

A Joint Effort: A Pre-Operative Discussion

Healthy Driven[™]

Edward-Elmhurst

HEALTH

Objectives

- Preparation at home prior to surgery
- What to expect during the hospital stay
- Physical/Occupational Therapy
- Pain Management
- Role of the Care Partner
- Discharge Planning
- Going Home

Preparing your home

- Clear pathways, pick up throw rugs, have enough room for walker to roll thru
- Good lighting: nightlights
- Install grab bars and handrails in bathroom and on stairs now
- Think ahead about your chair
- Raised toilet seats
- Medication Organizer



Medication

- Discuss with your physician all medications, including over the counter medications and vitamins



Phone Calls from Pre-op Team

You will receive a phone call from our Pre-op team prior to your surgery to review:

- Insurance
- Health History
- Medication History
- Advance Directives
- Any preparation:
 - Antimicrobial baths
 - Medications
 - Over the counter supplements



Evening Before Surgery

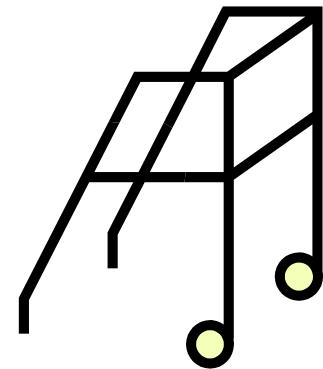
The Pre-Admission Testing office will call you with instructions in the afternoon the day before surgery

- They will review with you:
 - Current Medications
- Provide you with instructions on:
 - When to stop eating and drinking
 - Medications to take/stop
 - When to arrive

What to Bring

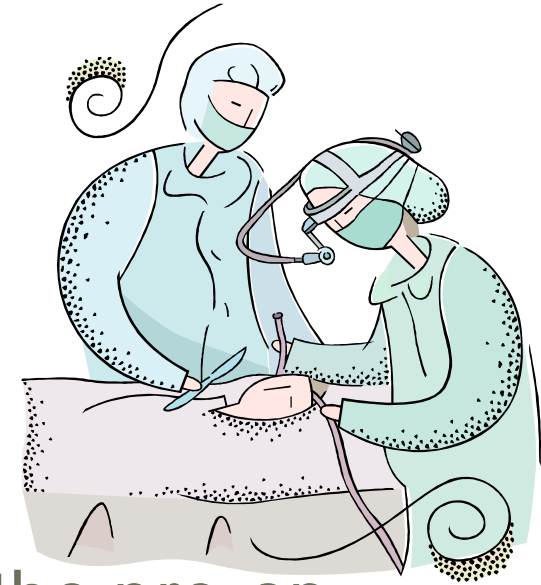


- Clothing: loose and comfortable
 - shorts, elastic waist bottoms
- Shoes: Non-skid shoes with a back, slip ons are a good option
- A walker if you have one, can get an order from physician now, make sure to put your name on it.
- Personal Care items



Day of Surgery

- Report to Second Floor of the hospital
- Check in at the Surgery desk
- 1-2 people may accompany you to the pre-op room where you will be prepared for surgery
- Surgery typically lasts 1-3 hours
- Surgeon will speak with a person you designate once surgery is completed
- Spend about 1-2 hours in the recovery room
- Transfer to the surgical unit, typically 4th floor



On Surgical Floor

- Therapy evening of surgery
- May have foley catheter, drain at surgical site, bulky dressing, IV, CPM, Abductor splint, polar ice
- Hydration: come into your procedure well hydrated and maintain after surgery
- Deep breathing exercises, incentive spirometry



Pain Control

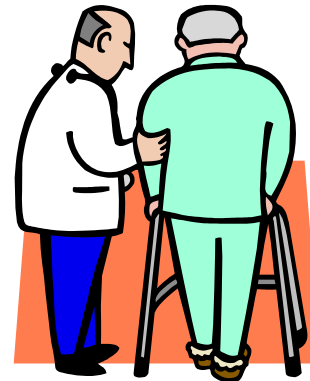
- Will be under general anesthesia for surgery
- Knee replacements may have a femoral nerve block
- May have Patient Controlled Analgesia “PCA” Pump
 - Intermittent doses of medication delivered into your IV
 - Patient controls administration
- Pain pills by mouth will be initiated post op day one or two
 - Request pain meds 30-60 minutes prior to PT session
 - Therapy times will be written on communication board in your room each day
- Additional Comfort Measures
 - Cold Therapy (Ice/Polar Care)
 - Positioning

