

[ParkwayRecoveryCareCenter.com](http://ParkwayRecoveryCareCenter.com)



Patient Pathway to  
**RAPID RECOVERY**  
Joint Replacement Surgery

## Welcome to Parkway Surgery Center and Parkway Recovery Care Center!

Hello!

Your decision to have a joint arthroplasty by one of our expert surgeons provides you with a unique opportunity to partner with your doctor and the other healthcare professionals who will be part of your successful surgical recovery.

At Parkway Surgery Center our doctors and staff are trained to address your individual needs. Our multidisciplinary team has created a "pathway" that will guide you through preoperative preparation and education, coordination of specialty surgical hospital care, and postoperative physical therapy.

Your pathway begins with education for you and anyone else who will be assisting you through your surgical preparation and recovery. If you have not yet signed up for education, please contact the Joint COACH at 702-826-5801.

This book is designed to provide you with important information that will guide you through the surgical process. It is your workbook. Please bring this book with you to the education appointment and the surgery center for reference and further guidance.

Your involvement is very important to our team. We look forward to partnering with you for a successful surgery and recovery.

Thank you for choosing Parkway Surgery Center.

Basil Kostaras  
Regional Director



### Contact Information

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## PREPARING FOR SURGERY

### Outpatient Total Joint Replacement Surgery Overview

Thanks to advances in modern medical technology, many patients are now experiencing the benefits of having total joint replacement surgery in an outpatient setting. Our Surgeons perform many of these outpatient procedures at Parkway Surgery Center. The joint specialists say outpatient surgeries offer multiple benefits to patients in addition to going home the next day.

### Outpatient Benefits to Patients

Although not all patients will meet the requirements to have the surgery done in the outpatient setting, those who do qualify usually elect to undergo this pathway to recovery. Patients who have their surgery performed in an outpatient setting experience numerous short-term benefits without sacrificing any long-term results. The outpatient setting is generally more safe, convenient and less stressful environment, so patients are the major benefactors when it comes to having a joint replacement done in an outpatient setting.

#### Other benefits to patients include:

- Returning home sooner, compared to several days in the hospital with an inpatient procedure
- Easier access – entering, checking-in and checking-out at an outpatient center is often easier than at a hospital
- Decreased risk of infection because the surgery center does not have medically “sick” patients
- Increased comfort as a result of performing rehabilitation at home during the early stages of recovery
- Reduced recovery time due to the minimally invasive nature of the procedure
- Quicker return to recreational activity

### Family Member/Caregiver Support

A family member, close friend or caregiver whom you designate will become an important member of your extended team to help you prior to surgery and throughout your recovery. Please review this book with your family members/caregivers prior to surgery. Also, remember to introduce these individuals to your doctor.

Please invite your family member/caregiver to attend prior to your surgery, so the Joint Coach can explain how the family member may need to help you at home. These family members/caregivers will need to help with:

- Transportation to and from the surgery center/physical therapy
- Providing support around the home during the first week after discharge
- Meal planning

Due to advances in modern medical technology, many patients are experiencing the benefits of having surgery in an outpatient setting.

Outpatient surgeries offer multiple benefits to patients including going home sooner.

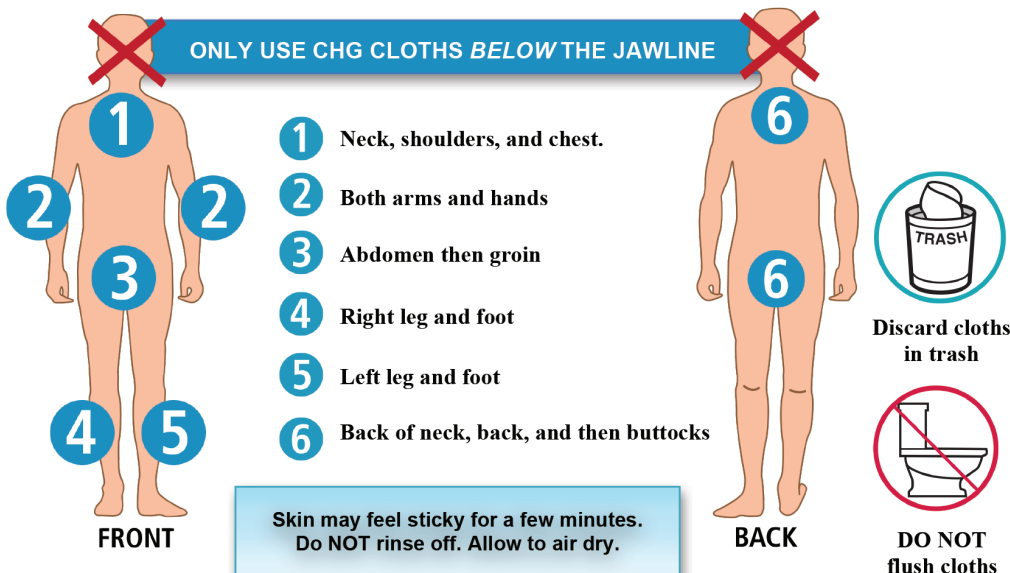
# PREOPERATIVE SKIN PREPARATION

## Body Prepping and Cleansing

You have been instructed by your surgeon or Joint COACH to follow a special skin cleansing process prior to your surgery. This bath will be performed using cloths that contain a solution that not only cleans the skin, but also kills germs. The goal of this cleansing process is to reduce the amount of bacteria on your skin before surgery and reduce the risk of developing an infection at your surgical incision.

*The steps below outline the prepping process and should be carefully followed as they differ from package instructions.*

- DO NOT use if you have a known allergy to Chlorhexidine Gluconate
- DO NOT use on open skin wounds
- Before using, be sure your skin is completely dry and cool
- DO NOT let CHG get in your eyes, ears, or mouth. If contact occurs, rinse with cold water immediately and contact a doctor
- If irritation, sensitization or allergic reaction occurs, STOP USE, rinse affected area with cold water immediately, and contact a doctor
- Stop shaving at least 2 days before surgery on all areas of the body, including legs, underarms, etc.



## **Body Cleansing with 2% Chlorhexidine Gluconate Cloths (CHG)**

1. Take a shower at home on the night before surgery using antimicrobial soap and your regular shampoo
2. When you get out of the shower, dry off with a freshly laundered towel
3. Wait until your skin is DRY and COOL before you use the cloths
4. Use all six (6) CHG cloths in the packages – a separate cloth for each area of the body as directed
  - Cloth 1: wipe your neck (begin under the chin), shoulders, and chest
  - Cloth 2: wipe both arms, starting each with the shoulder and ending with the fingertips (be sure to thoroughly wipe the armpit areas)
  - Cloth 3: wipe your abdomen and groin, ensuring that you wipe between skin folds
  - Cloth 4: wipe right leg and foot, getting between the toes and behind the knees
  - Cloth 5: wipe left leg and foot, getting between the toes and behind the knees
  - Cloth 6: wipe the back of the neck, the back and then the buttocks (assistance may be required)
5. Allow skin to air dry for one minute (it is normal for the skin to have a temporary “tacky” feel for several minutes after the antiseptic is applied, it will go away as your skin dries)
6. CHG works best when left on the skin – DO NOT RINSE, or apply lotions or moisturizers after using the CHG cloths – doing so may reduce the antiseptic effects of CHG
7. Dress in clean clothes / sleepwear and clean sheets
8. Throw away cloths in trash can – DO NOT flush cloths down the toilet
9. Place blue label from packaging onto skin prep form and bring with you to surgery
10. Do not shower on the morning of the surgery

## PREPARING FOR SURGERY

### Home Safety Preparation

Setting up your home prior to surgery is an essential step to ensure a safe environment after discharge from the surgery center. Consider these points BEFORE SURGERY:

#### Stairs:

- Talk to your therapist about your stairs and railings (e.g., Railings on both sides or just one side)
- Discuss any and all stairs to access your home
- Having a family member or caregiver present to assist you into/out of your home is recommended

#### Bathroom:

- Talk to your Joint COACH about your bathroom set up (e.g., shower stall or a tub)
- Patients with stand up shower stalls may require a shower chair to ensure safety while bathing
- Grab bars are a helpful way to increase your safety in the tub or shower
- Your therapist will make equipment recommendations, based on your specific environment and your physical condition, to ensure safety at home
- PLEASE CONSULT WITH THE THERAPIST OR JOINT COACH PRIOR TO PURCHASING ANY EQUIPMENT

