

Moving Forward

Excellence in Joint Replacement



WATAUGA MEDICAL CENTER

Member of Appalachian Regional Healthcare System

www.apprhs.org



Partnering with YOUR healthcare team for a smooth & successful recovery

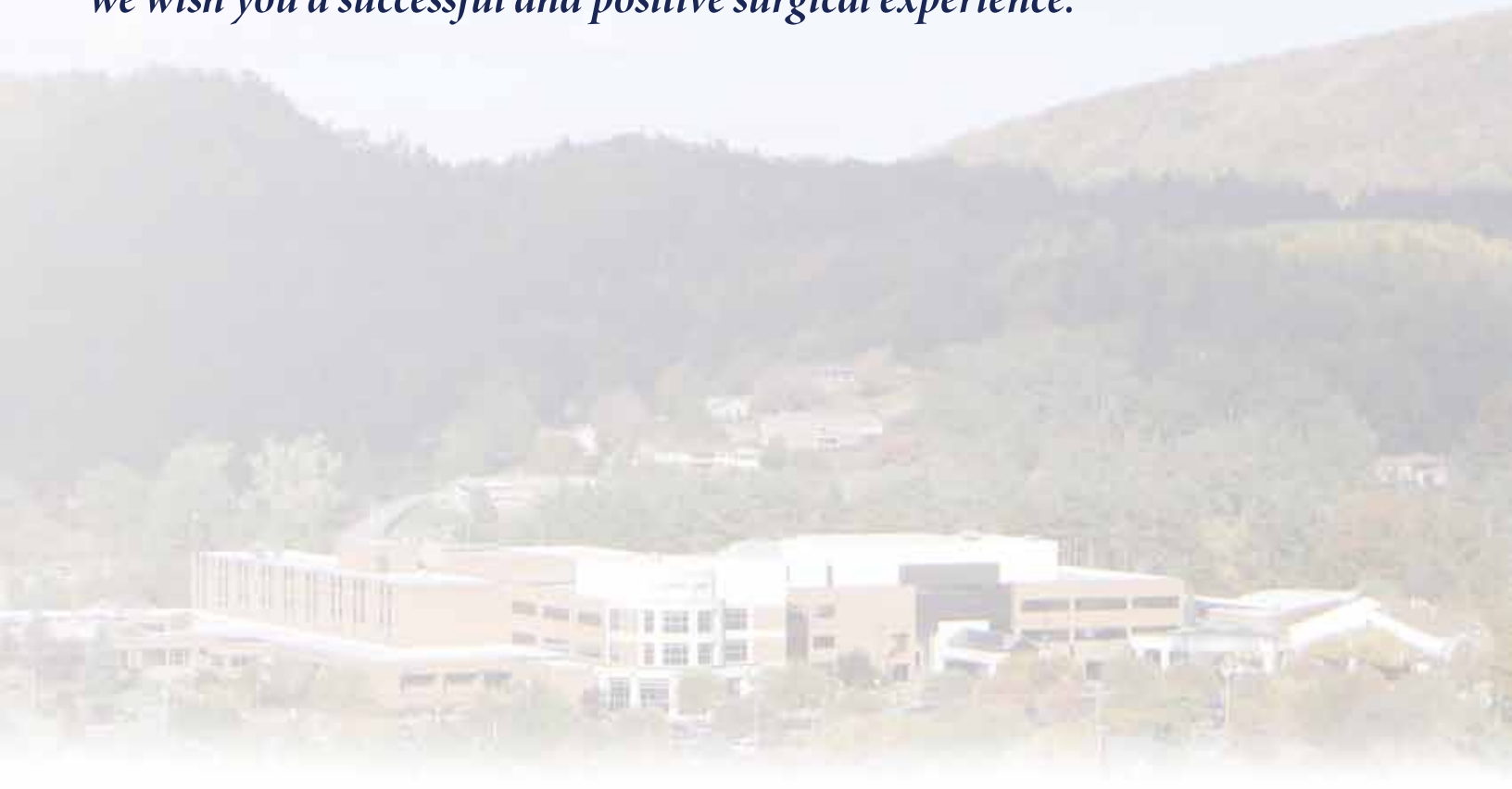
You and your doctor have decided that you are a candidate for Joint Replacement Surgery.

