

Winchester Hospital Joint Replacement Packet



Information About Your Upcoming **Total Joint Replacement Surgery (Arthroplasty)**

You probably have questions about your surgery, recovery process, discharge and rehabilitation. We hope this booklet will help you understand what to expect and address any concerns you may have.

Types of Joint Replacement Surgery

- **Hip**
- **Knee**
- **Shoulder** (*Shoulder surgery patients are usually discharged the day after surgery*)
 - Hemiarthroplasty
 - Total Shoulder Replacement
 - Reverse Total Shoulder Replacement



Prior to Admission

Below is a list of important things you need to do **before** your surgery:

- Select a Health Care Proxy and bring the completed form with you.
- Contact your insurance company to check deductibles and/or co-payments.
- If the discharge plan is for home, check coverage for medications such as Arixtra and Lovenox, which can be expensive.
- If the discharge plan is short-term rehabilitation at a skilled nursing facility, please tour the facilities of your choice. An appointment or prior telephone call is unnecessary.
- You need a choice of three facilities to satisfy Medicare guidelines – even if Medicare is not your primary insurance.
- Contact your insurance company about coverage for **non-emergency** ambulance transfers and to determine if a **contracted ambulance** company must be used.

Prior to Surgery

Pre-Admission Testing

You will first go to Registration, located on the ground floor. Please arrive 15 minutes before your appointment. The Pre-Admission Testing (PAT) team includes a nurse, a case manager and occasionally an anesthesiologist. You may have blood drawn, an EKG and/or other pertinent tests performed.

Representatives of Case Management Services may meet with you in Pre-Admission Testing to:

- Assess your needs
- Verify insurance benefits, eligibility, and contracted facilities
- Call in/follow up on referrals
- Discuss your post-surgery care/needs and discharge plan

Day Surgery Unit

We strive to address all your needs. Our priorities include:

- Safety – We will ask your name, date of birth, medications, allergies; you will be given an ID and allergy bracelet
- Comfort – You will be shown to a private interview suite
- Privacy – You will be brought to a separate waiting room
- Wait Time – Every attempt will be made to minimize time spent waiting
- Emotional Needs – A nurse liaison will be available to you



Operating Room Suite

Below are a few things you should know about the Operating Room (OR) Suite:

- Usually you will walk to the OR Holding Room
- One family member is allowed
- The OR Holding Room nurse will ask your name again and double check all pertinent paperwork
- The surgeon will meet with you to answer any questions you may have
- The anesthesiologist will conduct an interview, request that you sign an anesthesia consent form, start the IV, and femoral nerve block (total knee replacement patients only)
- An OR nurse will conduct an interview, check all consents and physician orders, and confirm the surgery site (i.e., which hip/knee/shoulder?)
- You will be brought by stretcher to the Operating Room, accompanied by the OR nurse and anesthesiologist

Post-Anesthesia Care Unit

After surgery, you will be closely monitored by the Post-Anesthesia Care Unit (PACU). You can expect to be in the PACU for one to two hours. Visitors are usually not allowed.

PACU care includes:

- Warm blankets – to ensure your comfort
- Pain management – administering pain medications as necessary
- Nausea management – administering anti-nausea medications if necessary

Post-Operative Care

Pain Control

Pain management is among our HIGHEST priorities! We have several options to alleviate pain you may have:

- Patient Controlled Analgesia (PCA) pump, allowing you to control the pain medication
- Pain pills or injections
- Nerve blocks (knee replacements only)

Lungs

Preventing pneumonia is important. Some things you can do to help include:

- Using the Incentive Spirometer (a medical device that helps improve lung function)
- Turning, coughing, deep breathing
- Getting out of bed (with assistance as needed)

Circulation

To prevent blood clots, or deep vein thrombosis (DVT), we recommend:

- Using Venodyne inflatable boots and doing ankle pumps
- Getting up and moving
- Pointing and flexing your toes
- Medications ordered by physician, pills or injections

Blood Loss

- You may wish to talk with your doctor about donating your own blood before surgery
- Blood loss may require a transfusion
- We will monitor your blood work daily

Going to the Bathroom

For the first few days after surgery, this can be challenging. We can help!

