



Alice Peck Day
Memorial Hospital

Welcome to Joint School at APD

Disclaimer

Please note that based on the time you are viewing this joint school video, some of the content may no longer be valid or apply. Healthcare is a moving target and best practice evolves daily. Therefore some of this information may be outdated.

The following slides are up to date, but may differ from the video.

Thank you,

Alice Peck Day Department of Orthopaedic Surgery

Joint School Goals

- To help prepare patients and their support person for surgery and post-operative recovery:
 - Mentally
 - Physically
 - Functionally
 - Emotionally
- The surgeons require the patients to attend this class because they want to improve outcomes and satisfaction.
- We want to make this process as easy and enjoyable as possible.

The Hardest Work

- The hardest work starts after the surgery is complete.
- You are in control of how well you will do after surgery, how quickly you recover, and how much use and function you will regain in your hip or knee.
- How well you do, is up to you.



Call to Report These Symptoms:

Please call the clinic if you develop any of the following symptoms within 10 days of your surgery:

- Cough
- Diarrhea
- Shortness of breath
- Fever or chills
- Nasal congestion, runny nose
- Sore throat
- Body aches or fatigue
- Headache
- New loss of taste or smell
- Nausea or vomiting
- A **fever** of 100.5 or greater
- **Cold** or **flu** with productive cough
- **Cuts, rashes, or openings on your skin**
- **Urinary burning** or frequency

*These are all things that if they are developed prior to surgery could cause your surgery to get delayed, postponed, or cancelled.

Smoking Cessation Prior to Surgery

- Smoking can increase your risk of infection and delays healing.
- Our surgeons and some insurances require that you quit smoking 2 to 4 weeks prior to surgery, and refrain from smoking for 4 weeks after surgery.
- You may be required to have a urine cotinine lab test 2 weeks after you quit smoking, to prove that you are not smoking.
- If the surgeon suspects that you are still smoking on the day of surgery, you may be required to have a test on the day of surgery and your surgery could be canceled.
- If you need help with smoking cessation, please talk to your Primary Care provider for support.

APD's Culture of Safety

- Simple interventions we use to help prevent surgical complications:
 - Minimizing infection risk
 - Preventing blood clots
 - Preventing respiratory complications
- We use a team approach to make sure no information is missed.
- We want to make sure that you are actively involved in your care and with decision making.

Minimizing the Risk of Infection

- A prescription for **Mupirocin**, a nasal antibiotic, will be sent to your pharmacy prior to surgery.
- You will use it twice a day for 5 days prior to surgery to reduce the risk of spreading or catching MRSA.



Minimizing the Risk of Infection

- You will be either given **Hibiclens (chlorhexidine gluconate)** antibacterial solution at your pre-op consent signing visit OR it may be purchased over the counter at your local pharmacy if you are not signing your consent until the morning of surgery.
- Use Hibiclens as a body wash from the neck down.
- Avoid using on the hair, face or genital area.
- Use Hibiclens twice before your surgery: once the night before and once the morning of surgery.



Minimizing the Risk of Infection

- **Do not shave** the surgical side of your body at least 5 days before surgery.
- Please remove all nail polish and jewelry.
- After showering: **do not apply** any deodorants, body lotions, or body oils.
- Please use clean, laundered towels after each shower.
- Wear clean laundered clothes after each shower.
- Put clean, laundered sheets on your bed the night before surgery.

Minimizing the Risk of Infection Dental Work

- **No dental work**, including cleanings:

- **One month** before surgery
- **Six months** after surgery



- You will need to take **dental antibiotics** if there is a dental emergency within the first 6 months after surgery.
- After 6 months you will still need an antibiotic if you are diabetic or immunocompromised, or have had a previous joint infection. Please call your Orthopaedic nurse to verify.
- The nurse will send an electronic script for an antibiotic to your pharmacy.
- Let all healthcare providers know you've had a "total joint replacement."

Minimizing the Risk of Infection Dental Work

- Per our surgeon guidelines:
 1. Avoid everything but emergent dental work for 6 months after total joint replacement surgery.
 2. Antibiotics are NOT required for immune competent patients (meaning you have a normal immune system) for cleanings and simple fillings (nothing involving the gums).
 3. Pre-procedure antibiotics are required for all patients undergoing more complex procedures such as, root canals, extractions, crowns, and implants for the life of the total joint replacement.

