

# **Preparing for your Joint Replacement Surgery**

**ROCHESTER**  
REGIONAL HEALTH

## **Mission for Joint Replacement Center**

To create an environment focused on restoring function and optimizing independence. The goal is to provide world class orthopedic service that achieved while maintaining and respecting the autonomy and individuality of **every patient, at every encounter, every day.**

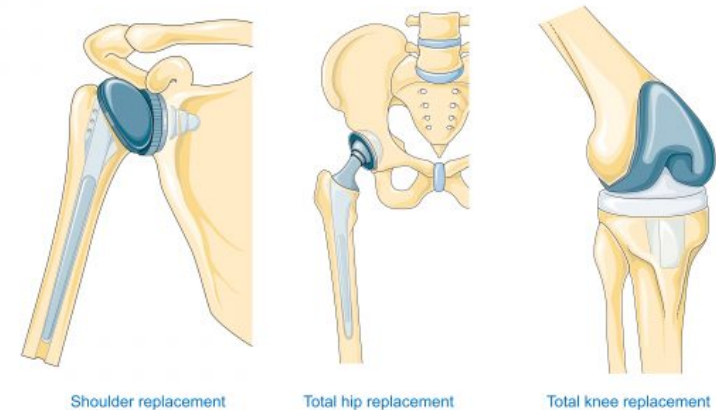
# Center for Joint Replacement

- Patient Handbook and Resource
- Read it through
- Keep with you

# Why Total Joint Replacement?

- To replace an arthritic or damaged joint with an artificial joint.

Replacement surgery



## What are the causes:

- *The cartilage that cushions the ends of the bones:*
  - Wears away
  - Causing the bones to rub against each other
  - Causing pain and stiffness.
- *This can be caused by:*
  - Osteoarthritis
  - Rheumatoid Arthritis
  - Traumatic Arthritis.

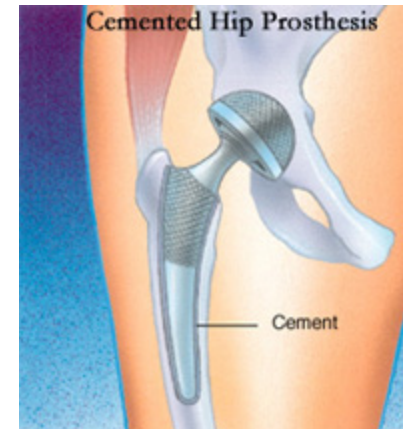
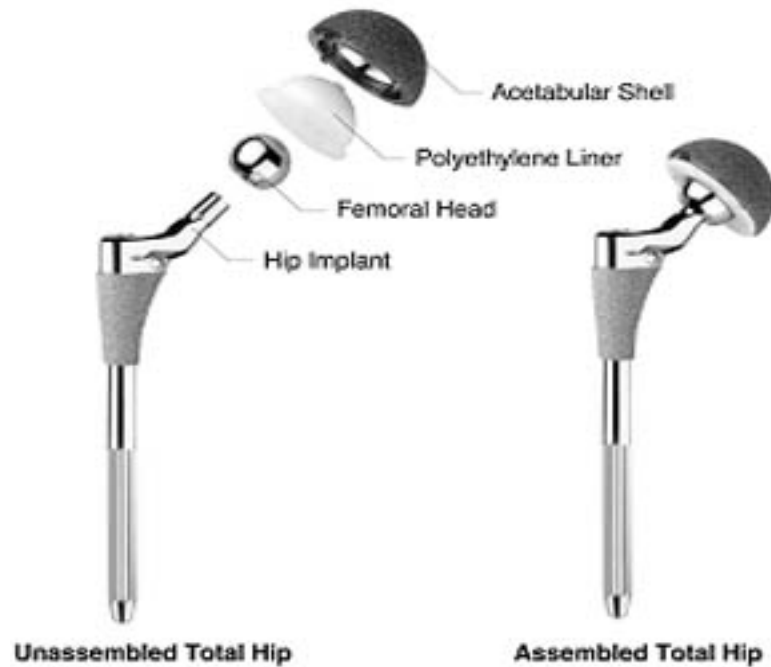
# When is it time to consider replacement surgery?

