



Welcome to Joint School at APD.

Please scan QR or visit the APD Youtube channel to view the joint school video.



Joint School Goals

- ▶ To help prepare patients and their support person for surgery and post-operative recovery:
 - ▶ Mentally
 - ▶ Physically
 - ▶ Functionally
 - ▶ Emotionally
- ▶ To always improve outcomes and satisfaction.
- ▶ To help patients understand the hardest work starts after surgery.

Masking

- ▶ Masks are required when entering any APD building.
- ▶ If you are in a room on our Medical-Surgical unit or Surgical Short Stay unit by yourself, you are allowed to remove your mask.
- ▶ When you are in the hallways, or areas with other patients, or staff, you must keep your mask on **properly** at all times.

Visitor Policy

► In response to COVID-19, we adjust our visitor policy often.



Please view our website for current information on masks and visitors.

www.AlicePeckDay.org

Call Before Surgery If:

- You develop a fever of 100.5 or greater.
 - You have a cold or flu with productive cough.
 - Any type of skin infection, rash, or scratch.
 - You experience urinary burning or frequency.
- ALSO: Smoking can increase your risk of infection. Talk to your Primary Care Provider about smoking cessation support.

APD's Culture of Safety

- Simple interventions we use to help prevent surgical complications:
 - Minimizing Infection Risk
 - Preventing Blood Clots
 - Preventing Respiratory Complications
- Redundancy: We use a team approach to make sure no information is missed.

Minimizing the Risk of Infection



- At the time of scheduling, you were prescribed a NASAL ANTIBIOTIC ointment for use twice daily for 5 days prior to surgery to reduce the risk of infection.
- A COVID-19 test will be performed after you start using the ointment, and this is acceptable.
- A prescription for Mupirocin will be sent to your pharmacy.

Minimizing the Risk of Infection

- At your consent signing, you will be given HIBICLENS (chlorhexidine gluconate) antibacterial solution.
 - Use Hibiclens twice before your surgery: once the night before and once the morning of surgery.
 - Use your own shampoo and face wash.
 - Use Hibiclens as a body wash from the neck down; avoid the genital area.



Minimizing the Risk of Infection

- DO NOT SHAVE the surgical side of your body at least 5 days before surgery.
- After showering: DO NOT APPLY any deodorants, body lotions, or body oils.
- Please remove all nail polish and jewelry.

Minimizing the Risk of Infection

- ▶ Please use clean, laundered towels after each shower.
- ▶ Wear clean, laundered clothes after each shower.
- ▶ Put clean, laundered bed sheets on your bed the night before surgery.

Minimizing the Risk of Infection



NO DENTAL WORK, including cleanings:

- ▶ ONE MONTH before surgery
- ▶ SIX MONTHS after surgery

You will only need to take Dental Antibiotics if there is a dental emergency within the first 6 months after surgery, if you are a diabetic patient, or if you are immunocompromised.

You may call your Orthopaedic Nurse to send an electronic script for an antibiotic to your pharmacy.

Let all health care providers know you've had a "Total Joint Replacement."

No Vaccinations Prior to Surgery

- ▶ Per our orthopaedic surgeons recommendations, you **should not** receive any vaccine, including the COVID-19 vaccine, flu vaccine, Shingles, or tetanus, **within TWO WEEKS** prior to surgery.
- ▶ It is recommended that you get your flu or COVID-19 shot at **TWO WEEKS OR MORE** before surgery.
- ▶ You may receive a vaccine any time after surgery.
- ▶ The concern is only **prior** to surgery.

COVID-19 Testing

- You will be scheduled to have a COVID test at APD 72-96 hours before surgery, regardless of your vaccination status. Please call the clinic if you develop any of the following symptoms within 10 days of your surgery.
 - Cough
 - Diarrhea
 - Shortness of breath
 - Fever or chills
 - Nasal congestion, runny nose
 - Sore throat
 - Body aches or fatigue
 - Headache
 - New loss of taste or smell
 - Nausea or vomiting

You must have a negative result in order to proceed with surgery.

