

JOINT VENTURE

Camp

A Patient's Guide to Total Ankle Replacement



**COOKEVILLE REGIONAL
MEDICAL CENTER**

*It's the Way We***CARE**

IMPORTANT INFORMATION

Date of Surgery:_____

- If your surgeon is Roberts, Grinspun, or Stachler- scheduling will call the afternoon before surgery 2-5 pm with arrival time.
- Please use Chlorhexadine wash two days before surgery and morning of the surgery:_____
- Use wash from neck to toes - scrubbing the entire body - AVOIDING face, hair, and private area. Remember to rinse. ***Body wash does make the shower slippery.***
- Nothing to EAT after midnight.
- Please remember to remove all makeup, jewelry, nail polish, and body piercings prior to arriving at the hospital.
- If you normally wear contact lenses, please remember to wear GLASSES the morning of your surgery.
- If you wear CPAP, please bring with you to the hospital.

**Please STOP these medications one week prior to surgery
unless told otherwise by your provider:**

Ibuprofen, Motrin, Advil, Aleve, Naproxen, Celebrex, Aspirin (Tylenol is acceptable)

****Refer to prescribing physician about when to stop blood thinners.****

Herbal supplements such as garlic, vitamin E, turmeric, and fish oil.

If in doubt, please ask.

Please take these medications the morning of your surgery:

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.

Purpose

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. The 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.



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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. 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 should expect one night stay. 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 may need a walker or crutches, as well as a knee scooter, for initial discharge home, and first few weeks postoperatively. 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?

We will discuss any safety concerns during your preoperative visit. We will work together to rectify any issues, and if necessary, the orthopedic navigator can make a home visit.

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 according to your ankle surgeon's treatment plan, until individual goals are met.*

What should I expect for follow up postoperatively?

Follow up with your surgeon 10-14 days post-op, then as deemed necessary by your surgeon. The orthopedic navigator will call to check on your progress and plan of care once discharged.

When can I drive?

The patient may drive a car with automatic transmission, if surgery is on the left side as pain and swelling allows. If surgery is on the right, the patient may return to driving when they are full weight bearing and can sufficiently stop the car in an emergency situation. The patient may not drive while still in fracture walker. The patient should contact their insurance company prior to driving.

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?

Sedentary work: *May return two weeks post op.*

Weight bearing work: *May return four weeks post op.*

If uncertain of your degree of activity, please discuss with your surgeon

Preparing for surgery

- **Schedule surgery:** 3-4 weeks prior to surgery date.
- **Physical Therapy** will call to set up prehab and first 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.
- **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 three 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.

Two 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.
- 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.
- Knee scooter if it has been issued.
- 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.
- **PLEASE BRING 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.
- 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.
- 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 - an 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.
- 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.
- 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.

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 dressing and splint on the operative leg. This should be kept clean and dry. You will be given instructions as part of your discharge planning as to care of the dressing and wound.
- You may have support hose and/or compression devices on your unaffected leg. 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, through the day, while awake.
- You will be expected to use your incentive spirometer through the day, while awake.

- Before, during, and post-surgery we will focus on a multimodal approach to pain control. We will use anti-inflammatories, analgesics, and nerve pain medication. This approach has been proven to provide better long term control of pain than narcotic based medications.
- Assistive devices (walker, cane) will be available for you to use during your hospital stay.
- *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 eight glasses a day).
- It is common after surgery to have a decreased appetite. This may be the result of anesthesia and 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. Perform gentle ROM of all extremities throughout day.
- 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 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 one hour twice daily for skin care or need for rest. Normally these can be discontinued at the three week mark.
- **Physical Therapy-** You will continue physical therapy after leaving the hospital. Initially you will perform exercises listed for you in this booklet. You are expected to complete these and document in calendars provided. You will progress to outpatient therapy according to total ankle protocol. 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



Knee Scooter



Post-Op Calendar for exercise documentation

Week of _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							

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8:00 p.m.							
9:00 p.m.							

