

An aerial photograph of a suburban town at sunset. The sun is low on the horizon, casting a warm orange glow over the landscape. The town is built on a hillside, with many houses featuring red-tiled roofs. A winding road is visible through the residential area. The foreground shows a steep, rocky hillside with sparse vegetation. In the distance, more hills and a larger urban area are visible under a cloudy sky.

# Hip and Knee Replacement Orientation

## Hoag Orthopedic Institute



# Welcome to HOI

**As you prepare for total joint replacement surgery, you will probably have a number of questions. This orientation is designed to answer some of those questions and guide you from pre-surgical procedures through the post-surgical healing process.**

**The information in this class is designed as a general guide, while the information provided by your physician is specific to your individual needs.**





# Getting You Back To You

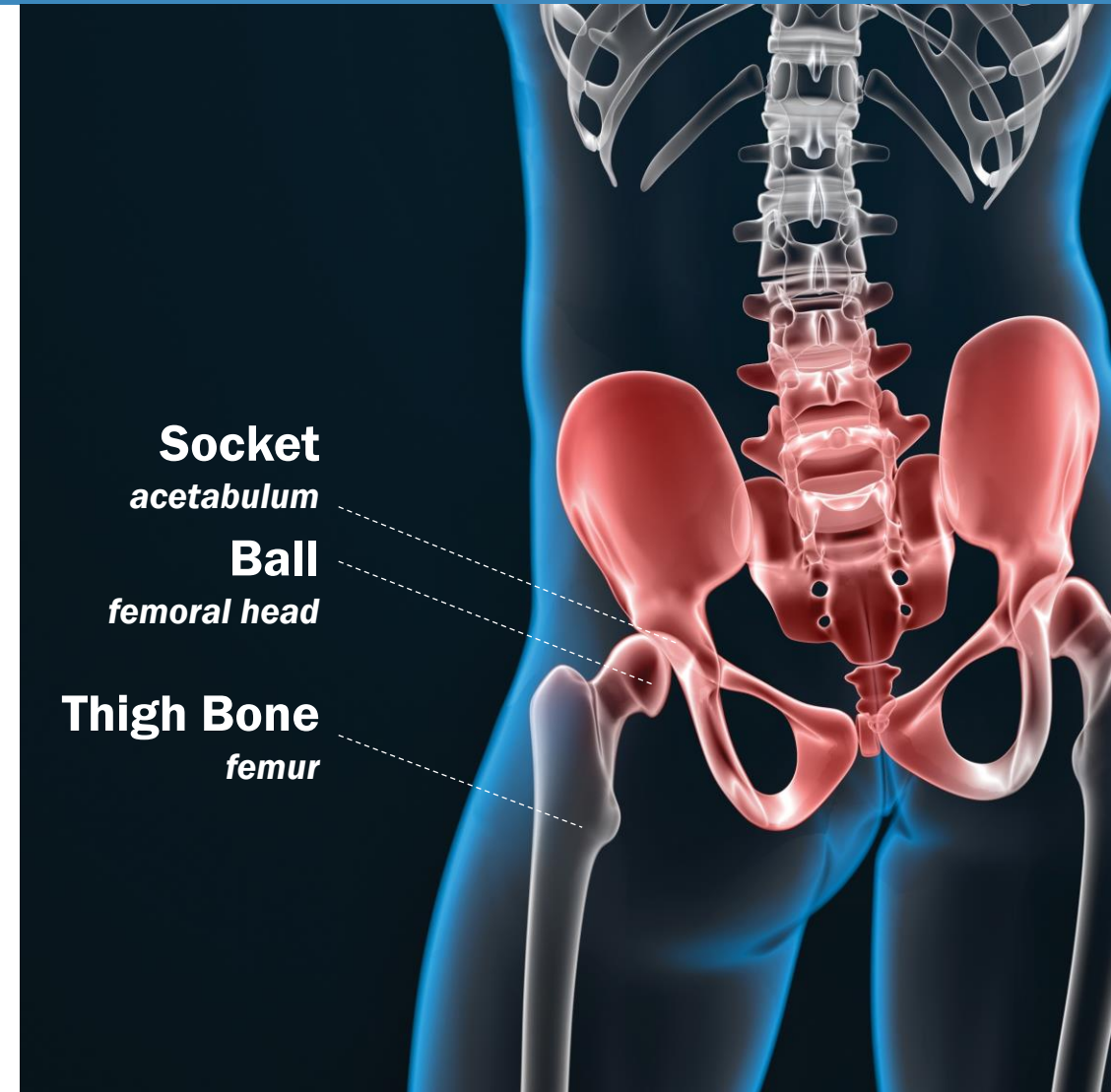


# How the Normal Hip Works

**The hip is one of our body's largest weight-bearing joints. A femoral head (a ball) at the top of the thighbone (femur) fits into a rounded socket (acetabulum).**

