

Your Path to Recovery

JointVenture
Rebuilding Together



Joint Replacement Surgery 800.635.6197

oakleafsurgical.com



Thank you for choosing OakLeaf Surgical Hospital for your joint replacement surgery.

We want to help you return to an active lifestyle as soon as possible, keeping in mind that a full recovery may take 6 to 12 months. A successful surgery requires that you take an active role in your preoperative and postoperative care as well as physical rehabilitation. Our care team is here to provide you with compassionate and expert care.

This booklet is designed to provide you with information you need to prepare for your upcoming surgery. Having this knowledge will help you actively participate in your care. Below you will find a list of contact numbers if any questions arise prior to or following your surgery.

OakLeaf Surgical Hospital Operator	715-895-9400
Chippewa Valley Orthopedics	715-832-1400
Joint Venture	715-895-9412
Case Management	715-895-9564
2nd Floor Nursing	715-895-9551
Pharmacy	715-895-9470
Northwoods Physical Therapy	
Altoona Therapy Office	715-839-9266
Chippewa Falls Therapy Office	715-723-5060

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Let the Journey Begin...

Your surgeon has scheduled your surgery at OakLeaf Surgical Hospital.

One of our Joint Venture coordinators has reached out to you regarding our Joint Venture course offered at OakLeaf Surgical Hospital.

Here are your next steps:

1. Review the information in this booklet to help guide you through the entire Joint Venture journey.
2. Attend Joint Venture class virtually or in-person by following the directions on the next page.
3. Schedule a preoperative physical exam with your primary care provider.
4. Stop smoking/using nicotine.
5. Eat well-balanced meals.
6. Begin preoperative exercises.
7. Receive three OakLeaf preoperative phone calls.
8. Prepare your home and obtain any necessary medical equipment.
9. Reach out to your surgeon if any concerns arise.
10. Start your series of three day showers.
11. Pack for the hospital.

Virtual Class

If you choose to attend a virtual Joint Venture class, please follow the instructions below to find the appropriate videos on our website, oakleafsurgical.com.

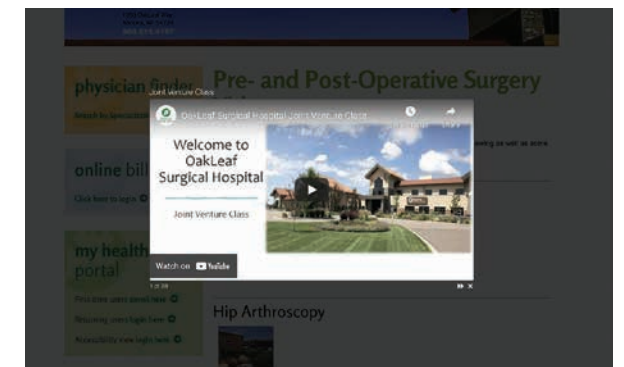
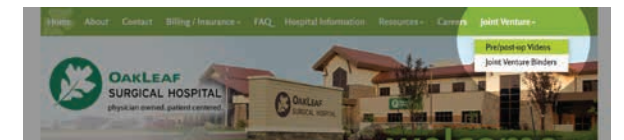
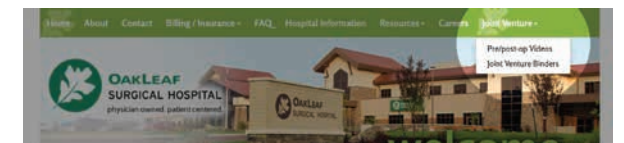
Use the green navigation bar at the top and hover over the **Joint Venture** tab on the far right. A drop-down menu will appear with two options:

Pre/Post-op Videos: Provides any informational videos as well as Joint Venture classes for viewing online. Once on the page, scroll down to the section and click on the video(s) indicated. Your selection will pop up in a window. When you are ready to view, click on the video to play.

Joint Venture Booklets: We have supplied a checklist for packing for the hospital and the Joint Venture booklet in PDF format. Click on the desired document to view, download or print for your convenience.

If you experience any technical difficulties when viewing the videos, please call **715-895-9412**.

For questions regarding the video content, please contact a case manager at **715-895-9564** or **715-895-9561**.



Preparing for Surgery

Preoperative Physical Exam

Now that you have decided to have a total joint replacement, your orthopedic surgeon will ask you to schedule a complete physical examination with your primary care provider or specialist within 30 days prior to the day of your surgery.

Laboratory/Imaging Tests

You may need to have blood work, a urine test, an EKG (echocardiogram) of your heart and possibly a chest x-ray to make sure you are healthy enough to have surgery and complete the recovery process. This will be determined by your primary care provider or specialist.

Medications/Allergies (have a list ready)

During your preoperative visit, you will talk about medications you are currently taking. Your primary care provider will tell you which medications you should stop taking and which ones you should continue taking before surgery. This includes herbal medicines and supplements. These could interfere with other medications.

Be sure to tell your provider about any medication allergies and other allergies that you have.

Dental Care

To reduce the risk of infection to your new joint, plan on seeing your dentist at least four weeks prior to your surgery for any dental work or cleanings. Your surgeon will inform you when it will be best for you to see your dentist after surgery. In order to decrease the risk of infection to your new joint, antibiotics will be recommended prior to all postoperative dental procedures and cleanings.

Immunization

Speak with your surgeon and/or primary care provider regarding any recent or upcoming immunizations/vaccinations prior to surgery.



Stop Smoking Tobacco/Smoking Cessation

The use of tobacco products including cigarettes, e-cigarettes, chewing tobacco, and vaping delay the healing process. Tobacco reduces the size of your blood vessels and decreases the amount of oxygen circulating in your blood. This increases the risk for scar formation and reduced joint mobility, which may require additional medical intervention. If you quit tobacco before your surgery, you will increase your ability to heal.

Health Benefits of Quitting

The benefits of quitting tobacco start right away and keep improving the longer you do not use tobacco. Regardless of how long you have used tobacco you can expect benefits to include:

- 20 minutes** — Blood pressure and pulse return to normal.
- 8 hours** — Oxygen levels return to normal.
- 2 days** — Ability to smell and taste begin to improve as damaged nerves regrow.
- 2–3 weeks** — Circulation and lung function improve.
- 1–9 months** — Coughing, congestion, tiredness, and shortness of breath decreases.
- 5 years** — Risk of lung cancer decreases by half; risk of stroke becomes the same as nonsmokers.

