

Outline

- Preoperative Clinic Information
- Surgery: What to Expect
- Your Hospital Stay
- Medical Team Model
- Social Work
- Physical Therapy
- Occupational Therapy
- Conclusion & Questions

PRE-OPERATIVE APPOINTMENT

WITH YOUR CLINIC NURSE

Topics covered

- Informed consent
- Pre-operative labs
- Antiseptic soap
- Instructions
- Surgery location
- Post-operative expectations
- Care Partner
- Refill policy
- Antibiotics
- Postponing surgery
- Contact information

PREOPERATIVE ORIENTATION TO HIP AND KNEE REPLACEMENT

NORTHWEST HOSPITAL
UNIVERSITY OF WASHINGTON

UW Medicine
NORTHWEST HOSPITAL
& MEDICAL CENTER

UW Medicine
SPORTS, SPINE &
ORTHOPEDIC HEALTH

Informed consent

- Your surgeon will explain the procedure, including possible risks, benefits, complications, alternative treatments, and anticipated results.
- You will then be asked to sign consent for surgery.
- The consent will also include a potential for blood transfusion in the post-operative period.

Pre-op labs

- Need to be completed within **45 days** of surgery
 - May include blood draw, urine sample, EKG
 - Clinic nurse will confirm labs are completed.
- MRSA/MSSA Testing
 - Throat & nose swab for bacteria
 - (Methicillin-Resistant & Sensitive Staph bacteria)
 - A positive test will not postpone or cancel surgery
 - You will receive a call from the clinic **ONLY** if the test is positive and be provided with treatment instructions

Antiseptic soap

- Chlorhexidine Gluconate Solution (soap solution)
- Use the night before **and** the morning of surgery, focusing on your surgical area (from the neck down).
- Do not apply lotion, deodorant, perfume/cologne, make-up, etc. after showering
- Do not shave near or around your surgical site within **24 hours of surgery**

Instructions

- No eating or drinking anything after midnight the night before surgery. You may brush your teeth. If instructed to, you may swallow pills with a sip of water.
- You will receive instruction regarding when to stop vitamins, supplements, anticoagulants, non-steroidal anti-inflammatories (NSAIDs), prior to surgery to prevent excessive bleeding.
- For patients with complex medical conditions or histories, you may be asked to obtain medical clearance from the Internal Medicine Clinic.
(Dr. Sarah Rogers or Dr. Naomi Lee). You will be advised if necessary.

Surgery Location

- You will be having surgery at **Northwest Hospital**
- **1550 North 115th St, Seattle, WA 98133**
- North Entrance: Surgery Admitting & Childbirth Center
- You will be given directions and a map highlighting the check-in location for surgery
- A pre-surgical nurse will be calling you prior to surgery to confirm your check in time

Post-operative

- Swelling & Bruising are expected
 - Elevate
 - Wear compression stockings
- Post-operative pain
 - Have realistic expectations (you will not be pain-free)
 - Pain medication will be administered
 - Ice is your friend
- Care of surgical incision
 - You will be sent home with specific instructions on how to care for your dressing

Care Partner

- A Care Partner is needed to assist you for the first 4-10 days after surgery. It is helpful if they can stay with you for at least the first 48hours after discharge.
- This person can be a spouse, family member, friend or hired staff.
- Care Partner should be immediately available for help with transportation to and from the hospital and appointments, meal preparation, picking up prescriptions etc.
- Plan to have your Care Partner available starting the day after surgery.
- If you do not have a Care Partner, you need to notify your surgeon before surgery.
- The goal for all patients is to discharge directly home.