Decreasing Risk of Blood Clots

DVT (Deep Vein Thrombosis) or
PE (Pulmonary Embolism)

- A blood clot develops in the veins of the legs and could travel to other areas of the body, such as the lungs causing complications.
- After surgery you may be less active for several days or weeks. This can cause blood flow to slow down, which increases the risk for a blood clot.

Decreasing Risk of Blood Clots

Venodynes are used during surgery, and in the immediate post-op period:

- Sleeves applied to lower legs.
- Inflate and deflate to promote blood flow.

Decreasing Risk of Blood Clots

- **Early Ambulation:** Get up and moving as soon as possible.
- Walk, Walk, Walk!

- **THIS IS THE BEST THING YOU CAN DO!**

Decreasing Risk of Blood Clots

- Examples of commonly used **Anticoagulant Medications:**
 - Coumadin
 - Eliquis
 - Xeralto
 - Aspirin (low dose 81 mg)

Preventing Respiratory Complications

Incentive Spirometer

Keeping the lungs clear after surgery is important to help prevent pneumonia.



Preventing Respiratory Complications

Patients with history of Sleep Apnea or Asthma:

- ▶ Please bring your CPAP and inhalers with you for use while you are in the hospital.



Timeline: A Week Before Surgery

PAT: Pre-Admission Testing

- ▶ You will receive a letter in the mail with a date, time, and telephone number for your PAT call.
- ▶ **It's your responsibility to make the phone call.**
- ▶ Information you should have ready: medical and surgical history; current medications.

Timeline: A Week Before Surgery

- ▶ You will receive **instructions** about what **medication(s)** to take or hold the morning of surgery. Prior to this, please contact the prescriber of your medication(s), so you know what to stop before surgery and when to restart after surgery.
- ▶ Do not bring any of your own medications unless instructed to do so.
- ▶ If the PAT nurse has asked you to bring any of your own medications, they must be in their original bottle. You will give any home medications to your medical-surgical nurse.

Timeline: Evening Before Surgery

You will receive a call **the evening before your surgery** from the hospital to confirm the actual time of arrival to the hospital for your surgery.

The phone call is typically between **3:00 pm and 4:00 pm**.

If your surgery is on a Monday, you will receive a call on Friday.

Timeline: Evening Before Surgery

*** Remember ***

Nothing to EAT after midnight, but you may consume 16 ounces of clear liquids up to 4 hours prior to arrival time for surgery.



Gentlemen,

- DO NOT take medications that treat erectile dysfunction, such as Viagra, the night before surgery.



- Taking this medication the night before surgery will cause your surgery to be **cancelled**.

Timeline: Arriving for Surgery

- Go to **Main Entrance of APD**, to **“REGISTRATION”** and get **CHECKED-IN**.
- Next, please **wait in LOBBY** for a **Nurse** who will take **you** to your Pre-Op room where you will be prepared for surgery.

Timeline: Arriving for Surgery

“Pre-Op” or Same Day Surgery is the hospital department where you will be prepared for your surgery by nurses working with the Anesthesia Provider and Surgeon.

“Same Day” does not necessarily mean that you will be going home that day.

Timeline: In Your Pre-Op Room

- Please arrive without jewelry, makeup, contact lenses, or nail polish including acrylics, gel nails/fake nails. We can store removable dental work, hearing aids, and eye glasses for you.
- We will transport your belongings to the Recovery Room and/or your Hospital room.
- You will be asked to undress and wear the provided hospital gown and socks.

Timeline: In Your Pre-Op Room

- Your surgical site will be **clipped** free of excess hair; an **antimicrobial scrub** will be applied.
- A nurse will: take **vital signs, complete assessment, and start IV** (*Intravenous line*)
- You will be asked to initial **your own surgical side**.
- Your **Surgeon** will also **mark the surgical side**.

