

TOTAL JOINT REPLACEMENT: PATIENT EDUCATION GUIDE

Your Joint Replacement is scheduled with:

Dr. _____

On

Date: _____



127 Saundersville Road
Hendersonville, TN 37075
615-265-8038

www.indianlakesurgerycenter.com

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 1,600 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 employee safety
- Respect and kindness
- Personalized attention
- Honesty, integrity and trust
- Continuous quality improvement
- Partnership and teamwork
- Financial accountability

GOALS

- Early mobilization of patients
- Prevention of surgical site infection
- Prevention of deep vein thrombosis (DVT)
- Patient/Caregiver involvement with education opportunities
- Reduce perioperative blood loss
- Exceed patient satisfaction

You will find important instructions and information to prepare you for your surgery in this educational packet. It will answer many of the questions you may have, and clearly outline the things you need to do before and after surgery. Planning tools, advice on medications, diet, and exercise recommendations are also included. 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

INDIAN LAKE SURGERY CENTER TOTAL JOINT REPLACEMENT GUIDE

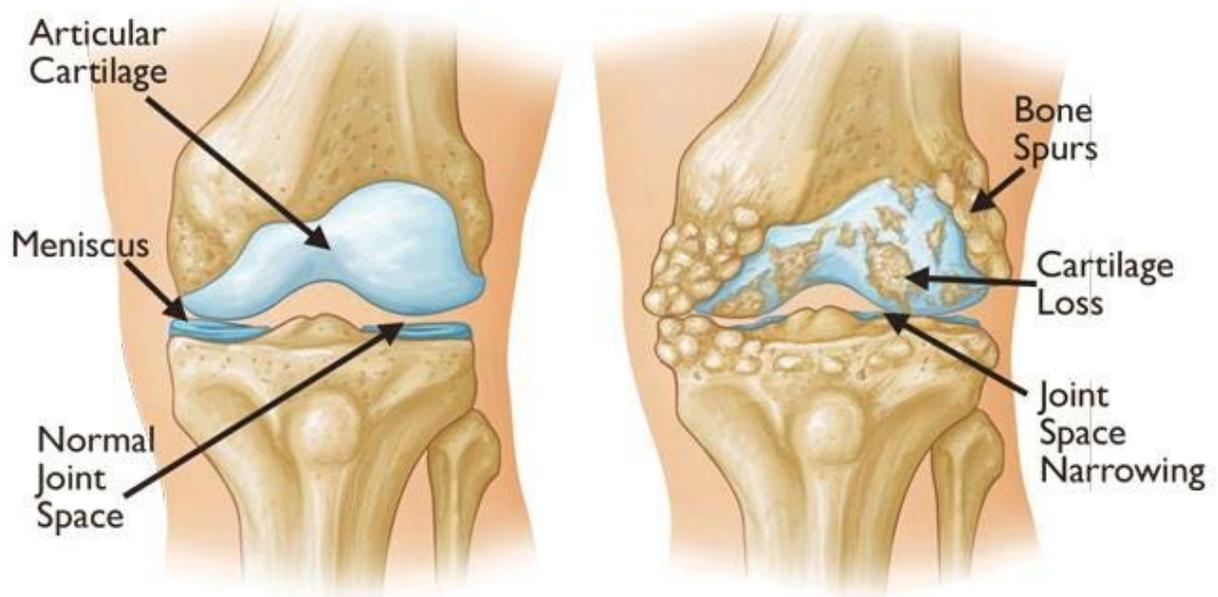
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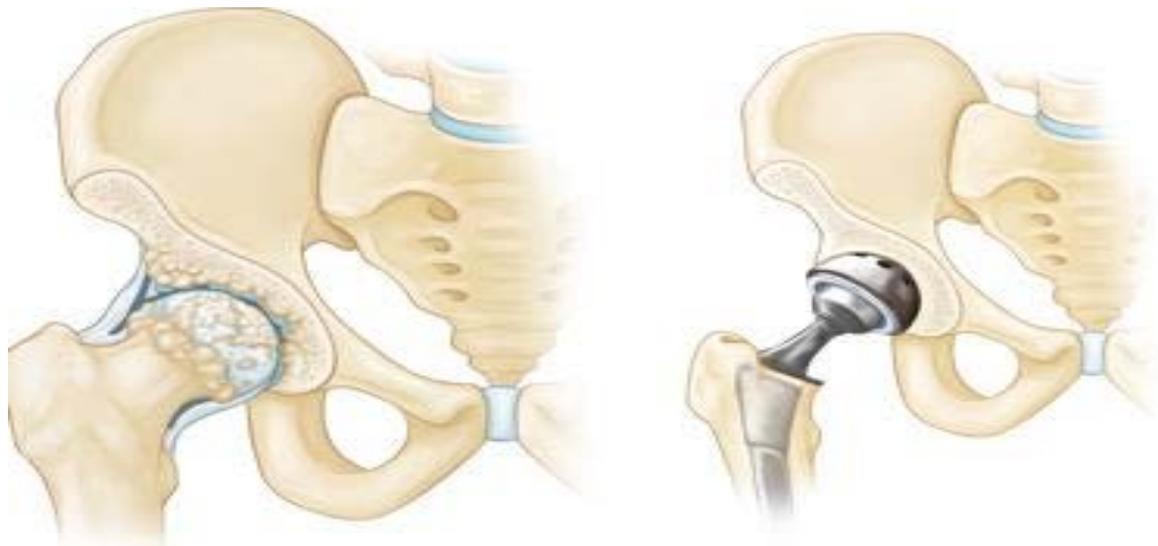
Understanding Total Joint Replacement Surgery