**Ligaments connect the ball to the socket and provide stability.**

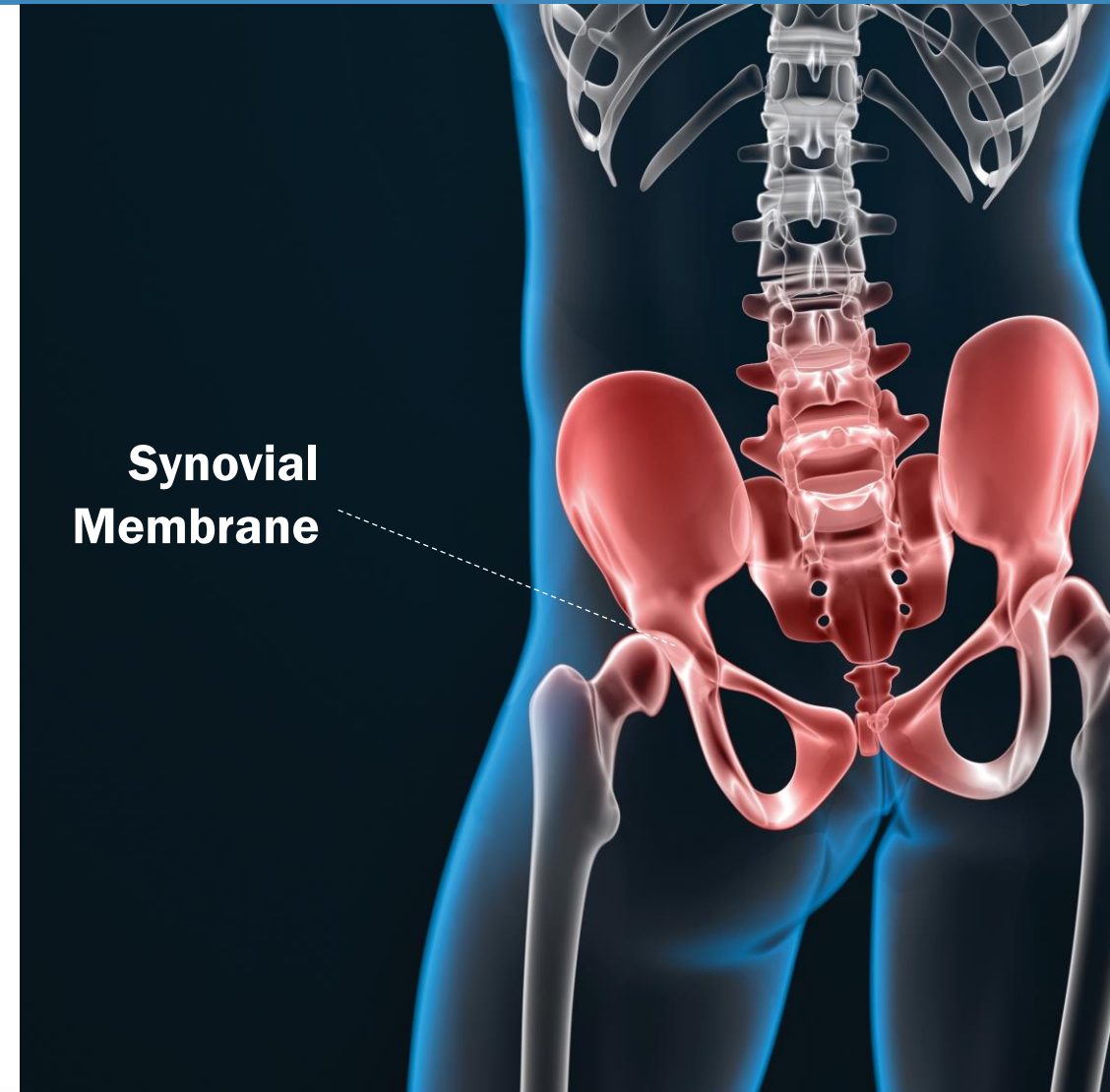
**The bone surface of the ball has smooth cartilage that cushions the bones and enables them to move easily.**





# How the Normal Hip Works

**The surface of the hip joint is covered by synovial membrane that makes a small amount of fluid that lubricates and eliminates friction.**



# How the Normal Knee Works

**The knee is the largest joint in the body. It is made up of the lower end of the thigh bone (femur), which rotates on the upper end of the shin bone (tibia), and the knee cap (patella).**

**Ligaments attach to the femur and tibia to provide stability.**



# How the Normal Knee Works

**Cartilage cushions the bones and enables them to move easily.**

**Synovial fluid lubricates the knee and reduces friction.**



# Common Causes of Hip and Knee Pain

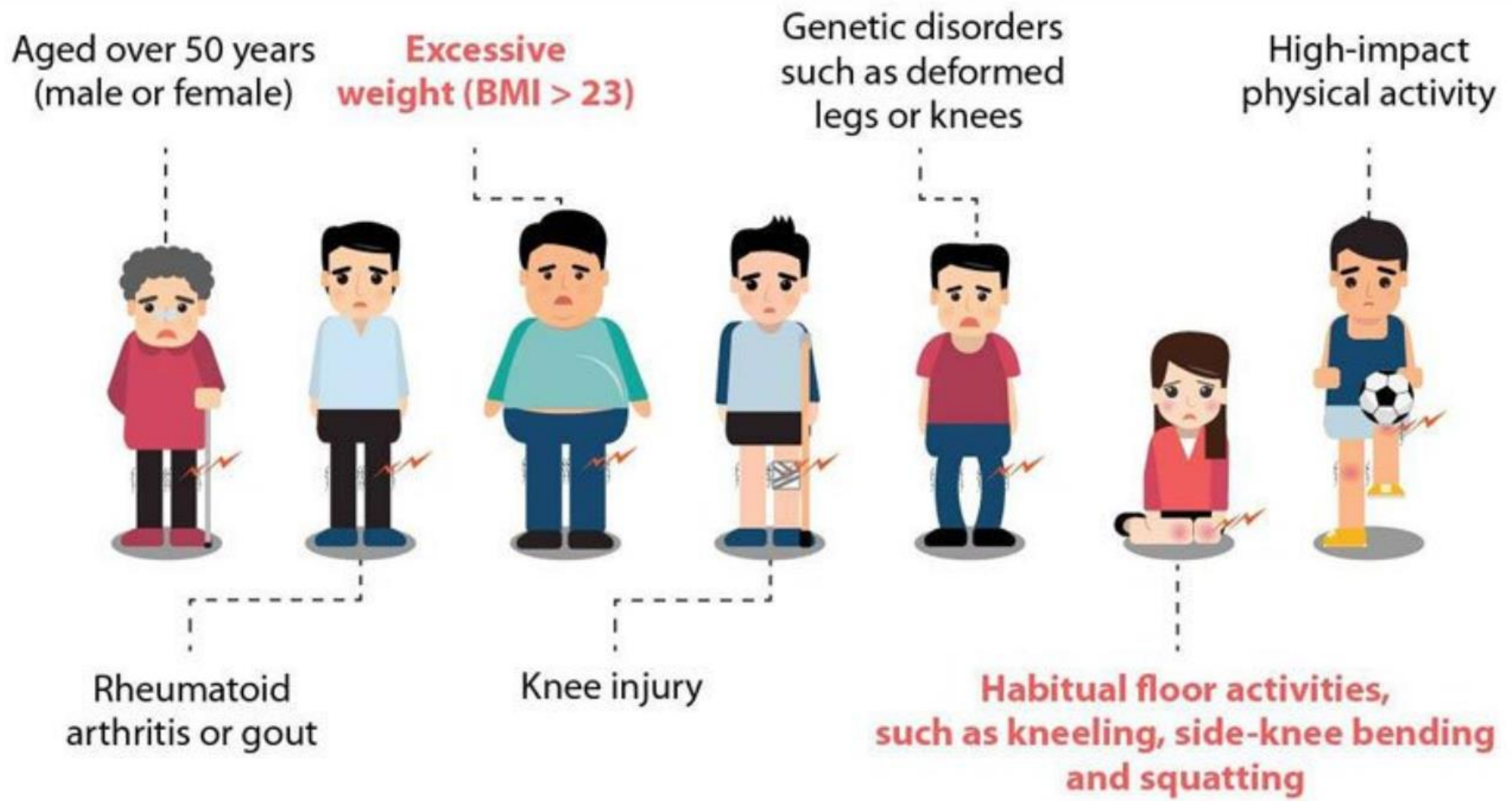
**The most common cause of chronic hip and knee pain and disability is arthritis.**