#### Bedroom and Common Living Areas:

- Prior to surgery, arrange your home for ease of movement following your surgery (It is recommended that you remove throw rugs and other obstacles from the floor to ensure safety while walking)
- Arrange items in cabinets and dresser drawers for easy accessibility (You should not be on step stools or ladders after discharge, so be sure to move items as necessary so you can reach them easily – not too high and not too low, approximately counter height)
- Measure your bed from the top of the mattress to the bottom of the floor (Record the bed height here for your therapist: \_\_\_\_\_ inches)

#### Children and Pets:

- Small children may need some education on how to interact with you in a way that ensures their safety and yours
- Teach children, family and visitors to use the antibacterial hand gel often
- Take steps to ensure that your pet does not try to jump on you or bump you while walking
- Ask your family to secure the pet in a room or kennel before you return home, so the pet does not create a fall situation
- Pets may also be a source of germs so keep your pet clean and avoid letting your pet sleep in your bed until your surgical site is completely healed (no scab or skin breakage)

## Preoperative Medication Safety Checklist

Some medications you currently take may prove harmful during surgery, because they cause blood thinning and increase the risk of bleeding after surgery. If you take medications that contain aspirin, anti-inflammatories (such as Ibuprofen, Motrin®, Advil®, Aleve®, etc.), blood thinners (such as Coumadin®, Xarelto®, Lovenox® or Pradaxa®) or arthritis medications, ask your surgeon when it is best for you to stop taking these medications. Also, be sure to let your surgeon know if you are taking any vitamins or herbal supplements. Your physician and surgery center pre-assessment nurse will instruct you on which medications or supplements you must stop taking before surgery.

Listed below are the primary medications that can affect your surgery. Be sure to tell your medical team about ALL the medications you take and include over-the-counter products. ***Please do not take your usual morning prescription medications on the morning of your surgery unless instructed by your primary care physician and then only take the medication with a small sip of water.***

### Heart Medications

In most cases, heart medications should be continued on the day of surgery. If you see the cardiologist on a regular basis, there is a possibility the surgeon will require a surgical clearance from your physician.

### Blood Pressure/Anti-Hypertensive Medications

Blood pressure medications are usually continued on the day of surgery and following surgery. Even if you are not supposed to eat or drink on the day of surgery, your surgeon may recommend that you take your blood pressure medicine with a sip of water. **If your blood pressure is not well controlled by the day of surgery, your surgery could be delayed.**

### Blood Thinners/Anti-Coagulants

Blood thinners such as aspirin, Coumadin®, Xarelto®, Lovenox® or Pradaxa® should be stopped before surgery. Your surgeon will tell you how far ahead of time to stop your medication. In some cases, you will be placed on a shorter acting blood thinner that can be taken up until a few hours before surgery. You will restart blood thinners after surgery as soon as your surgeon feels it is safe, usually within 24 hours. Because bleeding during and after surgery increases your risk of wound infections and postoperative anemia, it is important to safely manage blood thinners.

### Diabetic Medications

If you are taking insulin or oral diabetic medications, tell your surgeon. Surgery can cause increased stress and higher blood sugar, so your insulin dose may need to be adjusted on the day of your surgery and during recovery. In addition, some oral diabetic medications should be discontinued before you are given anesthesia.

### Steroid Medications

If you have recently taken a course of steroids, make sure to tell your surgeon and anesthesiologist. Steroid medications, such as Prednisone®, can interfere with the healing process.

## **Dietary Supplements**

Tell your surgeon about any over-the-counter dietary supplements you may be taking. Some supplements interfere with medications that may be needed after your surgery, and taking them can lead to complications.

## **Preoperative Nutrition**

### **Drink enough fluids prior to surgery**

Drink water to keep your body well hydrated prior to surgery. Avoid beverages high in sugar, caffeine, or sodium. Your physician may adjust these guidelines if you have any other medical conditions, so please discuss them prior to your surgery.

### **Make sure your protein intake is adequate EVERY day:**

#### **No less than 2 servings a day**

Protein helps your body heal. It can be found in meat, fish, poultry, eggs, dairy products and legumes.

### **Increase your fiber intake**

Some of the medications you will be receiving can contribute to constipation after surgery, so you should increase fiber in your diet with a variety of food like raw fruits and vegetables, whole-grain breads or muffins, cereals, nuts and beans. You may need a stool softener after surgery which can be purchased from your local pharmacy.

### **Make sure you are getting sufficient iron**

Take iron as directed by your doctor. Vitamin C helps with iron absorption. Do not take iron with milk. Dietary iron is in lean red meat, dark green leafy vegetables, egg yolks, raisins and prunes.

### **Make sure you are getting adequate calcium:**

#### **Recommended dose 1,500 mg daily**

Calcium is necessary to maintain the strength of your bones. Try to take some of your daily calcium as servings of milk, yogurt or cheese. Do not exceed 500 to 600 mg of calcium at any one time; spread out your calcium intake throughout the day.

REMEMBER: You need 1,000 IU daily of vitamin D to absorb calcium. Vitamin D is frequently found in multiple vitamins, milk products, fortified cereals and calcium supplements.

### **Stop smoking**

Patients who smoke get more infections. Some physicians will not perform joint surgery until the patient stops smoking. Talk to your doctor about how you can quit smoking.

### **Decrease your alcohol intake**

It is recommended that you drink no more than one alcoholic drink per day and none at all for 48 hours prior to surgery. There are complications with healing that are associated with excessive alcohol intake. Talk to your doctor about ways to avoid complications with healing.



## STAYING ACTIVE PRIOR TO SURGERY

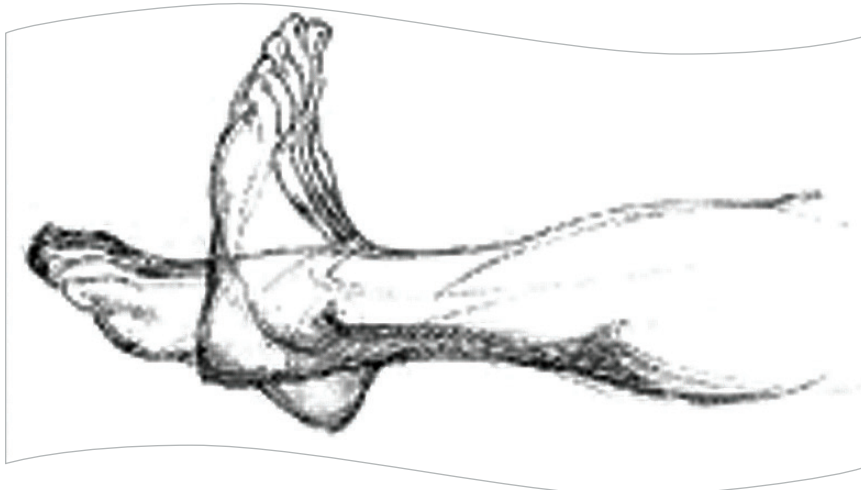
Continue normal activities for as long as you are able until your surgery date. Do not begin any new strenuous exercise or activities. Your doctor or therapist may recommend preoperative exercises tailored to your individual needs to improve your strength and range of motion.

### Exercises to Prepare for Recovery

The following exercises will help you prepare for your surgery and recovery. If you experience extreme pain, slow your routine or eliminate the exercise which triggers the increased pain. *These exercises are the first stage of your recovery after surgery, so it is very important that you know these prior to surgery.*

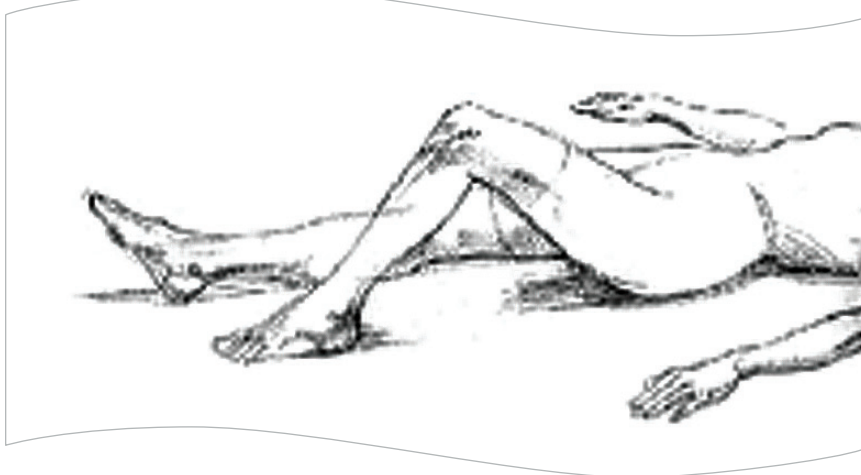
### Exercises Prior to Knee or Hip Arthroplasty

Do 10 sets of each of the following exercises twice a day, unless your doctor indicates otherwise.