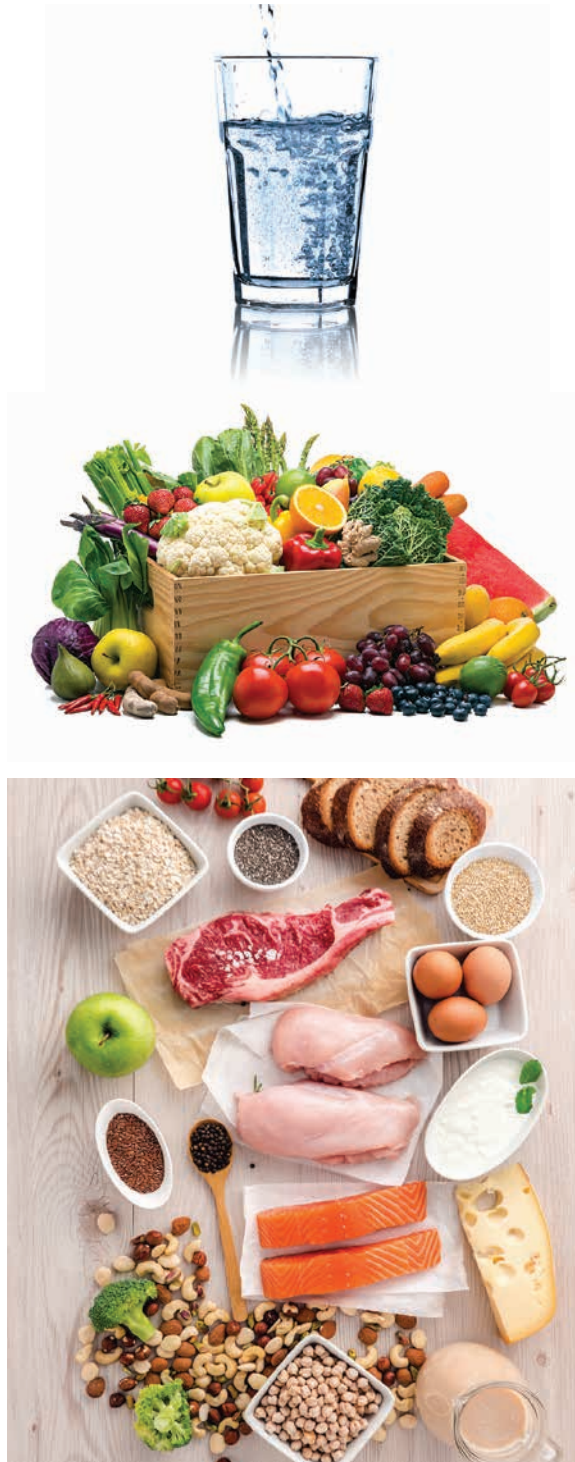
The following is a list of support programs to help you quit smoking:

- Free National Quit Line** 800-QUIT-NOW or 800-784-8669
- American Lung Association**..... 800-586-4872
- American Cancer Society**..... 800-227- 2345
- National Cancer Institute's Smoking Quit Line** 807-448-7848

Eating Well

Nutrition before surgery is just as important as after surgery. Some loss of appetite can occur after surgery. Eating a well-balanced diet that incorporates protein and fiber is important to help with wound healing and prevent constipation. Here are some healthy considerations for your nutrition before and after surgery:

- **Drink water.** Drink at least 6–8 glasses of water each day.
- **Increase your fiber intake.** Fruits and vegetables are good examples of fiber that are also quick and easy snacks. They may also help prevent constipation.
- **Incorporate protein.** Protein helps with the healing process. Meats, nuts, eggs, Greek yogurt, and protein shakes are some examples of quick and easy snacks to have on hand.
- If you are **diabetic or borderline diabetic**, maintaining stable blood sugar control is important for the healing process and reduces your risk of infection.



Exercises Prior to Surgery

Performing the following exercises before surgery will help you develop muscle memory and allow you to perform them easier after surgery. Start the following exercises as soon as possible, one time each day. These exercises should not cause increased pain. If you experience pain while performing these exercises, please contact your surgeon or physical therapist prior to resuming the exercises.

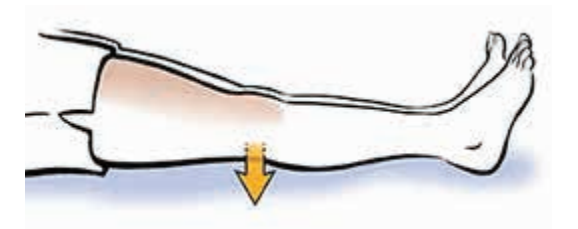
Ankle Pumps

Pump foot and ankle up and down and move ankle in circles. This is an important exercise to do because it helps prevent blood clots. Do 10–20 repetitions daily.



Quad Sets

Tighten the muscles on the top of the thigh by pushing your knee down into the bed. Hold for 5 seconds. Do 10 repetitions daily.



Heel Slide

Lying on your back or in a reclined sitting position with your legs out straight in front of you, slide your heel up the bed toward your buttocks. Keep the kneecap pointed toward the ceiling and return to start position with good control. Bend knee until a stretch is felt and try to bend a little further each time. Do 10–20 repetitions daily.



OakLeaf Phone Calls

You will receive three phone calls from OakLeaf Surgical Hospital. These may occur in any order, about 2–4 weeks prior to surgery.

1. Preoperative (Chart Prep) Nurse

One of our chart prep nurses will contact you to review your medical history and discuss any allergies. The nurse will help answer any questions you may have regarding your upcoming hospital stay. You can expect the phone call to take about 15 minutes.

If you are not home during the day, a message will be left asking you to contact a nurse in the preoperative department at **715-839-1700** or **715-831-8130** between 8:00am and 4:30pm.



2. Pharmacy

An OakLeaf Surgical Hospital pharmacist will call you up to two weeks prior to your procedure. The purpose of the call is to obtain a complete list of the medications (prescription, over the counter, and herbal products) you use at home. The pharmacist will need to know the name, dosage, and how you take every medication.

OakLeaf Surgical Hospital will provide most medications you will need during your stay. Rarely, the pharmacist will ask you to bring in a medication from home. Please do not bring in your medications from home unless the pharmacist specifically asked you to bring in a particular medication. Any medications brought into the facility will be taken by your preoperative nurse and secured in our pharmacy department throughout your stay.