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 in the body, although it occurs most often in the knees, hips, and spine. It breaks down the cartilage 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 rather than just the wearing down of the joint.

Why do I need surgery?

Total joint replacement surgery is recommended when non-surgical treatments are ineffective to relieve pain and/or disability. These non-surgical treatments can range from medications, changes to everyday activities, and physical therapy.

TYPES OF JOINT REPLACEMENT SURGERY

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.

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. A spacer is inserted between the new socket and ball to allow for a smooth gliding surface.

Components of all joint replacements can be made of plastic, ceramic, or metal.

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.

THE MOST COMMON RISKS INCLUDE:

- **Deep Vein Thrombosis (DVT):** DVTs, also known as blood clots, can form in the veins in your legs and/or lungs after total joint replacement surgery. They are more common in patients who are older, obese, have a history of clots or patients with cancer.
- **Hematoma:** Bleeding in the tissue can occur during surgery or after and may be accompanied by acute pain, swelling and discoloration.
- **Infection:** 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 containing nicotine before your surgery. Continuing the use of tobacco could delay your healing process and increase your risk of complications.
- Being compliant with managing your diabetes, if applicable. High glucose levels could increase risk for post-op infection and/or delay your healing process.
- Maintaining a healthy diet. Poor diet choices could affect healing and strength.
- Using good hand washing techniques. Poor hand hygiene could lead to a post-op infection.
- Working hard on your exercises as directed by physical therapy. Not completing therapy could lead to frozen joint.
- Limiting high impact activities, as directed by your surgeon. Engaging in these activities could lead to damaging the prosthesis.
- Continue with ankle pumps and frequent ambulation. These will decrease your risk of developing a blood clot.

***PREPARING FOR 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.

Approximately 2 weeks 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 if available, to obtain your medical history and medication list. Your arrival time will not be given until the day before your surgery date, due to frequent changes in the schedule.

HEALTHY HABITS TO IMPROVE RECOVERY

We recommend you make changes to ensure you are promoting a healthy lifestyle! Increase the amount of water you drink each day, eat a well-balanced diet, decrease alcohol consumption, and eliminate tobacco and drug use completely. We suggest that you increase your daily activity to promote better circulation and muscle strength. Doing all of these things will set you up for a faster recovery, quicker healing, and better overall success after your total joint replacement. Have a conversation with your physician about what you can do to improve your diet and maintain a healthy weight.

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. Focus on increasing fluid intake the day before your surgery. During the preoperative phone call, a nurse will instruct you to:

- Drink a 12oz White Frost Gatorade **OR** a Clear Pre-Surgery Ensure on the drive to the facility.
- **NOT** eat after midnight before your surgery.

