

Beginning your joint journey

Preparation for hip and knee replacement surgery



Ascension

3 Key to Success



- 1) Understanding expectations & goals
- 2) Partnership in reducing risk factors
- 3) Communication before, during & after surgery

6 Key Goals for Going Home



For Total Knee: If going home and have transportation, please set up Outpatient PT to start within 24-48 hours after anticipated discharge from the hospital.

For Total Hips: Therapy after the hospital stay is different per surgeon, so please ask!



- 1) Medically cleared for discharge by hospitalist and orthopedic surgeon
- 2) All therapy goals met
- 3) Follow-up therapy and surgeon visits set up
- 4) Have equipment needed
- 5) Understand how to manage pain
 - Current state
 - As pain improves
 - If pain worsens
- 6) Know when to call your surgeon or primary care provider

Preparation for Surgery

**Know your care team &
their roles**

Your Dedicated Orthopedic Team

**Ascension Via Christi Hospital St. Francis Only*

- Orthopedic Surgeon
- Physician Assistant/Nurse Practitioner
- Hospitalist (medical provider overseeing care)
- Nursing
- Physical/Occupational Therapy
- Care Management
- Joint Program Coordinator
- Dedicated Volunteer Team*
- Others connected with your experience

Role of Program Coordinator

- **Collaborates with Team**
- **Pre-op Education**
- **Continuous Resource**
- **Patient Advocate**
- **Program Feedback**



Shannon Wilson, PT, MPT
Joint Program Coordinator
**Clinical Performance Improvement
Coordinator-Orthopedics**

Preparation for Surgery

Understanding your procedure

Types of Joint Replacement

- Total Knee Replacement
- Total Hip Replacement
- Unicondylar (Partial) Knee Replacement

Goals of surgery: Lessen pain and restore function!

Procedures

Total Knee Replacement:

Removal of damaged bone and cartilage from your thigh bone, shin bone and knee cap with insertion of an artificial joint (prosthesis)



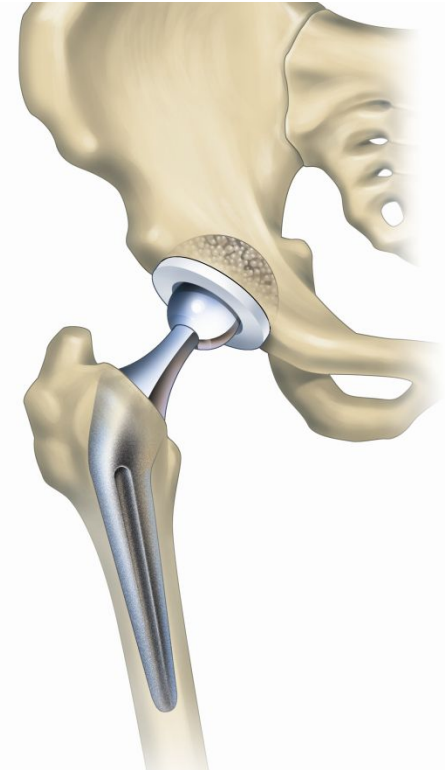
Procedures

Total Hip Replacement:

Removal of damaged bone and cartilage from your thigh bone and hip bone with insertion of an artificial joint (prosthesis)

Approaches Used:

- Posterior-lateral (traditional)
- Anterior

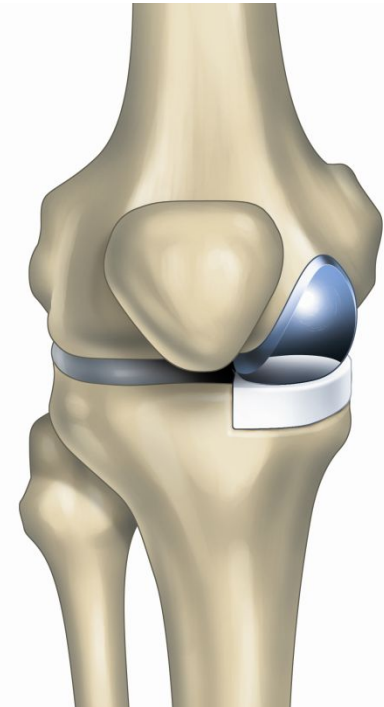


Note: Type of approach determines any “hip precautions” you may have.

