



Total Joint Program

A Patient-Journey Guide

OVERLAKE | MEDICAL CENTER
& CLINICS

Preparing for Surgery

Care Team

- Surgeon
- Physician Assistants
- Anesthesia team
- Navigator
- Nurses
- Primary Care & Specialty Providers
- Physical Therapist
- Social Work
- Coach

MyChart Helpline: 1-844-750-8525

Surgery Coach

- Assign a surgery coach
 - > Responsibilities include:
 - > Learning about care
 - > Encouraging exercises and activity
 - > Transportation
 - > General errands and light housekeeping
- Coach **MUST** be present
 - > Day of surgery until discharge or determined patient will need to stay the night
 - > 8am day after surgery to discharge

Durable Medical Equipment

Walking Aides



Front-wheeled walker



Cane

Hip Kit



Reacher/grabber



Long-handled sponge



Sock aide



Long-handled shoehorn

Equipment Resources



Bedside Commode

- **Bridge Ministries:**
 - Phone: 425-885-1006
 - Website: <https://bridgemin.org>
- **Local Senior Centers**
- **Churches**
- **Garage-sales**
- **Online Retailers**
- **Medical Supply Stores**
- **Pharmacies**



Tub transfer bench



Shower Chair



Raised Toilet Seat with handles

Fall Prevention

- Keep commonly used items within reach
- Clear clutter and remove tripping hazards
- For homes with multiple levels/stairs, consider setting up your primary level with:
 - > Comfortable couch
 - > Recliner
 - > Cot
- Set up a sturdy, comfortable chair:
 - > Higher than average, firm
 - > Add pillows or firm seat cushion to raise
 - > Ottoman or similar to elevate leg



Nutrition Tips

- Stay hydrated: water or electrolytes- Why?
 - > Hydration before surgery can prevent/reduce:
 - > Nausea
 - > Low blood pressure
 - > Grogginess after surgery
- Eat:
 - > Protein-rich diet: lean meats, fish, yogurt, beans, nuts etc.
 - > Fiber-rich diet: fruits, vegetables, beans/lentils, etc
 - > Consult with dietician or primary care physician for your specific needs



Pre-Admission

- Surgical Pre-admission Phone Call (RN)
 - > 1-3 days prior to surgery
 - > Review medical and medication history
- Admission Phone Call
 - > 1 day before surgery
 - > Arrival time to the hospital is 2 hours prior to your surgery time.



What to Bring to the Hospital

- List of medications, supplements & allergies
- Advance Care Planning—Overlake website
- Handicapped parking permit:
 - Form from surgeon's office
 - Obtain placard from vehicle licensing office
 - Valid for 3 months



What to Bring to the Hospital

- Non-medical items:
 - Stretchy, loose clothing (no jeans)
 - Toiletries--optional
- Medical items:
 - Dentures
 - Hearing aids
 - Glasses
 - CPAP
 - Eye Drops/Ear Drops
 - Inhalers
- DO NOT bring common prescription or over-the-counter medications
- Leave valuables at home
- Leave a small, packed bag in your car
- If you require medical observation overnight, your coach can bring the bag to your room after you transfer out of recovery
- Leave front-wheeled walker in your car

Hygiene Before Surgery

- Stop shaving 3 days prior to surgery
- Oral care 3x/day
 - Includes brushing and using an antiseptic mouthwash
- Hand hygiene frequently
- Obtain Hibiclens (CHG) at surgeon's office OR over-the-counter at local pharmacy
- Shower the night before AND morning of



Morning of Surgery

Fasting Guidelines –

- **DO NOT EAT** anything after **MIDNIGHT**
- **Continue to drink CLEAR liquids until 2 hours BEFORE ARRIVAL**
- Clear liquids include:
 - > Water (non-carbonated)
 - > Electrolyte beverage (ex: Gatorade, Pedialyte)
 - > Apple Juice