MEDICATIONS AND SUPPLEMENTS BEFORE SURGERY

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

MEDICATIONS YOU MUST STOP 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 (unless otherwise directed by your physician/specialist).
 - **Blood thinners, anticoagulants, and antiplatelet agents:**
Coumadin, Eliquis, Plavix, Jantoven, Brilinta, Pradaxa, Xarelto and Effient must be stopped prior to surgery. ***Your physician, surgeon, and/or specialist will provide specific instructions.***
- **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: (Per Anesthesia providers)**
 - Do not take Diabetic medications.
 - Do not take these specific Ace-Inhibitors (drugs ending in “pril”): Enalapril, Lisinopril, Peridopril and Ramipril.
 - Do not take these specific high blood pressure medications (drugs ending in “sartan”): Valsartan, Irbesartan, Candesartan, Losartan and Olmesartan.

MEDICATIONS TO TAKE 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).
- Start Chlorhexidine (CHG) wash three nights before and morning of surgery focusing on surgery site.

BATHING INSTRUCTIONS

Starting **THREE NIGHTS BEFORE** your surgery, you will shower and do the following:

- REMOVE ALL JEWELRY – must remain off until after surgery.
- Take a shower with your normal soap, shampoo & conditioner.
- Rinse off your normal soap products & turn off the water.
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
- Do not use Hibiclens near your eyes, ears, or genital area.
- Leave the Hibiclens soap on for five (5) minutes.
- Rinse off and dry off with a CLEAN towel.
- DO NOT use any powders, lotions, oils, deodorants, make-up or hair products after this shower.
- Wear clean pajamas and sleep on clean sheets after taking the Hibiclens shower.
- Please do not allow pets to sleep on or in the bed with you.

The **MORNING OF** your surgery you will shower and do the following:

- You may wash your hair with your normal shampoo and conditioner
- DO NOT use your normal soap – ONLY use the Hibiclens soap
- Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
- Do not use Hibiclens near your eyes, ears, or genital area.
- Leave the Hibiclens soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- DO NOT use any powders, lotions, oils, deodorants, make-up or hair products after this shower.
- Wear clean comfortable clothes to the facility.
- Nail polish and acrylic (non-natural) nails must be removed prior to surgery

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.
- **SKIN INTEGRITY:** Broken skin, burns or rashes must be reported to your surgeon immediately for evaluation.
- **BATHING:** You will be instructed to shower with Chlorhexidine (CHG) also known as Hibiclens soap, purchased at your pharmacy.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES YOU MAY NEED

- **Walker** – You will receive a walker the day of surgery. If you already have a walker, please bring in the morning of surgery.
- **Cryotherapy (Ice) Machine** – A machine may be offered to purchase 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, if ordered by your surgeon.
- **Elevated toilet seat**- May be needed after total hip replacement surgery, if ordered by surgeon.
- **Pre-op prescribed medication**- A pre-admission nurse from Indian Lake Surgery Center will call these into your pharmacy approximately 5 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. If unable to pick up prior to surgery, verify prescriptions are called into preferred pharmacy.

SURGERY DAY

BEFORE YOU LEAVE HOME

- DO NOT shave your legs.
- Shower with Chlorhexidine (Hibiclens).
- Wear clean, comfortable clothes with an elastic waistband 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 a sip of water.
- Bring your CPAP/BIPAP machine with you.
- Bring your walker with you if you already have one.
- **Bring your insurance card and picture ID.**

ARRIVING AT INDIAN LAKE SURGERY CENTER

- Arrival time will be approximately 1-2 hours prior to your scheduled surgery.
- Two family members are permitted in waiting room due to limited space.
- Check in at the front desk.
- Your name, date of birth, and allergies will be verified. 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.

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)

PRE-OP NURSE WILL:

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

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 your operative extremity.
- Monitor you throughout your surgery.

OPERATING ROOM NURSE WILL:

- Meet you before your surgery.
- Assist the anesthesia provider in surgery.
- Monitor your comfort and safety.
- Communicate with your family, updating them of your status during your surgery.
- Place a blue Exparel band on your wrist. Exparel is a non-opioid analgesic injected into the surgical site.

POST-OPERATIVE NURSE WILL:

- Ensure your pain is under control
- Monitor your surgical incision/dressing
- Monitor your vital signs
- Review important post-op discharge teachings

The length of your recovery phase will depend upon the effects of anesthesia. This phase may last anywhere from 2-6 hours. You will be ready to go home once you are able to:

- Walk safely with a walker, minimum of two times.
- Empty your bladder without difficulty.
- Pain and nausea are controlled.

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 called in or picked up.
- Medical equipment is in place (walker, SCD, Ice machine, etc.).
- Physical therapy has been scheduled.

