

Harrington

HEALTHCARE SYSTEM

Total Local Care

WELCOME!

Total Joint Replacement

Preparation and Patient Education Course

Introduction

Thank you for choosing Harrington HealthCare for your Total Joint Replacement procedure!

Today's session will last approximately one hour and we will cover important topics regarding your upcoming surgery, including:

- The procedure itself
- Pre- and post-operative care guidelines from our health care team
- Post-surgical recovery options
- Communicating with your insurance company

There will be plenty of time for Q&A! Please write down any thoughts you have during the presentation or ask our speakers.

We ask that Total Hip patients stay after this presentation to review specifications of their PT and OT care plan.

Welcome!

Hi, again, and Welcome!

At Harrington HealthCare System, our goal is to help you achieve an improved quality of life. This is accomplished through our multidisciplinary healthcare team approach which includes:

- Orthopedic surgeons, physician assistants, and anesthesiologists
- Nurses
- Case managers
- Physical therapists and occupational therapists
- Pharmacists
- Dietitians and nutritionists



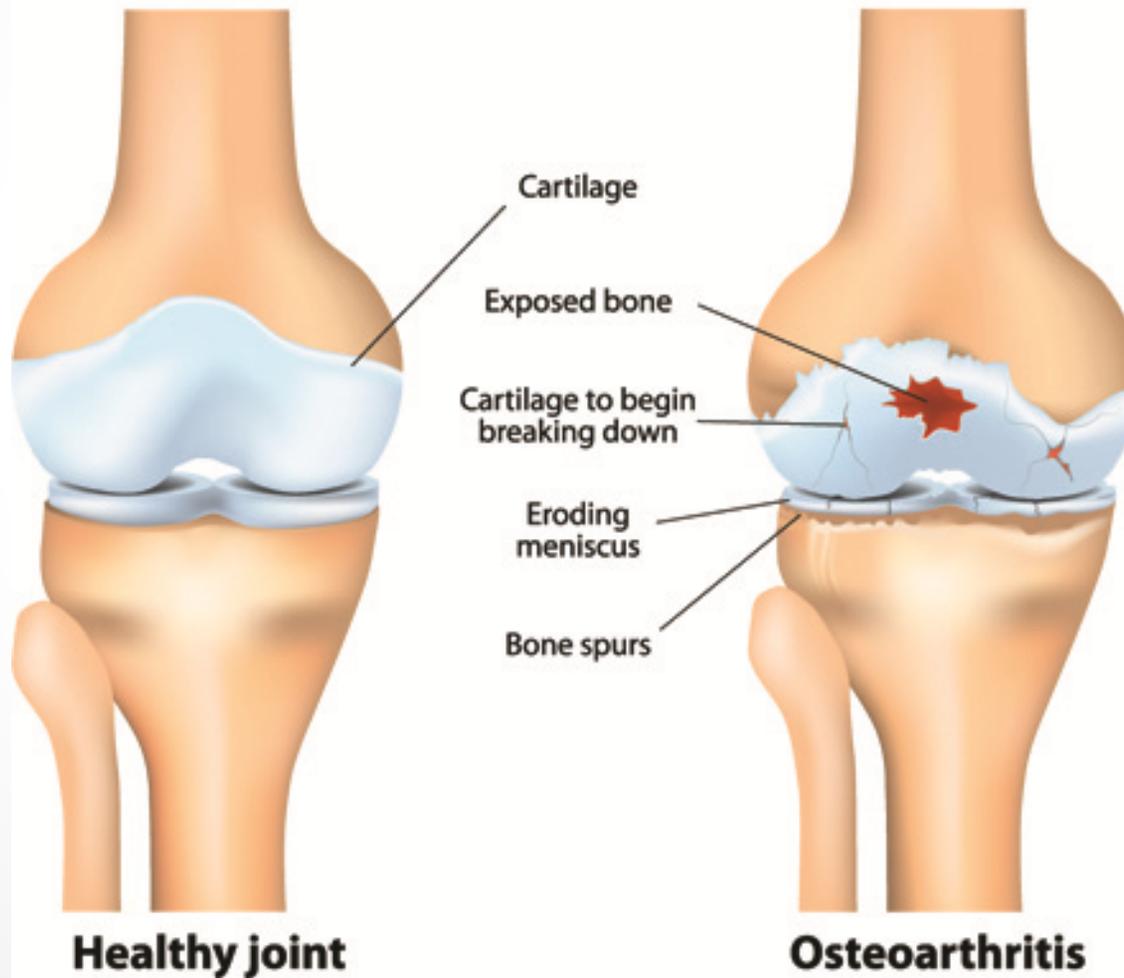
JOINT REPLACEMENT SURGERY

Harrington Physician Services
Orthopedic Surgery



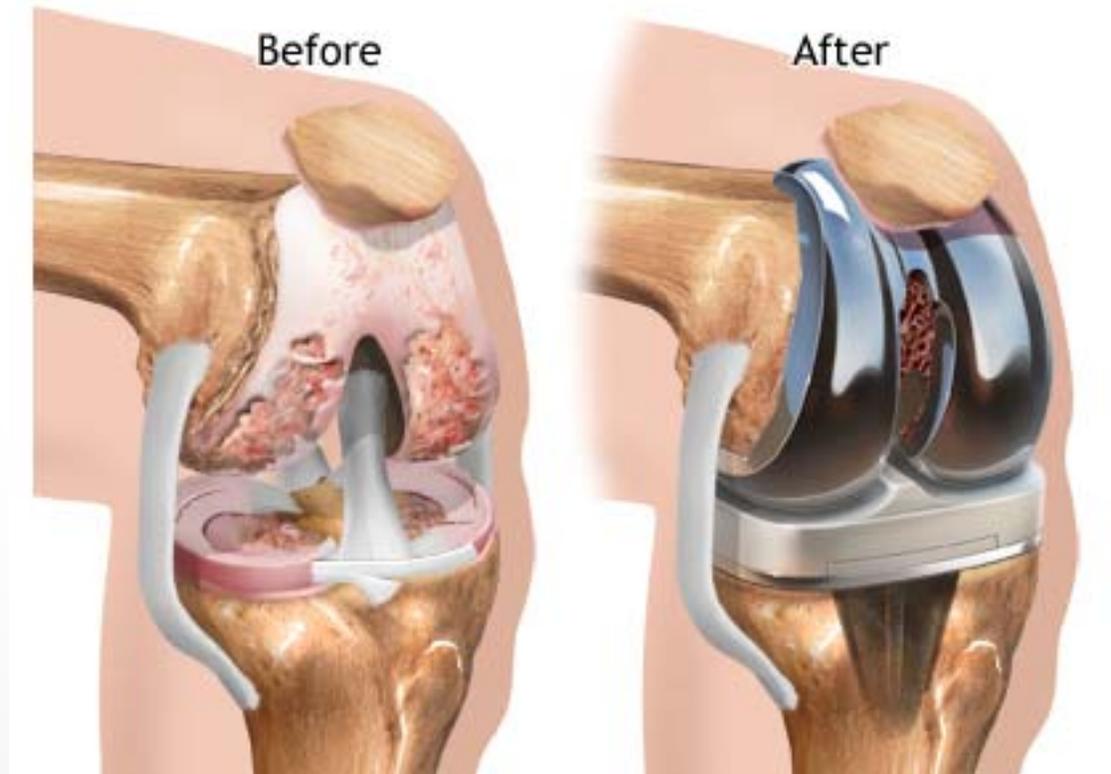
Knee Replacement

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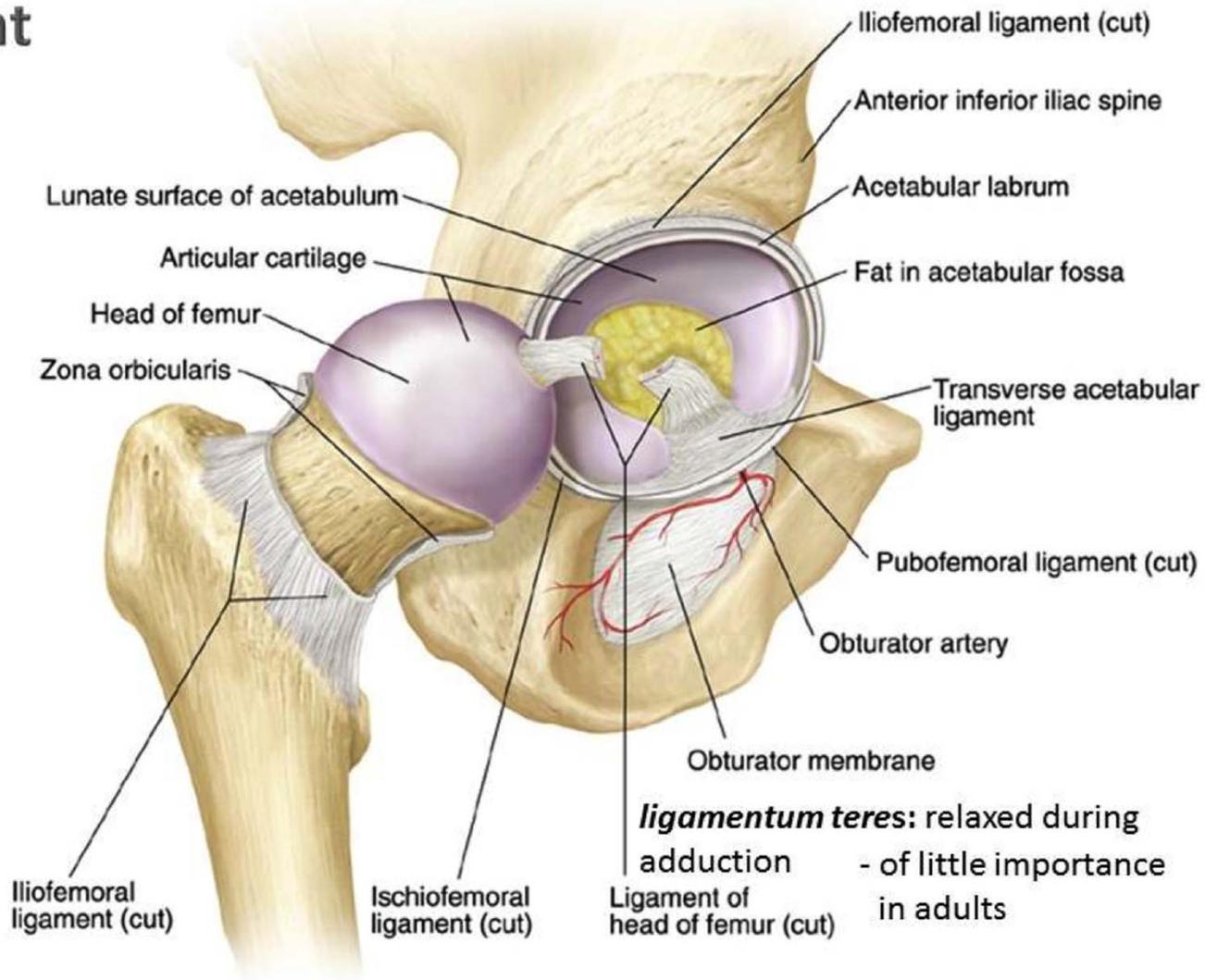
Knee Replacement

Knee replacement surgery (*arthroplasty*) is a procedure to resurface a knee damaged by arthritis. Metal and plastic parts are used to cap the ends of the bones that form the knee joint, along with the kneecap.

