A Joint Effort: A Pre-Operative Discussion
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
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??