



Total Joint Replacement Information

# About OCOM

- ▶ Accredited by the Joint Commission
- ▶ OCOM has two Certificate of Distinction recognitions from the Joint Commission
  - ▶ Joint Replacement - Hip
  - ▶ Joint Replacement- Knee
- ▶ OCOM Hospital opened in 2002 and is a 14 bed hospital, caring for inpatients, outpatients, and observation patients.
- ▶ All rooms are private and each room has its own restroom and shower.

We are located at:

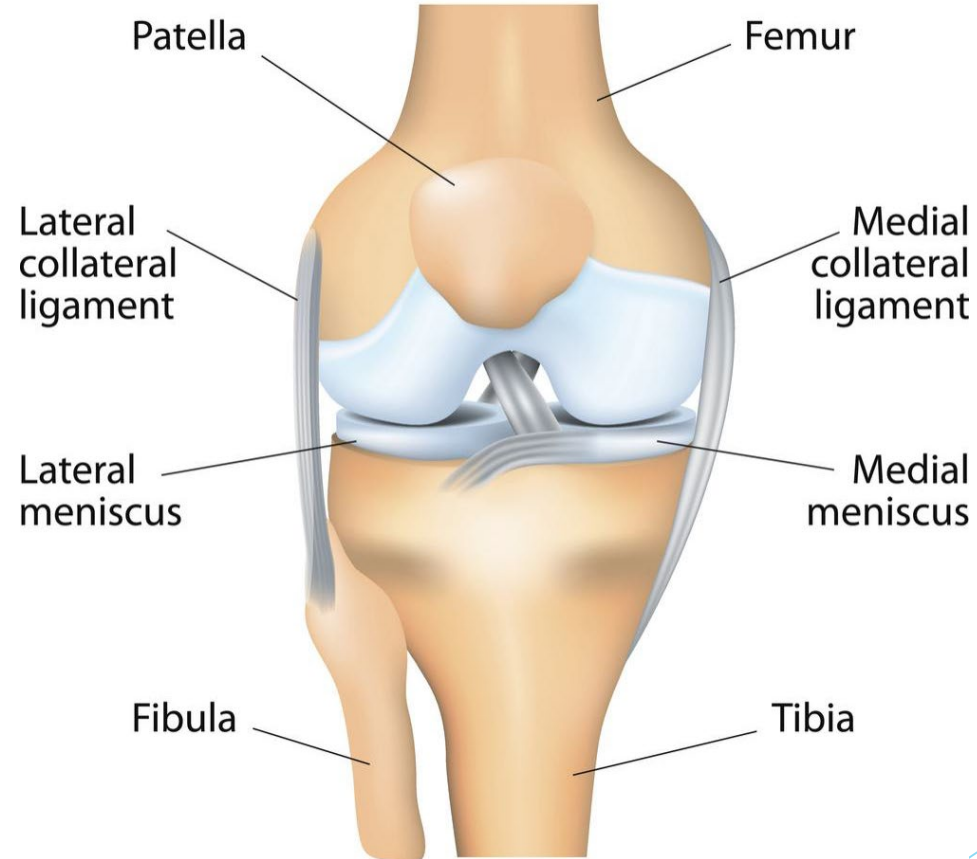
8100 S. Walker Ave, Oklahoma City, OK

Main Phone: 405-602-6500

- ▶ Pre-Testing (by appointment only- they will reach out to you)
  - ▶ 405-619-4479 or call 405-602-6500 and ask for Pre-Testing
  - ▶ Hours: Mon-Thurs 7:30a-5:00p and Fridays 7:30a-4:30p

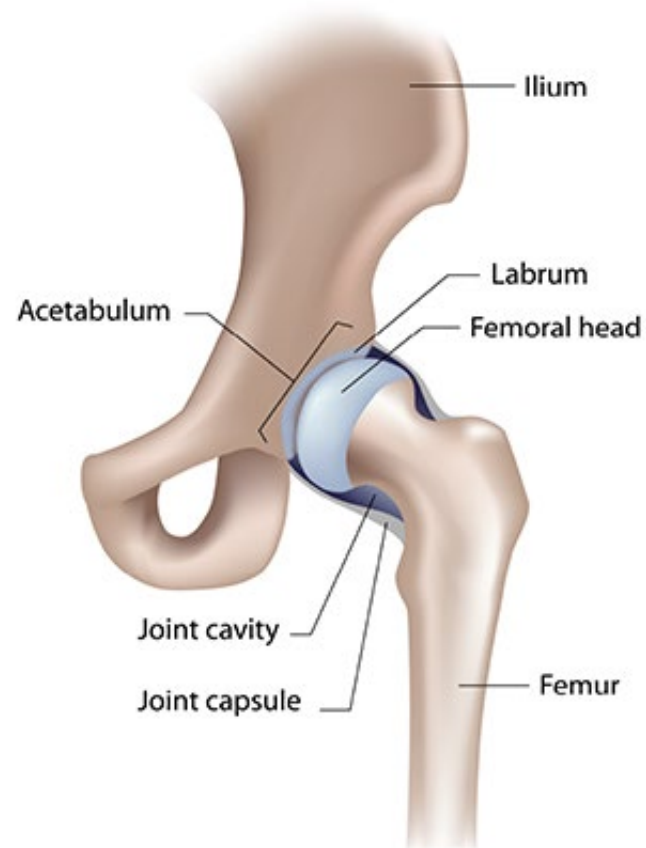
# Knee Anatomy

- Tibia (Shin Bone)
- Femur (Thigh Bone)
- Patella (Knee Cap)
- Ligaments (Attach bone to bone)
- Tendons (Attach muscle to bone)
- Cartilage (Lines the ends of the bones)
- Meniscus (Cartilage pads)



# Hip Anatomy

- Femur
  - Head (ball) and neck
- Pelvic Bone (acetabulum)
  - Socket
- Cartilage