Procedures

Uni-condylar Knee Replacement:

Replaces only half of the knee joint with a prosthesis



Preparation for Surgery

Be educated!

Educational Resources:

- **Attend a Free Class:**
 - ✓ Schedule by calling 316-268-8274
- **Review Guidebook:**
 - ✓ Learn what to expect
 - ✓ Get answers to common questions
 - ✓ Preview & print your home exercise program
- **Ask Questions!!!**

Preparation for Surgery

Partner to reduce risks

Medical Clearance & Pre-op Testing

- CRITICAL to avoiding risks and complications
- Determined by surgeon and primary care doctor (PCP) based on medical history and risk factors
- Completed with your PCP or other specialist:
 - Instructions to stop or change any medications
 - **Note:** There are some medications you may need to stop 10-14 days in advance, while others may be less or ok to continue to take. Please call your doctor with any questions.
 - Lab work
 - EKG
 - Chest x-ray
 - Additional consults to specialists or for other testing

NOTE: It is important to have control over chronic health conditions such as diabetes, hypertension, heart conditions BEFORE considering surgery.

Reducing Risk for Better Outcomes

- Weight Management (BMI < 40)
- Hemoglobin (Females > 11, Males >12)
- Diabetic Management (Hgb A1c < 8)
- No recent joint injections (last 90 days)
- MSRA/MSSA screening
- Smoking cessation

NOTE: It is important to work with your primary care doctor to reduce risk factors, as surgeries can be cancelled or your insurance company may not approve.

Pre-Admissions Services (PAS)

You may receive a text with a link to pre-register. All patients should receive a phone call 1-3 days before surgery (at minimum) for discussing the following:

- Medical Clearance
- Insurance
- Health History
- Medication History
- Advanced Directives
- Consent Forms



Preparation for Surgery

Preparing to return home!

Role of the COACH

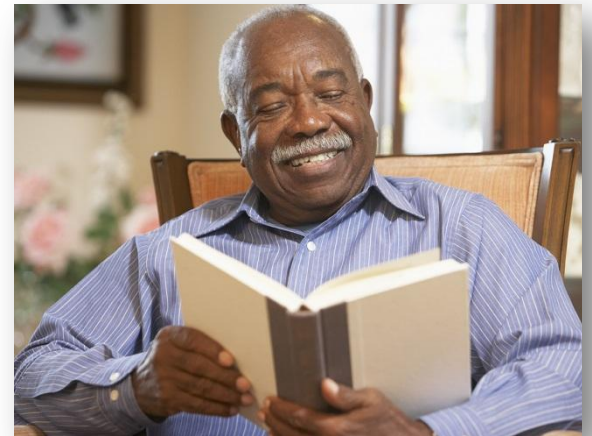
It is important to select a COACH—someone willing/able to assist you during your **Joint Journey!**



- Stay the first night home or longer based on support needs
- Participate in learning from our expert team:
 - Mobility, dressing changes, Home Exercise Program, etc.
- Ask questions you may not think of or that your coach may have
- Participate in scheduled group therapy sessions (St. Francis only)
 - *AM & PM times written on white board so you can plan ahead!*
- Assist with meals and other household chores
- Ride home from hospital and transport to/from appointments
 - **Goal for Discharge is before noon, unless just 1 day stay then discharge is after pm therapy. Please ensure your ride is available and 18 yrs+.**

Preparing your Home

- Chair with armrests
- Use caution with recliner chairs
- Special bed not necessary
- Reduce risk of falling:
 - Remove throw rugs
 - Use nightlights
 - Clear paths for walking with your walker
 - Move items frequently accessed to waist height
 - Arrange for someone to care for pets
- Have a plan for meals
- Pre-discuss a plan for stairs
- Practice saying “YES” to those offering help!



What to Expect: Your Joint Journey

Preparing for Surgery

Preparing Yourself for Surgery:

- **Shower as instructed by your surgeon**
 - Do not shave legs less than 24 hours prior to surgery
 - As instructed, use a special anti-microbial soap (i.e. Hibiclens)
- **Plan to arrive to the hospital 3 hours before your scheduled surgery time (unless otherwise instructed)**

NOTE: The doors are locked until 5 am. If you arrive early, use one of the wall phones to call security.

