



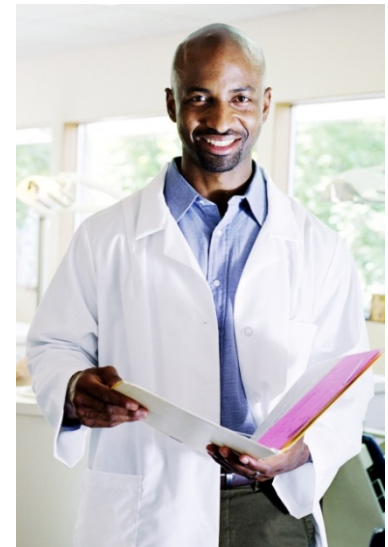
*Welcome*

*Total Joint Replacement Class*

# Pre-Operative Nurse

---

- Team Approach
  - Goal: The best function from your new joint
  - Your job: Your effort in therapy = your best result
- So much information!
  - Don't stress if you don't remember everything.
  - And we will be there to help.



# Diabetes and Surgery

---

- The way your diabetes is managed at home is different from the way it is managed in the hospital. You may be put on insulin if you normally take pills.
- The better control of your diabetes, the better the chances of an excellent surgical outcome.



# Diabetes and Surgery

---

- It is essential to control your blood sugar prior to surgery or you risk postponement.
- Speak with your physician regarding medication management prior to surgery.



# General Information

---

- Pre-op Phone Calls
  - Pre-operative interview
  - Have medication list available by the phone
  - We will call you two business days prior to your surgery with your arrival time.



# Remember to Bring...

---

- Photo ID
- Blood Bank Card
  - This will be given to you when they draw your blood at the hospital.
- Blue bag with incentive spirometer
- Medication List with dosages
- CPAP for Admission
- Clothing for Therapy



# Remember to Bring...

---

## For knee patients only:

- Ice therapy machine with pad and cord.



## Remember: Before leaving home

---

- Nothing to eat or drink after midnight before your surgery.
- Take only medications as instructed with a small sip of water.
- Do not wear any jewelry, makeup or lotion.
- Please leave valuables with family or at home.



# INFECTION PREVENTION

---

- **NIGHT BEFORE SURGERY**

Shower at home with antibacterial soap.

- **MORNING OF SURGERY**

Shower at home with antibacterial soap.

- **ONCE AT HOSPITAL**

Complete the decontamination protocol when changing into hospital gown.



# Preoperative Decontamination Protocol

## "Nose to Toes"

- The risk of surgical site infection can be reduced with this protocol. Bacteria (like staph aureus) can live in our noses and be on our skin (our own flora). This protocol can reduce the amount of bacteria that may cause an infection. It is a 3 step process that includes:

- **Chlorhexidine washcloths**
- **Chlorhexidine oral rinse**
- **Nasal povidone iodine swabs**



# General Information

---

- Day of Surgery Routine
  - Check in at the front desk in the main lobby
  - In pre-op you will complete the “nose to toes” decontamination protocol when changing into your hospital gown.
  - Meet with your surgeon, anesthesiologist and the operating room nurse.



# Anesthesia Options

---

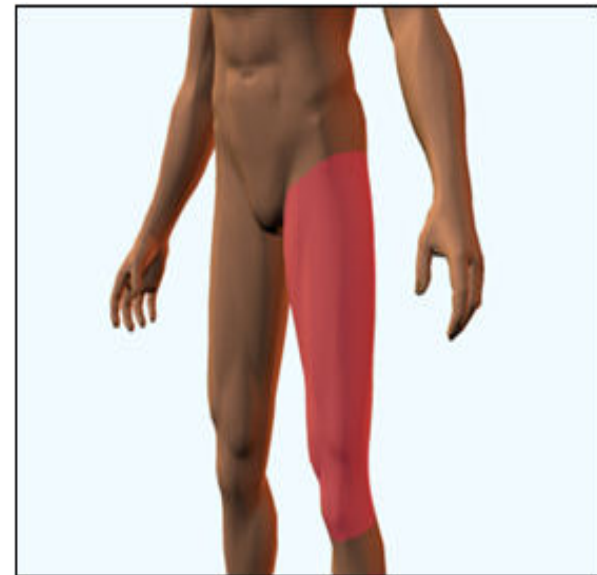
- You will be able to discuss anesthesia options, spinal or general, with your anesthesiologist in the pre-operative area the day of surgery.



# Adductor Canal Block For Knee Patients Only

A type of regional anesthesia used in addition to general anesthesia or a spinal block

- A long-acting numbing medication is injected.
- Blocks the pain sensation to the front of the knee.



# Adductor Canal Block for knee patients only

---

- Advantages:
  - Reduces post-operative pain up to 24 hours
  - Sensation in your knee usually returns in 12-16 hours.
  - Still able to move leg so you can participate in Physical Therapy with less pain.
  - Results in using less pain medication which will increase your participation with all of your general post operative activities.



