR PROCEDURE. YOUR SURGEON WILL DETERMINE THE OPTIMAL DISCHARGE MEDICINES RIGHT FOR YOU



Rare Complications

Deep Vein Thrombosis (DVT)

- Blood clot in legs
- Signs and symptoms
 - Severe tenderness in calf
 - Massive swelling
- Call MD if symptoms occur

Pulmonary Embolus (PE)

- Blood clot in lungs
- Signs and symptoms
 - Shortness of breath
 - Chest pain
- Call 911 if symptoms occur



Reducing the risk of rare complications

- Blood clots
 - Medications, ankle pump exercises, frequent ambulation
- Lung Problems
 - Deep breathing exercises
- Infection
 - Proper wound care per your surgeon
- Nausea/vomiting
 - Limit narcotic medication
 - Eat food with narcotics
- Constipation
 - Medications, diet, hydration, frequent mobility



Caring for Yourself at Home



Caring for Yourself at Home

- Plan ahead – have someone available to assist you
- Take pain medications as instructed (decreasing amount and frequency over time)
- Change position every 45 minutes
- Eat healthy
- Do your Physical Therapy exercises
- Increase your walking distance
 - Set a schedule, set goals
 - Measure progress
- Follow your discharge instructions



Fall Prevention

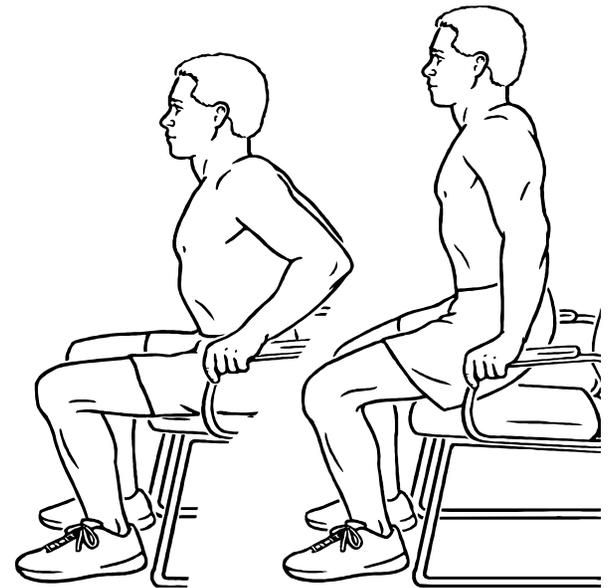
- Always wear footwear that fits over your heel and has a nonslip sole.
- Never stand up quickly or hurry to do anything, such as answer the telephone or door. Use the bathroom as soon as you have the urge, do not wait.
- Medications are often a contributing factor to falls. Be aware of the side effects of any medication you are taking. Review all of your prescribed and over-the-counter medications with your physician and/or nurse.
- Throw rugs should be removed. If throw rugs are not removed, use double-sided tape to secure the edges.
- Store commonly used items in your kitchen, bathroom and bedroom within easy reach to avoid bending, climbing or reaching.



Physical Therapy Options

The type and duration of therapy services will be prescribed by your surgical team

- Self-directed therapy activities at home
- Therapy services at home with a therapist
- Therapy services in an outpatient setting



Going Home

Our goal is for you to return home as safely as possible

These are the things we will do to prepare you for discharge:

- Early ambulation at the center
- Pain management after surgery
- Discharge medicines setup
- DME – Durable medical equipment setup
 - Front wheeled walker/Crutches/Cane as needed
- Review discharge instructions thoroughly with you and your coach



Leigh Orthopedic Surgery Center

We look forward to your successful surgery !!

If you have any questions, please feel free to contact:

RN Total Joint Navigator
Maggie Foederer RN, ONC
mgfoede1@sentara.com
(757)624-0713

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(757)624-0701



Optional Exercises Before Hip/Knee Surgery

Exercise 1 — Quad Set

Slowly tighten muscles on thigh of straight leg, hold 5 seconds

Repeat ___ times, do 2 sessions per day.

Coach's Note: Look and feel for the muscle above the knee to contract. The heel may come off the surface if done correctly.



Exercise 2 — Heel Slide (for total hip replacements- do not go past 90 degrees of flexion)

Bend knee and pull heel toward buttocks, hold 5 seconds.

Return

Repeat ___ times, do 2 sessions per day.

Coach's Note: Patient should actively bend up surgical leg. Reinforce not to bend greater than 90 degrees of hip flexion for total hip replacements.



Optional Exercises Before Hip/Knee Surgery



Exercise 3 — Short Arc Quad

Place a rolled towel or pillow under knee.

Straighten knee and leg.

Hold 5 seconds, repeat ___ times, do 2 sessions per day.

Coach's Note: *Support under patient's heel if assistance is needed for patient to straighten out knee.*

Exercise 4 — Quad Strengthening

Tighten muscle on top of thigh and straighten out knee.
Hold 5 seconds, repeat ___ times, do 2 sessions per day.

Coach's Note: *Be careful not to lean too far forward.
Encourage patient to straighten knee.*

