

# Heritage Valley Health System Total Joint Replacement

Pre-Operative  
Patient Education Class

# Objectives for Total Joint Class

- How to prepare for your procedure
- What to expect during your hospital stay and expectations at home
- Pain Management
- Patient Safety Measures
- Physical & Occupational Therapy
- Discharge Planning
- **Ease your anxiety and answer any questions!**

# The Orthopedic Team

- Surgeon
- Physician Assistant
- Orthopedic Clinical Navigator
- Registered Nurse
- Patient Care Associate
- Physical and Occupational Therapist
- Case Manager

# Inpatient or Outpatient Status

- During your hospital stay, when the Surgeon admits you to the hospital, you may be admitted as an Inpatient or an Outpatient, also known as Observation Care
  - The decision to admit as Inpatient or Outpatient is based on your diagnosis, level of care, services you need, and health care plan coverage
- As a patient, if you are unaware of your coverage as an Inpatient or Outpatient, **please verify services with your insurance company prior to your procedure**
- The difference between Inpatient and Outpatient/Observation Care is very important because it can affect how your health insurance covers these services

# Understanding Observation Care at Heritage Valley Health System

- Patients in Outpatient/Observation Care will recover overnight in the hospital and receive the same high-level of care from doctors, nurses, and other health care professionals
- While in Observation Care, and depending on your benefits plan, you may be responsible for physician co-pays, deductibles or other out-of-pocket expenses
- During your hospital stay, please ask about your status and we will be happy to educate you and answer any of your questions!

# Preparing for Surgery

# Preparing Your Home Before Surgery

## Walkways and Stairs

- Clear any clutter from hallways and stairs
- Remove throw rugs
- Remove tripping hazards, such as extension and lamp cords
- Consider installing handrails for support
- Make sure rooms and hallways are well lit
  - Utilize night lights

# Preparing Your Home Before Surgery (Continued)

## Home Base

- Decide where you will spend most of your day while you recover and place commonly used items within easy reach
  - Move frequently used items to shelves and counters that are waist level
- Use a stable chair with a firm seat cushion and two arms for your early recovery
  - It is easiest to stand from a seat that is higher than the back of your knees

## Bathroom

- Install safety bars or a secure handrail in your shower or bath
- Use non-slip bath mats in bathroom
- Toilet seat risers with arms are essential for recovery and required for all total hip replacements
  - Make note if there are surfaces to help pull you up to a standing position in your bathroom



# Getting Ready for Your Surgery

- You will receive medical clearance from your Primary Care Physician (PCP) prior to your surgery
  - If you have a Cardiologist, you may be required to have a clearance as well
- Complete testing ordered by your Surgeon to help plan your surgery
  - Pre-operative testing should be completed prior to visiting your PCP for medical clearance
  - A list of testing locations can be found at [www.heritagevalley.org](http://www.heritagevalley.org) under the “Services” tab
- When you go to the exam, bring a list of all the medications and supplements, including herbs and vitamins, that you take
  - Your Surgeon and PCP will advise you which medications you should stop or continue taking
- Notify your Surgeon if you develop any unexpected illness prior to your surgery
- Have dental care and routine cleanings done before surgery

# Smoking Cessation

- Smoking affects the way your body handles surgery
- **Do not** use any products that contain nicotine or tobacco for at least 4 weeks before your procedure
  - These products include cigarettes, chewing tobacco, and vaping devices
- When you stop smoking before surgery, you are giving your body the best opportunity to heal and reduce the risk of complications, such as infection and poor wound healing
- If you need help quitting, we are here to help and can offer resources to support your goal

# Pre-Surgery Instructions

- Do not eat or drink anything after midnight the night before your procedure, unless instructed otherwise
- **Do not** drink any alcohol for at least 48 hours before surgery
- No gum, mints, lozenges or chewing tobacco
- Take all instructed medications on the morning of surgery with a sip of water
- May brush teeth morning of surgery

# Medications that Increase Bleeding

**Discontinue all anti-inflammatory medications 7-10 days before surgery:**

- Aspirin
- Motrin/Advil (Ibuprofen)
- Naproxen
- Aleve
- Mobic
- Celebrex
- Voltaren
- Herbal Medication and Vitamins such as Fish Oil or Vitamin E

**Contact your prescribing MD or follow your Surgeon's instructions before discontinuing:**

- Coumadin
- Plavix
- Xarelto
- Pradaxa
- Effient
- Eliquis
- If you take any blood thinning medication and haven't been instructed to stop them, please contact the prescribing MD or your Surgeon

