

Chapter 1: Assigning a Coach



Finding your 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



Chapter 2a

Equipment Needs/Fall Prevention

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Equipment Needs/Home Preparation

1. Assess Equipment Needs

- > Front-wheeled walker
- > Cane
- > Handrails
- > Hip Kit



Equipment Resources



Bedside Commode



Shower Chair

★ Bridge Ministries:

- ▶ P: 425-885-1006
- ▶ W: <https://bridgemin.org>

• Local Senior Centers

- Churches
- Garage-sales
- Medical Supply Stores
- Online Retailers



Tub transfer bench



Raised Toilet Seat with handles

6

Fall Prevention

- > Remove tripping hazards (electrical cords, throw rugs)
- > Clear clutter
- > Keep commonly used items within reach
- > Adequate lighting



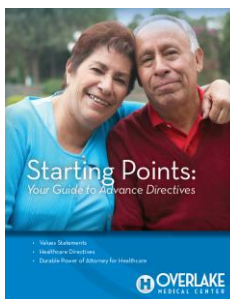
Chapter 2b: Preparing for Surgery

Pre-Admission

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Pre-Admission

- Surgical Pre-admission Phone Call (RN)
 - > 1-3 days prior to surgery
 - > Medical and medication history
- Admission Phone Call
 - > 1 day before surgery
 - Arrival time to the hospital is 2 hours prior to your surgery time.
 - > Paperwork
 - > List of medications, supplements & allergies
 - > Advance Directive
 - > Handicapped parking permit
 - Form from surgeon's office
 - Obtain placard from vehicle licensing office
 - Valid for 3 months



Chapter 2c: Preparing for Surgery

What to Bring to the Hospital

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Packing Your Bag

- Clothing
- Toiletries
- Personal items
- Shoes
- Leave valuables at home



Packing Your Bag

Medical Supplies to Bring

- Dentures
- Hearing aids
- Glasses
- CPAP
- Eye Drops
- Ear Drops
- Inhalers
- DO NOT bring common prescription or over-the-counter medications



Leave Bag in Car

- Leave your bag in the car until after your surgery is complete
- Your coach can take your bag to your room after you arrive to the orthopedic unit



Chapter 3a: Preparing the Day/Night Before Surgery

Fasting Guidelines & Hydration Protocol

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Week Before Surgery

** Always refer to your PCP for dietary changes where health conditions need to be considered (ie. CHF, severe coronary artery disease, liver cirrhosis, ESRD)*

- ❑ Aim to drink at least 64oz of water and other hydrating liquids each day (Eight 8oz glasses)
 - Why? Hydration before surgery can prevent/reduce:
 - Nausea
 - Low blood pressure
 - Grogginess after surgery



Week Before Surgery

** Always refer to your PCP for dietary changes where health conditions need to be considered (ie. CHF, severe coronary artery disease, liver cirrhosis, ESRD)*

- Aim to eat 70g or more of protein each day
 - Why?
 - Improves wound healing
 - Reduces infection risk



Morning of Surgery

Fasting Guidelines – Refer to the Kaiser Permanente/Proliance Orthopedics & Sports Medicine handouts on our webpage for further detail.

- DO NOT EAT anything 8 hours before surgery check-in

- Continue to drink CLEAR liquids until 2 hours BEFORE ARRIVAL

- Clear liquids include:

- Water
- Electrolyte beverage (ex: Gatorade, coconut water, Pedialyte)
- *Apple/Cranberry Juice
- *Black Coffee - NO milk/creamer, dairy-substitutes, sugar or sweetener
- *Tea - No additives as above



*Ask your Dr re these options

Chapter 3b: Preparing the Day/Night Before Surgery

Hygiene and CHG Protocols

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Hygiene Before Surgery

- Stop shaving 3 days prior to surgery
- Oral care 3x/day
- Hand Hygiene
- Pre-op showers with CHG
 - Obtain Hibiclens (CHG) at surgeon's office OR over-the-counter at local pharmacy
- Night before AND morning of



CHG Bathing

Bathing with Chlorohexidine Gluconate (CHG)/Hibiclens



The night before...