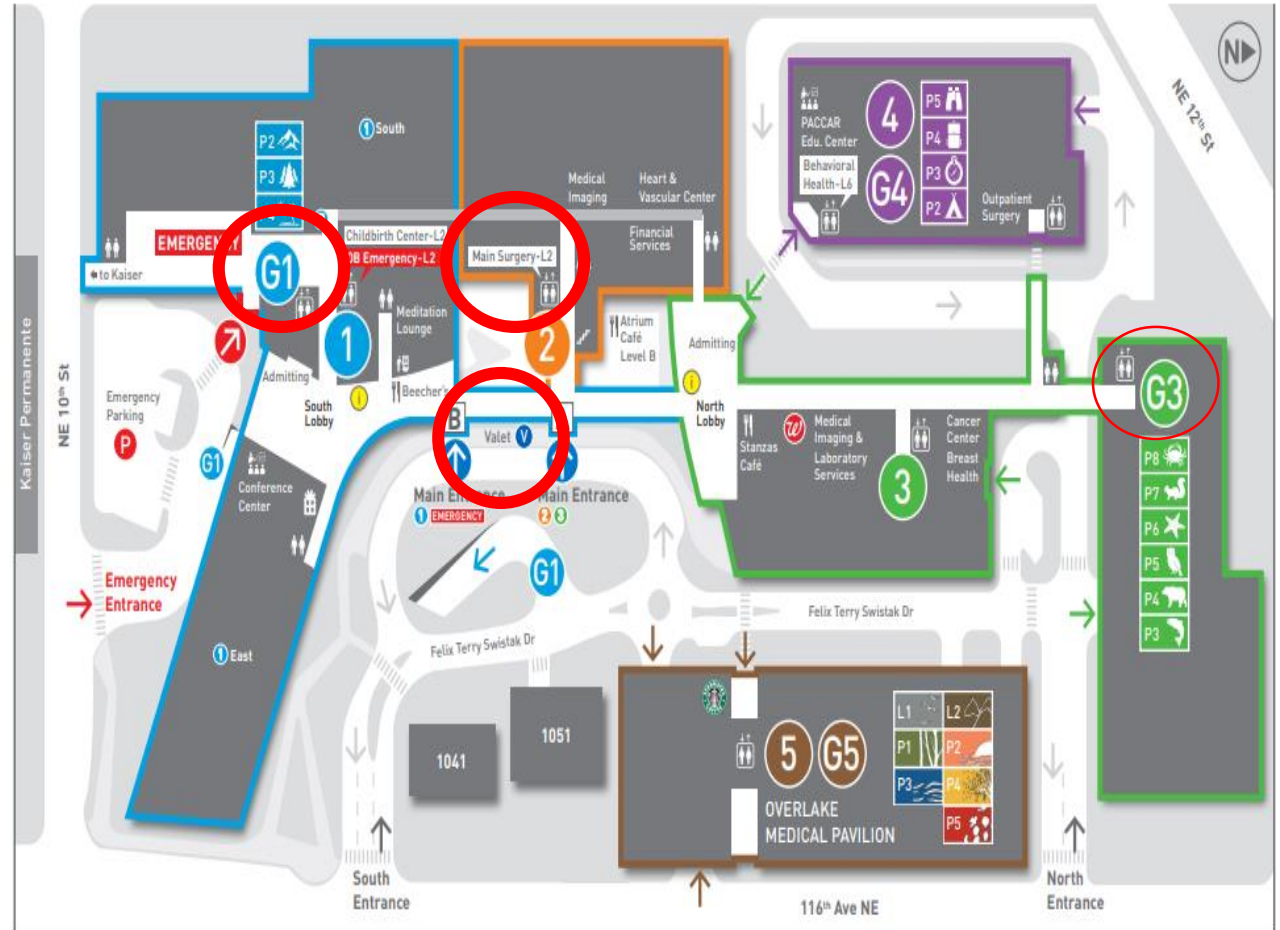
Hospital Experience

Subtitle

Admitting

- > Arrive **2 hours before surgery time**
- > Bring ID, insurance card, and credit/debit card for copayment if applicable
- Info on webpage (search “map”)
 - > Valet:
 - *With* handicap placard: \$2 per day
 - *Without* handicap placard: \$7 per day