# Adductor Canal Block

- As with any procedure, there are risks. Certain patients may not be a candidate for the block due to history or anatomy.
- You will discuss this with your anesthesiologist the day of surgery.



# What to Expect After Surgery

---

- Bandage
- Triangle pillow for posterior hip patients only
- Flip chart: goals for day

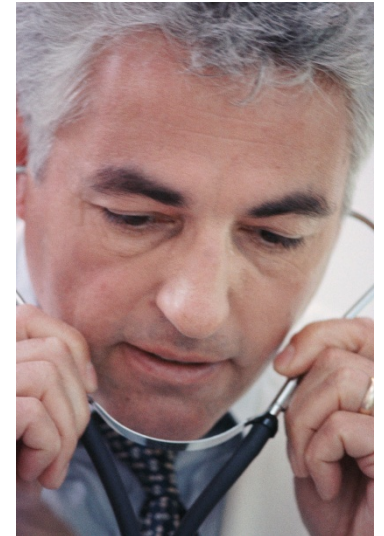




# What to Expect After Surgery

---

- Hospital Stay
  - 1-3 days average stay
- Case Manager
  - Discharge – home or rehab facility



# Preventing Complications

- Infection Prevention

- Pre-op showers
- Nose to toes decontamination
- Pre-op antibiotics through IV line



- DVT: Deep Vein Thrombosis (blood clot)

- Blood thinners
- SCD sleeves (sequential compression device)
- Ankle pump exercises
- Mobility helps!



**Care Partner tip:** Remind patient to pump ankles.

# Preventing Complications

- Pneumonia



- Getting out of bed
- Walking in therapy

Incentive Spirometer:  
10 times an hour



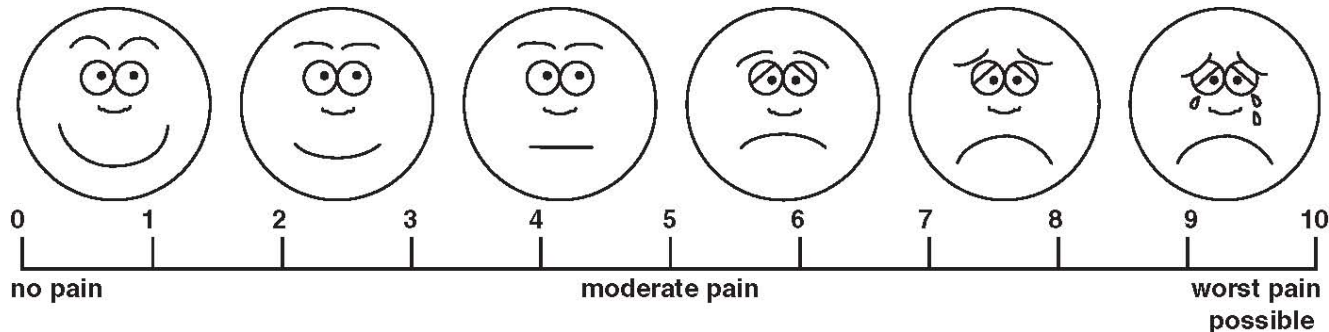
**Care Partner tip:** Remind patient to use Spirometer

# Preventing Complications

- Pain Management

- Pain scale 0-10
- Goal: To keep pain level at 4 or less (Why not zero?)

## *Fauquier Hospital Pain Scale Rating*



# Pain Management

- Pain Medicine

- Scheduled pain medication combination with additional medications as needed.
- Oral pain meds: request 1 hour before physical therapy
- Stool softeners: to combat constipation
  - Drinking water and getting out of bed will also help



# Recovering at Home

---

- Prepare your home ahead of time
- At Home:
  - Do your exercises & move but take breaks
  - Elevate your leg or sit and rest your hip
  - Knee swelling can slow therapy process



# Nursing

---

## Questions?



# Occupational Therapy

---

- **Introduction to Occupational Therapy**
  - Occupational therapy works on self-care activities
  - Monday through Friday once daily, usually in the morning
  - First visit after surgery
- **Equipment** – if needed to assist in recovery
- **Clothing** – comfortable and loose. Shoes should have a closed back or secure heel strap-no flip-flops, clogs, backless slippers. If you normally wear orthotics, bring them.

**Care Partner tip:** Help them remember to bring loose clothing.



# Occupational Therapy

---

Questions?



# Physical Therapy

---

- Request pain medication before therapy
- PT schedule: twice daily (10:30 a.m. and 2:00p.m.)
- PT goals
  - ROM ( 0-90 for TKA ), strengthening
  - Safe transfers and mobility
  - Walking 150 ft by D/C for patient's going home
  - Stairs if applicable
- Weight bearing status

# Physical Therapy

---

- Equipment
  - Walker
  - Goniometer
- Demonstrate exercises



**Care Partner tip:** Be supportive and encouraging during PT.

# Physical Therapy

## Questions?



# Discharge Planning

---

- Discharge Planning Team:
  - You, surgeon, case manager, PT, OT, nursing, and your care partner
- PT after Discharge



# Total Joint Class

---

Thank you for coming to the class!

