

Welcome to the  
**Joint Replacement Preoperative Class**

**ORTHOPEDIC  
AND SPINE CENTER**



**THE QUEEN'S  
MEDICAL CENTER**

# Agenda

- **General Information about Queen's Medical Center**
- **Nursing Staff** – *Covers information related to your surgery, your hospital stay if needed, discharge information, etc.*
- **Rehabilitation Staff** – *Reviews exercises, your hospital stay if needed, discharge information, etc.*



# Pre-Surgery Communication

You may receive a phone call by a nurse prior to surgery, to help prepare you for your hospital stay

**Notify the nurse if you have any of the following:**

Pacemaker

Defibrillator

Dentures

Loose or cracked tooth, toothache and pain, cap, crown or bridge

Prosthetic device or implant of any type (e.g. contact lenses)

Allergic reactions to drugs, food, tape or latex

**Inform the physician prior to surgery of any of the following:**

Cold

Fever

Cough

Runny nose

Sore throat

Any signs of infection

# Surgery Cancellation

If you need to cancel surgery for any reason -

**Call your surgeon**

# Billing

After your procedure, you will receive *separate* bills from:

- The Surgeon
- The Anesthesiologist
- The Hospital
- Pathology
- Radiology (if any)

For questions regarding hospital billing, contact Queen's Financial Services (Patient Access) at (808) 691 - 4210



# Nurse Teaching





# Joint Surgery “Coach”

It is *highly recommended* all joint replacement patients have a Coach. Having a Coach is **essential** for the first week of recovery

In choosing a Coach, consider a person who is willing and able to do the following:

- Ensure you are following instructions given by your surgeon, physical therapist, and hospital
- Assist you while you are using stairs
- Take you to appointments and run errands



# Before Surgery Health Guidelines

- Focus on nutrition
  - Eat a healthy, high-fiber diet
  - Drink plenty of fluids
- Do not drink alcoholic beverages
- Stop smoking or using any illegal substances
- Discuss with your physician any nutritional or herbal supplements you are taking
- Check with your physicians regarding stopping medication prior to surgery, such as:
  - Aspirin/other blood thinners
  - Heart medications
  - Blood pressure medications
  - Antibiotics
  - Diabetic medication/Insulin



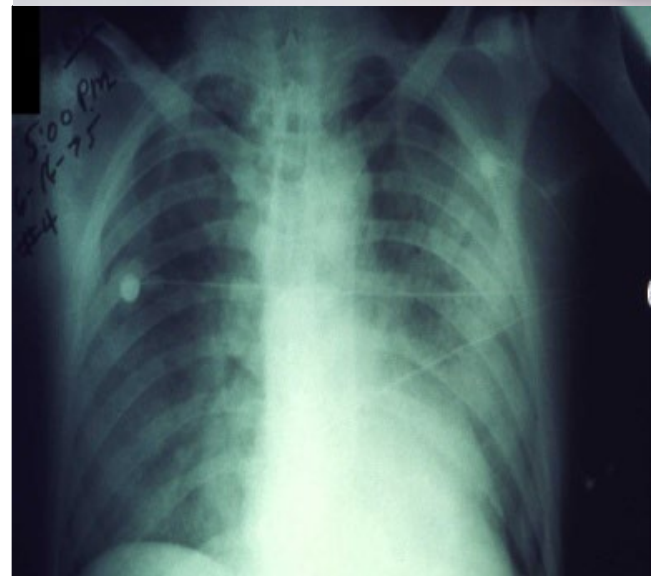


# Before Surgery Work-up

Your physician may order the following tests prior to your surgery:

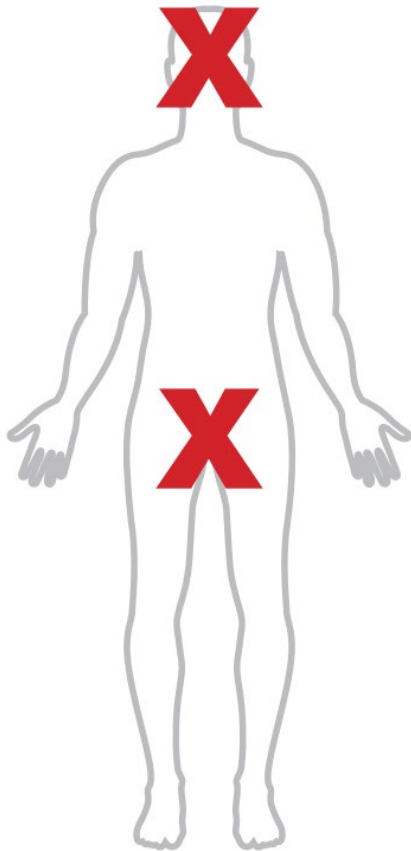
- Blood work
- EKG (Electrocardiogram)
- Chest X-ray

You may be asked to see other physicians for a medical clearance, or for additional evaluation which may include seeing a Dentist



# Showering Before Surgery

Follow these instructions for three (3) nights before surgery AND the morning of surgery.