Timeline: In Your Pre-Op Room

- Operating Room Nurse:
 - Confirms your information; asks if you have any questions.
 - Seeks permission to provide telephone updates to your Support Person.
- Surgeon and Physician Assistant:
 - Confirms type of surgery, reviews health information/consent.
 - Writes own initials near surgical site.

Timeline: In Your Pre-Op Room

- Anesthesia Provider:
 - Reviews your health information and examines you.
 - Explains your personalized **Anesthesia Plan**.
 - Answers questions and has you sign a **Consent** for Anesthesia.
 - Manages your medical care during your surgery.

Timeline: Getting Ready for the OR

Different Anesthesia for Total Joint Replacement:

- SPINAL ANESTHESIA with MAC
- GENERAL ANESTHESIA

In addition to having either a Spinal or General Anesthesia, you will receive:

- IV medications to help you relax
- Local Anesthetic

Timeline: Getting Ready for the OR

Why Spinal Anesthesia is a good choice:

- Excellent pain relief immediately after surgery.
- Less need for strong pain-relieving medications.
- Less nausea and vomiting.
- Earlier return to drinking and eating.
- Less confusion after surgery.

Timeline: Going into the OR

You will receive a low dose of **IV sedation**.

Now you are transported to the OR.

As further anesthesia is completed, you are properly positioned, antimicrobial scrub is applied again.

Catheter Notice

- Bladder scans will determine possibility of urinary retention.
- If appropriate, straight catheterization will occur *only* in first 24 hours to decrease infection possibility.
- **ONLY** if determined necessary, a Foley catheter will be placed.
- When normal bladder function is regained, catheterization will stop.
- Urinary incontinence is common after surgery.

Timeline: Going to the OR

- Preparing you in the Operating Room may take about 45 minutes.
- Then surgery begins.
- The OR nurse will contact your Support Person via cell phone when surgery begins and towards completion.

Timeline: In the PACU

Following surgery, you will be transported to the PACU or "Post Anesthesia Care Unit," also called the "Recovery Room."

- Fully monitored.
- Oxygen to face by mask or nasal cannula.
- IV fluids and medications.
- Ice therapy– helps pain/swelling.



Timeline: As you recover in the PACU

- Your surgeon will call your Support Person via telephone or meet with them in the family room at the completion of surgery to let them know how everything went.



Transition from PACU to your room

- **After 1-2 hours in PACU:**
You are transferred to your room in the Medical-Surgical Unit or the Surgical Short Stay Unit (SSU)
- **In your room:**
Your Surgeon, Physician Assistants, nurses, therapists, nutritionist will be monitoring you and discussing your progress at morning rounds.

In Your Room

- Nursing Care Team is made of:
 - Registered Nurses (RN)
 - RN Clinical Leader
 - Licensed Nursing Assistants (LNA)

Post-operative Care Goals

- Keeping you **safe**.
- Keeping you as **comfortable** as possible.
- Promoting **rehabilitation therapies and recovery**.

Post-operative Care

- Consider headphones and sleep mask for rest.
- **Average length of stay** is likely to be **1-3 days** after the day of surgery. Some patients may go home the same day.
- **Case Management** will visit you during your stay to discuss **VNA services** for continued **physical therapy** and your safe transition home from the hospital.

Call...Don't Fall

Please use the Call Button **EVERY** time you:

- Need to use the restroom; Need to move; Drop something; Notice a spill; Have any questions!



Always Call...Never Fall

- ▶ Never go to the bathroom alone.
- ▶ Don't lean on furniture that has wheels.
- ▶ Wear hospital socks or safe shoes.
- ▶ Please wear glasses or hearing aids (if you use them) when you are awake.
- ▶ Please rise slowly and check for light-headedness before continuing to get up.

Gait Belt

- ▶ We will use a gait belt throughout your stay for safety purposes on *all* patients regardless of activity level
- ▶ If you see a provider not using a gait belt bring it to their attention
 - ▶ Patients must be cleared by PT for independent movement in room.