- **NPO= nothing to eat or drink after midnight**
 - This includes water, gum or mints
 - If you have been instructed to take morning medications, then you may do so with a small sip of water.
 - Please ensure you fully understand which medications to stop and when to stop them vs those that are ok to continue to take.

What to Bring to the Hospital

For billing questions, call 316.268.5178

- Insurance card, photo ID, any co-payment required
- Loose – fitting, stretchy clothes
- Flat shoes with a back
- Any other supports worn now
- Walker and Hip Kit (if needed)
- Care essentials (toothbrush, deodorant, etc)
- Charger for Phone
- If you did not have a pre-op appointment:
 - List of medications
 - Advanced Directives (as applicable)
- Please leave all valuables you can at home!

NOTE: If you do not have a walker, the hospital will lend you one for use during your stay. Please discuss a plan for how to get one for home before your surgery day as this varies by insurance.

What to Expect: Your Joint Journey

What to expect during hospital stay

Arrival to the Hospital: Day of Surgery

Check in at Admissions

- This process will be streamlined if you already completed your pre-admissions process virtually (i.e. phone call or text link)
- If you were unable to pre-connect, the Admissions team will review the following:
 - Medical Clearance
 - Insurance
 - Health History
 - Medication History
 - Advanced Directives
 - Consent Forms

Day of Surgery

- If someone is coming in with you, suggest leaving anything not needed until after surgery in the car. Your support will have time to go get it later. Otherwise, bring it in with you.
- Report to the surgery waiting room and check in at the desk.
- Surgeon will come out to speak to your support once surgery is completed.

Note: Prior to your surgery day, consider providing your surgeon a phone number to reach your family/support if they will not be available but would like an update.

The Pre-op Area (ACU)

- Hospital Gown
- IV Started
- Antibiotic



Meet Anesthesiologist and Surgeon

- **Review Health and Medication History**
- **Discuss Nausea / Pain Management Concerns**
- **Types of Anesthesia Used:**
 - **General Anesthesia**
 - IV Sedation
 - Mild Sore Throat
 - **Regional Anesthesia**
 - Spinal/Epidural
 - Mild Sore Throat
 - **Peri-articular Block (TKA only)**
 - Spinal/Epidural
 - **Peripheral Nerve Block (as needed)**



NOTE: If you have had anesthesia before or have any negative reactions to any medications, please share these.

Operating Room

- Operating Room table
- Surgery 1- 1.5 hrs*
- When surgery completed, transferred onto your hospital bed



Note: Surgical time varies based on factors such as type of surgery, anesthesia, medical/surgical history, comorbidities, etc.

Recovery Room (PACU)

- 1 Hour Stay or less*
- Stabilize Vital Signs
- Neuromuscular Assessment
- Comfort Measures (i.e. pain, nausea)

***Note: If the hospital is on diversion, delays can occur as we have to wait for a bed on the orthopedic unit to open. Please know our team is committed to provide you excellent care no matter where you are!**

Joint Replacement Center (JRC)

- Dedicated Team
- Dedicated Private Rooms
- Continue Monitoring
- On-going Comfort Measures (i.e. pain, nausea)
- Preparation for Initial Physical Therapy Evaluation



What to Expect: Your Joint Journey

Types of Pain & Management

Types of Discomfort

Incisional

- Soreness, Pressure
- Treat with pain medications

Swelling / Bruising

- Tightness around incision/joint
- Treat with ice, compression, elevation, circulatory exercises

Muscular (tourniquet)

- Warm pack to upper thigh as needed

Note: Pain is normal and expected after surgery. It is our body's natural "alarm system". As pain decreases, it helps gauge our healing process.

On-going Pain Management

Goals for Transition to Oral Pain Medication

- Communication and Teamwork are KEY to creating a plan to manage your pain
- Focus on decreasing use of IV meds for return home
- Pain medications are ordered “as needed” vs scheduled-

YOU MUST ASK FOR PAIN MEDICATION WHEN NEEDED! CALL YOUR NURSE DIRECTLY ON THE PHONE OR PRESS “PAIN” ON YOUR CALL BUTTON!

- Anticipate your need for more medication and call 30 min or more before you are going to need it. Don't wait until you are REALLY HURTING!
- Pain management is a balancing act: Not too much, not too little
- Understand the WHY if we cannot give you more meds
- Ask for non-medication options to help with pain (i.e. ice, mobility, position changes, distraction, etc)

Additional Comfort Measures

- **Cold therapy**

- Polar Pak (not all providers use; not used for hips)
- Ice packs/Frozen Bags of Vegetables/DIY Gel Packs
- Important to use after therapy or when you notice your swelling increasing!

