



Total Joint Camp

Carolina Orthopaedic & Neurosurgical Associates



Carolina Orthopaedic and Neurosurgical Associates (CONA), is an orthopaedic surgery, neurosurgery, and pain management group practice, that strives to provide superior quality and comprehensive care to patients in our community. Our physicians and staff at CONA are committed to providing excellent musculoskeletal, neurosurgical, and pain management care with compassion and respect for all patients.




SPARTANBURG
SURGERY CENTER

AN AFFILIATE OF **SCA**
Surgical Care Affiliates®



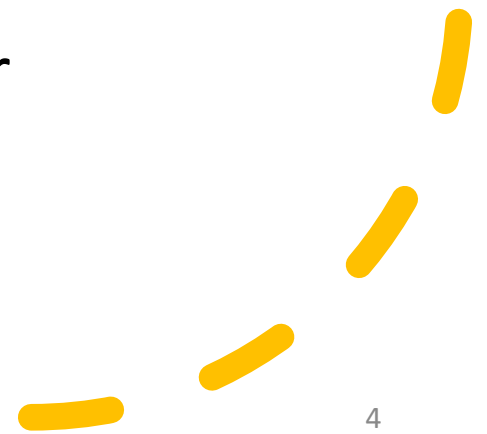
Total Joint
Replacement
Program



Why is Pre-Surgery Education Important?

Carolina Orthopaedic & Neurosurgical Associates, in conjunction with The Spartanburg Surgical Center, take a team approach to caring for our total joint patients.

Your healthcare team includes:

- Orthopaedic Surgeon
 - Care Coordinator/Joint Educator
 - Nurses & Staff at the Surgery Center & CONA
 - Physical/Occupational Therapist
 - Medical Equipment Coordinator
 - Home Health Team
 - You
 - Your Support Person
- 



What is a Support Person, and will I need one?

Your support person's commitment and active participation is the key to ensuring a successful and timely recovery, and yes, you will need a support person.

Support Person Responsibilities:

- Be there for you during preparation of surgery
- Physically be there for you the day of surgery
- Physically be there for several days after you are discharged home





Patient Guide for Total Hip Replacement and Total Knee Replacement



Did You Know?

- Nearly 21 million Americans suffer from Osteoarthritis, a degenerative joint disease that is a leading cause of joint replacement surgery
- More than 600,000 knee replacements are performed each year in the United States.¹
- More than 450,000 hip replacements are performed in the United States each year.¹

¹ Agency for Healthcare Research and Quality, <https://www.ahrq.gov>



- Causes for Joint Replacement
 - Osteoarthritis
 - Joint cartilage and underlying bone wear away over time
 - Rheumatoid Arthritis
 - Inflamed membranes or tissues lining the joint
 - Post-traumatic Arthritis
 - Irregularities from the way an old fracture healed wears on the joint
 - Avascular necrosis
 - Decreased blood supply to bone causing it to collapse and damage the cartilage
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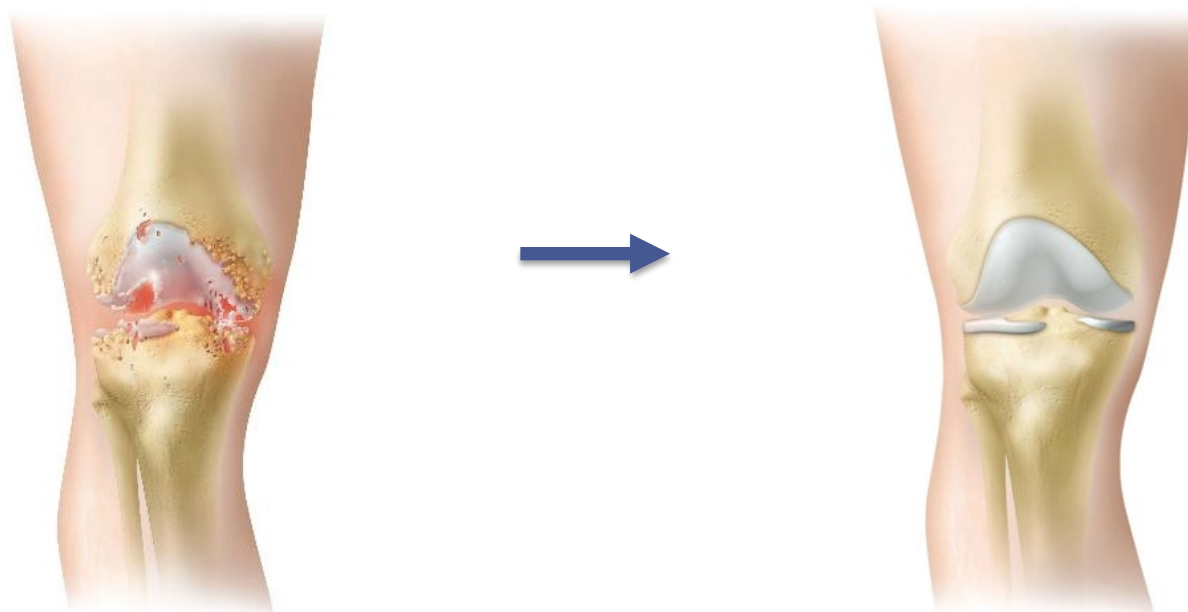
What is Total Joint Replacement?