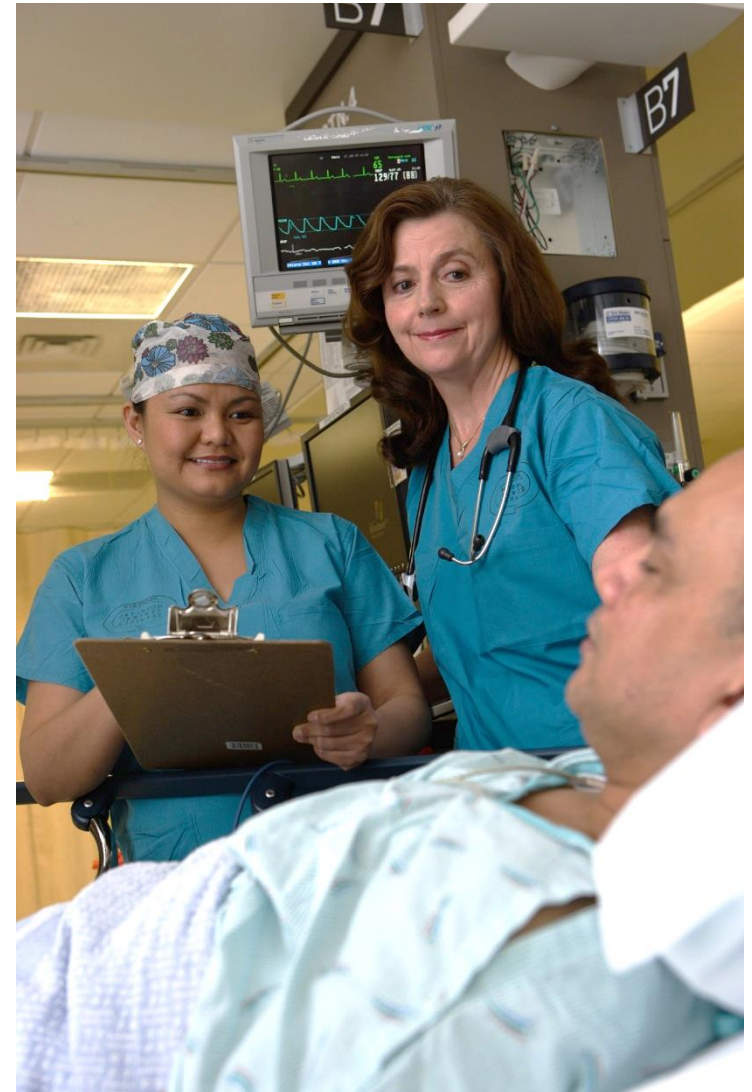
Admitting is located Building 2 (orange) on level 2 (main surgery).



Surgery

Preoperative Care Unit (PCU)

