

# Welcome to “Joint Effort” Class: Total Hip and Total Knee Preoperative Patient Education



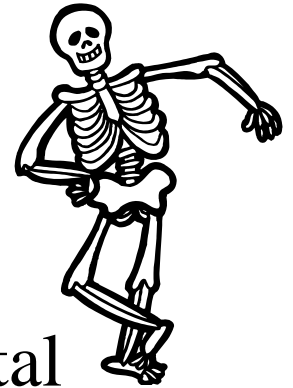
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# Objectives for your learning

## You & your family member/friend will learn about....

1. Your total hip or total knee surgery
2. How you should get ready for surgery
3. What you can expect on the day of surgery & during hospitalization
4. Pain management
5. How you can plan for discharge
6. Any other care needs after leaving the hospital



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# Your Care Team Members

- Your Doctor, Nurses, Physical Therapists, Occupational Therapists, Case Manager/Social Worker
- Dietitians, Chaplains, Pharmacists
- Your Coach (Family/Friend)
- YOU – the most important member of the TEAM 😊



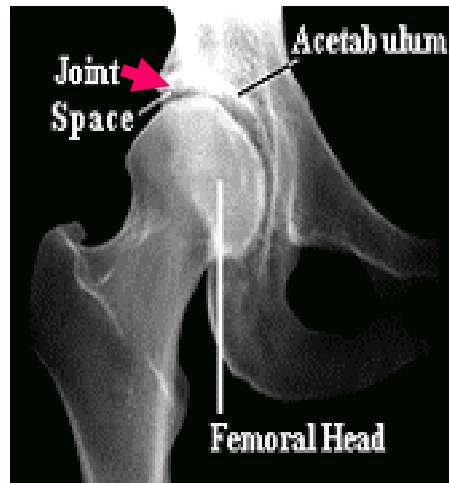
# Hospital Website Info

- For more information about class content & to view a therapy exercise video, please visit the website at:
- [www.mymoss.org/elmbrook](http://www.mymoss.org/elmbrook)
- Select Patient/Visitor information & Amenities
- Scroll down to ‘Guide to Total Hip & Knee Replacement Surgery’ or, ‘Exercises to Prep for Hip & Knee Surgery’

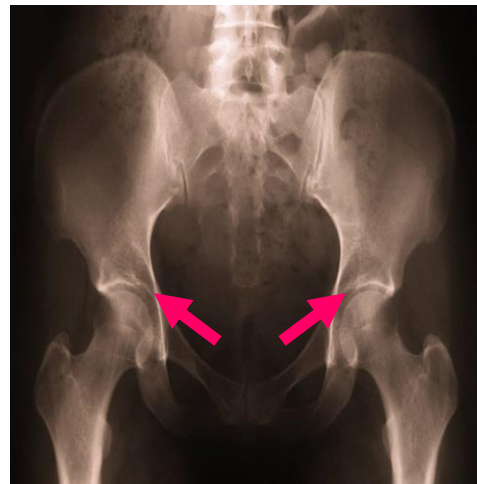


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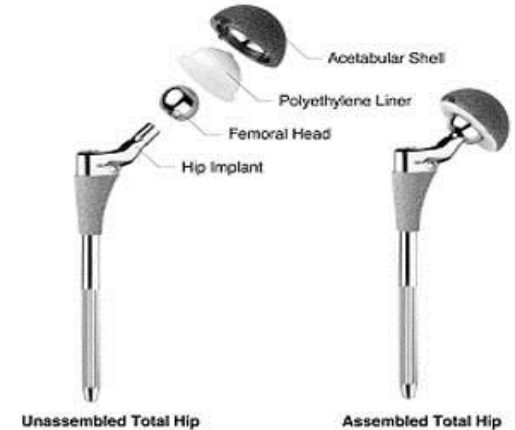
# Total Hip Replacement



Normal Hip Joint



Damaged Hip Joint



Total Hip Prosthesis



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# Total Knee Replacement



Normal Knee Joint



Damaged Knee Joint



Total Knee Prosthesis



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# Therapy / Exercises

- **Exercises** – your therapist will work with you on your exercise program.
- **Walker instructions**
- **Hip Precautions** – are important to follow to protect your new hip. You will be taught how to move & how not to move in order to protect your hip. These must be followed until your doctor says they are not needed.
- **Car transfer**
- **Preparing your home**
- **Adaptive equipment**



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# Equipment

Your Physical Therapist and Occupational Therapist will assess and talk with you about various equipment you may need to care for yourself at home.