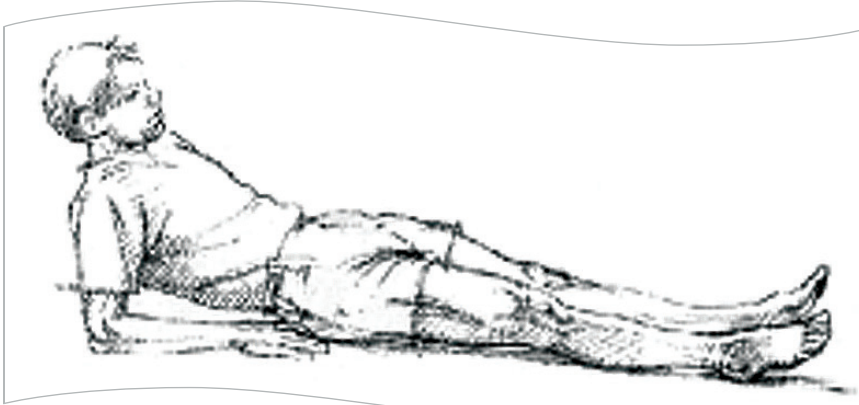
#### **Ankle Pumps**

Bend ankles to move feet up and down, alternating feet.



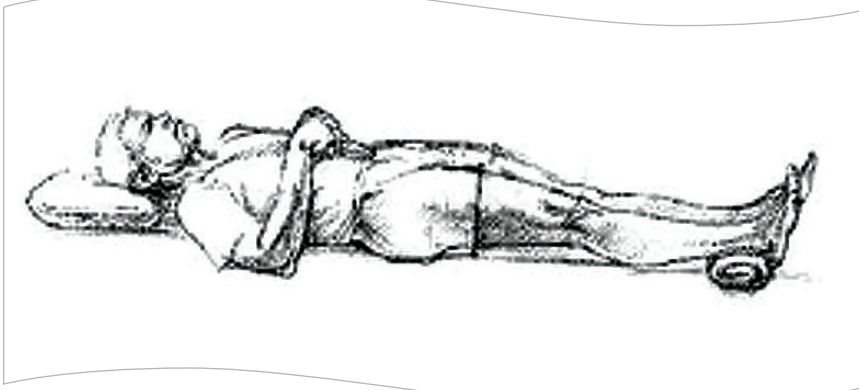
#### **Heel Slides**

Bend one leg at a time, allowing the foot to be flat on the surface. Keep opposite leg straight.



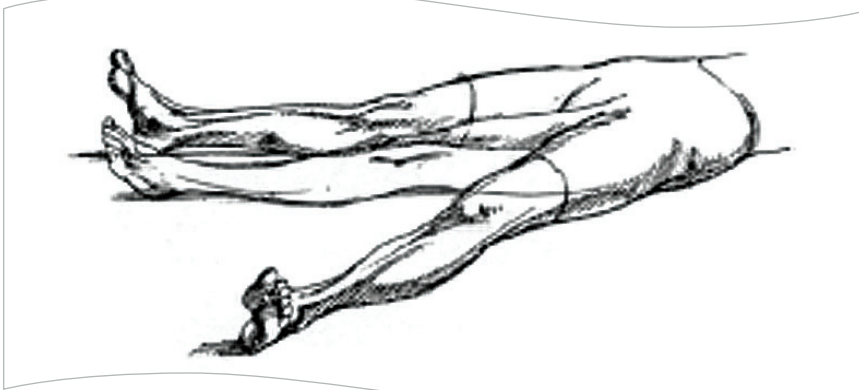
### **Gluteal Squeezes**

Squeeze buttocks muscles as tightly as possible while counting out loud to 10.



### **Quad Sets**

Slowly tighten muscles on thigh of one leg while counting out loud to 10. Repeat with other leg to complete set.



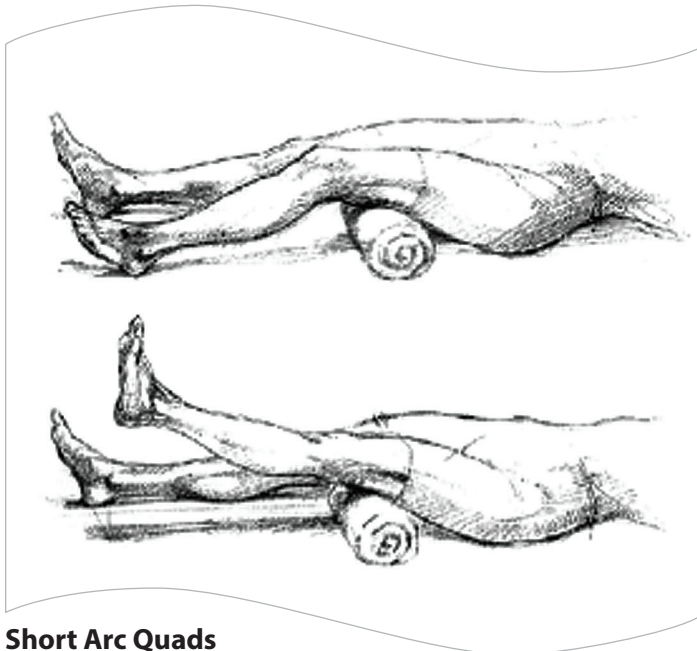
### **Hip Abduction**

Keep your toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax.



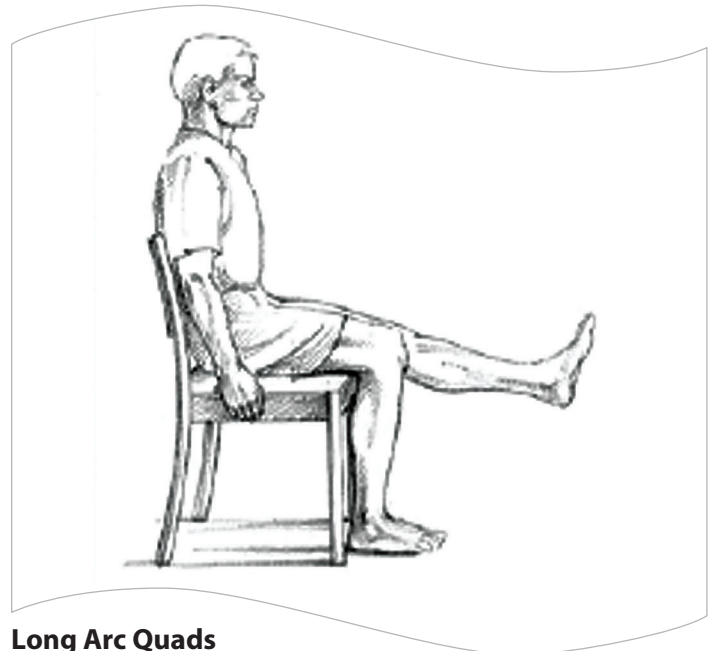
### **Straight Leg Raises**

Bend one leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from bed and hold for 10 seconds. Lower it, keeping muscles tight for 10 seconds. Relax. Repeat with other leg.