- Removal of damaged bone and cartilage and insertion of an artificial joint (Prosthesis).
- The joint is replaced with a plastic or metal device which is the artificial joint
- The artificial joint is designed to move just like a healthy joint

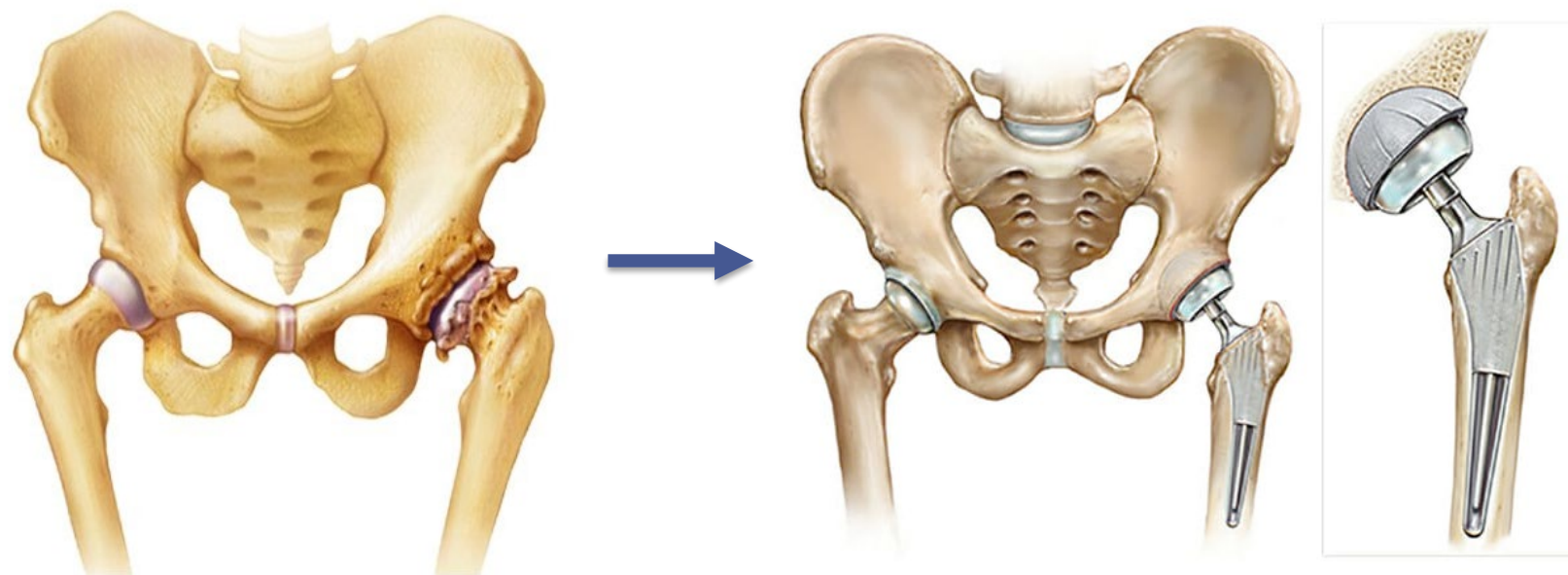
What is a Total Joint Replacement?

Knee



What is a Total Joint Replacement?

Hip





Why Have A Replacement?

- Joint replacement is an elective treatment option when pain:
 - Is severe
 - Interferes with daily activities and/or work
 - Greatly impacts your quality of life
 - Goals of joint replacement:
 - Relieve pain
 - Restore motion
 - Improve overall quality of life
-

Robotics with Total Knee/Hip Replacement at Spartanburg Surgery Center



Dr. Daniel Gerscovich



- Drs. Gerscovich is specially trained to use ROSA Knee and Hip
- ROSA Knee/Hip personalizes approach to total knee/hip replacement based on the anatomy of YOUR knee/hip
- Information about your knee/hip is gathered through a series of x-rays and scans before surgery
- ROSA Knee/Hip then provides your surgeon that information during your surgery.
- ROSA Knee/Hip information supports placement of your implant based on the anatomy of YOUR knee.