Managing Pain is a Partnership

- We will do all we can to ensure your comfort and safety
- We need your help:
 - **Intercept** the pain; ask for medication when the pain starts to escalate – do not wait
 - **Take** your pain medication on a regular basis
 - **Tell** the nurse if the medication is not effective
 - **Ask** questions; be sure you understand the pain management efforts that are in place

Inpatient Physical Therapy

- 1-2 sessions per day
 - Group Therapy second day
- Goals:
 - Getting out of bed/Chair
 - Walking
 - Stairs
 - Home exercises



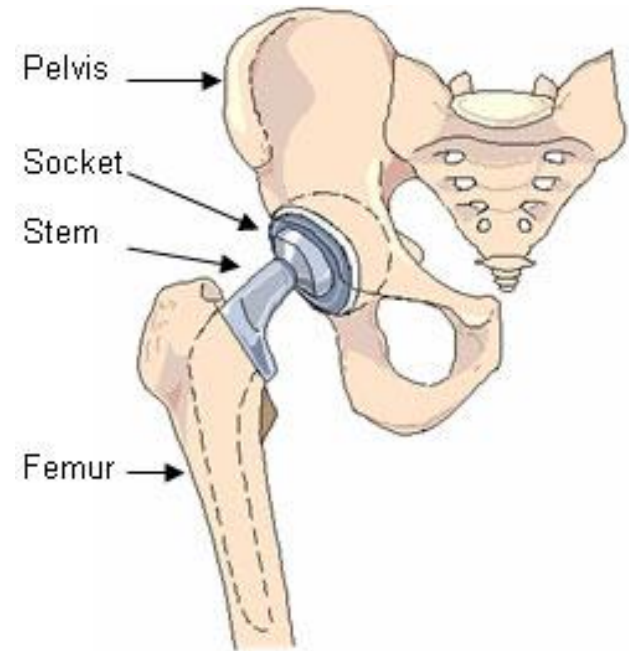
Transfers



Precautions

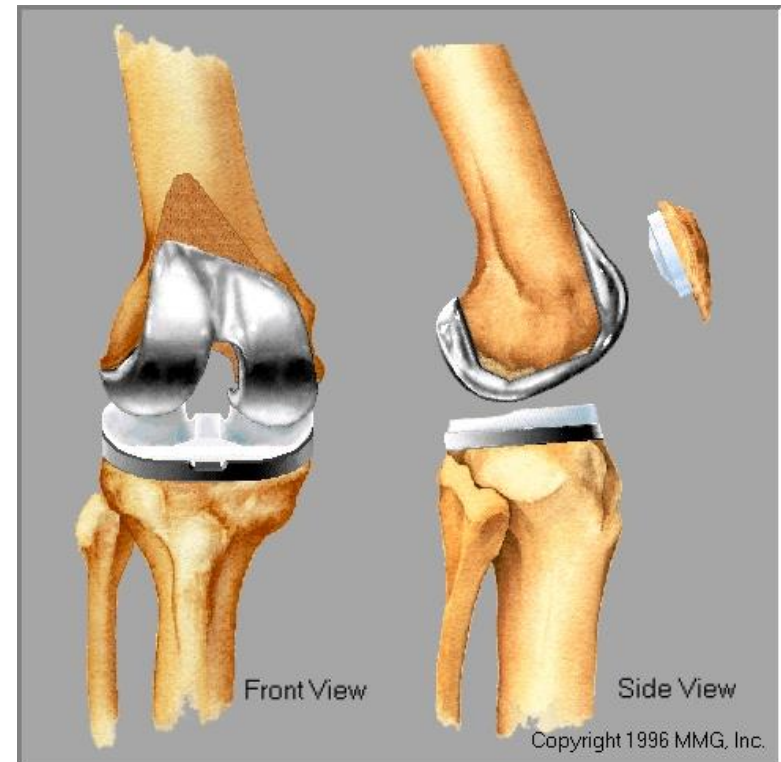
- Anterior Hip*:
 - No crossing legs
 - No hip extension
 - No external rotation of hip
- Posterior Hip*:
 - No crossing legs
 - No bending hip > 90 degrees
 - No internal rotation of hip