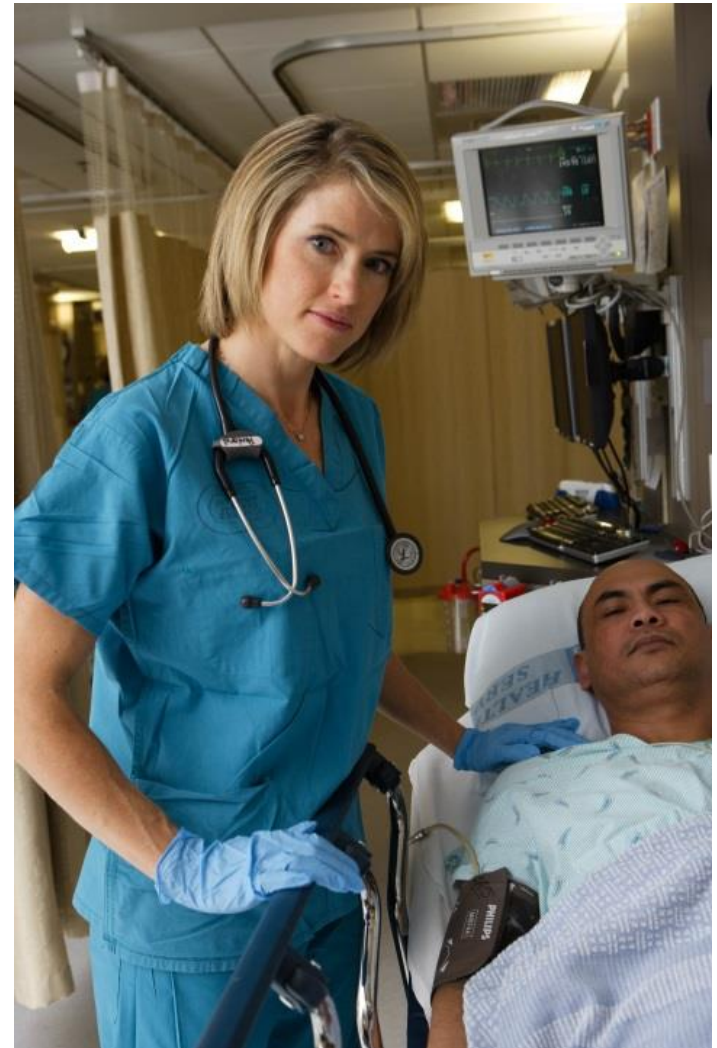
- Meet care team: nurses, anesthesiologist, surgeon and others
 - > Review medical history and medications
 - > Discuss physical limitations not related to your surgery
- **Anesthesia: Refer to Anesthesia Video**
- Surgeon:
 - > Confirms name, DOB and surgical site
 - > Marks the site with a special sanitary pen



Recovery

Post-Anesthesia Care Unit (PACU)

- Non-visiting area
- Post-op monitoring
- Criteria to leave PACU:
 - > Alert and responsive
 - > Pain and nausea controlled
 - > Signs of sensation and motor
- Transfer to Orthopedic Unit



After Surgery- Orthopedic Unit

- Early Mobility
 - > Transfer gurney to recliner chair within 1 hour of arrival to unit
 - > OOB until discharge or until bedtime day of surgery
- PT and/or OT evaluation once up in chair (**coach must be present**)
- Most patients discharge same day
- If staying the night:
 - > Out of bed before 7am the next morning until discharge
 - > **Coach needs to arrive by 8AM**
 - > Discharge as early as 9AM



Post-Surgical Care

Managing Pain

- Pain:
 - > Goal is to be “pain-managed” not “pain-free”
 - > Normal to experience peak of swelling & discomfort 2-3 days after surgery
 - > Can fluctuates throughout the day
- “Multimodal” = various approaches to treating pain
 - > Ice & elevation for swelling
 - > Medication
 - > Activity for blood flow & stiffness prevention
 - > Rest to allow recovery time

Icing and elevation

Icing calms excessive swelling

- Ice 4-5 times a day, 10-20 mins each time or per your surgeon's instructions
- “Over-icing” can lead to skin damage, wound healing issues, & less effective swelling reduction

Elevation helps fluid drain

- Elevate leg 4-5 times daily while icing and resting
- “toes above nose”
- Knees: Pillow under calf/entire leg and towel roll under ankle.
- **KEEP KNEES STRAIGHT:** Do not put pillows only under the knee



Medication Management

- Goals of pain medications:
 - Improve comfort enough to sleep
 - Perform PT exercises
 - Perform light daily activities
- Goals are NOT designed to relieve all pain
- Non-narcotics meds to be taken on schedule, usually for weeks
- Most take Tylenol (acetaminophen)
- Do not take any other OTC anti-inflammatory without Dr approval