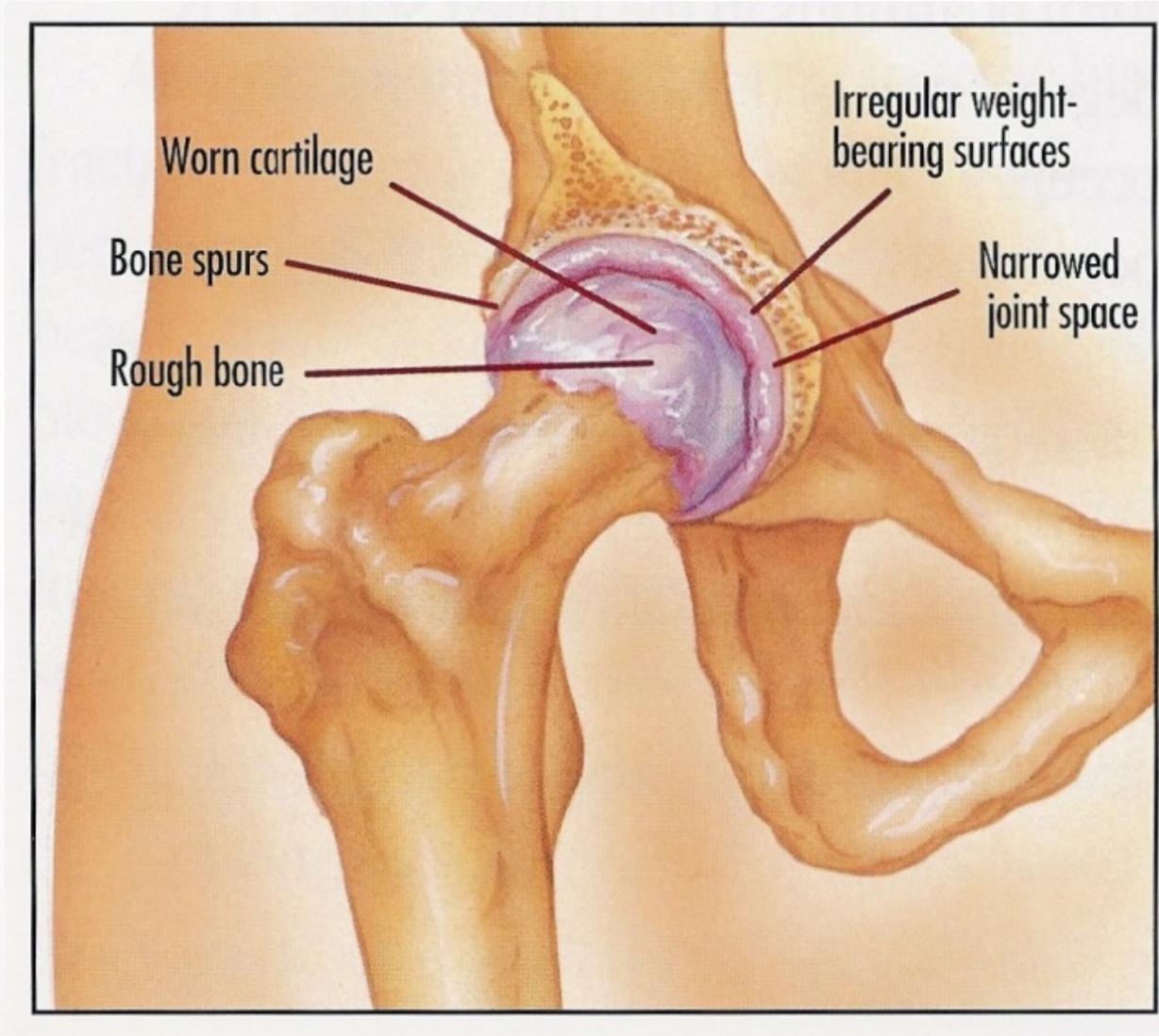


Hip Replacement – Normal Hip Joint

Hip Joint



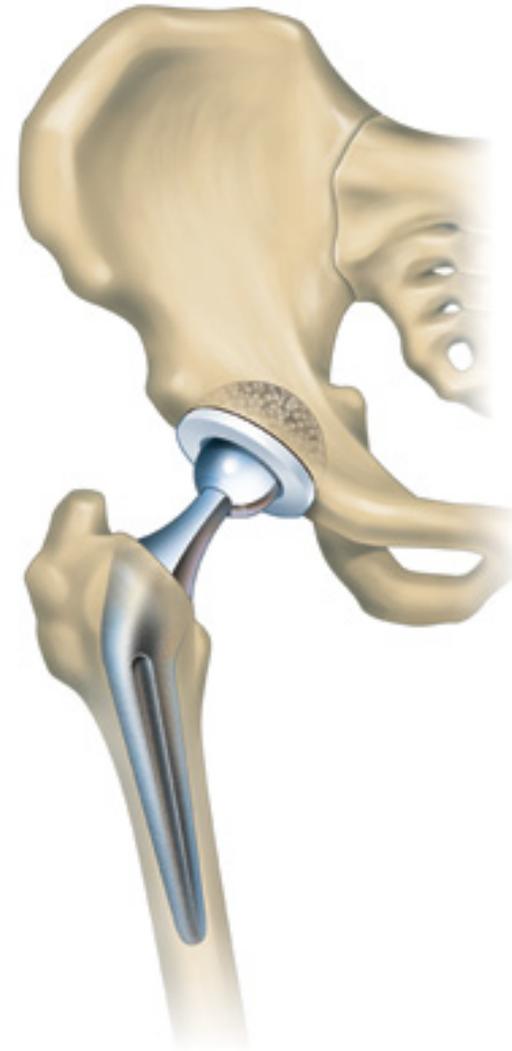
Arthritic Hip



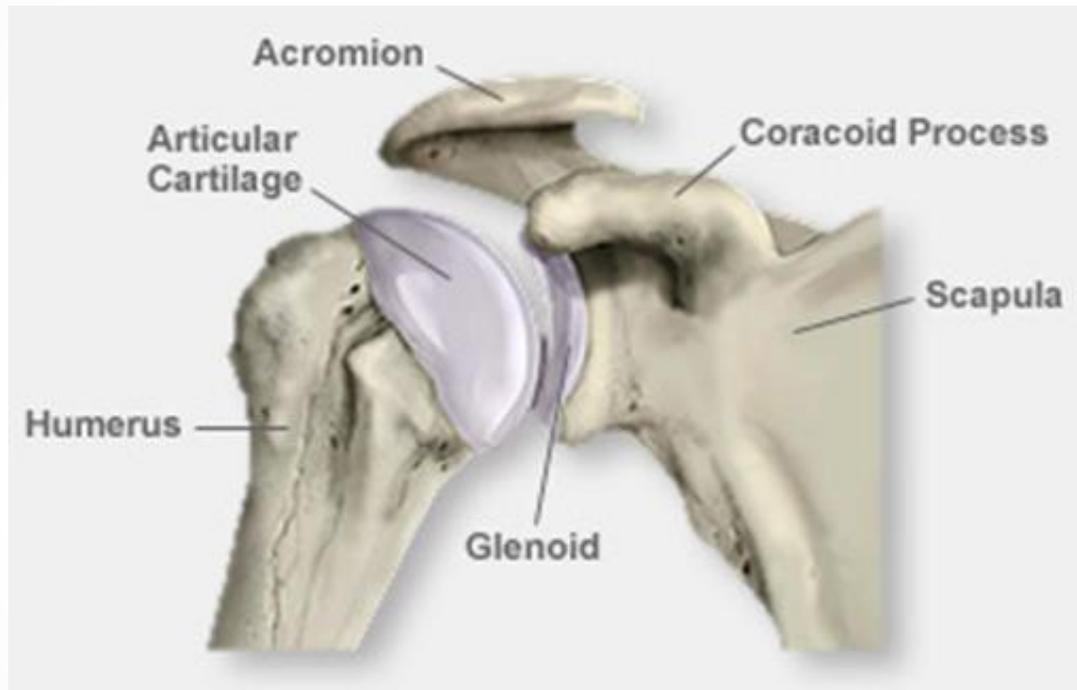
Hip Replacement

The most common cause of chronic hip pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis, and traumatic arthritis are the most common forms of this disease.

