



Preoperative Education

THE ORTHOPEDIC AND SPINE CENTER AT
Fawcett Memorial Hospital

Fawcett Memorial Hospital





**Thank you for choosing Fawcett Memorial Hospital
for your surgical procedure.**

**Our ultimate goal is to ensure you have
an excellent experience.**



This presentation is designed to help you prepare for your orthopedic surgery by providing important information regarding your surgery and stay.

Pre-operative Interview

- You will be contacted by the hospital to schedule your pre-operative interview appointment
- That appointment is in addition to your preop clearance with your medical doctor
- The preop interview at the hospital is to ensure your health history is in our computer system and is current

Your health history

- The nurse will ask questions about your current health, prior surgeries, allergies, tobacco and alcohol use.
- Please bring a current medication list with dosage; including prescription, over-the-counter, any vitamins or herbal supplements, and medications you have stopped for surgery
- You will be given a special antibacterial soap with instructions to shower at home before surgery
- Reports of tests done with your medical doctor will be obtained and NOT repeated
- However, there may be additional testing needed at your preoperative interview appointment



Patient confidentiality

You will receive a confidential privacy code number at your Preop Interview visit, to help protect your privacy while in the hospital

Please share this code number with anyone who you wish to have access to your hospital information

Preparing your home

- Prepare & freeze meals ahead of time
- Pick up all area rugs, and clear your walking pathways
- Have a supply of your prescription medications
- Consider getting an over-the-counter stool softener to take while on pain meds
- Have a chair with arms
- Put night lights in dark areas
- Arrange for pet care if needed

Potential home equipment needs

1. * Rolling walker
2. * 3-in-1 commode
3. There may be some adaptive equipment needs to assist with dressing. Your therapists will evaluate your needs and provide any equipment that they feel is indicated
4. * Whenever possible, try to obtain your equipment before you come to the hospital. You will NOT need your own equipment while in the hospital. We will provide it while there.

Preparing for Surgery

Please follow the guidelines as they are outlined in the guide book:

- Do not eat or drink after midnight before surgery
- Follow your instructions and physician's orders about what medications to take prior to surgery, including beta blockers
- Do not take insulin or diabetes medication the day of surgery unless otherwise instructed
- If you have a fever, rash or a cold, call your surgeon immediately
- Do not smoke the day of your surgery

Preparing for Surgery

Reducing the Bacterial Load on Your Skin

- Shower or bathe as instructed.
- Use the antibacterial soap as instructed & provided by the hospital
(Bed partners do not need to do anything special)
- Scrub under your nails and trim your fingernails
- Wash your hair with your regular shampoo
- Use a fresh towel & wash cloth with each shower
- Wear fresh PJs each night while using antibacterial soap
- Change bed linens the first night you use antibacterial soap

Preparing for Surgery

- Do not use lotions, deodorants or perfumes the day of surgery
- Do not wear jewelry to the hospital
- Do not wear makeup or nail polish on fingers or toes
- Leave all valuables at home

What to bring to the hospital

- Loose fitting clothing for 2-3 days. Elastic or draw string waist shorts is best for the bottoms. Any kind of top is ok. Bring a warm sweater. You will be expected to get dressed every day.
- Shoes should be rubber-soled, non-skid with closed heels
- CPAP, hearing aids, and dentures
- Your advance directives, insurance cards, and photo ID will be photo copied at your Preoperative testing appointment. You do not need to bring them back the day of surgery.

Reporting to the hospital

- Check in at the registration desk in the main lobby of the hospital
- You will receive your ID wristband
- You will be escorted to the pre-surgery department
- You will change into a gown
- You will wipe down with antibacterial clothes
- An IV will be started

Surgery

- Your companion(s) will be escorted to the waiting area.
- There is an OR Tracker that will keep them informed of your location during your surgical process
- Your surgeon will talk (in person or phone) with them after the surgery
- Prior to surgery, you will meet a member from the anesthesia team
- Your surgical site will be confirmed and marked by your surgeon
- Monitors will be applied for your heart and breathing
- You will be taken to the Operating Room for your procedure

Anesthesia definitions

- **General** – Going completely asleep, with a breathing tube to control breathing. Patient should not feel or hear anything.
- **Intravenous Sedation** – Medication given through an intravenous (IV) to make the patient sleepy and less aware, “twilight” sleep”. The patient may hear background noises but may not remember afterwards, due to the amnesic properties of the sedation.
- **Spinal or Epidural** – A needle in the back, injecting long acting numbing medicine, and sometimes a long acting pain medicine. The patient usually is given some IV sedation prior to the spinal procedure. The patient may hear background noises during surgery, but should not feel anything.



Anesthesia

- Most hip and knee joint replacements will be done using a spinal and/or epidural anesthesia, and intravenous sedation. This allows for faster recovery from the anesthesia and earlier mobility of the patient. Your legs may be numb when you wake up from the surgery.

After Surgery

- You will be taken to the recovery room
- You may have a catheter in your bladder and a wound drain (rarely used)
- You may have a sore throat from the anesthesia
- You may feel pain and/or nausea. If so, please notify the nurse
- You will be in the recovery room for 1½ - 2 hours, then you will be taken to your room

Managing your pain

- You can expect to experience some post surgical pain. Pain is measured on a pain scale 0=no pain, 10=the worse pain ever. The score will determine the amount and type of pain medication you receive.
- Our goal is to get your pain to a score of 4 or less, which is generally considered “functional pain”
- A specialized pain management clinical pharmacist is available if needed

Blood transfusions

- The surgeons do not routinely ask you to donate blood for yourself anymore before surgery
- A recycling blood collection system is used during surgery and blood is returned back to you
- This decreases the need for transfusions after surgery
- If you did donate blood for yourself, you will receive a green ticket from the blood bank. Bring the green ticket to the Preop testing appointment or day of surgery.



