



Tri-State
Memorial Hospital &
Medical Campus

Your Health Is Our First Priority!

**Preparing You for a
Better Recovery**

**Orthopedic Pre-Op
Education Classes**



Welcome

- We are happy to have the opportunity to meet and talk with you before your surgery.
- We hope this class will help you become more informed about your total joint replacement experience.

Orthopedic Joint Education Class

- General overview of your total joint experience from preoperatively to discharge and beyond. Please write questions down on your packet. We will most likely answer your questions and can take unanswered questions at the end of each section.
- If you have questions about your personal medications or situations, please direct them to your surgeon or nurse at your pre-surgery appointment.

Outline

- Nursing: Medical Surgical Department
- Anesthesia/Surgery
- Case Management/Discharge Planning
- Physical Therapy

Pre-Surgery Appointment

(You will receive a call to set up your pre-surgery appt.)

1. Bring a current list of home medications.
(Including any supplements and vitamins)
2. A urine specimen will be obtained. A blood draw and an EKG will be ordered.
3. Come prepared to meet with pre-surgery nurse to review your medical history, allergies/reactions.

You will be given a detailed skin cleansing instruction sheet with specific instructions for cleansing prior to your surgery.

What YOU can do to help your healing and prevent infection . . .

- It's important to follow the Pre-surgery cleansing instructions, exactly as outlined. This will help cleanse your skin of possible microbes that could cause an infection to your surgical site.
- It is also important to remove fingernail and toenail polish prior to admission for surgery (as well as artificial nails), as they can harbor bacteria and could also potentially cause an infection.

What YOU can do to help your healing and prevent infection . . .

- Good blood sugar control, (if diabetic) prior/during/after surgery will increase your circulation, healing and reduce the risk of infection.
- Smoking cessation is strongly encouraged prior and after surgery as this will promote good oxygen blood flow and improve your vascular system, which will improve healing and reduce infection risks.
- Although smoking increases the risk of a problem happening after surgery, it is a risk factor that you have the power to change. Give yourself the best chance of having a great outcome after your surgery!

What YOU can do to help your healing and prevent infection . . .

- Once at home, remember to maintain good hygiene practices (showering/bath cloths, maintaining good hand hygiene and disinfecting surfaces in your home).
- Limit/restrict touching incision site. Perform hand hygiene before and after touching/changing dressings.
- If you have pets, think about limiting them from jumping on your effected limb, and restrict them from touching your dressing/incision site.

Cancellations

- If for any reason, you need to cancel your surgery, please call and talk to the house supervisor.
- Call with updated phone number so you can be reached in case of a surgery time change.

509-780-1848

The Day of Surgery

- Check-in at the MED/SURG desk.
- Bring a current list of home medications and medications you were requested to bring at pre-surgery appointment.
- A urine sample may be needed day of surgery.
- Visitor policy changes frequently related to Covid 19.
 - Currently, 1 visitor per patient in 24 hrs.
 - Masks to be worn at all times while visiting.
 - Hand hygiene before and after visit.
 - Each visitor must be screened outside of Emergency Room.
- We are a NO-SMOKING campus. Nicotine patches are available if requested.
- Surgery time is approximate and subject to change (cancellations, illness, etc.). Please be flexible.

The Day of Surgery

- Our rooms accommodate 1 or 2 patients (*dependent on census*).
- We will do your admission intake and scrub your surgical site.
- You will receive 3 different types of pain medications.





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Surgery and PACU

In Pre-Op Holding we:

- Introduce you to our team
- Start your IV, administer spinal if indicated
- Utilize a swab to cleanse the nose
- Verify and mark the correct surgery site

Anesthesia

General:

- Asleep with breathing tube
- More medication needed for sedation and pain control
- Added stress on the heart and lungs

Spinal:

- Asleep with minimal support for breathing
- Less medication given for sedation and pain control
- Less stress on the heart and lungs
- Better pain relief