1. First wash your hair and body using your regular soap and shampoo.
2. Thoroughly rinse your hair and body with warm water.
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. Wear clean pajamas and sleep in clean bed sheets and pillow cases.
8. If you sleep with another person, have them bathe using their regular soap and wear clean pajamas to bed.
9. Avoid sleeping with pets.

The next morning...

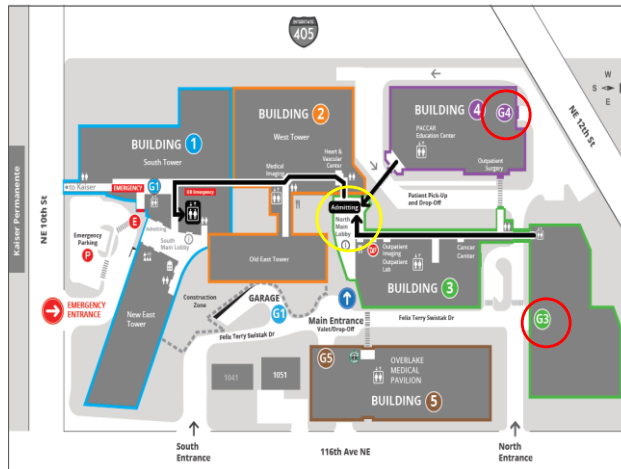
Repeat instructions. Replace wash cloth or sponge with a clean/new substitute. Use a new towel. Do not apply lotion, deodorant, powders or perfumes to the body. Dress in warm clothes.

Chapter 4a: Hospital Experience

Admitting, Preop and Recovery

Admitting

- Admitting is located in the main lobby of Overlake hospital
 - > Arrive **2 hours before surgery time**
 - > Bring ID, insurance card, and credit/debit card for copayment if applicable
- Parking
- Info on webpage
 - > www.overlakehospital.org/orthopedics
- Parking Pass:
 - Validation for North and West garages during surgical stay
- Valet:
 - *With* handicap placard: \$2 per day
 - *Without* handicap placard: \$7 per day



Surgery

Pre-op prep

- *Please refer to Overlake's webpage for the most up-to-date information regarding visitor/coach information*
 - > Meet care team: nurses, anesthesiologist, surgeon and others
 - > Review medical history and medications
 - > Discuss physical limitations not related to your surgery
- Anesthesia: Refer to chapter 5
- Surgeon:
 - > Confirm name, DOB and surgical site
 - > Marks the site with a special sanitary pen



Recovery

- 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
 - *Please refer to our most current visitor policy and guidelines on the Overlake webpage:*
 - www.overlakehospital.org/orthopedics



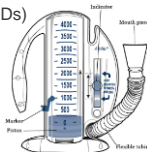
Chapter 4b: Hospital Experience

Orthopedic Unit

After Surgery- Orthopedic Unit

What to Expect After Surgery

1. Early Mobility
 - > Transfer gurney to recliner chair within 1 hour of arrival to unit
 - > PT and/or OT evaluation within 2 hours of arrival to unit
2. Out of Bed
 - > Until discharge OR until bedtime day of surgery (whichever comes first)
 - > Most patients discharge same day
 - > If stay the night, out of bed before 7am the next morning until discharge
 - > Discharge can be as early as 9am
3. Exercises
4. Equipment
 - > Incentive Spirometer (see picture)-10x per waking hour
 - > Sequential Compression Devices (SCDs)
 - > Ice Packs



After Surgery-Pathway

Day of Surgery

1. Admit to Ortho Unit
2. Coach present on unit per visitor guidelines
3. Early mobility
4. Nutrition
5. Education
6. PT/OT Evaluations
7. Discharge if medically stable and functionally cleared

Morning After Surgery (if necessary)

1. Out of bed by 7am for breakfast
2. Coach arrive by 8am
3. Work with PT and/or OT
4. Discharge when cleared (as early as 9am; no later than 11am)
5. Bagged lunch available for discharge

Most of our total joint replacement patients discharge on the day of surgery. The sooner we can get you home, the better the outcomes and healing for you!

