

COOKEVILLE REGIONAL MEDICAL CENTER

JOINT VENTURE *Camp*



**Providing you with the tools
to be an expert in your own care.**

*Healing is a matter of time, but it is sometimes
also a matter opportunity.*

Hippocrates



COOKEVILLE REGIONAL
MEDICAL CENTER

It's the Way WeCARE

Welcome

Now that you and your surgeon have agreed that surgery is the best option for you, we want to welcome you on this joint ADventure. CRMC has developed a superior team, consisting of Orthopedic surgeons, anesthesiologists, orthopedic navigation, the surgical team, nursing, case management, and physical therapy. All specialized and invested in your complete total joint experience.



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Purpose

The purpose of Joint Venture Camp is to provide you with the tools to be an expert in your own care. *We believe that an informed patient is equivalent to improved outcomes.* Extra preparation and education prior to your procedure promotes an earlier return to home and less risk of complications. The Total Joint Healthcare Team encourages and supports your engagement in your individualized plan of care, to provide you with the ultimate care encounter.

Orthopedic Navigation

The Orthopedic Nurse Navigator is responsible for the coordination, management and comprehensive care for all total joint replacements at Cookeville Regional Medical Center. Melissa Thompson RN BSN, Orthopedic Nurse Navigator (ONN) has advanced knowledge and expertise in the specialty of orthopedics and orthopedic nursing serving as the single point of contact for patients and their family members. This provides consistent, timely and effective communication for the plan of care for the patient, coordinating this care with the orthopedic surgeons and all members of the health care team.

The ONN is dedicated to navigating patients through their surgical procedures and across their episode of care; ensuring that all orthopedic patients are prepared for their surgery, treatments and compliance with discharge instructions and follow-up care in efforts to avoid preventable re-admissions.

Frequently Asked Questions

How long will the surgery take? *The surgery time for total joint replacements averages between 1-2 hours.*

Will I need someone with me after surgery? *I cannot stress enough the importance of having someone with you throughout the whole process. You will need someone designated as your coach or family support to follow this program with you, both preoperatively and postoperatively. Since most of our total joint replacements are back home within 23 hours, your coach/family should be available to you the first few days after you return home.*

How long may I be in the hospital? *You could go home as quickly as the same day of surgery, or stay up to 2 days. Your individual plan will be discussed and tailored so that each patient has equal opportunity for their best recovery.*

Where will I go after discharge from the hospital? *A large percentage of patients are discharged home. If need arises, and it is decided by the health care team that other arrangements will need to be made, this will be discussed with you. Individualized plans will be made on a case by case basis.*

Will I need any equipment for home? *You will need a walker for initial discharge home, and first few weeks postoperatively. You may then progress to a cane. You may also need a raised toilet seat or a shower chair. Your equipment needs will be discussed with you by the Orthopedic Navigator and Case Management.*

What if I'm concerned that my home may not be safe for me to return to?

The Orthopedic Navigator will review a safety checklist with you and a home visit can be arranged if needed.

Will I need physical therapy once discharged home? *Physical therapy is one of the single most important aspects to your preparation and recovery from total joint replacement. You will be required to participate in prehab, which will occur preoperatively to improve your muscle tone and range of motion prior to total joint replacement. We expect for you to continue your exercises up until the day of surgery.*

A physical therapist will be working with you within the first few hours of returning to your room, and will continue through discharge.

*Once discharged, you will continue with **outpatient** physical therapy until individual goals are met.*

What should I expect for follow up postoperatively? *Follow up with your surgeon 10-14 days post-op, 6 weeks, 3 months, 6 months, and every year after. (Visit time periods may vary depending on surgeon) The orthopedic navigator will call to check on you your first day home, and will also call you at 3 months, 6 months, and 12 months to discuss progress, goals, and the healing process.*

When can I drive? *This may vary depending on side replaced and your individual plan of care. Most total joint patients return to driving in approximately 4 weeks.*

What activities can I participate in after recovery? *Low impact activities are best. Walking, bicycling, swimming, and golfing are all great activities post total joint replacement. If you have concerns about an activity, ask your physician if the activity is acceptable after your surgery.*

When can I return to work? *This should be discussed with your physician. The time frame of return will depend on the type of work that you do.*

