

St. Anthony Total Joint Education Video Transcript

We would like to thank you for choosing St. Anthony for your total joint procedure.

Our goal with this video is to provide you with the information you need to prepare for your upcoming surgery. Our team is committed to providing you with quality care and excellent service.

Let's jump right in.

PREPARING FOR YOUR SURGERY

You have been given a book designed to help you plan, get ready for your surgery and promote your recovery after surgery. There's a checklist in front to help you keep organized as you prepare. If you haven't already, start with scheduling your history and physical. Your physical must be done within 30 days of your surgery. We recommend having this three to four weeks beforehand to allow for any additional testing or appointments that may be needed to clear you to have your surgery, like seeing a cardiologist or other specialist prior.

At your appointment, your health care provider will draw lab work and obtain an EKG. The goal is to optimize your health and make sure it is safe to proceed with your surgery. Make sure to bring a full list of your medications, including any over-the-counter medications or supplements you take to all of your appointments.

SUPPORT PERSON

You will likely only spend one night in the hospital. So another important step before your surgery is to line up a support person that will stay with you for at least the first three days during your recovery. This person should be prepared to stay longer if necessary. He or she needs to be physically strong enough to assist you with transferring up out of bed and chairs, into and out of your vehicle. They may even need to assist you with bathing and dressing. They may help with making meals, caring for your home, running errands and driving you to appointments.

You should not be left alone for long periods of time in the first few days, no more than an hour or so. You will not be up to caring for your lawn, doing snow removal or outside chores, or taking your garbage out for at least a few weeks. Plan for additional help with these things if your support person will not be able to do them. If you are the main caregiver for a loved one or pet, you will need to arrange for someone to care for them until you are up to it again.

HOME PREPARATION IDEAS

Next, we will talk about getting your home ready for your recovery. You may not feel up to cleaning after your surgery, so now is the time to clean or make arrangements to have someone help with housekeeping. It is important to prepare your house by removing any tripping hazards like throw rugs, cords, or any items that could block your way through your home using your walker. It's a good idea to make a practice run with your walker to make sure you can get around safely. Check the route you will take to get in and out of your home and make sure it is free of clutter. Practice getting around in your bathroom with a walker. It may be difficult to get into and out of your tub or shower after surgery and you may need to consider obtaining a shower chair or installing grab bars to make things easier and safer. You will want to make sure that you have a comfortable chair that ideally has armrest that you can get into and out of easily. A recliner is a good idea so you can elevate your leg after surgery. It's a great idea to get stocked up on groceries and easy to prepare meals. There are also some meal options in the resource section of your booklet if you need them.

WALKERS

If you don't already have a walker you will need to get one. You can buy, rent, or borrow one. Walkers are adjustable for height and we can help you get it set up for you when you come. A front-wheeled or standard walker usually works the best.

ASSISTIVE DEVICES

As we briefly touched on, you may also want to consider getting other assistive devices like a shower chair or toilet riser. A reacher, just like the name says, is used to help you grab things out of reach and assist with getting dressed. A sock aid helps you put on socks without having to reach way down or bring your foot up. A long-handled shoehorn helps you get your feet in your shoe without having to bend down. These can usually be purchased in a kit together or again you can borrow. These items are available at stores like Walmart or Walgreens, can be bought online on Amazon or purchased from a medical equipment store like Home Care Medical. Our occupational therapists will explain these more and work with you on how to use them.

DEMONSTRATION

"Hi, I'm Jamie Weitzl. I'm one of the occupational therapist at St. Anthony. After a total joint replacement, our job is to help you be able to do the job of taking care of yourself when you go home. So today I'm going to demonstrate how to do a tub transfer."

After a total joint replacement, it's a little tough to step over the ledge of the tub. So they do make two different types of seats, one that fits fully inside the tub. They do make a transfer bench that sits part way outside the tub and part way in to make it easier for the transfer also.

So after joint replacement, you're going to come up to the edge of the tub, you're going to sit on the seat first, and then you can lift your legs in to slide into the tub. Then after you take your shower, then you're going to get back out the opposite way, having your feet out first, and then you can stand up.