Spinal Anesthesia Facts

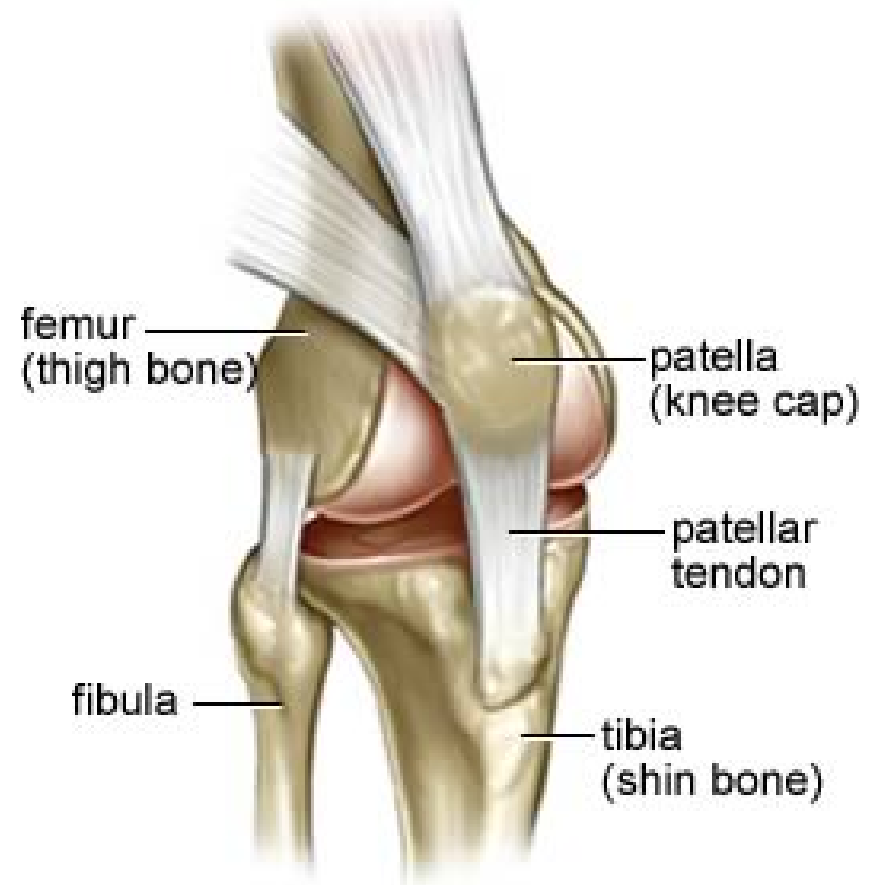
- Administered into the spinal fluid that surrounds the spinal cord and spinal nerves, NOT the spinal cord.
- Modern-day needles are very small with improved shape, thus headaches are rare.
- Provides excellent pain relief.

Surgery

- A Time Out will be performed.
- You will then receive a new **TOTAL** (shoulder, knee or hip) or **PARTIAL** (knee) JOINT.

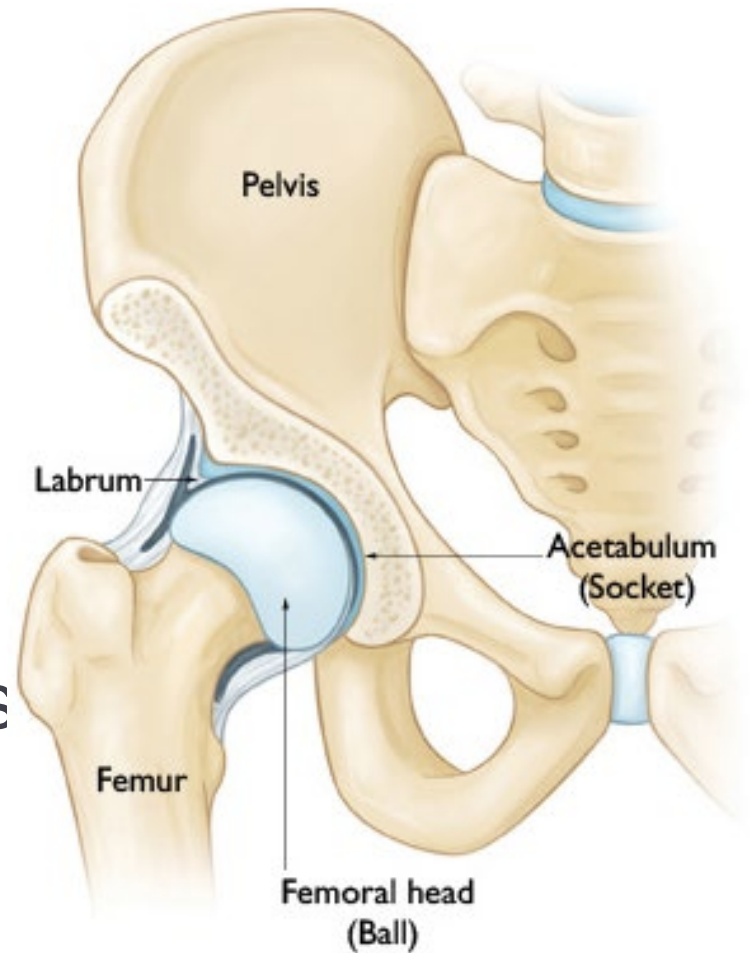
Knee Anatomy

- Femur (thigh bone)
- Patella (knee cap)
- Tibia (shin bone)
- Tendons and ligaments
- Joint capsule