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# Think Ahead – Prepare Your Home Before Surgery

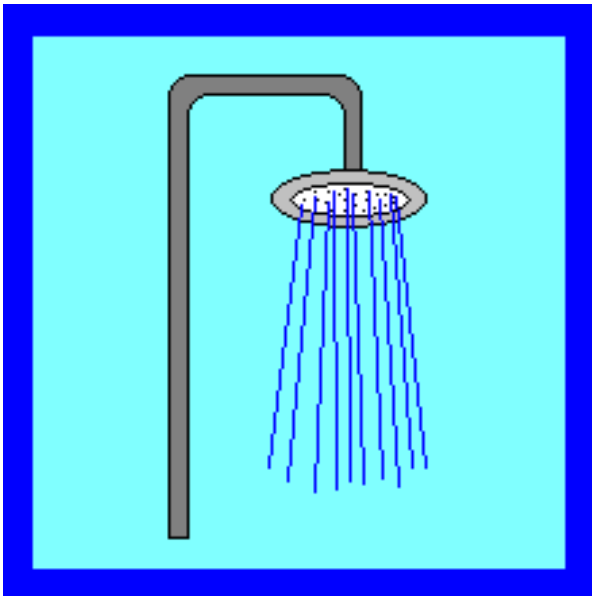
- Remove throw rugs, mats, cords from walking areas
- Consider a night light by bathroom & bedroom
- Put a non-skid mat in & outside tub/shower
- Fix meals & freeze; buy healthy/easy to prepare food or microwave meals
- Have a supportive chair with armrests that allows your feet to touch floor; no wheels
- Put frequently used items in easy reach



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# Shower/Bathe Before Surgery



- Use antibacterial skin cleanser with chlorhexidine
- Follow instructions in booklet
- Wash **BOTH** the night before & morning of surgery before coming to hospital
- Do not shave your legs for 3 days before surgery



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# Pain Management

- Pain is **different** for every person
- We are **committed to managing your pain** as best as possible. We will **work with you** to provide comfort and help your recovery.
- When your **pain is managed**, you can eat, sleep, and move better with therapy. This helps you recover from surgery faster.
- You can also **work as best as you can** with therapy and get the best results from your new hip or knee.

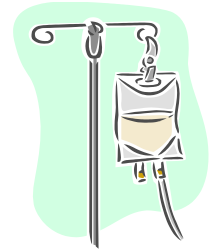


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# Strategies for Managing Your Pain

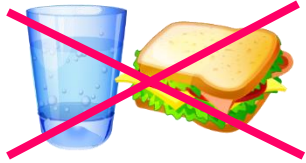
- IV pain medicine (either given by your nurse or a special pump called Patient Controlled Analgesia)
- Nerve block/long acting injection for knee patients
- Pain pills
- Aromatherapy/essential oils
- Relaxation/distraction/imagery exercises
- Ice/cold therapy



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# Your Hospital Stay: The Night Before Surgery

- **Do NOT eat or drink anything after midnight** (this includes water, candy, and gum). 
- Avoid chewing tobacco.
- Take a shower or bathe with the **special antibacterial soap (includes chlorhexidine)**.
- **Follow all instructions** about how to shower/bathe to prevent infection after surgery. **Do not shave your legs.**

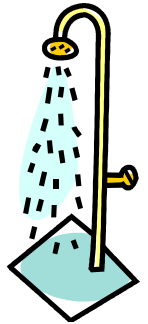


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# Your Hospital Stay: Day of Surgery

- **Showers/bathe again** with the antibacterial soap
- **Do not apply** lotion, powder, or deodorant after shower/bath
- **Remove** makeup, nail polish, jewelry
- **Leave valuables at home**. Bring a **small amount** of cash for equipment or van service transport to sub-acute care.
- **Average hospital stay is two days.**



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# Your Hospital Stay: Arrival at the Hospital



- You will be taken to a room to get ready for surgery; family can be with you.
- When time for surgery, you go to the **Operating Room**; surgery is average 1- 2 hours
- After surgery, you will be taken to the **Recovery Room** and kept for at least 1 hour until you are fully awake
- You will then be taken to your **Patient Room** on the surgical nursing unit. It may be up to **4 hours** from when you leave your family until they can see you again.