# Arrange a Support System

- **Arrange for a “Coach” or support system to assist you for several days when you go home**
  - *It is extremely important to have assistance in place prior to your surgery*
- During your hospital stay, they will be able to attend a Physical Therapy session with you
- Your designated Coach/support system should be available to:
  - Provide you with transportation to and from the hospital
  - Pick up any required medications ordered by your Surgeon
  - Assist with tasks such as cooking, shopping, bathing, and laundry
  - Take you to follow-up appointments
  - Provide transportation to Outpatient Physical Therapy sessions

# Pre-Surgical Phone Call

- A pre-surgical nurse at the hospital will contact you two business days prior to your surgery with specific instructions regarding your surgery
- The nurse will ask you the following questions:
  - Medical and surgical history
  - Allergies
  - Vaccine/Immunization information
  - Current medication list
    - **We recommend having a current medication list prepared for this phone call**
    - The nurse will also advise you what medications you should and shouldn't take on the morning of your surgery
- Provide the most up-to-date visitors' policy to share with your support system. You may also visit [www.heritagevalley.org](http://www.heritagevalley.org) for our visitation hours and policy.

# Hospital Arrival Time

- Patients are typically required to be at the hospital two hours prior to their surgery start time
- You will need to contact the hospital or the hospital will contact you one business day prior to your procedure to obtain your hospital arrival time (Monday cases will call on the Friday before)
  - **Heritage Valley Beaver:** (724) 773-7660 (Between 1:00 and 2:00 PM)
  - **Heritage Valley Kennedy:** Will receive a phone call with arrival time
  - **Heritage Valley Sewickley:** (412) 749-7310 (Between 1:30 and 2:30 PM)

# Please Bring the Following Items with You:

- A list of medications that you take, including supplements (vitamins, herbal)
- Glasses/contacts, hearing aids, and dentures
- BiPap/CPAP Machine
- Living Will – a copy is preferred
- Loose fitting, comfortable clothes for therapy
- A comfortable pair of shoes with non-slip soles
- Please feel free to pack specific toiletry products from home, such as toothbrush/paste, hair comb, etc. (The hospital will be able to provide essential toiletries, if needed)
- If you were notified regarding a required copayment for your surgery, please bring a form of payment (cash, check or credit cards are acceptable)



# Additional Instructions

- Do not wear makeup, perfume, aftershave, hair products, jewelry (including body piercings), nail polish, skin creams, etc.
- Do not take any medication on the day of surgery unless instructed by your Surgeon, Primary Care Physician or hospital staff
- Do not bring medications to the hospital unless instructed by the pre-surgical nurse
- Cell phones and other devices are permitted during your stay
  - The hospital offers free Wi-Fi
- Please note that the hospital is not responsible for any lost or stolen items

# Pre-Operative Bathing

- Our skin harbors a multitude of bacteria
  - Some bacteria protect us, but others can cause infection if they travel to a surgical site
- Bathe or shower using CHG Soap (Will either be provided in the office, a script will be given or can be purchased over-the-counter)
  - Use the soap the night before your surgery and the morning of surgery, if time permits
  - Please follow your Surgeon's instructions provided in the office
  - Ensure you put on clean clothes, use clean towels, and sleep in clean sheets
- Do not shave anywhere near the operative site, as this will increase your risk of a wound infection
- Do not apply deodorant, lotions, creams or powder to any parts of your body after washing or showering with the CHG Soap

# During your Hospital Stay



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# On the Day of Surgery

- You will be prepared for surgery in the Outpatient area
- Preparation for surgery includes:
  - A visit with your Surgeon and an Anesthesiologist to discuss what type of anesthesia you will receive
  - A visit with an RN who will:
    - Take your vital signs, have you change into a gown and socks, place you in your hospital bed, start an IV, apply a sequential compression device (SCD) to non-operative leg, and wash the surgical area to help kill germs
- *Questions will be asked repeatedly by different caregivers. This is for your safety to ensure the operative site and procedure are correct.*

# Types of Anesthesia

- **General Anesthesia:** Medicine is used to put you into a deep sleep throughout the entire procedure and a machine is used to help you breathe
- **Spinal Anesthesia:** Medicine is used to numb the lower part of your body while you are sedated throughout the entire procedure and you are able to breathe on your own
- The most common form of anesthesia being used is Spinal
- The anesthesia team will discuss these choices with you and help you decide which type of anesthesia is best for you

# Surgical Procedure

- The surgical procedure time varies among each patient
  - Typically will take approximately 1 to 1 ½ Hours
- Your Orthopedic Surgeon will remove the damaged cartilage and bone, and then position new metal, plastic or ceramic joint surfaces to restore alignment and function of your new hip or knee
- Your designated support person will receive a full update from the Surgeon after surgery