The pharmacist is unable to advise patients on what medications to hold or take prior to the procedure. Please make sure you consult with your primary care provider regarding holding medications. Every patient situation is different, so your primary care provider needs to determine the correct medications for you to hold or take prior to your procedure.

If you have any questions please feel free to ask the pharmacist while you are on the phone call. If you have any medication changes before your procedure, please reach out to the pharmacist so your medication list can be updated at **715-895-9470**.

3. Case Management

Case management's goal is to call patients 1–2 weeks prior to surgery to discuss discharge planning and any needs you may have. One of our case managers will discuss recommendations for the following:

- ✓ Obtaining medical equipment prior to surgery, such as a front-wheeled walker, crutches, toilet seat riser, shower bench, etc.
- ✓ How to prepare your home
- ✓ Support at home throughout your recovery
- ✓ Securing a driver upon discharge and for follow-up appointments
- ✓ Preferences for outpatient physical therapy and lab location, if lab draws are needed

Where do I prefer to have physical therapy?

Where do I prefer to have my lab work done?

Equipment you may need after surgery



Case Management

Our overall goal is to assist you in returning home.

Your hospital healthcare team will include the following members: you, your surgeon, physician assistant or nurse practitioner, hospitalist, physical therapist, registered nurse, and case manager. This team will be continuously evaluating your abilities to return home. Furthermore, your case manager will work with you to ensure you have all the necessary medical equipment and any necessary services you may need to safely discharge to your home.

If you are not physically and/or medically able to return home, the case managers will assist you with choosing the best option for post-acute care. Some examples of these would include a skilled nursing facility, swing bed, or home health care. Transitioning to post-acute care will be based on medical needs, physical therapy needs, insurance requirements/authorizations, and facility acceptance.

If there are additional questions or concerns related to discharge planning, please contact the Case Management Department at OakLeaf Surgical Hospital.

Our case managers can be reached Monday through Friday between 7:00am and 4:30pm at **715-895-9561** or **715-895-9564**.



Tips for Preparing Your Home

There are many things you can do to prepare your home before surgery. Consider the following suggestions that may provide comfort and promote safety when you return home after surgery:

- ✓ Be sure you have a good chair to sit in when you go home. You will want a chair that is not too deep or too soft. It should be firm and have arms, which will help you get out of the chair. Your feet should not dangle while sitting. Attempt to have your feet flat on the floor, by using a cushion or foot stool if needed. Your hips should be slightly higher than your knees; this is a requirement for some hip replacement patients and a comfort measure for all patients.
- ✓ Keep items you frequently use within reach, especially when you are alone.
- ✓ Clean your home, do your laundry, and place clean linens on your bed.
- ✓ Prepare meals ahead of time or contact your nearest Meals on Wheels (contact your county's Aging and Disability Resource Center).
- ✓ Remove tripping hazards, such as throw rugs.
- ✓ Secure extension cords along the wall.
- ✓ Consider installing nightlights in bathrooms, bedrooms, and hallways.
- ✓ Consider installing secure railings alongside staircases and sturdy grab bars in the bathroom.
- ✓ Arrange for someone to care for your loved ones or pets.
- ✓ Arrange for someone to collect your mail and your newspaper.
- ✓ Arrange for someone to mow your lawn or shovel snow for you.

Overnight Accommodations

For information regarding overnight accommodations for your family/driver, please refer to our website and follow the instructions provided:

1. Visit our website at **www.oakleafsurgical.com**.
2. Go to **"FAQ"** in the navigation bar.
3. Click on **"Patient Information"** in the drop down menu.
4. Scroll down to find **"Overnight Accommodations for Visitors"** and click on that section.



Before Surgery

Contact your surgeon within two weeks of your surgery date, if you have any of the following issues:

- ✓ Any open areas, rashes, sores, or in-grown toenails noted on your body
- ✓ If you have a recent insect bite that appears red or irritated
- ✓ If you have a new or recurrent infection
- ✓ If you have been on an antibiotic, within 2–3 weeks of your scheduled surgery
- ✓ If you notice you are experiencing symptoms of the flu, a cold, or have a fever
- ✓ If you have a known metal allergy or are concerned you may have one
- ✓ Emergent dental conditions
- ✓ Scheduled immunizations

Chippewa Valley Orthopedics & Sports Medicine

715-832-1400

Days Prior to Surgery

Two Days
Before Surgery



FIRST shower with surgical soap
(do not shave legs)

The Day
Before Surgery



SECOND shower with surgical soap
(do not shave legs)

Receive Hospital
Arrival Time



Arrival time for surgery:

Stop eating at:

NOTE: This includes mints, gum,
hard candy, and nicotine products.

Stop drinking fluids at:

The Day
of Surgery



FINAL shower with surgical soap
(do not shave legs)

StartClean Cleansing Kit Instructions for Use

Your StartClean kit has 3 sponges and a bottle of surgical soap in it. You will use this **(one)** kit for all 3 of your pre-surgical showers, beginning 2 days before your surgery date.



With **each** of your 3 showers, follow these steps:

1. Shampoo your hair first using your regular shampoo. Rinse it well.
2. Wash your face and genital areas with your regular/usual soap.
3. Apply 1/3 of the surgical soap (from your kit) to **one** of the sponges.
4. Wash your body from the neck down, **AVOIDING** your head and genital area.
***This soap is for external use only, so make sure to keep it out of your ears, eyes, and mouth.*
5. After applying the soap, wait 60 seconds. Then rinse thoroughly.
6. Use a clean towel to dry off and put on clean clothing.
It is common to have dry skin when using this soap; however, **DO NOT USE LOTIONS, CREAMS, OR SKIN CARE PRODUCTS ON THE AREAS WASHED WITH THE SURGICAL (EXIDINE) SOAP.

Your cleansing area:

Keep the cleanser out of the eyes, ears and mouth. For external use only.

Start preoperative bathing:

Su	M	Tu	W	Th	F	Sa
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Thoroughly rinse the area to be cleansed.
2. Apply the minimum amount of product necessary to cover the area, and wash it gently.
3. Thoroughly rinse the area again.
4. Repeat this process as directed by your provider.

The Day Before Surgery

Hospital Arrival Time

The day before your surgery, you will be called with your expected arrival time. If your surgery is on Monday, you will be called on Friday. If you have not received a call from one of our OakLeaf team members by 2:00pm the day before surgery, please call 715-839-1700 or 715-831-8130.