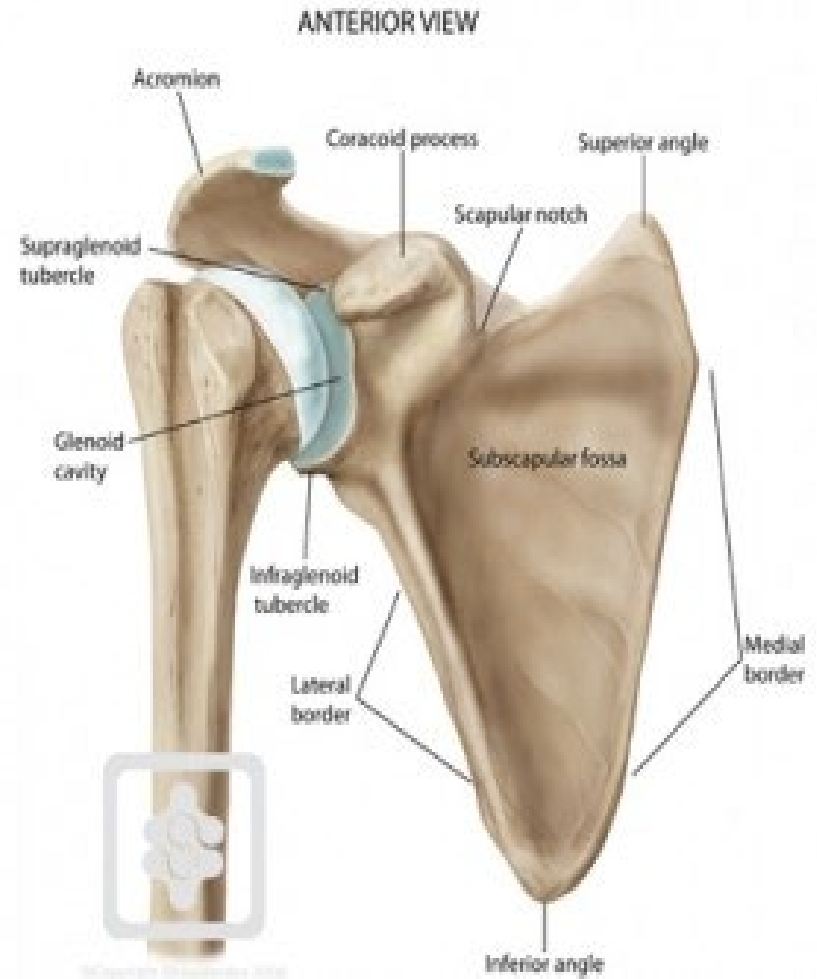
Hip Anatomy

- Pelvis
- Acetabulum (socket)
- Femoral head (ball)
- Femoral neck
- Femur (thigh bone)
- Tendons and ligaments
- Joint capsule



Shoulder Anatomy

- Rotator cuff
- Glenohumeral joint
- Glenoid cavity
- Humeral head (“ball”)
- Tendons and ligaments
- Joint capsule



Surgery

- We have the MAKO[®] Surgeon-Controlled Robotic Arm Technology. Your surgeon may choose to use the Robot or not.



(Recovery Room)

PACU

- You will spend about one hour in the Post Anesthesia Care Unit, before going back to your room.
- You will notice when you wake up that your operative leg is blue or greenish. This is a surgical prep solution to prevent infection. It will wear off gradually.

After Surgery Activities

- Frequent vital signs
- Incentive spirometry
- IV fluids and pump
- Surgical dressing
- Abductor wedge (total hips only)
- CPM machine (total knees only)
- Cold therapy (ice packs for all total joint patients)
- Bladder scanning/Straight catheter if needed
- Early ambulation

Pain Management

- Pain scale 0-10
- Spinal
- IV narcotics if needed
- IV anti-inflammatories
- Oral narcotics
- Ice packs
- Ambulation
- You must request pain medication. It is not given at scheduled times.

