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## TOTAL JOINT REPLACEMENT SUMMARY

### Days before Surgery

1. Clean home, linens, throw rugs and obstacles picked up.
2. Have easy to prepare meals available at home.
3. Gather all home prescription meds in their **original prescription bottles**, bring to preop visits and on the day of surgery. Leave narcotics at home.
4. Chlorhexidine washes 2 days before and on the day of surgery.
5. If nasal swab is positive for MSSA/MRSA, use Mupirocin ointment in nose twice daily for 5 days prior to surgery.
6. Call the Preadmission Screening office (970)385-2356 the day before surgery as directed to confirm time of surgery. For Monday surgeries call on Friday.
7. Notify doctor if patient has ANY type of infection prior to surgery.

### Day of Surgery

Nothing to eat or drink (not even water) as instructed in preop visit.

Check into front desk on time with ID and insurance card. Leave valuables at home.

#### Preop

1. Show home medications in their original bottles to nurse to record.
2. MD and anesthesiologist will see patient prior to surgery.
3. IV started, bodily hair trimmed. Do not shave limb for 1 week prior to surgery.
4. May receive nerve block (pain ball) and/or spinal block.

#### Surgery

1. May take longer than scheduled—don't worry!
2. Family can wait in the patient's room. Space is limited.
3. Doctor will go to patient's room at end of case to update family/visitors.

#### Recovery Room (PACU)

1. Patient will spend about an hour in recovery area waking up.
2. Vital signs monitored, pain controlled, nausea controlled, X-rays taken.
3. Knee wedge usually put on the Total Knee replacement patients.

#### PCU (patient care unit) after surgery

1. Frequent vital signs and oxygen monitored for 6 hours.
2. Use ice over surgical site for 15-20 minutes at a time.
3. May purchase or rent ice cooler from AOA or Rivergate PT if desired.
4. Deep breath, cough and use incentive spirometer 10 times per hour.
5. Ankle pumps, thigh squeezes, compression devices and ted hose to prevent clots.
6. CPM machine for knee patients. Fixed flexed position for 2 hours, then moving in machine for 2-4 hours per day total (only 1-2 hours at a time).
7. Stand at bedside with assistance, walk as tolerated with assistance.
8. Urinate in the bathroom or on a commode. Patient monitored for ability to urinate.
9. Start eating clear liquid diet, advance if no nausea.
10. Pain control.
11. One family member can stay in recliner if necessary, no meal service available.



12. Confirm discharge plan. Choose home health agency if desired.

### **Post Op Day One**

1. PT will walk with patient, usually out in hallway, 1-2 times daily.
2. Pain control on oral medications.
3. Bowel protocol to prevent constipation, blood thinner to prevent clots.
4. Dressing change to waterproof dressing for most patients. Patient will be shown how to change dressing, but do not do so at home unless dressing is wet, soiled or not sticking. Do not remove clear tape over incision!
5. Instructions on how to remove pain ball at home if there is one in place.
6. Possible shower.
7. Plan for discharge home.
8. Physicians may keep patient an additional night for extenuating circumstances.

Note: A patient wishing to go to rehab may need to stay additional nights in the hospital depending on the patient's insurance requirements. Notify nursing staff right away if patient anticipates needing to stay at a rehab facility. Patients cannot stay extra days in the hospital without medical necessity.

### **Visitors**

1. No set hours, but evenings and weekends must come thru ER to get to PCU.
2. Try to limit visitors to allow personal time for rest, napping and therapy.
3. Nursing staff can assist with visitor limitation if needed.
4. Encourage visitors to help more at home by bringing a prepared meal or assisting with transportation.

### **Vehicles**

1. Avoid bringing tall trucks or really low vehicles for discharge if possible.
2. Allow room for equipment.

### **Medications**

1. Bring all prescription medications to hospital in their **original bottles!**
2. If the hospital carries the medication, we typically give the medication from our formulary. The surgeon may have patient fill prescriptions prior to surgery which are to be taken after surgery when patient gets home.
3. Pain medications will be prescribed just before discharge. If you need additional narcotics after you go home, you must call AOA doctors Monday-Thursday. AOA policy is to **not** fill prescriptions Friday-Sunday. Please discuss this with your surgical provider if you are running low.
4. Leave narcotics at home. (note: unused narcotics may eventually be disposed of at the Durango police station once the patient is certain they are no longer needed.)
5. Obtain Extra Strength Tylenol and laxatives for home use after surgery.

### **Other Items to Bring**

1. Comfortable shorts or loose fitting pants for PT, underwear. Patient may change out of gown the day after surgery.
2. Small computers or tablets, cell phones, music devices, books, chargers as needed.
3. Glasses, hearing aids with batteries, dentures.
4. CPAP machine if patient uses one for sleep apnea.
5. Walkers, crutches, knee scooter for ankle surgeries, ice machine if patient has one.
6. Small cooler for if a patient desires personal cold food items.

**Be prepared to work hard to have the best possible outcome from surgery! Patients will have some pain, but it should be adequately controlled to allow for sleep and participation in physical therapy.**