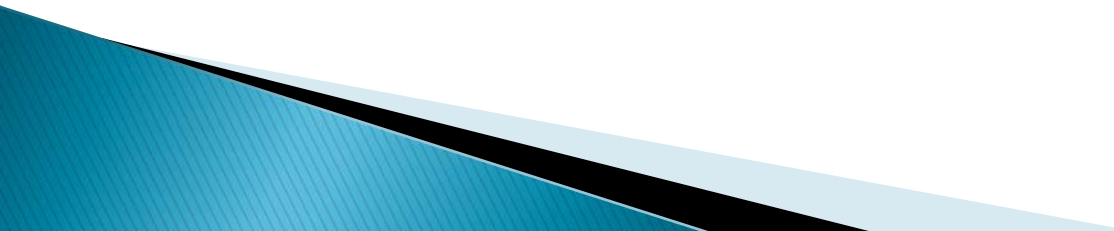


# Training Camp



**“Getting You Back To What You Love To Do”**

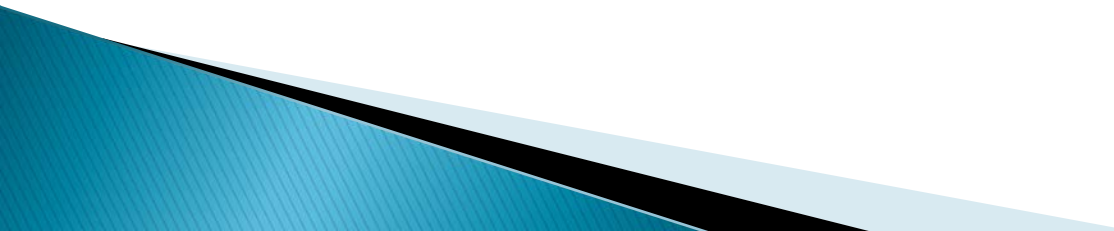
# Your Role Is Key

- ▶ By Participating in the Rapid Recovery or Same Day Surgery Programs you could experience :
  - ▶ Shorter Hospital Stays
  - ▶ Lower infection rate
  - ▶ Quicker recovery with early return to activity
- 

# Purpose of Training Camp

- ▶ To better prepare you and your “coach” for surgery
- ▶ To provide education on pre and post-op phases
- ▶ Discuss discharge planning options with you and your “coach”
- ▶ Feel free to call or email your questions at any time  
Terry Withrow Ortho navigator at 606-408-2004
- ▶ [Terry.withrow@kdmc.kdhs.us](mailto:Terry.withrow@kdmc.kdhs.us)

# Why Have Joint Surgery?

- ▶ Decrease pain
  - ▶ Increase mobility
  - ▶ Improve quality of life
  - ▶ Improve activities of daily living
- 

# The Playbook



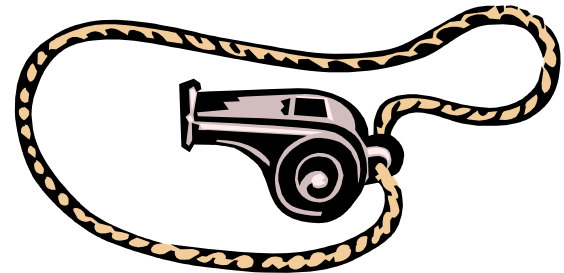
Will be your constant companion in the next few months

Keep the Playbook in an easily accessible location

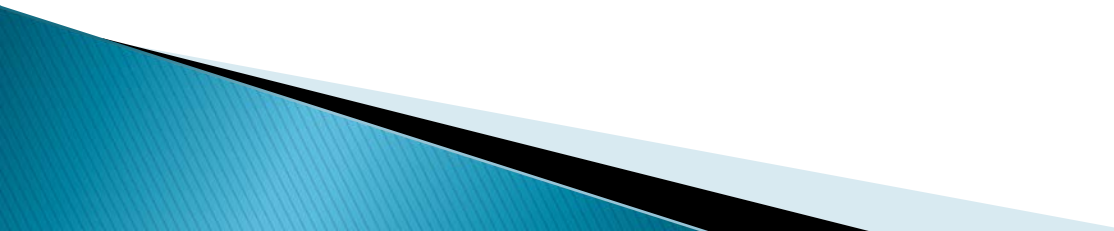
General guideline for joint replacement surgeries.

