

Total Joint Replacement Surgery

Patient Handbook



Osborn Medical Center

Welcome to Scottsdale Healthcare's Total Joint Program

Welcome to Scottsdale Healthcare's orthopedic services! I am very pleased that you have chosen us for your joint replacement surgery. Scottsdale Healthcare is committed to providing excellence in clinical care and customer service, which is based upon our vision of setting the standard for excellence in personalized healthcare and supported by our values of Integrity, Caring, Accountability, Respect and Excellence.

I am extremely proud of the comprehensive orthopedic services offered at Scottsdale Healthcare. Our multidisciplinary team approach and emphasis on patient-centered care blends the science of medicine with the art of healing. The unsurpassed expertise of our orthopedic specialists, paired with the latest advances in technology and the compassionate care of our staff, provides a seamless patient/family experience.

The philosophy behind our Total Joint Program is based upon the foundation that our patients are generally healthy people who come to us because they require a procedure to restore their mobility. With this in mind, we have developed a program that is designed to get patients back on their feet, back at home and back doing the activities that they enjoy as quickly as possible.

The Total Joint Program is led by a dedicated care team. Our orthopedic nursing staff has received specialized training in assisting orthopedic patients with mobility. Physical and occupational therapists are extremely competent and able to design specific accelerated therapy programs to help individuals meet their own personal mobility or activity goals. Our physicians are among the best in the Valley in terms of caring, excellence and clinical outcomes. Using the most modern technology and surgical techniques, which allow for a more rapid recovery and longer lasting joint function, the physicians are able to restore the joy of movement to our patients and truly revitalize lives!

Thank you again for choosing Scottsdale Healthcare.



Sincerely,

Kathy Stinson, DNP, RN
Director, Orthopedic Services at Scottsdale Healthcare

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Top 6% in the Nation



Scottsdale Healthcare is the first and only multi-hospital health system in Arizona to receive Magnet recognition, considered the gold standard in nursing and patient care. We are one of only 21 in the United States to achieve this status for the entire organization, which represents high-quality patient care, innovation, technology and evidence-based practice.



Total Joint Replacement Surgery

Total Joint Replacement Procedures

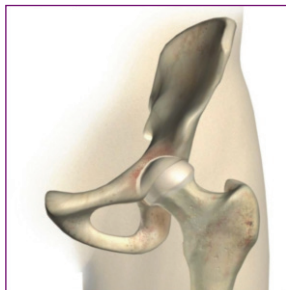
Total Hip Replacement Surgery

The hip is one of your body's largest weight-bearing joints. It consists of two main parts: a ball (*femoral head*) at the top of your thigh bone (*femur*) that fits into a rounded socket (*acetabulum*) in your pelvis. Bands of tissue called ligaments connect the ball to the socket and provide stability to the joint. The bone surfaces of your ball and socket have a smooth durable cover of *articular cartilage* that cushions the ends of the bones and enables them to move easily. All remaining surfaces of the hip joint are covered by a thin, smooth tissue called *synovial membrane*. In a healthy hip, this membrane makes a small amount of fluid that lubricates and almost eliminates friction in your hip joint.

