



Total Joint Replacement Patient Education Guide



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Welcome to Peak One Surgery Center

Thank you for choosing us for your outpatient total joint replacement surgery. Our board certified surgeons, experienced anesthesia staff, and dedicated nurses and technicians are committed to providing the highest quality care. This guide will provide you with important information on how to prepare for your surgery, what to expect once you arrive, and how to plan for your care after your surgery.

Outpatient surgery means that you will go home the same day or within 23 hours of surgery. Should there be a need for extended care, we have arrangements with Summit Medical Center for your transfer.

Our goal is to make your experience at the Peak One Surgery Center as pleasant and safe as possible. We ask that you take the time to read and follow these instructions and complete the necessary paperwork and testing before arriving at the surgery center on your day of surgery.

Our healthcare team is dedicated to you and ensuring that your experience is a positive one. If you have any questions, please do not hesitate to call Peak One Surgery Center at 970-668-1458, then select option 3.



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I. Before Your Surgery

Choose Your Coach/Caregiver

Choose a family member or someone who will be able to attend your education classes, outpatient physical therapy sessions, and help you at home for the first few days after surgery. Having support at home is important to your safety and is required for you to participate in our outpatient program.

Why do I need a coach/caregiver?

- To help you meet your goals.
- To properly assist you with the daily exercises and walking.
- To help you remember instructions. Some of your medications could affect your memory and cause drowsiness.
- To help you transition from the surgery center to home.
- To promote moral support and encouragement.

Total Joint Class offered for you and your coach. This class will cover many important topics related to your surgery and recovery including pain management, home preparation and post-operative care. You will receive instructions on your pre-surgical exercise program. This class is a requirement for surgery. You will meet with a board-certified anesthesiologist for an anesthesia consult. A pain plan and an anesthetic plan will be discussed.

Dental Appointment: Please do not schedule a dental appointment in the 3 weeks prior to your scheduled procedure. A pre-operative dental appointment is not required.

Smoking Cessation Class: This class is available for those who smoke or are around second-hand smoke. It is very important to minimize your exposure to smoking during your recovery period. Smoking cessation will speed your body's recovery time and reduce your risk of infection.

Medication and Herbal Supplements to avoid 2 weeks before surgery:

Medication:

Advil (Ibuprofen)
Aleve (Naprosyn)
Anaxin
Anaprox (Naproxen)
Aspirin
Clinoril (Sulindac)
Coumadin (Warfarin)
Daypro (oxaprozin)
Indocin
Mobic (Piroxicam)
Motrin
Orudis (Ketoprofen)
Toradol (Ketorolac)
Voltaren (Diclofenac)
Feldene
Any Cold Medications
Diet Pills

Herbal supplements:

Supplements Increase risk for bleeding:

Ginkgo biloba
Garlic
Ginseng
Fish Oil
Dong quai
Feverfew

Supplements associated with cardiovascular risk:

Ephedra
Garlic



Pre-operative Instructions and Testing: Our pre-anesthesia nurse will call you prior to the scheduled date of surgery to review your medical history and pre-operative instructions. You may be required to obtain medical clearance from your primary care physician and/or cardiologist. In some cases, you may be required to have an EKG, blood work, and x rays. This will be determined by your physician, anesthesiologist, and personal physician based upon your health history.

Preparing Your Home

Making arrangements before your surgery allows you to focus on your recovery when you return home. Simple changes can greatly reduce your risk of falling.

The following are recommendations:

- Move all throw rugs out of your pathways.
- Adjust furniture to make way for walkers or crutches.
- Survey your bathroom and plan for managing after surgery (elevated toilet seat, etc.).
- Remove or tape down any cords in pathways.
- Make arrangements for assistance with pets.
- Have a chair with arms available to help you get up and down more easily.
- Have a table close to you that will accommodate your medications, phone, drinks, etc.
- Prepare nutritious foods and place in the freezer to simplify cooking after you return home.
- If you must negotiate stairs, additional training and resources will be provided for you.
- Fresh bedding and towels are recommended to help prevent infection.