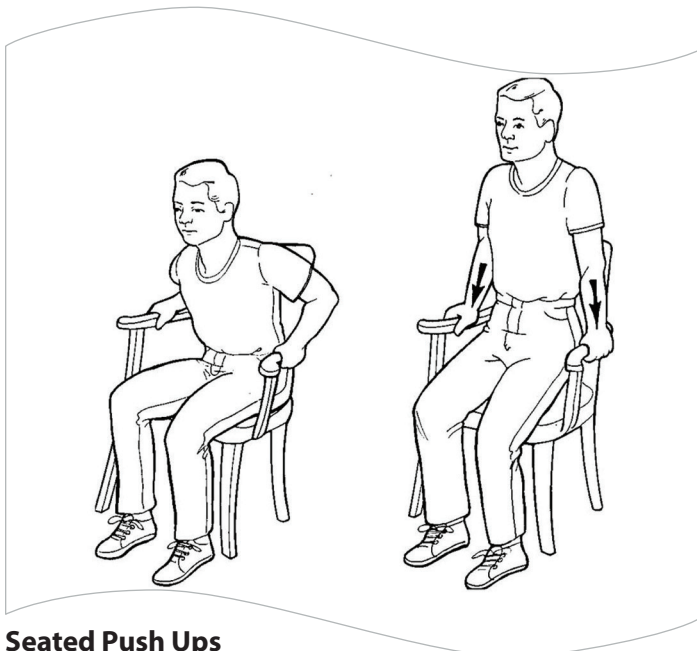
**Short Arc Quads**

Place a rolled towel under your knee. Raise the lower part of your leg until your knee is straight. Hold for 10 seconds.



**Long Arc Quads**

Straighten one leg and hold it for 10 seconds. Repeat with other leg.



**Seated Push Ups**

With your hands on the arm rests, push yourself up using your arms and hold for a few seconds. Slowly lower your body back into the seated position.



**Knee Slides**

Slowly slide your foot forward in front of you until a stretch is felt in the knee and hold for 10 seconds. Then slide your foot back as far as you can and hold for 10 seconds.

## Exercises Prior to Shoulder Arthroplasty

Do 10 sets of each of the following exercises twice a day, unless your doctor indicates otherwise.



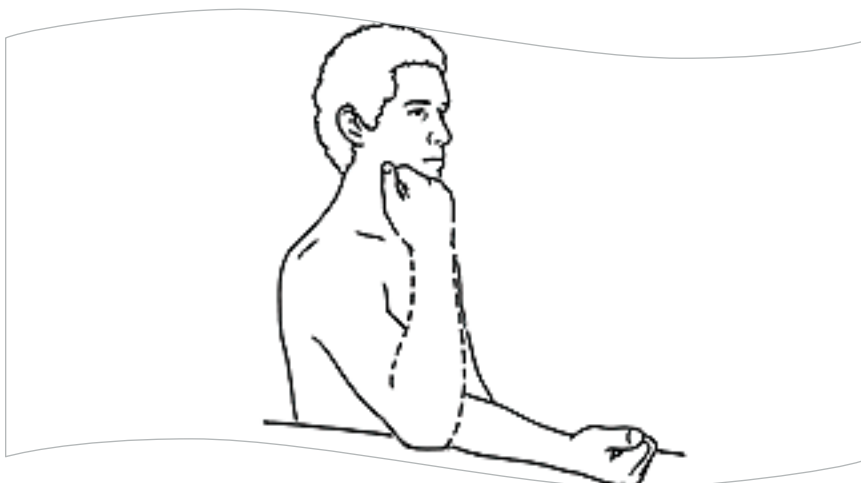
### Wrist Pronation and Supination

Turn your palm upwards and downwards while your elbow is supported. Avoid moving your shoulder.



### Scapula Clocks

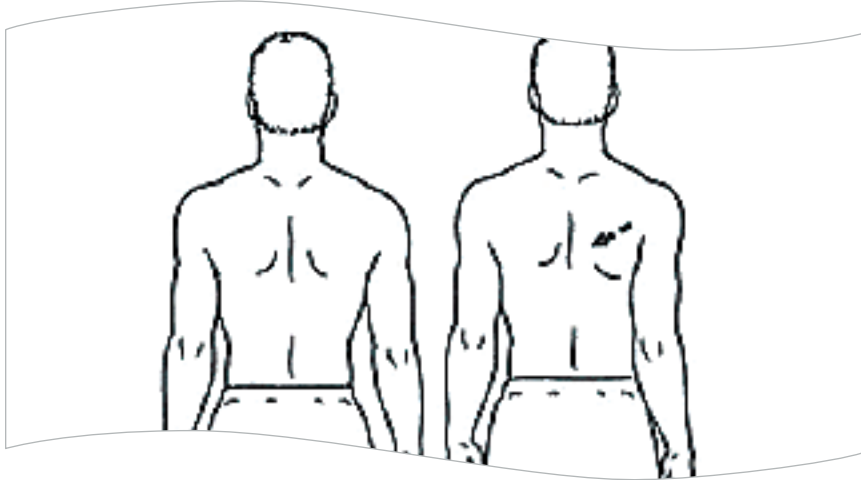
Roll your shoulder up and back, then down and forward to complete a circle. Initiate the movement with your shoulder blade, not your arm. Let your arm relax by your side. You may do this exercise while wearing your sling (following surgery).



### Elbow Flexion and Extension

Bend and straighten your elbow each direction as far as possible. Keep your shoulder relaxed.





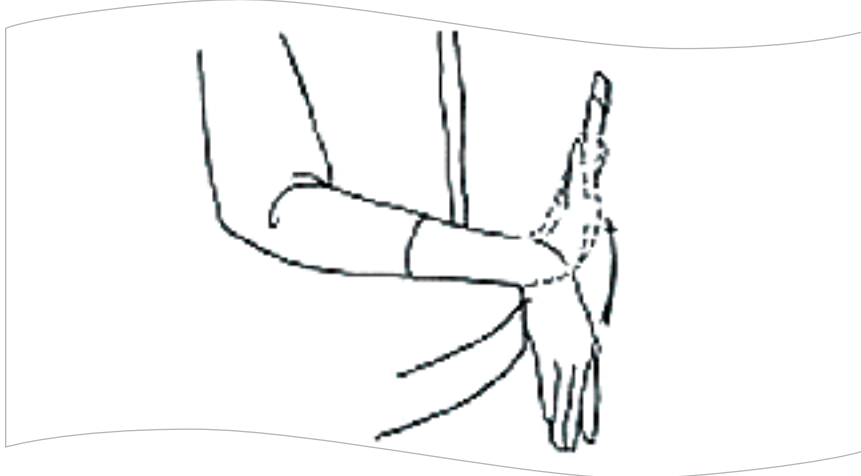
### **Shoulder Blade Pinches**

With your arms relaxed or wearing your sling, pinch your shoulder blades down and back towards your opposite hip.



### **Towel Squeeze**

With your forearm resting on a flat surface, gently squeeze a rolled up towel.



### **Wrist Flexion and Extension**

Bend your wrist up and down as far as possible each direction.

## THE DAY BEFORE SURGERY

### Preoperative Phone Call

A nurse will call you in the afternoon the day before your surgery to confirm your procedure, answer any remaining questions and verify your arrival time at the surgery center. You also will be given directions to the surgery center.

During this phone call you will be instructed to avoid all food and liquid after midnight the night before surgery. You will be told which medications you should take the morning of surgery with a small sip of water.

**DO NOT** eat anything (including candy, gum and mints) after midnight the night before your surgery.

Medications to take the morning of surgery:

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### What to Bring to the Surgery Center

#### Things to bring or do:

- Advanced directives
- Wear loose-fitting clothing
- Medical equipment that you have been instructed to bring

#### Things not to bring or do:

- Valuables that are not essential during your stay
- Medications from home

Your physician has requested that you wear “street clothes” as soon as possible (following surgery) in order to facilitate rehabilitation. Keep clothes loose fitting, such as:

- Loose shorts/pants with wide leg openings; avoid sweat pants with elastic cuffs
- T-shirt tops
- Loose undergarments

It is important that you bring proper shoes to the surgery center. Things to consider when deciding what shoes to bring:

- Choose a shoe with a low (less than 1 inch) heel (gym or walking shoes are fine)
- DO NOT bring bedroom slippers or flip flop style shoes
- DO NOT bring shoes with an open or no heel
- The foot on your operated leg may be swollen after surgery, so bring a shoe that accommodates the increased size (can be a slip-on or tie shoe)

**NOTE:** You may want to purchase elastic shoe strings (available at most pharmacies). This product will help avoid the need to tie your shoes following surgery.