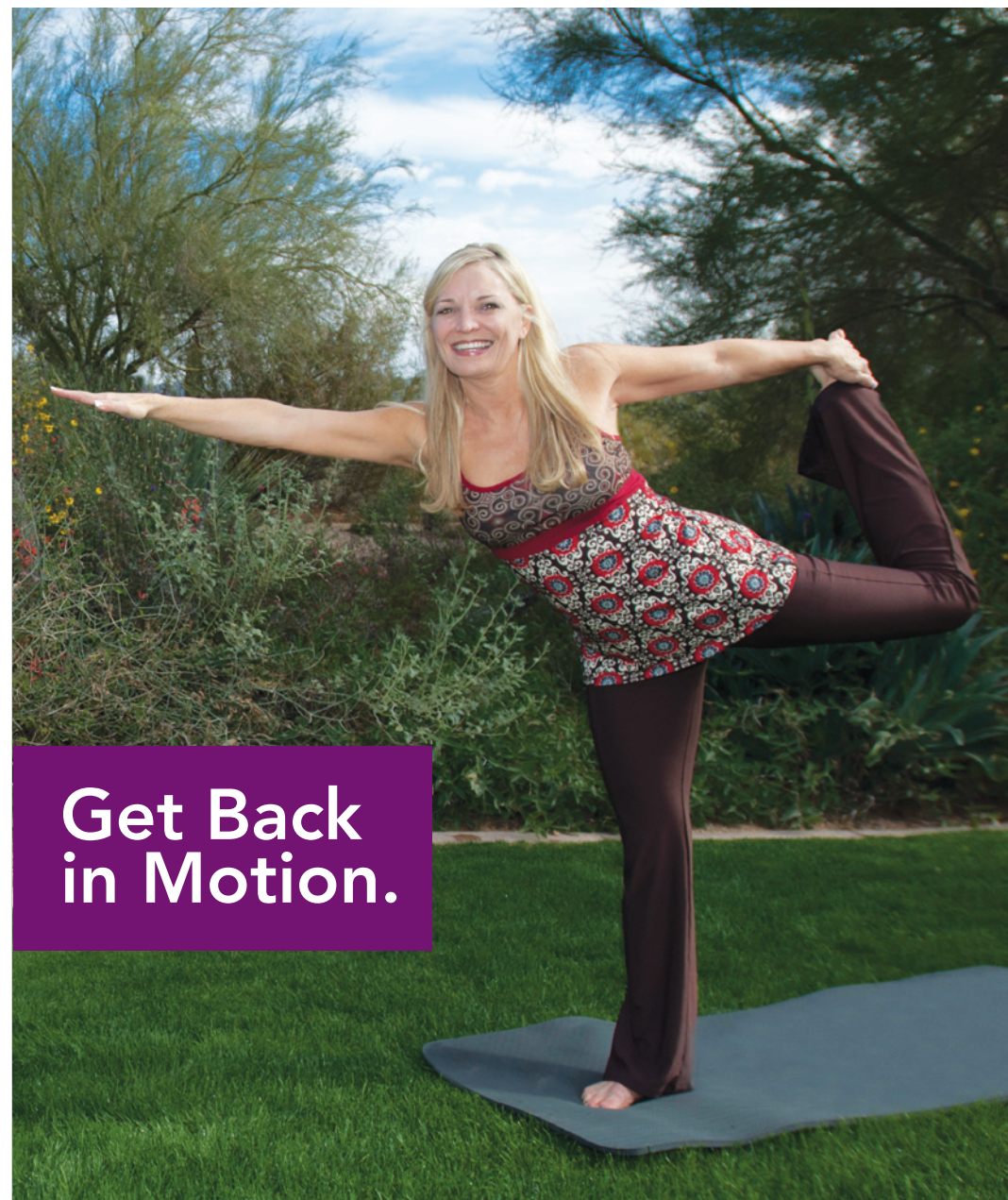
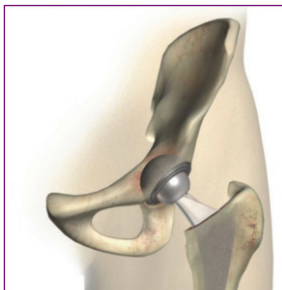
A hip replacement is a surgical procedure in which a hip joint that is worn out or injured and painful is replaced with an artificial joint. The surgery will benefit you by reducing hip pain, increasing leg strength and providing easier movement. Your surgery will take about one to two hours on average. An incision is made and the damaged joint is removed. The surface of your old socket is smoothed and the new socket is put into the pelvis. The new ball and stem component is inserted into the head of your thigh bone and then joined with the socket.

Scottsdale Healthcare offers two approaches to total hip replacement surgery – the posterior approach and the anterior approach. All hip replacements, regardless of incision type, require your surgeon to replace the top of the thigh bone and the socket of the pelvis. In a posterior hip replacement, the surgeon reaches the hip joint through the back (*posterior*) of the hip. In an anterior hip replacement, the hip joint is reached through an incision in the front (*anterior*) of the hip.

Normal Hip



Hip Replacement



Get Back
in Motion.

Holly had both of her hips replaced - one with the traditional approach and the other with the anterior approach. Read her story at shc.org/orthostories.



