



Orthopaedic Total Joint Replacement Pre-Op Class

Presented by UCLA Nursing, Pharmacy, Physical Therapy, and Occupational Therapy

Welcome!

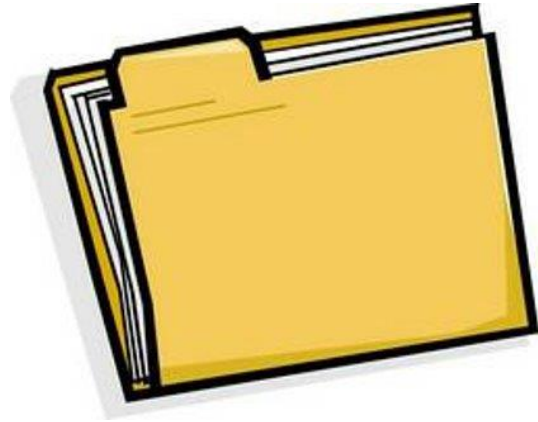


Class Outline

- Nursing
- Pharmacy
- Physical Therapy
- Rehab Demonstration
- Occupational Therapy
- Ortho Nurse Navigator/Case Management

Review these electronic attachments

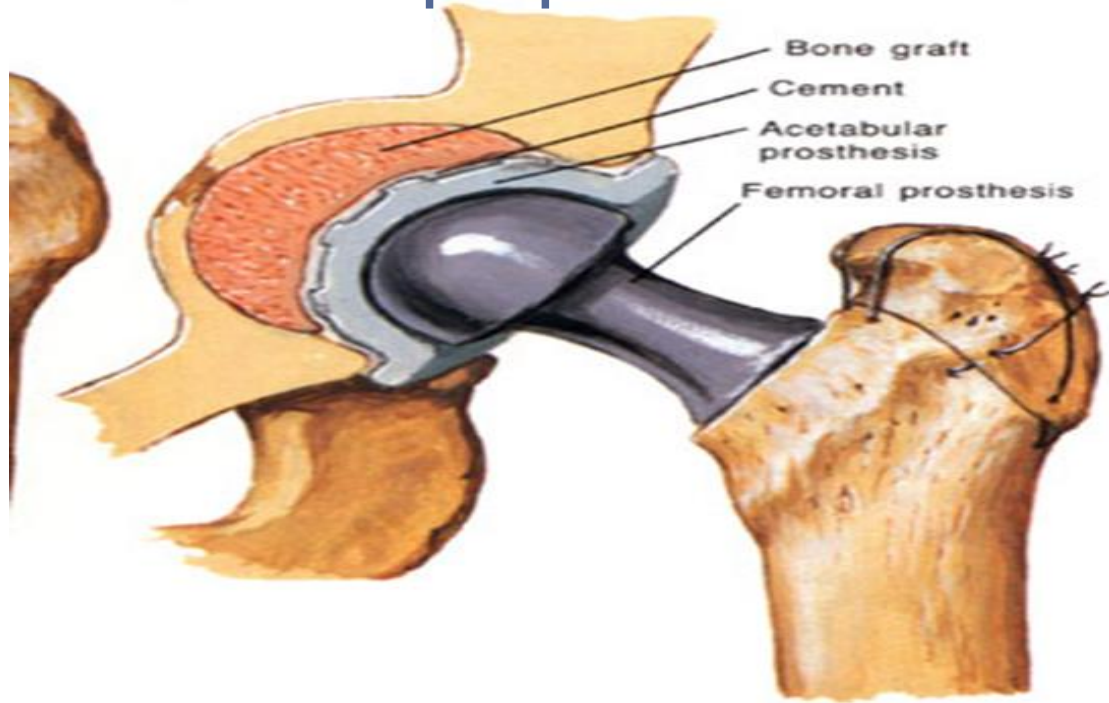
- Surgeon's Discharge Instructions
- Class Powerpoint
- Hip Rehab Brochure
- Hip Exercise Program
- Hip Precautions
- Pain Scale Chart
- Local Equipment Stores List
- Fall Prevention Tips
- Intimacy after Joint Replacement



NURSING

Your Surgery

Hip Replacement



Arrival Time to the Hospital

You will receive a phone call from UCLA Santa Monica

1 Business Day

prior to your surgical date, alerting you of your arrival time to the hospital.