Colonoscopy's and Endoscopy's After Total Joint Replacement

- Please be sure to contact the clinic if you are scheduled to have a colonoscopy or endoscopy within the first 6 months after surgery.
- Depending on your surgeon, you may need antibiotics prior to the procedure, and or the timing of the procedure may have to be changed.
- Please call the office to discuss this if you are scheduled to have a colonoscopy or endoscopy after your total joint replacement.

No Vaccinations Prior to Surgery

- Per our Orthopaedic surgeons' recommendations, you should not receive any vaccines, including the COVID-19 vaccine, flu vaccine, shingles, or tetanus, within **two weeks** prior to surgery.
- It is recommended that any vaccinations that are needed, are received **two weeks or more** before surgery, and anytime after surgery.

Decreasing Risk of Blood Clots

- DVT (deep vein thrombosis) or PE (pulmonary embolism).
 - A blood clot develops in the veins of the legs and could travel to other areas of the body, such as the lungs, causing complications.
- After surgery you may be less active for several days or weeks. This can cause blood flow to slow down, which increases the risk of a blood clot.
- Venodynes are used during surgery, and in the immediate post-op period:
 - Sleeves applied to lower legs.
 - Inflate and deflate to promote blood flow.

Decreasing Risk of Blood Clots

- Early ambulation: Get up and move as soon as possible.
- Walk, walk, walk!
- **This is the best thing you can do!**

Decreasing Risk of Blood Clots

- Examples of commonly prescribed anticoagulant medications post-op:
 - Eliquis (If this medication costs greater than \$75 out of pocket, please let us know. We can send the prescription to Centerra Pharmacy in Lebanon. They will fill the prescription for \$75.)
 - Aspirin (low dose 81mg).
- If you are currently prescribed Eliquis, Xarelto, or Coumadin, you will be instructed when to stop the medication prior to surgery.

Preventing Respiratory Complications

- Incentive Spirometer:
 - Keeping the lungs clear after surgery is important to help prevent pneumonia.
 - Most patients will only need to use this in the hospital, but some patients may be recommended to continue use of the incentive spirometer at home.



Preventing Respiratory Complications

- Patients with history of sleep apnea or asthma:
 - Please bring your CPAP and inhalers with you for use while you are in the hospital.



Timeline: A Week Before Surgery

PAT: Pre-Admission Testing

- You will receive a letter in the mail with a date, time, and telephone number for your PAT call.
- The PAT nurses will call you at the specified date and time.
- Information you should have ready: medical and surgical history; current medications.

Timeline: One Week Before Surgery

- You will receive **instructions** about what **medication(s)** to take or hold the morning of surgery. Prior to this, please contact the prescriber of your medication(s), so you know what and when to stop before surgery and when to restart after surgery.
- Do not bring any of your own medications unless instructed to do so.
- If the PAT nurse has asked you to bring any of your own medications, they must be in their original bottle. You will give any home medications to your medical-surgical nurse.

GLP1 Agonists or SGLT2 Inhibitors

- If you are on any diabetic or weight loss medications known as GLP1 Agonists or SGLT2 Inhibitors, you may need to stop these medications prior to surgery. Examples of these medications and their guidelines are listed below.
- Diabetes drugs in the GLP-1 agonists class are generally taken by a shot (injection) given daily or weekly and include:
 - Dulaglutide (Trulicity) (weekly)
 - Exenatide extended release (Bydureon bcise) (weekly)
 - Exenatide (Byetta) (twice daily)
 - Semaglutide (Ozempic) (weekly)
 - Liraglutide (Victoza, Saxenda) (daily)
 - Lixisenatide (Adlyxin) (daily)
 - Semaglutide (Rybelsus) (taken by mouth once daily)

If any of these medications are taken weekly, please stop 1 week prior to surgery. If they are taken daily, stop 1 day prior to surgery.