Refill policy

- 2 business days
- Pain Medication (narcotic) prescriptions can be picked up at the clinic or mailed to your home only.
- Please Plan ahead!
- Please do not wait to request a refill when you are out of medication and need it urgently.
- Your surgeon will manage your post-operative pain for up to 6 weeks
 - If your refill request is denied, we will refer you to your PCP

Antibiotics

- After you have had a joint replacement, you will need to take prophylactic (preventative) antibiotics any time you have a procedure that might bring bacteria into your bloodstream to prevent risk of infection.
- Please wait **3 months** for any elective (not required) dental work or procedures, including dental cleanings.
- Please ask your provider if you are having any type of procedure and are unsure if you need prophylactic antibiotics.
- **THIS IS A LIFELONG PRECAUTION!**

Postponing surgery

Your surgery will be postponed if...

- You are a smoker and continue to smoke and/or use nicotine products within 6 weeks of surgery
- Nicotine impairs wound healing and greatly increases risk of infection.
 - You will be tested for nicotine on multiple occasions
 - A positive nicotine test will postpone your surgery for **6 weeks**
- You experience any illness, infection, and/or recent changes in your health.
 - Please see your PCP if you begin to feel ill or have any health changes prior to surgery
- Please call the clinic if you have any questions!

Contact information

UW Medicine Eastside Specialty Center

3100 Northup Way
Bellevue, WA 98004
(425) 646-7777

UW Medicine NW Joint & Hand Center

10330 Meridian Ave N, Suite 270
Seattle, WA 98133
(206) 368-6360

UW Neighborhood Ballard Clinic

1455 NW Leary Way, Suite 250
Seattle, WA 98107
(425) 646-7777

UW Department of Orthopaedics

4245 Roosevelt Way NE
Seattle, WA 98105
(425) 598-4288

After Hours UW Paging Operator

After 5pm & weekends (206) 598-6190

QUESTIONS?

Prior to Day of Surgery

- Prior to your day of surgery, a registered nurse from our Pre-Anesthesia Team will call you to obtain health information.
- This information is entered into a separate surgical database, to be used by your anesthesiologist and nurses on the day of surgery.
- The Nurse will be asking questions pertaining to:
 - Medical & Surgical history
 - Medications you are currently taking
 - Allergies
- You will receive specific instructions and reminders about what to do prior to arriving for your surgery.
- You can expect this call to take between 10-30 minutes depending on the complexity of your health.

Day of Surgery

- Arrive at the North Entrance by the large totem pole
- Check in at the Surgical Admitting Area
- You will be brought to the Pre-Surgical Area where a nurse will prepare you for surgery.

What to expect:

- Asked to empty your bladder
 - Change into a hospital gown
 - Application of a warming device and blanket
 - Review of allergies and medications including last doses
 - Physical assessment including temperature, heart rate and blood pressure check
 - Placement of an intravenous (IV) catheter
 - Review of important documents like the surgical consent
 - Administering of pre-operative medication ordered by your physician
 - Any necessary lab or diagnostic testing ordered by your physician or anesthesiologist
- Depending on the complexity of your health and surgery, this process could take between 45 and 60 minutes, possibly longer.
 - For your privacy, your family will be asked to wait in the waiting area until your admission is complete and then they can join you until you go to surgery

Precautions

- If your pre-operative nasal swab is positive for MRSA or MSSA, your surgical day will look a little different.
- You will be placed on isolation precautions.
- Staff will wear yellow gowns and gloves when entering your room.
- Your food tray will be left outside your door and staff will bring it in for you.

After Surgery

When your surgery is complete, your anesthesiologist will begin to wake you and transfer you to the post-anesthesia care unit (PACU)

- For your safety, you will be closely monitored by a nurse skilled in pain management and immediate post surgical care
- While in PACU, you can expect:
 - Immediate management of pain and nausea
 - Radiological imaging as ordered by your physician
 - Monitoring of your surgical site, breathing, blood pressure and heart rate
- Each individual wakes from anesthesia differently, and the time it takes varies between 1-3 hours. Before leaving PACU it is important that your pain is being managed, and that you are awake and alert to your surroundings. It is normal to be drowsy and forgetful.
- Your physician may update your family in person or by phone while you are in the PACU. Your nurse will update your family if your recovery is taking longer than anticipated
- For the privacy of all patients, family is restricted from entering the PACU, but volunteers in the waiting room can relay updates for your family if requested

YOUR HOSPITAL STAY

What to Expect When you Reach Your Room

- You will be transitioned to your hospital bed
- Vital Signs will be taken (this will be done frequently for the first 4 hours)
- Family can visit following our initial nursing assessment
- You will have a private room with a private bathroom. A family member can stay overnight, if desired.