- **Call can come between (9am to 6pm)**
- **If you do not receive a call 1 business day before your surgery, then please call (424) 259-6337 after 3pm.**

If still no call after 6pm, please call Ortho Nurse Navigator, Wilson Phoeng at (310) 295-7403

Day Before & Day of Surgery

Patient Checklist – Your Diet

No food or drink after instructed time

Arrival Time	Stop Solid Foods	Drink Clear Liquids Until
6 a.m.	10 p.m.	4 a.m.
8 a.m.	Midnight	6 a.m.
10 a.m.	2 a.m.	8 a.m.
12 p.m.	4 a.m.	10 a.m.
2 p.m.	6 a.m.	12 p.m.

Clear, see-through liquids include:

+Water +Pedialyte +Gatorade +Powerade

Clear Liquids are encouraged until 2 hours before your scheduled arrival time at the hospital

Day Before & Day of Surgery

Patient Checklist – Medication & Hygiene

Medications

- Take any Blood Pressure medications with small sips of water

Hygiene

- Shower and wash your hair
- You will be given a special liquid soap prior to your surgery during your surgeon's clinic.

+ Hibiclens – Instructions

- Do not shave at or near the site of surgery
- Remove fingernail polish and acrylic nails



Risk for Infection

- Report any changes in physical condition (cold, fever, rash, nausea vomiting, diarrhea)

Day Before & Day of Surgery

Patient Checklist – What to Bring & What Stay at Home

What to Bring With You

- List of meds and supplements
- Copy of Medical & Surgical Hx
- Insurance card, Driver's license
- Co-pay (check with insurance)
- Copy of Advanced Directive
- Eyeglasses, Hearing Aid w/ battery
- Important telephone numbers
- Payment for discharge medications - credit card
- CPAP, rescue inhalers

What To Leave At Home

- Jewelry (Wedding bands OK)
- Checkbooks
- Common Medications

(If unsure, please check with Ortho Nurse Navigator to ensure that we carry your particular medications here at UCLA)

Day of Surgery

Admissions

- Check-in (G314)

Surgical Waiting Area/PTU

- Anesthesiologist Interview
- Sign consents
- Receive ID band, gown, and IV
- Mark Surgical Site

Operating Room

- Time-out procedure
- Surgery

Recovery/PACU

- Criteria for transfer to 3 North Wing

3NW Spine & Ortho

Unit Overview

Patients

Surgeries: Knee, Hip, Spine, Shoulder

Length of Stay: 0 to 2 days

26 Private Rooms

Staff

- Primary Nursing Team: RN & CCP
- Support: Charge Nurse, Management
 - Ancillary Staff

Visiting Hours

<https://www.uclahealth.org/covid-19-visitor-restrictions>



Focusing On Your Care

Foods, Fluids, and Elimination

Management of Issues

- Nausea
- Constipation

Progression

- IV hydration
- Clears to Regular

Importance

- Have energy, heal better
- Good nutrition, better elimination
- Stay hydrated



Focusing On Your Care

Mobility & Safety

- Call for assistance before getting up

Everyone is a Fall Risk!!