# The Role of Your “Coach”

- ▶ To provide physical, emotional, and mental support throughout your surgical experience
- ▶ Encouraged to participate in your care throughout the process
- ▶ Review the notebook (exercises, home preparation, etc)



# Meet the Staff

- ▶ Orthopedic Nurse Navigator
  - ▶ Physical Therapists (PT)
  - ▶ Occupational Therapist (OT)
  - ▶ Nurses
  - ▶ Pharmacist
  - ▶ Home Health
  - ▶ Social Worker
- 

# P.A.T.

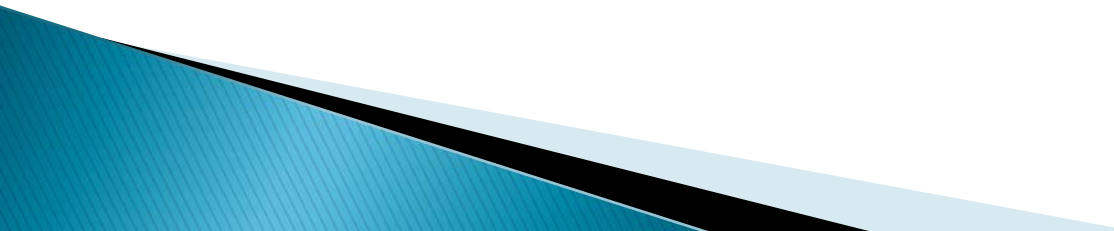
## Pre-Admission Testing

- ▶ Medical history
- ▶ Medications
- ▶ Preregistration
- ▶ Pre-operative forms
- ▶ EKG/Chest Xray
- ▶ Blood work





# Surgical Clearance

- ▶ Depending on your medical history and age, surgical clearance may be necessary
  - ▶ Given by medical doctor, cardiologist, pulmonologist, etc
  - ▶ Will need to be done before surgery is scheduled
- 

# Preparing the Home

- ▶ Clean
- ▶ Change sheets on bed night before surgery
- ▶ Arrange paths between furniture for equipment
- ▶ Remove clutter/throw rugs/cords
- ▶ Prepare meals in advance and freeze
- ▶ Night lights
- ▶ Put items at waist level (counters, drawers)
- ▶ Put away laundry
- ▶ Thermometer
- ▶ Cordless/cell phone



# Physically Preparing For Surgery

Drink plenty of fluids . Should drink at least 64oz of water per day (unless you are on fluid restrictions)

Eat more fiber (Corn, Peas, Beans, Avocados, Whole wheat pasta and Breads, Broccoli) Let your physician know if you have a history of chronic constipation

Eat foods rich in iron (Lean Red Meat, Dark Green Leafy Vegetables, Raisins, Prunes)

Eat foods high in vitamin C (Oranges, Cantaloupe, Tomatoes)

Eat light meals the few days before surgery

Exercise/Prehab



# Smoking

Can cause breathing problems

Increase the risk of infection

Increase the risk of blood clots

Slows recovery

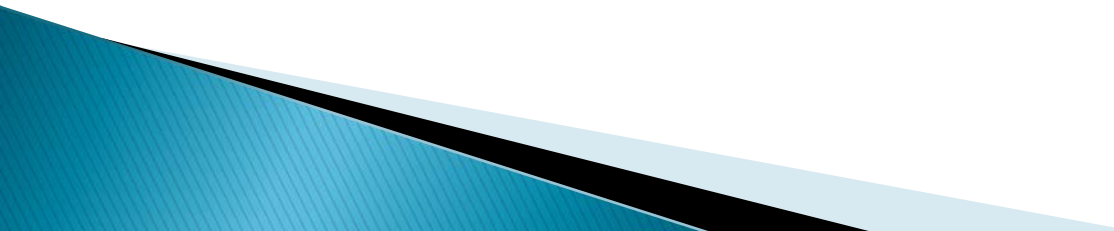
If you smoke we encourage you to quit smoking a few weeks before surgery

# Night Before Surgery

- ▶ You will receive a call from KD the evening prior to your surgery, to update your expected arrival time. They will instruct you to which entrance to report to.
- ▶ Do NOT eat/drink anything after midnight unless instructed by your MD (includes gum, mints and smoking)
- ▶ Finalize packing for hospital
- ▶ Use surgical scrub



