

A COMPREHENSIVE
EDUCATION GUIDE FOR
PATIENTS AND FAMILIES

TOTAL JOINT REPLACEMENT GUIDE



Indian Lake Surgery Center

WELCOME TO INDIAN LAKE SURGERY CENTER

The entire staff at Indian Lake Surgery Center welcomes you to our outpatient surgery center. We are dedicated and uniquely qualified to provide you with optimal care and high-quality outcomes in Total Hip and Knee Joint Replacement Surgery. To date, we have performed over 600 outpatient total joint replacement surgeries.

MISSION

To provide high quality, safe, and cost-efficient ambulatory surgery services in a personalized and compassionate manner for the patients we serve.

VISION

To be the ambulatory surgery center of choice for the residents and physicians in our service area.

VALUES

- Committed to service excellence
- Dedicated to patient and staff safety
- Respect and kindness
- Personalized attention
- Honesty, integrity and trust
- Continuous quality improvement
- Partnership and teamwork
- Financial accountability

GOALS

- Prevention of surgical site infection
- Prevention of deep vein thrombosis (DVT)
- Management of pain

Please read all the information in this folder. You will learn what to expect, how to prepare and many important tips on how to optimize recovery after joint replacement surgery. With comprehensive patient education and personalized care, our program is designed to provide you and your family with the information, care and support needed to create an ideal experience. Keep in mind, your knowledge and participation are vital to achieving success and the best possible outcome. We look forward to meeting you!

Thank you for choosing us,

Your Indian Lake Surgery Center Team

Website: www.indianlakesurgerycenter.com



TOTAL JOINT REPLACEMENT GUIDE

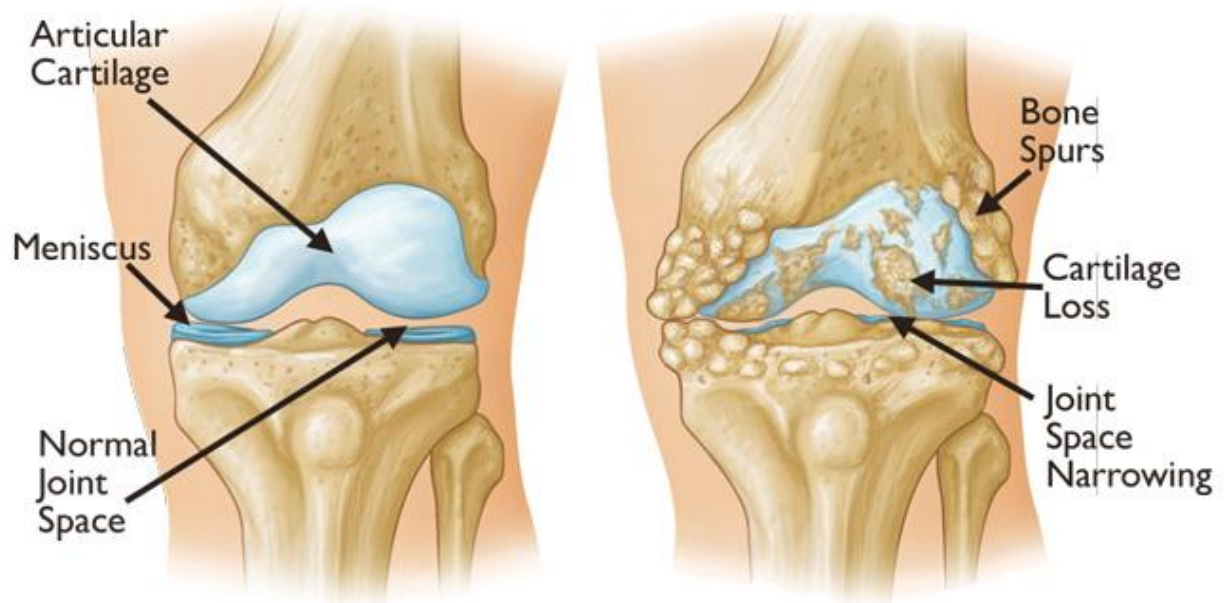
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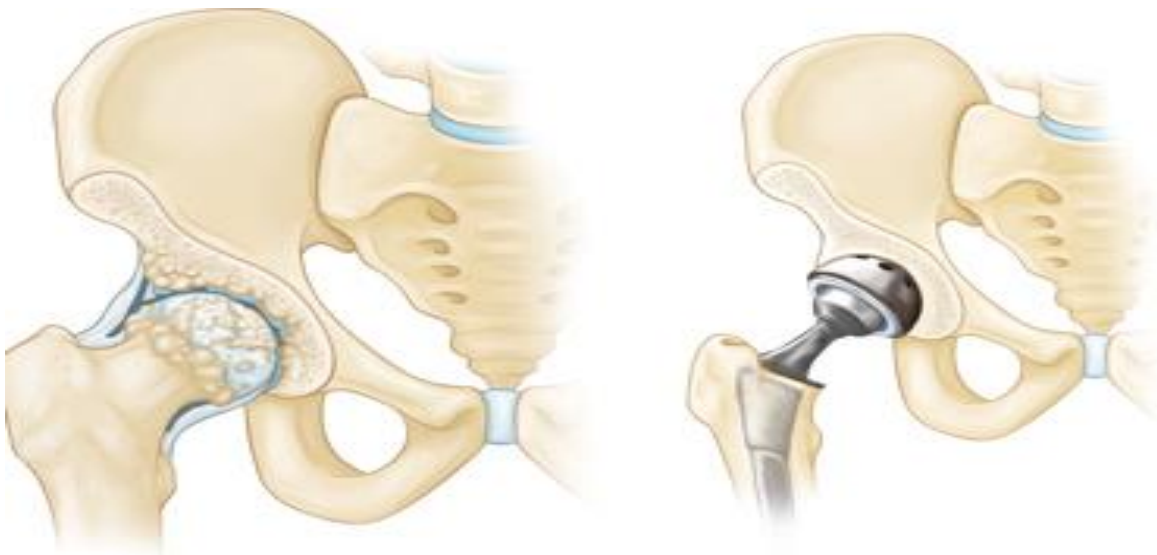
Understanding Total Joint Replacement Surgery