Medication Management

- Manage primarily with non-narcotic medication and conservative measures (movement, positioning, icing, elevation)
- Use narcotics sparingly “as needed” when above measures are not effective. Some patients may not need to use.
 - > Side effects: nausea, vomiting, constipation, concern for dependence
 - > Start with lower dose possible. Never take more than prescribed
 - > Monitor for feeling over-sedated, confused, dizzy
 - > Plan to gradually wean down the dose and frequency as pain improves with healing

Constipation Management

- It can be normal to take 2-3 days for your first bowel movement (BM) after surgery.
- Your surgeon may have given you 1 or more over-the-counter stool softeners to take daily (typically MiraLAX)
- Continue until your 1st bowel movement,
- Continue while taking narcotics or back to a regular pattern
- Notify your surgeon if you have a history of constipation
- Drink water, eat fiber rich foods, and avoid constipating foods (cheese, processed and/or fried foods, etc)



Constipation can be a serious side effect of surgery. If concerned, call the Surgeon's office or reach out to Overlake's Helpline (425-688-5579) to discuss.

Recovery

- Normal experiences:
 - > Pain/discomfort (tolerable with meds or conservative measures)
 - > Increased body temperature first few days
 - > Bruising
 - > Drainage on bandage
 - > Swelling that comes & goes
 - > Irregular BM x 1-2 days
 - > Numb incision

Recovery Concerns

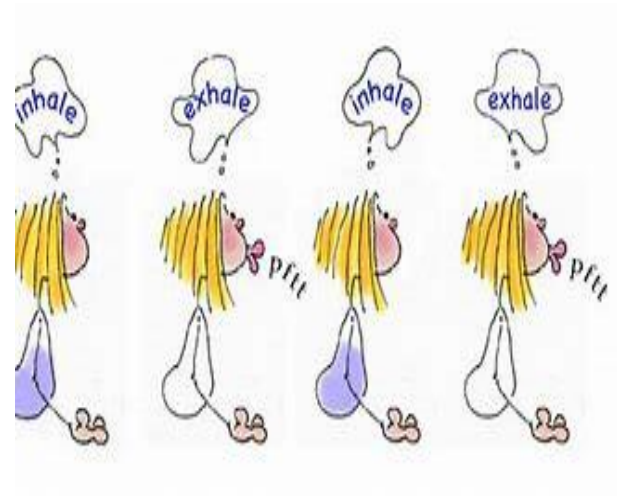
- Abnormal Experiences
 - > Pain steadily increasing – recovery routine not helping
 - > Temperature over 100.5°F
 - > Bruising that continues to darken & spread for days after surgery
 - > Drainage that continues heavily for days, saturates bandage, and/or does not decrease in amount
 - > No BM for 3 days and/or developing abdominal pain, nausea, or vomiting

Complications—Blood Clots

- “Blood clot”: Deep vein thrombosis (DVT) or pulmonary embolism (PE)
 - > DVT: Blood clot that has formed in a vein. Significantly painful calf, new increasing swelling, redness, increased heat around calf area (contact surgeons office ASAP)
 - > PE: Blood clot that has travelled to your lungs. Shortness of breath, coughing blood, chest pain (CALL 911)
- Prevention:
 - > Move to keep circulation flowing
 - > Ankle pumps when at rest
 - > Take blood thinner medication as prescribed by physician

Complications—Pneumonia

- Narcotics & anesthesia make you breathe shallow (tighter & sticky lungs)
- Leads to fluid buildup that breeds bacteria
- Identify:
 - High fever
 - Coughing
 - Difficulty taking deep breaths
 - Sweating
 - Flu-like symptoms
- Prevention:
 - Wean off narcotics ASAP
 - Deep breathing exercises
 - Use Incentive Spirometer
 - Walking helps lungs expand