# Arthritis vs. Osteoarthritis

Arthritis means inflammation of a joint

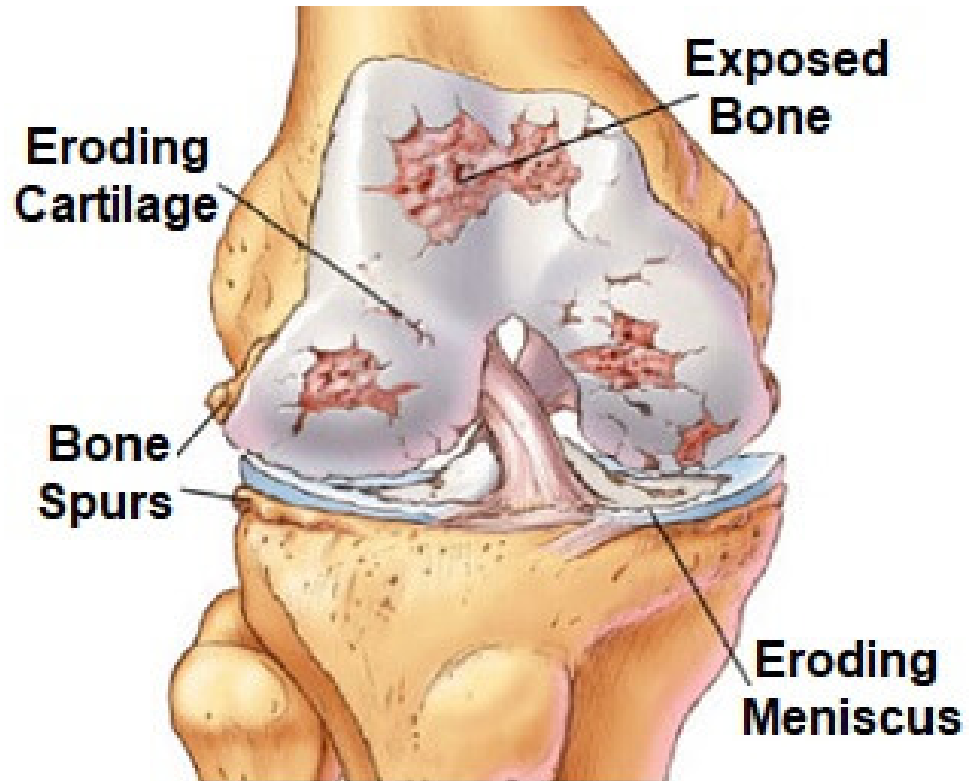
## Arthritis

- ▶ Can be from a disease, infection, genetic defect or other cause
- ▶ Causes pain, stiffness and swelling in the joint and surrounding tissue.

## Osteoarthritis

- ▶ Sometimes referred to as degenerative joint disease or “wear and tear” arthritis
- ▶ Most common- affecting nearly 27 million adults in the U.S.
- ▶ Result of a progressive loss of cartilage in the joints
- ▶ Can affect any joint, but generally affects weight bearing joints like: knees, hips, and spine

# Arthritic Knee

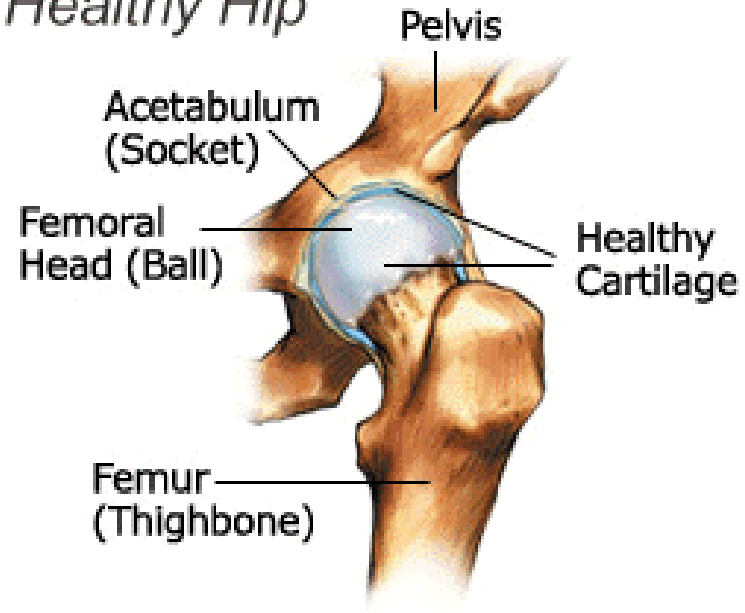


**Arthritic Knee**

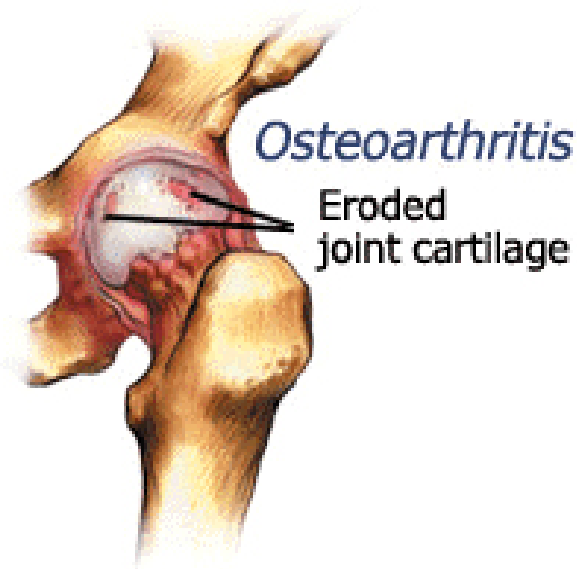
Eroding cartilage and eroding meniscus lead to bone on bone wear which causes pain and discomfort.