After total joint replacement, it's a little tough to get down from shorter surfaces. So for the toilet transfer it is nice to have a toilet seat riser. This just sits on top of your stool and then you can get down and up from the toilet much easier.

After a total joint replacement it can be kind of tough to get yourself dressed so I'm going to show you a few pieces of equipment to help with that. This is the Reacher. To get your pants on, you're going to hold the waistband open. You're going to feed it on to your surgical leg first. And then you can put your non -surgical leg in.

To get undressed, you're going to do it to do it just the opposite. You're going to take your non -surgical leg out first and then you can take off your surgical leg. The dressing stick can also help with pushing items off your feet or catching the waistband to pull it up if you need to. This works really well for taking off your socks especially those tight Ted hose to help push them off of your heel.

This one is called the sock aid to help get your socks on. It works for both tight hose and regular socks. I'm just going to show a regular sock today. What you do is you put the sock on over the tube and you pull it on until the toes are open. And you're going to use the strings and you're going to lower it to your foot. Once it's on the floor, then you can put your foot in and then pull the sock on. If it comes off of the sock aid earlier, then it's all the way pulled up like this one just did, then you can use the reacher and finish pulling it up. And then to get it back off, then that's where the dressing stick comes in.

And then this is the long shoehorn to help you get your shoes on. If you can't bend over to get your shoe, you can use the grabber for that. You're going to put your toes in first and then you're going to slide your heel into your shoe. You can use the dressing stick or the long shoehorn then to also help push your shoes back off."

SKIN PRECAUTIONS

Your skin health is very important. It is your first line of defense against infection. Please let your surgeon know if you have any skin issues like rashes, irritations, bug bites, or scrapes right away before your surgery. These can be a risk for infection and could delay your surgery if not handled properly. We also do not want you to shave your legs for a week before surgery. Shaving can create microscopic skin abrasions that could be a potential source of infection. To help prevent infection, we will have you shower with a special soap called Hibiclins every day for the week before your surgery. There are very specific instructions in your booklet on how to use this soap. It is important to place clean sheets on your bed when you are starting to use the soap. Remember to use a clean towel and put on clean clothes after you shower, otherwise you're putting germs right back on your clean skin. Another Good idea is to put on freshly laundered sheets for your return home from surgery.

In addition to the special soap, we will have you use an ointment called Mirpuricin and apply it with a Q -tip inside your nose, both of your nostrils, daily. We all carry some Staphylococcus bacteria in our nose. Treating this helps to reduce your risk of surgical site infection.

DIABETES

Next, we'll briefly talk about diabetes. It is very important to have your blood sugars in good control for your health and healing. High blood sugars can narrow the blood vessels that bring oxygen and nutrients to our tissues, making healing wounds much harder. High blood sugars also weaken the immune system, increasing your risk of infection. Uncontrolled blood sugars cause an increased risk of other complications like kidney, heart, and lung issues. If you have diabetes, Your primary care provider will check your hemoglobin A1C and work with you to have good control of your blood sugars and optimize your health before your surgery. If your A1C is too high, your surgery may be postponed until your blood sugars are better controlled for your safety and the success of your surgery. Your primary care provider may also give you specific instructions about how to take your diabetic medications before surgery. There are certain medications that need to be held, or your insulin dose is adjusted, so please follow those instructions carefully.

MEDICATIONS

Again, it is important to have an accurate list of all the medications you take and discuss them with your primary care provider. Please continue taking your prescription medications unless you are specifically told to stop them. Do not bring your medications from home, except for those specifically told to you. If you use inhalers, eye drops, experimental medications, prescription creams or lotions, or specific new diabetic drugs, you will be instructed to bring them. All other medications should be left at home.

MEDICATIONS TO STOP

There are several medications that need to be held prior to your surgery. In your booklet, there is a more complete list of medications that should be held the week prior to surgery. Some of these include aspirin, herbal supplements including vitamin E, omega -3 fish oil, glucosamine, garlic, ginger, coenzyme Q10, and fentermine. You also may need to stop any NSAIDs or non -steroidal anti -inflammatory drugs which would include Advil, ibuprofen, Aleve, proxen, diclofenac and maloxicam. These medications can cause an increased risk of bleeding. Weekly injectable GLP -1 diabetic medications need to be held at least seven days because they can slow your stomach emptying, putting you at risk for aspiration. SGLT -2 oral diabetic medications need to be held for three days before surgery to reduce the risk of diabetic ketoacidosis.