- **Position Changes**

- Generally every 30-60 minutes

- **Get up and walk**

- Be sure to have help until cleared to be up on your own!



Note: If you already have a Polar Pak from a prior surgery, check with your surgeon about re-use. If approved, you **MUST** bring it into surgery with you (as it is placed in surgery) and **MUST** have all the parts with you (i.e. cord, cooler, wrap).

What to Expect: Your Joint Journey

Communication is KEY!

Patient Responsibility: SPEAK UP!

- **Intercept** the pain; ask for medication when the pain starts to escalate – do not wait.
- **Take** your pain medication on a regular basis!!!!
- **Communicate** with your nurse on a system to keep track of when you had your last pain medication and when you can have it again (i.e. use the white board, set a timer on your phone, etc)
- **Tell** the nurse if the medication is not effective or if it feels like too much!
- **Ask** questions; be sure you understand the pain management efforts that are in place--**both medication & non-medication**
- **Share** any feedback or concerns with us! Our goal is for your experience at Ascension Via Christi to be a GREAT ONE!

How are you feeling?

- Sleepy but awake
- Regular diet
 - See menu & ask about scheduled delivery times for unit
 - It is normal not to have much of an appetite sometimes for weeks
 - Nutrition is important for healing—try protein shakes if you can't eat much
- Positioning
 - Out of bed for meals
 - In recliner most of the day
 - Heels off bed
 - Back to bed after 2nd therapy session of the day
 - Knees-no pillow under knee
 - Hips-pillow or wedge between legs; maintain hip precautions as applicable
- Bowel/Bladder
 - Discharge is not held until you have a bowel movement; must have active bowel sounds (pass gas) and be able to empty bladder
 - Recommend stool softener and will use other treatments/meds as indicated
 - Notify your nurse/physician if you have concerns
- Wound drain
 - If applicable, generally removed the day after surgery early morning
- Bulky dressing
 - Taken down the day after surgery early morning when drain removed

Preventing Post-op Complications

•Blood Clots / Pulmonary Embolism

- **Anticoagulation/Blood Thinners**
 - Your surgeon will determine the best medication for you based on your medical history
 - Examples: Aspirin, Coumadin, Xarelto, Eliquis
 - Coumadin requires follow-up lab testing
- **Circulatory Exercises (i.e. Ankle Pumps)**
- **Early Ambulation (frequency more important initially)**
- **Leg Pumps (SCDs=Sequential Compression Devices)**

•Pneumonia

- **Incentive Spirometer**
- **Cough & Deep Breathing**

Preventing Post-op Complications

- **Infection Prevention**

- Frequent Vital Signs (temp over 100.5)
- Inspect Incision
 - It is normal for your joint to be warm & swollen
- Antibiotics

- **Nausea and Vomiting**

- Medications

- **Constipation**

- Medications (i.e. stool softener)
- Water
- Frequent Mobility
- High Fiber Diet

Note: For any concerns about your joint, your **FIRST CALL** should be to your orthopedic surgeon! If more emergent, call 911.

What to Expect: Your Joint Journey

Physical & Occupational Therapy

Physical Therapy: Day of Surgery

Evaluation at the bedside-

- Getting in/out of bed
- Getting in/out of a chair
- Walking-Goal of 100 feet same day of surgery!



Note: If you arrive to the orthopedic unit after 4pm, nursing will get you up to walk per your doctor's instructions. Therapy will do your initial evaluation before your first group therapy session.

SAFETY IS A PRIORITY!



Fall Prevention:

- We consider EVERYONE a fall risk initially after surgery
- Yellow socks & gowns are part of our fall bundle but we encourage dressing in your own clothes as part of your therapy, thus you can opt out of the yellow.
- Your nurse must clear you to be up without assist--not just your therapy team. Until then, we also use signage, bed/chair alarms, and other universal precautions to keep you safe!
- Please put your gait belt on BEFORE YOU STAND UP and wear any time you are up, even if cleared to walk on your own. If you start to fall, prevents potential injury to our team and you!

Post-op Day 1: The Big Day!