Medications

Take medications as directed by your primary care provider.

Pack for Your Stay

Use the list on the next page to ensure you have the items you will need to make your journey smooth and more comfortable.

What to Pack for the Hospital

- Your photo ID and insurance card.
- Comfortable, clean non-skid supportive shoes which are easy to get on and off.
- A list of your allergies and reactions.
- Glasses, hearing aids, and other personal care items you use daily.
- Comfortable, loose-fitting clothing such as shorts, sweatpants, t-shirts, or knit tops for your hospital stay.
- Leave all unnecessary valuables at home.
- Front-wheeled walker and/or crutches that are labeled with your name.
- Please leave all medications at home unless otherwise directed by our pharmacist.
- Personal items such as a cell phone, tablet, or reading material.
- Copy of your ***Advance Directives, Living Will and/or Durable Power of Attorney for Healthcare**, if you have one. Though not required in order for you to have surgery, they are encouraged. If you do not have this and would like more information, forms are available at OakLeaf Surgical Hospital and our case managers can assist you.

***ADVANCE DIRECTIVES** are printed instructions that communicate a patient's wishes regarding healthcare.

- A. **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- B. **Medical Power of Attorney** (sometimes called an **Appointment of Healthcare Agent**) lets you name a person who can make medical decisions for you, if you become unable to do so.
- C. **Healthcare Instructions** are your choices regarding use of life sustaining equipment, whether or not to withhold/withdraw feeding tubes, and/or your decisions regarding pain medications.



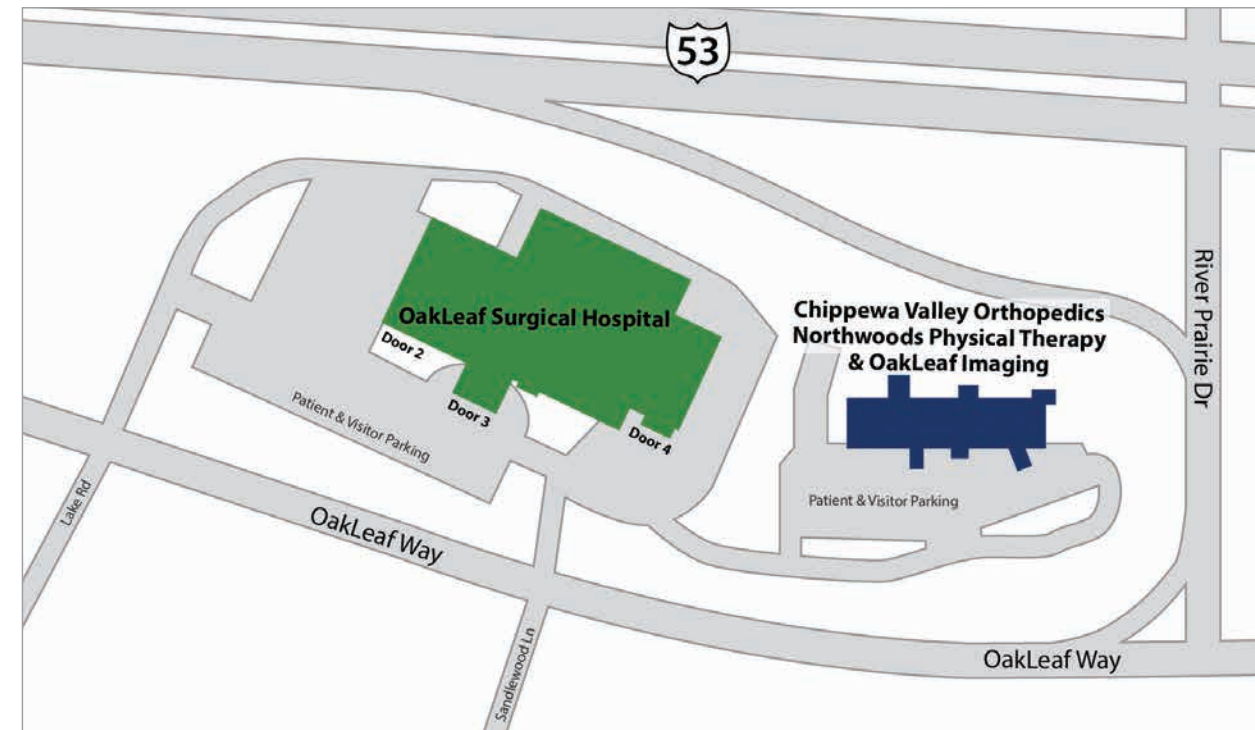
Your Surgical Pathway Morning of Surgery

You may brush your teeth and rinse your mouth, but do not swallow any water. You may be asked to take some of your routine medications with a sip of water, but please follow instructions given to you by either your surgeon or preoperative nurse.

Take your **final shower**, but **do not shave** your surgical site or the surrounding area. Knicks or cuts from shaving those areas could increase your risk of infection, and your surgery could end up being postponed. (Our nursing staff will clip any hair in the surgical area for you, when you are in the preoperative area preparing for surgery.)

Dress in clean, comfortable clothing. Remove any nail polish, jewelry, piercings, etc. Do not apply any makeup, lotions, or powders.

Do not eat or drink anything the morning of your surgery, *unless* you have been instructed otherwise by your nurse or surgeon.



Your Surgical Pathway Arriving at the Hospital

Come to the hospital at your scheduled arrival time in order to begin the registration process. Enter through **DOOR #3** and check in with our receptionist in the main lobby. You will be guided to registration where you will be asked to provide your photo ID and insurance cards.

Please arrive on time so that our team of experts can help you prepare for your stay. In some cases, being late may result in having to reschedule your surgery to a later time during that day.

Your Surgical Pathway Preoperative Area

After finishing registration, a preoperative nurse will greet you in the main lobby and accompany you to our preoperative area. This is where our team of experts will continue to help you prepare for surgery.

You can expect to change into hospital clothing, including a gown, TEDS/compression stockings, and sequential compression devices (SCD's).

Nursing staff will then do the following:

1. Ask you to sign any necessary consent papers pertaining to your surgery.
2. Ask when you last took each medication and document the information you provide.
3. Verify your medical and surgical history, along with any allergies.
4. Provide medications ordered by your surgeon prior to the procedure. Further education will be provided by your nurse.
5. Check your blood sugar level. If your blood sugar level is greater than 180, there is a much greater risk that your surgery could be cancelled.
6. Start your IV and draw any necessary labs.
7. Prepare your surgical site by removing hair from the surgical area using clippers and washing with an antimicrobial soap. Your preoperative nurse or certified nursing assistant will assist with this.
8. Provide education about your surgery, including information about your recovery and postoperative pain management.

