



# Joint and Spine Center Knee and Hip Replacement Pre- and Post-Operative Surgery Guide

# Welcome to the Saint Francis Joint and Spine Center

You can leave pain behind and return to an active lifestyle with Saint Francis Hospital-Memphis' Joint and Spine Center. We take a multidisciplinary approach to ensure continuity of care and maximize your results. Here you'll find a standardized plan of care and a compassionate team of doctors and nurses working to reduce or eliminate your pain.

With our advanced technology and techniques, you can rest assured you're getting exceptional orthopedic care and services. We offer a wide range of treatments and procedures to help with all your symptoms, from nonsurgical options to minimally invasive procedures that can result in less scarring, less pain and faster recovery than traditional surgical procedures.

## Multi-disciplinary team members that may take part in your post-operative care include:

Orthopedic surgeons  
Anesthesiologists  
Unit specific nurse practitioner  
Nurse manager  
Assistant nurse managers  
Registered nurses  
Certified nursing assistants

Physical therapists  
Orthopedic technicians  
Occupational therapists  
Respiratory therapists  
Case managers  
Unit secretaries  
Dietary services  
Environmental services



# Joint Tour Objectives

This guide will help patients understand:

- The need to have post-discharge needs identified and have any needed arrangements with family/caregivers completed prior to surgery
- The post-operative clinical pathway and know what to expect upon arrival to the unit
- How to perform the exercises to reduce the chances of developing any post-operative surgical complications
- How to gain and maintain control of acute post-operative pain in order to participate fully with rehabilitation
- The expectations concerning the maintaining of safety during and after the hospital stay

## Total Knee Prosthesis & Partial (Uni-compartment)

Knee Prosthesis (parts) can be made up of metals, ceramics, & plastics.

Total Hip Prosthesis (parts) can be made up of metals, ceramics, & plastics

## Call Lights

Our customer-service oriented unit secretaries are happy to assist you when you use your call light. They will notify the appropriate team members in order to ensure that your specific needs are met.

## Home Medications

Please bring your current medications, (or a current list) with you on the day of surgery, in case your provider or the hospital pharmacist have any questions they can be answered expeditiously. Unless otherwise specified, do not take any of your medications. Our pharmacy will provide you with your usual medications.

There are some patient home medications that may not be restarted right away, or during your hospital stay. If this occurs, your nurse or doctor will explain to you which medications are on hold and why.

There are times when our pharmacy will use a medication that is not exactly the same as yours. Any substitutions are approved by our pharmacist according to national/pharmaceutical guidelines.

Sometimes there are medications that you may be allowed to take from your own medication supply, because the pharmacy does not carry them. If this is the case your medication will be brought to the pharmacy for review and then kept in a safe location between doses.

## Case Management Department

The average length of stay for a joint replacement is two days. During your hospitalization you will be visited by a member of the case management department. They will help determine your needs following discharge such as durable medical equipment like a rolling walker, and/or a bedside commode (some surgeons order a continuous passive motion machine (CPM), for total knee replacements). You will need make arrangements for your discharge to home, including someone to stay with you once discharged.

## Surgeon Preferences

Our orthopedic surgeons have different preferences regarding your care following surgery. Some will send you home with instructions to come to their office for your follow up appointment and when to begin physical therapy. Our staff will work with you and your surgeon to ensure any surgeon instructions are clear. Although the major trend in healthcare favors sending post-operative joint replacement patients home and major studies support this, some physicians make exceptions for patients based on their specific needs.

## The Risk Assessment and Prediction Tool

The Risk Assessment and Prediction Tool (RAPT) test is a tool that can help you and your surgeon determine which destination is best once you are discharged from the hospital. There are six questions with multiple choice answers that each have an assigned numeric value. Once all of the questions have been answered, the associated numbers are added, and a score key reveals the suggested discharge disposition.

Question	Value	Score
1. What is your age group?	50-65 years	2
	66-75 years	1
	>75 years	0
2. Gender?	Male	2
	Female	1
3. How far on average can you walk? (a block is 200 meters)	Two blocks or more (+/-rest)	2
	1-2 blocks (+/-rest)	1
	Housebound (most of the time)	0
4. Which gait aid do you use? (more often than not)	None	2
	Single-point stick	1
	Crutches/ frame	0
5. Do you use community supports? (home help, meals on wheels, district nursing)	None or one per week	1
	Two or more per week	0
6. Will you live with someone who can care for you after your operation?	Yes	3
	No	2

Your score (out of 12) is \_\_\_\_\_.

**RAPT KEY:**

Score less than 6 = extended inpatient rehabilitation

Score from 6 to 9 = Additional intervention to discharge directly home (e.g. Rehabilitation in the home, home health physical therapy)

Score greater than 9 = directly home

Oldmeadow, McBurney, & Robertson (2003).