Your Care Team

- Surgeon
- Nurse Practitioner
 - Katie Moore, ARNP (Monday – Thursday)
 - Kirsten Dahlberg, ARNP (Wednesday-Saturday)
- University of Washington Resident Physician (MD)
- Physician Assistant (PA-C)
- Registered Nurse (RN) / Nursing Assistant (CNA)
- Physical Therapist/Occupational Therapist
- Social Work (MSW)

Pain Management

A multi-modal pain protocol will be used

• Anti-inflammatories
potentially consisting of:

- Muscle relaxants
- Non-narcotic pain medication
- Narcotic pain medication (to be used for breakthrough pain)
- Remember the goal is not a 0 pain score. You should expect some pain following a major operation.



"We can give you enough medication to alleviate the pain but not enough to make it fun."

Blood Clot Prevention

Blood clot prevention begins as soon as you arrive at the hospital

- Mechanical prophylaxis

- Compression stockings
- “leg squeezers”

- Medical prophylaxis

- Aspirin, Coumadin or other



Diet

- Please inform your nurse of any dietary allergies or restrictions.
- Room service is available for you to order from a menu.
- You will advance your diet as tolerated post-operatively
- Nausea is common in the immediate post-operative period. Anti-nausea medications will be available to you.

Hospital Course

- Day of Surgery
 - You will work with Physical Therapist/Occupational Therapist (dependent on arrival time to the floor)
 - Ice aggressively
 - You may have a urinary catheter
 - You will have multiple nursing assessments
- Post-op Day 1
 - Lab draw early in the AM
 - Removal of catheter (if applicable)
 - Continued work with Physical and Occupational Therapy
 - Discharge home once criteria met

Discharge Criteria

- Tolerate oral diet and pain control
- Urinating spontaneously
- Met physical and occupational requirements for home safety



Discharge Protocol

- Nursing will review:
 - Discharge instructions from Surgeon/Katie Moore ARNP
 - Physical and Occupational Therapy instructions
 - Prescription medications
 - Follow-up appointments

Contact Info

- Please contact us with any medical questions or concerns post-operatively
 - Katie Moore, ARNP (M-F, 6A-6P)
 - Pager: (206) 969-9615
 - Resident MD (off hours)
 - UW Operator: (206) 598-6190

Medical team Model

Medical Team Care

- Who will take care of me?
 - When will I be seen?
- How long will I be in the hospital?

Hospital Expectations

- Your care team includes
 - Surgeon (Oversees all care)
 - Katie Moore, ARNP (Nurse Practitioner)
 - Inpatient post-operative medical management.
 - University of Washington Orthopaedic Resident Physician
 - Assistant operative physician, post-operative wound checks
 - Physician Assistant
 - Operative assistant and clinic pre and post medical management

Post-Operative Expectations

- In the first 24 hours after surgery, it is common to
 - Be nauseated
 - Have low blood pressure and require extra IV fluid
 - Develop swelling of your operative leg
- You can help by
 - Sipping on water and other fluids as you tolerate
 - Keeping ice on the incision while you are awake
 - Advancing your diet slowly in the first hours after surgery
 - Asking your nurse for anti-nausea medication

Pain Management

- Individualized to meet your needs
- Combination of narcotic and non-narcotic medications
- Includes consideration of pre-operative pain management
- Goal is to make pain manageable enough to facilitate working with physical and occupational therapy.
- The expectation is that you will have some pain.
- The goal is NOT a zero pain score on the 1-10 scale.
- Pain improves as recovery progresses.