# Arthritic Hip

*Healthy Hip*



*Osteoarthritis*



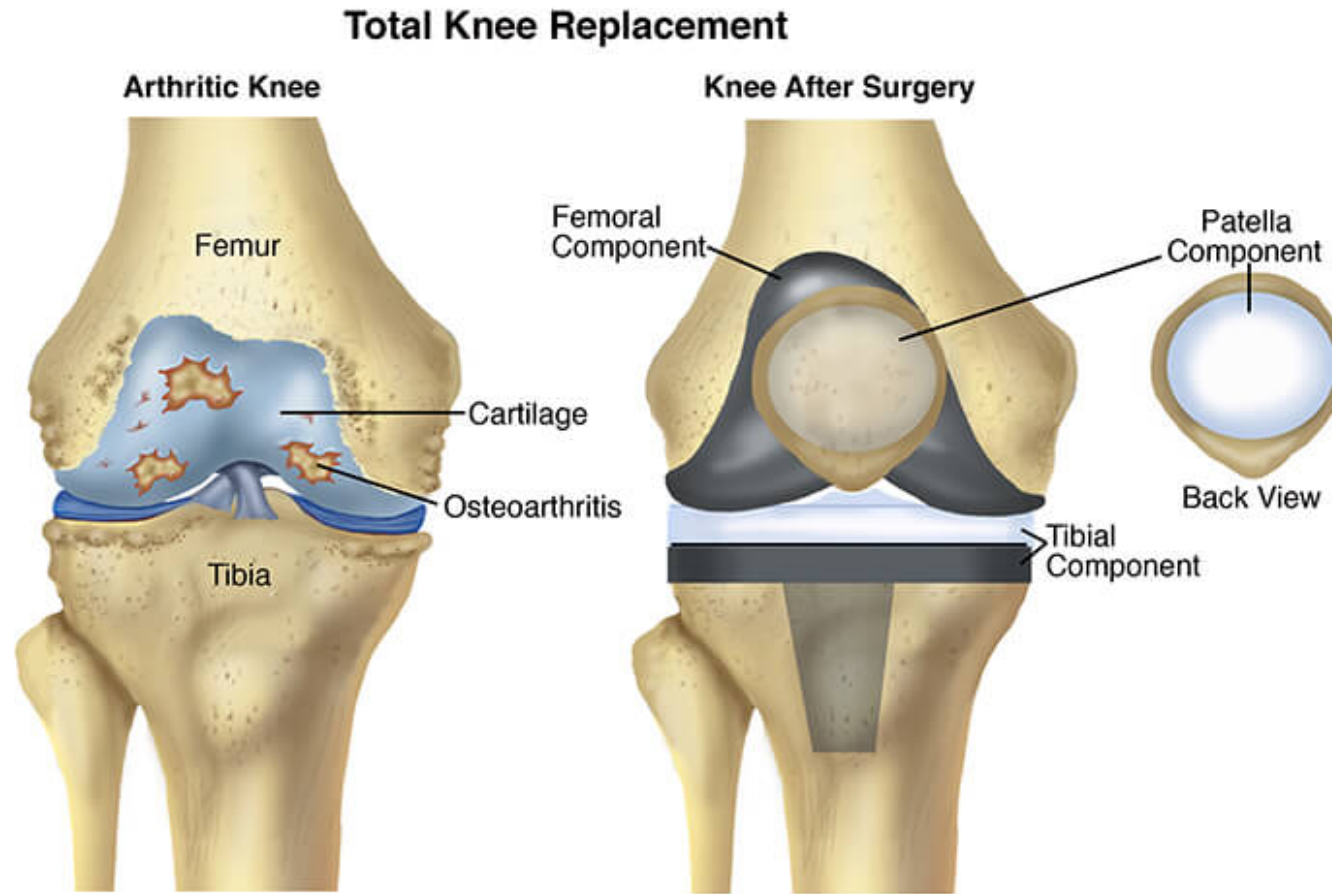
Eroded cartilage leads to bone on bone wear causing pain and discomfort.

# Knee Replacement

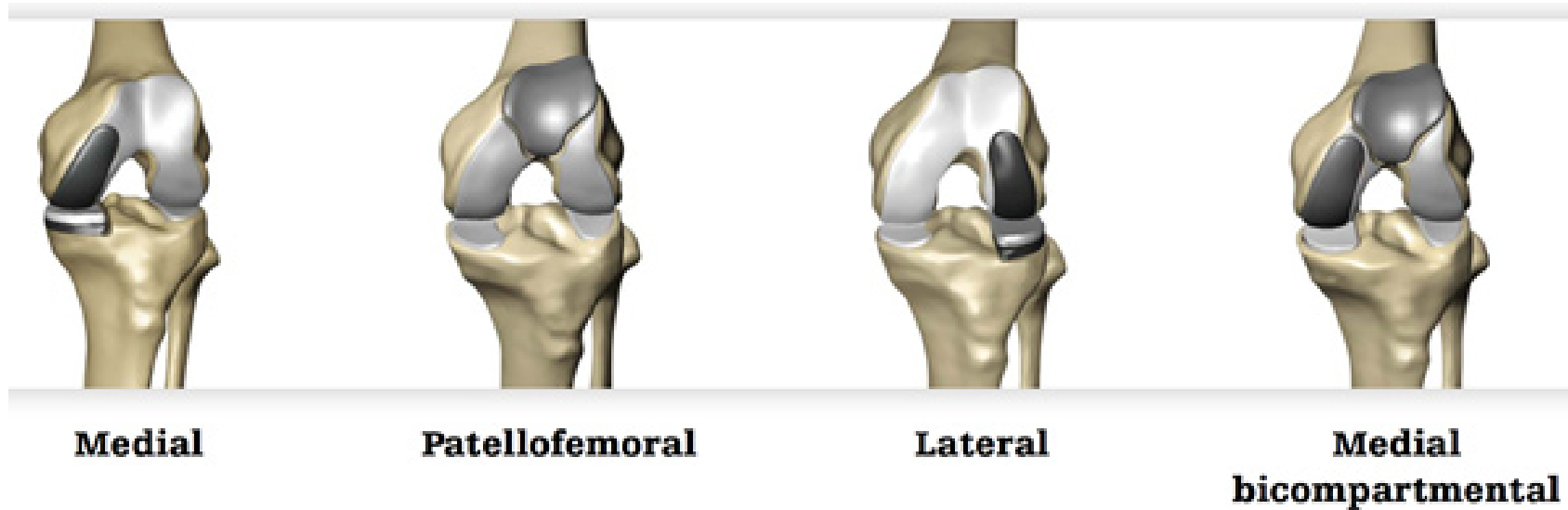
- ▶ Removes damaged areas of femur and tibia
- ▶ Metal components will replace worn surfaces
- ▶ Spacer is attached to the tibial component
- ▶ The damage to the back side of the patella (knee cap) is removed and a durable plastic component is placed
- ▶ Soft tissues are sewn together and the skin incision is closed