# Day of Surgery

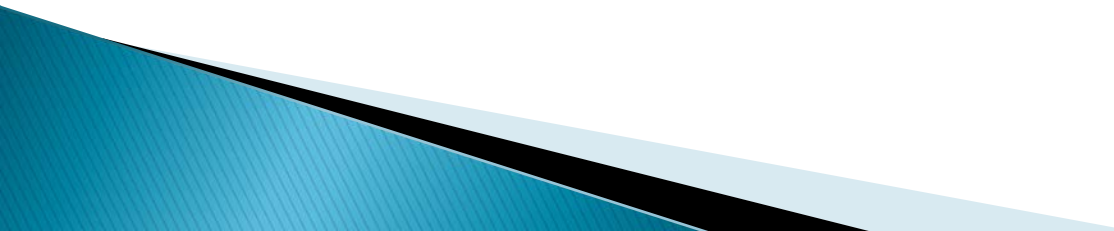
- ▶ Take medications (if directed) with a sip of water
  - ▶ Arrive on time
  - ▶ Bring your Playbook
  - ▶ Bring Advanced Directive  
(living will, power of attorney, etc)
- 

# Stages of Surgery

- ▶ Pre-Op holding area
- ▶ Surgery
- ▶ Post-Anesthesia Care Unit (PACU)
- ▶ Orthopedic Unit
- ▶ Dismissal (Same Day Surgery Patients)

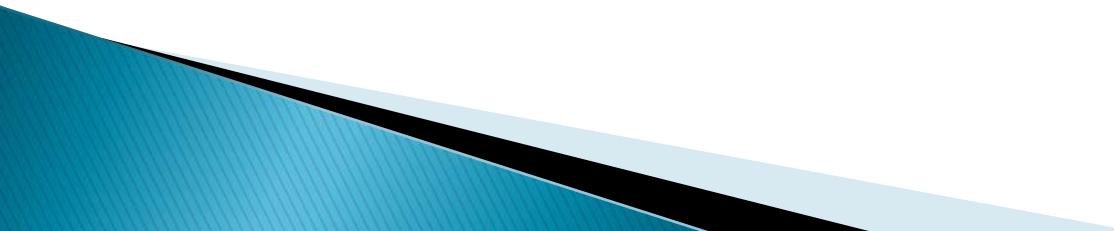


# PACU (Recovery Room)

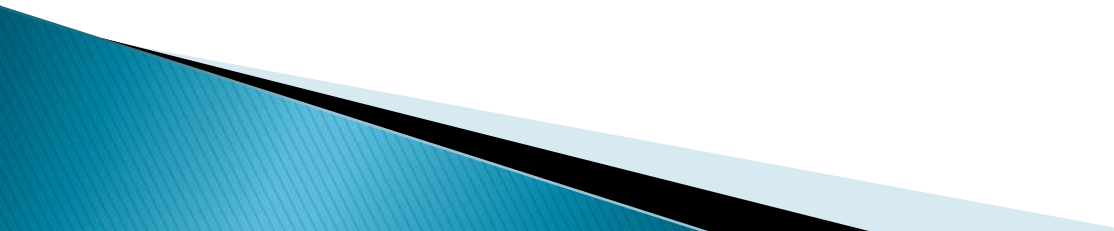
- ▶ In Recovery Room 1–2 hours
  - ▶ Frequent monitoring of Vital Signs
  - ▶ Frequent monitoring of pain
  - ▶ Monitoring of incision site
- 



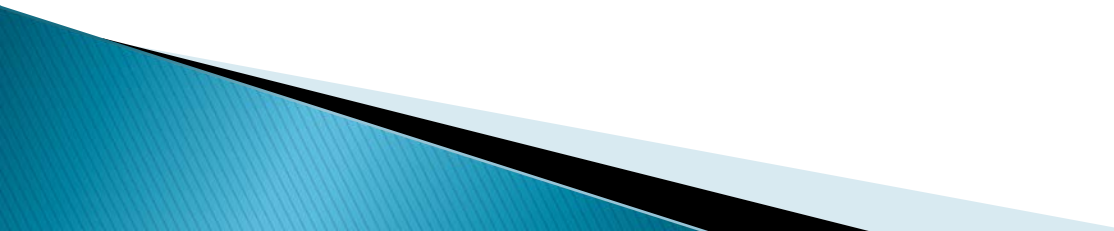
# After Surgery You Can Expect

- A bulky bandage
  - Venodyne boots (SCD boots)
  - Frequent monitoring of your vital signs and pain scale
  - Lab work will be drawn
  - Physical Therapy will begin assessment and therapy
  - Occupational therapy will help you to complete ADL
  - Social worker will discuss and help plan your discharge
- 