Preparing For Your Surgery at SSC

- In general, you may need:
 - Clearance for surgery from your medical doctor
 - To quit smoking
 - To begin exercising
 - To stop certain medications if directed by your physician/anesthesiologist

- Complete your One Medical Passport on Spartanburg Surgery Center's website

<https://spartanburgsurgerycenter.com/>

or



<https://www.onemedicalpassport.com/#>



Prepare Your Home BEFORE Your Surgery

- Arrange furniture so you can move freely around rooms using your assistive devices
 - Use nightlights in hallways and bathrooms
 - Select a chair with a high back, firm seat cushion and arms that you can get out of easily to be used after surgery
 - If your bedroom is upstairs, you may consider sleeping arrangements that avoid you going up and down stairs for 1-2 weeks after your surgery
 - Put down non-slip bathroom mats
 - Place rails or grab bars beside your toilet or shower
 - Have a portable phone to keep near you at all times with important phone numbers
 - Grocery shop prior to surgery and stock up on non-perishables or items you can freeze
 - Prepare meals and freeze small portions ahead of time
 - Store food and other items at waist to shoulder level to prevent bending over and straining your hip or knee
 - Plan ahead with family or friends who may be able to help you with activities of daily living
 - Have a plan for getting into your home immediately after your surgery
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Measures to Support Healing and Avoid Infection

- STOP Smoking
- Begin exercising regularly
- Maintain a well-balanced healthy diet
- Prevent Anemia by eating iron rich foods
- Cut back on Alcohol & Caffeine
- Remove pets from bed prior to surgery to reduce chance of infections
- Do not put any lotions, powders, perfumes, makeup or jewelry on your body the day of surgery
- ALWAYS wash your hands when before touching your dressing or incision



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Measures to Support Healing and Avoid Infection – See Handout

CHG Wipes



Purpose:

- Used to prepare skin for surgical procedure
- Significantly reduces number of microorganisms on skin
- Works up to 6 hours after application

Notes:

- Do not wash face or perineal area with CHG wipes
- Do not use CHG on mucous membranes or severely abraded skin

Instructions:

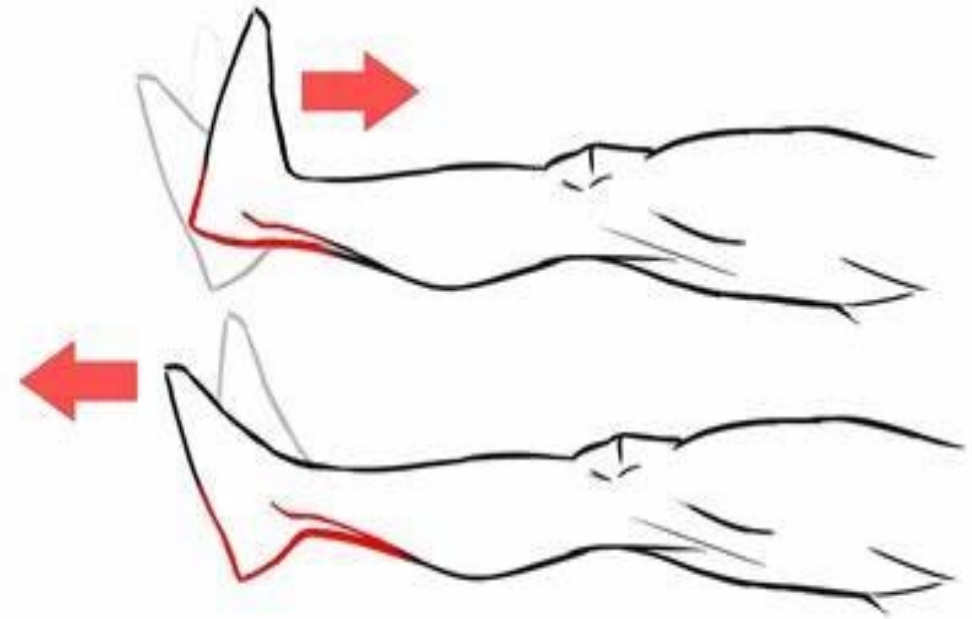
- Use evening before & morning of surgery

Use one wipe each (6 total) to clean:

