

COOKEVILLE REGIONAL MEDICAL CENTER

# JOINT VENTURE

# Camp

Class Date: \_\_\_\_\_

Class Time: \_\_\_\_\_

CRMC Outpatient Rehab  
Building (Blue Roof)

T-shirt size please.

Pre-hab and first  
PT appointment.



**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 of opportunity.*

*Hippocrates*



COOKEVILLE REGIONAL  
MEDICAL CENTER

*It's the Way WeCARE*

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 2 days before surgery & 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.

**DRINK Ensure Pre-Surgery Drink the night before surgery, right before bedtime. Drink the second drink when you awake, morning of surgery.**

- 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 a CPAP, please bring it with you to the hospital.

**Please STOP these medications 1 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. \*MUST continue iron prophylaxis supplements\***

Please take these medications the morning of your surgery:

\_\_\_\_\_  
\_\_\_\_\_

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# 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 staff are 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. 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.

# 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. Our goal is for many of our total joint replacements to be back at home within 23 hours. Your coach/family should be available to help 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 you may have to stay up to two 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 the 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?** *You will be scheduled for a follow up visit within the first two weeks of your postoperative period.*

*Subsequent follow ups will be scheduled according to surgeon preference and individual progression. The orthopedic navigator will call to check on you after surgery and up to three months after to discuss progress, goals, and the healing process.*

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

**What activities can I participate in after recovery?** *Low-impact activities are best. Walking, bicycling, swimming (only after wound is completely healed), 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 versus normal track for surgery.**

**Physical Therapy-** You will need to call physical therapist of your choice for 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.
- You will be assigned a date for your Joint Venture Class, discuss care pathway, review preoperative instructions (including bathing, medications, etc.).

**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 open 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. **This soap may make your shower slippery so take extra care with safety precautions. The soap may also discolor wash cloths.**

## Day before surgery

Push fluids, preferably water or Gatorade.

Follow **shower protocol**.

Your primary nurse from your 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 linens 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.

**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, jewelry, piercings, 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. *Times can vary secondary to delays, emergencies, etc.*

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 minutes -1 hour.

The anesthesiologist will give you medicine in your IV to relax you as well as place a block (knees only) 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 eight 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. If you have a cold compression device, follow directions on device.

Seek early treatment for any suspected infection (dental abscess, urinary tract infection, etc). Notify your dentist or surgeon if you are scheduled for any dental or surgical procedures. You may need to take prophylactic antibiotics prior to these procedures.

**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. 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.

# 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
8:00 a.m.							
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11:00 a.m.							
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# Exercises to do *Before Surgery*

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

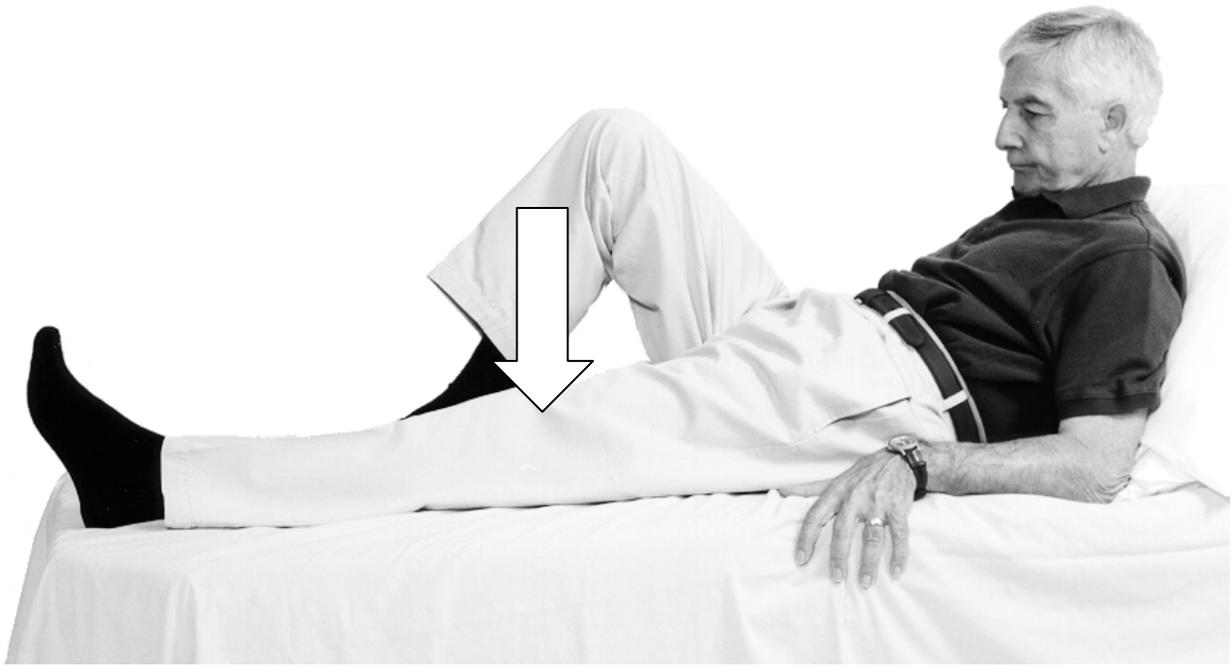
1. Ankle pumps
2. Quad sets (knee push-downs)
3. Gluteal sets
4. Hip Abduction and adduction (slide heel out and in)
5. Heel slides (slide heel up and down)
6. Short arc quads
7. Straight leg raise (**KNEE REPLACEMENT PATIENTS ONLY**)
8. Long arc quads
9. Arm chair push-ups