Pain Management

Managing pain is part of healing and post-operative recovery.

- ▶ It takes **1 1/2 to 6 hours** or more **for feeling** (sensation) to return to the area of your body that is numb.
- ▶ **As anesthesia begins to wear off**, you may notice some **tingling as sensation returns**. Expect some pain – **ask for pain relief** before pain becomes too obvious.
- ▶ Tingling and numbness on the incision may occur **even a year after surgery**; this is common.

Using the pain scale below, rate your level of pain.

Your Current Pain Your Pain Goal

0 1 2 3 4 5 6 7 8 9 10

NO PAIN DISCOMFORTING DISTRESSING INTENSE HORRIBLE UNBEARABLE

VERY MILD TOLERABLE VERY DISTRESSING VERY INTENSE UNBEARABLE

MINOR MODERATE SEVERE

Does not interfere with most activities. Able to sleep, eat and move normally with medication or devices such as catheters.

Interferes with many activities. Requires frequent attention for pain control. Unable to sleep or eat.

Unable to engage in normal activities. Unable to function independently.

During your stay, you will frequently be asked to "RATE YOUR PAIN" from Zero to Ten.

Post-Operative Recovery

- Your prescribed PAIN MEDICATION will be sent to your pharmacy.
- Your prescriptions need to be filled on the day you leave the hospital. This is the day your prescriptions are prescribed.

Post-Operative Recovery

- Call the Orthopaedic Clinic for pain medication refills or send us a message through myD-H.
- Contact us **before** your medication runs low.
- To **properly** dispose of unused medicine, the clinic will provide you with a disposal bag; please follow disposal directions.

Post-Operative Bandage

- You will have a water resistant bandage that will be placed over your incision. The bandage is on for five days, it will be changed on **day five**, and then left on for an additional five days.
- On **day 10**, You may remove the bandage and leave your incision open to air.
- Dr. Tomek patients will have a clear mesh material that will stay on for **4 weeks** after surgery that will be under the water resistant bandage.
- When the mesh material starts to peel, you may trim the edges.
- **Make sure you are discharged home from the hospital with a bandage to perform your bandage change on DAY FIVE.**

Post-Operative Recovery

- We have an **after-hour call service** through our **Orthopaedic Clinic number: (603) 442-5630**. There is always an *Orthopaedic Provider On-Call*.



NO DRIVING for at least **ONE MONTH** after surgery. Please plan accordingly.

Post-Operative Recovery

- **Traveling after surgery:** (*long car rides or flights*): You may go for a drive after surgery if you feel up to it as a passenger. Air travel will be at the discretion of your surgeon, due to high risk of blood clots.
- *If you go for a drive*, you should plan to stand, stretch, and walk at least every 1.5 to 2 hours. This helps improve blood flow to and from your lower extremities and helps prevent blood clots.

Preventing Common Issues after Surgery

Constipation:

COLACE 100 mg every 12 hours **and MIRALAX** 17 gram capful once daily. Use these medications **together**.

Sleeplessness:

Contact your PCP if you feel that you may need a sleeping aid.

Muscle Spasms:

Please call us, as you may need a **Muscle Relaxant** prescription.

Disability and FMLA

- ▶ If you are employed and working.
- ▶ Please contact your HR department and request any paperwork they need us to fill out.
- ▶ Drop the paperwork off to our office. We will fill out and give it back to you so you can return it to your employer.
- ▶ That way you still get a paycheck and have documentation from your surgeon for being out of work.

Physical and Occupational Therapy

- ▶ The purpose of Total Joint Replacement is:
 - ✓ Remove the damaged bone of that joint.
 - ✓ Replace it with smooth, artificial implants known as a prostheses.

Physical and Occupational Therapy

This prevents the bones from rubbing together and provides a smooth joint.



Physical Therapy, or “PT”

PT focuses on muscles that help with walking, reaching, standing, and physical activities.