Preparing Your Skin

Preparing and cleansing the skin before surgery can reduce the risk of infection at the surgical site. Our facility has chosen the Hibiclens sponge method. You will be given two Hibiclens sponge brushes at your Total Joint Class.

Night Before Surgery

- Take a shower and wash your hair. Do not shave your legs for one week prior to surgery.
- Use Hibiclens sponge for 3 minutes on the operative site.
- Allow skin to air dry.
- Remove all jewelry and nail polish.

Morning of Surgery

- Take a shower and use the Hibiclens sponge on the surgical site for 3 minutes.
- Dry off and wear loose comfortable clothing and tennis shoes to the facility.



Adult Pre-Operative Fasting Guidelines

These guidelines are in place for each patient's safety during surgery. Failure to follow these instructions may lead to cancellation of the surgical procedure.

- **All patients:** Do not eat anything after midnight prior to surgery. **Clear** liquids are allowed until **2 hours** before you are scheduled **to arrive** at the hospital. A total of 16 ounces of clear liquids may be consumed 4 hours prior to **surgery time**. Please see below for acceptable options.
- **Pregnant patients:** Do not eat or drink anything after midnight prior to your procedure. Medication may be taken with small sips of water as directed by your pre-procedure phone call.
- **Diabetic patients:** Do not eat or drink anything after midnight prior to your procedure. Medication may be taken with small sips of water as directed by your pre-procedure phone call. Please call one of our pre-procedure nurses at **970-668-1458** if you are concerned about your morning glucose check.

Acceptable Clear Liquids
Water
Gatorade/Powerade (Not Red)
Apple Juice without pulp
Tea (with sugar is ok)
Black Coffee (with sugar is ok)



2. Day of Surgery

Please follow your pre-operative instructions carefully. It is extremely important to understand and follow these directions. They are for your safety.

If these instructions are not followed, your surgery may be cancelled.

- No solid foods after midnight. Clear liquids are okay to ingest until 4 hours before surgery.
- No clear liquids within 4 hours of surgery.
- Notify us of any drug or food allergies.
- If you take any medications, the pre-operative nurse will instruct you on what medications to take in the morning.
- Do not smoke or drink alcohol 24 hours before your surgery.
- Do not wear cosmetics (makeup) or contacts.
- Remove all metal jewelry and body piercings (including wedding rings).
- Do not shave your lower extremities.

What to Bring:

- **Insurance Information:** Please bring your insurance cards.
- **Photo Identification:** Please bring your driver's license or another government-issued form of identification.
- **Clothing:** Please wear loose fitting clothing that is easy to take on and off and flat shoes without laces.
- **Special Equipment:** If you have been given crutches, a walker, cold therapy cooler, or immobilizer, remember to bring them with you the day of surgery.
- **Valuables and Personal Belongings:** Leave jewelry and personal belongings at home, including wedding rings. The surgery center is not responsible for items that are lost or misplaced.
- **Personal Care Items:** Hearing aids, dentures, eye glasses, and contact lenses can be brought to the center but will need to be removed prior to surgery. They will be returned to you when you are fully awake.
- **You may bring** an iPod or music for relaxation prior to surgery.



Checking In

Plan to arrive at least 90 minutes prior to your scheduled surgery time unless instructed differently by your surgeon. Please arrive on time for your procedure to help avoid delays. Please check in at the main desk at the surgery center where you will be asked to sign your consent form. If your insurance carrier requires surgical co-pays and or deductibles, you will be asked to make payment and need to be prepared to do so. After signing in, you will receive a patient identification bracelet and escorted to the pre-operative holding area and given a hospital gown to wear.

After you have changed, a registered nurse will assist you with all your needs. Women age 50 or younger will be asked for a urine sample to rule out the possibility of pregnancy. You will also be seen by an anesthesiologist to notify you of the type of anesthesia you will be receiving for surgery. The surgical site will be marked by your surgeon to verify the correct site prior to surgery. In preparation for the procedure, an intravenous line will be placed in your arm or hand. The IV will be used to deliver medications and fluids during surgery. Your operating room nurse will then escort you to the operating room.