You will then meet:

1. With an anesthesiologist to discuss your anesthesia options, which are discussed in greater detail in the "Anesthesia" section.
2. With your surgeon prior to surgery to answer any remaining questions you may have. Your surgeon will verify the surgical site with you and mark the area with their initials.
3. With your operating room nurse. Your nurse will ask you a few questions, address any concerns you may have, and escort you back to the operating room.

Nursing staff will make every attempt to keep your family/friend updated on your progress throughout your stay, as you request.



Your Surgical Pathway Anesthesia Encounter

Chippewa Valley Anesthesia Associates will be your anesthesia provider at OakLeaf Surgical Hospital. Our team members look forward to being a part of your exceptional, individualized experience at OakLeaf Surgical Hospital.

On the day of your surgery, you will meet your anesthesia team (anesthesiologist and certified registered nurse anesthetist) to review your history and anesthesia plan. The anesthesia options will be explained in the preoperative area prior to surgery. Your plan will be tailored to maximize your operative and immediate postoperative comfort, as well as reduce potential risks. Your personal care and safety is our top priority.

Anesthesia options for a total joint replacement include either spinal anesthesia or general anesthesia. In addition to either spinal or general anesthesia, patients undergoing total knee replacements may have the option of receiving a nerve block for postoperative pain control.

Your Surgical Pathway Anesthesia Encounter

Spinal Anesthesia

A spinal anesthetic causes numbing of the body from the mid-chest down to your toes, for approximately three hours. While in the operating room, you will receive relaxation medication through your IV. The anesthesiologist will then perform the spinal anesthetic by placing a small needle between the vertebral spaces of your spine and injecting a numbing medication. After ensuring it's efficacy, your care team will provide further IV sedation medications to help you rest comfortably during your surgery.

Rarely, a spinal anesthetic may not provide complete numbness or be able to be placed. In this case, your anesthesia plan may switch to a general anesthetic, which is discussed in greater detail on the next page.

Spinal anesthesia has many benefits. It can be used in combination with oral medications to target inflammation and nerve pain, in conjunction with a nerve block to provide multi-modal pain control in the initial stages of recovery. Using these techniques results in a decreased need for narcotic pain medications. Another benefit of spinal anesthesia includes limiting or avoiding the side effects from having a general anesthetic, which involves nausea, vomiting, sore throat, and risk of dental injury.

Overall, patients have a decreased risk of complications for total joint arthroplasty with spinal anesthesia versus a general anesthetic.

Risks to spinal anesthesia are extremely rare but may include infection and bleeding in and around the spine. A more common risk includes a persistent spinal fluid leak that may cause a "spinal headache." This risk decreases with age, is less than 1%, and is easily treated. Individuals with increased risk factors for such complications will not be offered the option of receiving a spinal anesthetic.

Some patients are not candidates for spinal anesthetics. Your anesthesiologist will discuss the best option for you.

Your Surgical Pathway Anesthesia Encounter

General Anesthesia

A general anesthetic is the type of anesthetic most people associate with having surgery. Medication is placed through your IV to induce a peaceful “sleep.”

Once asleep, a breathing tube will be placed to help protect your lungs and ensure proper ventilation during your surgery. Multiple monitors will be used to ensure your safety and proper depth of anesthesia. Once surgery is completed, your breathing tube will be removed as you start to wake up from the anesthetic. Most patients will not remember tube insertion or removal.

Risk factors for general anesthesia include a sore throat, nausea, vomiting, and risk of dental injury. Nausea is the most common side effect and preventative medicines are given during the procedure. Your care team will do their best to eliminate nausea to help you feel more comfortable. Instances of dental, lip, tongue, or throat injuries are possible but rarely occur.

Nerve Block for Total Knee Replacement

Nerve blocks can be used in conjunction with either spinal or general anesthetics and are placed in specific areas of the body to aid in postoperative pain control. Nerve blocks are placed preoperatively, prior to entering the operating room. The type of nerve block offered for total knee replacements is an adductor canal block. It involves a small injection of local anesthetic into the middle inner thigh near the nerve that controls pain sensation to the front of your knee joint. We do not block the sciatic nerve, which controls pain from the back of the knee joint. The adductor canal block will significantly reduce your pain for approximately 12–18 hours. A mild sedative for relaxation will be given prior to placement.

Currently, we do not offer nerve blocks for patients undergoing total hip replacements.

Your Surgical Pathway Surgical Suite

Upon entering the surgical suite, your operating room (OR) nurse will introduce you to other members of your OR team and guide you through the next steps. You may notice many people and various pieces of equipment in the room, which is normal for total joint replacement surgery. Please make sure to ask questions, if you have any. Your surgical team is here to keep you safe throughout your entire procedure.

Your operating room nurse will remain in the operating room with you, be your advocate as you rest comfortably during the procedure, and will escort you to the postoperative area (recovery room) after your surgery is finished.

Members of your highly-skilled, experienced operating room team include:

Operating Room Nurse—Guides you from preoperative area to the operating room and then to the recovery room. Your nurse stays with you throughout your procedure, overseeing the room and ensuring your safety.

Anesthesiologist—Meets you in the preoperative area to discuss anesthesia options, develops an individualized plan with you for surgery, administers anesthetizing agents in the operating room, and is present when you wake up from anesthesia.

CRNA (Certified Registered Nurse Anesthetist)—Continuously monitors your heart rate, heart rhythm, oxygen level, blood pressure, level of sedation, and administers medications to keep you comfortable and safe throughout the entire operation.

Anesthesia Technician—Present at the beginning and end of the procedure to assist with putting on and taking off monitoring equipment (a blood pressure cuff, a clip on your finger to monitor your heart rate and oxygen level, EKG patches). They also assist the anesthesia team with any other needs as you become more relaxed.

Surgeon—Performs your operation (with help from the rest of the operating room team members).

Surgeon’s Assistant(s) (which may be a Physician Assistant, Nurse Practitioner, and/or a Licensed Athletic Trainer)—Helps the surgeon during your operation, finishes closing the incision, and applies your dressings.