- There are 2 likely reasons:
  - You have been living with joint pain for some time
  - Your quality of life has been altered
  - Conservative measures have failed to provide relief

# What is a Total Hip Replacement

- In a total hip replacement, a metal stem will be inserted into the femoral canal.
- The femoral head will be removed and replaced with a metal head.
- An acetabular shell, made of metal with a plastic or metal liner will replace the acetabulum.

# Total Hip Prosthesis





# Total Hip Replacement X-Ray



Before

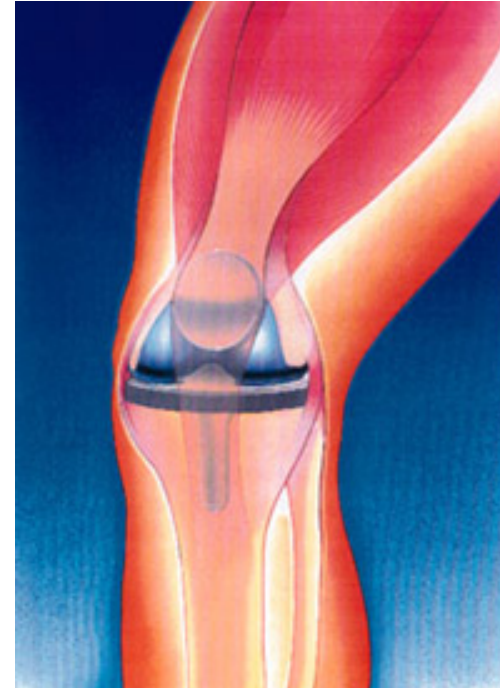


After

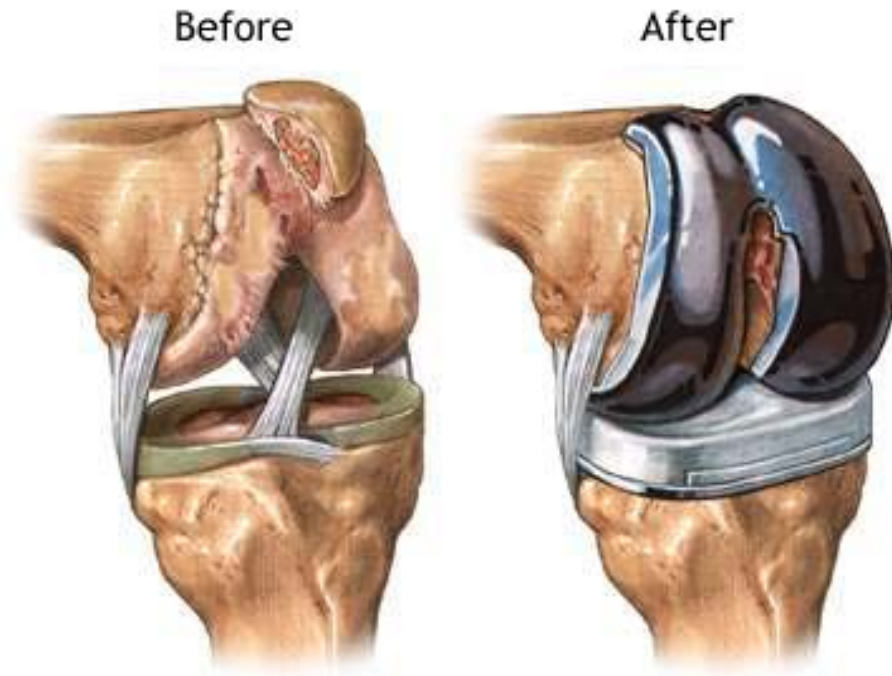
# What is Total Knee Replacement

- The end of the femur bone is re-shaped and replaced with a metal shell.
- The end of the lower leg bone (tibia) is also re-shaped and replaced with a plastic tibial insert with a metal tibial bone plate .
- The kneecap portion of the knee joint may be resurfaced with a plastic "button"