## Atelectasis: Portion Of Your Lung Is Deflated (Lacking Air) Resulting In Reduced Lung Volume

When patients are placed under anesthesia for surgery, lung function is impaired and secretions start to build up. During the earliest phase of the post-operative recovery period, patients are sedated from anesthesia and pain medications, making respirations more shallow & suppressed which can lead to atelectasis, respiratory depression (shallow, less effective breathing), & pneumonia. The development of a fever after surgery is normal because of the inflammatory processes going on in your body (if fever persists then we will order some routine tests in order to ensure there is no new infection present).



## Incentive Spirometry

One of the best way to avoid respiratory complications after surgery is to move those secretions out of your lungs. The Incentive Spirometer helps to expand your lungs and reduce the secretions. It is also important to cough, move about, & drink fluids to loosen thick secretions.

How to use the Incentive Spirometer:

Use the mouth piece to inhale slow & deep in order to raise the indicator, when you can't breathe any longer take the mouthpiece out of your mouth, hold your breathe for 3-5 seconds, then exhale, repeat 10 times every hour, trying to reach the target point each time.

## Post-operative urinary retention and an abdominal ileus:

The slowing down of the movement (peristalsis) in your bowels is common side effect from anesthesia & pain medications. The anesthesia slows down your bowels and your bladder and it may take several hours for them to wake up. The best way to wake them up is to move about with staff & physical therapists.

## Catheter Associated Urinary Tract Infection

You may have a urinary catheter inserted just prior to your surgery. It will be removed in the post anesthesia unit or on the orthopedic floor, no later than post operative day one. Sometimes there are indications for the insertion of a foley catheter during your hospitalization, which includes the occurrence of post-operative urinary retention.

## Post-Operative Nausea & Vomiting

Please share with anesthesia if you have a history of nausea & vomiting after surgery. They can medicate you to help you tolerate the anesthesia better. Once you are transferred to the Total Joint & Spine Center you will have medications already ordered to help with your nausea and/or vomiting. You will continue with IV fluids until you tolerate food and drinks to help alleviate dehydration.

## Post-Operative Delirium (Pod)

Acute delirium includes changes in mental status that may worsen in the evening. The pre-disposing factors for the development of POD include age, underlying pre-surgery cognitive impairment, unfamiliar surroundings, anesthesia, & opioid use.

If POD occurs, the physicians in charge of your care will make adjustments to your medications to help the delirium pass. Your IV fluids will help flush out the anesthesia & delirium-causing medications. Sleep helps as well. We will do our best to control your pain with medications that do not worsen your POD (controlling pain helps to control POD as well). There are times when we ask family to help in this situation because family adds that much needed familiarity that helps absolve POD.

## Surgical Site Infection (SSI) Prevention

Best Practices to prevent surgical site infections include:

- Screening patients for Staphylococcus aureus (SA) carrier (colonized-non-active in your body) is considered Best Practice to reduce SSI after a joint replacement. If your doctor screens you for this bacteria and the test comes back positive (you are carrying the nonactive staph), you will be prescribed intranasal Mupirocin (an antibiotic gel that needs to be placed in each nostril 2 times daily for 5 days to de-colonize you) prior to your surgery. If you have not received this screening please discuss this with your surgeon prior to your surgery.
- Pre-operative patients are instructed to bathe or shower using Chlor-

hexidine Gluconate (CHG) for at least 3 days prior to surgery.

- Surgeons use an alcohol-containing antiseptic agent prior to the surgical incision.
- Surgeons start intravenous antibiotics within one hour of the surgical incision and they are continued for up to 24 hours only (unless otherwise indicated).

## Deep Vein Thrombosis (Dvt), also known as Blood Clot

Joint replacement patients are usually placed on some type of a blood thinner, because they are at risk of developing a DVT (blood clot). Blood thinners that are commonly used include Aspirin (325 mg, not 81 mg), apixaban (2.5 mg, 2 times daily), rivaroxaban (10 mg daily), and warfarin (dose varies). If you are already on a blood thinner then you will be restarted on it after your surgery and you should not need any additional blood thinner. There may be exceptions, but you will be instructed by your providers. Blood clots may form in the lower leg and may move to your lungs, which can be life threatening.

## Appoint A Coach

Ask a significant person in your life to stay here with you during your hospitalization, so that they can take part in your post hospital care at home. They will be able to help you at home with such tasks as, exercising, transferring, pain control, meals, hygiene, and the maintaining of your safety. The Total Joint & Spine center is designed for patients to be accompanied by a coach to go through the post-surgical journey with them by staying in the adjoining suite. It is vital, prior to surgery, to arrange for someone to stay with and help you after discharge following your surgery.

## Nerve Blocks

Just prior to your surgery, for the knee replacements, anesthesia may place one to two nerve blocks in different areas of your leg such as the back of the knee or the front portion of your thigh. For hip replacements and knee replacements, one of the locations where anesthesia may





Your nurse is your provider that will work with you to gain control of your post-operative pain. It is important to communicate and let them know your pain level so they can medicate you according to your level of pain. Your nurse will help you gain pain control by writing down when you receive a dose of pain medication and when you are due for the next dose on the communication board in your room. It is important that you maintain some type of schedule regarding your pain medications.