**Osteoarthritis, rheumatoid arthritis and traumatic arthritis are the most common forms of this disease.**



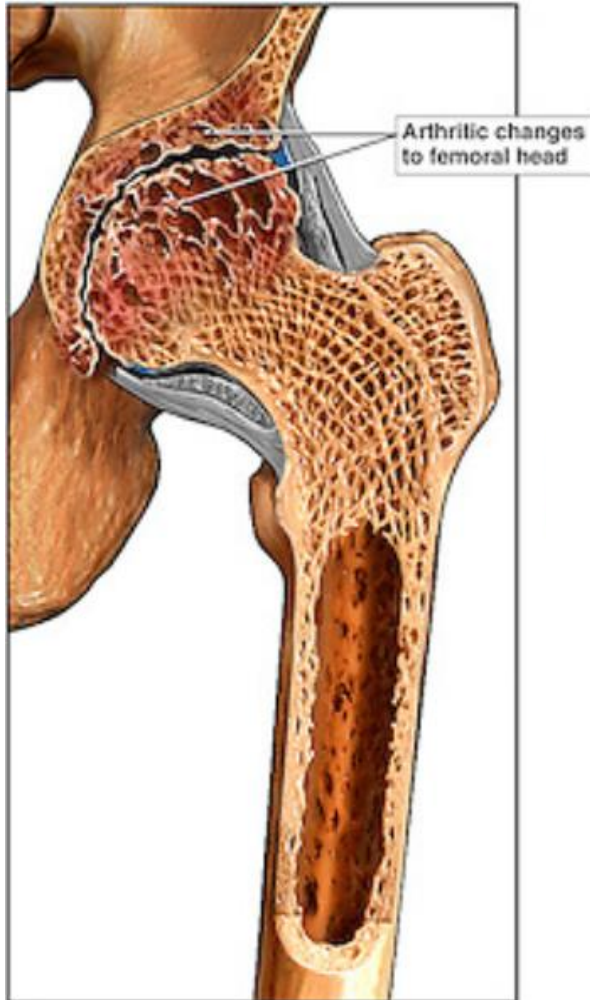


# Common Causes of Hip and Knee Pain

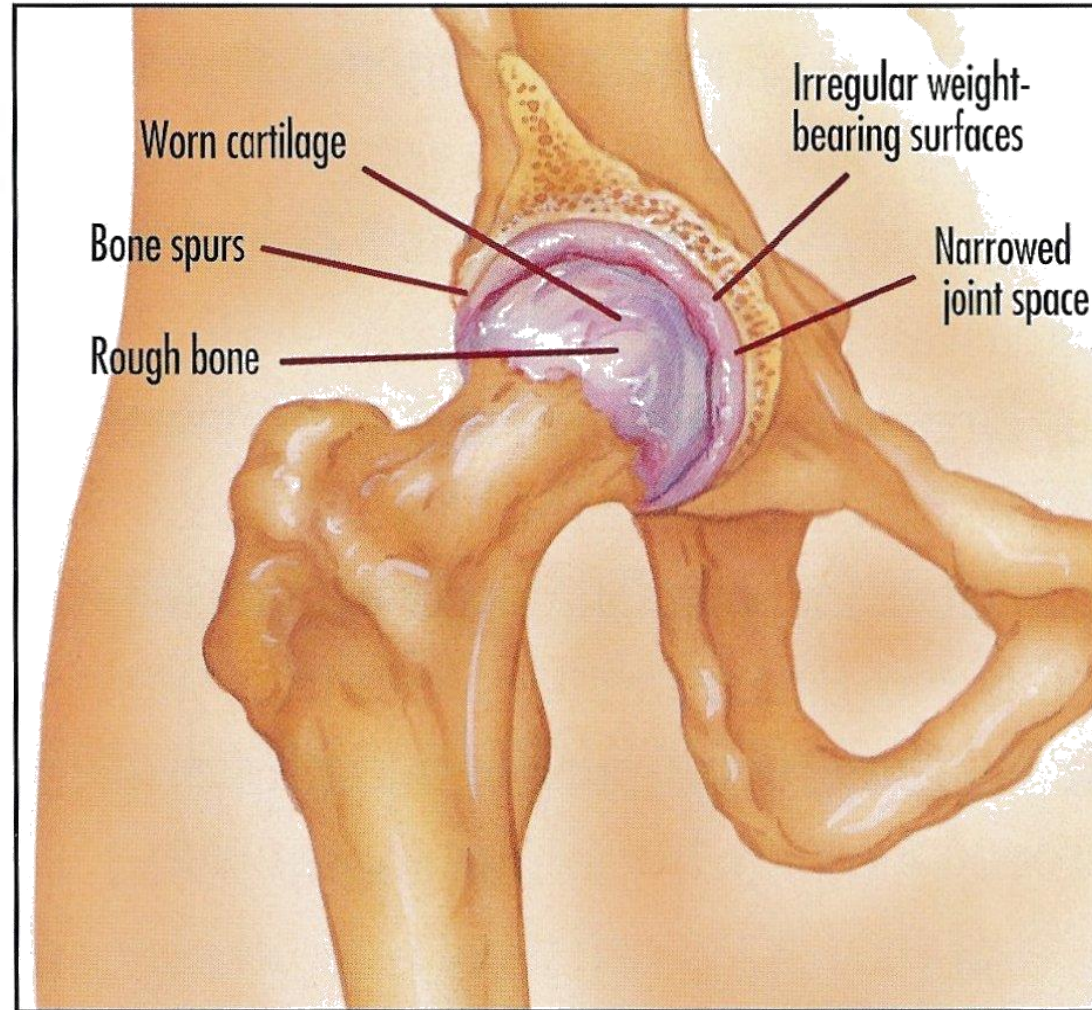