# Total Knee Replacement



# Uni-Compartmental (partial) Knee Replacement

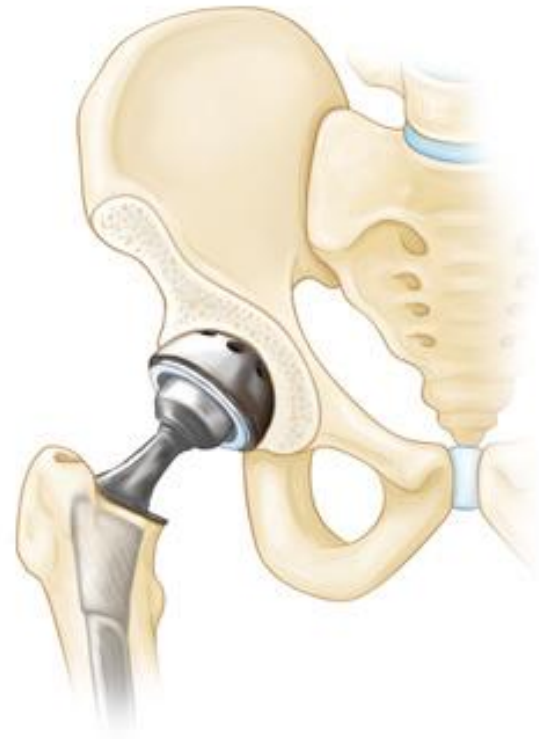
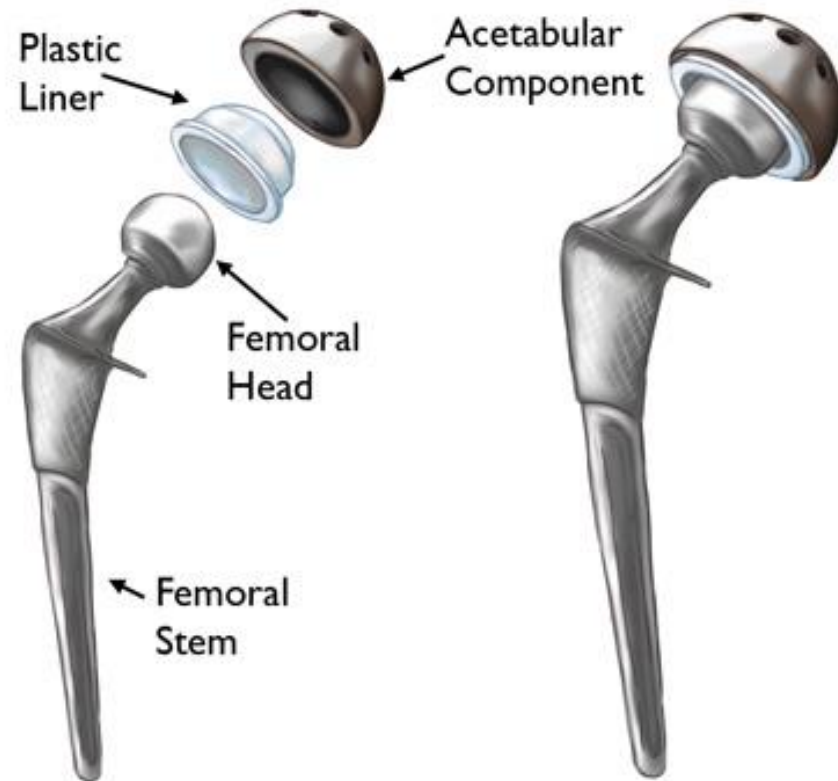


For a uni-compartmental or partial knee replacement; one of the above will be performed.

# Total Hip Replacement

- ▶ Damaged ball is removed from the thigh bone
- ▶ Socket surface of pelvis is smoothed
- ▶ New socket is put into place in the pelvis
- ▶ New hip stem is inserted into the thigh bone
- ▶ Ball and socket are joined to verify fit and range of motion
- ▶ Soft tissues are sewn together and skin incision is closed

# Hip Replacement



# Clinical Roadway

The following slides will provide you and your loved ones with information on what to expect on your surgical journey.

It will provide you with information for prior to surgery, day of surgery, and the days following your procedure at OCOM Hospital.

# Pre-Surgery

- ▶ **Walker** - You will need to provide your own walker. You can get them from Walmart, Goodwill, Amazon, etc.
- ▶ Remove throw rugs, cords and clutter
- ▶ Always wear non-skid footwear when walking on hardwood or tile
- ▶ Prepare meals in advance
- ▶ Move frequently used items to an area close to where you will be staying (to eliminate the risk of falls)
- ▶ Kennel pets within the home on the day of discharge.
  - ▶ Large Pets: We want to prevent a happy pet from jumping up on you upon your return, potentially causing a fall and subsequent injury.
  - ▶ Small Pets: We want to prevent a small pet from being tripped over, potentially causing a fall or subsequent injury.

# Pre-Surgery

- ▶ NPO (nothing by mouth) after midnight the night before, except certain medications - you will be told by a nurse which medications you may take for the day of surgery.
- ▶ Within 30 days of surgery: lab work, EKG, History and Physical from your doctor.
- ▶ In some cases, medical clearances are needed and we will work to obtain those and keep you informed.
- ▶ Shower with Hibiclens the night before- you will receive this from our Pre-Testing department. If supply is out, you may use Dial or any antibacterial soap. Lather up, leave on for 3 minutes, then rinse.
- ▶ Review any materials provided to you
- ▶ Stop smoking or cut down- smoking decreases blood flow which can increase healing time.
- ▶ Follow a healthy diet
- ▶ Prepare a bag for your hospital stay
- ▶ A nurse from OCOM Hospital will call you the day before surgery to confirm arrival time.