We ask your family member, friend, or escort to wait in the designated area. We will call them if needed. We will be happy to answer their questions. After your surgery, your surgeon will meet with your family, friend, or escort in the consultation room. You should plan to be at the surgery center for several hours.

Anesthesia

There are several choices of anesthetic techniques that may be chosen for your total joint replacement surgery. One specific technique may potentially be more advantageous for a specific patient, depending upon the medical condition. You and your anesthesiologist will discuss all the factors prior to surgery and agree upon a plan for your anesthetic. The two major anesthetics utilized are general anesthesia or regional anesthesia.

- General Anesthesia: You will be completely asleep and unaware of your surroundings.
- Regional Anesthesia: This is a technique that anesthetizes a particular area of the body.

You may also be given a combination of the two to provide the best care for you.

Post-Operative Pain Medicine Management

After surgery, you can expect pain. Your surgeon and the staff at Peak One Surgery Center will use every reasonable measure possible to make you more comfortable. Although easing pain is important, it must be balanced with the side effects of pain control: drowsiness, confusion, constipation, muscle weakness, itchiness, nausea, and vomiting. The goal is to control your pain; however, pain will not be completely eliminated. You will find that each day you are more comfortable than the prior day. Some of the pain management techniques that may be used after your surgery include femoral nerve blocks, oral narcotics, anti-inflammatories, neuromodulators, ice packs, and relaxation techniques.



Discharge from Surgery Center

You will be discharged to your home within 23 hours of admission to the surgery center. If you need additional care you will be transferred to Summit Medical Center via ambulance if your surgeon decides that it is necessary.

Please plan to have a friend or family member provide you with transportation upon discharge from the surgery center. Vehicles that require you to step up should be avoided. Plan your transportation accordingly.

3. Recovering at Home

Postoperative Care and Activity

General Activity

Some general guidelines for activity following your surgery:

- Get up and out of bed or chair at least 3 times per day for exercises and bathroom.
- Elevate the operative limb for 90 minutes, 3 times a day.
- Use ice generously throughout the day to help reduce pain and swelling.
- As you begin to feel better and stronger, increase your activity as tolerated.

For your circulation, the risk of forming a blood clot increases whenever the movement of blood is sluggish or if the blood vessel is diseased or damaged. To help prevent this from occurring you should perform the following exercises every 1 to 2 hours:

- Turning to your operative side is encouraged. Changing positions every 1 to 2 hours helps your lungs and circulation.
- Ankle pump exercises – push your toes toward the foot of the bed. Relax both feet. Flex your toes up toward your chin. Relax both feet. Repeat 10 times every hour while awake.

Coughing Effectively

- Deep breathing and coughing helps prevent pneumonia after surgery. Take a slow deep breath and hold it for a second or two, then push it out of your lungs.
- You will be asked to use an incentive spirometer, a small plastic device that encourages you to breathe more effectively. You will be shown how to use this spirometer. If indicated, this is an exercise that you can do on your own.



Postoperative Home Precautions

Follow precautions for 2 to 3 months or until instructed by your physician.

- Continue using a walking device until instructed otherwise by your therapist or physician.
- Do not sit in one position for an extended length of time. Change positions frequently to avoid getting stiff.
- Avoid walking on steep slopes and uneven surfaces.
- Do not pivot on your operated leg while you are walking.
- Avoid recliners.

Other Postoperative Considerations

Driving:

- Do not drive on the day of surgery. Please make arrangements for transportation home.
- Do not drive until cleared by your surgeon.
- Do not drive if you are still taking pain medications.

Sexual Relations:

- Sexual activity can resume when cleared by your surgeon.

Call us first! We can be reached at 970-668-1458. Press “0” and ask to speak to a nurse.

Contact your doctor if you experience any of the following:

- Fever above 101°F.
- Uncontrolled shaking or chills.
- Increased redness, heat, itching, persistent drainage, swelling or bleeding in or around the incision.
- Increased pain or significant decrease in motion during activity and at rest.