ANATOMY

KNEE



HIP



COMMON CAUSE OF JOINT BREAKDOWN: OSTEOARTHRITIS

Symptoms of osteoarthritis can include:

- Sore and achy joints
- Pain that increases with overuse or when joint is inactive for a long period of time
- Joint swelling
- Stiffness
- Limited range of motion

What causes osteoarthritis?

Osteoarthritis is the most typical form of arthritis. It can occur due to injury, obesity, genetics, or age. Women are at an increased risk among the nearly 21 million Americans affected.

Osteoarthritis can affect any joint (where the ends of two or more bones meet) in the body, although it occurs most often in the knees, hips, and spine. It breaks down the cartilage, (the cushion between the joints), resulting in swelling, pain, and difficulty moving. Osteoarthritis can begin gradually, but will worsen over time. Scientists are now recognizing it more as a disease of the joint rather than just the wearing down of them

Why do I need surgery?

Total joint replacement surgery is recommended when nonsurgical treatments such as: medications, changes to everyday activity, and physical therapy have been ineffective to relieve pain and/or disability.

TYPES OF JOINT REPLACEMENT SURGERY

Partial Knee Replacement Surgery or Uni-compartmental

Osteoarthritis can sometimes be limited to a single compartment of the knee and may only require the damaged portion to be replaced. The healthy bone, cartilage, and ligaments are all preserved while the damaged compartment is replaced with either metal or plastic components. This procedure is often referred to as a “uni knee”. Advantages over a total knee replacement include: less post-operative pain, quicker recovery, and reduced blood loss. Disadvantages are: the potential need for additional surgery if arthritis develops in other compartments of the knee and possibly less predictable pain relief.

Total Knee Replacement

All three compartments of the knee are affected by osteoarthritis. The damaged bone and cartilage are removed from the joint and replaced with prosthetic components that resemble the shape and movements of a natural knee joint. These components may be made of plastic, ceramic, or metal.

Total Hip Replacement

The hip joint is made up of two main parts: the head of the thigh bone (femur) and the hip socket. Total hip replacement surgery is recommended for patients with end-stage hip osteoarthritis or other conditions that end in hip joint destruction. The damaged femoral head and cartilage surface of the socket (acetabulum) are removed and replaced with components made of plastic, ceramic, or metal. A spacer is inserted between the new socket and ball to allow for a smooth gliding surface.