Blood Clot Prevention

- All patients will have blood thinning medication for 6 weeks.
- Your medication will depend on your medical history and your surgeon's evaluation.
- Options
 - Aspirin 325mg twice daily
 - Warfarin (Coumadin)
 - Need blood draws (INR) twice weekly)
 - Dosing adjustments managed by Katie Moore, ARNP
 - Lovenox Injections (less common)

Diabetic Management

- If you have diabetes, you will have finger-poke blood sugar checks while you are in the hospital, regardless of whether or not you take insulin at home.
- If you have Type II Diabetes and only take oral medication (Metformin/ Glucophage), this will be held post-operatively. Your kidney function will be checked before Metformin is resumed. During this time, you will have insulin ordered to treat any high blood sugar. This does not mean that you are or will be insulin dependent.
- Tighter glucose control in the post-operative period reduces risk of infection and aids in wound healing.
- After surgery it is very important to keep very close control of your blood sugar.
- It is normal for nearly everyone's blood sugar to be higher than normal in the 24 to 48 hours after surgery.

Length of Stay

- Once discharge criteria are met you will be ready for discharge.
- For Hip Replacement Patients, this is typically the day after surgery. In a small percentage of patients, a two night stay is warranted due to medical complexity.
- For Partial Knee Replacement Patients, this is always the day after surgery.
- For Total Knee Replacement Patients, this is either post-operative day 1 or 2. The highest priority for knee replacements patients is obtaining sufficient range of motion.
- Research shows that a longer hospital stay is correlated with a higher rate of post-operative infection. Your surgeon is committed to your new hip or knee and the goal is for the majority of post-operative recovery to be at home.
- PLEASE make sure that everything you need for discharge (a ride home, your Care Partner) available the day after surgery no matter what type of surgery you are having.

Discharge Prescriptions

- Provided upon discharge (paper prescriptions)
- Narcotics are not able to be called or faxed into a pharmacy
- Pain Medications will be provided for 2 weeks, until your first follow-up appointment in the clinic.
- If needed, refills can be requested at 2 week appointment.
- All refill requests need to go through the clinic.

After Discharge

- Depending on the Surgeon and the procedure, patients either
 - Have two weeks of physical therapy at home, and then transition to outpatient therapy
 - Go directly to outpatient physical therapy
 - Do not have outpatient therapy (some hip replacements)

- Skilled Nursing Facility referral **only if**
 - Pre-approved and discussed with your surgeon before surgery
 - An unexpected medical complication arises

- You will have a wound check either one or two weeks after surgery.
 - Your wound care instructions will be specific to your surgeon and you will receive written information about this at the time of discharge.

- You will have a 6 week post-operative check with your surgeon

PRE-OPERATIVE DISCHARGE PLANNING

Wendy Kalume, MSW
Care Management Department

Outline Pre-Operative Discharge Planning

- I. Northwest Hospital Social Worker's Role
- II. Pre-operative phone call
- III. Expectations prior to the call
- IV. Expectations during the call
- V. Expectations during the hospital stay
- VI. Resources

Northwest Hospital Social Worker

Social worker's role:

- Coordination of your discharge plans **before** you arrive for surgery.
- A pre-operative phone call to discuss your discharge plans.
- Home Health referrals (home physical therapy and/or nursing), if needed.
- Skilled Nursing Facility referrals only if;
 - Pre-approved with your surgeon or,
 - An unexpected complication arises.
- **Please note, the social worker who calls you before surgery will be different than the social worker**

Pre – operative phone call

- You will receive a call from a social worker about *1 week* prior to surgery to confirm your discharge plans.
- If you haven't heard from a social worker and have questions please contact us .
- Pre-operative phone number is 206-668-1308
- Email address orthopreop@nwhsea.org (see handout)
- Calls are returned Monday -Friday; often prioritized by date of surgery.

Please note: This call is different from the pre-surgical nurse phone call.

Prior to call...