Please ask your primary doctor, cardiologist or surgeon about stopping prescription blood thinners. These are handled on a case -by -case basis. They may need to weigh the benefit versus the risk of stopping them and decide how many days prior to surgery they should be held. If you have questions or are unsure which of your medications are okay to continue and which you should be held, please reach out to your doctor or our pre-admission nurse right away. The phone numbers are in the front page of your book. Taking your medications incorrectly can result in postponing your surgery in some instances, so please follow the instructions given to you closely.

PAIN MEDICATIONS YOU CAN TAKE

While you do need to stop taking NSAIDs, it's important to continue treating your pain in the week leading up to your surgery. You can still take Tylenol and prescription pain medications that do not contain any NSAIDs. So you can continue to take hydrocodone, oxycodone, tramadol, Tylenol with codeine, and Celebrex. Please keep in mind the maximum dose of Tylenol per day is four grams. There are additional things you can do to manage pain like using ice or heat, positioning, and some topical medications if your surgeon allows them.

THINGS TO BRING

There is a list of things to pack for your surgery in your booklet. Again, you will likely only stay one night. We ask that you come wearing comfortable, loose -fitting clothing and pack an extra set of comfortable clothing to wear home. Let's talk shoes. Proper footwear is important. Please bring comfortable shoes that stay on your feet like tennis shoes for working with physical therapy. Do not bring boots, slippers, sandals, or slide -on shoes. The hospital will provide you with basic hygiene items, like soap, toothbrush, and toothpaste, but feel free to bring the items of your choice. You will want your cell phone and charger, and remember to bring your CPAP or BiPAP machine if you have sleep apnea. You will be asked to remove any dentures or partials, hearing aids, and glasses or contact lenses during your surgery, but you will want them for your hospital stay, so please bring them or wear them when you come.

You should also bring your walker and any health care aids like a reach or a sock aid so you can practice using these with occupational therapy. You will be asked to present your insurance card when you arrive at admissions. All other valuables and jewelry should be left at home.

PRE-OPERATIVE CONTACT

A St. Anthony pre -admission nurse will call you about two days before your surgery. This call will take about 30 minutes. They will carefully review your medical and surgical history and ask you about each of your medications, the dose and how often you take each one. They will verify the medications you should have stopped taking before your surgery. During this call, they will also review with you what to expect the day of your surgery and answer any questions that you may still have.

During your visit with your surgeon, you may have been given a carbohydrate -rich drink or received one in the mail. The nurse will give you specific instructions about what time to drink this. They will also remind you about the fasting instructions after midnight. The nurse will give you your arrival time, and it's very important to check in on time for your surgery.

THE DAY OF SURGERY

When the day of your surgery finally arrives, again, do not have anything to eat or drink after midnight, including any candy, gum, or smoking. The only exception is specific medications and the carb drink you were told to drink by the pre -admission nurse. Dress comfortably and do not wear any metal jewelry and remove any metal piercings, make up, and nail polish before you come.

You will park in the lower level of the parking garage of the surgery center and take the elevator up to the third floor of the surgery center building. Please come a little early to get checked in by your assigned time. Bring your insurance card and review your personal information carefully with the admission clerk. Let them know right away if any of your personal information is incorrect.

ADMISSION PROCESS

Once you are brought to a patient room, the same -day surgery Nurse will ask you to put on a hospital gown, check your vital signs, and review the consent form for your surgery. Your nurse will go over your health history and allergies, and confirm your medication list again and ask you the last time you took each one of your medications.