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# Your Hospital Stay: After Surgery

- Your diet will be clear liquid to start and **change to more regular food as you can tolerate it.**
- **Cough & Deep Breathe**, use your **Breathing Exerciser** and do **Ankle Waving/Pumps** 10 times each/hourly. These exercises help your body recover.
- After total knee surgery, your doctor may order your leg to be placed in a **Continuous Passive Motion (CPM) machine.**



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# Your Hospital Stay: After Surgery

- We want to keep you safe during your hospitalization. If ordered by your doctor, you will be seen by physical therapy to get up. **Do not attempt to get up alone.**
- Some patients feel fine but when they get up by themselves, they have fallen **which can result in having to go back to surgery to repair your prosthesis or incision.**
- **Please always call for assistance any time you need to get up.**
- If you need to go for other testing while in the hospital, we **may also transport you on a cart instead of a wheelchair.** This is also to maintain your safety.



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# Your Hospital Stay: After Surgery

- If you have a drain in your incision or a urinary catheter, they will be **removed as soon as possible**.
- Bandages/dressings will be removed/changed.
- You will be seen by **Physical Therapy** two times daily for walking & exercises. **This usually begins on the day of surgery.**
- You will be seen by **Occupational Therapy** once daily for bathing, dressing, & other equipment needs
- A **Case Manager** will also see you to discuss your recovery status & help you plan for discharge.



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# Your Hospital Stay: Day of Discharge

- Based on your progress, you may be discharged 2<sup>nd</sup> day after surgery. Physical Therapy and Occupational Therapy will work with you to ensure a safe discharge.
- A Case Manager will help you finalize your discharge plan including home health, therapy, or other needs.
- Everyone will work with you to finalize your plan of care.



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# Managing at Home



- **Constipation** – be proactive; don't wait till you are very uncomfortable; use 'natural' over the counter products as needed
- **Incision care** – keep it dry by taking sponge baths until your doctor says it is ok to shower; follow your doctor's instructions

## Call you Orthopedic Surgeon if:

- You have increased drainage or redness near your incision or change in color of the drainage
- You have a temperature greater than 100°F (have a thermometer at home to use)
- You have increased pain in your leg/foot at rest & with movement that is not controlled by your pain medication



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# Managing at Home - continued

- **Activity** – walk but plan rest periods. Do not sit for more than 1-2 hours without getting up and moving around. Use your walker/crutches until your doctor says you can stop.
- **Travel** – total joint replacements will cause metal detectors to alarm; tell them you have a joint replacement and they will use wand device.
- **Driving** – you cannot drive right after surgery. Do not drive until told okay by your doctor. Ask your doctor about a handicap parking permit.



# Managing at Home – continued

- **Infection** – use good hand washing. Call your doctor immediately if you suspect an infection. Tell your dentist you have a hip or knee replacement prior to dental cleaning or work. They may give you several days of antibiotics before your appointment.
- **Sexual function** – most patients resume sexual activity about 4-6 weeks after surgery. Maintain the safe positioning you have been taught in therapy and ask your doctor about any other questions.



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# Anticoagulant Medicine/Blood Thinners

- These are pills or shots that you will be given to thin your blood to prevent blood clots
- If you have pills, you will also have blood tests to monitor how the medicine is helping you
- If you have injections, you or family/friend will be taught how to give them in your stomach area
- It's very important to take this medicine as you have been taught. Your orthopedic doctor will tell you when you can stop this medicine.



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# Care Management

- Role of Care Management from admission to discharge planning
- Advance Directives
- Discharge Planning
  - ▶ **Extended Care** : outpatient rehab, home care, skilled nursing facilities
  - ▶ **Assistive Medical Equipment**



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***Thank you for attending today.  
We wish you the best on your  
road to recovery!***

**Questions?**



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