Do NOT use HIBICLENS on face, hair or genitals

- 1 • Wash your hair with regular shampoo and rinse well
- 2 • Rinse your body with water
- 3 • Shower from the neck down with 4% chlorhexidine liquid such as Hibiclens
- 4 • Rinse well
- 5 • Dry with a clean towel
- 6 • **AFTER SHOWERING, do not use lotions, powders, creams, nail polish, hair products, deodorant, Vaseline or makeup**

\*No shaving 2 days before surgery

\*For sensitive skin, test on your inner wrist first

\* Do not use if you get a rash or are allergic to Chlorhexidine



HIBICLENS can be purchased over the counter

# What to Expect

## Day Before Surgery

- Follow any diet restrictions and take medications as instructed
- Take a shower with 4% Chlorhexidine (such as Hibiclens)
- Pat dry with a clean towel
- Put on clean clothes
- Place clean sheets on your bed
- Nothing to eat or drink after midnight

## Day of Surgery

- Do not eat solid food
- As directed by your physician, take morning medications with a sip of water
- Take a shower with 4% Chlorhexidine (such as Hibiclens)
- Allow plenty of time to arrive at the hospital
- Check in at the **Surgery Center** to begin your surgery preparation – you will:
  - Use antiseptic cloths to clean your skin, an antiseptic swab for your nose, and brush teeth
  - Change into your hospital gown
  - Review your medical history
  - Review paperwork
  - Speak with your anesthesiologist
  - Do a finger-stick to check blood sugar

## Immediately After Surgery

- You will be transferred to the recovery room
- Your Coach/Caregiver will be notified of your location
- You or your Coach/Caregiver may speak with the physician at this time
- A finger-stick will be performed to check blood sugar
- From recovery, you may be transferred to a nursing unit (Queen Emma Tower 8<sup>th</sup> floor)

# Equipment



**Intravenous therapy (IV)** to provide fluids, medication and/or antibiotic in your veins



You may have a tube to drain urine for a short time



To help with deep breathing exercises, you will use a device called an **Incentive spirometer**



A machine (**Compression device**) and/or special **Compression stockings** to prevent blood clots



# Additional Equipment



Walker or crutches



Ice pack or cooling device such as the CryoCuff



Water resistant dressing

# Pain Management



- You will be asked by the nursing staff to rate your pain
- Expect to still have pain after surgery

## **Pain relief options after surgery may include:**

- Cold therapy
- Oral medications
  - Non-opioids (Tylenol, Motrin)
  - Opioids (Tramadol, oxycodone)
- IV medications if necessary





# Pain Management

- Some pain will still be present; our goal is to make your pain tolerable so that you are able to participate in therapy
- Expect your pain level to fluctuate after having surgery
- Take pain medications before therapy
- We will check to make sure your pain medications are working
- Please report all unrelieved pain promptly so adjustments can be made
- Please take only medications provided by our staff
- You will be discharged with pain medications and can expect some levels of discomfort for the next 6-8 weeks



# Blood Clot (DVT) Prevention

Blood clots are also known as Deep Vein Thrombosis (DVT)

- Leg exercises, walking, machines like the sequential compression device (SCDs), or compression stockings (TED hose) help keep the blood moving in your legs to prevent blood clots
- You may be put on medications to thin your blood by your physician

## Compression stockings



## Sequential Compression Device



# Blood Sugar Monitoring & Management

- High blood sugar is a risk factor for infection
- Even non-diabetic patients experience high blood sugar levels due to stress hormones
- For your safety, blood sugar will be monitored and treated as necessary until you are discharged
- **Diabetic** patients will have standard blood sugar checks before meals and at bedtime
- **Non-Diabetic** patients will have testing before breakfast and before dinner