(Medications, Lines, Pumps, and Orthostatic Hypotension)

- Do not feel like calling = bothering
- You can ambulate with any staff member



Please call. Don't fall.

protecting **U**



Focusing On Your Care

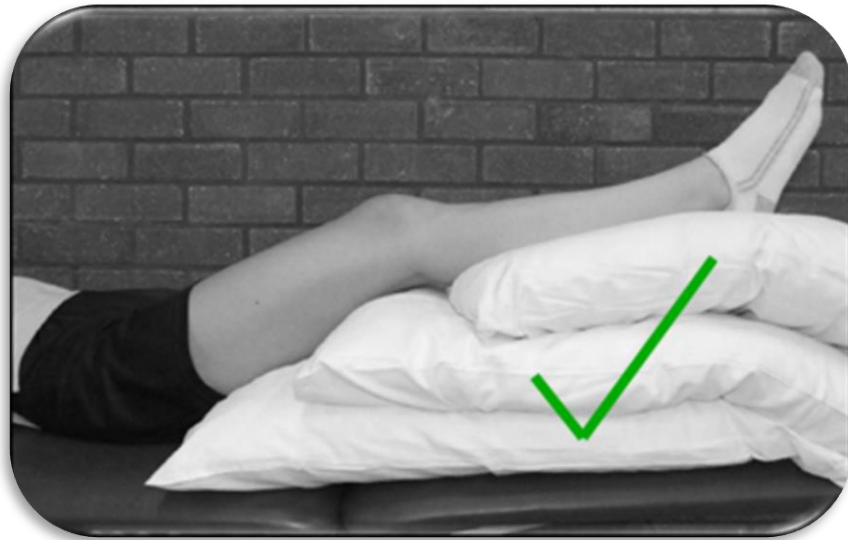
Swelling Management

To help reduce swelling on operated leg

- **Change positions every hour**
- **Sit for less than 1 hour at a time**
 - Out of bed to chair for meals

Elevated affected extremity above the heart

- If increased swelling is noted in foot or ankle, it is time to spend more time with the leg elevated
- "Toes above the Nose"
- **Use ice, but do not get the surgical dressing wet**
- **Ankle Pumps while elevating extremity above the heart**



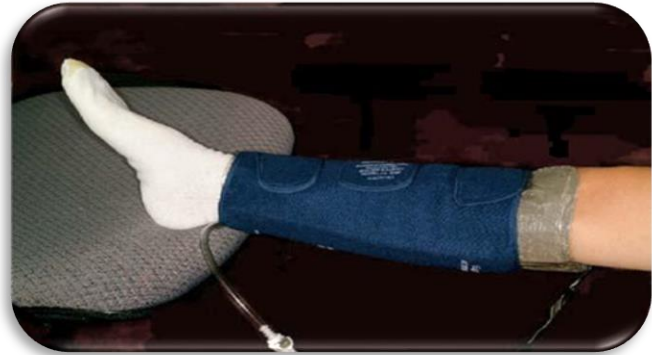
Continue for 4-6 hours/day for 6-8 weeks after surgery

Focusing On Your Care

Deep Vein Thrombosis (DVT) Prevention

Purpose

- Better circulation – prevent blood pooling
 - Prevent Blood Clots/PE
 - Prevent Complications (i.e., Stroke)



Tools/Interventions

- Sequential Compression Devices (SCDs) or Foot Pumps
 - Blood thinners
 - Ankle pumps
 - Move more!



Focusing On Your Care

Infection Prevention (Continued)

Purpose

- Prevent complications
- Heal better
- Prevent readmissions

Interventions



- Post-op IV antibiotic
- Hand washing
- Dressing change

What to Watch Out For

- Redness, Swelling, Drainage, Fever





Discharge Day – Post-Op Day 0-2

- MD written order is a must! 
- Discharge time goal 11:00am
- Arrange transportation 
- Discharge instructions & Follow-Up
 - Activities: Showering, Driving
 - Incision site care/Dressing change
 - Follow-up appointments
 - When to call your doctor
 - No formal therapy, Outpatient or Home Health



We provide prescriptions and/or discharge medications

 (Bring payment for medication co-pay. Have credit card payment ready on day of discharge for medication co-pay) 

