

UNC Health Rex Holly Springs Total Hip and Knee Replacement

Pre-operative Joint Class



Where to Begin

- Thank you for attending the UNC Rex Holly Springs Joint Replacement Class today
- This presentation is designed to prepare you for your upcoming surgery and your recovery in the hospital and/or in your home

Joint Replacements at Rex Holly Springs

- Shorter hospital stay
- Some patients are able to go home the day of surgery
- Most patients will go home early the day after surgery
- Most patients will be walking within hours of surgery
- We perform over **2,000** elective total joint replacements between UNC Rex and RSHS each year!

Preadmission Testing Appointment

- Scheduled 30 days prior to your surgery by your surgeons office
- Bring a photo ID and all insurance cards
- Interview with Nurse
- Bring all prescriptions and over the counter bottles to this appointment
- Receive education and instructions about your upcoming surgery
- EKG and lab work may be done at this appointment
- You will receive surgical soap and instructions
- Meet with an anesthesiologist

What to Bring for Your Stay

- Clothing—comfortable, loose fitting
- Loose leg pants, elastic waist/drawstring
- We provide non-skid socks
- Shoes—supportive with closed heel (avoid flip flops, bedroom slippers, etc.)
- Personal hygiene products and undergarments
- An overnight bag may be left in the car until after recovery
- Assistive devices
- Glasses, hearing aids, dentures, CPAP
- Label your containers or belongings
- Do not place belongings on your meal tray
- If you bring a phone or a device, please remember to bring a charger
- Bring a copy of your living will if you have one
- Living will, healthcare power of attorney



What NOT to Bring

- Do not bring unnecessary valuables to the hospital
 - Jewelry, wallet, purses, etc.
- Do not bring home medications
 - Medications from home will only be allowed by physician order in cases where the hospital pharmacy can not provide the medication or a suitable substitute

Day of Surgery

- Registration
 - Go to the **Main Entrance** and registration will be on the left



Day of Surgery

- Pre-op
 - Surgery preparation
- Surgery
 - Usually lasts 1 to 2 hours
- Surgical waiting room
 - The surgeon will visit your family/caregiver after surgery in the main surgical waiting room

Day of Surgery

- Recovery Room (PACU)
 - After surgery, our goal is to get you out of recovery room and into your room as quickly as possible, however, there is a chance that you may need to stay in the PACU until a bed becomes available
 - We will do everything we can to keep you comfortable and you will receive excellent care throughout your stay
- Once your room is ready, staff members may send your family/caregiver to your assigned room to wait

Arrival to Your Room

- Orthopedic Units (5th & 6th floor of Patient Tower)
- Private room, walk-in shower, elevated commode seat, closet, walker
- Recliner—a guest may stay the night
- RSHH offers basic cable, free Wi-Fi
- The room phone is only able to call local numbers



Arrival to Your Room

- Your nurse and your nursing assistant will greet you
 - Vital signs
 - Head to toe assessment
 - Pain assessment
 - Admission questions
 - Discuss plan of care
 - You will be placed in a recliner to promote recovery
- Your nurse will review your Care Folder with you
- They will need about 10 minutes to settle you, and they may ask for privacy from family/friends while doing so



Visitation

- Your “primary” caregivers are encouraged to be present
 - Caregivers/family are welcome to visit, and they are encouraged to be a part of therapy sessions if possible
 - As the visitor policy changes often due to COVID, please ask a staff member about the current visitor policy

Caregiver

- Your caregiver/ride home should be at the hospital the day of your discharge to be involved in the discharge process
 - Patients discharged the day of surgery are typically discharged in the afternoon
 - If you stay overnight, 8:00am is usually a good time for them to be at the hospital
- **Important:** Plan to have someone to assist you at home for at least the first 48 hours around the clock

Rex Holly Springs Room Service

- Start off with a light meal
 - Nausea and vomiting is possible after anesthesia
- Room Service
 - Ordering is available between 6:45am and 6:45pm
 - Meals typically take about an hour (+/-) to arrive to your room
 - If you are being discharged the day of surgery, your meal will be ordered in the Recovery Room and available for you soon after you arrive to your room



Rounding

- After surgery, the nursing staff will be visiting you frequently
 - Hourly rounding
- Your surgeon or their PA will see you each day while you are in the hospital
 - They may round very early in the day
 - This is the best time to address questions or concerns

Tobacco

- UNC RSHS is tobacco free
 - NO smoking, chewing, or vapor
 - Use of tobacco products can slow healing
- Patients who use tobacco are at increased risk for complications after a joint replacement, such as infection and blood clots



Potential Complications

Some complications that can occur up to several weeks after surgery include:

- Pneumonia
- Blood Clots
- Infection
- Falling
- Constipation

Preventing Pneumonia

- Pneumonia can be a complication after surgery
- An incentive spirometer is used to help prevent post-op pneumonia
- Nursing staff will provide you with instructions for use on arrival to your room
 - You will be encouraged to use it hourly while awake



Preventing Blood Clots

- You will be at risk for developing a blood clot after your surgery
- Your doctor has likely discussed the need for taking a blood thinner after your surgery
 - It may start the day of surgery, or the day after
 - It is important that you continue to take your blood thinner as prescribed
 - Your nurse will review specifics about side effects with you
 - Most common: easy bruising, minor bleeding

Preventing Blood Clots

- Blood circulation is important
- Walking and PT exercises
- Plexi-pulses, or “foot pumps”
 - Soft wraps are placed around your feet
 - Helps prevent a deep vein thrombosis, or DVT (blood clot)



Preventing Infection

- Hand washing can help prevent infection—patients, visitors, staff
- Wash hands before eating, after using the restroom, etc.
- You will receive antibiotics through your IV during your hospital stay
- Many surgeons recommend preventative antibiotics prior to dental work for life



Preventing Infection

- Signs and Symptoms of infection include:
 - Fever
 - Increasing pain and tenderness
 - Swelling
 - Skin redness
 - Drainage-excessive or foul smelling
 - Warm to touch

Preventing Falls

- You will be at risk for falling because of your surgery, pain medications, IV lines, being in a different environment
- Anytime you feel like you need to get out of bed for any reason, please call for assistance and wait for a staff member to assist you
- **“Call don’t fall!”**



Preventing Constipation

- Side effects of medications and decreased physical activity may cause constipation
- Stool softeners after surgery
- Drink plenty of fluids, even in the days leading up to surgery
- Walking is important to help stimulate your bowels after surgery
- **Be proactive!**



Using the Bathroom

- Most patients will not have a urinary catheter
- Any time you need to use the bathroom, call and wait for staff to assist you to the bedside commode or toilet

Call don't fall!

Incision

- You will have a dressing placed on your hip or knee immediately after surgery
- Before leaving the hospital, your nurse will give you instructions about your dressing and wound care
- You may shower with the Aquacel dressing in place



Abduction Pillow

- After **hip replacement** surgery, you may wake up with an “abduction pillow” between your legs
- This wedge helps keep your hips in good alignment
- The wedge will be removed once you arrive to your room
 - Use a soft pillow between your legs while in the bed or chair
 - If you are concerned about sleeping on your side at home, you may want to take the wedge home with you



Pain

- Pain is expected after hip or knee replacement
 - Your surgeon may order several different medications that work in different ways to help with pain
 - The nursing staff will offer repositioning, ice packs, and even walking to help manage your pain

Pain

- Your nurse will frequently ask you to rate pain from 0 to 10
 - 0 = no pain**
 - 10 = the worst pain you can imagine**
 - Have a realistic goal in mind, such as a 3 or 4
- It is our goal to help “control” your pain
 - We may not be able to take ALL the pain away
 - Ask for pain medicine when you need it
 - Please share concerns/questions/preferences with your nurse
 - **Communication is key!**

Medications

- You will most likely have new prescriptions to take home with you after surgery
 - Pain medicine
 - Blood thinner

Rehabilitation Team

- *Physical Therapy* and *Occupational Therapy* will see you on the day of surgery and/or the day after
- Therapy is a critical part of your recovery process to increase your strength and independence



Physical Therapy

- Your **Physical Therapist** will teach you:
 - How to get in and out of bed
 - Walk with a walker or other device
 - Perform your home exercise program
 - Walk up and down stairs

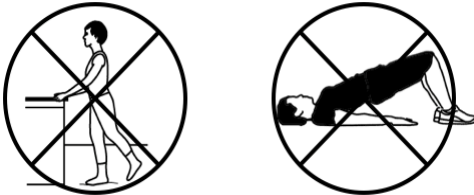




Anterior Total Hip Replacement Precautions



Anterior Total Hip Replacement Precautions

What movements you should follow for safe healing

1. Do not extend your hip	
	<p>Do:</p> <ul style="list-style-type: none">Take a step backwards starting with the leg you did not have surgery on <p>Do Not:</p> <ul style="list-style-type: none">Kick your surgery leg behind you.Sleep on your stomachDo a bridge when laying on your back
2. Do not twist	
	<p>Do:</p> <ul style="list-style-type: none">Try to keep your hip, knee, and toes in a straight line. <p>Do not:</p> <ul style="list-style-type: none">Twist your surgery leg in or out (at your hip)Pivot on your surgery leg.
3. Do not cross your legs	
	<p>Do:</p> <ul style="list-style-type: none">Keep a pillow between your legs when you roll onto your side. <p>Do not:</p> <ul style="list-style-type: none">Cross your legs at your hips or ankles.