The nurse will perform a head -to -toe assessment and listen to your heart and lungs, check over your skin, and clip any hair near the operative site to prevent infection. They will put a Ted hose on your non -operative leg, and put on compression sleeves on both legs that massage on your legs to help prevent blood clots. You will be shown how to use an incentive spirometer to help prevent pneumonia and respiratory complications. Even though you've been using the nasal ointment, the nurse will also use an alcohol -based nasal swab in your nose to kill germs for another layer of infection prevention.

Your primary care provider will have checked your lab work with your physical, but if any additional lab work is needed, the surgeon will order it and lab will draw your blood. Your surgeon will also visit with you before surgery to answer any remaining questions you may have and they will confirm and write their initials on your surgical site. One of the anesthesiologists on our team will visit with you and review your medical history and discuss your options for anesthesia and pain control during your surgery. There will be an additional consent form for anesthesia that they will have you sign.

ANESTHESIA

"My name is Chris Hansen. I'm the director of anesthesia here at St. Anthony Regional Hospital. I'm blessed to work with several skilled providers in the provision of anesthesia that play an impactful role and administering anesthesia for patients receiving total joint replacement here at St. Anthony Regional Hospital. Anesthesia is vital to the performance of these interventions that surgeons take.

We have to be concerned about several components of care, both in the intraoperative period during surgery and also in the operative period, we play a role as well. From an anesthesia standpoint, we have several ways in which we administer anesthesia based off of patients' histories, surgically, medically, and we have to tailor each individual patient's care towards their particular surgery that they're receiving, taking in their history as well.

When it comes to total knee replacement or total hip replacement, we have the options of performing a spinal anesthetic, a combined spinal epidural anesthetic or a general anesthetic, and each of those techniques has their own benefits and risks associated with it."

SURGERY TIME

The nurse that will be with you during your surgery will talk with you before surgery and confirm all of your consents are signed, your surgery site is marked by your surgeon, and answer any questions before they bring you back to the operating room. Once you are settled in the OR, the team will hook you up to monitoring equipment and the anesthesiologist will get you off to sleep. The OR team, your surgeon and anesthesia provider will stop everything and conduct a timeout to ensure that everything is correct. The right patient, the right procedure, the correct side, review your allergies, and any important information before starting your surgery. You will be in the operating room approximately one and a half to two and a half hours, and keep in mind some of that is prep time. Your family will be asked to wait in your room or in the waiting room while you are in surgery.

RECOVERY ROOM

Once your surgery is complete, you will be brought to the recovery room. Most people spend about an hour in recovery, but this can vary and depends on how you are feeling and how quickly you are awake and stable. There, a nurse will monitor you very closely while the anesthesia is wearing off. You will still be hooked up to the monitoring equipment and the nurse will give you medications if needed to manage your pain and prevent or treat postoperative nausea. Your surgeon will visit you with your loved ones and let them know how you are doing. Once you are ready to leave the recovery room, our staff will make sure your family and belongings are brought to your new room to meet you.

POST-OPERATIVE MANAGEMENT

It is expected that you will experience some pain after your surgery. Our goal is to keep it managed so that you can start moving and working on your recovery. The anesthesia provider may have given you a nerve block and spinal anesthesia. If so, you may have some numbness for a few hours. You will also be given some more medications prior to your surgery to help prevent and treat pain as well as IV medications during and after your surgery. It is important to let the staff know when your pain is worsening so they can treat it. There are many options in addition to pain medications to help improve your comfort in the hospital as well as once you go home including ice, elevation, repositioning, and topical medications if allowed by your surgeon.

In addition to pain, there are some other symptoms and complications that we want to prevent as well. Narcotic pain medications and inactivity can lead to constipation. You will need to use a combination of fluids, increased fiber in your diet, and medications like stool softeners and laxatives to treat this. You will likely be prescribed a blood thinner or aspirin to prevent blood clots after surgery. During your stay, we will use compression sleeves when you are in bed, but getting up and moving and pumping your ankles while resting are great ways to improve circulation and prevent clots.

We have talked a lot about infection prevention with monitoring your skin, using the Hibiclens soap the week before surgery, the nasal ointment, using clean linens, and receiving an antibiotic prophylactically. It is also very important to use good hand washing especially when touching around your incision. It's a good idea to be cautious around pets. Do not have pet hair on your bedding and clothing and do not let pets lick near your incision site and use good hand washing after petting or caring for animals.