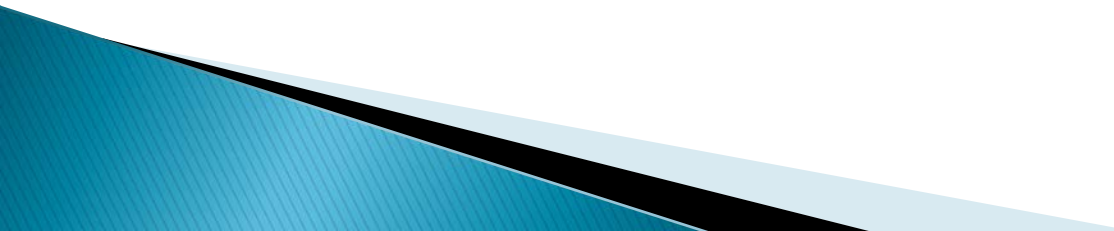
# Same Day Surgery

- ▶ If you were scheduled for same day surgery you will be sent to dismissal from recovery room
  - ▶ You will be seen by Physical Therapy once strength has been regained in your legs
  - ▶ You will receive a round of physical therapy
  - ▶ Will be shown exercises and how to use a walker
  - ▶ You will receive stairs training
  - ▶ Discharged home
- 

# In-Patient Surgery

- ▶ Transported to patient room
  - ▶ Nurse will meet you there
  - ▶ Private room with private bathroom and shower
  - ▶ Physical therapy will be started once strength has been regained in your legs
  - ▶ You will have lunch and dinner
- 

# Day 1 (Day after surgery)

- ▶ Blood drawn early
  - ▶ Breakfast
  - ▶ Physical Therapy
  - ▶ Shower
  - ▶ Social Worker
  - ▶ Occupational Therapy
  - ▶ Lunch
  - ▶ Physical Therapy
  - ▶ Discharge home if ready
  - ▶ If not, repeat the following day
- 

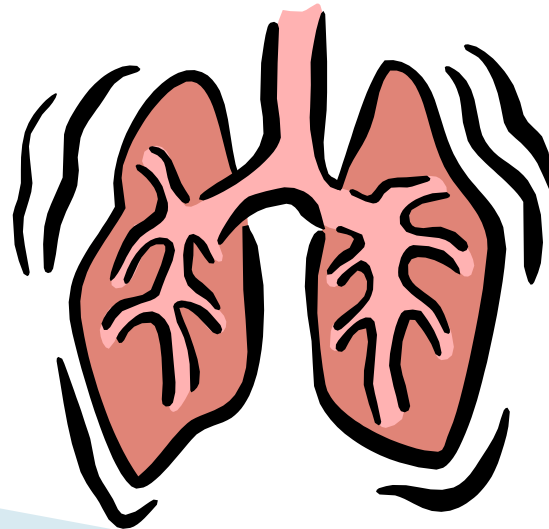
# Pain Management Approaches

- ▶ Prescribed by your physician
- ▶ Oral narcotics/Tramadol/Tylenol
- ▶ Pain medication placed in joint during surgery (Knees)
- ▶ Spinal anesthetic
- ▶ Nerve block (Total Knees)
- ▶ Ice
- ▶ Relaxation techniques



# Spirometer and Breathing Exercises

- ▶ Expands the lungs to help reduce the occurrence of pneumonia after surgery
- ▶ Enhances relaxation
- ▶ Remember to do these AT LEAST 10 times every hour!



# Hospital Fall Prevention

Call, Don't fall

Never get up by yourself while in the hospital

Use call light to ask for assistance to get up

Wear skid proof socks

Keep pathways clear

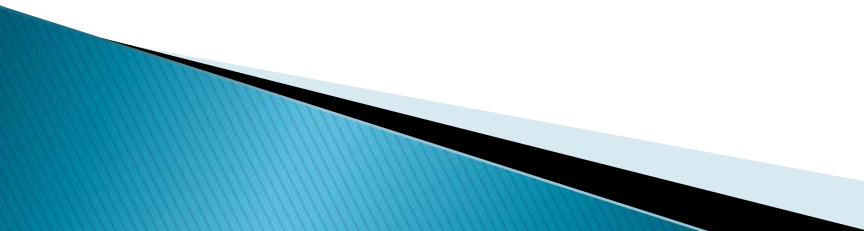
Keep bottom bedrails down

Use proper assistive device when up with staff



# Heading Home

Prior to discharge you should be able to:

- ◉ Get out of bed by yourself or with minimal assistance
  - ◉ Correctly get in and out chair and up and down from toilet
  - ◉ Walk with walker or assistive device 100'
  - ◉ Walk up and down stairs
  - ◉ Dress yourself using hip precautions (hip patients)
  - ◉ Perform exercises independently or with your coach
- 



# Discharge Planning

Out Patient Physical Therapy

Home Health Physical Therapy

(Extended Care Facility (only with underlying circumstances i.e. live alone; no one to assist at home)

Walker

Post-op visits

Prescriptions



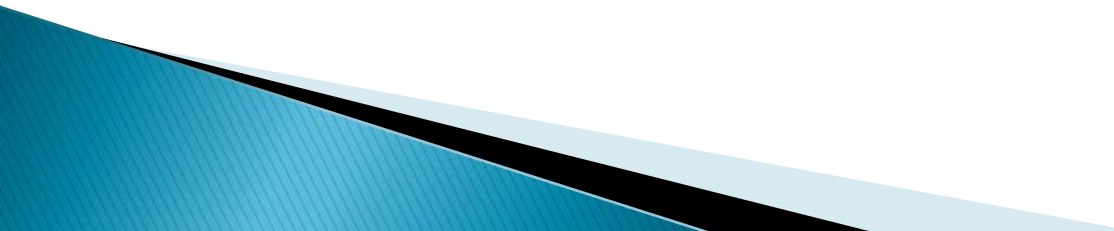
# Discharge Medications

- ▶ May vary from your pre-operative medications
- ▶ Most patients will go home on an anticoagulant
  - 325mg Aspirin twice a day
  - Coumadin
  - Lovenox
  - Xarelto
  - Eliquis

# Anticoagulants

- ▶ Also known as “Blood Thinners”
- ▶ Used to decrease risk of blood clots to extremities (legs, arms) and lungs
- ▶ Alters the blood’s normal clotting process, so clots can’t form as easily. Also known as “Blood Thinners”
- ▶ Most patients go home on 325mg aspirin twice a day
- ▶ If unable to take aspirin another blood thinner will be prescribed for you
- ▶ If you are already on a blood thinner you will most likely go home with the same blood thinner

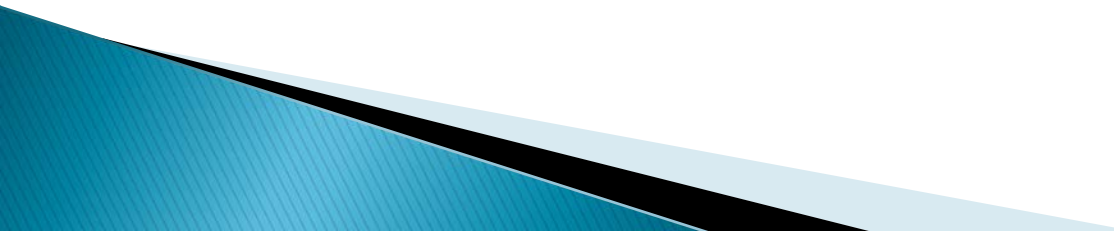
# Coumadin (Warfarin)

- ▶ Pill form
  - ▶ Requires lab work to adjust medication
  - ▶ Take at same time everyday  
(Evening recommended)
  - ▶ Usually on 2–4 weeks after surgery
- 

# Coumadin – lab work

- ▶ INR is the test used to check how quickly the blood is clotting or how “thick” or “thin” the blood is
- ▶ INR Range – 1.8–2.0
- ▶ How often is the INR checked?
  - 1–2 times per week
- ▶ Who will check the INR?
  - Typically home health

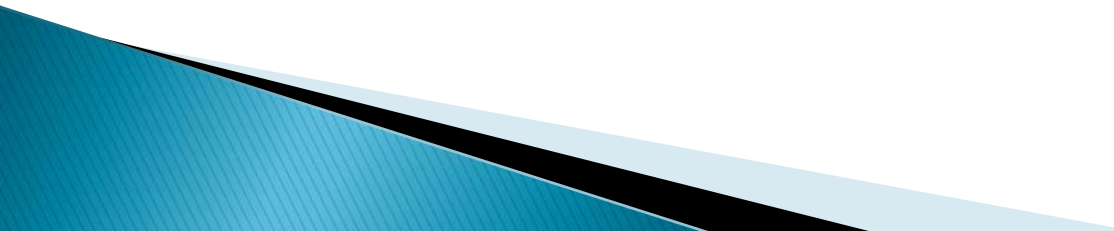
# Coumadin – Diet

- ▶ Vitamin K counteracts the effects of coumadin
  - ▶ Green, leafy vegetables contain vitamin K
  - ▶ Maintain a CONSISTENT diet
- 