It is normal to not sleep well the first night, so expect to be tired! Regardless....

- Today may be the only full day of therapy before possible discharge home. **IT IS A BIG DAY!**
- Day starts around 4-5am with lab work, vitals, and removal of your bulky dressing and drain (as applicable)
- Plan to bathe, get dressed, and up to your recliner before breakfast
- Try to coordinate taking pain medications about an hour before therapy!
- Therapy Evaluation (if not completed already)
- 2 sessions of Group Therapy* today, unless cleared to go home sooner
- Look forward to sleeping much better tonight or being back in your own bed at home soon!

Group Therapy*

If group therapy is not available, therapy is done in your patient room. Times may vary.

Two sessions every day for the first 1-2 days starting the day after your surgery:

• Morning:

- 9:00am or 10:30am*

• Afternoon:

- 1:30pm or 3:00pm*



- ✓ Group times will be written on your white board.
- ✓ Coaches are encouraged to attend!

Daily Homework:

- Circulatory Exercises
- Heel Prop
- Dangling Feet
- Cold Therapy
- Sleeping Positions
- Walking
- Exercising Your Lungs

Ascension

Joint Journey Daily Homework

Exercises to promote good circulation:
Perform the following exercises every hour: ankle pumps, quad sets, gluteal sets, hamstring sets (see guidebook for pictures and directions).

Place roll under operative foot:
Keep the blanket/towel roll under your ankle as much as possible. If your knee was operated on, use the large roll. If your hip was operated on, use the small roll. You are allowed a maximum break of 30 minutes each hour. *Note: Stretching gets easier the more you do it!*

Dangling your feet at mealtimes:
Sit in your chair with your legs and feet down while you eat. This will help with bending your knees and stretching your quadriceps muscles. The rest of the time, keep your knees straight and on the roll (see above).

Cold Packs:
Cold should be applied frequently to your knee or hip for pain relief and swelling for up to 20-30 minutes every hour. Ask our team or your coach to assist.

Sleeping in Bed:
To maximize straightening (extension) of the hip and knee, you should lie **flat** on your back when in bed. **DO NOT** raise the head of bed for sleeping unless you have a medical condition that requires this position.

Walking the Halls:
If cleared by your Physical Therapist, walk one additional lap in the afternoon and another in the evening with your coach/family member: **USE CAUTION** when approaching doorways and intersecting halls. **DON'T FORGET:** Track your walk on the ambulation board by moving your magnet and let your nurse know how far you walked so we can document it!

Exercise your Lungs:
Use your Incentive Spirometer (IS) to deep breathe at least 10 times every hour. This will help clear your lungs and prevent complications.

...because your life matters

Track Your Progress!

- Day of Surgery Goal = **100 feet**



- Use our **Ambulation Board*** to track your progress
- Tell our team how far you walked (if not with our staff)
- **300 ft Goal**= test before discharge to see if you are ready for community distances or not.

Hip Precautions:

Follow these generally for 4-6 weeks-

- **Posterior Approach:**

- Do not bend past 90°
- Do not twist/roll hip in
- Do not cross legs



- **Anterior Approach:**

- MOST will have NO PRECAUTIONS
- If you do have any anterior precautions:
 - Do not excessively extend hip behind you
 - Do not excessively twist/roll hip out
 - Keep a pillow between your knees if you sleep on your non-operated side

Note: Your surgeon must clear you from following any precautions.

Occupational Therapy

Focused on helping with

Activities of Daily Living (ADLs):

- Bathing
- Toileting
- Dressing
- Hygiene

Questions to help determine equipment needs:

- Do I struggle with ADLs or getting up/down from toilet or in/out of shower now?
- Do I want to be independent with my ADLs and mobility or have someone help me?
- Is my help physically able to assist?
- Will I have any surgical precautions that impact my ability to do ADLs and mobility without assistance?

Common raised toilet seat:



Common Items in Hip Kit:



Discharge Planning

Preparation for discharge

Transition to Home

Planning for discharge home begins before your arrival to the hospital then continues after surgery:

- Patient and family interview
- Program Coordinator
- Surgeon
- Physical Therapist
- Nurse
- Care Management Team



Equipment

Our team will assist in determining what equipment you need for home. Some commonly needed items are:

- **Rolling Walker-if you already have this, bring to the hospital!**
- **Hip Kit –if you already have this, bring to the hospital!**
- Raised Toilet Seat
- Shower Seat/Bench
- Grab Bars
- Cane



Helpful Tips....