# Plan of Care

	Immediately After Surgery	Day 1 After Surgery and Beyond
Tests & Procedures	❖ Blood sample may be taken	❖ Blood sample may be taken
Treatments	<ul style="list-style-type: none"> <li>❖ Intravenous (IV) fluids in your veins</li> <li>❖ Use the Machine and/or special stockings to your legs to prevent blood clots</li> <li>❖ Use your breathing device (Incentive Spirometer) to exercise lungs and prevent lung infection</li> </ul>	<ul style="list-style-type: none"> <li>❖ IV fluids removed unless you still need them</li> <li>❖ Urine tube removed on day 1 if it was placed</li> <li>❖ Use the Machine and/or special stockings to legs to prevent blood clots</li> <li>❖ Use your breathing device (Incentive Spirometer)</li> <li>❖ Oral Care</li> <li>❖ Bandages may be changed</li> </ul>
Medication	<ul style="list-style-type: none"> <li>❖ IV Antibiotic for up to 24 hours</li> <li>❖ Pain Medications</li> <li>❖ Anti-nausea medication if needed</li> <li>❖ Stool softener/laxative (you may have constipation from pain medications)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Pain medication - IV or by mouth</li> <li>❖ Anti-nausea medication if needed</li> <li>❖ Stool softener/laxative</li> </ul>
Diet	<ul style="list-style-type: none"> <li>❖ Start with ice chips, then liquids</li> <li>❖ Advance to solid food as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>❖ Advance to solid food as tolerated</li> <li>❖ Drink plenty of fluids</li> </ul>
Activity	❖ Walk with assistance either prior to being released the same day as surgery <b>OR</b> within four hours of arriving in your hospital room	❖ Walk with assist, use call bell to get out of bed
Therapy	❖ Physical Therapy (PT)	❖ Continue Physical Therapy activities
Discharge Planning	❖ If you are being discharged the day of surgery, QMC staff will call your Coach to be present for PT evaluation and discharge instructions before going home	<ul style="list-style-type: none"> <li>❖ Case manager will help with other possible needs such as equipment, home health services, or rehabilitation arrangements</li> <li>❖ Keep your Coach/Caregiver updated</li> </ul>

# Discharge Options



Your ability to walk, participate in activities of daily living (dressing, toileting), and insurance coverage will determine your discharge plan

Most patients will be able to go home and may either start outpatient physical therapy, or continue home exercises

# Discharge Planning



- Some patients may go home as early as the day of surgery while most may stay overnight
- A Case Manager or Nurse will assist with discharge plans including any equipment needs and a follow up appointment with your surgeon
- Discharge teaching includes incision care and medication review



# Discharge Hospitality Lounge

If your ride is not here when you are ready to be discharged, you may wait in the Discharge Lounge



## You are ready to be discharged from the hospital when:

- Cleared by Physician
- Physical Therapy is completed
- Discharge instructions received from the nurse
- Any required equipment is received

## The Discharge Lounge is available for:

- Patients waiting for transport by a company or family and friends
- Patients who do not pose a health risk to others

**Location:** Lobby level

## Services Available:

- Nurse's Assistant
- Professional Staff to coordinate transportation
- Assistance connecting with family/friends
- Medication Delivery to you while you wait
- Complimentary Sandwiches, Beverages, and Fruit
- Connection to Concierge
- Comfortable Seating Area
- Accessible restrooms

# Care at Home

## Prevent Infection

- **Wash your hands often**
- Follow your surgeon's instructions in caring for your incision
- If your surgeon wants your dressing to be changed or wound care done at home, wash your hands before you start and after you are done
- **Shower daily using soap and water**
- Use clean towels and clean clothes after daily showering
- Use a clean sheet to cover a fabric chair or sofa you sit on regularly
- Keep pets clear of wound until incision is healed
- **Avoid going in a bathtub, hot tub, pool, ocean, stream, or waterfall until incision is healed and the scabs are gone**

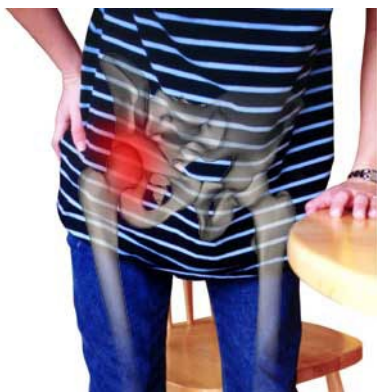


## Dental Work

- **Notify your dentist** of your total hip or knee replacement
- Discuss with your surgeon and dentist whether you will need to take antibiotics before any dental work, including cleaning or invasive procedures