Call 911 or go to your nearest emergency room if you experience shortness of breath or difficulty breathing.

Follow up post-operative call:

- You will receive a post-operative call from Peak One Surgery Center 1-2 days after discharge and again 30 days after discharge.

4. Outpatient Physical Therapy

It is important to begin outpatient physical therapy when your physician prescribes it. The outpatient physical therapy regimen will help you regain your mobility and independence more quickly and effectively. The outpatient physical therapy regimen is rigorous, but you will obtain better results from your total joint replacement if you follow your therapist's instructions carefully. Your physician may require a few pre-operative physical therapy visits to accelerate your recovery and prepare you for your home exercise program after your replacement.

Pre-operative Goals (PREHABILITATION):

- Weight loss (ISW – Ideal Surgical Weight is established for surgery), if necessary your physician may recommend a dietician to assist with pre-surgery weight loss.
- Home Exercise Program is given to ensure quadricep tone and maximize knee flexion.

Immediate Post-Op Goals (Day 1-3):

- Limit possibility of blood clots and infection
- Transfer from bed to toilet
- Meals in chair
- Ensure safety with bed mobility, transfers, ambulation with assistive device
- Minimize edema (Ted hose)
- Initiate weight bearing
- Promote functional weight bearing
- Ensure full extension
- Flexion to tolerance
- Ankle pumps, quad sets, glut sets, supine abduction/adduction, mini squats, standing heel/toe raises

Outpatient Therapy Goals:

- Ensure full extension, maximize quad tone, progressive flexion
- As safety permits, move to least assistive device.
- Progress to Outpatient Physical Therapy as soon as your doctor recommends doing so.

Physical therapy program will include:

- Recumbent bike, standing calf stretches, mini squats, static lunges, standing hip flexion with knee flexion and ankle dorsiflexion, abduction, extension, hamstring curls.
- Progressive step-ups: forward, lateral, and downknee flexion stretch on step or in chair
- Manual therapy should include patella mobilization, accessory quadriceps mobilization, scar massage, anterior and posterior glides, supine knee flexion stretch with active ankle dorsiflexion at end range.
- Advanced exercises include static squat and lunge on toes -progressively hold position for up to 5 minutes
- Elliptical/arc trainer

5. Frequently Asked Questions

What type of anesthesia is used?

Most patients are given a general anesthesia to put them to sleep. Other options include spinal anesthesia and pain blocks.

How long does the surgery take?

Typically, the surgery is performed under 2 hours in the operating room. Efficient processes at an outpatient surgery center allows procedures to be completed in a timely manner. Sometimes there are exceptions depending on the type of surgery but these are rare.

How long will I have to stay in the surgery center?

Total knee arthroplasty implant surgery requires an overnight stay. Your doctor uses a very sophisticated evaluation system that allows him, his nurses, and therapists to know exactly when you are ready to leave.

How large are the incisions?

Your doctor's expertise has allowed him to develop his skills to provide you with a minimally invasive approach to the knee. This keeps scarring to a minimum and allows the joint to heal faster. Total joint repair requires a 4 to 5-inch scar over the top of the knee itself.

What are the possible complications?

Although rare, infection, nerve damage, circulatory damage, and/or anesthesia risk can occur. Your doctor uses cutting-edge diagnostics prior to surgery to reduce chances of complication.

What should I expect right after surgery?

Along with the normal wound care, you will see some swelling, redness, and blood tinged drainage. It is normal to have some redness and swelling after surgery. You will experience mild to moderate discomfort. You may also have an elevated temperature just from having surgery, however it should not exceed 101 degrees. Bruising is also common in the thigh and leg. Your doctor insists that you get up and walk immediately after the effects of anesthesia are gone. The staff will encourage you to eat your meals sitting in a chair, walk with a walker initially (then a cane), and use the restroom instead of the bedpan. Crutches/walker may be needed for up to or exceeding 2 weeks post-op.



Why do I have such a large dressing on my knee?