1. Neck, chest, abdomen & groin
2. Back and buttocks
3. Left arm
4. Right arm
5. Left leg
6. Right leg

Pre-operative Exercises

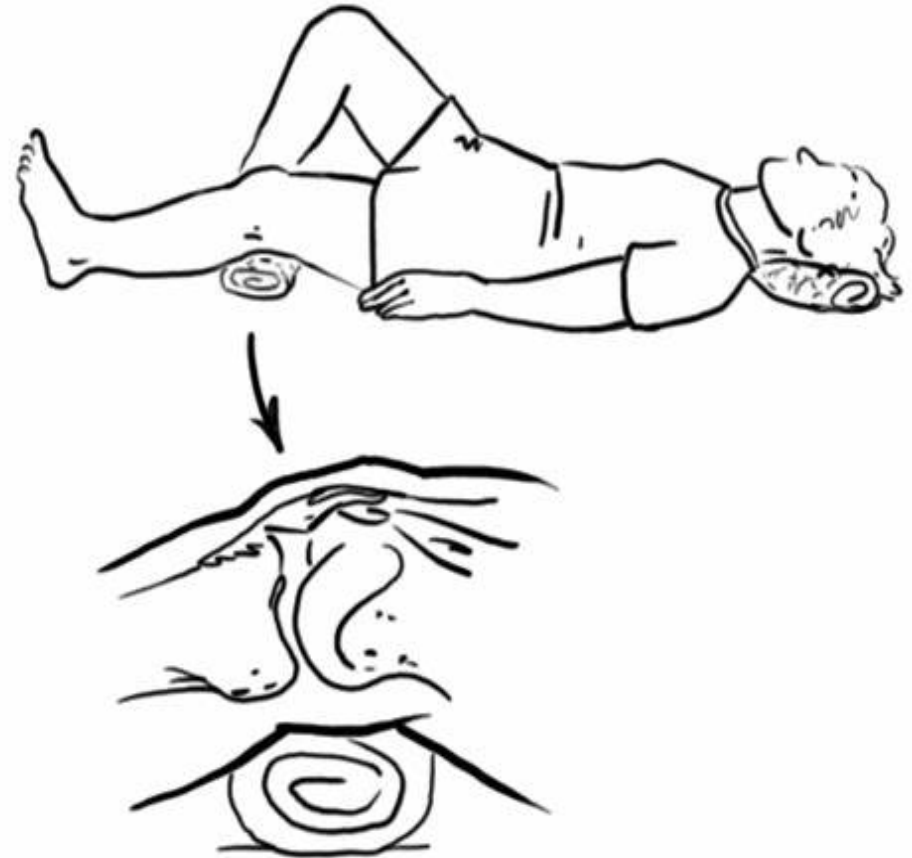
- ☐ Ankle Pumps – Move your foot up and down. Repeat up to 25 repetitions, twice daily



Pre-operative Exercises

❑ Quad Sets/Knee Tighteners -

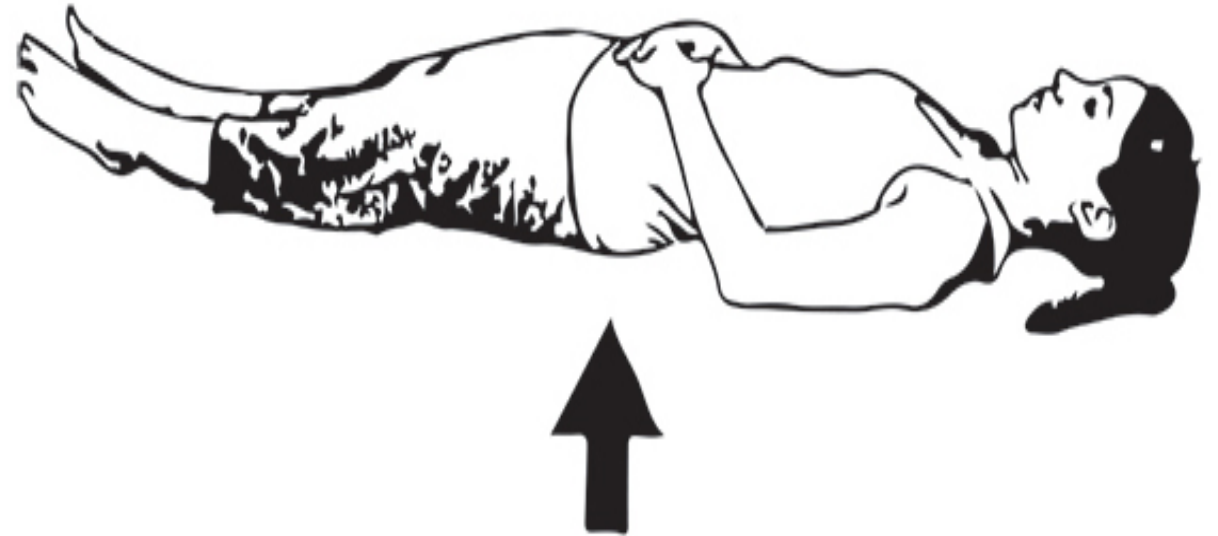
Lying on your back with your legs straight, push down the back of the knee against the bed. Maintain the muscle contraction in the thigh for five seconds. Relax. Repeat up to 25 repetitions, twice daily