Physical Therapy Guidelines

Week		Goals
0-2	<ul style="list-style-type: none"> • Posterior splint • NWB on operative side • Gait training with correct use of crutches/walker/knee scooter. • AROM of hip and knee. • Rest and elevation of operative limb 6 inches above heart, 22 hours per day. 	<ul style="list-style-type: none"> • Perform ADL's with safe, independent use of crutches/walker/knee scooter. • Control of pain and swelling.
2-6	<ul style="list-style-type: none"> • First post op visit at Tier 1, 2 weeks post op • Splint will be changed to fracture walker. • Can start sagittal plane AROM and PROM of ankle. • Boot should be worn at all times except <ul style="list-style-type: none"> ○ Removal 3 x daily to perform exercises and hygiene care. • WB when standing (axial loading) and walking <50 ft. NWB for long distances. • Static quad exercises 	<ul style="list-style-type: none"> • Increase ROM • Safe, independent use of crutches/walker/knee scooter.

6-10	<ul style="list-style-type: none"> • WBAT –transition from fracture walker to shoe as long as wound is healed. • Practice standing, weight shift, and short periods of walking out of fracture walker. Gradually increase time and distance in order to be completely out of boot by 8 weeks. • AROM of ankle • Core Exercises-recruit transversus abdominus • Hip strengthening • Elevate and control swelling • Joint mobilization • Scar massage • Swimming allowed if wound is completely healed and it is deemed safe to get in /out of pool. • Begin cycling or stationary bike. • Increase ADL's in a standing position (not in extended NWB period) 	<ul style="list-style-type: none"> • Maintain ankle ROM • Maintain hip and knee ROM/strength • Improve core strength • Safe use of crutches/walker/knee scooter • Increase scar mobility. • WBAT out of fracture walker and into shoe.
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10-14	<ul style="list-style-type: none"> • Scar Massage • Heat • Joint mobilization • Stationary bike • Gait training • Low level balance and proprioceptive exercises. • Progressive strengthening of hip, knee, and ankle. • Continue core strengthening 	<ul style="list-style-type: none"> • Increase core, hip, knee, and ankle strength. • Gait safety w/wo walking aid.
14-16	<ul style="list-style-type: none"> • Begin unilateral stance exercises • Bilateral Heel raises progressing to unilateral heel raises. • Higher level balancing/proprioceptive exercises. 	<ul style="list-style-type: none"> • Ambulation with no walking aid. • Expected ankle ROM: <ul style="list-style-type: none"> ○ DF: 5-10° ○ PF: 20-35°
16+	<ul style="list-style-type: none"> • Return to normal activities i.e. golf, tennis, etc. 	<ul style="list-style-type: none"> • Full strength

Pain and swelling

This procedure may cause significant pain and swelling. It is normal for the foot and ankle to be swollen up to 6-12 months post op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually an indicator of infection. You may notice oozing through the bandages or splint. The dressings can be reinforced, that is, added to, but should not be removed. If active bleeding continues and the bandages becomes saturated please notify Dr. Juels office at 931-526-9518. If it is after hours or on the weekend, call Cookeville Regional at 931-528-2541 and ask for surgeon on call for Tier 1 Orthopedics.

Driving

The patient may drive a car with automatic transmission, if surgery is on the left side as pain and swelling allows. If surgery is on the right, the patient may return to driving when they are full weight bearing and can sufficiently stop the car in an emergency situation. The patient may not drive while still in fracture walker. The patient should contact their insurance company prior to driving.

Return to work

Sedentary work: May return two weeks post op.

Weight bearing work: May return four weeks post op.

If uncertain of your degree of activity, please discuss with your surgeon.

Abbreviations

NWB: non- weight bearing

ADL: activities of daily living

AROM: active range of motion

PROM: passive range of motion

ROM: range of motion

WBAT: weigh bearing as tolerated

WB: weight bearing

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

Journal

Week 13

Week 14

Week 15

Journal

Week 16

Contact Information

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

Most symptoms, questions, or concerns develop hours or even days before a patient decides to call or seek help. Do not postpone or hesitate contacting your surgeon's office with matters related to your recent surgical procedure. If you have an emergency that does occur after hours, call Cookeville Regional Medical Center and the operator will direct you to your surgeon or 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.



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

It's the Way **WeCARE**