# Arthritic Hip Changes

Pre-operative Condition

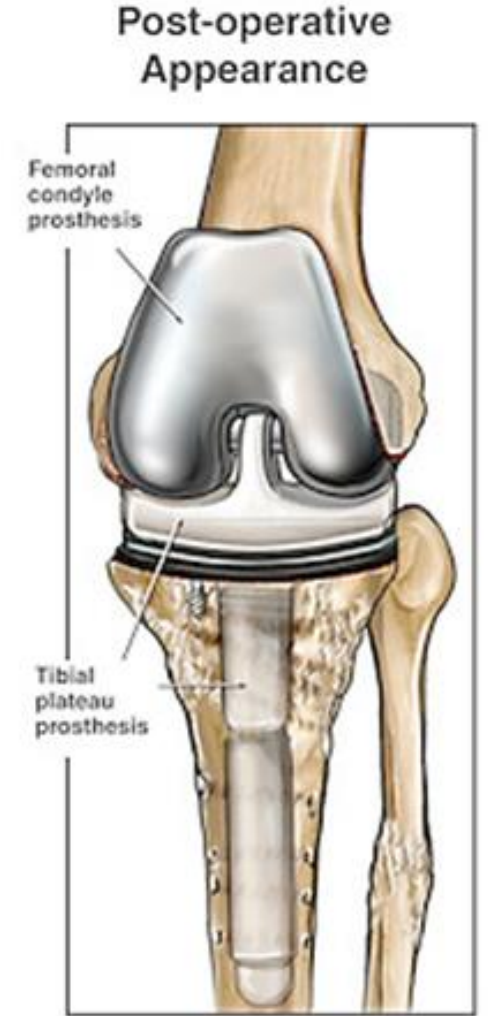
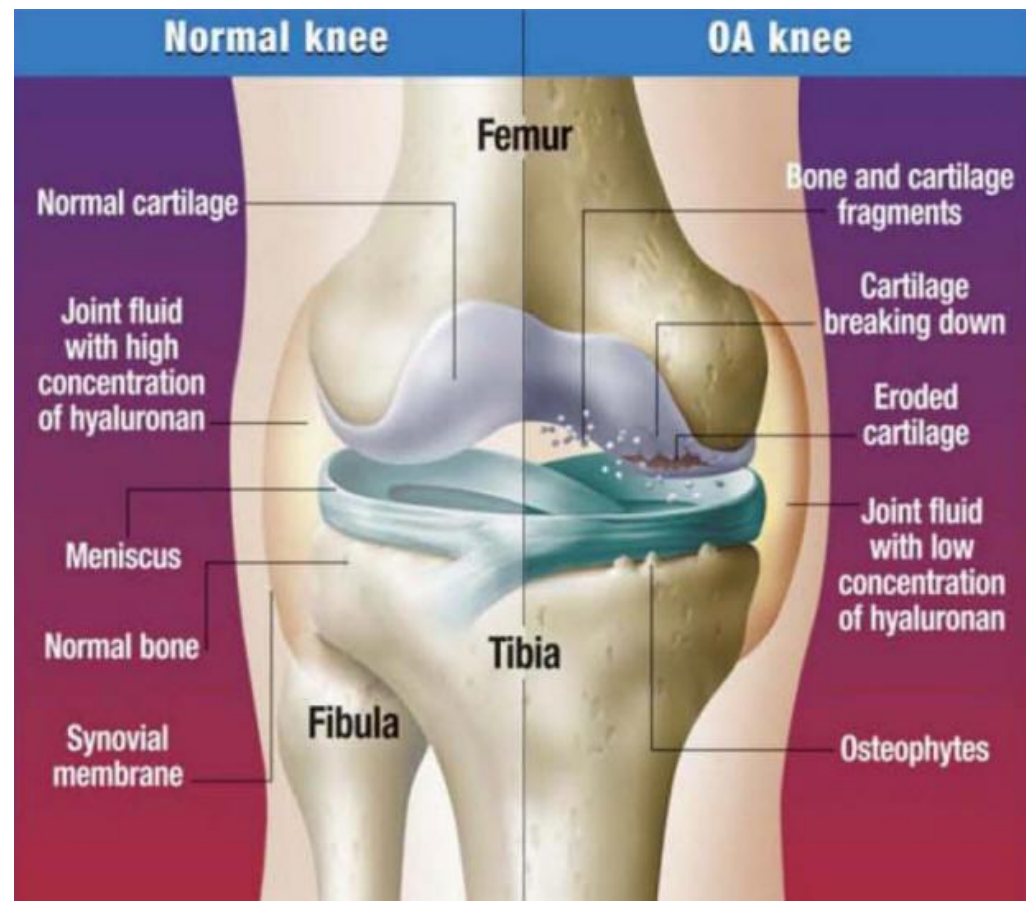
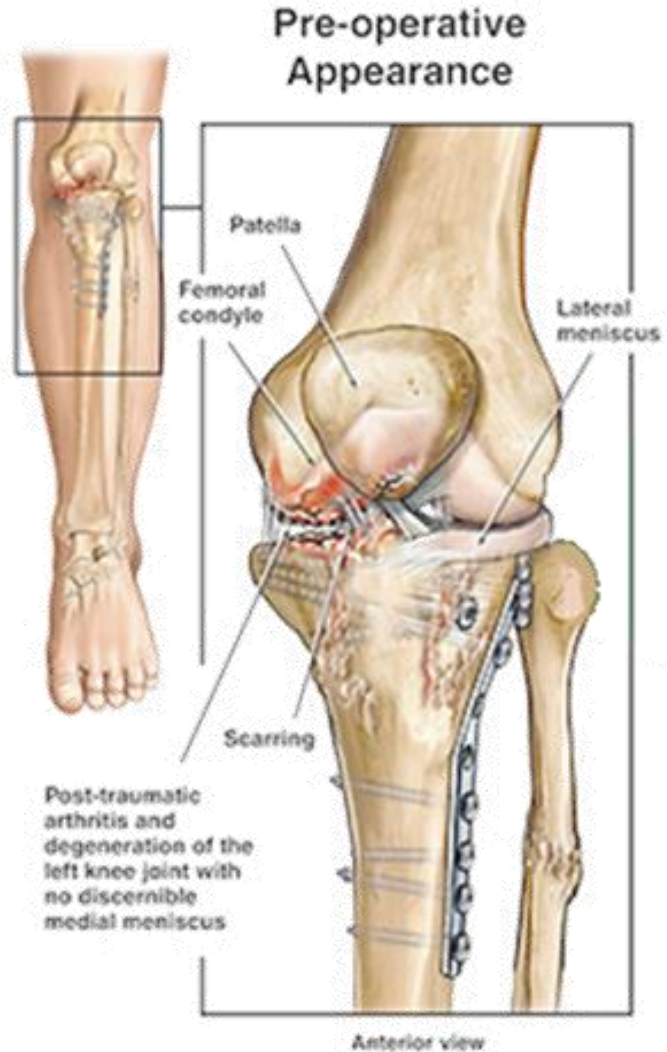