THE RISKS OF JOINT REPLACEMENT SURGERY

Every joint replacement is a MAJOR surgery. Although advances in technology and medical care have made the procedure very safe and effective, risks exist. These risks should be considered carefully before you decide to have surgery. Discuss the potential risks with your surgeon, personal physician(s) and family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. The most common risks include:

- **Deep Vein Thrombosis (DVT):** DVTs, also known as blood clots, can form in veins in your legs and/or lungs after total joint replacement surgery which can be dangerous. They are more common in patients who are older, obese, have a history of clots or patients with cancer.
- **Hematoma:** Bleeding in the tissue around the joint can occur during surgery or after and may be accompanied by acute pain, swelling and discoloration. This can sometimes be confused with infection.
- **Infection:** Infection is less common in healthy patients. Patients who take corticosteroids, use tobacco, or have chronic health conditions such as diabetes or liver disease, have an increased risk.
- **Wound Healing:** The surgical incision may heal slowly. Especially if you take certain medications, use tobacco, or have certain medical conditions.
- **Limited Range of Motion:** Starting the day of surgery, you will begin

exercises to help improve the flexibility of your new joint. These are very important to help prevent stiffness while allowing you to restore strength and mobility.

HOW TO REDUCE YOUR RISKS/COMPLICATIONS

- Reducing or eliminating the use of tobacco products before your surgery
- Being compliant with managing your diabetes, if applicable
- Maintaining a healthy diet
- Using good hand washing techniques
- Exercise: Working hard on your exercises, as directed by physical therapy
- Limiting high impact activities, as directed by your surgeon

TYPICAL RESULTS AFTER TOTAL JOINT REPLACEMENT SURGERY

You can expect a successful outcome for your total joint replacement surgery. Generally, patients experience less pain and more mobility allowing them to resume activities enjoyed before the onset of arthritis. Long-term studies have shown that over 90% of artificial joints are still intact and fully functional after 15 years or more. This could last longer if you maintain your ideal weight, exercise and undergo routine follow-up examinations.

PREPARING for Outpatient Total Joint Replacement Surgery

SCHEDULING YOUR SURGERY

Once it has been determined that surgery is your best option, your surgeon will complete a history and physical, review aspects of your overall health, and discuss your surgical plan. The office scheduler will obtain a surgery date that works best for you and your surgeon. Indian Lake Surgery Center will work closely with your surgeon's office to optimize your experience throughout your total joint replacement experience.

Approximately 1 week prior to your surgery date, someone from Indian Lake Surgery Center will call you to verify your insurance and personal information. You will then be transferred to a nurse to obtain your medical history and medication list. Your arrival time will not be given until 1-2 days prior to surgery date due to frequent changes in the schedule.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES YOU MAY NEED

- **Walker** – You will either receive a prescription for one the day you schedule your surgery or one will be provided for you the day you have your surgery.
- **Cryotherapy (Ice) Machine** – A machine (sometimes called an Iceman), may be offered to you when you schedule your surgery. This works for any total joint replacement.
- **Sequential compression devices (SCD's)** – SCD's are used on your calves to squeeze your legs at regular intervals to circulate blood to help prevent clotting. These may be set up prior to surgery or sent home with you the day of surgery.
- **Elevated toilet seat**- May be needed after total hip replacement surgery per surgeon.
- **Pre-op prescribed medication**- A pre-admission nurse from Indian Lake Surgery Center will call these into your pharmacy approximately 7 days prior to your surgery. Please follow the instructions given for each medication.
- **Post-op prescribed medication** – Have any prescriptions you will need after surgery filled and picked up prior to your surgery day. In some cases, the surgeon will call needed medications into your preferred pharmacy. You may also be given prescriptions the day of surgery. This may vary per surgeon.

MEDICATIONS AND SUPPLEMENTS BEFORE SURGERY

PLEASE REVIEW ALL MEDICATIONS WITH YOUR SURGEON, PRIMARY CARE PHYSICIAN, SPECIALISTS, AND ANESTHESIA PROVIDER, PRIOR TO SURGERY.

A nurse from Indian Lake Surgery Center will call you approximately one week prior to your surgery to review your medications and provide you with information regarding new ones. Please be prepared to provide a complete, accurate list and take notes on specific instructions.

MEDICATIONS YOU **MUST STOP** TAKING PRIOR TO SURGERY



1-2 weeks prior:

- prescription diet medications
- herbal supplements and/or vitamins (including multi-vitamins)
- Methotrexate, Humira, Remicade, and other rheumatoid arthritis medications.