- **Insurance:** please be familiar with your benefits for
 - **Home Health Visits**
 - **Outpatient Physical Therapy**
 - **Skilled Nursing Placement (SNF)**
- Customer service numbers are found on your insurance card, company website, or your benefits manual.
- It is also helpful to ask for “**Home Health, Outpatient, and SNF preferred providers**” (companies contracted with your insurance) to get the best coverage.
- Please note although you may have insurance coverage and benefits, depending on your insurance plan will require insurance authorization and medical necessity prior to receiving services.

During the call...

- We will ask you questions with the goal of confirming a safe discharge plan, such as:
 - Who will be at home with you following discharge/
Who is your **care partner**?
 - We can discuss Options for hiring help.
 - What is the structural layout of your home – can you stay on one level?
 - Who will provide transportation to and from the hospital and follow up visits?
 - What adaptive equipment do you have, or can you borrow to use after surgery?

During the call...(cont'd)

Home Health Services

- **Do you have a preference for specific agency?**
- **Do you have prior experience with an agency?**
- **Social Worker will contact the home health agency and arrange the first home visit on your behalf.**

- **Some patients will not have home visiting nurse or physical therapy**
 - Depending on your surgeons protocol and or/surgical procedure
 - Due to geographical location
 - Lack of availability in some cities
 - Some home health agencies will not accept certain insurance plans.

During the call...(cont'd)

Outpatient Physical Therapy

- Patients will receive a outpatient physical therapy referral from the surgeon's office during your pre-operative clinic appointment.
- Patients are responsible for locating an outpatient physical therapy provider and making appointments. Do this prior to surgery as it can sometimes take weeks to get an appointment.
- Please check with your insurance company to obtain a list of outpatient physical therapy providers.
- Resource option to find qualified physical therapist for outpatient physical therapy which is Physical therapy Association of Washington website www.ptwa.org (see handout).
- Physical Therapist will discuss specifics of outpatient physical therapy

During your hospital stay

- Your assigned hospital social worker will
 - Confirm your discharge plans
 - Confirm your designated care partner
 - Confirm outpatient physical therapy appointments
 - Arrange home health physical therapy or nursing if indicated. They will provide details including day of first visit and agency providing service.
- A social worker will continue to work with you until you are discharged from the hospital.
- The ultimate goal is discharge home. In the event that you unexpectedly need a skilled nursing facility, your social worker will consult with your surgeon regarding a change in your discharge destination to assure this plan is appropriate prior to making any skill nursing facility arrangements.

Resources

- Lodging options out of town patients
 - <http://www.uwmedicine.org/uw-medical-center/patient-resources/lodging>
- www.medicare.gov to research home health/skilled nursing facilities
- Locating a qualified physical therapist for outpatient physical therapy which is Physical Therapy Association of Washington website www.ptwa.org
- “Options for Hiring Household help” Senior information and assistance 206 448-3110 or <http://soundgenerations.org>

Thank you for choosing UW
Medicine/Northwest Hospital.

Overview of Inpatient Rehab Therapies

- The rehab journey with Physical and Occupational Therapy begins in the hospital. We provide tailored treatments to ensure your success in your recovery from joint replacement surgery.
- This portion of the pre-operative program will help you learn what to expect during the first few days of your joint recovery.

Physical Therapy Goals

- The goal of Physical Therapy is to assist you to regain your mobility. Goals to return directly home after surgery include:
 - Safely getting in/out of bed
 - Safely stand from the bed or chair with appropriate walking aid
 - Safely walk 100 feet with appropriate walking aid
 - Safely negotiate stairs with supervision
 - Attain independence with your home exercise program
 - Attain flexibility and strength in your new joint
 - Maintain your movement restrictions with daily mobility

Physical Therapy

- Our goal in Physical Therapy is to see all patients on day of surgery.
- Physical Therapy will:
 - Teach strengthening and flexibility exercises
 - Teach exercises to promote circulation and prevent blood clots
 - Provide education on the importance of ice
 - Teach movement restrictions
 - Provide an assistive device
 - Initiate sitting and walking