PHARMACY

Medication Considerations BEFORE Surgery

Inform physician of medication allergies of adverse reactions

Review your current medications

- Prescription drugs
- Over-the-counter (OTC) medications
- Vitamins
- Herbal Supplements

Medications to **avoid or stop** prior to surgery

- Blood thinners should be stopped
- Most medications can be taken up until the night before surgery
- Consult your physician about timing

Use of personal medications

- Not allowed
- Alternatives on formulary can be ordered. (Consult the physician or pharmacist)



Medication Considerations AFTER Surgery

Antibiotics

Used to prevent infections at the surgical site

- ✓ Cefazolin (Ancef) and vancomycin are commonly used post-operatively
- ✓ Usually given as a one-time dose hours after the end of surgery

Pain Control

Various drugs can be used to prevent or treat pain

These may include, but are not limited to:

- ü Hydrocodone/acetaminophen (Norco, Vicodin), Oxycodone
- ü Tramadol, Tylenol, Celebrex
- ü Hydromorphone, morphine

Medication Considerations AFTER Surgery (Continued)

Various medications are used to prevent and treat:

Nausea and Vomiting

- Zofran® (ondansetron), Reglan® (metoclopramide)

Constipation

- Colace® (docusate), Miralax® (polyethylene glycol), Dulcolax® (bisacodyl), Fleet's enemas®

Insomnia

- Ambien® (zolpidem), Restoril® (temazepam)

Acid Reflux/Indigestion

- Pepcid® (famotidine), Protonix® (pantoprazole), Maalox®

Medication Considerations AFTER Surgery (Continued)

Formation of blood clots can be a consequence of your surgery

Blood thinners are given to prevent clots

Subcutaneous Injection

- Lovenox® (enoxaparin)
- Heparin
- Arixtra® (fondaparinux)

Oral

- Aspirin
- Coumadin® (warfarin)



Inform your physician if you were taking these prior to surgery or if you have a history of bleeding (such as GI bleeding, blood in the urine, or “easy” bruising)

PHYSICAL THERAPY

Rehabilitation – Physical Therapy

Post-Operative Day #0

- PT Begins day of surgery for Primary Total Hip Replacements
 - Evaluation occurs in the recovery unit, especially if plans for possible same day discharge
 - PT evaluation is around 90 minutes after surgery or after resolution of surgery side effects
 - Focus on bed mobility, transfers, and household level ambulation
 - Stair training to also occur on an individualized basis
 - May be cleared for same day discharge after PT, provided MD and medical clearance
 - If staying overnight, evaluation may occur on 3NW unit instead
 - Exceptions:
 - Latest scheduled cases (or those with significant unplanned delays) will be seen the following morning POD #1 by PT on the Ortho unit, but can participate in early mobility with RN the night of surgery
 - Total Hip Resections or Revisions will not see PT until POD #1

Rehabilitation – Physical Therapy

Post-Operative Day #1

- Patients staying overnight will have PT evaluation and/or treatment the morning of POD #1
- PT frequency-Primary Total Hip Replacement
 - 1st visit am of POD #1
 - Focus on bed mobility, transfers, and household level ambulation. Review of exercises.
 - Stair training to also occur on an individualized basis.
 - DC from PT after am session if goals are met
 - If staying longer for medical reasons and/or goals are not met, 2nd session to occur in the afternoon
- **PT frequency-Total Hip Resection or Revisions to be seen 1-2 times per day during length of stay until discharge or until goals met, to be determined based on individualized needs and medical complexity

Rehabilitation

Daily Physical Therapy Treatments

Primary focus is on safe discharge

- Progressing safe household level mobility and walking
- Stair/Step training (as needed)
- Car transfer training
- Caregiver/"Coach" Training



Rehabilitation

Daily Physical Therapy Treatments Con't.