Watauga Medical Center offers a team that includes doctors, nurses, physical therapists, occupational therapists, social workers, respiratory therapists and many others who are highly skilled in caring for Joint Replacement patients.

Our goal for you is to have a safe, comfortable experience and an Improved Quality of Life!

The information in this booklet will give you a better understanding of what to expect before, during and after surgery.

*From the entire staff at Watauga Medical Center,
we wish you a successful and positive surgical experience.*



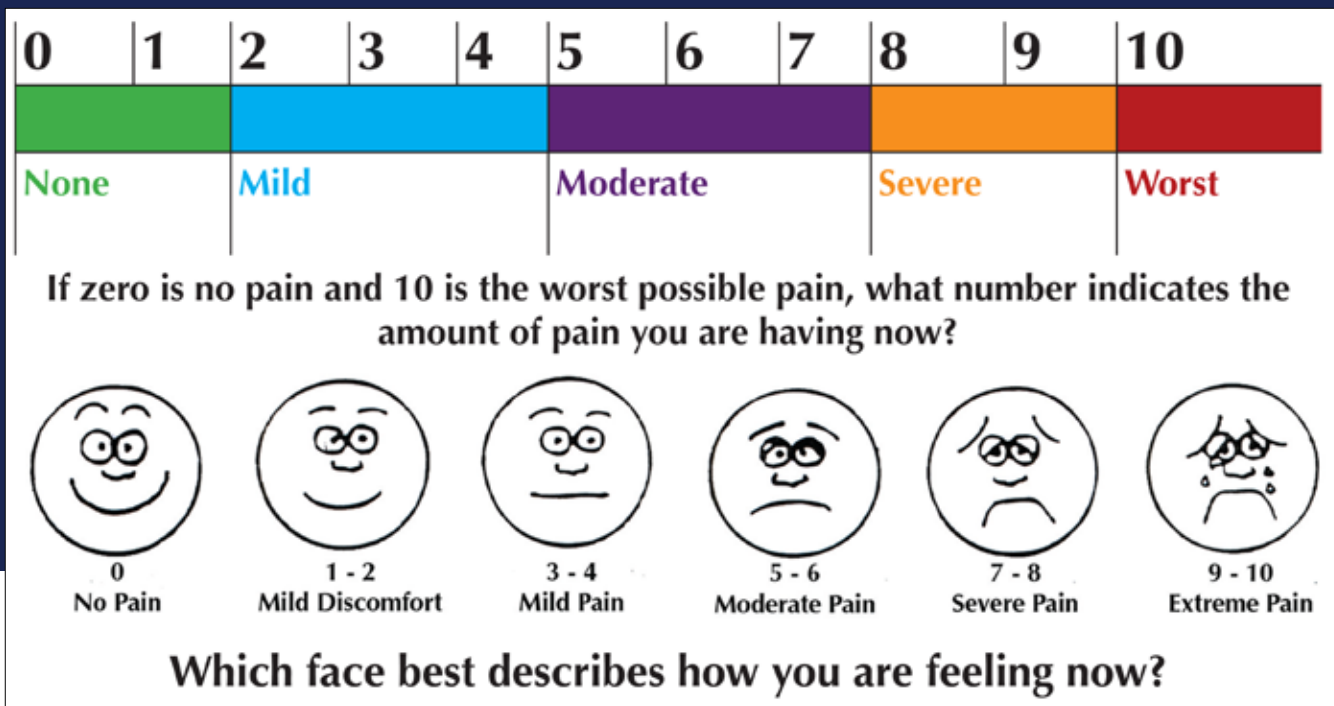


Preparing for your surgery is the key to success

The Preadmission Interview:

Your first experience with us will occur during your pre-admission interview. Up to several days prior to your surgery, you will be asked to come to the Outpatient Surgery Department. This is an important part of your experience. At this time you will:

- **Have your health history and assessment completed by one of our nurses.**
- **Be interviewed by an Anesthesiologist**, who will review your history and discuss the best and safest anesthesia for you.
- **Have necessary tests performed.** These may include blood tests, EKG's, x-rays and other tests your doctor feels are necessary.
- **Receive instruction on your diet.** On the days prior to your surgery, you should eat a well-balanced diet. Pain medications you will receive as well as changes in your normal activity after surgery may lead to constipation. Eating a balanced diet will help to prevent this.
- **Be given specific instructions on what time you need to stop eating and drinking prior to your surgery.** It is important to follow these instructions carefully to avoid any delays in your surgery.
- **Be instructed in what medications you will need to take prior to your surgery.** If you are taking any medications, vitamins or supplements that "thin your blood" be sure to ask your doctor when to stop taking them prior to your surgery. If you have any questions regarding what medications to take, be sure to ask.
- **Bring an up-to-date list of the medications that you are currently taking.** Also list any over the counter medicines, herbals, vitamins and supplements. Be sure to include the dosage and how often you take it and whether you take it by mouth, injection, apply to skin, etc.
- **Have a list of all of your allergies and what happens when you take this or are exposed to this.** Allergies include medicines, food, environmental things such as dust, latex, etc.
- **Be instructed to protect the surgical site from injury.** If you notice any cuts, scrapes or bruising at the surgical site, call your doctor. Injury to your skin can increase your risk of infection and cause your surgery to be cancelled.



Controlling Your Pain is Important to Us:

Look at the Pain Scale above. While you are recovering from your surgery, everyone caring for you will be asking you to rate your pain according to this scale. Our goal is to make you as comfortable as possible but still allow you to move around in bed and get out of bed with assistance.

Your pain will be rated on a scale of 0-10 with 0 being no pain and 10 being the worst pain you have ever experienced. We will be asking you what an acceptable pain level is for you. This will be your "Pain Goal" throughout your hospital experience.

The Day of Surgery:

- Arrive at the hospital at your appointed time and go to the 2nd Floor Outpatient Surgery Department. Let the receptionist know you are here.
- You will be taken to your room where you will be prepared for your surgery. This will include taking your vital signs and verifying your consent for surgery.
- Identification bands will be placed on your wrist and any additional lab tests will be drawn.
- The surgical site will be cleaned and hair clipped if needed.

Day of Surgery continued...

- We will verify the contact information for the person that you have designated to be called with updates on your progress.
- You may be instructed in the use of an **Incentive Spirometer**.

This is used to help you take deep breaths to clear and expand your lungs. You will need to use this every hour after surgery while you are awake. Please keep this next to you when you are in bed or in the chair to remind you to use it.



The Holding Area:

From the Outpatient Department, you will be taken to the Holding Area. There you will:

- Meet the Operating Room and Anesthesia Staff.
- Have an IV started in your arm to give you fluids and medicines.
- Have your spinal placed if this is your choice for anesthesia.
- Meet with your surgeon prior to going into the Operating Room. Your surgeon will verify the surgical procedure that you are having and the side that is being operated on. Your surgeon will place a mark on the surgical site.



The Operating Room:

When your surgery is ready to begin, you will leave the Holding Area and be taken to the Operating Room. Here you will see machines and hear noises that are unfamiliar to you. You will:

- Notice a cooler temperature.
- Feel warming blankets being placed on you.
- See staff and your surgeon in protective hoods that look like space suits. These suits help keep the environment sterile and decrease any chance of infection.
- Be moved onto the operating room table. This may be the last thing you remember until your surgery is finished.