Throughout your hospital stay

- Physical Therapy will work with you 1-2 sessions per day for ~30-45 minutes per session.
- Physical Therapy will:
 - Progress walking distance to 100 feet
 - Provide stair training
 - Determine appropriate walking device
 - Provide instruction in movement restrictions if applicable
 - Provide care partner training
 - Order equipment for home use

Home Exercise Program

- Customized for each patient
- Includes strengthening and flexibility exercises
- Includes clearly written instructions
- Full video can be viewed at:

<https://youtu.be/MHcfqRg41Ho>

Importance of Ice

- Decreases inflammation and swelling
- Reduces pain
- Aids in joint healing
- Application of ice in the hospital
 - 30 minutes on, 30 minutes off every hour you are awake
- At home:
 - Apply ice for 30 minutes after exercise, after vigorous activity, as needed to decrease pain and swelling

Bed Mobility and Transfers

- Physical therapy will teach you how to get in and out of bed safely
- You will be taught how to safely stand and sit with your walking aid
- If you have had a hip replacement surgery, special instructions will be provided to maintain any movement restrictions
- Any movement restrictions should be maintained for 8-12 weeks, or until cleared by your surgeon



Walking

Department of Orthopaedics
& Sports Medicine

Patient Care:

Walking with a walker or a cane



Walking Aids

- Appropriate walking aids after joint replacement include:
 - Front wheeled walker
 - Axillary crutches
 - Forearm crutches
- PT will ensure that you have the device best suited for your needs and will ensure that it fits you properly
- An in-house vendor can deliver equipment to your hospital room



Stairs



Car Transfers

- The following video demonstrates how to safely get in and out of your car
- To maintain movement restrictions, a pillow or cushion may be used to raise the height of your car seat
- Remember: Do not resume driving until cleared by your orthopedic team

Transition to outpatient PT

- Your surgeon's office will give you a prescription for outpatient Physical Therapy if needed
- You will be responsible for scheduling your outpatient PT appointments
 - It is recommended that you schedule these appointments at least 2 weeks prior to the start of outpatient PT



OUTPATIENT PHYSICAL THERAPY GOALS

- Regain range of motion
 - Focus on regaining zero degrees of extension during the first 2 weeks
 - Functional knee flexion ranges from 90 to 120 degrees
- Improve Strength
- Normalize your walking
 - Improve mechanics of walking, diminish limping, use least restrictive walking aid

OCCUPATIONAL THERAPY

- Occupational Therapy's focus is to increase your independence and safety with your basic self-care
 - Our goal is to help you gain your independence while maintaining any movement restrictions
- This presentation will highlight Occupational Therapy care while you are in the hospital
 - We will see you 1x per day for ~30 minutes

Goals while in the hospital

- Able to dress lower body safely (with adaptive devices if needed)
- Able to safely get on and off of a toilet
- Able to safely get in and out of a shower or bathtub
- Able to maintain your movement restrictions with daily activity
 - If you can not safely meet these goals, alternative discharges may need to be considered

Adaptive Equipment for Dressing

- Used after joint replacement
 - Only required if you have movement restrictions
- OT will assess for your needs
- In-house vendor will deliver equipment to your hospital room if needed



Adaptive Equipment for Toileting

- Raised Toilet Seat
- All-in-One Commode
- Grab Bars



Adaptive Equipment for Bathing

- Tub Bench



- Tub Seat

Home Safety

- Arranging furniture
- Lifting throw rugs
- Avoid cords/wires in walkways
- Pets
- Meal preparation/kitchen organization

- Therapists will be available after class to:
 - Answer questions
 - Provide car transfer training and stair training on Easy Street
 - Provide adaptive equipment instruction at this location

THANK YOU FOR CHOOSING
UW MEDICINE
NORTHWEST HOSPITAL & MEDICAL CENTER