# What to Bring to the Hospital

- ▶ **All home medications in their original labeled bottles.** It is not necessary to bring vitamins/herbs/supplements- just bring a list of those.
- ▶ **Walker** - You will need to provide your own walker. You can get them from Walmart, Goodwill, Amazon, etc.
- ▶ A photo ID and insurance cards
- ▶ Advanced Directive/Living Will
- ▶ Loose comfortable clothing for after surgery.
- ▶ A pair of comfortable non-slip shoes
- ▶ Cases for glasses, hearing aides and dentures
- ▶ DO NOT bring valuables or large amounts of money (OCOM Hospital does not have a cafeteria. We have a dietary department that will provide meals. We do have a Fresh Market area that takes credit/debit cards only).
- ▶ CPAP machine (if you use one)



# Day of Surgery

- ▶ You will be asked to verify your name and date of birth multiple times throughout your visit- this is how we know you are YOU
- ▶ Nurses will complete an assessment
- ▶ No underclothes or jewelry will be worn in the OR
- ▶ A urine specimen may be required in Pre-op. (If you are in the waiting area and need to void prior to going to pre-op; please tell the registration staff)
- ▶ Nostrils will be cleaned with betadine/Mupirocin
- ▶ IV fluids/IV antibiotics
- ▶ Nausea medication
- ▶ Pain medication “cocktail” prior to surgery to assist in pain control (Tylenol, Neurontin and Celebrex)
- ▶ Pepcid is also given to help with GI irritation
- ▶ Anti-embolism devices: compression cuffs (SCD's) and/or compression stockings (TED hose)

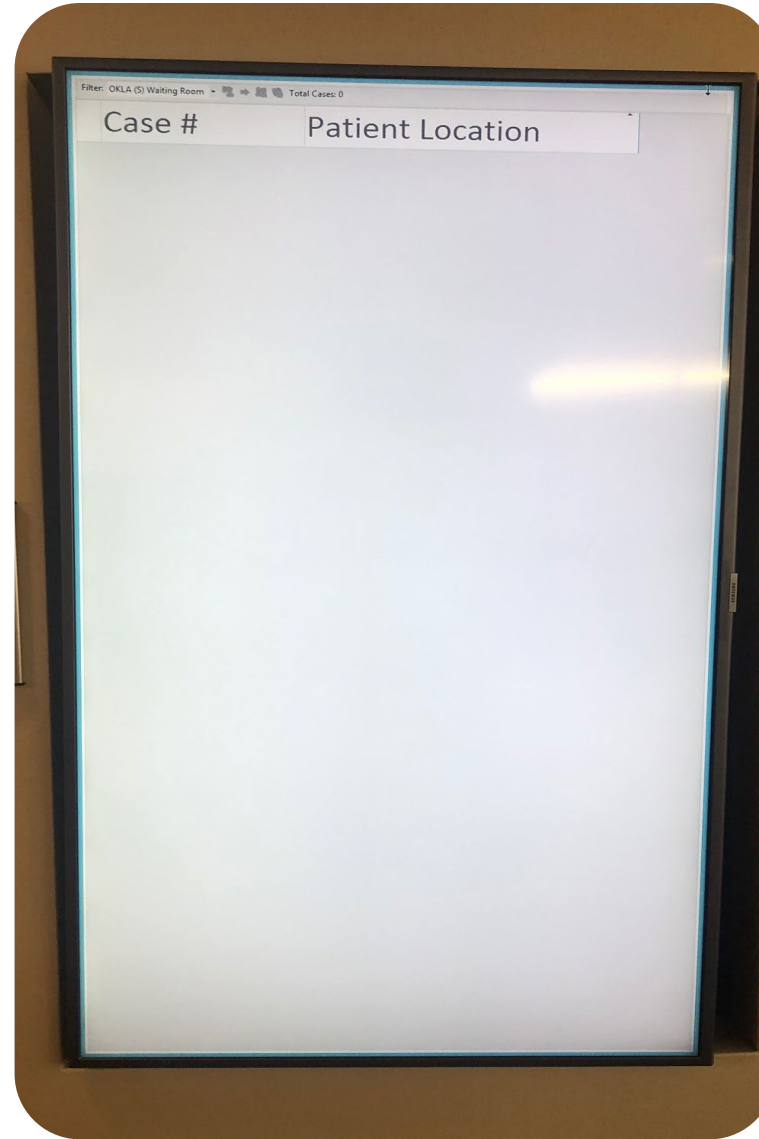
# Day of Surgery

- ▶ Surgeon/Physician Assistant/Medical Resident will initial your surgical site and answer and last minute questions you may have
- ▶ CRNA/Anesthesiologist will review your medical history, explain the general anesthesia, nerve block and answer any questions
- ▶ OR Nurse (Circulating Nurse) will verify who you are, surgical site, consent and answer any questions
- ▶ General surgery time is from 2-3 hours
- ▶ Family will be updated via the tracking board or can ask the receptionist for updates. Each patient will have a special number assigned just for them.

# Tracking Board

The tracking board is located in the main lobby waiting area. Each patient is assigned with a special number. This tracking board gives real time updates to keep your family/loved ones informed.

- ▶ OR In- patient is the operating room and being prepped for surgery
- ▶ Surgery Start- the surgery has begun
- ▶ Surgery Stop- the surgery is over, dressings are being placed
- ▶ OR Out- patient is moving from the OR to PACU
- ▶ PACU 1 In- patient is now in recovery



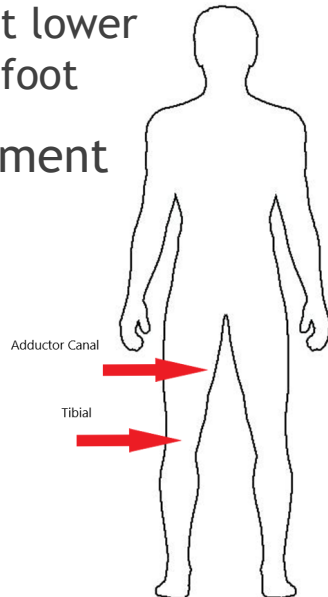
# Nerve Blocks

- ▶ CRNA/Anesthesiologist will perform a nerve block, dependent on what procedure you will have.
- ▶ This “blocks” the nerve that go to either the hip or knee
- ▶ They can last up 12 hours
- ▶ Nerve blocks are done in the OR
- ▶ Nerve blocks do NOT take the place of general anesthesia or “going to sleep”
- ▶ They ASSIST with pain management

# Nerve Blocks

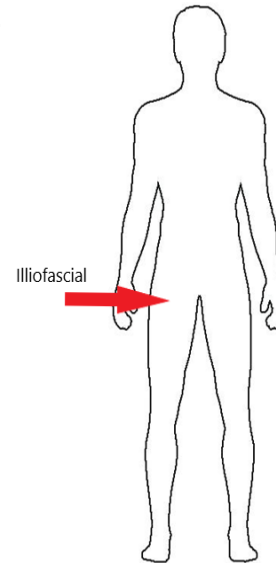
## Knee Nerve Blocks

- ▶ Full Knee Replacement
  - ▶ Adductor Canal- targets medial knee
  - ▶ Tibial- targets front lower knee to bottom of foot
- ▶ Partial Knee Replacement
  - ▶ Adductor Canal



## Hip Nerve Block

- ▶ Illofascial Nerve Block- targets anterior hip and femoral/thigh area



# Upon arrival to Inpatient Room

- ▶ Post-operative monitoring: blood pressure, heart monitor, pulse oximetry, and extremity pulse checks.
- ▶ IV lines/fluids
- ▶ Compression cuffs and TED hose
- ▶ Stool softener to help prevent constipation
- ▶ Breathing exercises with an incentive spirometer
- ▶ You may experience a sore throat due to breathing device used in surgery
- ▶ Family/visitors can now see you
- ▶ Physical therapy begins
  - ▶ We strive to have patients up and walking within 4 hours of their surgery stop time.