- **Bathroom items or hip kit are typically NOT COVERED by most insurances.**
- **Our Care Management Team will assist in arranging for any needs before you go home.**
- **Please let our team know ASAP if you will need any equipment as this can delay discharge.**

Transition to Home

Discharge planning options:

Note: Not all surgeons require follow-up therapy after hip replacement unless you are not going directly home so ask!

- **Home with Outpatient Services**

- Most patients go home with outpatient PT follow-up.
- We **highly encourage** outpatient PT appointments to be made **BEFORE** surgery day!
- All other follow-up therapy will be arranged **AFTER** surgery by our dedicated Care Management team.

- **Home with Home Health PT**

- Only if no transportation
- Must be considered “homebound”

- **Higher levels of care:**

- Rehab
- Skilled Nursing Unit

IMPORTANT:

- *Our care team along with your surgeon determines the level of care*
- *If recommended by the care team:*
 - *Must have benefits for level of care*
 - *Insurance plan must authorize*
 - *Facility must also accept*
- *Specific criteria must be met for approval based on type of post-acute service.*

Rehab vs Skilled Nursing Facilities

There are ONLY 1 REHAB HOSPITAL in the Wichita Area-

- Ascension Via Christi Rehab on Rock Road

To qualify, you must meet the rehab criteria AND be approved by your insurance:

- Be considered a “good candidate” for rehab (recommendation by PT and approved by Rehab Physician for facility selected)
- Be able to tolerate up to 3 hours of therapy per day
- Have a discharge plan for home within 10-14 days; if you need a slower recovery then a skilled nursing facility may be more appropriate
- Have other acute medical needs requiring medical management
- Exception: Some insurances ONLY have rehab benefits and not skilled.

NOTE: If you do not meet this criteria, you should be looking at Skilled Nursing Facilities or making arrangements for in home care such as paid/non-paid caregivers, or home health.

Discharge Planning

How to care for yourself at home

Caring for Yourself at Home

- Change positions often
- Follow your joint precautions
- Walk daily and steadily increase your distance
- Practice on stairs will occur prior to your discharge home. Initially, it is recommended to limit stair use to twice a day for the first week at home to avoid increased swelling/soreness.

Dressing Changes

Instructions vary by type of dressing and surgeon-

- **AQUACEL:** stays on for 7-10 days.
 - Can shower as long as no water can get to incision



- **GAUZE:** change daily with clean technique
 - Most surgeons allow showering as long as dressing stays dry



IMPORTANT: Notify doctor of fever, incisional redness, drainage, odor or complaints of increased pain, as these can be signs of infection.

Medications

- Take pain medication regularly exactly as prescribed
- Speak to your surgeon about when to decrease or discontinue pain meds
- Take stool softeners
- Resume pre-op medications
- Your nurse will review your medications and other discharge instructions. **SPEAK UP** if you have any questions or concerns about discharge!



Outpatient Pharmacy

- Available at Ascension Via Christi Hospital St. Francis
 - Free delivery to other AVC facilities or mailed to your home at no charge
- Accepts most insurance plans
- Call ahead before you go home: **316.613.6511**
- Pay & get pharmacy counseling in your room
- Refills can be transferred to your preferred pharmacy with a simple call
- One less thing to worry about!

NOTE: National Shortages are occurring (even for common medications). If you do not use our Pharmacy, please be sure your pharmacy (or facility you are going to) has the medications you need in stock!

Pearls of Recovery

- Pick one day each week to measure progress
- Do your exercises regularly
- Eat healthy
- **DO NOT SMOKE!**



Discharge to Home

- Front seat of your own vehicle
- Scoot the seat back to allow plenty of leg room
- Stop along the way if your ride is more than 2 hours or you may become uncomfortable



Your voice is IMPORTANT!

On-going connection

For Questions/Concerns

Contact Our Joint Program Coordinator:



Shannon Wilson, PT, MPT

316-268-8274 (office)

316-304-1784 (cell)

shannon.wilson@ascension.org

Best Wishes on Your Joint Journey!

- **Please send an email to our program coordinator upon completion along with any questions you have have, or call our team at 316-268-8274.**

**Thank you for choosing us
for your care!**