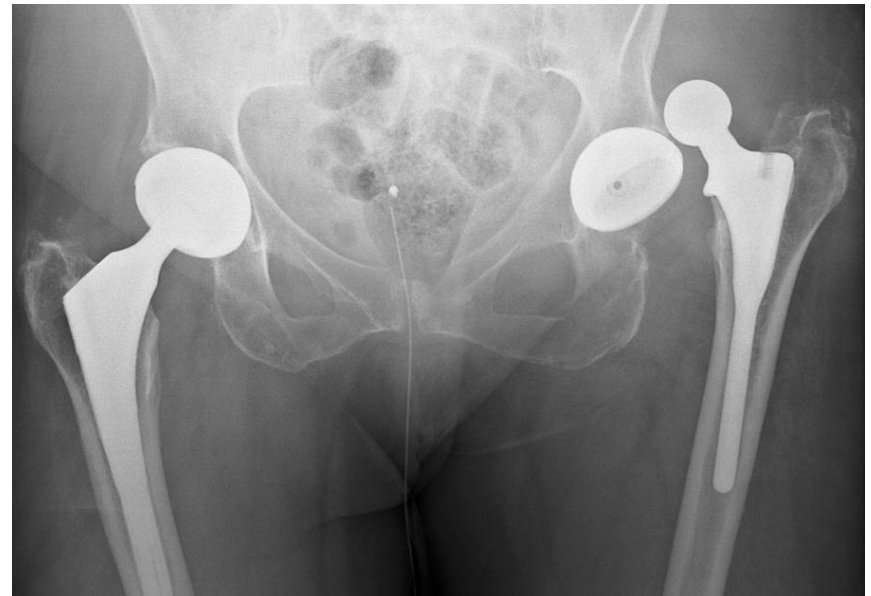
Complications—Infection

- Some redness and warmth is normal
- Identify:
 - > Redness spreading beyond bandage border
 - > Fever 100.5°F for prolonged period
 - > Increased pain for prolonged period of time (with other symptoms)
 - > Pus-like drainage
- Prevention:
 - > Stop smoking
 - > Good nutrition
 - > Shower per surgeon's instructions
 - > Wear long pants around pets; avoid pet hair and dander near your incision or bandage
 - > Keep incision covered and bandage clean & dry
 - > Reach out to your surgeon's office for dressing concerns

Complications—Dislocation

Hip Replacement

- A fall or injury
- Repeatedly breaking hip precautions via improper movements
- Identify:
 - > Loud popping noise w/severe hip pain
 - > Hip or knee appearing twisted in or out
 - > Numbness in foot, ankle, or leg
 - > Not being able to move your leg easily
- Prevention:
 - > Follow hip precautions for 6 weeks after surgery
 - > Avoid falls & fast “jerky” movements



Complications—Poor Range of Motion

Knee Replacement

- **Extension (knee straightness) is the most important motion to gain and keep**
- Stiffness is normal d/t inflammation
- Must do exercises & stretches and avoid immobilization
- Prevention:
 - > Exercises 3x/day and as instructed by PT
 - > Ice & elevate to reduce inflammation
 - > Balance movement and rest during the day
 - > Keep knee straight when at rest (NO PILLOW UNDER KNEE only)

Complications—Fall

- DO NOT FALL!!
 - > A fall could lead to a fracture at surgical site
 - > Critical to be careful during first 6 weeks of healing
- Balance is affected while body adjusts
 - > Do not shower if you feel dizzy
- Toilet safety takes coordination & care
- Transition from laying, to sitting, to standing slowly
- Ask your coach and resources for help when needed

Who to Contact

- Surgeon's office:
 - > Call your surgeon's office if you are experiencing concerning symptoms or signs of complications.
 - > Always a provider on call after hours (listen to voicemail to connect to them)
- Overlake's Total Joint Helpline:
 - > 425-688-5579
 - > Non-emergent line
 - > Will respond within one business day (M-F 8am-4pm)

* Call 911 if experiencing shortness of breath, painful breathing, or chest pain³³

Postoperative Visit and PT

- Post-operative visit in surgeon's office: See surgeon or the physician assistant 7-14 days after surgery
- Continue hospital provided exercises until your outpatient physical therapist gives other instructions
- Commit to physical therapy
 - > Outpatient PT frequency is typically 1-2x per week, depending on needs



Mobility Safety After Surgery

- Use front-wheel walker every time you walk.
- Your PT will tell you when you are ready to progress to a cane or no device
- Plan all rides to and from doctor appointments and physical therapy
 - > Ask your surgeon when you when you can drive
 - > Must be off all narcotic medication
 - > On average:
 - Left leg surgery: 2 weeks
 - Right leg surgery: 4-6 weeks



Your hard work and preparation will pay off!
We look forward to you feeling your best & returning to
a fuller and more mobile life!