Surgical Technicians—Members who hand the surgeon proper instrumentation and assists the surgeon and surgeon’s assistant with other needs.

Radiology Technician—Takes x-rays in the operating room, per surgeon instruction.



Your Surgical Pathway Postoperative/Recovery Area

Following your surgery, you are taken to the recovery room where you are cared for by a registered nurse. You will remain there until you have met our established criteria for transfer to the second floor unit, which will be approximately one hour.

Depending on the type of anesthesia used, you may wake up with an oxygen mask over your nose or a nasal cannula in your nose. This provides you with extra oxygen while you are still sleepy. When you fully awaken, you may experience blurred vision, a dry mouth, chills and/or nausea. If you had a spinal anesthetic, you may still feel some numbness in the lower half of your body. It is normal to experience these symptoms, and we will do everything we can to minimize this.

You may experience some discomfort during your time in recovery. Everyone has a different level of comfort. We will monitor your vital signs and provide proper pain management so that you are kept comfortable.

Depending on the type of anesthesia you received and how you are feeling, you may start taking in oral liquids/snacks at this time.

Your Surgical Pathway Breathing Exercises

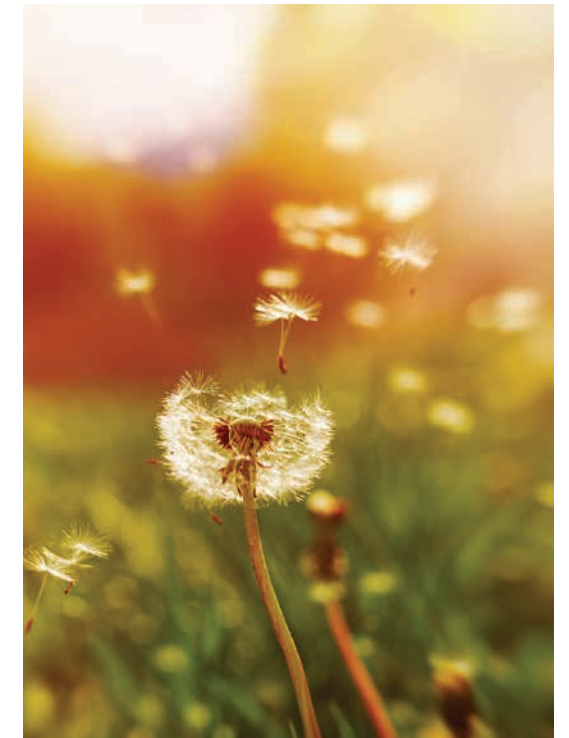
Breathing exercises help reduce the risk of respiratory complications after surgery. One simple, yet important, exercise includes deep breathing and coughing.

Occasionally, the use of an incentive spirometer is needed to enhance your deep breathing efforts. You may be given an incentive spirometer and instructed on its use. This device helps encourage slow, deep inhalation measuring how much air you are able to get into your lungs.

Effective deep breathing and coughing can easily be done anytime to help mobilize secretions in your airways. Performing these exercises regularly will help improve air moving in and out of your lungs.

1. Breathe in deeply, filling your lungs as much as you can.
2. Hold the breath for several seconds. Then slowly exhale through pursed lips, like blowing out a candle.
3. Repeat this several times. In some instances, these steps will trigger a cough, which is fine.
4. To engage a good cough, once you have filled your lungs, hold the breath and then forcefully cough using your stomach and chest muscles.
5. Repeat the cough maneuver until secretions have cleared.

Whether you are doing deep breathing and coughing or using an incentive spirometer device, the respiratory therapist or nurse will instruct you regarding which technique will work best for you. You are encouraged to do these breathing exercises on a regular basis, performing 10 deep breaths per hour while awake for up to one week after your surgery. This will help ensure your lungs remain clear and healthy to promote good healing!





Your Surgical Pathway Second Floor Suites

Once you have met the criteria for leaving the recovery room, your recovery room nurse will escort you to your room where you will be welcomed by your second floor nurse and certified nursing assistant. Other members of your second floor care team will include a physical therapist, case manager, and pharmacist. These members will all visit you within the first day after surgery.

Your surgeon, surgeon's assistant, and one of our medical providers (hospitalists) will work together to oversee your care during your stay.

- ✓ The surgeon and/or surgeon's assistant will manage your postoperative surgical pain and work with nursing staff to coordinate your plans for discharge.
- ✓ The hospitalist will manage your medical conditions (such as diabetes, blood pressure concerns, or respiratory issues) and your home medications. They will compare a list of your home medications with a list of your current medications prescribed at the hospital. Some of your medications taken at home may not be resumed immediately following your surgery.

Your Surgical Pathway Second Floor Suites

Once you are settled into your room, staff will encourage you to actively participate in the following:

Blood Clot Prevention

Ankle Pumps

Begin these right away to reduce the risk of developing blood clots. This exercise can be done by moving your feet up and down, bending at the ankles.

SCDs (sequential compression devices)

A soft, velcro wrap will be applied to your calves. These will periodically fill with air, massage your legs and then deflate. SCD's are used to increase circulation throughout your legs and help prevent blood clots. The SCD's will not be needed at home.

TEDS (compression stockings)

This white elastic sock will be applied to your non-surgical leg in the preoperative area and to your surgical leg after surgery when appropriate. The TEDS help with circulation and help prevent blood clot formation. You will continue to wear these stockings at home as directed by your physician, which is approximately three weeks.

Medications

Anticoagulation (blood clot prevention) is a very important aspect of your medication regimen while in the hospital as well as when you go home. These medications reduce your risk of developing blood clots due to your procedure.

Some of these medications include aspirin, warfarin (Coumadin), rivaroxaban (Xarelto), and apixaban (Eliquis). It is very important to take the prescribed medication as ordered by your surgeon. If for any reason, including cost or availability, you are unable to take the ordered anticoagulant medication please reach out to your surgeon immediately. They will work with you to determine the best anticoagulant for your situation.

Your Surgical Pathway Second Floor Suites

Oxygen Therapy

Most patients require oxygen for a short period of time after surgery. How long you receive the supplemental oxygen is specific to each patient.

However, being consistent with your respiratory exercises will shorten the time oxygen is needed.

Anesthesia Recovery

As a spinal anesthetic wears off, there is a potential you may have lower heart rates and blood pressures. This can cause lightheadedness. If you were to get up too fast or try walking when you feel this way, you could faint/pass out. Nursing staff will continuously monitor your heart rate using a portable telemetry pack.