GLP1 Agonists or SGLT2 Inhibitors

- The SGLT2 inhibitor medications are listed below. These must be stopped a minimum of 3 days prior to surgery.
 - Canagliflozin (Invokana)
 - Ertugliflozin (Steglatro)
 - Dapagliflozin (Farxiga)
 - Empagliflozin (Jardiance)

Timeline: Evening Before Surgery

- You will receive a call the evening before your surgery from the hospital to confirm the actual time of arrival to the hospital for your surgery.
- The phone call is typically between 12 pm and 4 pm.
- If you have not received a call by 5 pm, please call 603-308-0060.
- If your surgery is on a Monday, you will receive a call on Friday.
- Remember:
 - Nothing to EAT after midnight, but you may consume 16 ounces of clear liquids up to 4 hours prior to arrival time for surgery.

Gentlemen:

- **Do not** take medications that treat erectile dysfunction, such as Viagra, the night before surgery.
- **Taking this medication the night before surgery will cause your surgery to be canceled.**

CORI Surgical System

The CORI Surgical System is a robotics-assisted technology for total knee and total hip replacement. It creates detailed images of your unique knee anatomy, which can help your surgeon customize your replacement procedure.

Design of the CORI Surgical System:

- The CORI Surgical System is designed for robotics-assisted surgery. It includes a hand-held device and advanced software technology that together provide your surgeon with important tools:
 - Detailed data on your knee and hip anatomy, including 3D modeling of your bones and assessment of your ligaments and other tissues.
 - Visuals to help determine the placement of your knee and hip implants, along with expected function and range of motion.
 - Accurate shaping of your bones for fitting the knee and hip implant.
 - Your surgeon remains fully in control of the procedure with the handheld device. The CORI Surgical System offers the ultimate combination: your surgeon's trained hand and the system's powerful technology.
 - If you are interested in learning more about the CORI Surgical System please discuss with your surgeon.

Timeline: Arriving for Surgery

- Go to **Main Entrance** of the hospital, to **Registration**, and check-in.
- Next, please wait in lobby for a nurse who will take you to your pre-op room where you will be prepared for surgery.



Timeline: Arriving for Surgery

- “Pre-Op” or “Same Day Surgery” is the department where you will be prepared for your surgery by nurses working with the anesthesia provider and surgeon.
- “Same Day” does not necessarily mean that you will be going home that day.

Timeline: In Your Pre-Op Room

- Please arrive without jewelry, makeup, contact lenses, or nail polish including acrylics, gel nails/fake nails. We can store removable dental work, hearing aids, and glasses for you.
- We will transport your belongings to the recovery room and/or your hospital room.
- You will be asked to undress and wear the provided hospital gown and socks.

Timeline: In Your Pre-Op Room

- Your surgical site will be **clipped** free of excess hair and an **antimicrobial** scrub will be applied.
- A nurse will: take **vital signs, complete assessment**, and start **IV** (intravenous line).
- You will be asked to initial your own surgical side.
- Your surgeon will also mark the surgical side.

Timeline: In Your Pre-Op Room

- Anesthesia provider:
 - Reviews your health information and examines you.
 - Explains your personalized anesthesia plan.
 - Answers questions and has you sign a consent for anesthesia.
 - Manages your medical care during your surgery.

Timeline: Getting Ready for the OR

Different types of anesthesia for total joint replacement:

- Spinal anesthesia with MAC.
 - Please know that you are awake when the spinal is placed.
- General anesthesia

In addition to having either a spinal or general anesthesia, you will receive:

- IV medications to help you relax.
- Local anesthetic.

Timeline: Getting Ready for the OR

- Why spinal anesthesia is a good choice:
 - Excellent pain relief immediately after surgery.
 - Less need for strong pain-relieving medications.
 - Less nausea and vomiting.
 - Earlier return to drinking and eating.
 - Less confusion after surgery.

Timeline: In Your Pre-Op Room

- Operating Room nurse:
 - Confirms your information; asks if you have any questions.
 - Seeks permission to provide telephone updates to your support person.
- Surgeon and Physician Assistant:
 - Confirms type of surgery, and reviews health information/consent.
 - Writes own initials near surgical site.