Anterior cut-away view of the left hip





# Arthritic Knee Changes



# When to Consider Surgery

**Surgery is considered when all other conservative measures have failed.**

**When daily activities become limited and the pain is not relieved, a total hip or knee replacement may be considered.**

**Surgery involves replacing the diseased or damaged joint surfaces of the hip or knee with metal and plastic components shaped to allow continued motion.**





# Ask Your Surgeon: Risks and Potential Complications for Surgery

**Discuss with your surgeon the possible risk factors and complications related to the procedure:**

- ✓ **Complications from anesthesia**
- ✓ **Blood clots**
- ✓ **Infection**
- ✓ **Dislocation**
- ✓ **Loosening of implants**
- ✓ **Injury to nerves**
- ✓ **Fracture of the bone during implantation**



# Pre-Surgery Preparation

- **Pre-operative screening:** A Clerical Assistant will contact you approximately four weeks prior to surgery to schedule your pre-surgery diagnostic tests (**EKG, laboratory tests, urinalysis, possible chest X-ray**). Some testing will be done outside the hospital where insurance dictates.
- **Complete and return the pre-op forms.**
- **Medical or Specialist Clearance to optimize your outcome from surgery (cardiologist, pulmonologist, endocrinologist).** Certain medications, herbs, blood thinners, vitamins and anti-inflammatories may be stopped.
- **A Financial Counselor will call to start the pre-admit process and review your insurance coverage, benefits, and upfront costs or payments directly related to your hospital stay (please bring photo ID and insurance card on day of surgery).**



# Possible Medications That Might be Stopped Prior to Surgery

**Your primary care physician, surgeon or anesthesiologist will advise you of medications to discontinue and when to stop taking them.**

- **Aspirin medications:** Bufferin, Ecotrin, Aspecreme.....
- **Anti-inflammatory medications:** Motrin, Advil, ibuprofen, NSAIDS, Aleve, Celebrex, Meloxicam .....
- **Anti-clotting medications:** Coumadin, Plavix, Xarelto, Eliquis, aspirin (for medical treatment).....
- **Dietary supplements and vitamins**
- **Hormone Replacement Therapy medications**

**Examples of medications that can be taken include:** Tylenol, Norco, Percocet, Tramadol, Oxycodone .....

# Pre-Surgery Preparation

**Home Medications:** A Nurse Navigator will contact you approximately one week prior to your surgery date and will review your history questionnaire and home medication list.

She **MIGHT** advise you to bring some of your home medications that are not carried in our pharmacy to the hospital on day of surgery and give it to the pre-op nurse.

She **WILL** advise you to bring eye drops and inhalers. Otherwise, **DO NOT** bring any medications from home.





# Plan Your Recovery Time

**Plan your recovery period before going into the hospital and consider the support system you will have when you return home.**

**Plan to have a caregiver (spouse, family members, friends) who will be able to help for the first 48-72 hours at home. **Arrange for additional help at home** with cooking, laundry, housekeeping, shopping, errands, pet care.**

**Ask your surgeon about after surgery activities (when to return to work, traveling, driving, dental care)**



# Your Recovery Plan

**It is best for you to go home for the following reasons:**

- ✓ **Less chance of infection**
- ✓ **More active at home**
- ✓ **More comfortable**
- ✓ **Familiar home setting**
- ✓ **Privacy**
- ✓ **Eat the food you are used to**
- ✓ **Free to establish your own routine**