# During your Inpatient Stay

- ▶ Expect to sit on the edge of the bed and walk to the door with physical therapy assistance
- ▶ Operative site may still be numb, so pain may be minimal
- ▶ Pain Management will be available as needed by you and as ordered by your physician.

***Early ambulation decreases the risk of blood clots and pneumonia***

# Pain Management

- ▶ During your stay, you will be educated on the 0-10 pain scale
- ▶ 0 is no pain at all, and 10 is the worst pain you have ever felt
- ▶ The nurses will ask you what your pain level is, and ask you what an acceptable pain level is for you
- ▶ Remember, this is surgery. Some pain is to be expected.
- ▶ All areas of your recovery will have pain medications available to you.



# Other Types of Pain Management

- ▶ Repositioning
- ▶ Cryotherapy- using ice
- ▶ Noise control
- ▶ NSAIDS- Toradol, Celebrex
- ▶ Muscle Relaxers- Flexiril, Valium, Soma

# Types of Medication Delivery

- ▶ IV Push- go straight into your IV
  - ▶ These work fast because they go directly into your system
  - ▶ Generally wear off fast
- ▶ IM- Intramuscular
  - ▶ This is an injection/shot
  - ▶ Begins to work within 30 minutes
  - ▶ Typically lasts longer than an IV medication
- ▶ PO- By Mouth
  - ▶ Oral medication; either liquid or pill form
  - ▶ Begins to work within 30 minutes
  - ▶ Lasts 4-6 hours

# OCOM Hospital Fall Program

## ► Call Don't Fall

Anytime you need to get out of bed, for any reason, please use your call light to alert our staff. We are available to you any time of day, for any reason.



**Call!**  
**Don't Fall!**

# Post-Op Days (PODs) 1 and 2

## POD 1

- ▶ Breathing exercises
- ▶ Diet as tolerated (1 guest tray will be provided)
- ▶ Labs drawn
- ▶ IV fluids/antibiotics
- ▶ Nausea/pain medications
- ▶ Home medications as ordered
- ▶ Medications to prevent blood clots
- ▶ Stool softeners
- ▶ Physical therapy/exercises
- ▶ Begin discharge planning
  - ▶ If you are scheduled as extended outpatient, you will be prepared to discharge on this day.

## POD 2

- ▶ Breathing exercises continue
- ▶ Diet as tolerated continues
- ▶ Labs drawn
- ▶ Increasing self care
- ▶ Monitors/oxygen will most likely be removed
- ▶ IV is usually “capped” or removed
- ▶ Pain medications as needed
- ▶ Shower Day
- ▶ Out of bed for meals
- ▶ Exercises continue
- ▶ Gait training
- ▶ Continue discharge planning if necessary
- ▶ **Discharge Day- typical stay is 1-2 days depending on type of joint replacement**

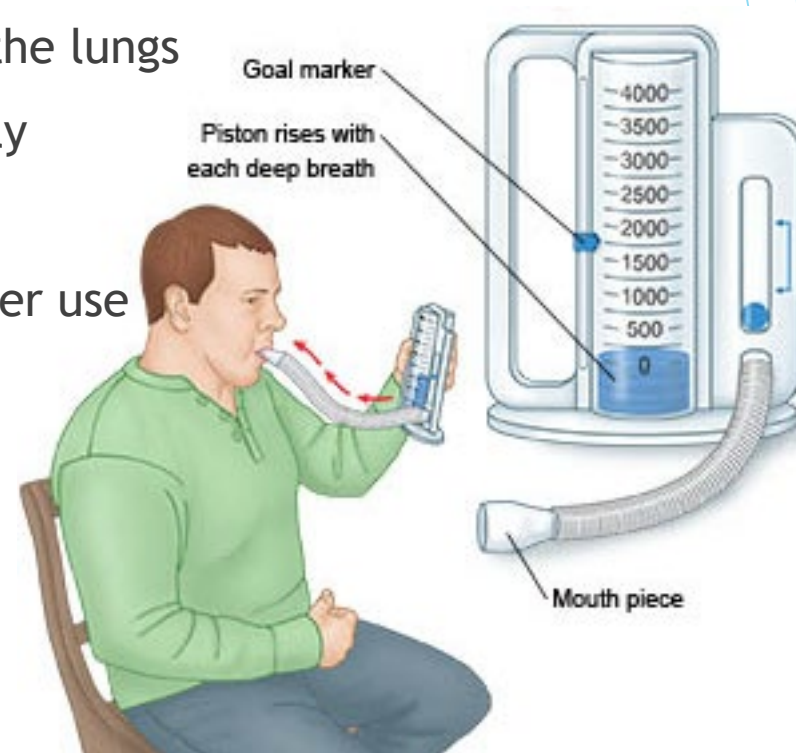
# Compression cuffs and TED hose

- ▶ Compression cuffs provide gentle off and on compression to the calves.
  - ▶ Promotes blood circulation and reduces the risk for a blood clot
- ▶ TED hose provide a constant gentle pressure to the entire leg. They go on like panty hose, to mid-thigh level.