- PT works on your:
 - Strength
 - Balance
 - Range of motion
 - Pain
 - Swelling

Physical Therapy Focus

- Walking**
 - Using a walker
 - Climbing stairs
- Strengthening**
 - Home Exercise Program
- Independent Mobility**
 - Getting around by yourself
- Weight Bearing as Tolerated**
 - Your new joint(s) CAN support your entire body weight

Pain Management

- Some **PAIN IS EXPECTED** following surgery.
- Stay **ON SCHEDULE** with pain medication.
- Stay **AHEAD** of your pain.

PT Hospital Discharge Goals

- Independent Bed Mobility
- Independent Transfers
- Independent Home Access
- Independent Home Exercise

Restrictions and Guidelines

- You may shower 48 hours or longer after your surgery **with the water resistant bandage** in place.
- No swimming or soaking in any tub until after your follow up visit with orthopaedics.
- Lifting guidelines following surgery:
 - < 10 pounds for the 1st month
 - < 20 pounds the 2nd month
 - < 30 pounds the 3rd month

Suggested Guidelines

- 15-20 minutes of activity including exercises, and 40-45 minutes sitting/relaxing with feet elevated.
- Any additional guidelines given to you by your surgeon and the orthopaedic physician assistances.

Occupational Therapy, or “OT”

- OT helps patients achieve independence and improve the ability to perform Activities of Daily Living.
- Dressing and Grooming
- Bathing
- Toileting Tasks
- General Recovery
- Functional Mobility
- Discharge Planning

Adaptive Equipment

- Long Shoe Horn



Adaptive Equipment

- Sock Aide



Adaptive Equipment

- Long Handle Sponge



Adaptive Equipment

- Elastic Laces
- Dressing Stick



Adaptive Equipment

- Front Wheeled Walker
- Walker Basket



Durable Medical Equipment

- Commode



Durable Medical Equipment

- Hand Held Shower
- Tub or Shower Chair or Bench



Ideas for Obtaining Equipment not covered by insurance

- Through family and friends
- Online: several sites have "Hip/Knee Kits" or can be ordered individually
- Local Pharmacies, Department Stores, or Medical Stores
- Canaan Lions Club (primarily for residents of Enfield, Canaan, Grafton, or Dorchester)
- Local SENIOR CENTERS, CHURCH groups or LISTSERVS
- VA Hospitals or VFWs and American Legions for Veterans
- Front Porch Forum online (for Vermont residents)
- Community Caregivers of Greater Derry: "Loaners Closet" Londonderry, NH
- Sheriff Departments (for Massachusetts residents)

Home Changes and Preparation

- REMOVE ALL THROW RUGS and other trip hazards.
- Have pre-cooked, easy-to-prepare, or frozen meals ready.
- Place commonly used items in easy reach, between thigh and shoulder height.
- Avoid the "crisper drawers" of the refrigerator.
- Consider making a pet care assistance plan!

Bring with you on Surgery Day

- FRONT WHEELED WALKER.
- Adaptive Equipment you have obtained. We will practice how to use them with you and provide suggestions.
- Loose fitting comfortable clothing and supportive shoes.
- Measurements of common seating areas in your home, including your bed.
- HOME EXERCISE PROGRAM.

In Closing, Please Remember

- NO:
 - vaccines 2 weeks before surgery
 - deodorant, creams, lotions or oils
 - Viagra
 - nail polish or jewelry
 - food after midnight; drink 4 hours before
 - swimming, soaking, or driving. Speak with your surgeon about flying.
- YES:
 - Nasal antibiotics, Hibiclens
 - COVID-19 test
 - Earbuds, headphones, facemask, durable medical equipment, supportive shoes
 - **Call, Don't Fall**
 - Check the website www.AlicePeckDay.org

Questions?

- If you have any questions following the online video, please contact the appropriate nurse for your surgeon.

Nursing Contacts

- Dr. Houde patients (603) 308-0449
- Dr. Lin and Dr. Tomek patients (603) 308-0425