They will also be checking your blood pressures frequently.

Bladder

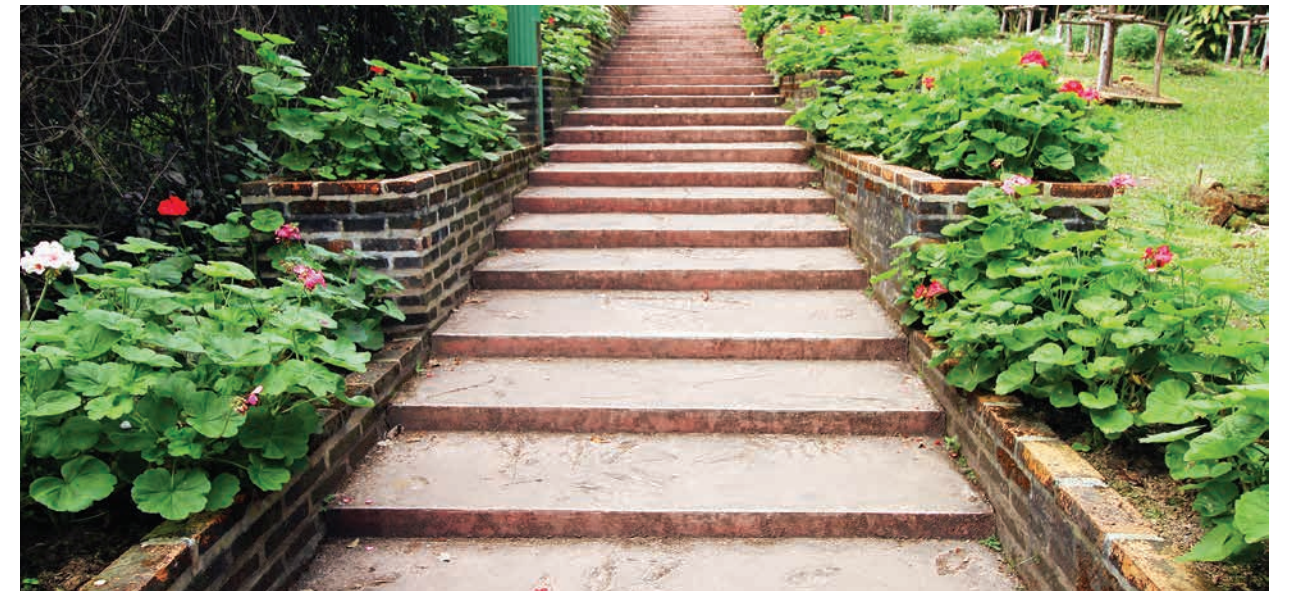
The last area to “wake up” from spinal anesthesia are the bowel and bladder. For this reason, your surgeon may request that your operating room nurse place a catheter in your bladder while you are in the OR, to drain your urine. It is not uncommon to have a “leaky” bladder until the spinal has completely worn off. If you already have issues with your bladder, please let your care team know. If you have a urinary catheter in place, you can expect it to be removed as soon as you are able to walk safely following your surgery.

Bowels

Medications will be given to prevent constipation, which is a common concern after surgery. You should drink plenty of fluids and increase your fiber intake throughout your recovery.

Diet

Your diet will be advanced as tolerated, as long as you are not experiencing problems with nausea. Initially, after surgery we encourage you to eat lightly. Diabetic, vegetarian, and gluten free meals are options that may be offered. Your surgeon encourages you to sit up in a chair while eating your meals.



Your Surgical Pathway Second Floor Suites

Physical Therapy

Specific exercises, walking, rest, elevation, and ice are all important for your recovery process. Physical therapy will see you in your room following your total joint surgery. They will review how to get in and out of your bed, chair, bathroom, and vehicle. Further instruction will include using a walker or crutches and navigating stairs. The physical therapist will also review any restrictions you may possibly have following surgery. **The exercises they will educate you about are very important for you to continue at home. This is vital to the success of your total joint replacement.** It is expected that you perform these 2–3 times daily at home. You may need assistance from a friend or family member to complete these exercises and achieve optimal range of motion. Movement every couple of hours will be helpful in preventing you from getting too stiff, to reduce swelling, and to prevent blood clots from forming. Expect to have outpatient physical therapy 2–3 times each week and plan to have someone available to drive you.

Your Surgical Pathway Second Floor Suites

Activity

Our goal is to have you up and walking within the first four hours of arriving to your room. You will be encouraged to walk in the hallway frequently throughout your stay. Staff will assist you the next morning with getting dressed prior to physical therapy. If you would like to wear your own clothing sooner, please ask. Staff will assist you.

Cold Therapy

An iceman is a cooling device that allows ice water to circulate through a pad and is applied immediately to your surgical site after surgery to help keep swelling to a minimum and reduce your pain. You will wear this as much as possible throughout your stay and when you go home. A towel will be placed next to your skin before applying the cooling pad to protect your skin.



IV Therapy

You will receive fluids through your IV for hydration, antibiotic therapy, and pain management after surgery.

Drain

For some patients having a joint replacement, a drain may be necessary to collect any excess fluid from around the surgical site. Your nurse will remove this the morning after surgery.

Lab

Staff may visit you on second floor during your stay to collect lab work that has been ordered by your surgeon or hospitalist.



Your Surgical Pathway Pain Management

Pain is a natural part of the healing process. Our goal is to individualize your care and manage your pain using multiple methods that will assist you in functioning to the best of your ability. Initially, pain will be managed by techniques used within the operating room to help minimize the need for additional pain medications, including narcotics.

After surgery, medications will be prescribed for short term pain relief. Many types of medicines are available to help manage pain. They assist by targeting different types of pain, such as muscle spasms, inflammation, incisional pain, and nerve pain in various ways. Medications will be ordered on either a scheduled basis or only when needed. Opioid medications (narcotics) are also included in this combination but they are reserved for severe pain. Your doctor may prescribe a combination of medications to decrease and minimize the need for opioids, which can be addictive, associated with postoperative complications, and may cause other negative side effects. Opioid dependency and overdose has become a critical public health issue in the United States, so it is very important to use them only as directed by your doctor. As soon as your pain begins to improve, stop taking opioids.

Your healthcare team will provide you with education about medications and discuss what options may work best to help alleviate your pain and achieve a more tolerable level of comfort for you.

