



Total Knee Replacement

Pre-operative Joint Class

Where to Begin

- Thank you for attending the UNC REX Joint Replacement Class today
- This presentation is designed to prepare you for your upcoming surgery and your stay in the hospital

Joint Replacements at Rex

- Shorter hospital stay
 - Many patients are able to go home the day after surgery
- Most patients will be walking within hours of surgery
- We perform over **2,000** elective total joint replacements each year!



What to Bring for Your Stay

- Clothing—comfortable, loose fitting
 - Loose leg pants, elastic waist/drawstring
 - We provide non-skid socks
 - **Shoes**—supportive with closed heel (**avoid** flip flops, bedroom slippers, etc.)
- Personal hygiene products and undergarments
- Assistive devices
 - Glasses, hearing aids, dentures, CPAP, walker
 - Label your containers or belongings
- A copy of your advance directive
 - Living will, healthcare power of attorney



What NOT to Bring

- Do not bring unnecessary valuables to the hospital
 - Jewelry, wallet, purses, etc.
- Do not bring home medications
 - Medications from home will only be allowed by physician order in cases where the hospital pharmacy can not provide the medication or a suitable substitute

Day of Surgery

- Registration
 - Go to the **Main Entrance** and registration will be on the right





Day of Surgery

- Pre-op
 - Surgery preparation
- Surgery
 - Usually lasts 1 to 2 hours
- Surgical waiting room
 - The surgeon will visit your family/caregiver after surgery in the main surgical waiting room

Day of Surgery

- Recovery Room (PACU)
 - You will spend at least 1 hour in recovery
- Once your room is ready on the orthopedic unit, staff members may send your family/caregiver to your assigned room to wait



Arrival to Your Room

- Orthopedic Unit (6th floor of Patient Tower)
- Private room, walk-in shower, elevated commode seat, closet
- Recliner—a guest may stay the night



Arrival to Your Room

- Your nurse and your nursing assistant will greet you
 - Vital signs
 - Head to toe assessment
 - Pain assessment
 - Admission questions
 - Discuss plan of care
- Your nurse will review your Care Folder with you
- They will need about 10 minutes to settle you, and they may ask for privacy from family/friends while doing so



Visitation

- Your “primary” caregivers are encouraged to be present
 - Caregivers/family are welcome to visit, and they are encouraged to be a part of therapy sessions if possible



Caregiver

- Your caregiver/ride home should be at the hospital the morning of your discharge to be involved in the discharge process
 - 8:00am is usually a good time for them to be at the hospital
- **Important:** Plan to have someone to assist you at home for at least the first 48 hours around the clock

Rex Room Service

- Start off with a light meal
 - Nausea and vomiting is common after anesthesia
- Room Service
 - Ordering is available between 6:45am and 6:45pm
 - Meals typically take about an hour (+/-) to arrive to your room



Rounding

- After surgery, the nursing staff will be visiting you frequently
 - Hourly rounding
- Your surgeon or their PA will see you each day you are in the hospital
 - It is the best time to address questions or concerns

Tobacco

- UNC REX is tobacco free
 - NO smoking, chewing, or vapor
- Patients who use tobacco are at increased risk for complications after a knee replacement





Preventing Pneumonia

- Pneumonia can be a complication after surgery
- An incentive spirometer is used to help prevent post-op pneumonia
- Nursing staff will provide you with instructions for use on arrival to your room
 - You will be encouraged to use it hourly while awake



Preventing Blood Clots

- You will be at risk for developing a blood clot after your surgery
- Your doctor has likely discussed the need for taking a blood thinner after your surgery
 - It may start the day of surgery, or the day after
 - It is important that you continue to take your blood thinner as prescribed
 - Your nurse will review specifics about side effects with you
 - Most common: easy bruising, minor bleeding



Preventing Blood Clots

- Blood circulation is important
- Walking and PT exercises
- Plexi-pulses, or “foot pumps”
 - Soft wraps are placed around your feet
 - Helps prevent a deep vein thrombosis, or DVT (blood clot)





Preventing Infection

- Hand washing can help prevent infection—patients, visitors, staff
- You will receive antibiotics through your IV during your hospital stay
- Many surgeons recommend preventative antibiotics prior to dental work for life



Preventing Falls

- You will be at risk for falling because of your surgery, pain medications, IV lines, being in a different environment
- Anytime you feel like you need to get out of bed for any reason, please call for assistance and wait for a staff member to assist you
- **“Call don’t fall!”**



Preventing Constipation



- Side effects of medications and decreased physical activity may cause constipation
- Stool softeners after surgery
- Drink plenty of fluids, even in the days leading up to surgery
- Walking is important to help stimulate your bowels after surgery
- **Be proactive!**

Using the Bathroom

- Most patients will not have a urinary catheter
- Any time you need to use the bathroom, call and wait for a staff member to assist you to the bedside commode or toilet

Call don't fall!