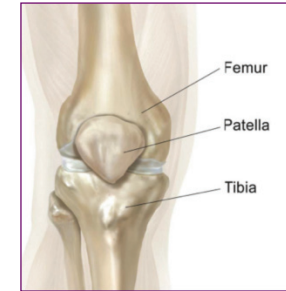
We helped John get back in gear with a total knee replacement. Read his story at shc.org/orthostories.

Total Knee Replacement Surgery

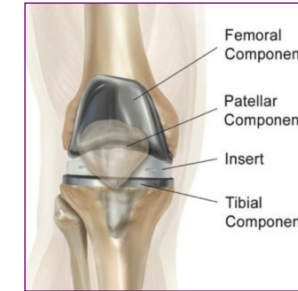
The knee is the largest joint in the body. The knee is made up of the lower end of the thigh bone (*femur*), which is hinged on the upper end of the shin bone (*tibia*), and the knee cap (*patella*), which slides in a groove on the end of the femur. Large ligaments attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength. The joint surfaces where these three bones touch are covered with *articular cartilage*, a smooth substance that cushions the bones and enables them to move easily. All remaining surfaces of the knee are covered by a thin, smooth tissue liner called the *synovial membrane*. This membrane releases a special fluid that lubricates the knee, which reduces friction to nearly zero in a healthy knee.

A knee replacement is a surgical procedure in which a knee joint that is worn out or injured and painful is replaced with an artificial joint. The surgery will benefit you by reducing knee pain, increasing leg strength and providing easier movement. An incision is made on the front or side of your knee and the damaged bone is cleared away. The surfaces are prepped and shaped to hold the new joint. The new joint is aligned and secured to the thigh bone, kneecap and shin bone

Normal Knee



Knee Replacement



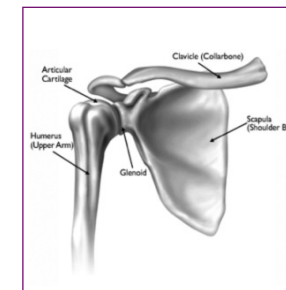
Shoulder Replacement Surgery

Although less common than knee or hip replacement, shoulder joint replacement is just as successful in relieving shoulder joint pain. In a healthy shoulder, the upper arm bone (*humerus*) ends in a ball shape. This fits into a socket formed by the shoulder blade (*scapula*). Together this ball and socket form the shoulder.

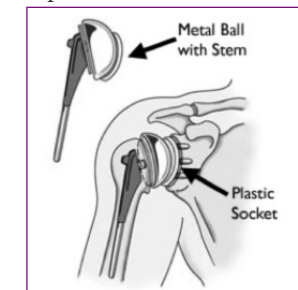
There are two types of shoulder replacement procedures performed at Scottsdale Healthcare – conventional and reverse. Most often a reverse shoulder replacement is performed on patients who suffer from severe rotator cuff tears, arthritis in the shoulder and serious fractures in which the bone is too severely damaged to repair.

A conventional shoulder replacement device mimics the normal anatomy of the shoulder: a plastic “cup” is fitted into the shoulder socket (*glenoid*), and a metal “ball” is attached to the top of the humerus. In a reverse total shoulder replacement, the anatomy of the healthy shoulder is reversed so that the metal ball is fixed to the socket and the plastic cup is fixed to the upper end of the humerus.

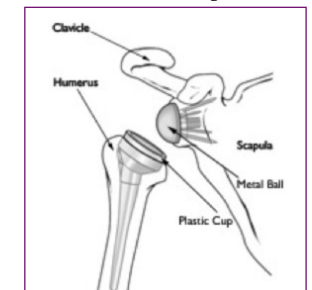
Normal Shoulder



Traditional Shoulder Replacement



Reverse Shoulder Replacement



Note: Shutterstock didn't have appropriate imagery for these. Using what SHC sent

Pre-Registration Phone Call

Scottsdale Healthcare's pre-registration staff will call you prior to your surgery to verify your demographic and insurance information. If your insurance requires a co-payment, our staff will provide that information when you are contacted. You will also be scheduled for a pre-admission appointment, where the pre-operative nurse will interview you, obtain your medical history, and answer any questions you may have. Please bring any paperwork you received from your orthopedic surgeon along with a list of all the medications you take including dosages. The list should include prescription and over the counter medications.