Chapter 5: Anesthesia & Pain Management

Types of Anesthesia & Pain Management Interventions



Anesthesia

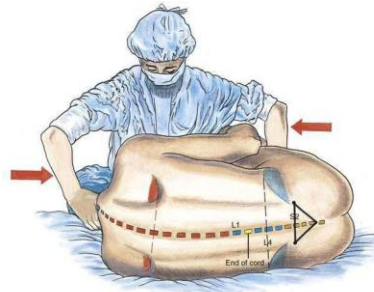
- Types of Anesthesia
 - > Regional anesthesia:
 - Evidence-based; common practice in total joint replacement surgery
 - Can reduce complications and improve recovery experience with less pain, less nausea and less opioid medication required
 - Spinal + Sedation
 - Peripheral pain blocks
 - Adductor 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

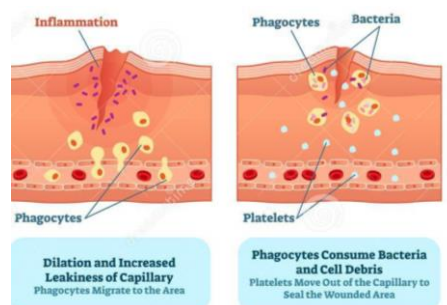
Chapter 6a: After Surgery

Pain and Swelling Management

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Expectations - Swelling

- ❑ Normal reaction to a large surgery
- ❑ Inflammatory response helps with the healing process
 - Brings white blood cells to the area to fight infection
 - Brings other repair cells to the area
- ❑ Manageable swelling is important to a faster recovery
 - Will naturally improve over time



Expectations - Pain

- ❑ Surgery pain is expected, but experienced levels vary person to person
 - Is different from chronic joint pain – and WILL improve with healing
 - Key is to follow Dr's & Physical Therapist's advice to manage
- ❑ Might experience peak of swelling & discomfort 2-3 days after surgery
 - Pain fluctuates throughout the day
 - "Multimodal" = various approaches to treating pain
 - Ice & elevation for swelling
 - Activity for blood flow & stiffness prevention
 - Rest to allow repair time
 - Medication



Multimodal Treatment - Icing

- ❑ Icing calms excessive swelling
- ❑ Ice 4-5 times a day; 20-30 mins each time
 - or per your surgeons instructions
- ❑ "Over-icing" can lead to skin damage, wound healing issues, & less effective swelling reduction



Multimodal Treatment - Elevation

- ❑ Helps accumulating fluid drain out of affected leg
 - Even hip patients experience leg, ankle, foot swelling
- ❑ 3-4 times per day elevate leg for up to 1 hour (while laying down)
 - “toes above nose”
 - <Knees> esp: Pillow under calf/entire leg & not under knee only
- ❑ Feet should be elevated when in a chair
 - unless at table for meals



Multimodal Treatment - Activity & Rest

- ❑ Find balance b/t exercises/movement & not over-exerting yourself
- ❑ Know your limits & allow for periods of rest
- ❑ Aim to slowly increase activity as pain improves
 - Walk further or more often each day
 - Be prepared to dial back if pain spikes
 - Communicate with your Physical Therapist



Multimodal Treatment - Medication

Overall Medication Purpose & Non- Narcotics

- ❑ Goals of pain medications:
 - Help you be comfortable enough to sleep
 - Get through your PT exercises
 - Perform light daily activities
 - * They are NOT designed to relieve all pain
- ❑ Non-narcotics meds to be taken on schedule – usually for weeks
 - Most take Tylenol (acetaminophen)
 - Calms inflammatory response to reduce pain
 - Do not take any other OTC anti-inflammatory without Dr approval



Multimodal Treatment - Medication

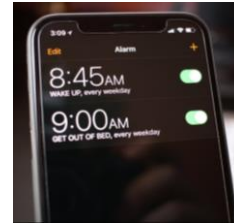
Narcotics (opioids)

- ❑ Narcotics support other pain treatments, but are NOT focus and some patients may not need to use
- ❑ If taking, many only use 3-7 days after surgery
 - Your surgeons don't expect the need for opioids for >2 weeks
- ❑ Side effects: nausea, vomiting, constipation, concern for dependence
- ❑ 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



Recovery Routine

- ❑ Continue these pain management tools for 6 weeks after surgery
- ❑ Find a pattern that works for you
 - Ex: Ice & elevate 4-5 times a day together
 - Plan to do this after exercises for tenderness
 - (or before to get better range of motion)
 - Medication may be on its own timed pattern
- ❑ You may find it helpful to set alarms throughout the day
 - Coaches can help motivate and set reminders



Chapter 6b: After Surgery

Nutrition Tips and Constipation Prevention

Nutrition Tips

A healthy diet provides the nutritional building blocks to optimize healing and recovery after surgery.