# Home Preparation

**Clear hallways for use of possible walker.**

**Remove loose throw rugs.**

**Chair or sofa with arm rest for support**

**Arrange for caregiver for first 3-4 days.**

**Make arrangements for pets if necessary.**

**Consider purchasing an elevated seat for the toilet.**



# Home Preparation

**Arrange frequently used items: toiletries, clothes, dishes at counter level for easy access.**

**Be aware of uneven surface outside and inside your home.**

**Extension cords out of the way**

**Hand held shower and shower bench is helpful but not necessary.**

**Adequate lighting/night lights**



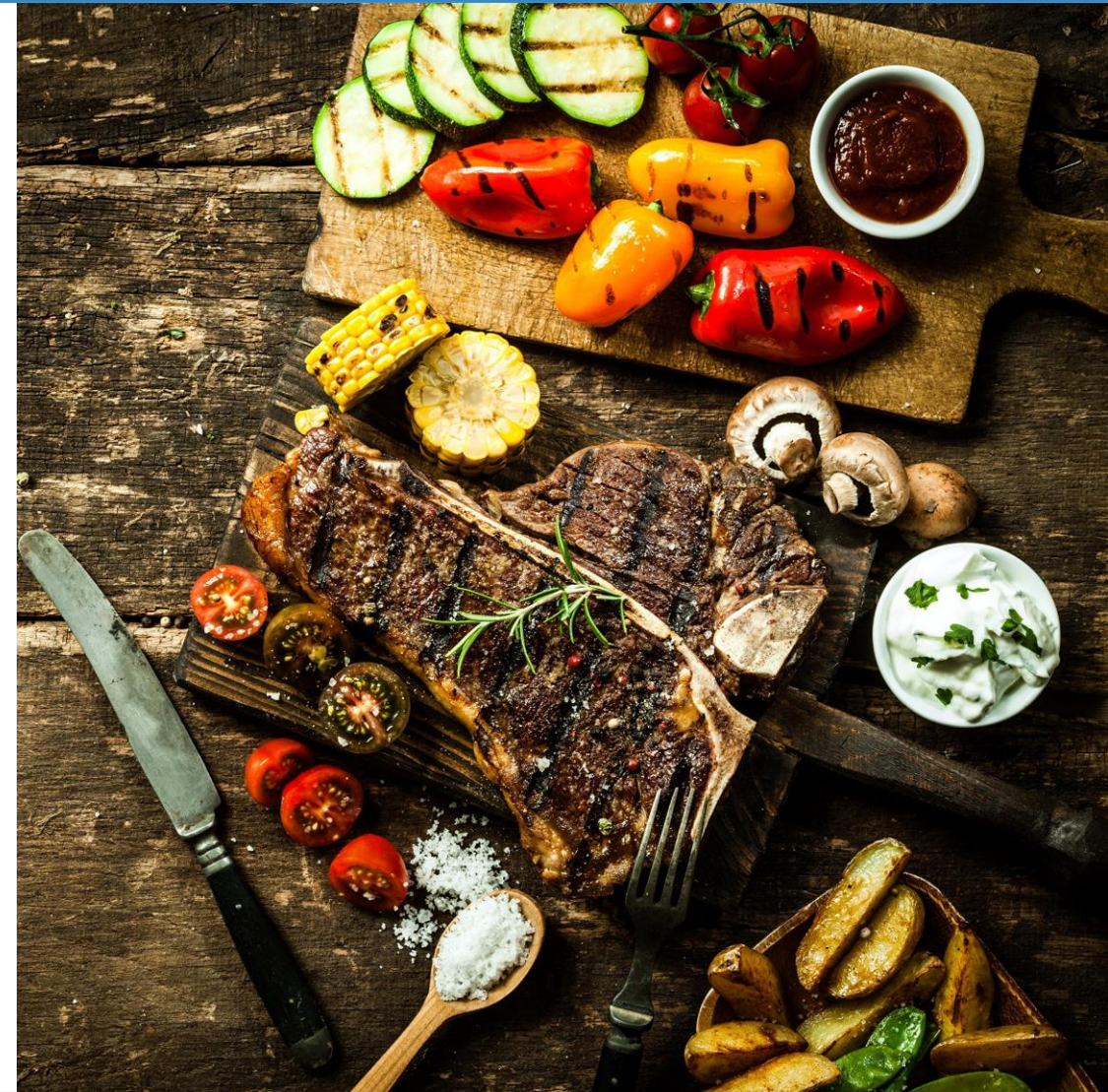


# Nutrition Prior to and After Your Surgery

**Begin increasing protein intake a few weeks before surgery to build up strength and to help with healing post operatively.**

- ✓ **Focus on high quality proteins such as poultry, lean beef, eggs, nuts, seeds, fish**
- ✓ **Consider an oral nutrition supplement/drink for additional protein intake**

**A registered dietitian will be available post-operatively to address any questions or concerns**



# Infection Prevention: What Do We Do To Protect You?

**You will receive instructions from your surgeon's office.**

**No eating or drinking per your surgeon including chewing gum, smoking or hard candy. It is okay to brush your teeth.**

**You will be given **Chlorhexidine** soap and **Nasal antiseptic** to start using five days prior to surgery.**

**Do not apply lotion, creams, powder, or makeup on day of surgery.**

**Your arrival time to the hospital will be **given to you by your surgeon's office.****

**Call the pre-op department at 949/727-5027 if you will not make your surgery time due to unforeseen circumstances.**

**BE ON TIME!**



# Infection Prevention: What Do We Do to Protect You?





# What Is Preoperative Universal Decolonization

**Chlorhexidine gluconate (CHG)** is both a soap and an antiseptic that kills germs on contact.

- **CHG** safely binds to the skin and can continue killing germs for up to 24 hours.
- **CHG** has a cumulative effect, so the protection against germs increases with repeated use.
- Nasal antiseptic showed to inhibit the growth of bacteria in the nose over a period of up to 12 hours in studies.





# Take Everyday Preventive Actions to Stop the Spread of Germs

**Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand sanitizer.**

**Try to avoid close contact with sick people.**

**Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.**

**Talk to your primary care physician if pneumococcal vaccination is indicated for you.**



# Take Everyday Preventive Actions to Stop the Spread of Germs

**Notify your surgeon if you are sick with cold or flu-like symptoms, have open wounds, cuts, or rashes several day before your surgery.**

**While sick, limit contact with others as much as possible to keep from infecting them.**

**Avoid touching your eyes, nose and mouth. Germs spread this way.**

**Avoid gardening and pruning several days prior to your surgery to prevent cuts, scratches and rashes.**





# Night Before Surgery

**Review instructions provided by the surgeon's office. Confirm arrival time for surgery.**

**Have a light dinner.**

**Have a main meal for lunch.**

**Change bedding or clean sheets.**

**Clean nightwear.**

**Keep pets off the bed.**



# What to Bring to the Hospital

**Closed toed shoes, orthotics, inserts, or special shoes. Loose fitting clothing (shorts, t-shirts, PJs, house coat)**

**Hygiene items, hearing aides, glasses, dentures**

**C-PAP mask and machine**

**Cell phone, tablet, laptop, ear buds, etc. **DO NOT BRING VALUABLES** (jewelry, cash, credit cards, watch, etc.)**

**Joint Works Book (given at the surgeon's office)**





# Day of Surgery: Arrival to the Hospital

**Park in the parking spaces across from Hoag Orthopedic Institute entrance.**

**Check in at registration office located to the left of the lobby entrance.**



# Pre-Operative Room

**You will be escorted to pre-op while your family remains in waiting area.**

**You will change into a patient gown.**

**A pre-operative nurse will then start your IV and prep you for surgery. The nurse will review the operative consent forms with you and have you sign any remaining paperwork. (HINT: BRING YOUR READING GLASSES)**

**You will meet your anesthesiologist to discuss anesthesia plan and pain management.**





# Pre-Operative Room

Once you are prepared for surgery, one family member may join you until you are taken to the operating room.

A pre-op nurse will be asking your family/friend for contact information.

It is highly encouraged for your family/friend to keep your valuables (**cell phone, laptop**) while you're in the operating room. They can bring your valuables up to the patient room after you arrive from the recovery unit.