Catheter Notice

- Patients are not catheterized for surgery.
- You will ambulate with assistance to the bathroom to see if you are able to void independently after surgery.
- If you are unable to, a bladder scan will determine the possibility of urinary retention.
- If appropriate, straight catheterization will occur only in the first 24 hours to decrease infection possibility.
- Only if determined necessary, a foley catheter will be placed.
- When normal bladder function is regained, catheterization will stop.
- Urinary incontinence is common after surgery.

Timeline: Going in to the OR

- You will receive a low dose of IV sedation.
- Next, you are transported to the OR.
- As further anesthesia is completed, you are properly positioned and an antimicrobial scrub is applied again.

Timeline: Going in to the OR

- Preparing you in the Operating Room may take about 45 minutes.
- Then surgery begins.
- The OR nurse will contact your support person via cell phone when surgery begins and toward completion.

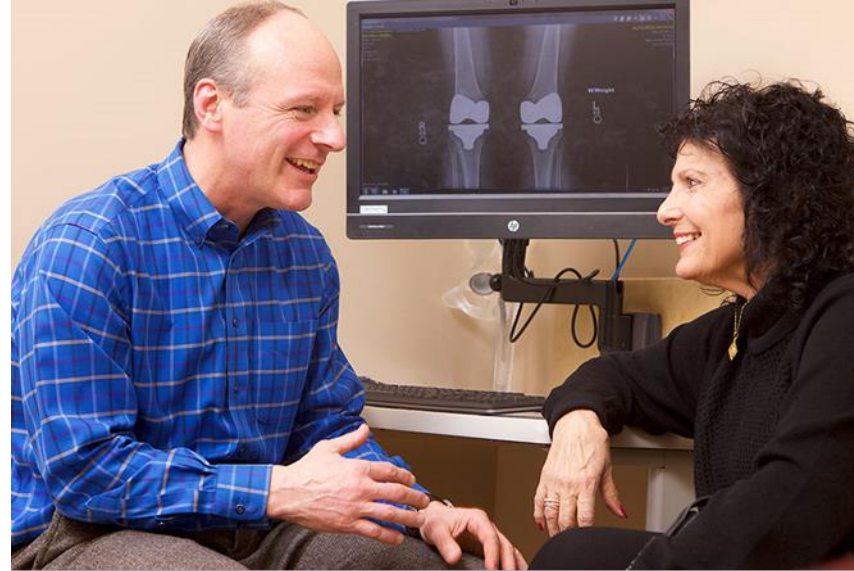
Timeline: In the PACU

Following surgery, you will be transported to the PACU or Post Anesthesia Care Unit, also called the Recovery Room.

- Fully monitored.
- Oxygen to face by mask or nasal cannula.
- IV fluids and medications.
- Ice therapy – helps pain/swelling.

Timeline: As You Recover in the PACU

- Your surgeon will call your support person via telephone or meet with them in the family room at the completion of surgery to let them know how everything went.



Transition from PACU to your Room

- After 1-2 hours in PACU:
 - You are transferred to your room in the Medical Surgical Unit or the Surgical Short Stay Unit (SSU).
- In your room:
 - Your surgeon, physician assistants, nurses, therapists, and case management team will be monitoring you and discussing your progress during rounds.

Nurse Care Team

- Your care team is composed of:
 - Registered Nurses (RN)
 - RN Clinical Leader
 - Licensed Nursing Assistants (LNA)

Post-Operative Care Goals

- Keeping you safe.
- Keeping you as comfortable as possible.
- Promoting rehabilitation therapies and recovery needed to help you get discharged home.

Post-Operative Care

- Consider headphones and a sleep mask for rest.
- Average length of stay is likely to be one day after the day of surgery. Some patients may go home the same day.
 - If you are interested in going home the same day, please discuss this with your surgeon.
- Case Management will visit you during your stay to discuss VNA services for continued physical therapy and your safe transition home from the hospital.

Call Don't Fall

- Please use the call button **every** time you:
 - Need to use the restroom; need to move; drop something; notice a spill; have any questions!