# Recovery Room (PACU)

## In the Recovery Room:

- After surgery, you will be moved to the Recovery Room where you will be closely monitored until you recover from anesthesia
- When you wake up you will be in your hospital bed
- The Recovery Room nurse will take your vital signs and scan your bladder and you may need a one-time catheterization
- After you awaken fully and are in stable condition, you will be taken to your hospital room
  - You will be brought to the Orthopedic Specialty Unit located at:
    - **Heritage Valley Beaver:** 4<sup>th</sup> Floor
    - **Heritage Valley Kennedy:** 3<sup>rd</sup> Floor
    - **Heritage Valley Sewickley:** 5<sup>th</sup> Floor

# Designated Orthopedic Units

- **In your room:**
  - You will meet your care team
  - Your vital signs will be taken and you will be monitored closely
  - Your IV fluids will usually be stopped the morning after surgery
- Staff Expertise
- Private room and bathroom for every patient
- **Physical Therapy Gym**
  - During your hospital stay you will attend physical therapy in our physical therapy gym, which is located right on the Orthopedic Unit at your facility!



# Post-Operative Nursing Care: What to Expect

- Bloodwork is drawn each morning to monitor your blood levels
- The morning after surgery, the staff will help you wash and dress in your room
- Staff will assist you when ambulating and getting to the restroom
  - You are required to call for assistance every time you get up
- **Safety is our number one priority!**

# Dietary

- Good nutrition before and after surgery is vital to your recovery and wound healing
  - Avoid fried and greasy foods prior to your surgery
- If you are able to drink liquids with no nausea, you can eat immediately after surgery
- The Surgeon and Medical Doctor will enter a specific diet based on your medical history and the nurse will update you with your specific diet
- For meals, the dietary staff will call you on your hospital room phone for your order
  - The nurse will assist you with all meal orders, if needed
- Be sure to drink plenty of fluids!

# Pain Management

- Multimodal pain management approach
  - Several different types of medications are utilized to manage your pain
- **Intercept** the pain; ask for medication when the pain starts to escalate; do not wait until the pain is severe
- **Take** your pain medication on a regular basis
- **Tell** the nurse if the medication is not effective
- **Ask** questions; be sure you understand the pain management efforts that are in place

# Pain

## Pain in the hospital:

- Our nurses will ask you to rate your pain on a scale of 0 to 10. “0” is no pain, “10” is the worst pain imaginable
- It is important to let us know if you have pain and ask for pain medication
- It is also important to let us know how well your pain medicine is helping your pain

## Tips for pain control:

- Take your pain medicine before going to physical therapy, if needed
- Use ice on the surgical area as needed and after therapy
- Nurses will utilize the whiteboard to keep you updated on when your next dose of pain medication is available

# Things to Remember about Pain

- We can't make the pain go away completely
- We aim to manage the discomfort so that you can eat, sleep, and perform physical therapy
- We do all we can to ensure your comfort and safety
- Being in unnecessary pain will cause stress on your body, tense your muscles and slow down your healing

# Important Medical Information

- Surgery, pain medications and lack of mobility are contributors to constipation
- It is not uncommon to not have a bowel movement until the 2<sup>nd</sup> or 3<sup>rd</sup> day after surgery
- Stool softeners will be started on the day of surgery and will be administered twice a day
  - Please notify your nurse or Surgeon if you feel additional measures should be taken
- Drink enough fluid to keep your urine clear or pale yellow

# Patient Safety Measures



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# Activity

- Being active is an important part of healing and will begin immediately after your surgery
- Exercise by doing ankle pumps while in bed
  - Foot and ankle movement will be encouraged following surgery to increase blood flow in your leg muscles
- It is important to have a balance between rest and activity
  - No long periods of sitting or standing



# Sequential Compression Device (SCD)

## SCD's are used to prevent blood clots:

- The sequential compression device (SCD) is made of two sleeves that fit around your calves and gently squeeze the leg muscles
- SCD's improve circulation by mimicking walking
- They should be worn when in bed and when resting
- Wear compression stockings (TED Hose) if instructed by your surgeon



# Medications

## Medications to prevent blood clots:

- Blood thinners are used after surgery to prevent blood clots
- Commonly prescribed blood thinners include Aspirin, Coumadin, Lovenox, Xarelto or Eliquis
- Take your prescribed blood thinner medication as prescribed by your Surgeon and detailed on your discharge instructions