ANESTHESIA

Our expert anesthesia providers collaborate with you and your surgeon to tailor your anesthesia plan based on your medical conditions, previous anesthesia and surgical experiences. Careful planning ensures you have the best possible total joint replacement experience at Indian Lake Surgery Center both intraoperatively and postoperatively.

SPINAL ANESTHESIA VS. GENERAL ANESTHESIA

With both types of anesthesia, your anesthesia provider monitors your heart rate and rhythm, blood pressure, breathing, oxygen levels and temperature.

- Spinal anesthesia is an injection of local anesthesia into the spinal fluid, which numbs the lower part of your body.
- General anesthesia for joint replacement surgery is a deep sleep where medications are given through your IV and affect your entire body. A breathing tube is placed after you are asleep. Intravenous medications and/or anesthesia gas can be used to keep you under general anesthesia until the surgery is over.

SPINAL ANESTHESIA IS RECOMMENDED FOR TOTAL JOINT REPLACEMENT

There are several advantages to spinal anesthesia compared with general anesthesia including needing fewer overall medications, which in turn means fewer potential side effects. After surgery, you are more clear-headed, awake with less nausea, and vomiting. Pain management after surgery also tends to be smoother as the spinal wears off. Research suggests there is less blood loss and decreased risk of blood clots with spinal anesthesia.

Sedation is given through your IV to make you sleepy during surgery. Typically, our anesthesia providers will give you sedating medication prior to having the spinal anesthesia done. In the operating room, you will be sitting up for the procedure. We will connect you to monitors, and will ask you to put your chin to your chest, relax your shoulders and round out your lower back like an angry cat or the letter “C”. This helps to open up the spaces between the bones of your lower spine. Your back will be cleansed with an antiseptic scrub and a sterile plastic drape is placed. The anesthesia provider feels the bones of your back and numbs up the site of injection. When the anesthesia provider reaches the spinal space, local anesthesia is injected into the fluid.

We then lie you down and the lower part of your body will slowly become numb, sensation may last for several hours. As your surgical team starts to prep and drape, your anesthesia provider will start giving you medication to assist falling asleep. At the end of the procedure, they stop the medication and wake you up.

As the spinal wears off in the recovery room, we will be assessing your pain and giving you pain medications as needed. The spinal can temporarily cause difficulty with urination.

NERVE BLOCK

For total joint replacements, our anesthesia providers routinely performs preoperative ultrasound guided peripheral nerve blocks to decrease pain and sensation to your hip/knee while maintaining strength in your leg. Typically, light sedation is given to you prior to the block. The anesthesia provider will confirm the surgical site with you and prep the area with antiseptic scrub. Your skin will be numbed with local anesthesia and the anesthesia provider will use the ultrasound to identify the targeted nerves and blood vessels and other surrounding structures. Local anesthetic will then be injected next to these structures to provide temporary non-narcotic pain relief. Typically, the local anesthesia can block pain and sensation to your extremity for 12-18 hours.

PAIN MANAGEMENT

Total joint replacement surgeries are painful. However, we will aggressively work with you to help manage your pain. If you are in pain or discomfort, please tell us. Good pain control is a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

- To help us minimize your pain after surgery you will be asked to rate the intensity of your pain using a pain scale of 0-10 (0 is no pain, 10 is excruciating pain).
- It is best if you ask for medication when your pain level starts to rise. Do not allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.
- Before you leave, our nurses will go over all of your pain medications and answer any questions you have.

RECOVERING AT HOME

MEDICATIONS

- Avoid alcohol or driving while taking narcotic pain medication.
- 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 POST-OPERATIVELY

- 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.
- 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 pillowcase 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.
- Small amount of bleeding and bruising is normal. If dressing becomes saturated, please contact your surgeon.

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.
- May sleep on back or side with pillow between your knees.
- 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.

For Total Hip Precautions:

- No adduction: Do not cross legs when standing, sitting, and 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 nearest 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 should also be performed if 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. Most TSA agents will ask if you have metal in your body or the presence of a joint replacement. Please let them know and they should let you go through the scanner or metal detector without issue.

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.

FOLLOW-UP CARE

It is important to attend all follow-up appointments with your surgeon and physical therapist. 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.

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.

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)

This is for patient use only, not required to be completed.

RESOURCES

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