Total Joint Replacement Education Class

You will need to attend a total joint replacement educational class. Whenever possible, your pre-admission appointment will be scheduled so that you can also attend the class at the same time. Many important topics are discussed which will make your preparation for surgery and transition home easier. Family members and/friends who are going to help you once you return home are encouraged to attend.

Total joint classes are held every Thursday from 1-2 p.m. in the Total Joint Center at Scottsdale Healthcare Osborn Medical Center, located at 7400 E. Osborn Road in Scottsdale. The Total Joint Center is located on the 5C Orthopedic unit. Take the main lobby elevators to the 5th floor and go to the right. If you have not scheduled your pre-admission total joint class, please call 480-882-6879 to do so.

Important Things to Remember Before Your Surgery

- Do not eat or drink anything, including chewing gum and water.
- If you are having surgery in the morning, do not eat or drink anything after midnight. If your surgery is scheduled for the afternoon, follow your surgeon's specific instructions.
- Please note that your surgery ***may be delayed or cancelled if these precautions are not followed***
- Medications such as blood thinners, aspirin or herbal medications may need to be discontinued briefly prior to surgery, while daily medications for high blood pressure, diabetes or other conditions may need to be continued.
- Be sure to ask your physician if you should take any medications the night before or day of your surgery (bolded, italics)

Home Preparation Checklist

Before your total joint replacement procedure, it is very important that your home be prepared for safety and convenience during your recovery period. Here are some suggestions that will make your recovery safer and easier.

- Remove all loose area rugs in walking paths
- Move any loose cords and/or wiring and clear the walking paths inside your home
- Have ample reserves of easy-to-prepare food, frozen dinners/casseroles and individually packaged convenience food items
- Consider creating a sleeping area on the ground floor, if stairs are required to reach your bedroom
- Leave out frequently used items in the areas used or on the counter to decrease bending and reaching

Caregiver ("Coach") Guidelines

After you return home from surgery, you will need the help of a family member or friend. This person, identified as a "coach" will be offered training from the therapy and nursing staff in how to safely assist you once you leave the hospital. You may require assistance with:

- Getting in and out of the bed/chair
- Performing everyday activities such as bathing, dressing, toileting, and showering
- Provide assistance with food preparation and household chores
- Help getting in and out of a vehicle

In order to be discharged home safely with a caregiver you must be able to:

- Get in and out of bed with caregiver assistance if needed
- Be able to walk with an assistive device such as a walker for a distance that allows safe movement around the house with caregiver supervision if needed

Preparation for Day of Surgery

Drink plenty of fluids the day prior to surgery. Do not eat or drink anything after midnight the night before your operation or as instructed by your surgeon. If you are taking prescription medications, take them with the smallest amount of water possible to swallow them comfortably. **Be sure to discuss which medications to take on the day of surgery with your physician.**

Be sure to arrive on time. Most patients are asked to arrive 2 hours prior to the scheduled surgery time. Please check in at the concierge desk in the main lobby on the day of surgery.

It is recommended that you bring the following to the hospital:

- A list of medications with the dosages, and times you take them
- Slippers
- Your walker, if you are borrowing one

Leave all jewelry and valuables at home, and do not wear contact lenses, make up, skin lotions, powders or perfumes the day of surgery.

Pre-Op Information

Please be aware that your scheduled surgery time is only an estimate. Although every attempt will be made to keep your surgery on schedule, your actual surgery time will depend on the amount of time spent on cases before yours and the need to prioritize emergency surgeries.

When you arrive in the pre-op area, you will be asked to change into a hospital gown. Your clothes will be placed in a personal belongings bag and placed in a locked locker or you can have a friend or family member take them. The nurse will fill out a pre operative checklist. If you wear dentures, eyeglasses or a hearing aide you will be asked to remove them prior to surgery for safe keeping. You will have an IV started, and meet with your anesthesiologist. Once you are fully prepared for surgery, the pre-op nurse will get your family member to wait with you until the time for surgery.

Your surgery will take approximately one to two hours. You will wake up in the recovery room. When you wake up you may be experiencing pain. The nurse will ask you to rate your pain on a scale of 0-10, with 10 being the worst pain you have ever had. The nurse will administer pain medication based on the level of pain you are experiencing.