7 days prior:

- over-the-counter NSAIDS/ anti-inflammatories: Ibuprofen, Motrin, Advil, Aleve, Naproxen, Naprosyn, and Aspirin (unless otherwise directed by your physician/specialist)
- prescription anti-inflammatories: Relafin, Meloxicam, Diclofenac and Voltaren.



Day before surgery:

- If you take nightly insulin, only take ½ of your regular dose.



SURGERY DAY:

- **DO NOT TAKE** Diabetic medications: Metformin, Glucovance, Glumetza, Riomet, Fortamet, Janumet and others.



Blood thinners, anticoagulants, and antiplatelet agents:

- Coumadin, Eliquis, Plavix, Jantoven, Brilinta, Pradaxa, Xarelto and Effient must be stopped prior to surgery. ***Your personal physician, surgeon, and/or specialist will provide instructions.***

MEDICATIONS TO BE TAKEN **PRIOR** TO YOUR SURGERY

THE FOLLOWING MEDICATIONS WILL BE CALLED INTO YOUR PHARMACY. PLEASE FOLLOW INSTRUCTIONS CAREFULLY AND NOTIFY INDIAN LAKE SURGERY CENTER IF YOU HAVE ANY ISSUES OBTAINING THESE ITEMS.

- Bactroban 2% Ointment. Apply ointment inside nose with a Q-tip twice daily for 5 days prior to and the morning of surgery.
- Apply Scopolamine Patch 1.5mg behind one ear the night before surgery (does not apply for patients over 65 or who have had prostate surgery).

NUTRITION AND HYDRATION

- Hydration before surgery is very important. Good hydration makes it easier to start your IV and helps limit the chance for post-operative dizziness and nausea/vomiting. Drink lots of fluids throughout the day before your surgery • **Do not eat or drink after midnight the night before your surgery**
- Eat and drink as desired the day before your surgery keeping in mind that good nutrition optimizes healing. ****DO NOT EAT OR DRINK AFTER MIDNIGHT UNLESS OTHERWISE DIRECTED BY PRE-ADMISSIONS NURSE****

HOW YOU CAN PREVENT SURGICAL SITE INFECTION

- **DENTAL WORK:** You must have any dental work (including cleanings) completed 6 weeks prior and wait 6 – 12 weeks after your surgery (surgeon specific). You must call the surgeon if any dental problems arise before your scheduled surgery date.
- **SHAVING:** DO NOT shave your legs or use any hair removal products near the surgical site 5 days prior to surgery. Studies show an increased risk of surgical site infection associated with shaving attributed to microscopic cuts in the skin that allow bacteria to enter.
- **HANDWASHING:** Hand hygiene is essential. You will notice your caregivers at Indian Lake using an alcohol-based hand sanitizer before and after patient contact. We also strongly encourage your family and friends to utilize this cleanser and to wash their hands frequently to prevent the spread of infection.
- **ILLNESSES:** If you become ill near your surgery date, PLEASE notify your surgeon! We may have to postpone your surgery to prevent surgical site infection or cross contamination.
- **SKIN INTEGRITY:** Broken skin, burns or rashes must be reported to your surgeon immediately for evaluation.
- **PRE-SURGERY BATHING:** You will be instructed to shower with chlorahexidine (Hibiclens) soap, purchased at your pharmacy, the night before and the morning of surgery. During your shower, use the special cleanser and leave it on your knee or hip area for 3 – 5 minutes. After showering, do not use any lotions, perfumes or powders on your skin. Dress in clean clothing and place fresh linens on your bed.

SURGERY DAY

BEFORE LEAVING HOME

- SHOWER WITH chlorahexidine (Hibiclens).
- DO NOT shave your legs.
- Wear clean, comfortable clothes with an elastic waist band and wide pant legs.
- No body fragrances, creams, lotions, make up or nail polish.
- No valuables, jewelry, piercings or contacts.
- Do NOT eat mints, chew gum, suck on candies, smoke, chew tobacco, or vape.
- Take ONLY the medications as instructed with 1 ounce of water.
- **Bring your insurance card and picture ID.**
- Bring your CPAP/BIPAP machine with you.
- **BRING YOUR WALKER WITH YOU (if provided ahead of time).**

ARRIVING AT INDIAN LAKE SURGERY CENTER

- Arrival time will be approximately 1-2 hours prior to your scheduled surgery.
- Check in at the front desk.
- Your name, date of birth, and allergies will be verified then an ID wristband will be applied to your wrist. If you have any allergies, you will also receive a red band.
- The day of surgery is a busy one. Several hours may pass between the time you check in and the time your surgery is completed.
- 1-2 family members are permitted in waiting room due to limited space. *This may be affected due to COVID-19*
- Total time required for surgery will be different from patient to patient depending upon the complexity and type of procedure.