CALL



DON'T FALL

Always Call Never Fall

- Never go to the bathroom alone.
- Don't lean on furniture that has wheels.
- Wear hospital socks or safe shoes.
- Please wear glasses or hearing aids (if you use them) when you are awake.
- Please rise slowly and check for light-headedness before continuing to get up.
- You may feel ready to be independent and do things on your own, but please know that you are not.

Gait Belt

- We will use a gait belt throughout your stay for safety purposes on all patients regardless of activity level.



Pain Management

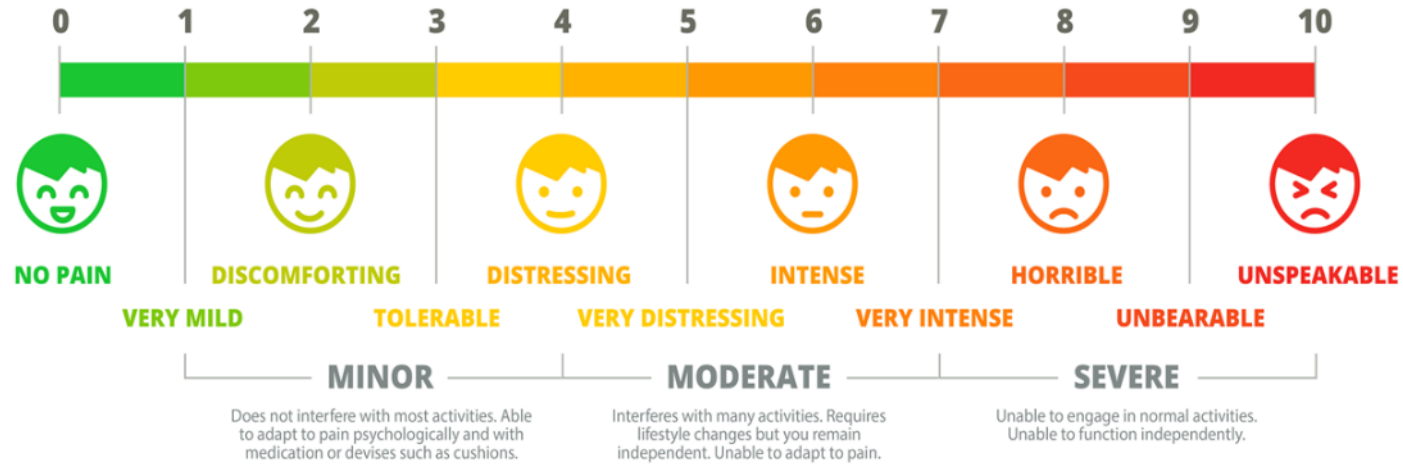
- Managing pain is part of healing and post-operative recovery.
 - It takes 1½ to 6 hours or more for feeling (sensation) to return to the area of your body that is numb.
 - As anesthesia begins to wear off, you may notice some tingling as sensation returns. Expect some pain – ask for pain relief before pain becomes too obvious.
 - Tingling and numbness at the incision may occur even a year after surgery; this is common.

Pain Management

- Please know that this is going to hurt and that you are going to have pain.
- It is our job to help you control the pain so that you are able to do the things that physical therapy is asking you to do, in order to recover and heal.

Using the pain scale below, rate your level of pain.

Your Current Pain Your Pain Goal



During your stay, you will frequently be asked to “RATE YOUR PAIN” from Zero to Ten.

Post-Operative Recovery

- Your prescribed pain medication will be sent to your pharmacy prior to your discharge.
- Your prescriptions need to be filled on the day you leave the hospital. This is the day your prescriptions are prescribed.
- Call the Orthopaedic clinic for pain medication refills or send us a message through the myDH patient portal.
- Contact us before your medication runs low, and absolutely before you run out.

Post-Operative Bandage

- You will have a water-resistant bandage that will be placed over your incision. The bandage is on for five days, it will be changed on day five, and then left on for an additional five days.
- On day 10, you may remove the bandage and leave your incision open to air.
- Dr. Tomek's patients will have a clear mesh material that will stay on for 4 weeks after surgery that will be under the water-resistant bandage.
- When the mesh material starts to peel, you may trim the edges.
- Make sure you are discharged home from the hospital with a bandage to perform your bandage change on **day five**. You may use a compression sleeve if needed.