An Aquacel dressing will be applied in the operating room, overwrapped with an ACE bandage. This will not be removed until your first post-op appointment. The ACE bandage can be removed as needed, but should remain on whenever possible as it is good for compression. Please wear something comfortable on the day of surgery, which will go over your dressing on the return home. You will have small strips of tape (steri-strips) on the incision, which are not to be removed for 7 days. Significant surgeries such as the knee replacement require a series of staples. These will be removed on your first return visit to your doctor's office. After this you may use band-aids or a light dressing after the steri-strips and/or staples are removed. When drainage stops, you may leave off the band-aids. In addition, an elastic wrap may be used to decrease or prevent swelling.

Can I take a shower?

A shower is permitted after your surgery. The Aquacel does not need to be covered in the shower. Do not submerge the wound in baths, pools, hot tubs, etc.

What kind of pain should I expect from my surgery?

Everyone handles pain differently. Surgery can be painful. For most outpatient surgeries, pain is mild during the first 24 hours because medication anesthetics are still in your body. On days 2 through 14, pain may increase significantly. Pain and swelling may increase with an increase in your activities. Many times, patients with new knees only experience pain at the incision site – the new knee is in place to prevent the pain you had before.

What kind of medications should I expect to take?

Your prescriptions will consist of pain medications, usually a narcotic. You may also be given an antibiotic such as Keflex. If given an antibiotic, please take the antibiotics until they are finished, unless severe nausea occurs. You may resume your anti-inflammatory medicine following surgery. If you do not take any, you may take Advil and/or Tylenol for swelling control and pain relief. Pain medication can cause constipation, so increase the bulk in your diet and, if needed, take a laxative. Over the counter (OTC) medications are less likely to cause this problem.

What about activity and exercise?

You will receive specific instructions on activity and exercise from your surgeon. Please refer to your discharge instructions for more information.



Will I need physical therapy?

Your doctor is a firm believer in physical therapy. He will prescribe it for you when appropriate. After your follow-up visit to your doctor, when your sutures/staples are removed, your doctor will determine when you need to make an appointment for physical therapy. However, you should start your exercises immediately after surgery. Pre-operative physical therapy will show you the exercises to perform prior to your hip or knee replacement.

When can I drive?

Total knee patients can drive several weeks after their surgery. Total hip patients will receive more detailed instructions from the surgeon on return to driving. In the case of a right-side surgery, your doctor must observe you simulating transfer of your foot from gas to brake before you are allowed to drive.

When can I go back to work?

Job duties will dictate when to return to work. If excessive walking is required and light duty cannot be arranged, you should be able to return in 2 weeks. If a great deal of climbing and lifting is required, you may need to be off work for 3 to 6 weeks.

How many times do I need to come back to see my doctor?

You will have a return appointment 7 to 14 days following surgery for an assessment of your post-operative condition.

6. Life After Joint Replacement

Once you have fully healed, your new joint will allow you to complete many leisure activities. You are encouraged to exercise 30-60 minutes most days of the week.



Helpful Resources

Local Pharmacies

Breckenridge City Market	970-547-9343 400 North Parkway, Breckenridge
Dillon City Market	970-468-5369 300 Dillon Ridge Road, Dillon
Frisco Safeway	970-668-9980 1008 Summit Blvd., Frisco
Frisco Walmart	970-668-5961 840 Summit Blvd. Frisco
Dillon Walgreens	970-468-0287 269 Dillon Ridge Rd., Dillon

Equipment Rental

Raised toilet seat • Handheld shower • Ramps/handrails • Shower chair • Grab bars

Senior Center	83 Nancy's Place, Frisco 970-668-2940
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Ask your Total Joint Team for a list of transportation and lodging, local and near the airport.

Total Joint Replacement Surgery **HOTLINE**



CALL US FIRST!

970.668.1458

Press “0” and ask for a nurse

Monday – Friday 6AM-5PM

Before you call 911...

We are to assist you during your recovery from total joint replacement surgery.

If you have any questions or concerns about your recovery, please call us. This includes concerns about pain, swelling, bleeding, itching, nausea, or anything else related to your care.

If you experience chest pain or shortness of breath, call 911 or go to your local emergency room.



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