Pre-operative Exercises

❑ Gluteal Sets/Buttock Tighteners (The Clencher)

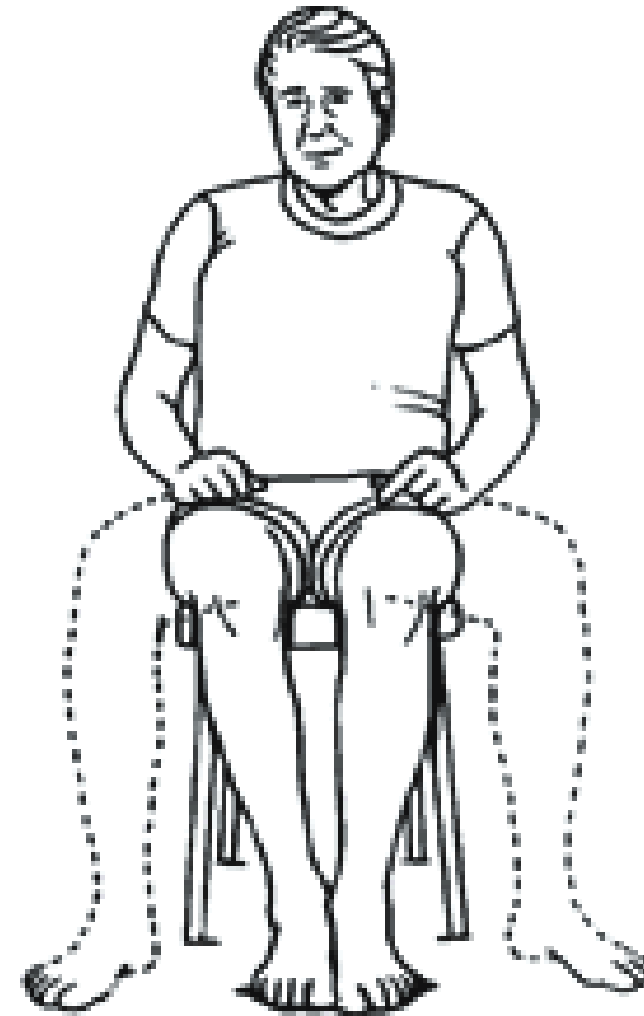
This exercise can be done lying down, sitting, or standing. Squeeze the buttock muscles together and hold for five seconds. Relax. Repeat up to 25 repetitions, twice daily.



Pre-operative Exercises

❑ Isometric Adduction/Abduction

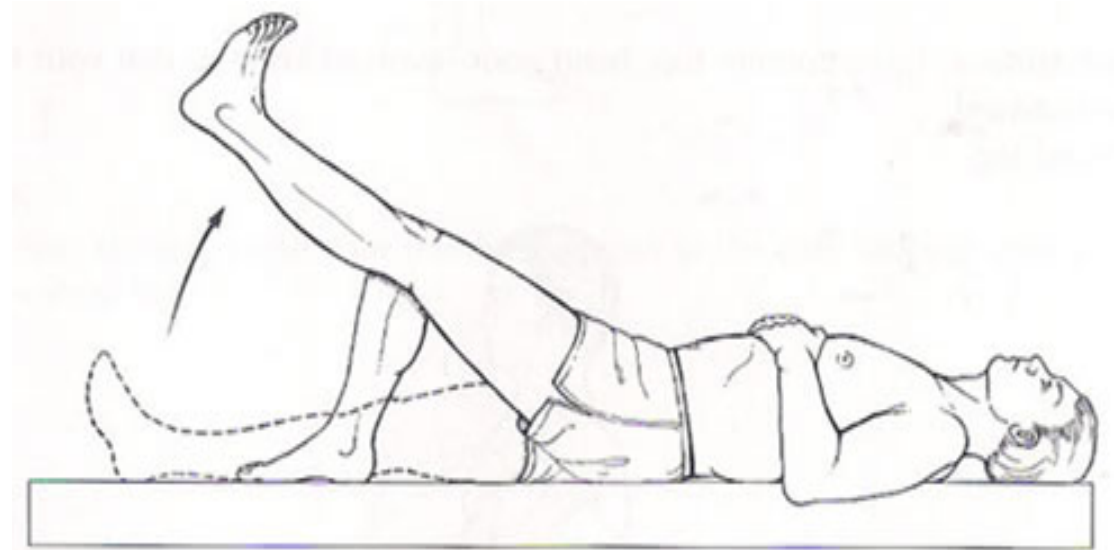
Sitting in a chair, place your hands along the outside of your thighs. Tensing your thighs, pretend as if you are trying to push your thighs apart; maintain the tension for 5 seconds. Then, place your hands on the inside of your thighs and pretend you are pushing your thighs together by tensing them for 5 seconds. You should be exerting your thigh muscles, not your hands or arms. Repeat up to 25 repetitions, twice daily.