Your Recovery Period:

When your surgery is finished, you will be taken to the Recovery Room. While here, the nurses will constantly monitor your vital signs.

Remember the Pain Scale we showed you earlier? We will be asking you to rate your pain when you arrive here so we can give you medication to make you comfortable.

Surgical pain doesn't fade away, it must be treated. Waiting to ask for pain medication will only make your pain more difficult to treat. Sometimes, just turning in bed or changing your position can make you more comfortable.

Your doctor has ordered medications to treat your pain and any episode of nausea you may experience. Some people recover without any nausea, but just in case, your doctor will leave an order for medication to treat it. Just ask for it when you need it.





Preventing “Blood Clots” or Deep Vein Thrombosis:

While in the Recovery Room, you will have white support stockings on your legs along with compression stockings. These will be attached to a machine that will gently massage your legs or feet.

Wearing these stockings during your recovery will help promote your circulation and help prevent any blood clots.

Medications will also be ordered to prevent clots. A medication called “Lovenox,” or a medication similar to this, may be given to you by injection using a very small needle so that it is well tolerated. You and/or your coach will receive instruction on the medication and will have you practice giving the medication while in the hospital.



Disposable syringe and used needle container for Lovenox injections.

Drains:

You may or may not have a drain. If you do, you will see a tube coming from under your dressing. This will drain fluid from the surgical area into a collection container. The fluid will be red. This is normal.



Dressings:

If you had a knee replacement, you will have an ace bandage from your upper thigh to your foot. The knee area will look larger due to the dressing. If you are had a hip replacement, you will have a bulky white dressing over the hip area.

What is a CPM Machine?

If you are having a knee replacement, the nurse will measure you for a CPM machine. CPM stands for Continuous Passive Motion. This machine will gradually move your knee and helps with your recovery.



Diet:

When you arrive in your room, you will be receiving clear liquids. We will progress your diet as your appetite returns and when you are free of nausea.

Pain medications and inactivity slow down the digestive process. You want to be a step ahead in promoting healthy digestion and elimination. After surgery be sure to ask for a stool softener or laxative if needed; one has been ordered for you. We prefer that your bowels move before going home, so asking for a laxative when needed will help to keep your discharge on target.

Pain Control:

Throughout your hospital stay, controlling your pain by asking for your pain medication as soon as needed rather than waiting until it progresses will allow you to position yourself and move around easier. It will also allow you to be more comfortable while doing your Physical Therapy exercises. Be sure to ask for your pain medicine.

Anesthesia

Our dual anesthesia objectives are your safety and comfort.

In most cases, you will have a **spinal anesthesia with sedation**. This means that part of your body will be completely numb for the duration of your surgery and may continue into your recovery period.

Another type of anesthesia for joint surgery is **general anesthesia**.

This is different than a spinal in that it involves delivering larger amounts of medications that circulate throughout the entire body. If a general anesthetic is chosen, a breathing tube will be placed into your airway while you are sleeping to help you breath during surgery.

When your surgeon has completed the operation, you will be taken to the Post Anesthesia Care Unit (PACU) or recovery room. If you had a knee replacement, your anesthesia provider may place a femoral nerve block to give you several hours of post-operative pain relief.



Your Anesthesia Provider will be with you throughout your entire time in surgery.

*Your SAFETY is our priority
& we diligently work to ensure it*

Your breathing, oxygenation, blood pressure, heart rate and rhythm, temperature, level of sedation, and comfort will be assessed continuously during your surgery. Your anesthesia provider is dedicated to your care and your care alone throughout your surgery.

Physical & Occupational Therapy

The physical and occupational therapists at ARHS prepared this section to assist you in understanding your rehab goals during your hospitalization as well as helping you transition to home or rehab following your surgery.

Therapy Goals during your inpatient stay include the following:

1. Learn safe ways to move in the bed, sit, stand, walk, bathe, dress, and go up and down steps.
2. Learn precautions and how to protect your knee or hip following surgery.
3. Learn how to properly and safely perform the exercises that will help you recover with maximum function of your new knee or hip.