* can be modified by surgeon, so always follow surgeons directions based on surgical technique they utilized for your procedure



Precautions*

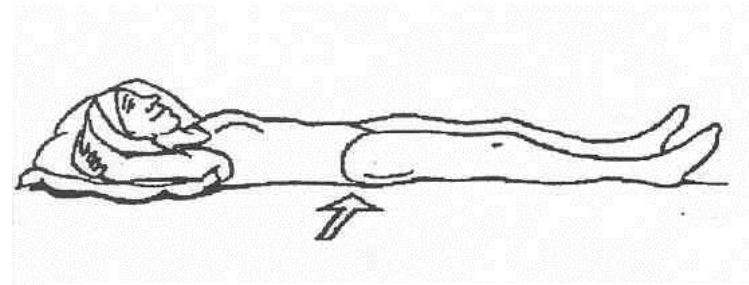
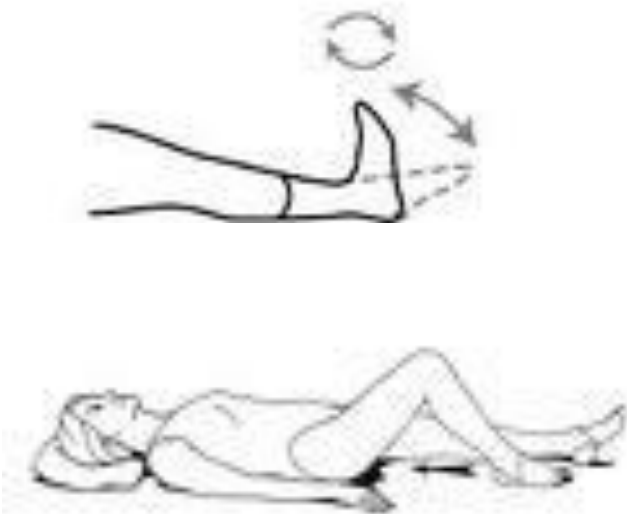
- Knee:
 - No kneeling
 - No pillow under leg
- Weight bearing:
 - Weight bearing as tolerated (typically)



*Your therapist and surgeon will educate you on these after your surgery dependent on surgical technique utilized for your procedure

Home Exercise Program

- You will be given a specific home exercise program from your therapist
- Exercises may be initiated prior to surgery



Occupational Therapy



Nursing/PCT's

- Get up to chair at least 3 x/day
- As able to walk to bathroom
- Will receive anticoagulation to prevent blood clots, antibiotics, stool softener, anti-nausea medication, and pain medication

Care Partners

- You are encouraged to select a Care Partner to support you during your hospital stay
 - Family Member or Friend
 - Provide comfort & motivation
 - Observe Therapy Sessions (1x/day)
 - Prepare for transition home
 - Gain confidence in caring for you when you return home

Vehicle pick up

- What kind of car will you be going home in?
- Step stool, trash bag to slide, extra pillows for comfort
- Seat all the way back
- Back into car
- Do not hang on door



After Discharge

- Typical Hospital stay is 2-3 nights
- **Goal:**
 - **Home** with home health or Outpatient Physical Therapy
 - More mobility at home in your own environment
 - Less chance of infection or readmission to the hospital
- Pre-Operative discussion with your physician about discharge plan for you. Social Worker at hospital will work with you to prepare for discharge