# Preventing Pneumonia

- People who have surgery are at risk of developing pneumonia
- To avoid lung congestion after surgery, you should breathe deeply and cough frequently to clear your lungs
- The **Incentive Spirometer** is a hand-held device used to fully open your lungs and prevent congestion after surgery



# Preventing Infection

- The most common cause of infection following surgery is from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections
- You will be administered IV antibiotics pre- and post-operatively as a preventative measure
- Hand washing is the most important thing you can do to prevent infection

## Signs of Infection:

- Persistent Fever
- Shaking/Chills
- Increasing redness, tenderness or swelling of operative site
- Drainage from wound
- Increasing pain with both activity and rest
- **Notify your surgeon immediately if you develop any of these signs!**

# Incisional Care

- Follow instructions from your health care provider about how to care for your incision
  - This will be detailed on your discharge instructions and taught by your nurse
- Cover the incision with a clean dressing
  - Ask your health care provider when you can begin leaving the incision uncovered
- You may not shower or bathe until it is approved by your surgeon
- **Do not** take baths, swim, use a hot tub or do anything that would put the incision under water until your health care provider approves
- **Do not** scratch or pick at the incision
- If your incision bleeds through the dressing and the bleeding does not stop with gentle pressure, please contact your Surgeon

# Incisional Care (Continued)

- Your incision will need to be cared for properly to prevent infection
- Check your incision area every day for signs of infection, which include:
  - More redness, swelling or pain around your incision
  - More fluid or blood coming from your incision
  - Warmth coming from your incision
  - Pus or a bad smell coming from your incision
  - A fever
- Swelling is not uncommon (even for several weeks after surgery)
  - Use ice to help control pain and swelling; apply for 20-30 minutes at a time as needed
- Wash your hands with soap and water for at least 20 seconds before and after you change your dressing to prevent infection

# Avoiding Falls

- A fall during the first few weeks after surgery can damage your new joint, and may result in a need for more surgery
- You should use a cane, crutches, walker, handrails or have someone help you until you improve your balance, flexibility, and strength
- A walker is often used for the first several weeks to help with your balance and avoid falls
- Your physical therapist during your hospital stay will help you decide which assistive walking devices and aids will benefit you following surgery

# Physical and Occupational Therapy



# Types of Therapy

## Physical Therapy

- Will begin the day of surgery in your room with a Physical Therapist
- Teaches lower extremity strengthening and therapeutic exercises
- Walking with assistive devices

## Occupational Therapy

- Will begin on post-operative day one, and will focus on precautions and activities of daily living
- Will educate you on how to become more independent with bathing and dressing yourself

# Physical Therapy

- You will then go to the Physical Therapy gym for therapy twice a day, a morning and an afternoon session, starting on the day after surgery!
- Physical Therapists will teach you specific exercises to strengthen your leg and restore movement. You will work on:
  - Ambulation
  - Transfers
  - Functional Activities
  - Using Stairs
  - Exercises: Ankle pumps, quad sets, gluteal sets, short arc quads, and heel slides

# Occupational Therapy

- The goal of Occupational Therapy is to independently perform activities of daily living:
  - Dressing
  - Bathing
  - Getting in and out of bed
  - Rising and lowering to various surfaces (car, toilet, bath, etc.)

# Total Hip Precautions

## Anterior Approach

- **No abduction of surgical leg**
  - Avoiding bringing knees apart and away from your body
- **No extension of surgical leg**
  - Do not step past surgical leg when walking (lunging)
  - Your body should follow your surgical leg
- **No external rotation or extreme outward rotation of the surgical leg**
  - Keep toes of surgical leg straight ahead

# Total Hip Precautions

## Posterior Approach

- **Limit hip flexion to 90 degrees**
  - No sitting on low or overly soft furniture, use chairs with arms for support
  - Knees should be below the hip
- **No crossing legs**
  - Do not cross midline of body with surgical leg
  - When in bed, keep pillow between legs
- **No inward rotation of surgical leg**
  - Keep toes of surgical leg straight ahead

# Total Knee Instructions

## Do

- Complete required exercises at least twice a day as instructed by your Physical Therapist
- Put ice on your knee after exercising and as needed
- Walk frequently, with a walker, as tolerated and per your Surgeon's instructions

## Don't

- Twist or pivot on operative knee while walking
- Kneel on operative knee
- Do not place any support devices under knee which will leave your knee in a bent position

# Exercise

- Regular exercise to restore your hip or knee mobility and strength are important for your full recovery
- Your Surgeon and Physical Therapist may recommend that you exercise 20 to 30 minutes at least twice a day
  - Keep active: Move around every hour during the day
- Completing the recommended exercise program will help with your recovery and post-operative pain