SURGERY PREPARATION

You will be asked the following questions frequently for safety:

- Name, date of birth
- Allergies, health history
- Surgery type and side (left or right)

Your Pre-op nurse will:

- Take vital signs, start an IV, and give pre-op medications as ordered by the surgeon and/or anesthesiologist.

- Use clippers to remove hair from the surgical site.
- Cleanse the surgical site with pre-op skin prep.
- Assist anesthesia provider with a regional block (if one is ordered by surgeon).

Your Anesthesia provider will:

- Meet with you before your surgery to explain planned anesthesia and answer any questions.
- Perform an ultrasound-guided regional block (if ordered by surgeon). A regional block is an injection that numbs a part of your body. The purpose is to provide long-lasting post-operative relief in conjunction with, not in place of, your prescribed pain medication(s).
- Monitor you throughout your surgery.

Your OR nurse will:

- Meet you before your surgery.
- Assist anesthesia provider in OR.
- Monitor your comfort and safety.
- Prepare medications the surgeon will use during surgery. After surgery, you may notice a blue band on your wrist that says Exparel. Exparel is a non-opioid analgesic injected into the surgical site. Due to the long-lasting effects, no additional local anesthetics should be used within 96 hours of the injection (your band will have a date and time providing this information).

POST OPERATIVE RECOVERY

Your stay post operatively will depend upon your rate of recovery from the effects of anesthesia. You'll be ready to go home once you're able to:

- Walk safely with a walker.
- The Anesthesia provider and surgeon has determined you are safe to be discharged with a pain management plan in place.
- You are able to eat, drink and empty your bladder.
- Have completed any additional IV antibiotic treatments if ordered by your surgeon.

Before you go home, we will make sure that all your discharge needs are met such as:

- Someone to drive you home and stay with you for at least 24 hours.
- Pain medications have been obtained for use at home.
- Medical equipment is in place (walker, SCD, Ice machine, etc.).
- Physical therapy and/or home health has been scheduled.

Recovering at HOME

RECOVERING AT HOME

MEDICATIONS

- Take medications as directed. Begin laxatives day 1 of surgery.
- Avoid alcohol or driving while taking narcotic pain medication.
- If you need a refill of your pain medication, plan ahead. Someone may not be available to complete the refill the same day you call.
- Resume home medications and supplements as instructed by your surgeon or primary doctor.
- You may experience constipation with narcotics, begin laxatives day 1 of surgery.
Also, drink more water, prune juice, and increase fiber intake.

REDUCING RISKS AND COMPLICATIONS

- Your caregiver **MUST** be with you at least the first 24 hours.
- Wear TED hose for 4 weeks, 24/7 unless directed otherwise by surgeon/physical therapist. Wash TED hose in cold water, line dry.
- SCDS for approximately 2-4 weeks to prevent blood clots.
- Stairs: Up with the good, down with the bad. Keep affected leg as straight as possible. The secure handrail should be used when going up/down stairs.
- When sitting, no recliners.
- No driving, resistance training, or swimming until cleared by surgeon.
- Maintain good body mechanics, do not: twist, cross legs, place pillows under knee.

INCISION CARE

- Dressing care is individualized and specific to surgeon. Please follow instructions provided to you.
- Do not submerge in water.
- Do not allow pets near wound or in bed, to prevent infection.
- Swelling peaks 3-7 days; may last months.
- Ice therapy every 2 hours even if site does not hurt. Do not place ice directly on skin, use a pillow case or towel between skin and ice pack.
- Elevate ankle above the knee and the knee above the hip to reduce swelling when you are not doing exercises or walking.
- Do not place anything under the knee, you may place a small towel under the ankle. It is ok to bend and straighten the knee.
- Bruising is normal.