# Incentive Spirometer

- ▶ Used to promote deep breathing and clearing of the lungs
- ▶ Must be in an upright position to perform correctly
- ▶ The key is long, slow inhaled breaths.
- ▶ Your Inpatient Nurse will instruct you on the proper use



# Discharge Information

(Typical hospital stay is 1-2 days)

## THERE IS NO PLACE LIKE HOME FOR RECOVERY

- ▶ If you are meeting your goals:
  1. Home with Home Health (depending on insurance) or out-patient rehab
  2. Facilities (these are rare and on a patient by patient basis)
    - a. Inpatient Rehab (depending on insurance)
    - b. Skilled Nursing Facility (depending on insurance)
- ▶ Discharge Instructions Include:
  - ▶ Medication Information
  - ▶ Wound and dressing care
  - ▶ Follow-up Visit information
  - ▶ Physical Therapy exercises
  - ▶ Medical equipment needed
- ▶ Discharge instructions will be verbally reviewed, as well as sent home with you so you may refer to them as needed

# At Home “RECIPeS” for Success

- ▶ R- Rest
- ▶ E- Elevate surgical site
- ▶ C- Compression stockings
- ▶ I- Ice your surgical site frequently, especially after therapy
- ▶ P- Pain Medications (take as needed and prescribed- don't run out of them)
- ▶ S- Stool Softener (over the counter)





# Physical Therapy FYI's

- ▶ While in the hospital, Physical Therapy will work closely with you on your precautions following surgery.
- ▶ Knee Information:
  - ▶ Do not place a pillow under your knee following knee replacement
  - ▶ Try and keep your knee straight facing up, don't let it relax lying on the side
  - ▶ You may sit in a recliner, but you **MUST** have a pillow under your foot to help straighten the knee
- ▶ Hip Information:
  - ▶ Anterior approach- less movement restrictions
    1. You can extend your leg as if you are walking
    2. You can rotate your hip externally (to the outside)
    3. **HOWEVER-** you can NOT do those two at the same time. You cannot drop your foot off the bed or out of the car. You **MUST** move your legs/feet in and out together.
  - ▶ Posterior approach- 3 movements to **AVOID** (generally for 3 months)
    1. Do not bend hip greater than 90 degrees (will not be able to bend over and put shoes and socks on.
    2. Do not cross your legs. They cannot cross at ankle or knee.
    3. Do not bring knee in or rotate hip inwards towards body.
- ▶ Basic Information:
  - ▶ Each physical therapy session will include walking and exercises
  - ▶ Stairs- go UP with NON-SURGICAL leg first (that leg is the one doing the work).
  - ▶ Stairs- go DOWN with SURGICAL leg first

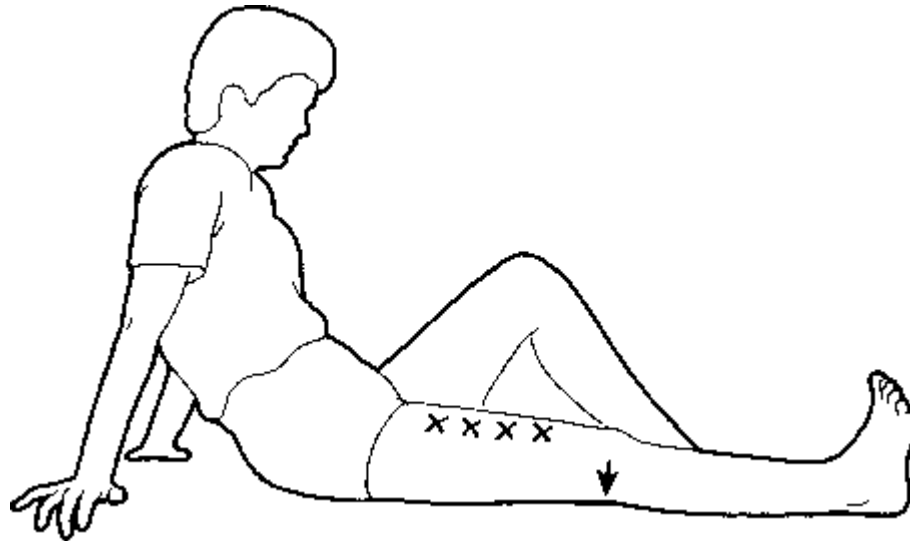
# Physical Therapy Exercises

- ▶ “Ankle Pump”
- ▶ Plantar/Dorsiflexion
- ▶ Lying on your back
- ▶ One leg relaxed, gently flex and extend the ankle. Move through the full range of motion
- ▶ Pulls knee straight, and flat
- ▶ Do 10 times every hour you are awake



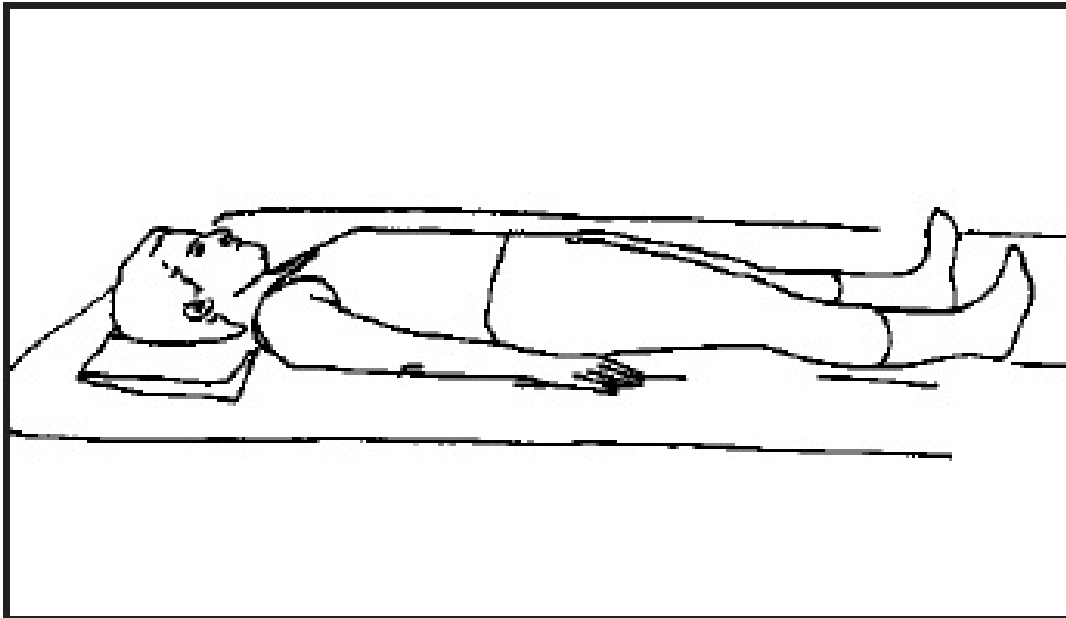
# Physical Therapy Exercises

- ▶ “Quad Set”
- ▶ Quad muscle is extremely weak after knee surgery
- ▶ Tighten the muscles on top of your thighs (quads) by pushing knees down into the surface.
- ▶ This also helps with straightening the knee