Post-Operative Recovery

- We have an after-hours, on-call service through our Orthopaedic clinic number: (603) 308-0044. There is always an APD Orthopaedic provider on-call from our practice.
- Please make sure that if it is after hours or on the weekend, that you call this number and not your nurses direct line. If you call this number you will be sure to get a call back.

Post-Operative Recovery

- Traveling after surgery (long car rides or flights): You may go for a ride after surgery if you feel up to it as a passenger. Air travel will be at the discretion of your surgeon, due to the high risk of blood clots.
- If you go for a ride, you should plan to stand, stretch, and walk at least every 1.5 to 2 hours. This helps improve blood flow to and from your lower extremities and helps prevent blood clots.
- **No driving** for at least **one month** after surgery. Please plan accordingly.



Preventing Common Issues After Surgery

- **Constipation:**

- **Colace** 100 mg every 12 hours and **Miralax** 17 gram capful once daily.
Use these medications together.

- **Sleeplessness:**

- Contact your PCP if you feel that you may need a sleeping aid.

- **Muscle spasms:**

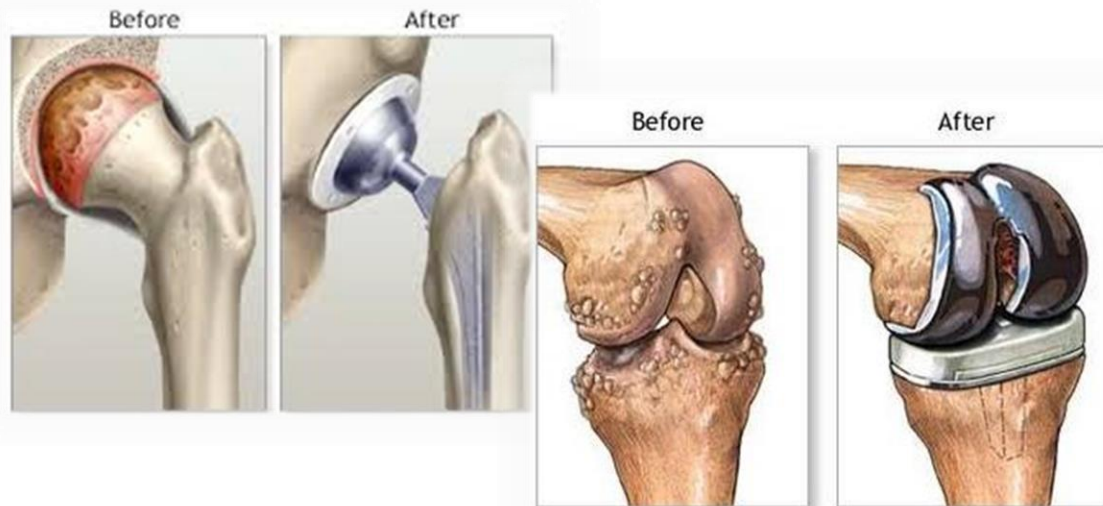
- Please call us, as you may need a muscle relaxant prescription.

Disability and FMLA

- If you are employed and working, please contact your Human Resources (HR) department and request any paperwork they need us to complete for you.
- Drop the paperwork off at our office. We will complete it and return it to you so you can give it to your employer.
- If you have questions about your paperwork, please call (603) 308-0433.
- This will ensure that you receive a paycheck and have documentation from your surgeon for being out of work.
- Doing this early in the process helps expedite timely disability payments and reduces stress.

Physical and Occupational Therapy

- The purpose of total joint replacement is to:
 - Remove the damaged bone of that joint.
 - Replace it with smooth, artificial implants known as prostheses.
- This prevents the bones from rubbing together and provides a smooth joint.