**DO NOT**  
eat anything  
after midnight  
the night before  
your surgery

You may drink  
water up to  
3 hours before  
your surgery

## THE DAY OF SURGERY

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### Preoperative Holding

Following your check-in at the surgery center, the staff will begin to prepare you for surgery. A family member or caregiver may remain with you in preoperative holding until you are moved to the surgery area. You may be in preoperative holding for 1 to 2 hours. In preoperative holding, you can expect the following:

#### Nursing

- Confirmation of name, date of birth, allergies to medication, surgical site and procedure
- Nurse review of medical history
- Nurse review of medication including
  - Names of all medications you currently take – including over-the-counter medications
  - Dose of each medication
  - Frequency (how often) you take each medication
  - Last dose taken
- Review of advanced directive
- Current vital signs
- IV start
- Clipper shaving of the operative site
- Second round of CHG cloth skin preparation

#### Surgeon

- Bedside interview
- Mark surgical site
- Answer final questions

#### Anesthesiologist

- Bedside interview
- Discussion of preferred anesthesia method to fit your needs
- Answer any anesthesia questions you may have

### Infection Prevention

An antibiotic will be given within the hour before surgery and may be continued for 24 hours after surgery based on your surgeons discretion. If necessary, your physician will give you a prescription for the antibiotic to continue at home.

## ANESTHESIA

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### Anesthesia Care Team

Anesthesia care is directed by board-certified anesthesiologists. You will meet your care team members in the preoperative holding area near the surgical suite. Our team works together to provide you with a safe anesthetic experience.

Your Anesthesiologist will determine the best method of anesthesia for you based on your medical history and the procedure being performed.

There are three types of anesthesia methods commonly used for joint replacements.

### Spinal Anesthesia

#### Hip or Knee Replacement

A small amount of local anesthetic is injected into your back. You rapidly become numb in your lower body and will likely be unable to move your legs for a few hours. This is a single injection and blocks the pain from the surgical area.

#### Pain Medications

As part of the multifaceted pain management program, you will be offered oral or IV medications to help with pain management before and after your operation. These medications are to be taken in addition to the other modalities described above.

### General Anesthesia

General anesthesia will put you to sleep following an injection of medications into your IV. After you are asleep, a breathing tube will be placed into your mouth to assist your breathing during the surgery.

During the operation, you will be receiving additional medications in your IV and through your breathing tube that will ensure that you remain asleep throughout your surgery. At the end of the operation, the breathing tube will be removed when appropriate.

### Regional Anesthesia (Nerve Block)

Regional anesthesia refers to numbing a part of your body with an injection of local anesthetic. For joint replacement surgery of the knee or hip, regional anesthesia will involve an injection near the nerves in your leg. This medication is very effective for pain management, because it blocks the message of pain that the nerve is trying to take to the brain.

It is very important that you inform your surgeon and anesthesiologist if you are on blood thinners such as Warfarin. If you are using a prescription blood thinner, additional blood tests may be needed to determine whether it is safe to proceed with this type of anesthesia.



Should you choose to have regional anesthesia, sedative medications will be given to you through your IV during the surgery. A small amount of these medications may be given to you before starting a regional anesthetic to relax you and to minimize your discomfort or any anxiety.

### **What to Expect**

Following a nerve block, you can expect the operative extremity to be very numb, tingling or feel heavy for much of the first day. As all numbing medication wears off, you will notice more movement and sensation. When you begin to experience discomfort, take your pain medication before the pain becomes severe.

### **Knee Replacement**

The nerve block injection is inserted near your groin area on your operative leg. The nerve block can only help discomfort on the front of your knee and surrounding area. To better control the pain around the new knee, the surgeon injects another type of numbing medication at the end of the surgery. The combination of medications **may** help to lessen the pain following knee replacement surgery for the first 24 to 48 hours.

### **Shoulder Replacement**

The nerve block injection is inserted in your shoulder area near your neck on your operative arm. To better control the pain around the new shoulder, the surgeon injects another type of numbing medication at the end of the surgery. The combination of medications **may** help to lessen the pain following shoulder replacement surgery for the first 24 to 48 hours.

### **Operating Room**

Inside the operating room, you will be cared for by doctors, nurses and skilled technicians. The total time required for surgery differs from patient to patient depending on the complexity of the procedure. Generally, most surgeries last from 1 to 2 hours, not including the preparation and recovery times.

### **Risks**

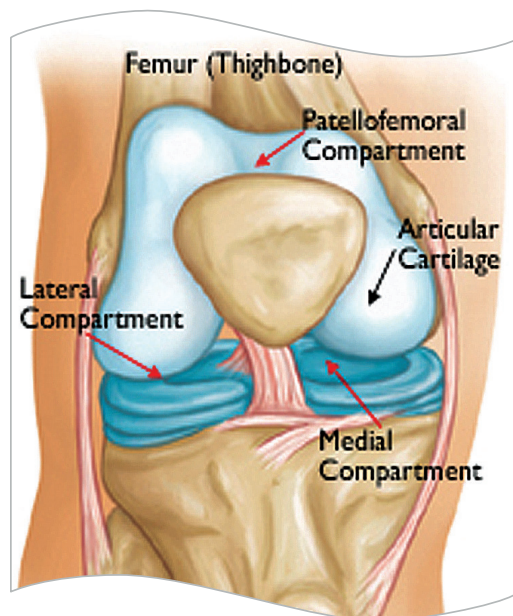
Anesthesia is very safe, but it does have recognized risks and complications. At the time of your surgery, your anesthesia care team will discuss the anesthetic risks with you in detail.

## YOUR SURGERY AND RECOVERY

### Understanding Outpatient Knee Replacement (Total and Unicompartment Arthroplasty)

The knee is one of the largest joints in the body and is critical for people to perform everyday activities like walking as well as athletic pursuits. The knee involves the lower end of the thigh bone – the femur – and the upper end of the shin bone – the tibia. The kneecap – the patella – is in the middle. The ends of these three bones meet and are protected by articular cartilage, which also helps the bones move easily. The menisci are located between the femur and tibia, cushioning the joint and acting as a shock absorber. Ligaments hold the femur and tibia together, providing strength and stability to your knee. The remaining surfaces of the knee are lined with a synovial membrane, which releases a lubricant that prevents friction in the knee. Injury or disease, such as various forms of arthritis, disrupts normal knee function, causing pain and/or mobility problems.

Prior to surgery there is a conservative management period that involves physical therapy, cortisone injections, and oral medications to relieve the pain. If those methods fail, a patient is considered for surgery.



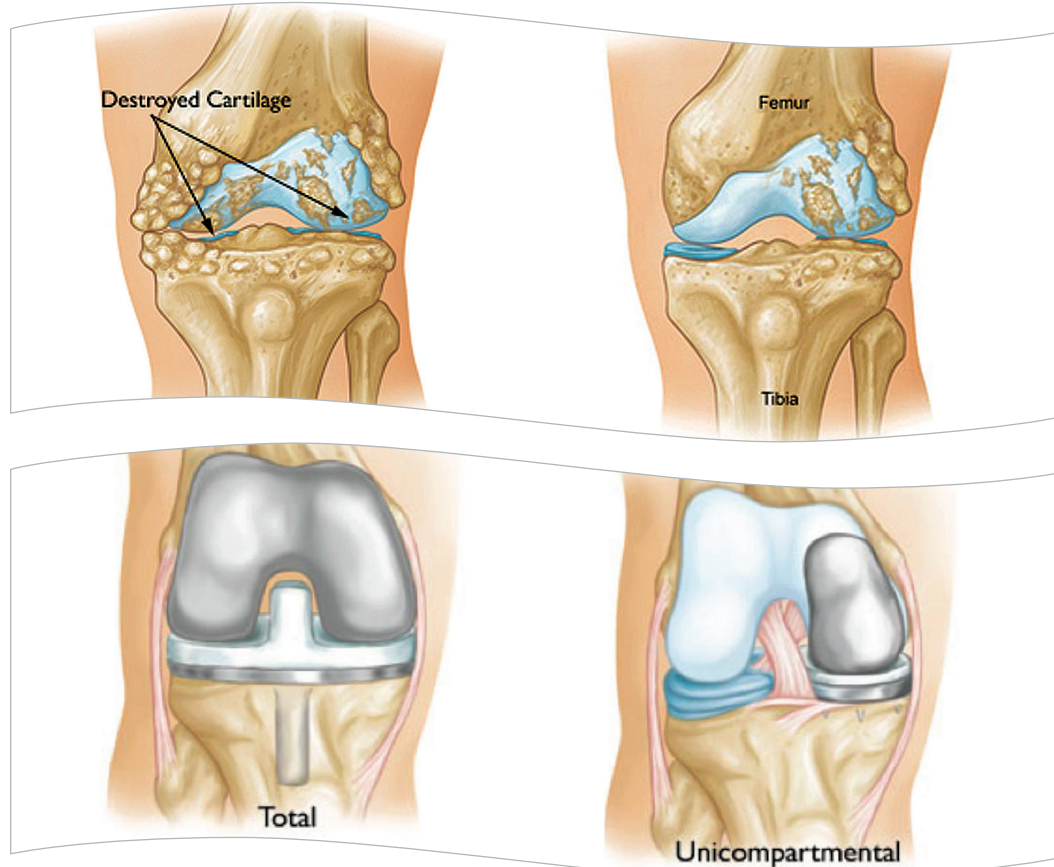
Your knee is divided into three major compartments:

- The medial compartment (the inside part of the knee)
- The lateral compartment (the outside part)
- The patellofemoral compartment (the front of the knee between the kneecap and thighbone)

Arthritis or injury can cause severe pain in your knees. Reconstruction of those joints can be the best way to regain function and restore quality of life. Joint replacement involves surgery to replace one or both ends of the bones in a damaged joint to create new joint surfaces.

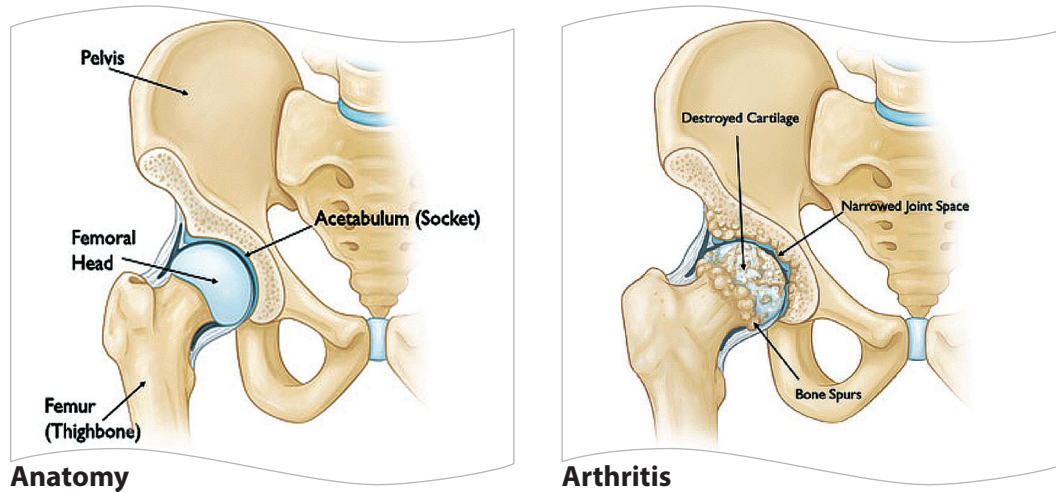
During knee replacement surgery, a metal prosthesis that resembles the normal shape of the femur in the knee joint is placed over the end of the bone. The top of the tibia is replaced with a metal plate with a small stem that reaches down into the bone. The femoral component articulates with a specially shaped polyethylene tibial insert that attaches to the tibial plate. All of these components are inside the joint with preservation of the normal capsule and major stabilizing ligaments on the sides of the knees. Generally, the undersurface of the kneecap, or patella, also is resurfaced with a polyethylene implant. These components are fixed with cement or bone ingrowth into porous surfaces.

Surgeons use a variety of instruments to make sure that the leg is straight at the end of operation. Another surgical goal is to have the knee extend completely (straighten out) and bend (flex) as much as possible to enable stair climbing, getting in and out of a car and sitting comfortably. Like a normal knee, it is important that the main ligaments on the side of the knee provide stability against the knee moving to the side and being unstable.



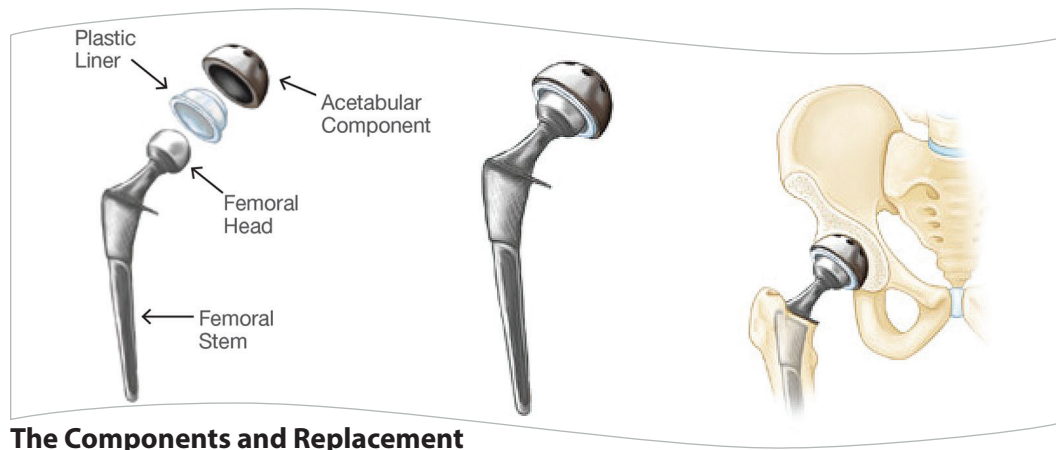
### Understanding Outpatient Hip Replacement (Total Hip Arthroplasty)

Arthritis or injury can cause severe pain in your hip(s). Reconstruction of those joints can be the best way to regain function and restore quality of life. The hip enables us to bend and straighten our body and move our lower limbs. Total joint replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.



Prior to surgery there is a conservative management period that involves physical therapy, cortisone injections, and oral medications to relieve the pain. If those methods fail, a patient is considered for surgery.

When the hip is replaced, the original ball and socket joint is replaced with an artificial one consisting generally of a metal ball attached to a stem that fits inside the hollow canal of the femur or thigh bone. The ball articulates with an artificial socket that is fixed to the cup portion of the pelvis or acetabulum. For the femur, both cement fixation and bone ingrowth methods are equally successful. A bone ingrowth implant is generally used, although cement fixation for the femur may be used in older patients whose bone may not be as substantial as when they were younger.



The Components and Replacement

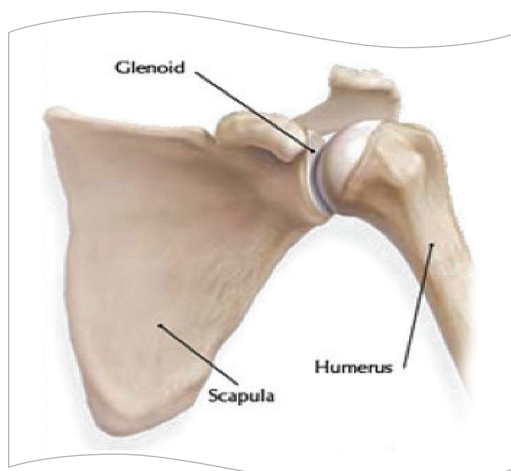


**Understanding Outpatient Shoulder Replacement**

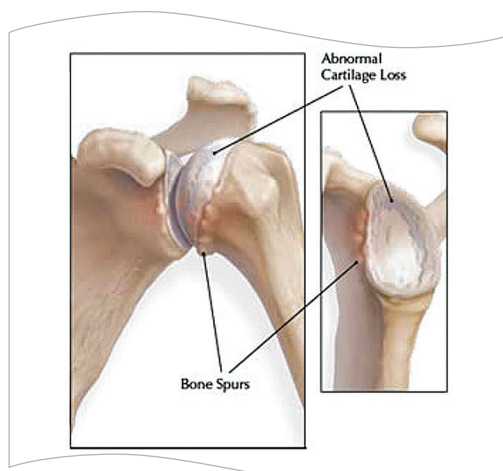
Total shoulder replacement is generally presented as a treatment option for patients suffering from joint dysfunction as a result of osteoarthritis, rheumatoid arthritis or, in rare cases, a severe shoulder injury. Prior to surgery there is a conservative management period that involves physical therapy, cortisone injections, and oral medications to relieve the pain.