- Ongoing pain management is key!
 - Important for optimal progression during PT sessions
 - Ideal pain level is 4 or less (on a 1-10 scale) during activity
 - Be sure to communicate your pain level to your nurse with movement of the surgical leg
 - Alternatives to pain medicine
 - Mobilize- "Movement is medicine!"
 - Cold packs or ice
 - Positioning

Rehabilitation

Coordinating Your Care

- To get the most out of your session, you can best prepare by:
 - Eating meals early (7-8am)
 - Performing hygiene and toileting needs **prior** to therapy
 - Defer all phone calls and/or visitors before/after therapy
 - Exception: You are encouraged one visitor who will be your “coach” at discharge to participate in therapy sessions
 - Manage your pain with RN
 - Take oral medications **on schedule**

Rehabilitation

Movement/Dislocation Precautions – Hips Con't.

- Hip Precautions – Anterior Approach
 - Avoid the “figure four” position with the operative leg
 - Weight Bearing as tolerated



Questions?

- Up next
 - Practice sessions with PT/OT
 - Getting out of bed
 - Walking with a Walker
 - Exercises
 - Activities of daily living

OCCUPATIONAL THERAPY

Rehabilitation – Occupational Therapy

Post-Operative Day #0 or 1

- Occupational Therapy

- POD #0: Cases pre-determined to be discharging same day may be seen by OT along with PT
- If staying overnight, OT begins POD #1
 - DC from OT after evaluation if goals are met
- Focus on everyday activities
 - Getting dressed
 - Moving in the bathroom
 - Home Activities

Rehabilitation

Preparing for Home

Preparation is key! **Prior** to surgery, you should:

- Have an ***adequate support system*** in place to help with preparing meals, bathing, and moving around the house
- Plan on having a designated person/s **physically able** to help you upon discharge. This can be:
 - Family and/or close friends
 - Private caregiver if needed
 - Interview and hire ahead of time.
 - Housekeeper, gardener, etc.
 - Arrange in advance as needed

Rehabilitation

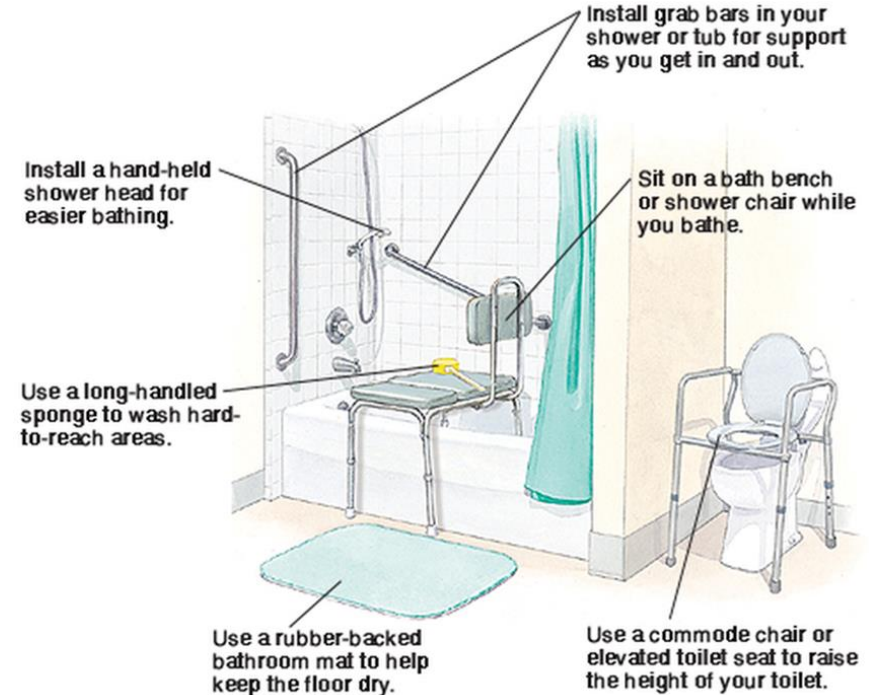
Preparing for Home

- Is your home set up?
 - You should have, or be able to obtain, all the ***durable medical equipment*** necessary, such as:
 - Front wheeled walker
 - Commode or raised toilet seat
 - Not required, but may ease transfers for taller patients or those with co-morbidities struggling to rise from low surfaces
 - Prepare your home ahead of time to accommodate a walker and prevent falls (see handouts)
 - Set up bedroom accommodations on the **first floor** (if you live in a 2 story home)