Physical Therapy (PT)

- PT focuses on muscles that help with walking, reaching, standing, and physical activities.
- PT works on your:
 - Strength
 - Balance
 - Range of motion
 - Pain
 - Swelling
 - Scar management

Physical Therapy Focus

- **Walking**
 - Using a walker or appropriate assistive device
 - Climbing stairs or negotiating stairs safely
- **Weight bearing as tolerated**
 - Your new joint(s) **can** support your entire body weight
- **Strengthening/range of motion (ROM)**
 - Home exercise program
- **Independent mobility**
 - Getting around by yourself

Dr. Tomek Post Op Total Hip Replacement Patients

- No formal physical therapy for 4-6 weeks after surgery.
- A **goal** should be to be active for 15 to 20 minutes every hour while awake.
- Perform ankle pumps and ankle circles.
- A basic home exercise program will be reviewed with you prior to discharge.

Physical Therapy Discharge Goals

- Independent bed mobility
- Independent transfers
- Independent home access
- Independent home exercise
- Being able to have safe mobility with assistance of a caregiver as needed.

Pain Management

- Some **pain is expected** following surgery.
- Stay **on schedule** with pain medication.
- Stay **ahead** of your pain.
- Use RICE:
 - Rest
 - Ice
 - Compression
 - Elevation

Restriction and Guidelines

- You may shower 48 hours after your surgery **with the water-resistant bandage in place.**
- No swimming or soaking in a tub until after your follow-up visit with Orthopaedics.
- Lifting guidelines following surgery:
 - < 10 pounds for the 1st month
 - < 20 pounds the 2nd month
 - < 30 pounds the 3rd month

Suggested Guidelines

- 15-20 minutes of activity including exercises, and 40-45 minutes of rest with your feet elevated above your heart.
- Any additional guidelines will be given to you by your surgeon and the Orthopaedic physician assistant.

Occupational Therapy (OT)

- OT helps patients achieve independence and improve the ability to perform activities of daily living
- Dressing and grooming
- Bathing
- Toileting tasks
- General recovery
- Functional mobility
- Discharge planning

Adaptive Equipment

- Long shoe horn



Adaptive Equipment

- Sock aide



Adaptive Equipment

- Long-handled sponge



Adaptive Equipment

- Elastic laces
- Dressing stick



Adaptive Equipment

- Front wheeled walker
- Walker basket



Durable Medical Equipment

- Commode



Durable Medical Equipment

- Hand held shower
- Tub or shower chair or bench



Ideas for Obtaining Equipment Not Covered By Insurance

- Through family and friends.
- Online: several sites have “hip/knee kits” or can be ordered individually.
- Local pharmacies, department stores, or medical stores.
- Canaan Lions Club (primarily for residents of Enfield, Canaan, Grafton, or Dorchester).
- Local senior centers, church groups or listservs .
- VA Hospitals or VFWs and American Legions for Veterans.
- Front Porch Forum online (for Vermont residents).
- Community Caregivers of Greater Derry: “Loaners Closet” Londonderry, NH.
- Sheriff departments (for Massachusetts residents).

Home Changes and Preparation

- **Remove all throw rugs** and other trip hazards.
- Have pre-cooked, easy-to-prepare, or frozen meals ready.
- Place commonly used items in easy reach, between thigh and shoulder height.
- Avoid the “crisper drawers” of the refrigerator.
- Consider making a pet care assistance plan!
- Please make sure that you have a well-lit pathway from your sleeping area to the bathroom to prevent falls.

Bring With You On Surgery Day

- **Front wheeled walker.**
- Adaptive equipment you have obtained. We will practice how to use it with you and provide suggestions.
- Loose fitting comfortable clothing and supportive shoes.
- **Home exercise program.**

Please Remember

- **No:**

- *Vaccines 2 weeks before surgery.*
- *Deodorant, creams, lotions or oils.*
- *Viagra.*
- *Nail polish or jewelry.*
- *Food after midnight; drink 4 hours before.*
- *Swimming, soaking, or driving. Speak with your surgeon about flying.*

Please Remember

- **Yes:**
 - Nasal antibiotics and Hibiclens.
 - Earbuds, headphones, face mask, durable medical equipment, supportive shoes.
 - **CALL DON'T FALL.**
 - Check the website www.AlicePeckDay.org

Questions

- If you have any questions following the online video, please contact the appropriate nurse for your surgeon.
- Nursing contacts:
 - Dr. Houde patients (603) 308-0449
 - Dr. Lin and Dr. Tomek patients (603) 308-0425

Thank you!