# Operating Room

**Anesthetic medication will be given.**

**If your surgical team feels it is necessary, a foley catheter may be placed in your bladder.**

**You will be positioned on a bed that is specially designed for hip or knee surgery.**

**Your hip or knee will be scrubbed with surgical prep.**

**Surgery will begin.**





# Operating Room





# Post Anesthesia Care Unit (PACU)

**The PACU is staffed by trained nurses who specifically care for patients coming out of anesthesia. Our nurses will ensure you are kept safe and appropriately cared for while the effects of the anesthesia wear off.**

**The PACU nurse will continuously monitor your temperature, pulse, respiration, blood pressure, pain and assess your hip or knee dressing. Circulation and nerve function will be checked by asking you to push down with both feet against the nurse's hands and to flex your feet toward your head.**





# Recovery Unit

**You will stay in the recovery room until stable & appropriate to be transferred to the nursing unit.**

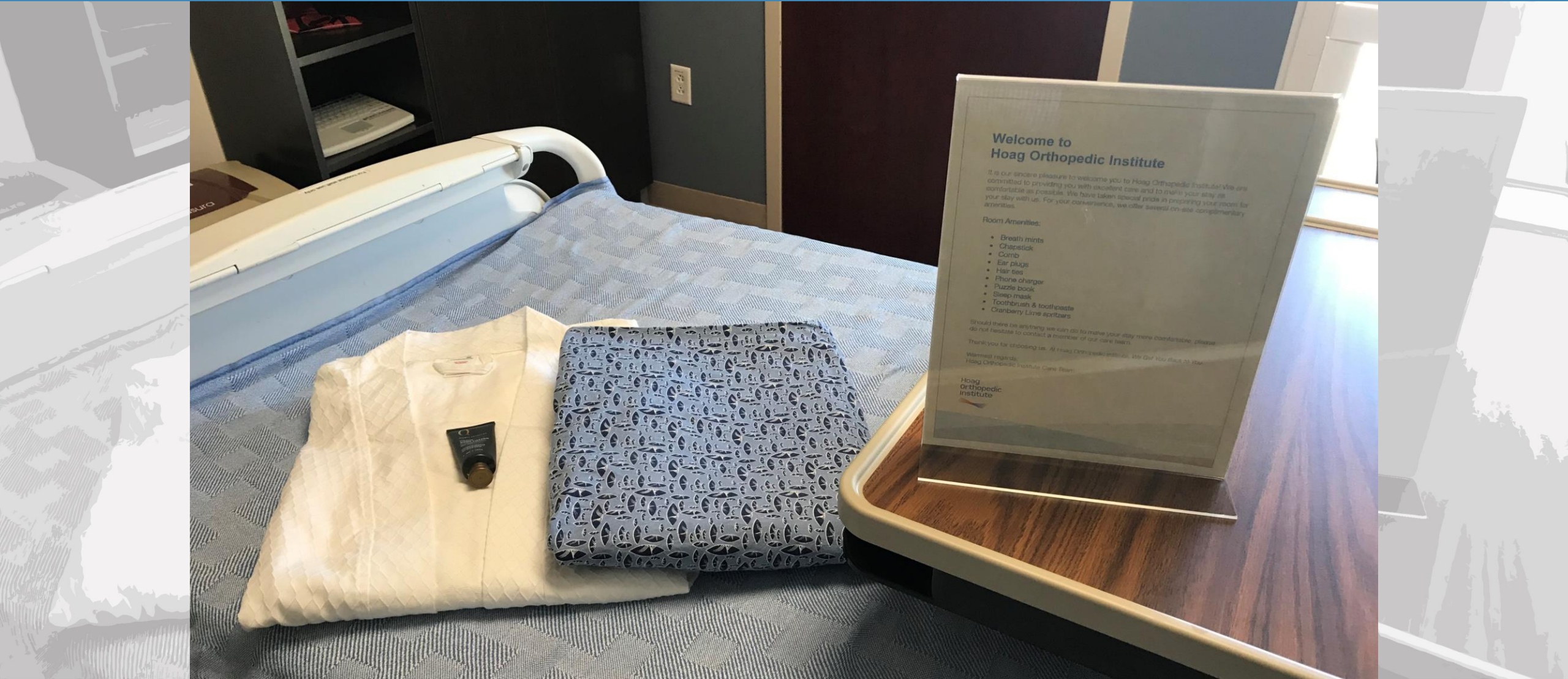
**When you are ready to leave the recovery room, you will be transferred to the nursing unit by gurney.**

**No visitors allowed.**

**Your surgeon will contact your family to discuss your surgery.**



# Your Hospital Stay Experience





# Time For Physical Therapy





# Physical Therapy Recommendations

**Please bring in any orthotic device or special footwear that you may use for walking.**

**If you are borrowing a walker or have one from a previous procedure, have it brought to the hospital. Our staff will fit it correctly to you.**

**A family member/caregiver is to participate in at least one physical therapy session.**

**Begin performing the pre-surgical exercises prior to surgery if possible:**

- ✓ **Hip/Knee exercises**
- ✓ **Arm exercises**
- ✓ **Post-surgical exercises**

# Occupational Therapy

**Occupational therapy focuses on improving to perform activities of daily living and offers ideas to assist you in creating a safe home environment.**

**Some adaptive equipment that may be helpful to remain independent during your recovery include:**

- ✓ **Bedside commode/shower chair**
- ✓ **Joint kit (dressing equipment)**
- ✓ **Reacher**      ✓ **Sock-aide**
- ✓ **Long-handled bath sponge and shoe horn**
- ✓ **May be obtained from any medical supply store or pharmacy**



# Durable Medical Equipment (DME)





# Call, Don't Fall Program at HOI

**During your recovery, the risk of a slip or fall increases due to the recent surgery, new medications, decreased mobility, weakness and dizziness.**

**HOI staff members are here to assist you and keep you safe. Let us be of service to you. Please call to have staff assist you:**

- ✓ To the restroom
- ✓ Stand
- ✓ Get out of bed
- ✓ Sit in chair
- ✓ Ambulate

**We encourage you and your family to watch the educational video on your TV to learn more about how to prevent a fall.**



# Equipment and Attachments Used During Your Hospital Stay



# Cold Therapy

**Your surgeon will order ice packs, gel packs or continuous cold therapy. This is used to reduce inflammation and swelling after surgery.**