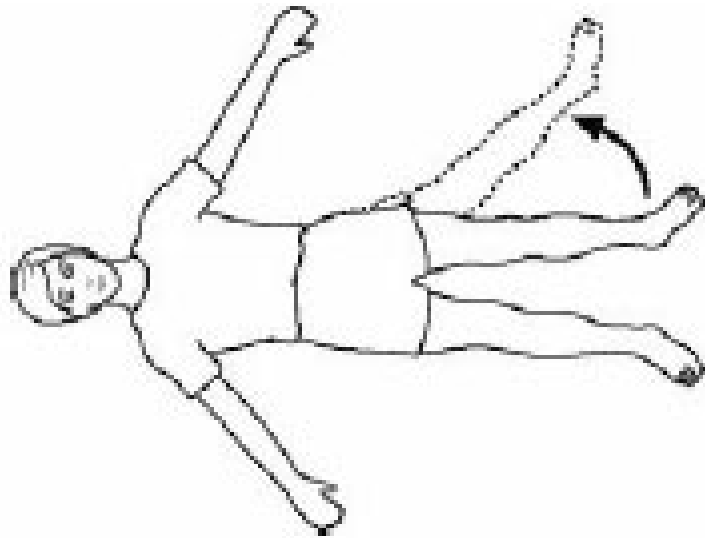
# Physical Therapy Exercises

- ▶ “Glute Set”
- ▶ Helps you stand up and straighten your knee
- ▶ Tighten your buttock muscles and hold



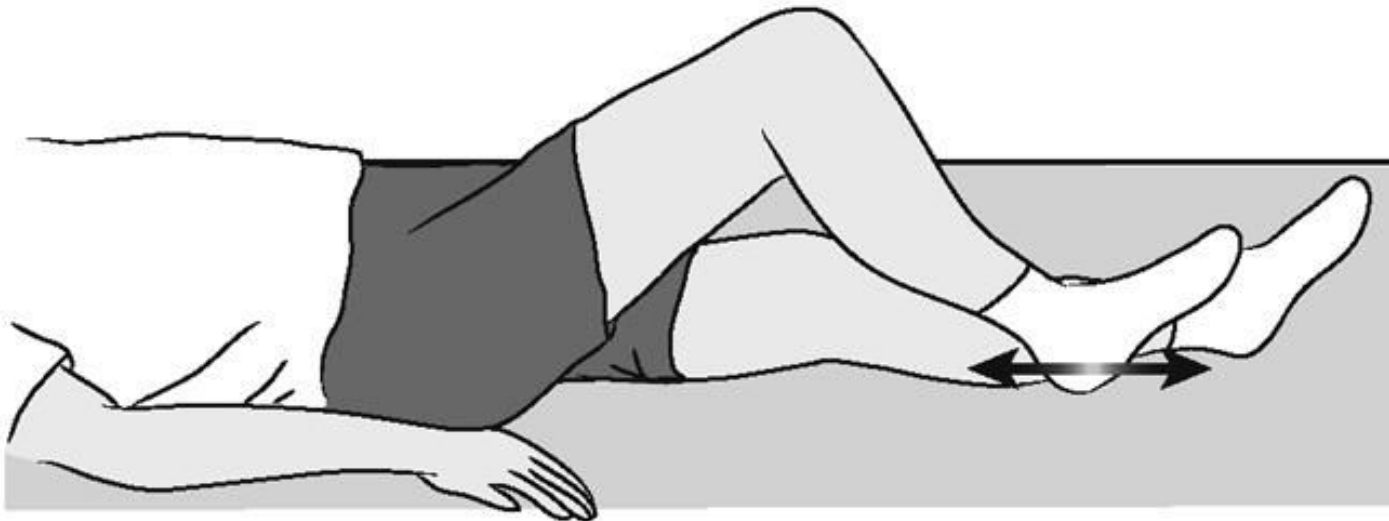
# Physical Therapy Exercises

- ▶ Hip Abduction/ Adduction
- ▶ Bring one leg out to side and return, keeping the knee straight.



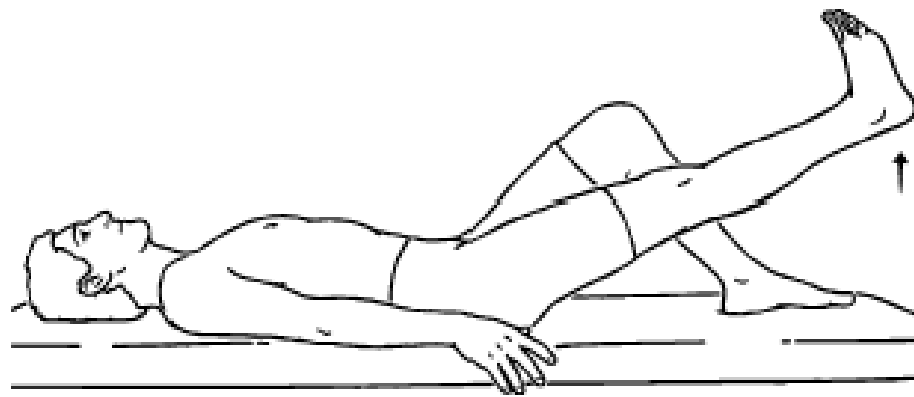
# Physical Therapy Exercises

- ▶ “Heel Slide”
- ▶ Very important for hip and knee replacements
- ▶ Slide one heel toward buttocks until a gentle stretch is felt and hold.
- ▶ May use Gait belt to assist in pulling foot towards buttocks.



# Physical Therapy Exercises

- ▶ “Straight Leg Raise”
- ▶ For knee replacements ONLY
- ▶ Tighten muscles on front of surgical thigh, then lift leg up from surface, keeping knee locked.
- ▶ Keep non-surgical leg bent, as shown in picture.



# Physical Therapy Exercises

- ▶ “Knee Extension”
- ▶ Good for hip and knee patients
- ▶ Sitting on the edge of your bed-  
with surgical leg, straighten knee fully, then lower slowly.