Preparing for surgery

- **Schedule surgery:** 3-4 weeks prior to surgery date.
- **Plan will be set by surgeon and primary nurse to follow fast track vs normal track for surgery.**
- **Physical Therapy** will call to set up prehab and 1st postoperative visit. You will also have exercises in this booklet to complete. You are expected to complete these and document in calendar provided.
- **Attend Pre-admission appointment at CRMC:** 3-4 weeks prior to surgery date.
 - RN assessment.
 - Have blood work, urine sample, chest x-ray, and EKG performed.
 - Orthopedic Navigator will set up joint venture class, discuss care pathway, review preoperative instructions (including bathing, medications, etc.), and perform safety checklist.
- **Medications that increase bleeding:** You will need special instructions from prescribing physician related to stop times on these. Please make your surgeon and orthopedic navigator aware of these instructions.
- ***If you feel sick or have a new diagnosis or medication prior to surgery, notify your surgeon and orthopedic navigator immediately.***
- **Diet and Nutrition Before Surgery**
 - Proper nutrition before your surgery aids the healing process.
 - Drink plenty of fluids and stay hydrated.

- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include corn, peas, beans, avocados, broccoli, almonds, and whole wheat pasta/bread/and cereals.
- Eat foods rich in iron, such as lean red meat, dark green leafy vegetables, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. Foods that are high in vitamin C include oranges, cantaloupe, and tomatoes.
- Make sure you are getting enough calcium, which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens, and fortified cereal.
- Eat light meals, especially the day before surgery, but continue to drink plenty of fluids. The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery.

Home Preparation

- Clean your home and declutter.
- Have clear paths to your kitchen, bathroom, and bedroom.
- Plan your route for getting in and out of home.
- Catch up on laundry. Make comfortable clothes such as sweatpants, shorts, and t-shirts easily accessible.
- Prepare meals and freeze.
- After surgery, gather everything you will need to prepare a meal, and then set to prepare it.
- Place commonly used cooking items within easy reach.
- Do not wear opened toe or open heel shoes to avoid tripping.
- Have chairs accessible with arms to assist with getting up and down.
- Do not lift anything heavy until balance and strength has returned (usually 3 months).
- Do not get down on hands and knees for cleaning, searching, etc.
- Remove any loose carpeting or rugs.
- Place nightlights on your normal pathways.
- Arrange pet care if you have pets that are continually under foot.
- IDEA: Set up a room that you can rest in with all your needs. Make sure to include your daily staples, medications, phone access, and home exercises.

2 days before surgery

- **Shower protocol:** You will first wash all over with antibacterial soap, rinse, then wash with the chlorhexidine soap given to you in preadmission testing. Do not apply the chlorhexidine soap to your hair, face or perineal area. Rinse.

Day before surgery

- Push fluids, preferably water or Gatorade.
- Follow **shower protocol**.
- Your primary nurse from surgeon's office or surgery scheduling will let you know what time to arrive for surgery.

Night before surgery

- Do not eat anything after midnight. This includes gum, mints, and candy.
- You may have 400 cc of clear Gatorade or water up until 2 hours prior to surgery.
- Place clean linen on your bed and don't allow animals to sleep with you.

What should I bring to the hospital?

- Picture ID
- Copy of advanced directive or durable power of attorney
- T-shirts, shorts, and/or sweatpants, and tennis shoes.
- CPAP machine
- Personal hygiene items.
- Glasses, dentures and partials. These will need to be removed before going into surgery but you will want these post-operatively.
- Updated medication list.
- Please leave valuables such as money and jewelry at home
- **THIS BOOKLET**

Day of Surgery

- Follow **shower protocol**.
- **Do not shave legs or perineal area.**
- Do not wear any make-up, deodorant, lotions, cologne, or nail polish.
- **Medications:** Only take the medications you were instructed to take the morning of surgery with a small sip of water.
- You will arrive at CRMC same day surgery to check in 1.5 to 2 hours prior to surgery time.
- You will be interviewed by a nurse and an anesthesia representative.
- Your blood will be drawn to designate blood type.
- The orthopedic navigator will make rounds on total joint replacement patients to verify your plan of care is current.
- Your surgeon will verify and mark surgical site.
- You will go to holding which averages 30 min -1 hour.
- The anesthesiologist will give you medicine in your IV to relax you, as well as, place a block to help with pain control post-surgery.
- You will also receive an IV antibiotic as an extra preventative measure for infection.
- Your family will wait in the same day surgery waiting area. This is where they will receive updates, can follow your progress on the monitors, talk to the surgeon, and receive your new room number when available.