Pre-operative Exercises

❑ Straight Leg Raise

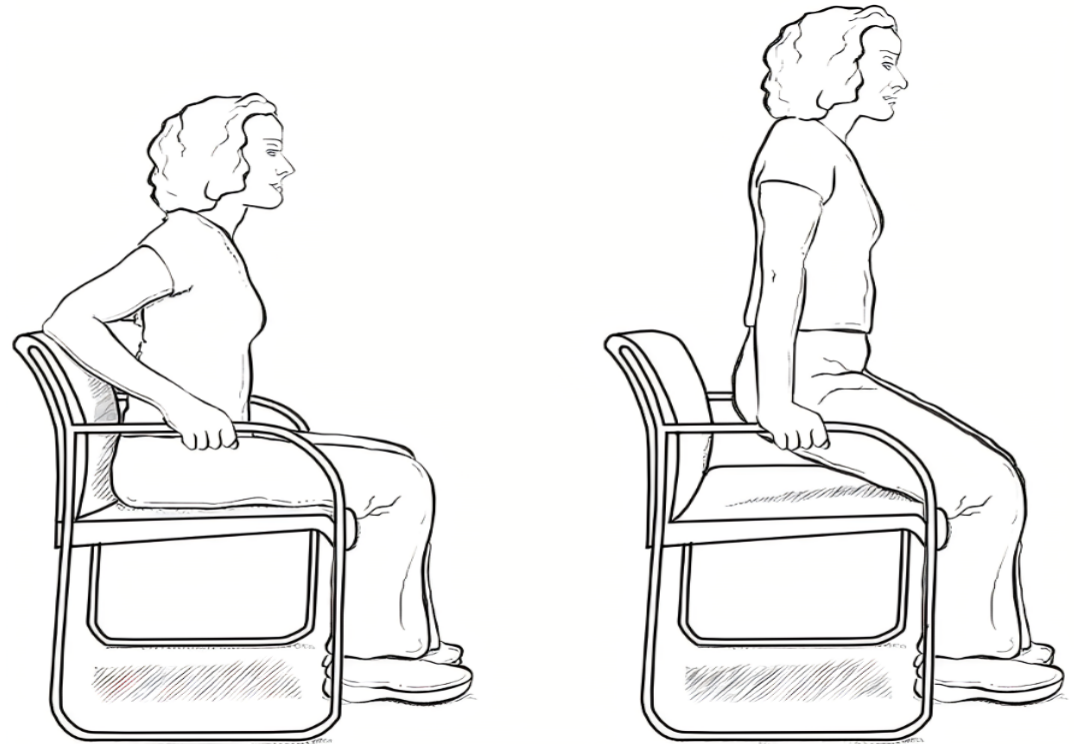
Lie on your back with your right leg bent. Tighten your left knee and thigh and lift your left leg off the bed. Hold for the count of three. Do the same exercise with the opposite leg. Repeat the exercise using your right leg. Repeat up to 10 repetitions, twice daily. ***Do not perform this exercise if it causes you pain.***



Pre-operative Exercises

❑ Chair Push-Ups

Sitting in a chair with arm rests, push yourself up using your arms. Begin by using your feet to assist you, then progress to putting more weight onto your arms to lift yourself. Hold three seconds. Repeat up to 10 repetitions, twice daily.





Days Before Surgery

- Ensure you have stopped any meds as instructed by your physician
 - Do a final walkthrough of your home to be sure you will be able to move about safely and have all you need within easy reach
 - Confirm any schedules you have for assistance once you return home
 - Confirm your plan to pick up your post-op pain control medication and other meds so that you have that ready after your surgery
 - Practice using walker (getting in and out of car, up and down from chair, in and out of bed, and walking around)
-



The Evening Before Surgery

- What to pack/bring with you for your surgery
 - Picture ID and Insurance card
 - Any co-pay or payments you have been instructed are due on the day of surgery
 - Your walker or crutches or any other item your doctor has told you to bring, If you purchased the Cold Therapy or Tens unit, please only bring pads
 - Loose fitting comfortable clothes easy to put on and remove
 - Comfortable non-skid shoes that cover your whole foot and will provide your stability when walking with assistance and standing. NO FLIP FLOPS OR SLIDE IN SHOES
 - Eyeglass and denture cases
 - Your Pharmacy name, address and phone number
 - CPAP machine if you use one at home
 - Do not eat or drink anything after midnight the day before your surgery
Failure to do this may result in delay or cancellation of your surgery
 - Remove all jewelry and leave jewelry and valuables at home.
Jewelry left in place may cause burns during surgery
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Day of Surgery

It's your BIG Day!!!