The surgeon will have left medications for nausea as well which sometimes occurs after anesthesia. You may also have nasal oxygen and a urinary drainage tube in place. Your vital signs will be monitored frequently.

Once you are fully awake you will be brought to your room on the orthopedic unit. Your family will be notified so that they can meet you in your assigned room.

Your surgeon also will have given orders for physical therapy or nursing to get you up and out of bed on the same day of surgery. This may sound difficult to you, but it has been proven that early mobility is the most important element of your recovery, both mentally and physically.

Your diet will depend on how you are feeling and the assessment of the nurse. Your first meal following surgery will be liquids, and your diet will be advanced as tolerated based on how you are feeling. There is a personalized meal service plan at Scottsdale Healthcare, which allows you to choose the meal you want when you want it.

Room service is available from 6 a.m. until 8 p.m. and can be obtained by calling **extension 26340** or electronically using the television system. After 8 p.m. there is a limited selection of menu items available and it is necessary for a staff member to assist you will meal ordering.



After Your Surgery

Activity

You will receive two sessions of physical therapy each day. It is suggested that a family member or friend take part in at least one therapy session so they are familiar with the ways they can help when you go home. Your therapist will coordinate the sessions in order to make sure you have had your pain medication at least 30 minutes prior to your therapy time. An occupational therapist will see you as well if your surgery requires hip precautions. This therapist will provide training on completing activities of daily living and how to use adaptive equipment as needed.

Pain Control and Medications

As mentioned earlier, the nurse will be asking you to rate your pain on a 0-10 scale with 10 being the worst pain you have ever had. Initially after surgery you will get IV pain medication but as soon as you can tolerate food it is recommended that you switch to a pill form of pain medication. This will lessen your chances of becoming nauseated or experiencing itching. Narcotics of any type may make you constipated, so the nurse will discuss bowel care choices with you. Generally stool softeners are ordered to be given while on the narcotic pain medications. You will also have medications ordered for nausea and sleep. Most of these medications are ordered on an “as needed” basis, so it is important that you let your nurse know when they are needed. Remember, we don’t want the pain to control you- we want you to control the pain.

Elimination

The urinary catheter will be removed within a day or two after surgery and you are encouraged to ask for assistance to walk to the bathroom.

Breathing Exercises

It is important to do exercises such as deep breathing and coughing to fully expand your lungs after surgery. This will prevent pulmonary complications.

Diet

By the day after surgery you should have resumed your normal diet. Whenever possible it is best to eat when in the chair. It is important to drink plenty of fluids and incorporate fiber into your diet to help with bowel issues.

Labwork

You will have blood drawn in the early morning to check particular levels your physician needs to monitor.

Discharge Planning

Generally, most patients are able to go directly home after discharge from the hospital, however occasionally some patients may need additional home care if family/friends cannot meet all of their needs. In some instances, insurance plans may cover home health services if a skilled need is identified. In other situations, out-patient therapies are set up to fulfill specific needs.

In some cases, a patient may no longer need the type of care that is provided in the hospital, but may not yet be able to safely return home. In these situations, patients will be discharged from the hospital and will be transferred to either a skilled nursing facility or an acute rehabilitation facility depending upon their condition. If you think you may have additional assistance needs, plan to visit each of the facilities or centers contracted with your insurance provider to ensure your comfort with the facility and the level of services provided.

In either case, a social worker will meet with patients during their hospitalization to discuss discharge options and initiate services needed in the time following hospitalization.

Safety

It is very important that you never get up unassisted. Despite your desire to be independent, falls happen unexpectedly especially when you are weakened from surgery and taking narcotic pain medications. So, please adhere to our requests to ask for assistance before getting out of bed.

Assess your pain control, and elimination needs. Please let the nursing staff know if you have any other needs as well. If at any time you feel that we are not meeting these goals, please notify one of the supervisors.

Patient Satisfaction

Our goal is to exceed your expectations. Scottsdale Healthcare is dedicated to providing excellent clinical care and customer service. One way we strive to meet these expectations is by performing hourly rounding. Once an hour either the nurse or the nursing assistant will check in with you to ensure you are comfortable, assess your pain control, and elimination needs. Please let the nursing staff know if you have any other needs as well. If at any time you feel that we are not meeting these goals, please notify one of the supervisors.