Support person

- Each patient is encouraged to have a support person with them as much as possible and during your therapy sessions.
- They will learn how to assist you in your rehabilitation.
- This will give you more confidence when you go home.

Support person

Assist you with:

- daily grooming
- getting dressed, once instructed by the therapist or nurse
- bed exercises



Physical therapy

- A physical therapist and an occupational therapist will be working with you and evaluating your rehabilitation needs
- In most instances, you will see a physical therapist and be out of bed on the day of surgery.



Daily therapy

- You will receive physical therapy twice daily, starting the day after surgery.
- The focus with the therapist will be on functional skills
- Once instructed, you should do your own bed exercises twice daily, with the assistance of your support person
- We encourage your support person to be present whenever possible for your therapy.

Total hip dislocation precautions posterolateral approach

- DO NOT CROSS YOUR LEGS –At The Knees Or Ankles
- Do Not Bend Your Hips More Than 90°
- Do Not Turn The Operated Leg Inward
- Be Sure To Use Your Wedge In Bed And When Sitting In The Chair

Total hip dislocation precautions **anterolateral approach**

- DO NOT CROSS YOUR LEGS –At The Knees Or Ankles
- Do Not Bend Your Hips More Than 90°
- Be Sure To Use Your Wedge In Bed And When Sitting In The Chair
- Avoid Active Hip Abduction Exercises

Anterior hip replacement

- No precautions

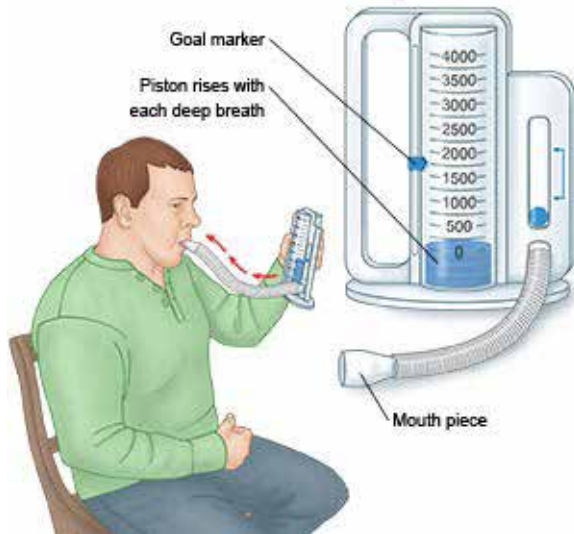
Total knee precautions

- No Rolled Towel/Pillow Directly Under Knee Causing It To Bend At Rest.
- Knee Position Of Bed Locked In Full Extension.

Prevention - pneumonia

It is important to expand your lungs frequently using the incentive spirometer to prevent the small airways from collapsing and being at risk for pneumonia.

How to Use an Incentive Spirometer



Prevention - blood clots

The most common cause is immobility. Keeping the blood flow helps prevent blood clots from forming by:

- Performing ankle pump exercises
- Use compression devices on legs or feet
Compression stockings (wear for 3 weeks after discharge from the hospital)
- Medication that prevents clots from forming

Prevention - infection

- MRSA screening (Methicillin-Resistant Staphylococcus Aureus) with pre-surgery treatment of positive screens, ointment in hospital & isolation room
- Preop showers using antibacterial soap for 3-5 nights before surgery, and the morning of surgery, before coming to the hospital
- Wipe down with antibacterial clothes the day of surgery, once when you come in, and in the operating room before surgery starts
- Preop IV antibiotics

Discharge planning

The surgeon, medical doctor and physical therapist must clear you for discharge. Our goal is to discharge you home by 11 am.

- A case manager will meet with you to address your discharge plans and equipment needs
- If you are going home, you will possibly need home health nurse visits and home physical therapy
- Rehab and skilled nursing facility, transportation will be arranged for you

At home

- Carefully follow the instructions given by your physician, nurse and therapists.
- Keep your incision clean and dry.
- Most surgeons allow you to shower by the time you go home, but no soaking in the tub, pool, hot tub, beach, etc., until your incision is completely healed and the scab is gone.
- Rest, adequate nutrition and hydration are important for optimal recovery and healing.
- Continue home exercises twice daily, for at least 3 months.



At home

The goal of surgery is to restore function and improve your quality of life.

- It may take months for you to completely heal; be sure to follow your surgeon's instructions regarding restrictions.
- Your surgeon may recommend special equipment (abductor wedge pillow, splints). If equipment is recommended, it will be ordered and you will receive instructions on the use.

When to call the doctor

Call your surgeon if:

- Signs of infection or fever over 101° F
- If your incision becomes more red, swollen, painful or if it has an offensive odor, or excessive bleeding
- You have fallen
- Pain medication is not controlling pain
- Uncontrolled nausea or vomiting
- You have side effects from medications such as, a rash or itching
- Swelling, tingling, pain or numbness in your toes that is not relieved by elevating your knee above heart level for one hour
- **Cough, shortness of breath, chest pain – call 911**
- **Weakness, paralysis numbness or tingling - call 911**



Yourcaresteps.com

the online resource to take control of your recovery.

- It is important we monitor your progress before and after your procedure.
- You will receive regular emails from your doctor, please complete the requested information.

Yourcaresteps.com

- You will be asked critical questions before the operation, as well as several times following your surgery to assess current pain, fatigue, ambulation and quality of life.

**Customer Support: support@invivolink.com
866-478-8981**



**We look forward
to seeing you!**

Fawcett Memorial Hospital