Day of Surgery

At Home Morning of Surgery

- Take any medication you were instructed to take with ONLY a sip of water. Note time you took meds as you will be asked this in Pre-op

Reception Area

- You and your support person check in at the reception desk. (Support person must remain at the surgery center throughout your surgery until you are discharged)
 - Provide insurance card, photo identification.
 - Complete required paperwork
 - Provide payment as determined by your insurance company
 - A member of the SSC clinical team will come to escort you into Pre-op
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Day of Surgery

Pre-Op Area

- Weight obtained, sign consents, change into gown and onto stretcher
- Vital signs obtained and IV started
- Review health history
 - *We will ask when you took any oral medications the morning of surgery*
- Introduction to pain scale
- Surgical site clipped of hair and cleaned for surgery
- Sleeves applied to your legs to aid in circulation during surgery

Anesthesia

- General – puts you to sleep following an injection of medication into your IV. You will not feel pain and you will be completely asleep throughout surgery
 - Nerve blocks – numbs a part of your body with an injection of local anesthetic and can last from 12-18 hours
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Day of Surgery

Operating Room

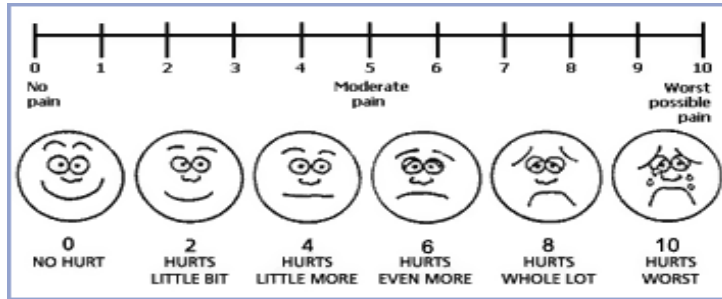
- The OR Nurse and Nurse Anesthetist (CRNA) will introduce themselves and again verify your identity and your procedure for safety purposes. You will then be escorted by stretcher to the OR.
- Surgery (From surgery to recovery) will last approx. 1.5 to 3 hours.
- Family will be notified when surgery starts and at intervals until you are in recovery.
- Before surgery begins, the entire team will verify your name, birthdate, surgeon and procedure for your safety.
- Medication will be administered through the IV to start your anesthesia.

Exparel

- Injection given into the tissue around the knee/hip for pain control after your surgery.
 - Starts to work right away and lasts for 72 hours.
 - A blue band will be placed on your wrist with date, time, and dose administered
 - Leave blue band on for 4 days after surgery!
-

Day of Surgery

Recovery – Post Anesthesia Care Unit



Discharge Area

- You will be given liquids
- Remember to keep call light within reach
- PLEASE DO NOT ATTEMPT TO GET UP ALONE
- Your stretcher siderails will be up
- Nurse will assist you in walking to restroom using walker
- Urinate
- Family will be allowed at bedside at this time

Pain Rating

- You will be asked to rate your pain on a scale of 1-10 based on this scale.

Medications

- You will receive medication for pain control and to prevent nausea/vomiting

Circulation Support

- You may have sleeves on your leg(s) to help blood flow

The surgeon will talk to your family to discuss your surgery





Preparing for Discharge Home

May be discharged home when:

- You are up and ambulated
- You have no significant nausea and or vomiting
- Pain level is controlled

Discharge Instructions

- You will be given detailed instructions for your care at home and what to expect, as well as phone numbers to call if you need anything.