In a total hip replacement (*hip arthroplasty*), the damaged bone and cartilage is removed and replaced with prosthetic components.

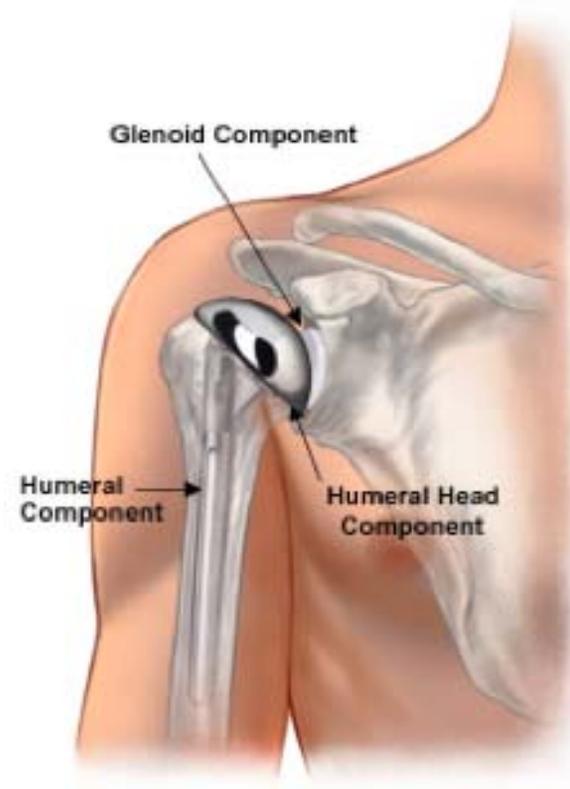


Total Shoulder Replacement



Total Shoulder Replacement

In shoulder replacement surgery, the damaged parts of the shoulder are removed and replaced with artificial components, called a prosthesis. The treatment options are either replacement of just the head of the humerus bone (ball), or replacement of both the ball and the socket (glenoid).



PRE-ADMISSION TESTING AND DAY OF SURGERY

Christine Santos, RN

Harrington HealthCare
Surgical Department



Pre-Admission Testing (PAT)

- PAT will be booked by the HPS Orthopedic office within two weeks of your surgery date.
- Please bring an accurate list of all medications you are on, including vitamins, and any over the counter medications.
- You will speak with a Nurse, Nurse Practitioner or a Physician's Assistant. They will obtain a health history from you.
- Tests Performed:
 - Blood work
 - Chest X-ray
 - EKGFollowing your tests, you will be given clearance through your Primary Care Physician, Cardiologist, or other appropriate doctors.
- The nurse will also do a MRSA screen during this visit.
- Sage wipes will be given as well as instructions on how to use them.

Morning of Surgery

- After check-in at main registration, you will be directed to 3rd Floor Ambulator Care Department (ACU)
- A nurse will help get you ready for surgery. You will also have the opportunity to speak with other members of the team who will be caring for you during your surgery.
- You will be transferred to the OR.
- Your surgery will be approximately 3 hours.
- Once surgery is complete, you will be placed in a bed and transferred to the Post-Ambulatory Care Unit (PACU). Nurses will monitor your vitals and help assist in your recovery.
- You will be transferred to the nursing floor once your condition meets guidelines.