Prevention

- Blood clots
 - Blood thinners (Aspirin, Coumadin, Lovenox)
 - AV boots and/or
 - Mobility
- Pneumonia
 - Incentive spirometry
 - Coughing and deep breathing
 - Mobility
- Nausea
 - Begin with light foods
 - Medication
 - Narcotics can cause nausea if taken on an empty stomach

Prevention (cont.)

- **Infection**
 - Antibiotics for 24 hours after surgery
 - Hand washing and sanitizing
 - Sterile dressing
 - Daily bedside bath cloths
- **Constipation**
 - Increase fluid intake
 - Increase fiber intake
 - Stool softeners and laxatives
 - Mobility
- **Swelling**
 - Cold therapy
 - Elevate on pillows

Room Service

ROOM SERVICE MENU

Dial
3663
(FOOD)
7:00am - 6:00pm



Room Service Dining at Your Request!

www.TriStateHospital.org
1221 Highland Ave.
Clarkston, WA 99403 509.758.5511

Extension 3663

Available 7:00am to 6:00pm

Communicate with your nurse when you are ready to eat or call to order your meals. A menu will be provided to you by the food ambassador or nurse.

*Room Service so good,
you will want to stay another day!*

Fall Prevention

- Please Call, don't fall!
- Always use walker, or crutches.
- Let staff know if you feel dizzy or light-headed.
- Your surgical side will be weak for the first 10 – 14 days.

Case Management (Discharge Planning)

Discharge Planning

- **Total Shoulder Arthroplasty** - average length of stay is 1 day, but it depends on your insurance.
- **Total Knee and Hip Arthroplasty** are now considered outpatient surgeries *by Medicare*.

The majority of patients will spend 1 night in the hospital. A few of you may discharge home same day of surgery, **if** you meet criteria and you and your surgeon agree that you are ready to go home. (Ask your family or friends to provide a ride after discharge and to help at home.)
- If your primary insurance is *not* Medicare, they may view length of stay differently. Call your insurance to inquire how many days are covered by your policy.

Discharge Planning

- *If you are wanting to go to a rehab facility, please be aware that you may have to pay out of pocket, unless rehab stay is covered by your insurance.*
- A Case Manager will discuss your discharge needs with you following surgery.

**It's recommended to have family/caregiver present when your nurse goes over discharge paperwork/instructions.*

Remember:

- PLAN AHEAD!
- You will need someone to drive you home!
- You will need someone at home to help you!
- Consider
 - Meal preparation
 - Transportation to/from Physical Therapy and other appointments
 - Laundry and household tasks
 - Yard work

Discharge Options

- Home with family or friends
- Home with Home Health (if homebound)
(Discharge planning will meet with you to discuss your needs.)

Medical Equipment

- Walkers, toilet risers, and bedside commodes are available at Wasem's, Owl Home Medical, and Norco.
- Insurance coverage varies and will require verification-we can help you with this!

Loan Closets/Agencies

Call first to check on availability of equipment or just stop by.

Disability Action Council

330 5th St Lewiston, ID

(208) 746-9033

Opportunities Unlimited

325 Snake River Dr. Lewiston, ID

(208)743-1563

Physical Therapy Providers

CONSIDER MAKING APPOINTMENT PRIOR TO SURGERY

- S.P.O.R.T.- offices in Clarkston/Lewiston
- Dynamic Physical Therapy
- Full Potential Physical Therapy
- Institute of Physical Therapy
- Peak Performance
- St. Joseph Regional Medical Center P.T.
- Twin Rivers Physical Therapy
- Valley Physical Therapy

Physical Therapy Providers

Outlying Areas

CONSIDER MAKING APPOINTMENT PRIOR TO SURGERY

- Dayton, WA
- Enterprise, OR
- Cottonwood, ID
- Grangeville, ID
- Kamiah, ID
- Kooskia, ID
- Orofino, ID
- Pomeroy, WA



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www.TriStateHospital.org

For more information, please call 509.769.2025



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Physical Therapy for Hips, Knees & New Shoulders



SPORT PHYSICAL ORTHOPEDIC REHAB THERAPY
S.P.O.R.T.
PHYSICAL THERAPY CLINIC

What we will cover today

- Home safety
- Exercise instruction
- Hospital Physical Therapy
- Plan for home discharge

Home Safety

- We want to walk you through your home from a safety standpoint
 - Entrance
 - Hallway
 - Living room
 - Bedroom
- Handout

Total Shoulder Surgery

- For Shoulder patients:
 - Home program
 - Activity precautions
 - Wearing brace
 - Ice
- You will likely do that for 10-14 days and then usually start PT after that.