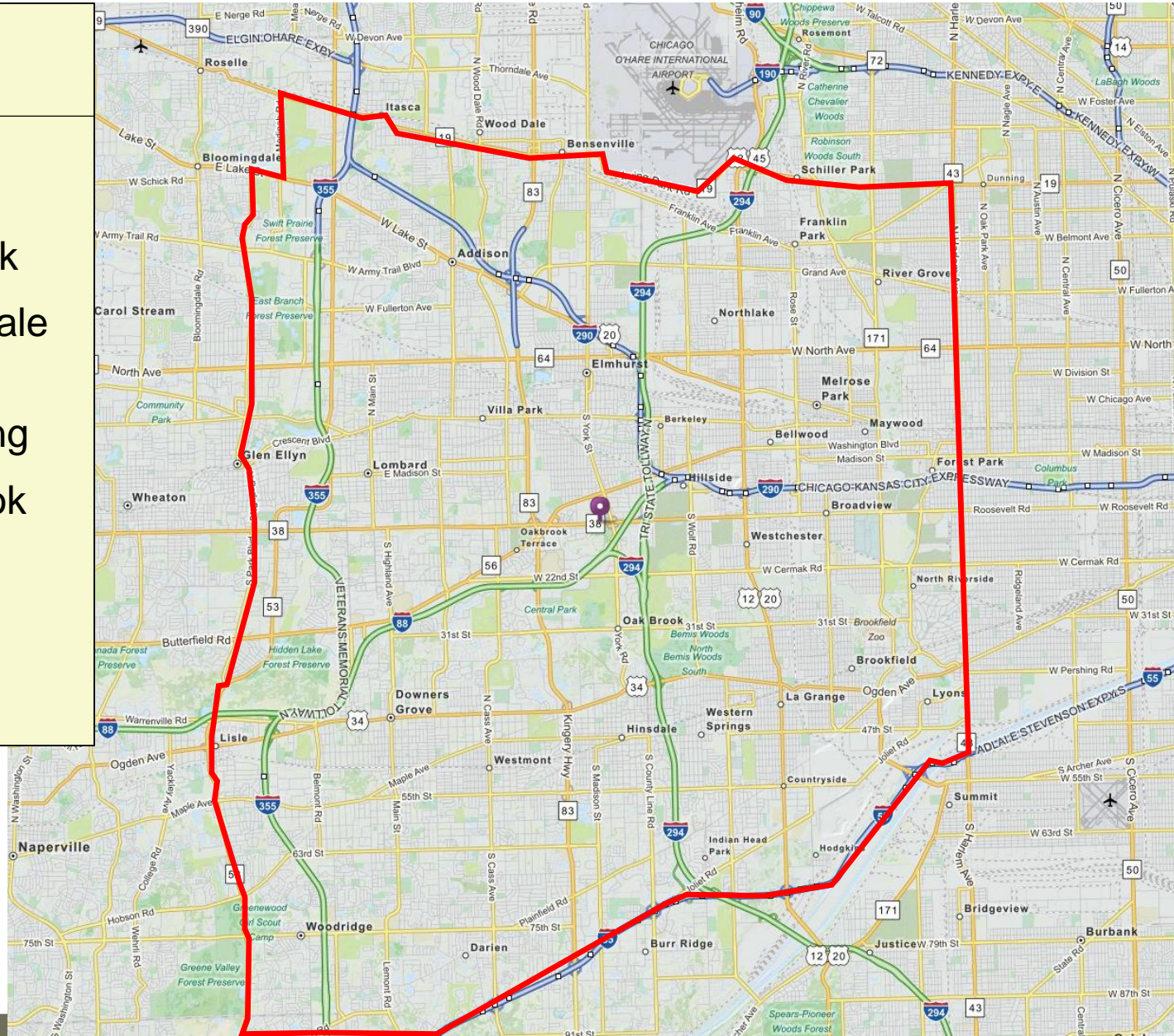
Follow Up

- Goal is to progress you to Outpatient Physical Therapy as quickly as you are able
- Knee replacements typically have outpatient PT 3x/week
- Hip replacements 2-3x/week
- Your choice where you have outpatient therapy
 - Elmhurst does provide OP transportation to our outpatient location at the CFH

Courtesy Van Geographic Boundaries

Elmhurst Hospital Pick-up/Drop-off Boundaries:

- **North** to Thorndale/Irving Park Rd. including Bensenville/Wood Dale
- **East** to Harlem
- **South** to I55 including Burr Ridge/Darien excluding Bolingbrook
- **West** to N/S Park Blvd/Glen Ellyn Rd. including Glen Ellyn/Wheaton



Home Assistance

- Recommend 24 hour assistance for one week
- Start looking for help now and rides to appointments



Tips

- You are greatly responsible for your success
- Apply ice ½ hour on, ½ hour off while awake
- Request pain meds as needed

Good Luck!

- Joint replacements last 20-30 years
- Can go back to all activities you enjoy
- See you on the other side!



Questions??