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RECOVERY

Harrington HealthCare
Nursing Department



Nursing Care

We want your recovery from your procedure to be as seamless and comfortable as possible. During your hospital stay, our nursing staff will assist in many different aspects of your care, including:

- Use of two patient identifiers
- Foley catheter
- Pain control (PCA pump, oral medications, pain scale)
- Out of Bed (OOB) Post-Op Day 1
- Abductor pillow for some hip patients
- IV fluids
- Bowel medications
- Incentive spirometer
- Sequential Compression Device
- Cold Therapy System (knee and shoulder patients – instructions handed out)
- CPM machine for some of the total knee patients
- Obstructive Sleep Apnea/Cont Pox/Bring CPAP if used at home
- Lovenox post-op and after discharge

Discharge Instructions

During your stay, the nurses and therapists will be educating you on the following discharge topics:

- Incision care
- Pain management
- Swelling management
- Anti-coagulation
- CPM if appropriate
- Activity progression and exercise
- Activities of daily living and use of adaptive equipment



PHYSICAL & OCCUPATIONAL THERAPY

Harrington HealthCare
Rehabilitation Department



Physical Therapy

Physical Therapy sometimes begins the same day as your surgery, but will definitely begin the morning after... However, **YOU** start therapy the minute you can start to move in bed!

Use your bed controls, trapeze bar, upper rails to help you move and position yourself in the bed.

Use of Continuous Passive Motion machine (for some knees) may be used.

Occupational Therapy will join Physical Therapy efforts for hip and some knee replacements.

PT will work with you one to two times per day to progress your mobility

We will monitor your pain level, blood pressure, oxygen and heart rate before, during, and after treatment.

***Hip Patients have specialized set up–
Please stay after this session to talk with our staff!***

Occupational Therapy

We work closely with the PT department and help you regain mobility and resume Daily Life Activities. We also help determine discharge planning, review precautions, and practice safe functional mobility during self-care.

- Knee and hip patients will have limited mobility
- Hip patients follow what we call Total Hip Precautions, which limits bending, twisting and bringing the legs together
- Everyone will be introduced to home modifications and adaptive equipment ideas

We also focus on:

- Bathing
- Dressing
- Toileting
- Safety Awareness



Types of Adaptive Equipment



Walking assisted devices, like canes and walkers, can be useful for hip or knee patients during therapy and at home.



Reachers can be used to pick up objects from high or low places and to assist with dressing.

Types of Adaptive Equipment

Raised Toilet Seat



Shower Chair



Raised or floor model toilet seats and shower seats can be extremely helpful for total joint patients.

Preparing for Your Home



You should take the following precautions BEFORE surgery to make your home a safe environment for your post-care recovery:

- Remove any throw rugs
- Remove any electrical cords or small objects to avoid tripping
- Place the phone in easy reach of where you will be sleeping or sitting
- Make sure you have good lighting and night lights
- Plan to stay on the first floor in case it is needed
- If possible, install or secure a railing on any external or internal stairs
- Please be careful of any pets





Nutrition Before & After Your Surgery

Preparing for Surgery

- Eat a healthy, well balanced diet
- Avoid any *significant/rapid* weight loss prior to surgery
- Your goal may be weight maintenance or gradual/mild weight loss
- Maintain adequate nutrient stores & muscle mass
- Strength for healing and rehabilitation
- Gradually increase your fiber and fluid intake to avoid constipation



Lean Protein Choices

- **1 oz cooked fish/shellfish**
- **1 oz cooked chicken or turkey without skin**
- **1 slice of lean deli meat**
- **1 oz cooked lean beef (sirloin, round, 90% lean ground beef)**
- **1 egg**
- **½ cup beans (black, kidney, pinto, white)**
- **3 oz tofu**
- **1 oz of nuts: 22 almonds, 40 pistachios, 14 walnut halves**
- **1 oz of seeds: pumpkin seeds, sunflower seeds**



Prepare your proteins by baking, grilling, or broiling. Avoid sautéing in heavy oil, pan-frying or deep-frying.