Continue to use your incentive spirometer at home and keep active to avoid getting pneumonia or respiratory complications. Ice, elevation, and your compression stockings will help with pain and swelling. While some swelling is to be expected after your surgery for several weeks, the less swelling you have, the less pain you will have. So do everything you can to keep your swelling minimal.

If you experience nausea after surgery, there are medications you can be given to treat it. A lot of pain medications can cause nausea, especially on an empty stomach, so try to take your medications with food. Chewing gum or sucking on mints can also alleviate nausea. There is a section in your book that talks about all of these in more depth.

THERAPY TIME, SUCCESS IS UP TO YOU!

Much of the success you experience is up to you. It is beneficial to start the physical therapy exercises in your book before your surgery. After surgery, it is imperative that you do them twice a day, every day, after your surgery as instructed. Physical and occupational therapists will work with you and instruct you on the exercises, including how to use your walker and do safe transfers and how to use adaptive equipment to dress and bathe. They will get you up and moving the day of your surgery. All of the exercises are in your books with pictures and descriptions to help you. There's an exercise log as well so you can track your progress.

PHYSICAL THERAPY

"Hello, my name is Chris Woerdehoff. I'm a physical therapist here at St. Anthony Regional Hospital. As part of your recovery process, I'd like to share an overview of what you can expect from physical therapy during your recovery. Physical therapy will begin the day of, or the day after, surgery depending on what time you get back to your room.

During your stay here, we will focus on three primary goals.

- 1. Assisting you getting in and out of bed as well as being able to walk with your walker so that you can do these things independently and safely.*
- 2. We will also be practicing steps to ensure that you can do these safely and without assistance.*
- 3. We're going to customize an exercise program for you to help ensure that you feel comfortable being able to perform these at home. To optimize recovery, we strongly recommend that you complete these exercises four weeks prior to surgery. By completing these, it will enhance your strength, mobility, and overall readiness for rehabilitation.*

Demonstration: Alright, Mr. O'Brien, we're going to go over some of your exercises. Okay, so first we're going to take those blankets down. Alright, we're just going to uncover this surgical leg, your right leg.

The first exercise I want to start with is called quad sets. Okay, and you can lay all the way back. That's fine. Okay, what I want you to try and do here is this top thigh muscle is your quadriceps. Okay, what we want to try and do is gently push your knee down into the table and squeeze that thigh muscle. Good. Good. And just hold for about three to five seconds. Good and relax and squeeze, push down. Excellent. Let's do one more. Great job. Good.

The next one we're going to do here, Mr. O'Brien, is we're going to do heel slides. Okay. what our goal there is to try and work on getting this knee to start bending. Okay, so what I want you to do is slide your heel up the bed towards your hip, trying to bend the knee as much as you can tolerate it. And all the way back down nice and slow. Perfect. Good job. Let's do one more, okay? Excellent job.

Okay, the next exercise is going to be a glute set. Okay, so the goal of that one is I want you to try and squeeze your butt muscles together and hold for three to five seconds. So there's not a lot of movement with this one, but go ahead and just try and squeeze and tighten those butt muscles together and then relax. Squeeze and relax. Let's do one more. Squeeze and relax. Good.

Okay. This next one is going to be a challenge after surgery. Okay. So I will give you a little help if I need to. But what you're going to try and do, this one's called straight leg raise. So you're going to slowly try to lift the entire leg up. Okay keep the knee nice and straight. Try and raise it up about six to eight inches off the bed and slowly lower it back down and back up again. One more. Great job. Okay Okay, we're gonna do one more, but I want you Mr. O'Brien to try and slide towards me a little bit good

This next one is called hip abduction What you're gonna try and do is slide your heel away from the body Okay, just out toward the outside of the bed and then bring it back good Controlling that motion the whole time, taking things nice and slow. Perfect. Great job. You can relax there.