The philosophy of the Therapy Services department at Scottsdale Healthcare is that movement helps recovery. Your physical therapist or a specially trained orthopedic nurse will get you up and moving the same day as surgery. Some pain after surgery and during therapy is to be expected. This post-surgical pain is unavoidable and will subside over time, whereas the pain you were experiencing prior to surgery was most likely arthritis pain, which worsens over time. It is important to tell a member of your care team if your pain is worsening at rest, before the pain gets unbearable and interferes with your treatment. It is also important that you participate in your therapy twice a day.

We encourage a family member or coach to participate in the therapy sessions which allows them to understand the therapy process. Your therapist will coordinate your sessions with you and your nurse to ensure you have your medications at least 30 minutes prior to your planned therapy time. The physical therapist will visit you twice a day for range of motion exercises and mobility training for getting in/out of bed and in/out of a chair and walking with the appropriate assistive device. If you had hip/shoulder replacement surgery, an occupational therapist may visit you once a day for training on how to carry out normal activities with the assistance of self-care equipment.

Basic Hip and Knee Exercises

Ankle Pumps

While lying on your back, pull your foot toward your head and then point it down, moving your ankle through as much range of motion as possible. Repeat this times per set, for _____ sets. Complete this _____ times per day.



Quad Sets (“Thigh Squeezes”)

With your leg straight out in front of you, tighten the muscles on the front of your thigh by pushing the back of your knee down into the bed. Hold the contraction for _____ seconds, then release. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



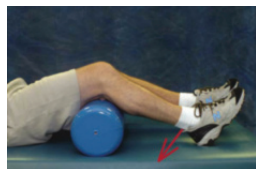
Gluteal Sets (“Buttock Squeezes”)

Tighten your buttock muscles by squeezing them tightly together. Hold the contraction for _____ seconds, then release. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Hamstring Sets (“Heel Digs”)

With your knee bent over a large towel roll or coffee can, dig your heel down into the bed, tightening the muscles on the back of your thigh. Hold the contraction for _____ seconds, then release. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Short Arc Quads

With your knee bent over a large towel roll or coffee can, lift your foot off the bed by straightening your knee. Hold the contraction for _____ seconds, then release. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Heel Slides

While lying on your back, slide your heel up the bed toward your buttocks, trying to bend the knee as much as tolerated. Use a sheet/belt around the ball of your foot or under your thigh to assist you if needed. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Abduction (“Snow Angels”)

While lying on your back, slide your leg straight out to the side and then back toward the middle of your body. Be sure to keep your leg in contact with the bed. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Straight Leg Raises

Lie on your back with the opposite knee bent to support your back. Tighten your thigh muscles and raise your whole leg off the bed 8-12 inches. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



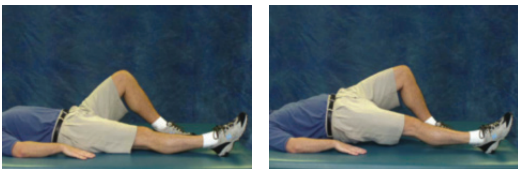
Bridges (“Buttock Lifts”)

Lie on your back with both knees comfortably bent and feet on the bed. Lift your buttocks up off the bed 3-6 inches. Hold the contraction for _____ seconds, then release. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Single-Leg Bridges

Lie on your back with your knee comfortably bent and your leg straight out in front of you. Lift your buttocks up off the bed 3-6 inches. Hold the contraction for _____ seconds, then release. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Passive Extension Stretch (“Towel Under Heel”)

Lie on your back with your leg straight out in front of you. Place a small towel roll under your heel and allow your knee to relax and straighten as much as possible. Make sure your leg does not roll out to the side. Lie in this position for _____ minutes. Repeat this _____ times per day.



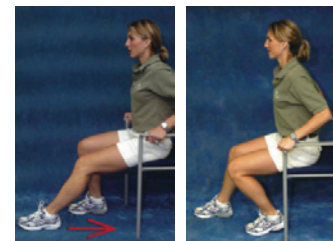
Seated Knee Extension

While sitting on a firm surface, lift your foot off the floor by straightening your knee as much as possible. Hold the contraction for _____ seconds, then lower your leg down slowly. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.