# What is Total Knee Replacement

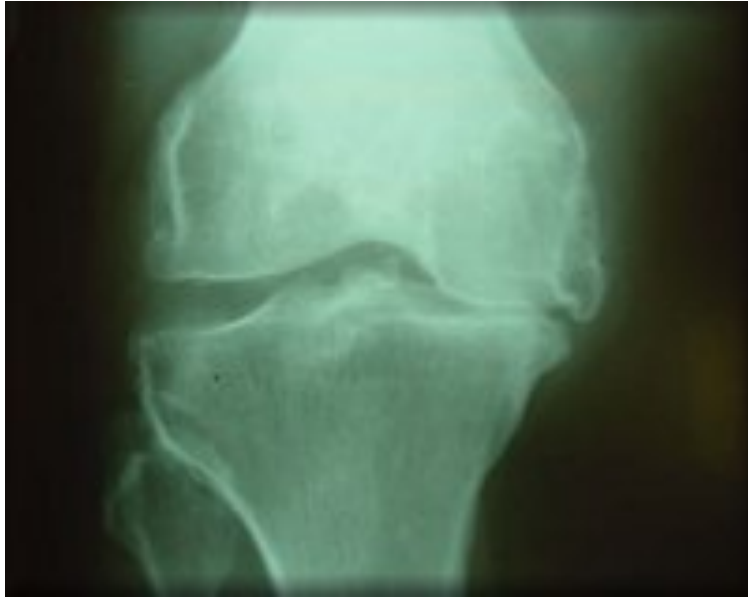


# Total Knee Before and After



ADAM.

# Total Knee Replacement X-ray



# Registration & Pre-Admission Testing

- COVID & MRSA testing
- Review educational material you have received

# Pre-Education Videos

<https://www.my-emmi.com/SelfReg/12345>

Instructions:

1. Type link in address bar as shown above
2. Fill in your information
3. Scroll down to find Total knee or Total hip
4. Watch video

# Link to RRH Resource Page

- [Joint Replacement Patient Resources | Rochester Regional Health](#)
- Electronic copy of the joint book
- Each hospital has different resources found on the page



## Risks of Surgery- Infection Prevention

- Do not shave operative site
- Nasal Swabs
- Chlorhexidine wipes
- Antibiotics for prevention given during surgery

# Risks of Surgery – Blood Clots

- One of the risks for surgery is the formation of blood clots.
- The risk of blood clots increases, when there is the lack of muscle movement which allows blood to pool in the veins.

## ***Watch for:***

- Increased swelling not relieved with rest or ice
- Localized pain in calf
- Redness

# **Blood Clot Prevention**

- Elastic stockings if ordered
- Intermittent pneumatic compression device
- Early and continued mobility
- Aspirin

# Important

- If you smoke, it is best to stop prior to surgery
- Diabetics good glucose control is important
- If you see a cardiologist or other specialist you may need to see prior to surgery

# What to Bring to the Hospital

- Personal Belongings - What to bring
  - Shoes or sneakers
  - Socks
  - Loose fitting shorts, pants or sweats
  - Walker

The hospital is not responsible for your valuables. Bring only what you need.

# Important to Know

- Free land line phone at the bedside
- Free cable TV channels
- You may use Cell Phones
- Free Wi-Fi is available

# Day of Surgery Preparation

- No jewelry, makeup or valuables
- Arrive at scheduled time
- Check in with information desk upon arrival at front entrance
- You will be asked to change into a hospital gown
- Health information will be reviewed/verified.
- Vital signs taken
- IV line started (Fluids/medication)

# Day of Surgery Preparation

- You will be asked many questions repeatedly. This is done intentionally, as a safety measure to prevent any error.
- You will be able to keep your glasses and hearing-aids until you are ready to go to surgery.





# **Day of Surgery Preparation**

Please arrive at the time you are instructed.  
This will be prior to your actual surgery time.