# When to Call for Help



## Call your Surgeon for:

- Fall with injury
- Fever above 101°
- Unusual redness, swelling, or heat from your operated leg
- If you have a dressing and fluid starts to leak or appears soaked
- If you *no longer have a dressing* and fluid is coming from your incision for more than a week
- Sudden onset of severe pain on your operated leg
- Pain worsens and the pain medication doesn't control it enough
- New or increased numbness/tingling in your leg(s)
- Changes in bowel or bladder habits

## Call 911:

- **If you have chest pain**
- **If you have difficulty breathing**
- **If you had hip surgery and your hip comes out of place – “popping” noise**

# Day Before Surgery Checklist

## Pack your bag with:

- This Joint Replacement Education Booklet
  - Comfortable, loose-fitting shorts to wear while in the hospital and loose-fitting clothes to wear home
  - Personal care items (toiletries, eyeglasses, dentures, hearing aids, etc.)  
We will provide you with oral supplies on admission and recommend you use a new tooth brush at home after discharge
  - Cell phone and charger
  - A written list of medications you currently take (dosage and how often) -- leave your medications at home
  - A functional walker (or crutches) if you own one
  - A copy of your Advance Directive or Living Will
  - MRI or X-rays (if requested by your surgeon)
  - C-pap or Bi-pap machine if you own one
- 
- Keep your family and friends informed and have them ready to help when you return home
  - Though we discourage bringing large amounts of cash with you, **please bring at least two forms of payment (\$50 cash, credit card, blank check)** for items such as equipment, medications, transportation that may be needed at time of discharge





# Inpatient Therapy



# Rehabilitation Services

- Our focus is to help you to safely return home
- After surgery, a physical therapist will see you in preparation for your discharge





# What you can expect



## Day of Surgery

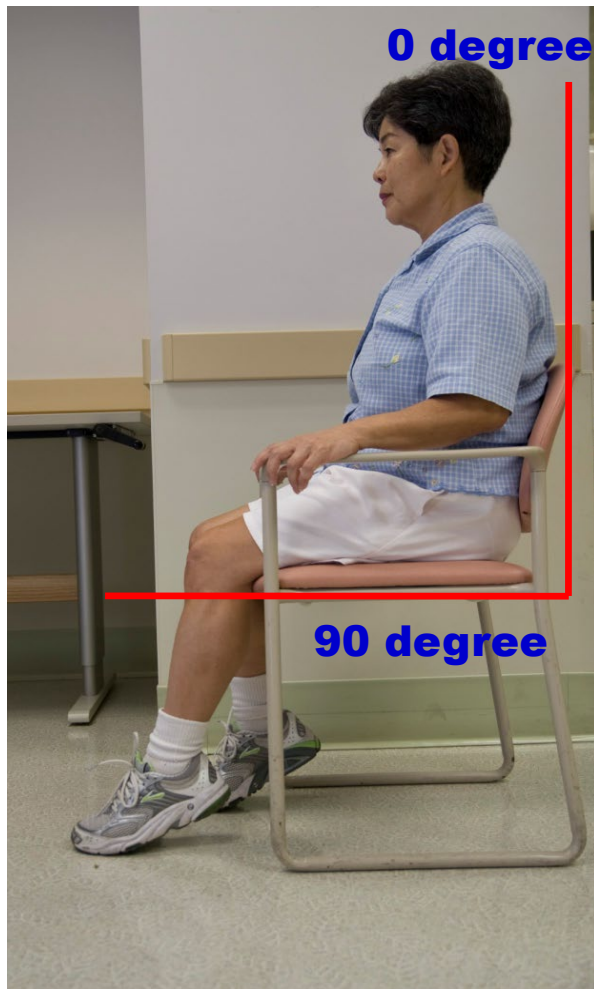
- You will be assisted out of bed
- Physical therapy (PT) will complete their evaluation and prepare you for discharge with a home program

## Day after surgery (if not going home)

- Physical therapy will treat you in the AM and prepare you for your discharge home

# Post-Operative POSTERIOR Hip Precautions

Your precautions may vary depending on your surgeon



To be followed for 6 months or as specified by your surgeon:

- **Do not** bend at the hip more than 90 degrees (i.e. Sitting in a low chair where your knee is higher than your hip and reaching forward when you are sitting in a chair)
- **Do not** turn your toes in (pigeon toeing), especially when making a turn in standing
- **Do not** cross your ankles or knees

# Post-Operative ANTERIOR Hip Precautions

No positional restrictions, but **no forced extreme positions**

For example:



**No repetitive flexion of hip such as up/down stairs or hills, sit-ups for two months after surgery**

# Post-Operative Total Knee Precaution

**Do not place a pillow under your knee**



# Frequently Used Equipment/Assistive Devices

## Canes, Walkers, Crutches



## Elevated Commode Seat



## Bath/Tub Mats



## Shower Chairs



## Reachers





# Prepare Your Home



- Do the **Home Fall Prevention** checklist
- Review the **Creating a “Recovery Ready” Home** handout which includes topics such as:
  - Remove trip hazards such as electrical and telephone cords, clutter from hallways and walkways, throw rugs
  - Ensure rooms and hallways are well lit for visibility
  - Consider freezing meals prior to admission
  - Keep items in the kitchen/bathroom at waist level for easy accessibility
  - Gather equipment for after discharge, such as walker, crutches, elevated toilet seat, etc.
  - Arrange pet care, if needed





# Checklists to Prepare Your Home

## Creating a "Recovery Ready" Home



### Review the Home Fall Prevention Checklist for Older Adults

#### Choose Your Support Team:

You will need help at home during your recovery. Designate family members and/or friends to help you upon your discharge home with:

- Driving
- Grocery shopping, laundry, light cleaning, and cooking
- Personal care assistance as needed



#### Other Home Prep Ideas:

##### General Preparation:

- Keep your phone easily accessible
- Arrange for pet care
- Consider moving furniture to allow more space when using your walking device
- Choose a sturdy chair with a firm seat and arm rests
- For extra low furniture, increase the height with cushions or furniture risers
- If you currently have difficulty climbing stairs, consider 1st floor options by converting a main floor space into a temporary bedroom

##### Bedroom:

- Do your laundry before surgery
- Place clothing on easily accessible shelves and cabinets
- Place a lamp close to the bed
- Consider a reacher and other assistive devices to put on your lower body clothing with ease



##### Bathroom:

- Stock up on personal items like soap, shampoo, toilet paper and medications
- Consider an elevated toilet seat or commode over the toilet to ease sitting and standing
- Use personal wipes as a substitute if unable to bathe
- Consider a shower chair/bench, safety rails, and/or a slip-proof mat to reduce slips on a wet floor
- Use a hand held shower head and long handled shower sponge to limit reaching or twisting
- Consider temporarily replacing shower doors with a curtain to improve access to your tub
- Install a nightlight that will remain on throughout the night



##### Kitchen:

- Keep frequently used items on the counter
- Stock up on canned and frozen foods
- Prepare meals ahead of time and freeze

#### Key Takeaway:

A better prepared home will improve your safety and aid in your smooth transition back to your normal routine following surgery.



For any questions, please contact Occupational Therapy  
Queen's Medical Center: 808-691-4277 • Queen's Medical Center – West O'ahu: 808-691-3577

Contact your local community or center for information on exercise, fall prevention programs, or options for improving home safety.

**Check for Safety**  
A Home Fall Prevention Checklist for Older Adults

Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

For additional information on fall prevention, visit [go.usa.gov/H0XA](http://go.usa.gov/H0XA)

Committed to  
THE QUEEN'S MEDICAL CENTER

2018

**STEADI**  
Stopping Elderly Accidents, Deaths & Injuries

Use this checklist to find and fix hazards in your home.