Anesthesia

Anesthesia will discuss your different options with you.

- Spinal- If you are a candidate, a spinal may be offered to you. Medication will be injected into the spinal canal to provide numbness to the operative area. While you will be sedated and unaware of the procedure, you will also wake quicker and will feasibly be able to begin activities soon after arrival to your room.
- Blocks- Your anesthesia provider will use analgesia to administer a block of nerves/muscles to specific operative region. This will provide pain control post operatively as well.
- General- If you decide with your anesthesiologist that general anesthesia is the best route for you, you will be given medication that will place you in an unconscious state. You may also have an airway placed to assist your breathing.

After surgery

- You may wake on oxygen. Sometimes medications that you receive during surgery will make you not want to breathe as deep or as often. We will monitor your oxygen level and determine when to remove it.
- You will still have an IV in place and may receive 1-2 more doses of IV antibiotics.
- You will have a bandage on your operative site. You will be given instructions as part of your discharge planning as to care of the dressing and wound.
- You may have a drain after surgery. The drain will be removed prior to discharge.
- You will have support hose and/or compression devices on your legs. These improve circulation and assist in preventing blood clots.
- Once you move from recovery to a room, you will be offered a food tray or supplement, visit with family and receive your first physical therapy visit. *You may have to push yourself during this time. Do not delay physical therapy.*
- You are expected to perform your exercises, such as ankle pumps, through the day, while awake.
- You will be expected to use your incentive spirometer through the day, while awake.
- You will be working with your Physical Therapist both individually and, possibly, in group settings. You will be exercising, walking, getting in and out of chairs, and climbing stairs.

- Assistive devices (walker, cane) will be available for you to use during your hospital stay
- We will focus on a multimodal approach to pain control. Before, during, and post-surgery. We will use anti-inflammatories, analgesics, and medication for nerve pain. This approach has been proven to provide better long term control of pain than narcotic based medications.
- *Call for assistance EVERY time you need to get out of bed.*
- Most patients will not receive a urinary catheter.

Diet and Nutrition After Surgery

- Resume your diet as tolerated as you return home and make sure to include vegetables, fruits, and proteins (such as meats, fish, chicken, nuts, and eggs) to promote healing.
- Remember to have adequate fluid intake (at least 8 glasses a day).
- It is common after surgery to lack an appetite. This may be the result of anesthesia and the medications. Try to focus on quality of intake and always keep your fluid intake in check
- Proper nutrition is needed for healing. During the healing process, the body needs increased amounts of calories, protein, vitamins A and C, and sometimes, the mineral zinc. Eat a variety of foods to get all the calories, proteins, vitamins, and minerals you need.
- If you have been told to follow a specific diet, please follow it. What you eat can help heal your wounds and prevent infection and potential complications.
- If you're not eating well after surgery, contact your healthcare provider about nutritional supplements.

Now that You're Home

- Take your medicine to control your pain and inflammation as directed, especially early in post-operative period.
- Change your position every 45 minutes while awake.
- Use ice for pain control and swelling. You may use ice 20 minutes of every hour. It is also a good idea to use ice before and after exercise.
- **Rest-** you may notice that it is more difficult to rest post-surgery. Try to avoid sleeping/napping a lot during the day. This will help you to return to a normal sleeping pattern more quickly.
- **Compression stockings-** you may go home with compression stockings to assist with circulation and prevent blood clots. These can be removed for 1 hour twice daily for skin care or need for rest. Normally these can be discontinued at the 3 week mark.
- **Physical Therapy-** You will continue physical therapy after leaving the hospital. You also have exercises listed for you in this booklet to complete postoperatively. You are expected to complete these and document in calendars provided. You are welcome to copy the calendars as needed.

Notify your care team if...

- You have increased redness, swelling, pus like drainage, or foul odor from incision site.
- You have a temperature of 101.0 or above.
- Increased pain in operative joint that is no longer being controlled by medication.
- Extreme tenderness, warmth, redness, or hardened area in calf.
- *Our goal for you is to prevent re admittance, and maintain a healthier you while remaining independent.*

You should call 911 however if...

- You have sudden chest pain.
- Difficult breathing, rapid breathing, or shortness of breath.
- Sweating when not exercising and not temperature related.
- Confusion.