# Immediately Prior to Surgery

- You will meet the nurse who will be in the operating room with you. Verify name, DOB, procedure and site.
- Your anesthesiologist will see you to discuss what type of anesthesia is best for you and you will be asked to sign a consent for anesthesia.
- Your surgeon will see you and ask you to initial your operative site
- Your surgeon will also initial the site

# Anesthesia

- General or Regional anesthesia (Adductor block) (spinal)
- General anesthesia allows you to sleep
- Regional anesthesia provides numbness of a certain body region with other medications to cause sleepiness
- Regional anesthesia will also provide post op pain relief immediately after surgery

# Anesthesia

- Factors your anesthesiologist uses to decide which type of anesthesia is best for you:
  - Past experience
  - General health and physical condition
  - Reactions or allergies you have had to previous medications
  - Risks of each type of anesthesia
  - Input from your surgical team and you

## **In the Operating Room**

- You will be brought to the OR on a stretcher.
- The operating room may be chilly so we will give you warm blankets.
- Upon entering the OR, you will be asked to state your name, birthdate, procedure and site.
- You will have assistance transferring to the OR table.
- You will be hooked up to the monitors

## In the Operating Room

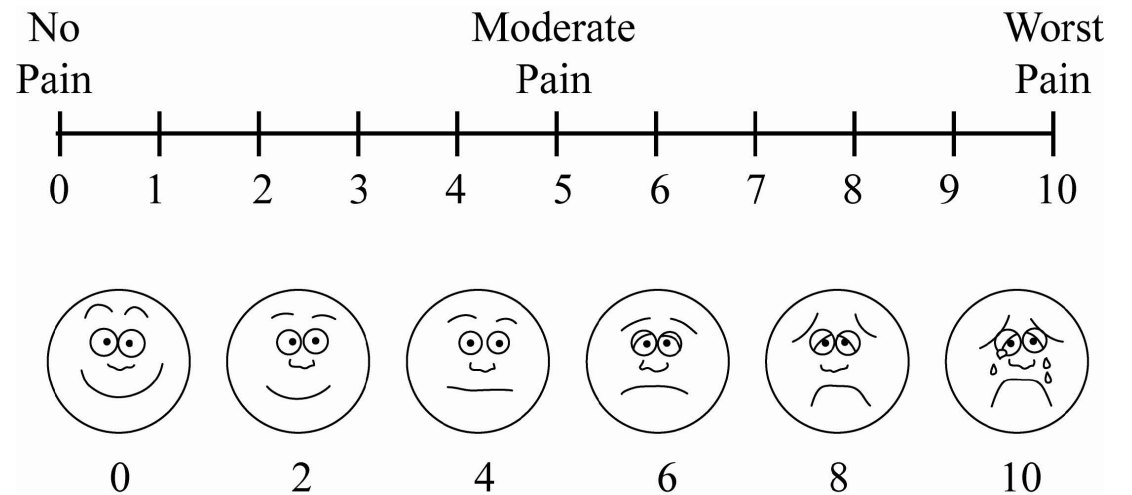
- Once you are prepped and draped for the procedure, the OR staff will perform a final verification called a **“Time Out”**
- You will be in the Operating Room for approximately 2 hours or less

## **Post Operative Phase**

- You will be transported to the recovery room in your hospital bed. Again, you will be monitored.
- You may have an elastic stocking applied to the operative leg at that time.
- You will remain in the recovery room for approximately 1 hour or until you are considered ready to go to your room.
- Your IV will site remain intact while you are at this hospital. This is for IV fluids, antibiotics, pain medication, etc.

# Pain Management

- You will be asked to rate your pain on a scale of 0 – 10. This will help the nurses know how well your pain meds are working for you
- Everyone has a different pain tolerance, so don't try to be a hero because you heard about someone else who said "it didn't hurt"





# Pain Management

- You will receive pain medication as needed
- Cold packs are used to decrease swelling and alleviate pain
- Post operatively you may experience numbness on the outside of the knee for some time, this is common and expected due to the incision and the path of nerves in the leg.