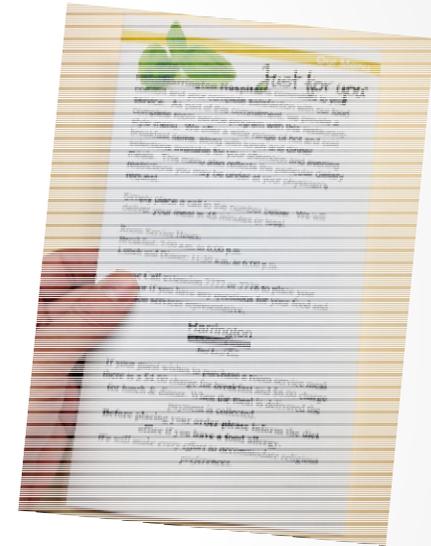
Iron & Vitamin C

- Even small amounts of blood loss during surgery can deplete your iron levels.
- High Iron Foods:
 - Lean beef, pork, lamb
 - Chicken, turkey
 - Oysters, clams, scallops, shrimp
 - Organ meat; liver
 - Dried beans, legumes
 - Dark green/leafy vegetables (spinach, kale)
 - Dried apricots, dried peaches, raisins, prunes, prune juice
 - Fortified breakfast cereals (Total, Bran flakes, Oatmeal)
 - Wheat germ
 - Whole grain/enriched breads
 - Egg (yolk)
- Iron is best absorbed with foods high in Vitamin C
 - Citrus fruits, melons, strawberries, dark green leafy vegetables, potatoes, bell peppers, broccoli, cauliflower, tomatoes, cabbage, brussels sprouts
- Limit coffee and tea at meal times, this can decrease iron absorption



Post-Surgery Inpatient Nutrition

- Your doctor will order a diet for you following your surgery. Once the diet office receives your diet order, you may order meals.
- You may be placed on a special diet depending on your medical conditions.
- A menu will be provided to you in your welcome packet upon admission.
- We offer room service style dining. Our hours are 7 a.m. to 6 p.m.
- Use the phone in your room to call the food service representative to order your meal.



Planning for Post-Surgery Nutrition at Home

- Stock your refrigerator and home with non-perishable foods and store at waist/chest level
- Prepare for freeze nutritious entrees
- Purchase high fiber cereals, high protein/fiber snack bars, and instant breakfast supplements, unless restricted by your doctor
- Yogurts mixed with frozen fruit can create nutritious smoothies



AFTER YOUR HOSPITAL STAY

Harrington HealthCare
Care Management Department



After Your Hospital Stay

Everyone will go one of two places following their surgical procedure at Harrington:

HOME

**SHORT TERM
REHAB**

Our assessment determines which place we feel is the best fit for your post-operative care.

No matter which option is chosen, you need to be an ambassador for your recovery.



BEFORE SURGERY..

Prepare for what happens next!

You will need to contact your insurance company BEFORE YOUR SURGERY and ask about your coverage:

1. If you are discharged home, you will need the assistance of Visiting Nurse Agencies/Home Health Care agencies... which ones are in your network?
2. If you will be discharged to a Short-Term Rehab facility, which ones are in your network?
3. Are you covered for any type of Adaptive Medical Equipment purchases?

BEFORE SURGERY..

Prepare for what happens next!

LOVENOX

Most individuals who have a Total Joint procedure will be given LOVENOX. It is an injectable medication that prevents the formation of blood clots.

It can either be listed as a pharmacy benefit or a medical benefit on your insurance.

Contact your insurance company BEFORE SURGERY to determine if a prior authorization is necessary to be prescribed this medication, and what other steps are necessary to ensure you will be able to begin the medication after surgery.

If your insurance does not cover Lovenox, please call your orthopedic office right away!



After Your Hospital Stay

VenaPro Boots



- Helps prevent DVT (Deep Vein Thrombosis) blood clots
- These boots/cuffs are attached to an air pumping device that is set to the correct pressure. Once turned on, the cuffs will squeeze the legs or feet like a massage, which promotes normal blood flow and helps prevent clots.
- Should be worn as much as possible following surgery



THANK YOU!