Exercise Instruction

- Knee patients
 - Ankle pumps, quad sets, heel slides, straight leg raise
- Hip patients
 - Ankle pumps, glut/quad sets, heel slides, supine abduction
- Demonstration

Demonstration

- Bed exercises

What you will receive from us:

- Bed, seated exercises
- Gait training - how to walk correctly with your new hip or knee
- How to get up, down, in, and out (bed, chair, commode)



What you will receive from us:

- Stair Training-for those that need this
- Discussion on car transfers and other possible home obstacles
- Home program



Day of Surgery PT

- Depending upon:
 - When you get back from surgery. We can possibly see you between 3-5 pm. After 5 pm, it will likely be nursing who see's you.
 - How bad your pain is. We expect you to have some pain
 - Whether or not you are dizzy or lightheaded
 - Whether you have control of the surgery leg, arm.

Day of Surgery PT

- We will:
 - Do some bed exercise
 - Get you up and do walking
 - Instruct/review home program
 - Discuss car transfers and stairs

Research

- There is some new data that supports this and shows that total knee patients who are walking day of surgery usually go home vs. those who wait until day 1 post-op
 - Yakkanti et al, 2019

Day 1 Post-Op

- Bed exercises - both a.m. & p.m.
- Walk 1- 3 times w/assistance
- Ice regularly
- Safety - For first day, safer to have someone with you when you want to get up. We don't want you falling!
- We may catch you when your pain is 4-5/10. That's ok – beneficial to be up.
- Likely discharge home(cont.)
 - **Goal: Get in chair for all meals.**

Day 2 Post-Op-for those going to rehab facility

- Increase independence
- Keep doing bed exercises a.m. & p.m.
- Walking independently if head is clear and you have control of surgical leg - you can do this every 2 - 3 hrs. - Increase walking distance
- Ice operative site
- Ascend/descend steps
- Discuss car transfers
- Go home or to rehab facility

Precautions

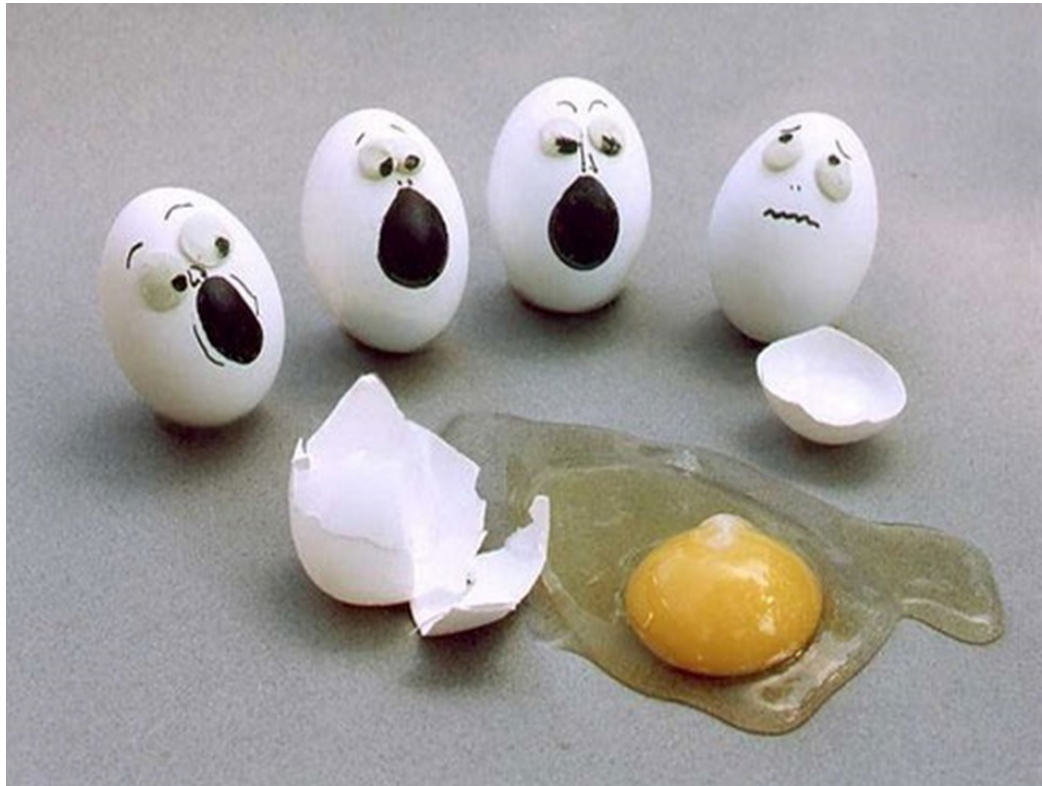
- Knees - nothing propped behind the knee when you lie down
- Hips - transfers vary depending upon the surgical approach taken
 - Anterior - Few precautions
 - Posterior – 2 approaches, With both, we will tell you:
 - No crossing knees
 - No knee above hip
 - And avoid turning foot inward for 6 - 8 wks with all transfers.
 - No side lying for 3-4 weeks for either approach.