Focus on:

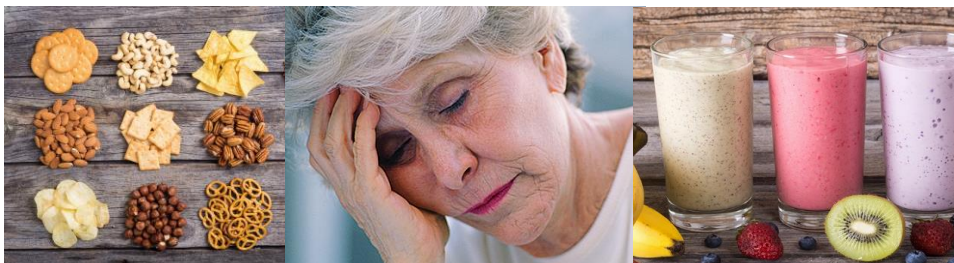
- Protein rich foods - helps w/ wound healing (building blocks)
- Fiber rich foods – helps w/ constipation prevention
- Hydrate with water, electrolyte sports drinks, & be cautious with caffeine (dehydrating).
- Fresh fruits and vegetables – various vitamins and minerals
- Comfort foods like hot soups may be appealing & nutritious right after surgery



Nutrition Tips

Anesthesia can cause nausea, loss of appetite, low energy, and constipation

- Nausea can be relieved by weaning off narcotics, staying hydrated, and keeping light snacks handy
- If not feeling hungry, try protein shakes or many small snacks throughout the day
- Energy levels can be improved with healthy balanced meals and rest
- Constipation is a serious issue to prevent and treat early



Constipation Concerns

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

- ❑ Factors that contribute to constipation after surgery:
 - > Slower GI motility from anesthesia
 - > Dehydration
 - > Narcotics
 - > Exercise decrease
- ❑ Be aware: It can be normal to take 2-3 days for your first bowel movement (BM) after surgery
 - > Follow discharge instructions & be proactive



Constipation Concerns

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

- ❑ Your surgeon may have given you 1 or more over-the-counter stool softeners to take daily
 - > Ex: senna, docusate sodium, miralax
 - > Continue until your 1st BM, and usually as long as one is 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)



Chapter 6c: After Surgery

Complications and When to Call

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Recovery Expectations

Know what can be normal occurrences after surgery vs abnormal

1. Normal Possibilities:

- > Pain/discomfort (tolerable)
- > Higher temperature 1st few days
- > Bruising
- > Drainage on bandage
- > Swelling that comes & goes
- > BM's not regular at first
- > Numb incision



These symptoms are part of the healing and recovery process for most

Recovery Concerns

These symptoms can be resolved with advice or further investigation from the Dr's office

2. Abnormal Findings

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



Complications – Prevent & Identify

Though more serious complications are uncommon, we still wish for you to know what to look for & do if a complication is suspected.

❑ **Blood Clots**

- > **Why:**
 - Natural part of wound healing process
 - Large surgery; the body can go “overboard”
 - Deep vein thrombosis (DVT) or pulmonary embolism (PE)
- > **Identify:**
 - DVT: Significantly painful calf w/ new increasing swelling (esp flex foot)
 - DVT: Redness w/ increased heat on calf area
 - PE: Shortness of breath, coughing blood, chest pain (CALL 911)
- > **PREVENT:**
 - **Move to keep circulation flowing**
 - **Ankle pumps when at rest**
 - **Take blood thinner medication as prescribed**



Complications – Prevent & Identify

□ Pneumonia

➤ Why:

- 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



➤ PREVENT:

- **Wean off narcotics asap**
- **Use Incentive Spirometer**
- **Walking helps lungs expand**

Complications – Prevent & Identify

□ Infection

➤ Why:

- Wound healing can be slowed by poor nutrition & smoking
- Risky behavior & poor incision care can lead directly to bacteria entering the wound

➤ 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

➤ PREVENT:

- Do not smoke (inquire for smoking cessation tools)
- Focus on good nutrition (Chap. 6b)
- Only shower per Dr's instructions
- Be careful with pets near your incision or bandage
- Keep incision covered and bandage clean & dry
- Do not touch incision or try to clean scabs, etc if you change bandage prior to 1st office visit



Complications – Prevent & Identify

□ Dislocation (hips only)

➤ Why:

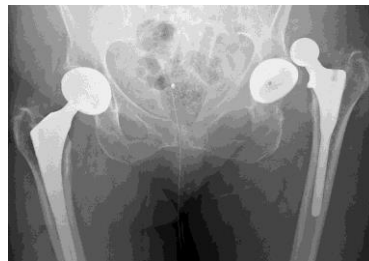
- A fall or injury
- Repeatedly breaking hip precautions via improper movements

➤ 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

➤ PREVENT:

- **Be diligent about hip precautions for 6 weeks after surgery**
- **Avoid falls & fast “jerky” movements**



Complications – Prevent & Identify

□ Loss of flexibility (knees only)

➤ Why:

- Stiffness is normal during healing phase d/t inflammation
- During this phase, if you do not do exercises & stretches scar tissue can form – making tightness permanent

➤ Identify:

- Let your PT be the guide on normal ROM progress and when to be concerned

➤ PREVENT:

- **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 – Prevent & Identify

❑ DO NOT FALL!!

- A fall could lead to a fracture at surgical site
- Critical to be careful during 1st 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 Dr/PA on call after hours (listen to VM to connect to them)

Overlake's Total Joint Helpline:

- Non-emergent line
 - 425-688-5579
 - Will respond w/i 24 business hrs
(M-F 7am-3pm)

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

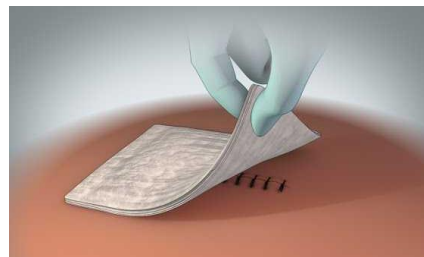
Chapter 6d: After Surgery

Mobility and Return to the Community

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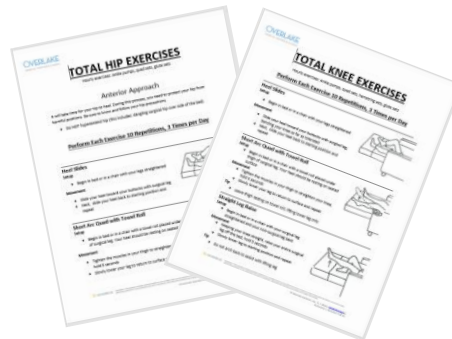
Physician Follow-Up Visits

- About 7-14 days after surgery you will have a 1st post-operative visit at your surgeon's office
 - Your bandage will be removed & staples or sutures (if you have them)
 - Your incision will be assessed & care instructions given
 - Further F/U appts per your surgeons office



Physical Therapy

- ❑ Continue hospital provided exercises 3x/day until your outpatient PT gives more instructions.
- ❑ Work with your Outpatient Physical Therapist w/i 4-7 days after surgery.
 - Plan on 2 times a week



Mobility Safety After Surgery

- ❑ Use front-wheel walker every time you walk.
 - Your PT will tell you when you are ready for the cane, and then no assistive devices



- ❑ You will not be driving to your initial F/U appts (PT & Dr), so plan all rides.
 - Ask your surgeon when you can drive

Community & Recreational Activity

- ❑ Be clear with your PT re goals & favorite activities
 - They may tailor exercises/ stretches/ support to these
 - Goals like: golfing, hiking, biking, swimming, etc

- ❑ We all look forward to you feeling your best & returning to a fuller and more mobile life!