# Discharge

You will receive written information before being discharged from the hospital regarding:

- Incision care
- Medications
- Activity
- Follow-up
- Antibiotics (prior to any dental or medical procedures)

# Rosa Total Knee

- Robotic Surgery
- Many benefits
- Incision – primary incision (longer incision) and a secondary (smaller incision about 2 inches below primary)

# Things to Remember

- No narcotics after 7 days
- Clicking sound is normal (plastic patella hitting the metal femur)
- Typical range of motion: 0-105 degrees; 90 degrees is considered functional
- Some will not be able to kneel after total knee

# Automated Discharge calls

- You will receive automated discharge calls over a 3 month period
- Check in with recovery progress
- Prerecorded, not a live person
- Alerts nurse if experiencing any issues (daily report sent to coordinator)
- Prompts you to call surgeon if issues identified on calls
- Can opt on if choose



# **Occupational Therapy**

# Specific to Total Hips

Dislocation precautions.

## **Do Not:**

- bend forward from your waist more than 90°
- cross your legs at the knees or ankles
- rotate your operated leg inward

# Specific to Total Knees

## Do Not:

- place a pillow or ice under your knees
- sit on the bottom of a tub
- pivot while standing
- squat to pick something up from the floor



# Adaptive Equipment

- Hip kit: Long handled sponge, reacher, shoe horn, sock- Aid
- **Necessary equipment**
  - Commode to fit over toilet, or raised toilet seat
  - Tub Bench
  - Walker



# Is Your Home Safe?

- After surgery, you have special needs
- You need to be careful getting around your home in order to prevent accidents
- Furniture considerations- recliner
- Create clear paths
- Remove throw rugs

# Physical Therapy

# Physical Therapy

- The physical therapy team will meet you in your hospital room and work with you on:
  - using walker/ crutches
  - getting in and out of bed
  - walking and going up and down stairs
  - exercises specific to your total joint

## **Activity- Plan of Care**

What to expect the day of surgery

- Rest
- Out of bed within a few hours of surgery
- Walk/sit in chair
- Possibly meet the physical therapist

# What to Expect

- The Physical Therapist will assess:
  - Bed Mobility
  - Transfers
  - Walking
  - Strength
  - Range of Motion

# Walking With Assistive Device

- Most patients use a rolling walker (no 4 wheeled walkers post op)
- Weight bearing determined by surgeon
- Sit ⇔ Stand
- Walking pattern
- Turning

# Stairs

- Individual considerations based
  - on home arrangement
    - Number
    - Height
    - Depth
    - Railings
- Platform step





# Home Discharge Plan

- Equipment
  - Possible need for 2-3 pieces
    - Walker- Bring to hospital with you
    - Cane (can transition after walker not needed)
    - Commode
    - Raised toilet seat

***Inspect borrowed equipment for safety***

# Home Discharge Plan

You should plan to attend outpatient therapy

- Total knee replacement will need out patient therapy. You can do this where ever you choose.
- The hospital does have outpatient PT services
- Follow your surgeons recommendations for hip replacement and continued therapy needs.



## **Family Or Caregiver Training**

- We encourage family involvement and education to support you on the transition home

# Car Transfers

- Car Seat
  - Bucket Seats
  - Passenger front seat is best, can get chair all the way back and recline
- Hips: remember your precautions

# Home Verses Rehab

- Physical Therapy will determine your safe discharge based on factors that qualify for rehab verses home
- Factors that the Physical therapist will evaluate you on are; independence in ambulating, bed mobility, stair safety.
- If you do not qualify for rehab and qualify for home, insurance will not cover your rehab stay.



# **Social Work and Care Management Services**

# Social Work and Care Management

Our role is to ensure a smooth transition

- Hospital to Home
- Hospital to Rehabilitation

# Planning for Discharge

Discharge from the hospital to rehab

- Doctor decision and PT recommendations
- Discharge is when you meet your goals



## **A dual form of planning...**

- You will be seen by a Nurse Care Manager and social worker to assist with discharge planning
- Plan will be Outpatient PT vs Inpatient rehab until evaluated and safe plan determined by PT
- Ultimately, your discharge plan is determined between you, your health care team, and your individual progress.
- Goal is to have a safe discharge plan.

## **Skilled Rehab**

- Please check with your insurance company prior to surgery about your coverage
- Goal is always home, inpatient rehab is available if recommended for safety and recovery needs



**Thank you!**

Thank you for choosing

**Newark-Wayne Community Hospital**

for your total joint replacement