Posterior Total Hip Replacement Precautions



Posterior Total Hip Replacement Precautions

What movements you should follow for safe healing

1. Do not bend your hip past 90 degrees	
	<p>Do:</p> <ul style="list-style-type: none"> Keep your knees below your hips at all times. <p>Do Not:</p> <ul style="list-style-type: none"> Lift your surgery leg up towards your chest past a 90 degree angle. Bend forward at the waist, for example to put your socks or shoes on.
2. Do not twist	
	<p>Do:</p> <ul style="list-style-type: none"> Try to keep your hip, knee, and toes in a straight line. <p>Do not:</p> <ul style="list-style-type: none"> Twist your surgery leg in or out (at your hip). Pivot on your surgery leg.
3. Do not cross your legs	
	<p>Do:</p> <ul style="list-style-type: none"> Keep a pillow between your legs when you roll onto your side. <p>Do not:</p> <ul style="list-style-type: none"> Cross your legs at your hips or ankles.



Occupational Therapy

- Your **Occupational Therapist** will teach you:
 - How to get on and off the toilet and manage hygiene
 - Tips for getting dressed
 - Techniques for getting in and out of the shower or tub
 - Home setup for safety and increased independence
- Hip kits are available (about \$35)-sold at most pharmacies, any medical supply store or Amazon



Preparation

- **Activity:** Try to remain as active as possible before your surgery to maintain your strength and endurance
- **Home:** Review the checklist, *“Home Safety Preparation”* to help prepare you and your home to be safe and independent after surgery
- **Prior to hospital arrival:**
 - Count how many steps you have and where your handrails are located
 - Take a picture of your bathroom (shower and toilet)



Case Management

- Your **Case Manager** will:
 - Coordinate and set up discharge plans
 - Equipment if needed
 - Home Health if needed
 - Communicate discharge plans with your care team
 - Make sure you have arranged someone to stay with you at home for **at least** the first 2-3 days around the clock

Equipment

- Hip and knee replacement patients will need a rolling walker and possibly a 3-in-1 commode or raised toilet seat with grab bars
 - Occupational therapy will evaluate each patient for equipment needed
 - Equipment will be delivered to your hospital room before you leave—if needed
 - Cost of equipment **may** be covered by insurance
 - If not covered by insurance, approximate cost \$69 for a walker and \$79 for a commode.



Therapy After the Hospital

- Each patient and surgeon will discuss a discharge plan
- Most patients start Outpatient Physical Therapy
 - You will need to call the therapy location to schedule your appointments – **schedule in advance!**
 - Outpatient physical therapy usually occurs 2-3 times per week for about 6-8 weeks after surgery
 - You will need to make transportation plans to and from your Physical Therapy appointments

Ongoing Activity

- Avoid: High impact activities
- Maintain regular exercise
 - Walking
 - Aquatics and Biking
 - Be sure to clear these activities with your surgeon prior to participating
- Maintain healthy weight



Privacy

- As excited as you are to see your loved one out of bed the day of surgery, please do not take photos or videos of RSHH staff members or other patients



Thank You!

Our orthopedic staff will provide you with ***excellent*** care while recovering from your surgery

Question/Concerns?



References

- American Academy of Orthopaedic Surgeons. (2011). Preventing Venous Thromboembolic Disease In Patients Undergoing Elective Hip and Knee Arthroplasty. Retrieved from <https://www.aaos.org/guidelines/>
- American Academy of Orthopaedic Surgeons. (2015). Surgical Management of Osteoarthritis of the Knee. Retrieved from <https://www.aaos.org/guidelines/>
- American Academy of Orthopaedic Surgeons. (2017). Management of Osteoarthritis of the Hip. Retrieved from <https://www.aaos.org/guidelines/>
- Bratzler, D. W., et al. (2013). Clinical practice guidelines for antimicrobial prophylaxis in surgery. *American Journal of Health-System Pharmacy*, 70 (3) 195-283. <https://doi.org/10.2146/ajhp120568>
- Golladay, G. J., Balch, K. R., Dalury, D. F., Satpathy, J. & Jiranek, W. A. (2017). Oral Multimodal Anesthesia for Total Joint Arthroplasty. *The Journal of Arthroplasty*, 32, S69-S73. <http://dx.doi.org/10.1016/j.arth.2017.05.002>
- Kee, J. R., Mears, S. C., Edwards, P. K., & Barnes, C. L. (2017). Modifiable Risk Factors Are Common in Early Revision Hip and Knee Arthroplasty. *The Journal of Arthroplasty*, 32 (12), 3689-3692. <https://doi.org/10.1016/j.arth.2017.07.005>