Dressing Care

- **DO NOT** soak in tub, hot tub, or pool
 - Inspect dressing daily and make sure edges are intact and closed on all side
 - **DO NOT** lift dressing to check on the incision
 - Inspect area around dressing for signs of infection
 - Watch for severe redness, severe tenderness, and drainage
-



Wound Care

- Your wound will be covered by a dressing after surgery, often a clear plastic waterproof dressing. It should usually be removed after 7-10 days.
 - You can shower if there is no drainage from the wound but do not submerge incision until MD states to do so.
 - **After the dressing is removed, DO NOT apply anything to the wound unless specific instructions are given by your surgeon for 6 weeks. (you may apply dressings)**
 - Most of the time, your stitches will be under the skin and will dissolve on their own. If you have staples or external stitches they can be removed 10-14 days after surgery as long as there is no drainage.
 - Drainage:
 - If the wound is draining, the dressing should be changed daily. The wound should be dry and without drainage by about five to seven days postoperative. If there is persistent drainage from the wound after this time period, you should call our office immediately. If there is worsening redness around the incision, you should also call our office immediately. These may be signs of a superficial or deep wound infection, and you may have to return to the office for an evaluation by one of our staff.
 - Other common concerns after joint replacement surgery include swelling and bruising. These can be quite significant in nature and can appear anywhere from the thigh to the toes. These are typically, worse at night which can contribute to trouble sleeping comfortably for more than one to two hours at a time.
-

Going Home

You will be taken to your vehicle in a wheelchair

Getting In and Out of Car



Getting Into a Car

- Be sure the passenger seat is pushed all the way back
- Recline the seat back as far as possible
- With your walker in front of you, slowly back up to the car seat
- Sit on the car seat
- Swing your legs into the car. Lean back if you need to avoid bending at the hip more than 90

Getting Out of a Car

- Push the seat all the way back
- Recline the seat all the way back
- Lift your legs out. Lean back if you need to avoid bending at the hip more than 90 . Place the walker up in front of you and stand up on the unaffected leg

Arriving Home

Your first visit with the Home Health nurse will occur the day of or the day after your surgery (If recommended by your surgeon) & Physical Therapy 2-3 times weekly for the first 2 weeks. Pain medication should be taken 35 – 40 minutes prior to your physical therapy as needed for comfort. Applying ice to your knee after therapy helps to control discomfort.

Walking With Assistance Into Your Home (Hip and Knee)



- Place the walker one step ahead of you
- Then move the operated leg forward
- Push down on the device as you step forward with the non-operated leg
- Turning - Do not pivot on the operated leg, instead turn using several small steps
- Land on your heel and push off your toes when walking (a heel toe pattern) with non-operated leg
- Make each step the same length

Activities of Daily Living

Getting In Bed



- Sit on the edge of the bed with both feet on the ground, make sure you are not bending forward. If you have had replacement, make sure your operated hip is not turning in
- Bearing weight on your hands, scoot your hips backward onto the bed
- Lower yourself onto your forearms
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up

Getting Out of Bed

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up
- First, push up onto your forearms. Then, push up onto your hands
- Slide legs so your heels are over the edge of the bed
- Scoot your hips forward until both feet are on the ground
- Make sure you are not bending forward. If you have had replacement, make sure your operated hip is not turning in.



Activities of Daily Living - *ALWAYS* use chairs with arms in your early recovery

Stand to Sit with Walker



- Get close to the chair
- Backup until you feel the chair against your legs
- Put surgical leg forward while reaching back for arm of chair
- Lower yourself slowly using your arms and stronger leg



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Sit to Stand with Walker



- Sit to the edge of the chair or bed
- Put your surgical leg forward, place your other foot back underneath you
- Place walker in front of you
- Using the armrest of your chair, push yourself up to standing
- Steady yourself using the arm of the chair as you reach for the walker with the hand on your non-operative side
- Move only after you are steady while standing



Post-Operative Pain Medicine

You will receive by prescription:

1. **Percocet 5mg-325mg** - This is a narcotic pain medication you can take every 4 to 6 hours AFTER surgery if you needed for pain.
If you don't need it, don't take it. If you don't need to take it every 4 hours, you can cut back based on your pain level.

This is a narcotic. Please allow 24-48 hours for any request. Medications cannot be refilled over the weekend or afterhours.

Do not take Tylenol products while taking this medication

2. **Celebrex** – This is a NSAID (Non-steroidal anti-inflammatory) medication you should take AFTER surgery

You will need to pick up over the counter prior to surgery:

1. **Aspirin 325mg daily** – Take a full strength aspirin daily after surgery for 30 days to prevent blood clots.

Do NOT take ASA if you are on a blood thinner prescribed by your MD

2. **Colace** – Take a stool softener to help prevent constipation, take twice daily while taking narcotics
-

Recovery At Home

Notify your Physician for ANY of the following

- Temperature greater than 101°F
- Excessive drainage or bleeding from the incision site
- Excessive swelling or redness at the incision site
- Pain not relieved by medicine
- Any signs of compromised circulation to legs or feet
- Persistent nausea/vomiting
- Any questions or concerns
- Difficulty weight bearing



(864) 582-6396

Call **911** for medical emergency

- Chest pain
- Shortness of breath

Questions and Answers