Assistive devices

Walker



Cane



Elevated toilet seat



Reacher/Grabber (\$17.99)



Shower Chair



Ideal Stretch (\$54.95)



Ice Machines (\$100-2000.00)



Pre-Op Calendar for exercise documentation

Week of _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Exercises to do *Before Surgery*

Duration: 10 reps **Frequency:** 3 times/day

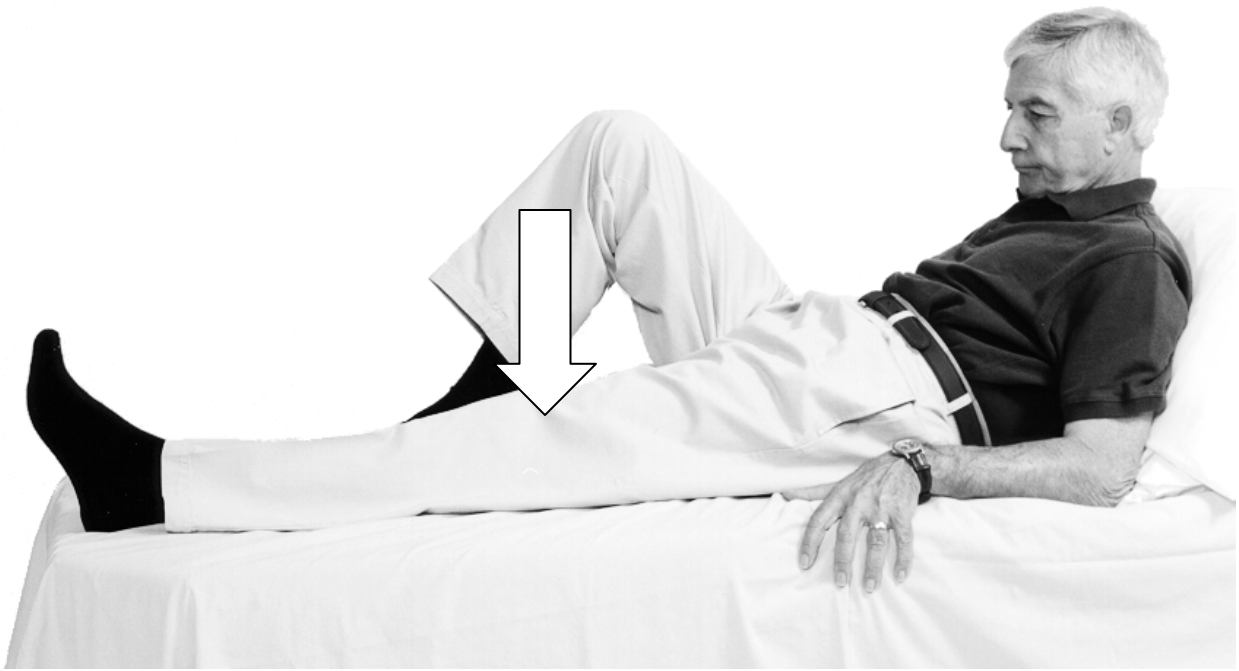
1. Ankle pumps
2. Quad sets (knee push-downs)
3. Gluteal sets
4. Hip Abduction and adduction (slide heel out and in)
5. Heel slides (slide heel up and down)
6. Short arc quads
7. Straight leg raise (**KNEE REPLACEMENT PATIENTS ONLY**)
8. Long arc quads
9. Arm chair push-ups

Ankle Pumps



Move ankle up and down. Repeat 10 times.

Quad Sets – Knee Push-Downs



Lie on back, press knee into flat surface, tightening muscle on front of thigh.
Repeat 10 times
Do NOT hold breath.

Gluteal Sets



Squeeze bottom together. Do NOT hold breath.
Hold for 3-5 seconds.
Repeat 10 times.

Hip Abduction and Adduction (Slide Heels Out and In)



Lie on back, slide one leg out to side.
Keep toes pointed up and knees straight.
Bring leg back to starting point.
Repeat 10 times.

Heel Slides (Slide Heels Up and Down)



Lie on back and slide heel toward your bottom
Caution: DO NOT bend hip beyond a
90 degree angle.
Repeat 10 times.

Short Arc Quads



Lie on back, towel roll under thigh. Lift foot,
straightening knee.
Do NOT raise thigh off roll.
Repeat 10 times.