# How Do You Rate Your Pain?

**It is normal to have pain and discomfort after a hip or knee replacement surgery.**

**Please be aware that you may not be “PAIN FREE”. It is ALWAYS our top priority to manage your pain.**

**Your surgeon may use a local anesthetic injection alone or in combination with other medications into your surgical area to reduce pain you may experience after surgery.**

**Your nurse will review the pain management plan, set a goal with you and dispense pain medications accordingly.**

**Pain management physicians are available if you suffer from chronic pain.**

**Repositioning in the bed may provide comfort. Call for help to be repositioned.**

# Pain Management

**To ensure the best possible pain relief, your doctors may use a pain control approach called multimodal analgesia.**

**The main goal is to decrease your need for opioid medications.**

**Multimodal pain management includes non-steroidal anti-inflammatory medications, Tylenol, muscle relaxer meds, cold therapy, relaxation music and opioid medications especially when other medications do not give you enough pain relief.**

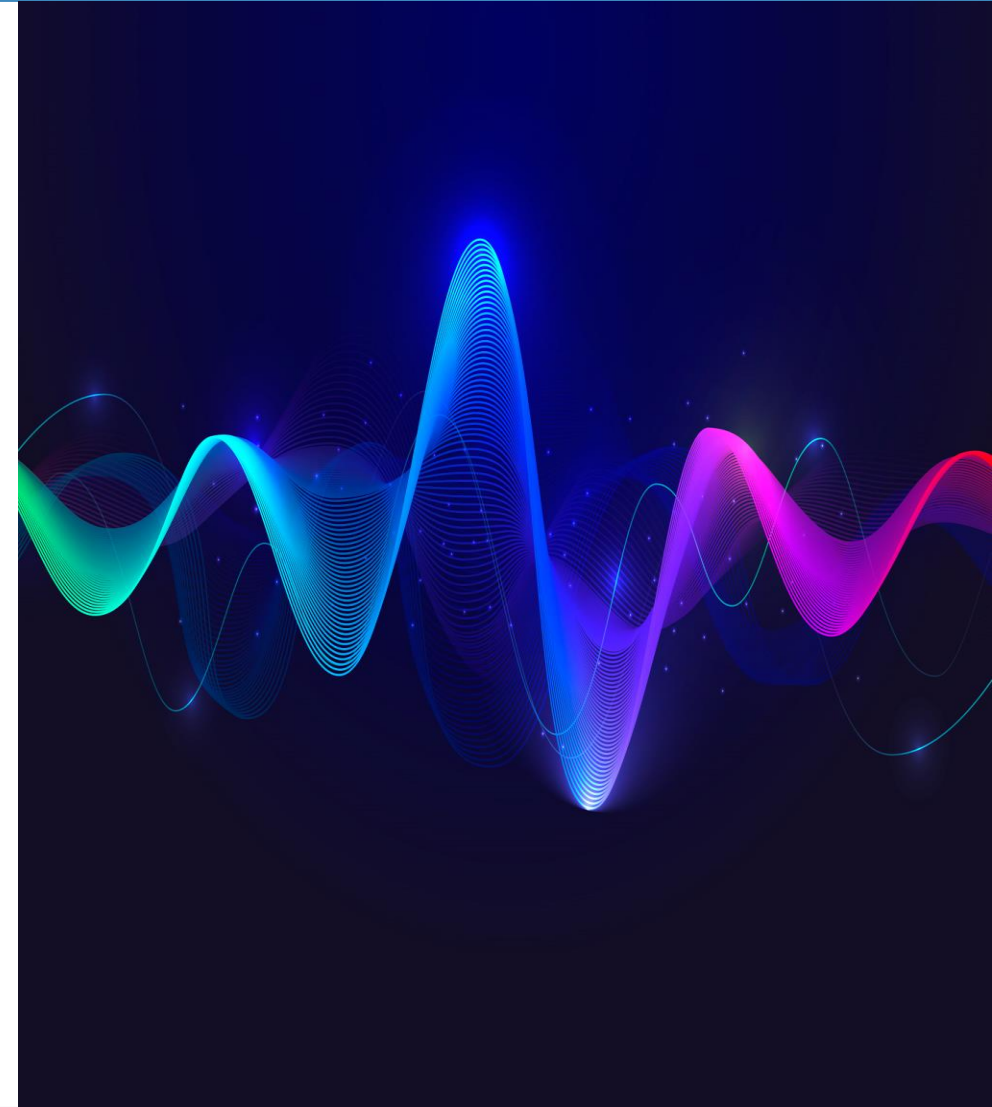


We will **ALWAYS** make every effort to provide a quiet and relaxed atmosphere.

On occasion, you may experience common hospital noise from equipment and/or other patients and visitors.

Ear plugs and relaxation videos are available. Let your nurse know if you are being disturbed by the noise.

**Quiet time reinforced from 2pm–4pm & 10pm - 6am.** Staff may limit the number of visitors to adjust the noise level for others to sleep and rest.





# Discharge

**The Hoag Orthopedic Institute team will work carefully with you and your family to plan your discharge.**

**Care Managers specialize in helping you and your family navigate and plan for discharge.**

**They will provide you with information and available resources so that you can make the best decision for your discharge.**



# Discharge

**You may contact the Case Management office  
@ 949-727-5439**

**Home health physical therapy arrangements  
are made.**

**Possible acute rehab or skilled nursing facility  
placement to be determined.**



# Discharge

**Your nurse will review your personalized discharge paperwork and home medications.**

**You will receive specific instructions at the time of your discharge of who and when will remove the dressing and further instructions about incision care and showering.**





# Discharge

**You will receive clearance from your surgeon, hospitalist and physical therapist to discharge from the hospital (This process might take several hours).**

**Your pain should be managed by oral medications.**

**You will be swabbed for MRSA.**

**View discharge video on TV.**

**Plan accordingly to have your ride available.**



# Conclusion





# Patient Satisfaction at HOI

**To continually monitor and improve the experience of our patients, we have partnered with Press Ganey to conduct patient satisfaction surveys.**

**If you are one of the patients randomly selected to participate, we appreciate your time in completing the survey and returning it in the accompanying postage paid envelope at your earliest opportunity.**

**We read every survey and rely on this feedback to make any changes that may benefit future patients.**





# Thank You for Choosing Hoag Orthopedic Institute



**WE GET YOU BACK TO YOU!**