STAIRS & STEPS (INDOORS & OUTDOORS)	FLOORS	BEDROOMS
<p><b>Are there papers, shoes, books, or other objects on the stairs?</b></p> <p><input type="checkbox"/> Always keep objects off the stairs.</p>	<p><b>When you walk through a room, do you have to walk around furniture?</b></p> <p><input type="checkbox"/> Ask someone to move the furniture so your path is clear.</p>	<p><b>Is the light near the bed hard to reach?</b></p> <p><input type="checkbox"/> Place a lamp close to the bed where it's easy to reach.</p>
<p><b>Are some steps broken or uneven?</b></p> <p><input type="checkbox"/> Fix loose or uneven steps.</p>	<p><b>Do you have throw rugs on the floor?</b></p> <p><input type="checkbox"/> Remove the rugs, or use double-sided tape or a non-slip backing so the rugs won't slip.</p>	<p><b>Is the path from your bed to the bathroom dark?</b></p> <p><input type="checkbox"/> Put in a nightlight so you can see where you're walking. Some nightlights go on by themselves after dark.</p>
<p><b>Is there a light and light switch at the top and bottom of the stairs?</b></p> <p><input type="checkbox"/> Have an electrician put in an overhead light and light switch at the top and bottom of the stairs. You can get light switches that glow.</p>	<p><b>Are there papers, shoes, books, or other objects on the floor?</b></p> <p><input type="checkbox"/> Pick up things that are on the floor. Always keep objects off the floor.</p>	<p><b>BATHROOMS</b></p> <p><b>Is the tub or shower floor slippery?</b></p> <p><input type="checkbox"/> Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.</p>
<p><b>Has a stairway light bulb burned out?</b></p> <p><input type="checkbox"/> Have a friend or family member change the light bulb.</p>	<p><b>Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?</b></p> <p><input type="checkbox"/> Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.</p>	<p><b>Do you need some support when you get in and out of the tub, or up from the toilet?</b></p> <p><input type="checkbox"/> Have grab bars put in next to and inside the tub, and next to the toilet.</p>
<p><b>Is the carpet on the steps loose or torn?</b></p> <p><input type="checkbox"/> Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.</p>	<p><b>KITCHEN</b></p> <p><b>Are the things you use often on high shelves?</b></p> <p><input type="checkbox"/> Keep things you use often on the lower shelves (about waist high).</p>	<p><b>Is your step stool sturdy?</b></p> <p><input type="checkbox"/> If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.</p>



# Homework

## Ankle Pumps



## Quad Sets



## Gluteal Sets



# Pain Management

- Post Surgical Pain
- Take pain medication *before* therapy



# Additional Activities

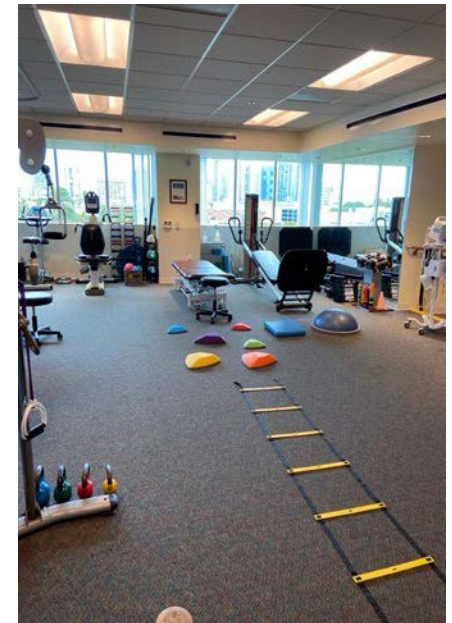
Before participating in activities such as driving, swimming, light sports (golf, dancing, etc.), and other extra curricular activities, ***you should receive approval from your doctor first***





# What is Outpatient Rehabilitation?

- Outpatient Rehabilitation provides individual sessions with a therapist at their office
- Outpatient Rehab is pre or post surgical rehabilitation and care outside of the hospital
- The Queen's Health Systems has convenient outpatient therapy locations to serve you:
  1. Punchbowl: 550 South Beretania Street, Physicians Office Building 3, Suite 703 808-691-4211
  2. Ocean Pointe: 91-6390 Kapolei Parkway, Ewa Beach, HI, 96706 808-691-4211
  3. Kahala: 1215 Hunakai St., Honolulu, HI, 96816 808-691-4211
  4. Queen's West Outpatient Rehab – CSC 4<sup>th</sup> floor 808-691-3879
  5. North Hawaii Community Hospital: 67-1125 Mamalahoa Highway, Kamuela, HI, 96743 808-881-4860
  6. Molokai General Hospital: 280 Home Olu Place, Kaunakakai, HI, 96748 808-553-3153
- There are many outpatient rehab providers on the island for you to choose from (subject to any limits your insurance plan may have)



# Important Phone Numbers at Queen's

- Concierge Services 808 691-4331
- Hospital Main Line 808 691-1000
- Orthopedic and Spine Center 808 691-8800
- Patient Financial Services 808 691-4210
- Patient Relations Department 808 691-4602
- Pre-Surgery Center 808 691-4874
- Referral Line 808 691-7117
- Joint Navigator 808 691-4427



# Mahalo! Thank you for coming!