Urination

- A Foley catheter is inserted into the bladder while under anesthesia and removed by a nurse within a day or two
- Prevent infections (UTI) by carefully cleaning this area – remember, we are here to help

Bowels and Pain Medication

- Surgery may increase the risk of constipation
- We can provide stool softeners and laxatives
- We encourage you to drink a lot of fluids

Nursing Care

Our nurses will check on you frequently to gauge your physical and emotional progress. Among their duties are:

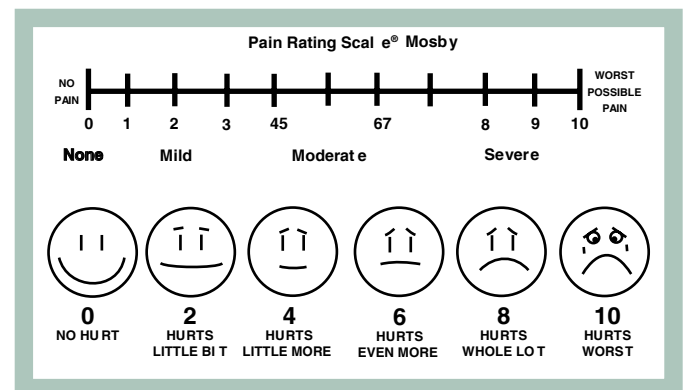
- Pain and nausea management as needed
- Monitoring lab results, vital signs, fluid balance
- Frequent repositioning in bed
- Getting you out of bed
- Removing dressings in two to three days
- Preparing paperwork for discharge



We Can't Do It All – Be an Active Partner in Your Recovery

How quickly you recover is not just up to us – you also have a job to do!

- Turn, cough, deep breathe
- Use the Incentive Spirometer
- Report your level of pain (see chart to the right)
- Shift your own weight in bed as tolerated
- Listen to the therapists
- Do NOT get out of or back into bed alone
- Eat well
- Maintain a positive attitude...you can do it!



Rehabilitation

While you are at Winchester Hospital or at a short-term rehabilitation facility, therapists will work with you each day. The goal is for you to return home and be able to function with minimal assistance or independence.

You are ready to be discharged home when you can:

- Get in and out of bed
- Ambulate household distances with a walker, cane or crutches
- Use the toilet
- Prepare light meals and carry objects to the table
- Understand the total hip precautions and weight bearing status
- Perform a home exercise program and self stretching
- Understand medications, pain management and bleeding precautions
- Put on and take off clothing and shoes
- Open doors with device while maintaining precautions
- Go up and down stairs



Inpatient Rehabilitation Services at Winchester Hospital

Below is a typical therapy plan for the first few days following surgery.

Day 1

- Out of bed and into a chair (usually requires maximum assistance)
- Do not get out of bed or back to bed alone!
- Sit in a chair for 1-3 hours
- Knee replacement: Decreased thigh strength due to femoral nerve block
- Continuous Passive Motion (CPM) applied per physician guidelines
- Ankle pumps to help with circulation

Day 2

- Out of bed and into a chair (usually requires moderate to maximum assistance)
- Do not get out of bed or back to bed alone!
- Increased time spent out of bed
- Knee replacement: Femoral nerve block shut off in the morning; removed by anesthesiologist later that day
- Begin walking with a walker
- Knee replacement: CPM applied usually in the afternoon
- Hip replacement: Review precautions Meet with Occupational Therapist if you will be discharged to home

Day 3 (Discharge to Short-Term Rehabilitation)

- Out of bed (minimal to moderate assistance)
- Do not get out of bed or back to bed alone!
- Continue with Ambulation
- Discharge to rehabilitation facility by ambulance in early afternoon

Day 4 (Discharge Home with Home Care)

- Out of bed (usually with supervision)
- Review home exercise program
- Ambulate with walker or crutches, weight bearing as tolerated (on the surgical side)
- Provide walker or crutches as needed
- Receive instruction about ascending/descending stairs
- Knee replacement: Order CPM for home if needed
- Refer to Home Care Services

Remember:

- We will ask about your pain level with all activities.
- NEVER get out of bed or back in bed without assistance.
- Anticipation is always greater than reality.
- A positive attitude improves recovery.
- Discomfort from surgery subsides; eventually, your previous joint pain will also go away.
- We strive to make your stay at Winchester Hospital a positive experience.





41 Highland Avenue
Winchester, MA 01890
781-729-9000
www.winchesterhospital.org