# Coumadin – Missed Doses

- ▶ What do I do if I forget to take a dose of coumadin?
  - It is recommended to take the dose of coumadin as soon as you remember as long as it is on the same day
  - Do not “double up” on doses
  - Inform your physician that a dose was missed
- ▶ It may help to keep a journal, set an alarm, use a pill box

# “Bridge Therapy”

- ▶ It takes coumadin several days to exhibit its full effect, so the INR may not be in range right away
  - ▶ Lovenox helps to decrease the risk of developing clots until the INR is in range
  - ▶ Some patients may go home on both Lovenox and Coumadin
- 



# Lovenox

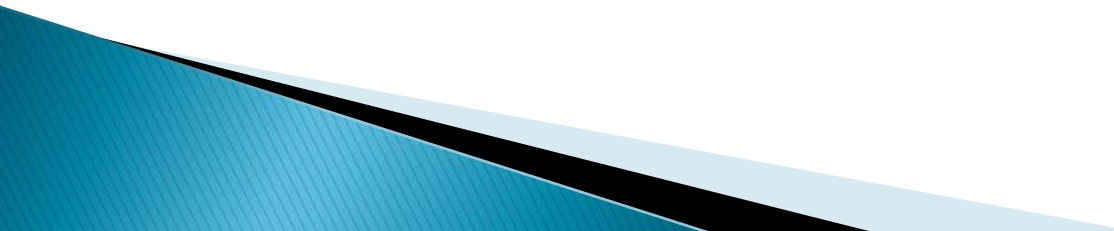


- ▶ Injection
- ▶ Usually given daily
- ▶ Given in abdominal tissue
- ▶ Requires patient/family administration
- ▶ Does not affect the INR – no lab work

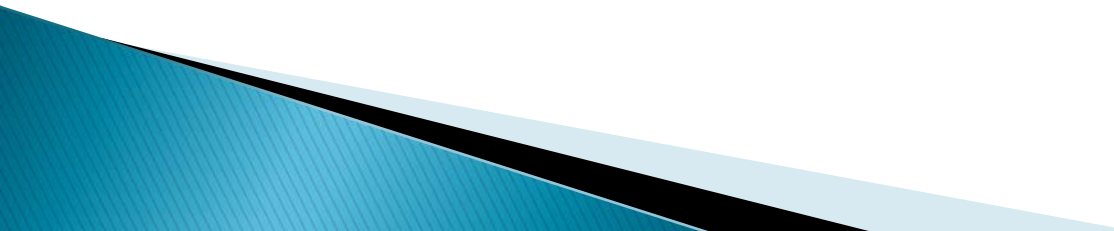
# Lovenox

- ▶ You will be provided an educational kit prior to discharge
  - DVD, education materials, and a sharps containers for syringes
- ▶ Injections may sting or burn
- ▶ Injections may cause bruising – may take several weeks to heal

# Depression Following Total Joint

- ▶ Reaction to anesthesia.
  - ▶ Post-surgical depression
  - ▶ “Surgical Let Down Period
  - ▶ Anticipation and adrenaline are over.
  - ▶ Pain and discomfort set in.
  - ▶ Feeling physically terrible doesn't just affect your body—it affects your mind.
  - ▶ Narcotic painkillers and other medications.
- 

# Depression Following Total Joint

- ▶ Poor sleep/ Insomnia.
  - ▶ Feeling dependent/ “cabin fever”.
  - ▶ A history of depression and anxiety.
  - ▶ If you had pre-surgery anxiety or have a history of anxiety, depression, or other mental illnesses, your chances of feeling depressed after surgery are greater. Surgery can trigger anxiety, stress and depression.
- 

# What To Watch For

- ▶ Temperature  $>100.4$
- ▶ Increased pain, redness, drainage to your incision
- ▶ Pain/tenderness in your leg
- ▶ Shortness of breath or pain in the chest
- ▶ Bleeding (nose, bowels, incision, increased menstrual flow)