These are general goals and guidelines.

Your program will be customized and tailored for your specific needs.

What Precautions Must I Follow After Surgery?

Follow the weight bearing restrictions set by your doctor during all activities. During Physical Therapy you will learn how much weight you can bear on your operated leg when walking. Below are some examples of the weight bearing status allowed following your surgery.

- **Touch down Weight Bearing (TDWB)**—touch the foot lightly on the ground for balance only.
- **Partial Weight Bearing (PWB)** – usually 1/4 to 1/2 of your body weight is allowed.
- **Weight bearing as tolerated (WBAT)** – put as much weight on the operative leg as is comfortable.

Knee

- Never rest with a pillow under your knee! The knee should be straight when resting in the bed so you don't lose the ability to straighten your knee.
- Avoid crossing your legs or ankles while lying, sitting or standing.
- Use your walker or other assistive devices until cleared by your doctor to go without it.
- Follow the weight bearing restrictions set by your doctor during all activities.

IMPORTANT REMINDERS

DO move around in bed and get out of bed often.

DO follow the weight bearing restrictions closely.

DO NOT use a pillow under your knee—
keep it straight

Hip

- Do not bend your operated hip past 90 degrees (a right angle).
- Avoid crossing your legs or ankles while lying, sitting or standing.
- Avoid bringing your knee higher than your hip when sitting.
- Do not roll your legs inward. Do not let your toes point toward each other!
- Use your walker or other assistive devices until cleared by your doctor to go without it.

IMPORTANT REMINDERS

DO NOT bend your hip more than 90 degrees.

No bending over towards your toes!

DO NOT cross your legs

DO NOT let your legs roll inward.

It is important to understand that a joint replacement is a major operation which requires post-operative care follow-up in the hospital, rehab facility and/or home and outpatient therapy to ensure that expected outcomes are achieved. Failure to follow the exercise plan given to you by your therapist could lead to chronic problems with the joint such as persistent pain, stiffness, instability, balance deficits and dissatisfaction with one's functional abilities.

What to expect after surgery

The first month at home can be uncomfortable due to:

- Moderate local swelling in the hip or leg
- Mild to moderate pain
- Difficulty in finding a comfortable position

Coping Strategies

- Do not sit or lie for hours at a time during the day. This will lead to stiffness and increased pain.
- Use pain medication as needed to "stay ahead of your pain."
- Walk short distances at frequent intervals instead of walking to the point of fatigue.
- Rest periods are just as necessary as work periods.

Special Equipment

If needed, the following will be recommended at discharge:

- Elevated commode seat or bedside commode
- Shower bench
- Walker (rolling or standard), cane or crutches
- Long handled shoe horn and sponge, reacher, sock-aid

Following your surgery you will be seen by a physical therapist and occupational therapist. You will be instructed in exercises to strengthen your leg as well as learn how to get out of the bed and begin walking. The instructions on the next page should assist you in mobility and walking.



Standing Up

- When attempting to stand from the sitting position, scoot your hips forward to the edge of the bed or chair. Keep your operated leg out stretched and your good leg beneath you on the floor.
- Using your arms, push down on the edge of the bed or armrest of the chair and push yourself up.
- Stand up tall with your weight shifted onto your strong leg and grasp the handgrips of the walker. Once standing, bring your operated leg in line with the good leg.
- Do not pull yourself up with the walker, this might cause you to fall backwards or tip the walker sideways.

Sitting Down

- When sitting down, slowly back into the chair or bed until you feel the back of your strong leg against it.
- Keeping your operated leg forward, reach back for the arms of the chair or the edge of the bed.
- Slowly lower yourself down by slightly leaning forward and lowering yourself with the strong leg and hands on the chair while keeping the operative leg out stretched in front of the other foot.
- Lower yourself slowly using the strong leg. Reach for the arms of the chair or edge of the bed to gently lower yourself down.