# Stair Climbing and Descending

- After surgery, you will be permitted to go up and down stairs
- Stair climbing and descending will be taught by your Physical Therapist during your hospital stay
- At first, you will need a handrail for support and will be able to go only one step at a time
- Always lead up the stairs with your good knee/hip and down the stairs with your operated knee/hip
  - **Remember “up with the good” and “down with the bad”**



# Using a Front-Wheeled Walker

- After surgery, you will be required to utilize a front-wheeled walker for your safety and recovery
  - The utilization of a front-wheeled walker will assist in restoring a natural gait
- It is important to use any assistive device correctly to avoid falls
  - Your therapist will instruct you on the proper usage of all devices
- Wheeled walkers will be provided at discharge by your Physical Therapist and are usually covered in full by your insurance
- Arrange furniture for safe walking
  - Move around your home with your hands out about 6 inches from your sides
  - You will have enough room if you do not hit anything with your hands as you do this

# Equipment Needs

- All of your equipment needs will be discussed during your hospital stay with your Case Manager and Physical Therapist
- Please consider purchasing adaptive equipment if you have a Total Hip Replacement which would include:
  - A dressing stick, sock aid, long-handled shoe horn for putting on and taking off shoes and socks without bending your new hip, and a grabber tool that will allow you to grab objects
  - These items can be purchased prior to your surgery or you may purchase a lower extremity dressing kit through our therapy department to take home with you
- Check with your insurance company for benefits coverage for all your equipment needs

# Assistive Devices



**\*Elevated Toilet Seat**



**\*Bedside Commode**



**Tub Grab Bar**



**Shower Grab Bar**

**\*Either device is required for a  
Total Hip Replacement**

# Assistive Devices (Continued)



**Shower Bench**



**Shower Chair**



**\*Lower Extremity Dressing Kit**



**\*Front Wheeled Walker**

**\*Will be provided during your hospital stay by your Physical Therapist if needed**

# Discharge Planning



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# Getting Ready for Discharge: Total Joint Replacement

- You will typically have a one night stay in the hospital and can expect to be discharged the next day after attending two Physical and one Occupational Therapy session
  - **Treatment Options:**
    - Go home with arrangements for a home health agency to provide physical therapy in your home environment, which will be arranged for you during your hospital stay
- OR**
- Go directly to an Outpatient Physical Therapy center of your choice

# Skilled Nursing Facility (SNF)

- Our goal for you is to return to your home after leaving the hospital. The decision on whether to go home or to a Skilled Nursing Facility will be made collectively by you, your Surgeon, Physical Therapist, and your insurance company
- Please know that, despite insurances confirming your benefit coverage for post-acute care, authorization for a SNF is still required
  - We have found more and more insurance companies are now denying this level of care for a total joint procedure, and we encourage all patients to have a backup plan for home, in case of denial
- Outcomes actually show that patients recover faster in their own home environment; risk of infection is lower; and patients are less likely to be re-admitted to the hospital

# Discharge Goals

- Get in and out of bed with minimal assistance
- Walk steadily with your walker
- Climb and descend stairs (if necessary)
- Get to and from the bathroom to bathe and dress yourself with little to no help
- Pain is controlled with oral pain pills
- Knee Replacement: Able to perform exercises
- Hip Replacement: Recite and demonstrate compliance with precautions
- Arrangements are made to go home
- Discharge home the day after surgery if medically stable



# Reasons to Call Your Surgeon

- Temperature greater than 101 degrees
- If any large amount of drainage, yellow/white foul smelling odor comes from incisional site
- Significant increase in swelling of lower leg, which does not decrease overnight
- Any trauma or fall causing increasing pain in hip or knee
- Significant increase in pain
- Hip Patients: Operative leg suddenly becomes shorter than the other leg

# Please Let Us Know How We Did

- Our goal is to keep you well informed and provide you with quality care in a safe, clean, and quiet environment
- We thank you for choosing our facility. It is *our pleasure to take care of you!*
- Approximately 1-2 weeks after you get home, you may receive a survey either in the mail or online
- We ask that you take time to fill this out and send it back to us. We look forward to reading your comments!

# Thank You for Allowing Us to Serve You!

- It is important to remember this information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you may have with your health care provider.
- Your recovery is a **JOINT** effort among the orthopedic team, you, and your support group. You play the biggest role in your recovery, and you need to understand as much as possible about the process. Please feel free to ask any questions about the things that you don't understand or that may concern you!

**Everyone's experience is unique.  
Heritage Valley Health System is committed to  
making YOUR experience a success!**