Rehabilitation

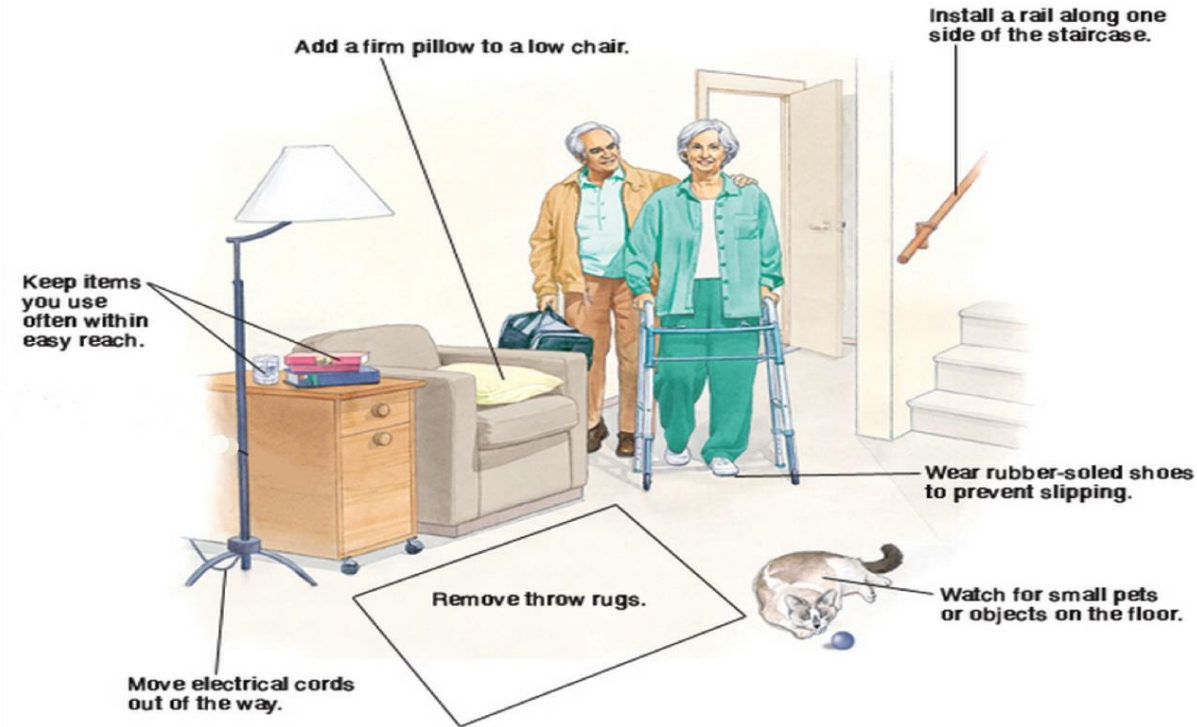
Preparing for Home – Common Bathroom Equipment

- Raised toilet seat/Commode
- Grab Bars
- Shower seat
- Tub Transfer Bench
- Non-skid Bath Mat/Strips
- Hand Held Shower Head



Rehabilitation

Preparing for Home – Common Home Modifications



Rehabilitation

Discharge Planning to Home

- We hope to prepare you for a safe return home on the same day or 1st day after surgery.
 - With a little assistance or supervision, you should be able to :
 - Get in and out of bed
 - Walk household distances with a walker
 - Perform steps/stairs with the appropriate assistive device
 - Use the toilet or commode
 - Complete self-care activities

CASE MANAGEMENT

Designated Helper – Family/Friends

Prior to surgery, designate one or more helpers to assist you after surgery for 1 to 2 weeks.