All right, Mr. O'Brien, we're gonna sit up on the edge of the bed, okay? So first I'm gonna get these covers off you. Good now to sit up on the edge of the bed I'm gonna help that surgical leg along, but I want you to use your arms to help you sit

up, okay? So I'm gonna grab here and let's start sitting up. Don't be afraid to use those arms to sit up. We're gonna swing those legs off the side. Perfect. Okay, and I just want you to try and scooch to the edge of the bed there until we get this foot on the ground. Perfect. All right, great job.

All right, Mr. O'Brien, we're going to do one more exercise from sitting here. This one's called long arc quads. With this surgical leg, what I want you to try and do is straighten that knee as best as you can. So go ahead and try and kick it out in front of you. Perfect. Then slowly let it come back to the floor. Good and kick. Let's do one more. Great job. All right, Mr. O'Brien.

We're gonna practice standing up and then walking with that walker, but first I'm gonna put this gate belt on you. Anytime you're up in the hospital, are going to put a gate belt on you for safety. Does that feel okay? Okay, I'm just going to tuck that in here. All right, so when we try to stand up, I want you to put most of the weight through your good leg, so that'll be your left leg. You can use your surgical leg, but I want you to try putting most of it through here. And I want you to also try to push up with your hands. And I'm going to help you stand. So we're going to do that on three. Ready? One, two, three. Stand up. Let's get nice and tall, and you can gently put some weight through that surgical leg now. Are you feeling dizzy or lightheaded? No. Good.

Okay, so next we're going to walk with that walker. All right, here's the pattern I want you to remember. We're going to go walker first, surgical leg, and then follow with the good leg. Okay, so let's practice. We're going to go walker, surgical leg, good leg. Good. And we'll go walker, surgical leg, good leg. Let's do one more. Walker, surgical leg, good leg. Perfect.

All right, Mr. O'Brien, we're going to try practicing steps here. So one thing to remember when doing steps, up with the good leg, down with the bad. So when we go up the steps, we're going to go up with the good leg first. Okay, so let's go ahead and try that. Yep, I want you to go up with the good leg and then follow with the surgical. Up with the good, follow with the surgical leg. Let's do one more. Good, go ahead and turn around. Now when we go down the steps, we go down with the surgical leg first. Okay, go head, down with that surgical leg, follow with the good, down with the surgical. Perfect. Great job. Because every patient's home layout is unique, we will practice steps with you during your stay and find a solution that works best for you.

SOCIAL SERVICES

Our social workers may visit with you and help you with your discharge needs. They can help you obtain resources you need to safely transition home including medical equipment, adaptive equipment, home health referrals, and skilled care services if needed. Their number is in your book as well and please reach out before surgery if you have any concerns or questions for them.

DISCHARGE

How long will you stay? Most people having a total joint replacement will go home the following day. There will be a few that may even go home the day of their surgery. If you are a candidate for a same-day surgery, your surgeon will speak with you about it. Some patients may continue their exercises in their homes, but your surgeon may also refer you to continue physical or occupational therapy as an outpatient. This can be done here at St. Anthony or with a therapist of your choice. There are some options of local physical therapists in your book in the resources tab to help you. Prior to being discharged, you will, of course, be given written discharge instructions, any medication changes, and a follow-up appointment before you go home.

CARING FOR YOURSELF AT HOME

Once you are back at home, you will need to continue your pain medications as directed so that you can manage your discomfort. It's hard to move and stay active when you hurt. A good night's sleep is needed for healing and recovery from surgery. Take time to nap or rest and elevate your leg throughout the day. Perform your therapy exercises twice each day with the goal of getting more active each day, walking a little farther, walking a little longer each time. Changing position frequently can prevent stiffness and soreness. There is an entire section in your book about good nutrition to aid in your healing and recovery so please take a look it was as well.

THANK YOU FOR CHOOSING ST. ANTHONY REGIONAL HOSPITAL FOR YOUR SURGERY!

Healing and recovering is hard work, so you want to give your body what it needs to be successful. Our dedicated surgeons and staff at St. Anthony are here to help you. If you have any questions, please reach out to St. Anthony Orthopedics. We want to again thank you for choosing St. Anthony for your total joint replacement surgery, and we look forward to seeing you.