If those methods fail, a patient is considered for surgery. During the surgery, a small incision will be made on the front or top of the shoulder to access the shoulder joint.

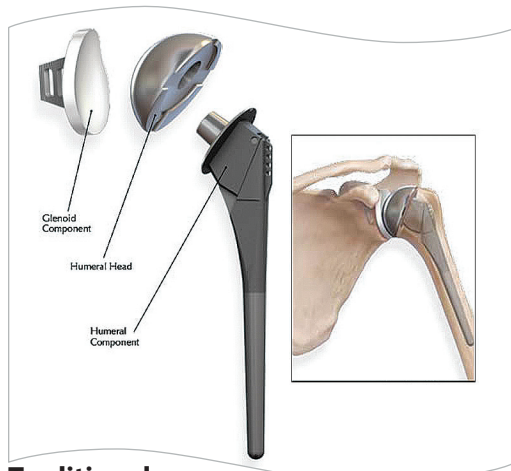
The head of the humerus or 'ball' of the joint will be removed and replaced with a round metallic implant, while the glenoid or 'socket' will be replaced with a new, plastic socket. This replaces the painful bone-on-bone rubbing a patient feels with a painless metal-on-plastic articulation.



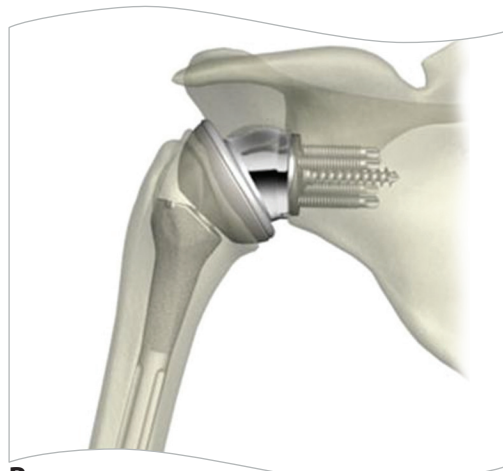
**Normal Shoulder Joint**



**Degenerated Shoulder Joint**



**Traditional Shoulder Replacement**



**Reverse Shoulder Replacement**

## Understanding Blood Clots

With surgery, there is an added risk of developing a blood clot. We will implement preventative measures to decrease your risk of developing a blood clot after surgery.

### **Pulmonary Embolism**

Symptoms of a blood clot in the lung (pulmonary embolism) are shortness of breath, sudden onset of chest pain, cough and sometimes fainting. These symptoms require immediate medical attention.

### **Deep Vein Thrombosis (DVT)**

DVT is a disorder in which a blood clot forms in the deeper blood vessels, particularly in the legs. Having orthopedic surgery increases this risk as does being immobile or inactive.

The following symptoms may indicate the formation of a clot. If you notice any of these symptoms, please call your doctor immediately:

- Calf is painful and feels warm to the touch
- Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg
- Chest pain or shortness of breath (If this chest pain or shortness of breath is sudden or severe, call 911 and seek emergency care immediately)

## Preventing Blood Clots

### **Clot Prevention**

The following therapies and medications may be used during or after your surgery to improve circulation and prevent blood clots. This will be at your surgeon's discretion.

- All patients will wear thigh-high compression hose on both legs after surgery
- Ankle pumps
- Oral or injectable blood thinning medications such as Warfarin, Aspirin, Xarelto, or Lovenox may be recommended by your surgeon based on your medical history
- Early and frequent ambulation (walking)

If your physician has prescribed the blood thinner Lovenox®, please bring your medication with you on the day of surgery. The nursing staff will provide demonstration for use.

## Discharge Instructions

Your nurse will review your discharge instructions with you and your designated caretaker before going home. You will receive a paper copy of your instructions prior to discharge.

### Medications

- Review the medication instruction sheet given to you by your nurse for your prescription medications
- Take prescription pain medication as directed by your surgeon
- Do not take over-the-counter anti-inflammatory medications (aspirin, ibuprofen, Aleve®, Advil®) until approved by your surgeon

### Diet

- Eat a well-balanced diet
- A multi-vitamin capsule each morning for at least one month is advisable
- Pain medication may cause constipation – drink lots of fluids and increase your intake of fruits and fiber

### Incision Care

Keep your incision clean and dry. If you notice **any** of these symptoms of infection, please call the surgeon's office immediately:

- Excessive, bright red drainage that does not change with rest and elevation
- Any green or foul smelling drainage
- Incision becomes red and very hot
- A fever over 101 degrees

### Showers (No Tub Baths or Soaking)

You may have a special dressing on your surgical wound. The dressing may be waterproof and designed to stay on the surgery site up to 7 days after surgery. The type of dressing used is determined by your surgeon. You will receive instructions related to removing this dressing and showering normally. When showering, you should pat the incision dry—do not rub your incision or apply creams or lotions. If you are unsteady standing, you should use a stool or chair. If you have a traditional dressing on your surgical wound, you will be instructed how to care for it prior to your discharge. You should not get this dressing wet until instructed to remove the dressing and shower normally.

## Compression Stockings (JOBST)

Your surgeon will recommend wearing thigh-high support stockings following your surgery. The length of time that you will wear these depends on your activity level and the amount of swelling. Most patients wear the stockings for 4 to 6 weeks after surgery. Be sure you are checking for pressure sores on your heels. Report any heel pain, burning, itching, blisters or redness that does not go away to your surgeon or nurse.

## Swelling After Hip or Knee Surgery

You may have ankle swelling for about 3 months following hip or knee surgery. If you lie down during the day and elevate your legs, the swelling should go away. If the swelling continues or if you have the swelling in both legs, you should call your surgeon.

## Assistive Devices

It is important that you use assistive devices, as instructed by your surgeon or therapist, for balance and support of your surgical site. By your first post-operative visit to the doctor, you may progress from a walker or crutches to a cane as recommended by your surgeon or therapist.

## Daily Activity

Walking is very important for the success of your total joint surgery – but, you must avoid the extremes of too little or too much.

- Use chairs with arms and ***do not sit for longer than 30 to 45 minutes at a time***
- You may experience discomfort in your operated joint, and you may have difficulty sleeping at night (this is part of the recovery process) – getting up and moving around alleviates some of the discomfort (you may nap if you are tired, but DO NOT stay in bed all day)
- Hip and knee surgical patients should do stairs with support (do one step at a time – “good” leg up – “bad” leg down and use a railing if available)
- Hip surgical patients may be a passenger in a car, but should sit on a firm cushion or folded blanket to avoid sitting too low and be careful to avoid excessive bending of the operated joint when getting in and out of the car
- Your surgeon will instruct you as to when you may resume driving – typically 2-6 weeks after surgery

**While daily activity and exercise is vital to your recovery, it is important you don't overdo it!**



## AFTER SURGERY – AT HOME

### Physical Therapy

Once you are discharged, begin exercises as instructed until you are seen by your physical therapist. Patients are evaluated for a further plan of care as individual goals are met. Your surgeon may plan for you to have home therapy visits and the frequency and duration may vary depending on your progression. You will transition to outpatient physical therapy following your home therapy sessions.

Based on surgeon discretion, some patients will be discharged directly to outpatient physical therapy.

### Postoperative Exercises

Your rehabilitation process for joint replacement surgery will continue once you leave the surgery center. Performing your postoperative daily exercises is critical for your recovery and for maintaining your strength. These exercises are shown in the section entitled “Staying Active Prior to Surgery” of this booklet.

### Discharge Home Follow-Up

Prior to surgery, your surgeon’s office will schedule a postoperative follow-up appointment. If you do not have this appointment, please call your surgeon’s office to arrange a follow-up appointment.

### Preventing Infection

Preventing infection is extremely important for the rest of your life. Your new joint is artificial and does not have your body’s natural protection against infection. Bacteria from a variety of sources can enter your bloodstream and invade the area surrounding your new joint. This can eventually cause it to become loose and painful. A list of possible sources of infection follows, along with things you can do to minimize the risk to your new joint.