(Time frame will vary depending on your recovery progress after surgery)

Designated Helper's possible duties:

- Cooking, cleaning, laundry.
- Assisting you with navigating your home safely.
- Driving you to your appointments.
- Encouraging you to perform your exercises safely.



Discharge Planning

1. **Home** → No formal therapy or Outpatient physical therapy (after cleared by MD)
2. **Home with Home Health** services (RN & PT/OT) → Outpatient physical therapy (after cleared by MD)
3. **Skilled Nursing Facility (SNF)** → Home
 - **Santa Monica Health Care Center** – UCLA Health designated Center of Excellence for Joint Replacement
 - 1320 20th St, Santa Monica, CA 90404
 - Phone (310) 829-4301

Discharge Planning Con't.

Very few patients need SNF rehab before they are safe to go home

- **Need maximal or 2 person assistance**
- **Cannot walk or take steps**
- **Frequently losing your balance**

 • **Medical issues that require skilled nursing need** 

Medicare Part A & B

Removal of Total Hip Replacement from Inpatient Only List

- Change was made on Jan 1, 2018 for total knee replacement
- All procedures will be done as outpatient procedure, unless there is medical justification to change to inpatient.
- Cannot discharge to SNF unless made inpatient with medical justification.
- Possible Co-pay of up to 20% for outpatient procedure
 - Typically covered by secondary insurance.

Durable Medical Equipment

Medicare Covered Items

- One item within the last 5 years
- Walker or ambulation device



Self-Pay Items

(Commode, Raised Toilet Seat, Shower Chair, Adaptive Equipment)

- Local equipment stores (see handout)
- Online/Amazon
- Hospital DME vendor

***Non-Medicare patients: Check your insurance provider about specific DME coverage**

Home Health Services

- Agency will call you to make home visit arrangements
- Nursing
 - RN will visit your home within 24-48 hours after discharge
- Physical Therapy/Occupational Therapy (1-3 times per week)
 - Evaluation by home therapist
- Home health PT/OT discontinued prior to outpatient therapy
- Check with your insurance provider about your Home Health coverage

Skilled Nursing Facility (SNF)

- **Short-term rehabilitation**
 - **Therapy 1-3 hours per day**
- **Transportation to SNF may NOT be covered**
- **Your case manager will arrange admission and transportation**
- **Check with your insurance provider about your specific coverage**
 - **May be dependent on the hospital assessment of needs and progress**

Private Pay Caregiving Agencies

24 hour Private Caregiving Service at home

- 24 Hr Home Care: 310-258-9525
- Accredited Home Care: 800-974-1234 ext 205
- 123 Home Care: 310-361-8558
 - Average cost \$30-40 dollars an hour – please call for rates.
 - You can hire same day from 4 hours to 24 hours.
 - You can interview staff ahead of time.



Class Survey – See instructions below!

OR, access the link at www.ortho.ucla.edu then “click”

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Los Angeles, CA 90095

Santa Monica
1225 15th Street, Suite 2100

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Patient Resources

Home > Patient Resources > Preparing for Your Surgery

Preparing for Your Surgery

Share this

We want you to have a positive experience and a successful recovery from your upcoming joint replacement or spine surgery.

We have provided you with detailed information in this video (below) to prepare you for your hospitalization and your postoperative period at home.

View health forms and instructions for your surgery >

Preparing for Orthopaedic Surgery at UCLA ...

Watch later | Share

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Orthopaedic Nurse Navigator

- For any orthopaedic related questions and concerns, please contact Orthopaedic Nurse Navigator
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Thank You All For Coming

Any Questions