Getting Out of Bed

- Get out of bed on the side closer to your non-operated leg.
- Pivot on your hips, using your elbows for help. Keep your body straight and your operated leg out to the side. Don't twist your leg.

Getting into the Car

- Recline the seat and slide it back as far as it will go.
- Back up to the car with your walker
- Reach back for the car seat and lower yourself slowly as you place your operated leg out in front.
- Back into the seat in a semi-reclined position. Turn towards the front of the car and bring your legs into the car.

Getting Socks on and off

- Sit on bed or chair with operated leg in front of you.
- Hold the sock-aid against stomach and place the sock over the other end of the sock-aid facing down. Slide the sock until it can't go any further and the toe of the sock is touching the sock aid. Do not pull the sock over the cord.
- Holding onto each end of the cord, toss the sock aid in front of the operated leg with the open side up.
- Slide the sock-aid over your foot, point toes down, and pull on the cord evenly until the sock is all the way on the the sock-aid slides out. Release one side of the cord and pull up the sock aid.
- To remove the sock, place the hook on the reacher or dressing stick on the back of the sock and push it down over the heel. Use the reacher or dressing stick to pick up the sock.



Care Coordination

A photograph of a healthcare professional, likely a nurse or social worker, smiling and talking to a patient. The professional is wearing a red top and a name tag. The patient is seen from the back, wearing a white hospital gown. The background is a clinical setting.

Helping you plan for your return home can begin before your surgery takes place. Every patient is assigned a care coordinator who is either a social worker or a nurse case manager to assist with discharge needs. Your care coordinator will work as a team with occupational and physical therapists, nurses and doctors to assist you in determining the best discharge plan for you.

Frequent discharge arrangements include:

Outpatient Therapy

- If you are ready for outpatient therapy at discharge, your physician will write the orders for the outpatient services you require. You will need to make arrangements to get to your therapy sessions, please let your care coordinator know if you do not have transportation available.

Home Health

- To be eligible for home health, you must be considered “home bound”. This will be determined by your care team.
- You must be able to manage your own care between home health visits alone or with assistance of your coach.
- When ordered, the first visit is generally the day after you are discharged from the hospital. Patients discharged Friday, Saturday or Sunday will have their first visit on Monday.
- Generally home health provides physical therapy three (3) times per week. Occasionally, occupational therapy is also ordered.
- Nursing services are generally only provided if there is a specific need that has been identified by the doctor.

Inpatient Rehabilitation

- Involves a stay at a specialized rehabilitation therapy center.
- You must be able to participate in a minimum of 3 hours of intensive rehabilitation on a daily basis.
- May be covered by insurance, but requires pre-approval and extensive clinical information that will be provided by your care coordinator.

Care Coordination continued...

Skilled Nursing Facility

- Involves a stay at a nursing home.
- Less intensive than inpatient rehabilitation, but physical therapy is provided daily.
- Includes Nursing & Certified Nurse Assistant Care.
- Medicare pays for first 20 days, and it may also be covered by private insurance with prior approval.

Assisted Living

- Includes facilities and apartments that provide daily assistance with meals, housekeeping and transportation.
- You must be independent and require minimal assistance to be accepted.
- Generally not covered by private insurance or Medicare and requires private payment on a monthly basis.
- If your income is less than \$1182 a month and you have less than \$2000 in assets you may qualify for special assistance programs.
- Home health can be ordered with a physical therapist 3 x weekly, or you may attend outpatient therapy.

Special Needs

- DME-or durable medical equipment may be ordered by the doctor.
Not all durable medical equipment is covered or paid for by insurance, and may require payment from you.
Durable Medical equipment includes items like:
Walkers • Bedside commodes • CPM machines

Medications

- Special medication such as Lovenox® injections may be ordered by your doctor.
This medication generally requires pre-authorization from your insurance company. Your care coordinator will check for insurance coverage and alert you to possible co-pays. If you do not have coverage for the medication, your care coordinator will assist you in completing paperwork for medication assistance programs.
- The nurses at the hospital will educate you and your coach on proper injection techniques.
- Your coach will need to administer the injections at home.