What we expect from you:

To go home . . .

- Independent in transfers - bed, chair
- Walking with walker at least 100-150 ft.
- Able to ascend/descend 3 - 4 steps if you have steps
- Doing bed exercises
- Getting up for meals - don't eat in bed

Can I hurt the hardware?



Can I hurt the hardware?

You cannot hurt the hardware
by walking on it or by going
up or down steps.

What about heating the new joint?

- We suggest avoiding it for the first two weeks.
 - The body is dealing with a lot of inflammation, and we try to avoid introducing too much initially (72 hours – 14 days)

Can I ice my new joint?

- **Yes. 2 - 4 times a day, 10 - 30 minutes each.**
- **Ice packs (2 sets of gel packs to take home from hospital).**
- **We also have an ice bag recipe that you will get with home exercises.**

(May also use frozen peas/corn/mixed veggies...)

At Home

- Ice
 - Knee and hip: 4-6 times day, 15-30 minutes each time
- Home exercises
- Walk regularly – activity as tolerated, (Not unlimited activity!)
- Remember, the doctor has done his work, now you need to do yours.
- Remember precautions



Elevation

- Make sure to elevate from calf. (No pillows behind your knee.)
- Lie on back with leg higher than heart.
- 2-3 times daily if needed 20-30 minutes.



Post-op Rehab

- Do I need additional therapy?
- We are biased because we are Physical Therapists but.....
 - Research is now showing that people do better even with a few weeks of outpatient therapy rather than none at all or just a home program.

What does outpatient therapy give me?

- ⦿ Quicker gains in range of motion
- ⦿ Quicker gains in strength
- ⦿ Individualized progression of your program!
- ⦿ Better understanding of what is OK vs. too soon/too slow
- ⦿ Help weaning off of pain meds
- ⦿ Knowledge of the physiology and rehab process, when to be concerned and advocate with your physician
- ⦿ Quicker return to function

How long does outpatient therapy last?

**It depends on Function,
It's not time dependent**

- Knee - Typically 6 - 8 weeks
- Hips - Typically 4 - 8 weeks

How long should I use my walker, crutches or cane?

- Again, it depends....
- Therapists look for markers to let us know you are ready for that transition. (Strength, mobility, and movement patterns)
- Don't abandon assistive devices too early!

How far should I walk?

- Listen to your surgical side. It will let you know when it is getting tired.
- Call that your halfway point or sit down and take a break.
- You should increase your distance every 2 - 4 days.

What about going up/down steps?

- “Up with the good, down with the bad.”
- We suggest minimizing use of steps to absolute necessity early on. (Ex: Getting to outpatient therapy.)
- Stay out of the basement for a few weeks.



What about driving?

- If you are on the narcotic pain meds, NOT ADVISED!!
- With left leg and automatic car, probably within 2-3 weeks.
- With right leg
 - Total knee: 2-4 weeks. Requires good ROM (range of motion) and reaction time.
 - Total hip: Probably within 2 weeks. Again, consider good reaction time and ROM.

In the end, it's all about balance

- Too much of any one thing probably isn't good. If some is good, more isn't better!
- Old adage – “*A little is good, a lot is better* –” doesn't apply
- You need:
 - *Some* exercise
 - *Some* walking
 - *Some* ice
 - *Some* rest



Down the Road



When can I.....

- Put on shoes/socks
 - Hips - if posterior, wait 6 - 8 weeks
 - Knee - as soon as you can bend the knee enough
- Kneel
 - Hips - within 2 months
 - Knees – not likely for 4-6 months (if ever) consider padded surface/pillow
- Walk long distances - usually within 3 months
- Outdoor activities – Gardening, hiking, golf
 - Within 3 - 5 months, start light and work up

Any Physical Therapy Questions?



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Thank you for
attending the
Tri-State
Orthopedic
Education Class

We look forward to caring for you during your
joint replacement experience!