Incision

- You will have a large dressing placed on your knee immediately after surgery
 - It will be removed on the morning after surgery, or the following day and replaced with a smaller dressing
- Before leaving the hospital, your nurse will give you instructions about your dressing and wound care





Pain

- Pain is expected after a knee replacement
 - Your surgeon may order several different medications that work in different ways to help with pain
 - The nursing staff will offer repositioning, elevating your leg, ice packs, and even walking to help manage your pain



Pain

- Your nurse will frequently ask you to rate pain from 0 to 10
 - 0 = no pain**
 - 10 = the worst pain you can imagine**
 - Have a realistic goal in mind, such as a 4
- It is our goal to help “control” your pain
 - We may not be able to take ALL the pain away
 - Ask for pain medicine when you need it
 - Please share concerns/questions/preferences with your nurse
 - **Communication is key!**



Rex Outpatient Pharmacy

- You will most likely have new prescriptions to take home with you after surgery
 - Pain medicine
 - Blood thinner
- You are welcome to have them filled at our pharmacy
 - Medicines will be delivered to your hospital room and payment is accepted at that time



Rehabilitation Team

- *Physical Therapy* and *Occupational Therapy* will see you on the day of surgery and/or the day after
- Therapy is a critical part of your recovery process to increase your strength and independence



Preparation



- **Activity:** Try to remain as active as possible prior to your surgery to maintain your strength and endurance
- **Home:** Review the checklist, *“Home Safety Preparation”* to help prepare you and your home to be safe and independent after surgery
- **Prior to hospital arrival:**
 - Count how many steps you have and where your handrails are located

Physical Therapy

- Your **Physical Therapist** will teach you:
 - How to get in and out of bed
 - Walk with a walker or other device
 - Perform your home exercise program
 - Walk up and down stairs



Occupational Therapy

- Your Occupational Therapist will teach you:
 - How to get on and off the toilet and manage hygiene
 - Tips for getting dressed
 - Techniques for getting in and out of the shower or tub
 - Home setup for safety and increased independence





Case Management

- Your **Case Manager** will:
 - Coordinate and set up discharge plans
 - Equipment if needed
 - Home Health if needed
 - Communicate discharge plans with your care team
 - Make sure you have arranged someone to stay with you at home for **at least** the first 2-3 days around the clock



Equipment

- Knee replacement patients will need a rolling walker and possibly a 3-in-1 commode
 - Equipment will be delivered to your hospital room before you leave—unless you already own
 - Cost of equipment **may** be covered by insurance



Therapy After the Hospital

- Each patient and surgeon will discuss a discharge plan
- Most patients start Outpatient Physical Therapy
 - You will need to call the therapy location to schedule your appointments – **schedule in advance!**



Ongoing Activity

- Avoid high impact activities
- Maintain regular exercise
 - Walking
 - Aquatics
 - Biking
- Maintain healthy weight



Privacy

- As excited as you are to see your loved one out of bed the day of surgery, please do not take photos or videos of Rex staff members or other patients



Thank You!

Our orthopedic staff will provide you with ***excellent*** care while recovering from your surgery

Questions/Concerns?



References

- American Academy of Orthopaedic Surgeons. (2011). Preventing Venous Thromboembolic Disease In Patients Undergoing Elective Hip and Knee Arthroplasty. Retrieved from <https://www.aaos.org/guidelines/>
- American Academy of Orthopaedic Surgeons. (2015). Surgical Management of Osteoarthritis of the Knee. Retrieved from <https://www.aaos.org/guidelines/>
- American Academy of Orthopaedic Surgeons. (2017). Management of Osteoarthritis of the Hip. Retrieved from <https://www.aaos.org/guidelines/>
- Bratzler, D. W., et al. (2013). Clinical practice guidelines for antimicrobial prophylaxis in surgery. *American Journal of Health-System Pharmacy*, 70 (3) 195-283. <https://doi.org/10.2146/ajhp120568>
- Golladay, G. J., Balch, K. R., Dalury, D. F., Satpathy, J. & Jiranek, W. A. (2017). Oral Multimodal Anesthesia for Total Joint Arthroplasty. *The Journal of Arthroplasty*, 32, S69-S73. <http://dx.doi.org/10.1016/j.arth.2017.05.002>
- Kee, J. R., Mears, S. C., Edwards, P. K., & Barnes, C. L. (2017). Modifiable Risk Factors Are Common in Early Revision Hip and Knee Arthroplasty. *The Journal of Arthroplasty*, 32 (12), 3689-3692. <https://doi.org/10.1016/j.arth.2017.07.005>