## 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,

Advanced: Progress from the seated position using legs to push off only. No arms raising bottom up off chair seat if possible. Repeat 10 times.

# Post-Op Calendar for exercise documentation

Week of \_\_\_\_\_

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

**Duration:** 10-20 reps

**Frequency:** 3 times/day

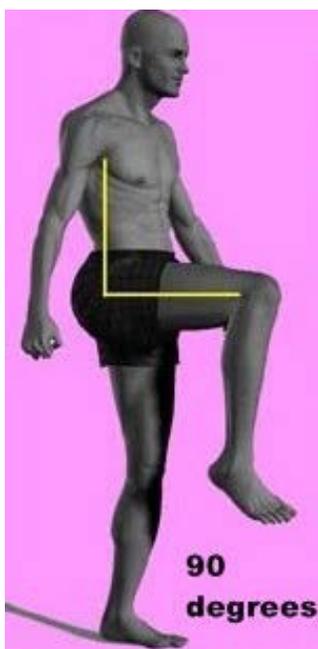
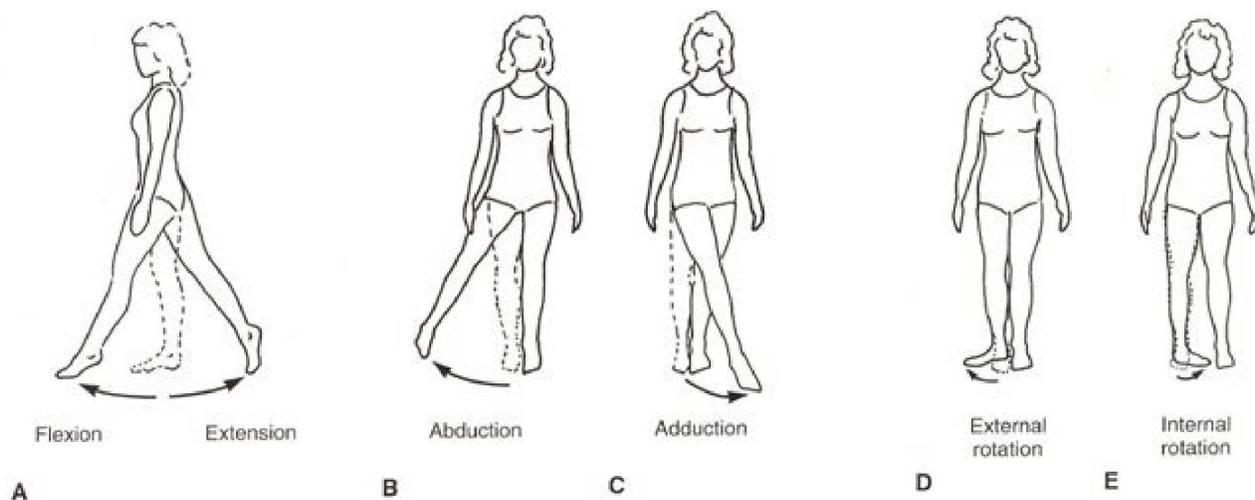
1. Heel Props
2. Ankle Pumps 
3. Quad Sets (Knee Push-downs) 
4. Gluteal Sets 
5. Hip Abduction/ Adduction (Slide Heels Out and In) 
6. Heel Slides (Slide Heels Up and Down) 
7. Short Arc Quads 
8. Straight Leg Raise (**KNEE REPLACEMENT ONLY**) 
9. Knee Flexion Stretch (**KNEE REPLACEMENT ONLY**)
10.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

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

# Hip Precautions

**Anterior approach-** Avoid extremes in extension with external rotation of operative hip

**Anterolateral and Posterior-** No hip flexion > 90 degrees, No crossing legs, and avoid internal rotation.



## 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

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## 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.*

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

Revision 2/22









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

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