Straight Leg Raises **(Knee Replacement Patients Only)**



Lie on back with one knee bent and foot flat.
Lift opposite leg up 12 inches.
Keep knee straight and toes pointed up.

Relax.
Repeat 10 times.

Long Arc Quads



Sit with back against chair.
Straighten knee.
Repeat 10 times

Arm Chair Push-ups



This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Repeat 10 times.

Post-Op Calendar for exercise documentation

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







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
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Exercises to do *After* Surgery

Duration: 10-20 reps

Frequency: 3 times/day

1. Heel Props
2. Ankle Pumps 
3. Quad Sets (Knee Push-downs) 
4. Gluteal Sets 
5. Hip Abduction/ Adduction (Slide Heels Out and In) 
6. Heel Slides (Slide Heels Up and Down) 
7. Short Arc Quads 
8. Straight Leg Raise (**KNEE REPLACEMENT ONLY**) 
9. Knee Flexion Stretch (**KNEE REPLACEMENT ONLY**)
10. Long Arc Quads (**HIP REPLACEMENT ONLY**) 

To save a few trees, when you see this symbol,  redirect to exercise sheet for exercises before surgery.

Heel Props



Place the heel on a rolled towel (or foam roller) making sure the heel is propped high enough to lift the thigh off the table.

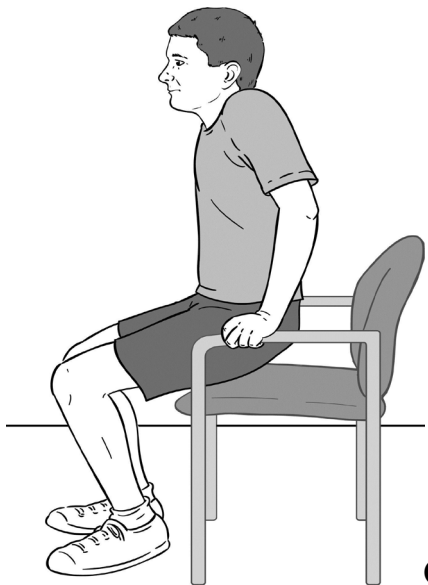
Allow the leg to relax into extension.

Repeat 10-20 times.

Knee Flexion Stretch (Knee Replacement Patients Only)



Bend involved knee as far as possible.



Gently scoot hips forward until stretch is felt across knee. Hold 5-10 sec. Release by scooting back. Repeat 10-20 times.

Using your assistive devices post-surgery

When Standing up From a Chair

- 1) Do not pull up on walker to stand!
- 2) Sit in chair with arm rests.
- 3) Avoid low, deep, or soft chairs.
- 4) Scoot to the front edge of chair.
- 5) Push up with both hands on arm rests. If no arm rests, place one hand on the center of walker, and push off on the side of the chair with the other.
- 6) Make sure you are balanced before reaching for the walker.



Walking with walker

- 1.) Move the walker forward.
- 2.) With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. DO NOT move it past the front feet of the walker.

- 3.) Step forward with the non-operated leg.

NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.

4.) **Stairclimbing:**

- Ascend with non-operated leg first (“Up with the good.”)
- Descend with operated leg first (“Down with the bad.”)



When in bed

- 1) Keep a pillow between legs to help keep lower extremities in alignment, while on back or on side.

Journal

Week 1

Week 2

Week 3

Journal

Week 4

Week 5

Week 6

Journal

Week 7

Week 8

Week 9

Journal

Week 10

Week 11

Week 12

Contact Information

Tier 1 Cookeville/Crossville	931-526-9518
Tier 1 physical therapy	931-303-0446
Cookeville Regional Medical Center	931-528-2541
CRMC Outpatient Physical Therapy	931-783-2900
Orthopedic Navigator	931-783-5019

If you are having an emergent question and need someone after hours or on the weekend, you may call the main Cookeville Regional number, ask for the ER, and tell them who your surgeon is. They will connect you with the surgeon on call for the group.

If you have an emergent message for the orthopedic navigator and it's after hours or on the weekend, call the main Cookeville Regional number and ask for the orthopedic navigator. They will connect you.

Sources: Medtronic, Cleveland Clinic, Twin Cities Orthopedics, Piedmont Healthcare, Virtua.



COOKEVILLE REGIONAL
M E D I C A L C E N T E R

It's the Way WeCARE