It is imperative that you receive your pain medications prior to your physical therapy sessions. Generally, if patients wait beyond 4 to 6 hours between doses, their pain is not well controlled.

If your pain is not controlled by the medication that your nurse is giving you, this may be "breakthrough pain". If this occurs, you need to let the nurse know so that additional medications available can be given. This type of pain commonly occurs when there is not enough pain medications in your system, such as immediately after your surgery or after the nerve blocks start wearing away.

## Multimodal Acute Pain

The orthopedic surgeons & the anesthesia department at Saint Francis use the multimodal approach to combat post joint replacement pain. Multimodal pain management includes the use of opioids such as oxycodone/acetaminophen, hydrocodone/acetaminophen, and intravenous (IV) hydromorphone or morphine sulfate. They also use nonopioids such as non-steroidal antiinflammatory medications (NSAIDS/ COX-2 selective inhibitors), gabapentin (used for nerve pain), and the local/regional anesthesia nerve blocks. Please be advised that the pain medications taken PO (by mouth) last longer than the IV pain medications, so as soon as you are able start on an approximate 4-6 hour schedule with them.

## Constipation

The anesthesia and the pain medications make your bowels sluggish and possibly constipated. We will start a regimen for you to help alleviate that problem during your hospitalization. It does help if you ensure that you have a bowel movement prior to your surgery, so that you do not come into the hospital already constipated.

# Physical Therapy

Please be aware that physical therapy will make every effort to see you on the day of your surgery if they are consulted to do so. They will be coming in to see you as soon as possible after your arrival to the unit and they will attempt to get you out of bed.

# Occupational Therapy

You will likely be seen by occupational therapy as well. They will help you perform your activities of daily living (ADLs) such as dressing & bathing.

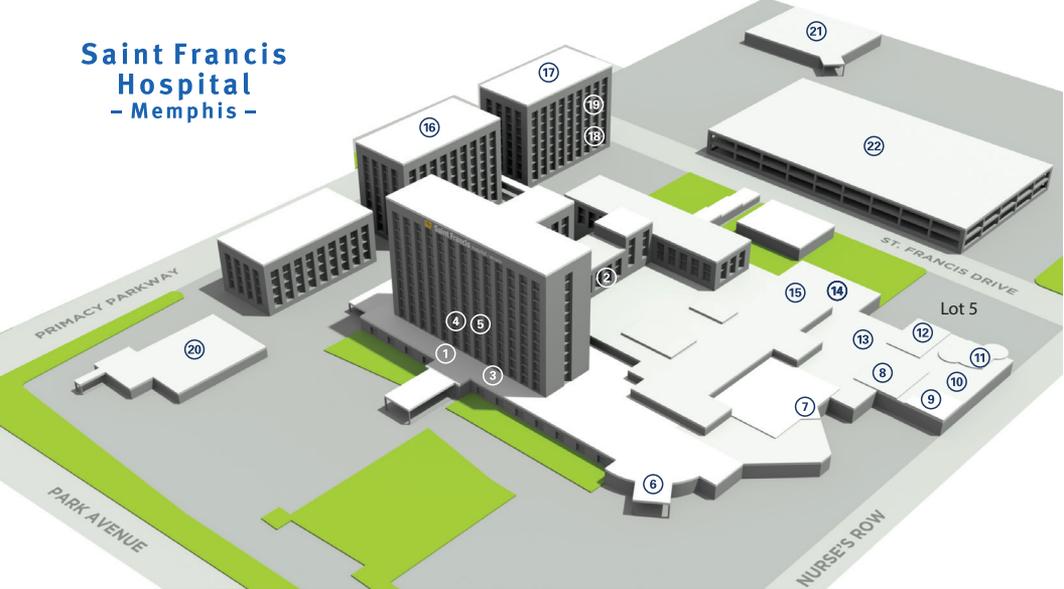
You will be asked to stay out of bed and in the chair two times during the day for at least two hours at a time or more as tolerated.

Thank you from the team members on 4 Thompson.

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**Saint Francis  
Hospital**  
– Memphis –



1. Outpatient / Registration / Main Entrance
2. Information Desk
3. Heart and Vascular Center
4. Pre-Admission Testing / PAT Center (3rd Floor)
5. Inpatient Rehabilitation (4th Floor)
6. Emergency Center / Chest Pain Emergency
7. Radiation / Oncology
8. Saint Claire Hall
9. Women's Center
10. Cardiac Rehab
11. Longinotti Auditorium

12. Saint Catherine Hall
13. Physical Therapy
14. Sweeney YMCA Fitness Center
15. Wound and Ostomy Center
16. Loewenberg Medical Office Building
17. O'Ryan Medical Office Building
18. Total Care Imaging Center (1st Floor)
19. Center for Surgical Weight Loss (10th Floor)
20. Surgery Center
21. UT Family Practice
22. Parking Garage



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