DIET

- Decreased appetite after surgery is normal.
- Eat nutritious foods to promote healing, especially proteins and vegetables.
- Drink plenty of fluids to stay well hydrated.

ACTIVITY

- You can bear weight on the extremity as tolerated.
- Gradually increase your activity. Need to be up moving every 1-2 hours for no more than 5-10 minutes at a time.
- Difficulty sleeping is common, typically worsens after 4-6 weeks and gradually improves.
- May sleep on back or side with pillow between your knees.
- Change position every 45 minutes.
- Specific exercises will be done during physical therapy with instructions for you to do on your own.
- Do not hesitate to ask questions at any time if you have concerns regarding exercises or the ability to do them.
- Do not drive until instructed by your surgeon and/or physical therapist.
- Avoid high impact activity such as running, jumping, heavy weight lifting, or contact sports.
- Take pain medicine 1 hour prior to physical therapy appointment.

TOTAL HIP REPLACEMENT PRECAUTIONS

- No adduction: Do not cross legs when standing, sitting, lying. Use pillow to keep legs apart in bed.
- Limit hip flexion: Do not bend forward at hips past 90 degrees while standing, sitting and lying down.
- No internal/external rotation: Do not twist affected leg inward or outward. Keep leg pointed straight. Keep foot pointed forward in bed. Use towel roll to prevent rotation.

WHEN TO CALL YOUR SURGEON

- If you fall.
- Uncontrollable pain (but it is normal to experience a deep ache through the bone or a burning sensation).
- Change in color of leg, foot, or toes. Grey, mottled, pale. Coolness that does not get warm after covering.
- Numbness, tingling or burning that persists even after ice application, elevating, changing position, or moving.
- Active bleeding or yellow drainage from incision site.
- Increased swelling that is getting worse.
- Warmth and/or redness around the incision.
- A fever of more than 101 degrees.
- Inability to walk or do exercises.

Call 911 or go to a hospital ER if you have chest pain and/or difficulty breathing.

LIFE AFTER TOTAL JOINT REPLACEMENT

TRAVELING

- No long-distance travel by plane or car until cleared by surgeon to prevent blood clots.
- If traveling short distances, within 2 weeks of your surgery, you should wear your SCDs and change positions frequently.
- Ankle pumps or circles could also be performed should you need to sit for long periods of time.
- Because your new artificial joint may contain metal components, security systems at airports or shopping malls may alarm.

REDUCING RISKS FOR INFECTION IN YOUR NEW JOINT

- Notify your dentist that you have had a total joint replacement. A prescription antibiotic may be needed prior to each dental cleaning and/or procedure for at least 2 years (surgeon specific). You will need to remind your dentist office each time you schedule an appointment.
- Inform physician prior to any invasive test including: sigmoidoscopy, colonoscopy, bronchoscopy, liver biopsy, bowel surgery, any procedure with an increased risk for bleeding.

FOLLOW-UP CARE

- It is important to attend all follow-up appointments with your surgeon and physical therapist.
- Please follow all instructions carefully and ask any questions if needed.

It is an honor and privilege to care for you and we hope to have you walking and doing your favorite activities as soon as possible! Indian Lake Surgery Center

Appointments prior to surgery

Surgeon _____

Primary Care Physician/Medical Clearance _____

Specialty Physician _____

Labs: CBC, PT, APTT, BMP, MRSA, URINE (physician specific) _____

EKG, Chest x-ray (physician specific) _____

***The purpose of pre-admission testing is to ensure it is safe for you to be given anesthesia and have surgery.**

Pre-op Physical Therapy _____

***This is surgeon specific with the purpose of assessing range of motion, strength, gait pattern, and ability to transfer. Also, to begin learning: strengthening exercises, proper use of walker/cane, and/or how to properly perform activities of daily living.**

Dental work must be completed at least 6 weeks prior to surgery. If you have any problems with your teeth or gums prior to surgery, please notify your surgeon.

Durable Medical Equipment and Supplies you may need (surgeon specific)

____ Pre-operative prescribed medications ____ Post-operative prescribed medications

____ Front wheeled walker ____ Cane ____ Elevated toilet seat ____ Portable toilet

Day of Surgery

____ Photo ID ____ Insurance Card ____ Walker ____ Someone to drive you home

____ Comfortable clothes to wear home ____ CPAP/BIPAP (if applicable)

RESOURCES

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