Anesthesia

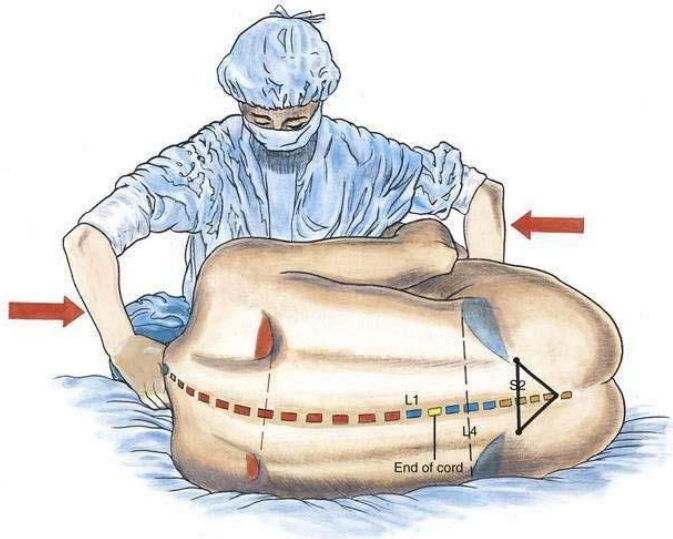
Types of Anesthesia

- Regional anesthesia:
 - > Evidence-based; common practice in total joint replacement surgery
 - > Can reduce complications and improve recovery experience with less pain, less nausea and less opioid medication required
 - Spinal + Sedation
 - Peripheral pain blocks
 - Adductor canal block: Often used for total knee replacement
 - Allows for pain control without causing weakness of your muscles
- General anesthesia: Used if not a candidate for regional anesthesia



AnGee Baldini, MD, Anesthesiologist

Positioning for Spinal Anesthesia



- If lying down:
 - > Lie on your side
 - > Flex thighs and knees up towards the chest; hold knees with hands
 - > Flex neck forward towards the chest



- If sitting up:
 - > Bring your chest towards your knees as much as you can; your nurse may give you a pillow to hold
 - > Flex neck forward towards the chest

Pain Management Interventions

- Multimodal approach to pain control
 - > Medications:
 - Series of scheduled, non-opioid medications given preoperatively and continued postoperatively to help control your pain, improve early mobility, lower risk for post-op nausea and decrease your time spent in the hospital
 - > Periarticular infiltration
 - > Regional anesthesia as discussed
- Conservative interventions:
 - > Early and frequent mobility
 - > Range of motion exercises
 - > Ice/cold therapy
 - > Leg elevation at rest

Hibiclens showering instructions

1. Wash your hair and body using your regular soap and shampoo.
2. Thoroughly rinse your body with warm water from the neck down.
3. **TURN OFF THE WATER**; apply a capful of Hibiclens to a clean cloth or new sponge. Wash your skin from the neck down for 5 minutes. Pay special attention to the area that will be operated on. **AVOID** the face and genitalia.
4. Turn the water back on. Rinse thoroughly with warm water. Do not scrub the soap off your skin.
5. Dry off with a clean towel.
6. Do not apply lotion, deodorant, powders or perfumes.
7. The night before surgery, wear clean pajamas and sleep in clean bed linen. If you sleep with another person, have them bathe using their regular soap and wear clean pajamas to bed. Avoid sleeping with pets.
8. The next morning, repeat process above. Replace sponge or wash cloth with a clean one. Use a clean towel to dry off. Dress in warm clothes and do not apply lotion, deodorant, powders, perfumes or makeup.