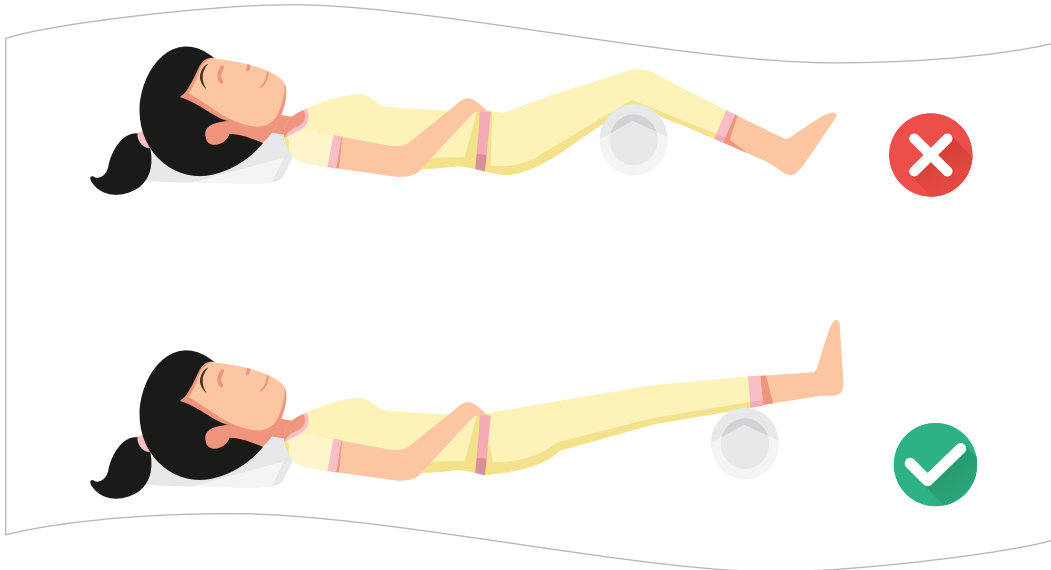
### Future Procedures

Prior to any of the following procedures, you **may** need to take a dose of antibiotics to reduce infection risk to your new joint: dental procedure, prostate and bladder surgery, tonsillectomy, colonoscopy, etc.

- Dental work (cleaning, drilling, extraction, root canal)
  - Take antibiotics the day of your dental work
  - Call your surgeon’s office for a prescription
- Urinary tract or bladder infection
  - Pain, burning, fever, blood in the urine, increased need to urinate
  - See your internist immediately
- Infection in the ears, throat, vagina, etc
  - Pain, fever, redness or drainage
  - See your internist immediately.
- Any invasive procedure (proctoscope, cystoscope, endoscope)
  - Inform your doctor that you have a joint replacement and need to be given antibiotics to protect it during these tests

### Instructions for Elevation

**Knee:** You also may use pillows to help elevate your leg. Elevating your leg, in conjunction with icing will help reduce swelling. If you use a pillow to help elevate your leg, it is very important to elevate your entire leg, down to your ankle. Never put a pillow only behind your knee, so your knee is in a bent position. Your knee should always be straight when it is elevated.



**Shoulder:** Your arm should remain supported by your sling at all times unless you have received other instructions. If you find that you are supporting your arm, you may need to adjust your sling. When you are sitting in a chair, you may place a pillow under your forearm and sling to help support your arm for comfort.

### Tips on Getting In and Out of Your Car

- Move the front passenger seat all the way back to allow the most leg room
- Recline the back of the seat if possible
- If you have fabric seat covers, place a plastic trash bag on the seat cushion to help you slide in once you are seated
- Using your walker, back up to the front passenger seat
- Steady yourself using one hand on the walker, with the other hand, reach back for the seat and lower yourself down keeping your operated leg straight out in front of you. Be careful not to hit your head
- Turn frontward, leaning back as you lift your legs into the car
- Return the seat back to a sitting position
- When getting out of the car, reverse these instructions

## FREQUENTLY ASKED QUESTIONS

### Patient Education FAQs

#### **Why should I have my surgery in a short-stay facility?**

Short-stay settings are designed specifically for performing surgeries that require a short duration of stay after surgery. Short-stay settings are more efficient than acute-care hospitals because they are smaller and allow for more customization and ease of scheduling with appointments that rarely run behind due to emergency surgeries or other unexpected delays often found in hospitals. Short-stay settings are often more conveniently located, away from busy and hard-to-navigate large hospital campuses.

#### **Can a short-stay setting handle a complicated surgery like a joint replacement?**

Yes. In fact, short-stay settings specialize in performing surgeries and caring for the needs of the surgical patient and the home care provider. All of the surgical nurses, technicians, and anesthesiologists are focused on one thing: your surgeon providing a high-quality environment of surgical safety. The care is personalized and the staff is specifically trained to handle your surgery and your immediate recovery with skill and expertise because surgery is what they do. The care you will receive is customized to fit your individual needs.

#### **If it's so high-quality and customized, isn't it more expensive to have my surgery in a short-stay setting?**

No. In fact, short-stay settings don't have the large overhead expenses of a hospital and are up to 42% less expensive. Many short-stay settings pride themselves on cost-transparency and will provide you with a breakdown of your out-of-pocket costs prior to your surgery, so you will know exactly what to expect.

#### **What happens if I get an infection during surgery?**

It's unlikely that you will get an infection during or immediately after your surgery. Short-stay settings have very low infection rates because they don't admit patients that are sick or have infections. It's different than a hospital; hospitals are designed to treat and care for patients that are ill, which means, while hospitals do all they can to prevent infections, inherently; there is a greater risk of infection in a hospital.

#### **When my father had replacement surgery 10 years ago, he couldn't get out of bed or walk on his own for weeks. How can I be expected to go home the next day?**

There have been many great advances in the technology of total joint replacements. Not only are the implants more evolved and often custom-made to perfectly fit your body, but also the medications used for anesthesia and to manage your pain are highly advanced and customized to the patient. Often times, medications are given before your surgery even begins to ensure maximum pain control after.

### **What are the benefits to being able to go home the same day?**

When a patient has their joint replacement surgery in a short-stay setting, they are able to leave soon after and recover in the comfort of their own bed at home. This speeds recovery time, lowers the risk of infection, and keeps costs down.

### **Will I need to purchase a new bed or furniture?**

Typically, there is no need to purchase new furniture. You can sleep in your own bed and will learn ways to get in and out. Further, you won't need any specially-made furniture, but know that chairs with arms are better for getting in and out of than chairs without. Recliners are great and can be useful for sleeping in the first week after surgery.

### **Will I be able to keep my pets after my surgery?**

Of course, but when you first arrive home, it's best to have them out of the house for a few days or kenneled in another area. Dogs are especially dangerous because they tend to be larger and more excitable. Cats, however, can get under-foot and pose a threat for falls. Also, keep in mind, animals are dirty; be sure to always use hand sanitizer or wash after touching or holding pets.

### **What are the biggest risks?**

The biggest risks with joint replacement surgery are falls and infection after you get home.

### **How can I prevent falls at home?**

Falls typically happen when you are weak, tired, or when you are still under the influence of medications; or floors and walkways that are slippery, wet, or obstructed. You can prevent falls by identifying and removing obstacles before your surgery. Remove rugs and watch for uneven flooring or low-level items that might pose as tripping hazards. Each year, millions of people are injured by falls, but they can be prevented. Educate yourself and take the necessary steps to avoid falling after surgery.

### **How can I prevent infection at home?**

Infections can happen under the best of circumstances, but just a few, small habits can greatly reduce your risk. First of all, hand washing and using anti-bacterial gel can go a long way in preventing infection. Remember, everything that is on your hands will transfer to anything you touch – including your incision site. Encourage the people around you to keep their hands clean and remind them to do so often. It's also important to keep your living space clean. Have your bedding changed every day and also sleep in clean pajamas at night. Keep your clothes clean during the day and bathe regularly to keep bacteria off of your skin.



# THANK YOU

Thank you for choosing Parkway Surgery Center and Parkway Recovery Care Center for your joint procedure. Your success and satisfaction is of utmost importance. If at any time you have unanswered questions, please contact the Joint COACH. Your success is a partnership which we continue to value!

Sincerely,

The Parkway Surgery Center Team

**Notes:**

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