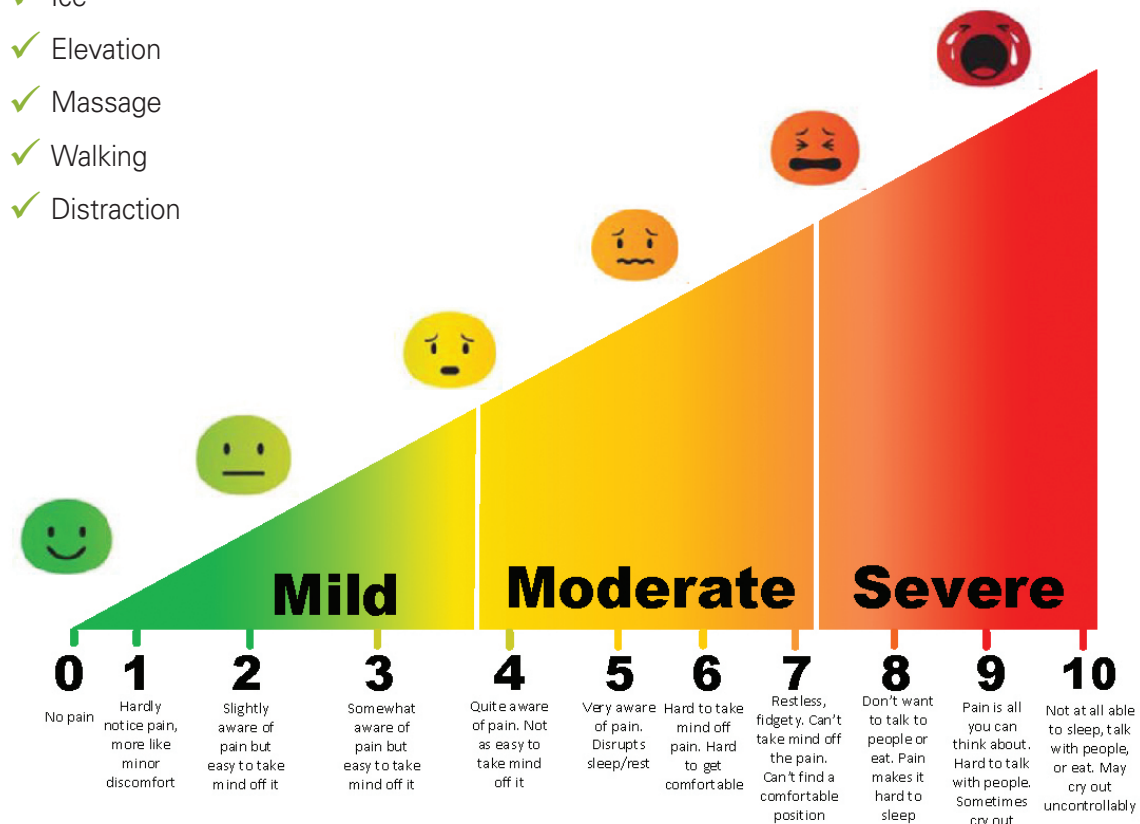
Your Surgical Pathway Pain Management

Below is our Pain Assessment Tool. Staff will ask you to rate your pain level using this tool.

Please notify staff if you continue experiencing pain so that your team can help make you more comfortable.

There are many other non-medication options available to assist with pain management and promote comfort:

- ✓ Ice
- ✓ Elevation
- ✓ Massage
- ✓ Walking
- ✓ Distraction



To help support your recovery and provide you comfort, OakLeaf offers a relaxation channel on the television in your room. It provides imagery and instrumental music, which has been chosen specifically to support a healing environment. This is a peaceful alternative to commercial television that may help reduce anxiety and promote comfort.



Your Surgical Pathway Pharmacy

Along with managing your pain, other new medications may be prescribed based on the particular procedure you are having and each individual's situation. Some examples of new medications may include antibiotics, anti-nausea, constipation prevention, and anticoagulants. These will be combined with your home medications, under the direction of your surgeon/hospitalist.

Upon discharge, the surgeon will determine what new medications are needed and which home medications you will continue to take. Please follow the documents given to you at discharge regarding your medication plan.

If at any point you have questions related to medications, please reach out to your nurse or pharmacist. A pharmacist will meet with you at least once prior to discharge to discuss your current medications and what medications you will be taking after discharge.



Review the signs to continue your journey towards a safe and healthy joint replacement.

Your Surgical Pathway

Day of Discharge

The decision for your discharge will be made collectively by your care team including you, your surgeon, physician assistant or nurse practitioner, hospitalist, physical therapist, nurse, and case manager. The day after your surgery, you and your care team will evaluate your progress for anticipated discharge. There are a few steps to complete and certain items to be taken into consideration in order to safely discharge.

1. Your surgeon or assistant will check in on you, see how you are recovering, answer any questions you may have, and write discharge orders.
2. Your physical therapist will evaluate your individual needs and prepare you to return home safely.
3. All scheduled antibiotics and ordered medications will be completed.
4. Pain and/or nausea is manageable/tolerable.

GREEN = Going Great

YELLOW = Let's Take a Look

RED = Get HELP!

Pain & Swelling

Using medications, rest, ice and elevation, your pain is manageable/tolerable

Ice and elevation are helpful at reducing swelling

Pain/swelling is limiting your ability to get out of bed
Ice and elevation do not reduce swelling

Redness, tenderness, or mild pain in your calf area

Any fall or injury that may have affected your surgical extremity

Intense calf pain/tenderness with redness and/or swelling in either leg

Chest pain, difficulty breathing, shortness of breath

Incision Area & Dressing

Clean, dry, intact dressing

Very minimal, if any, thin drainage

Skin together along incision line

Yellow or green, thick drainage with or without an odor

Warmth, swelling, redness present

Any sudden numbness or weakness of the face, arm, or leg on one side of the body; confusion, difficulty speaking

Fever

Temperature less than 101 °F

Temperature more than 101 °F
Chills

Nutrition & Bowel/Bladder

Appetite per usual
Bowel movement about every two days

No pain or burning with urination

Decreased appetite; poor food/fluid intake

Increased nausea/vomiting

No bowel movement for less than three days

Happy Healing!

Contact your surgeon
Chippewa Valley Orthopedics
715-832-1400

Seek medical attention or call 911