Transportation

- You and your family or coach need to have a plan for your transportation after discharge from the hospital. Transportation to the skilled nursing facility, inpatient rehabilitation or home is not covered by Medicare or private insurance if you are medically stable to ride in a car.
- Ambulance services for transport can be arranged, but these companies require payment up front with rates starting at \$400.

Things to Remember

- Notify your doctor if you have sudden or gradual change of feeling in your operated leg that does not improve with changing your position.
- Notify your doctor if you have increased pain or loss of use in the leg that was operated on.
- Continue to do your exercises after you are discharged from the hospital. The home health therapist will help you progress your program.
- Use ice packs and elevation after exercising, strenuous walking or increased swelling.
- You can lie on your back to sleep or, if comfortable, on either side but with a pillow between your legs to prevent stress on the hip or knee

Important Phone Numbers:

Preadmission questions
regarding scheduling,
delays, arriving to hospital
on Day of Surgery:

Call (828) 262-4412

Questions for Surgeon:
Call Boone Orthopaedic
Associates

Call (828) 264-1100

**Physical / Occupational
Therapy**

Call (828) 262-4173

Care Coordination

Call (828) 265-5053

**Hospital Operator to
contact other departments:**

(828) 262-4100



Preparing yourself for surgery: Mentally, emotionally, spiritually

Anxiety is a natural, human response to the vulnerable experience of surgery. But too much fear and stress leading up to surgery could exhaust you, suppress your immune system or lead to illness.

Research has shown that patients who engage in relaxation, gather support systems, and place the mind in a positive state tend to need less pain medicine, lose less blood, recover faster, and leave the hospital sooner than those who do not attend to relaxation and peaceful, positive states of mind.¹

Below you can find some tips to help you prepare your mind, emotions and spirit for a positive surgical experience. In the meantime, if you would like to schedule a free, non-sectarian consultation, contact the Pastoral Care Department of Watauga Medical Center at (828) 265-5510. Experienced, nationally certified chaplains would be happy to help you develop your own inner resources and identify practices that can help you feel prepared for surgery.

Here are some simple recommendations and resources to help you feel mentally, emotionally, and/or spiritually prepared for surgery.

1. It is normal for the need for surgery to bring many emotions to the surface, including anger, grief or even guilt. You can learn to accept the need for the surgery without feeling either that your body has failed you or that you have failed your body. You can choose to see your surgery not as a negative but an opportunity for improved health.
2. Give your body both time and permission to rest and relax. You may want to use a guided thought process to help remove the feelings of stress from your body. (Relaxation tapes and CD's are available.) A "centering prayer" may be useful if appropriate to your beliefs.
3. Visualize yourself as healthy and whole again, doing the things you want to do. Counter the "what if's" of worry with positive expectations of recovery. Ask others to repeat positive messages about your recovery as you go into surgery and during your recovery.
4. Accept the support of family and friends. Let them know what you are doing and how they can help you. Ask them to think of their love for you in the time leading up to and including your surgery. Imagine that love surrounding you as you go into surgery. If appropriate to your beliefs, seek the assurance of the prayers of others, including specifically during the time of your surgery.
5. Establish positive relationships with your doctors. Determine how much or how little information you want to hear from them in order to have a sense of calm about the surgery.

¹ Resources:

Huddleston, Peggy. *Prepare for Surgery, Heal Faster: A Guide of Mind-Body Techniques*. Cambridge, Mass: Angel River Press. 2007, 2nd ed.
Rossman, Martin, MD. *Guided Imagery for Self-Healing*. Tiburon, Calif: HJ Kramer Inc. 2000.
Women's Center for Mind-Body Health. <http://www.womensmindbodyhealth.info/surgprep41.htm>



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