Seated Knee Flexion Stretch

While sitting towards the front edge of a firm surface, slide your foot back underneath you, bending your knee as much as tolerated. Hold the stretch for _____ seconds, then slide your foot forward and relax. Repeat this _____ times per set, for _____ sets. Complete this _____ times per day.





A patient care technician helps a patient after discharge. Patients must have a responsible driver to take them home.

Activity

Your activity will be defined by your therapist and your doctor. As the joint heals, your activity will increase. Your doctor will have given you specific dos and don'ts, so continue to follow these instructions. You may apply ice packs/cold therapy devices to your joint as often as needed. These are particularly helpful before and after exercise sessions and at night if your joint becomes swollen.

Blood Thinning Medications

You may be on these medications after discharge from the hospital. Depending on the specific medication ordered, you may need to have blood drawn to check your blood thinning level.

Warning signs: There are warning signs that your blood might be too thin, such as blood in your urine, nosebleeds, bleeding gums and excessive bruising. Please call the doctor if you have any of these symptoms. It is dangerous to take aspirin, ibuprofen or any over-the-counter or prescription arthritis medication while taking blood thinning medications. You may however take Tylenol or pain pills that have been prescribed for you. If you have questions about taking particular medications when you go home, please talk to your doctor about them.

Driving

You will have to check with your doctor to find out when you will be able to drive. Because driving requires quick reaction time it is imperative that you heal sufficiently first. It is unsafe to drive while taking narcotic pain medication.

Medications

Upon discharge, you will be given a discharge instruction packet which contains information about the medications you have been taking, what to continue to take and the times last given. The nurse will give you whatever prescriptions the doctor has left for you and go over specific instructions pertaining to these medications.

Swelling

Use compression stockings as instructed if they are ordered by your orthopedic surgeon. Also, remember to keep your operative leg elevated off and on throughout the day. If swelling persists despite these precautions, please contact your orthopedic surgeon's office.

Surgical Incision

Your orthopedic surgeon should leave specific instructions about showering and dressing changes. Avoid immersing the incision in water, including a bath or hot tub. Report any redness, increased warmth to touch, wound separation or discharge to your doctor.

Infection Prophylaxis

Your orthopedic surgeon may recommend that you take antibiotics prior to dental cleanings/work or future surgical/invasive procedures for a period of time following your joint replacement. Bacteria is present in specific areas of the body including the mouth which can be released into the bloodstream and can infiltrate around your joint



The success of your joint replacement will depend largely on your diligence, cooperation and attention to adhering to your physical therapy program. Our Outpatient Therapy program will provide you with a personalized rehabilitation plan tailored to your needs based on your goals and previous activity level. We use state-of-the-art therapy technology and the latest treatment techniques, and our staff has extensive experience and/ or certification in their respective fields.

Scottsdale Healthcare offers extended hours, Monday – Friday from 7 a.m. – 6 p.m., at five convenient locations for your therapy services needs.

Scottsdale Healthcare Osborn Medical Center

**Located on our Osborn Campus*
3134 N Civic Center Plaza
Scottsdale, AZ 85251

Town Center Medical Plaza

**Located on our Osborn Campus*
7301 E 2nd Street, Suite 90
Scottsdale, AZ 85251-5609

Scottsdale Healthcare Shea Medical Center

10200 N. 92nd St., Suite 100
Scottsdale, AZ 85258

Scottsdale Healthcare Thompson Peak Hospital

20201 N. Scottsdale Healthcare Dr., Suite 135
Scottsdale, AZ 85255

Tatum & Thunderbird

13843 N Tatum Blvd, Suite 1A
Phoenix, AZ 85032-5580

To make an appointment at any of our locations, please call 480-324-7408 (select option 6) or fax to 480-882-5811.

Be sure to follow your orthopedic surgeon and physical therapist's advice on using a walker or crutches for the specified amount of time after surgery. If you had a hip replacement requiring specific precautions, please remember to follow these precautions until your orthopedic surgeon instructs you that this can be discontinued.

Remember, your new joint is designed for normal activities of daily living, not high impact sports. Non-impact sports, such as walking, swimming and cycling are recommended once cleared by your surgeon. Activities such as jogging, running, jumping, repeated climbing and heavy lifting should be avoided until further instructions from your surgeon. These activities may impair or compromise the function and long term success of your joint.

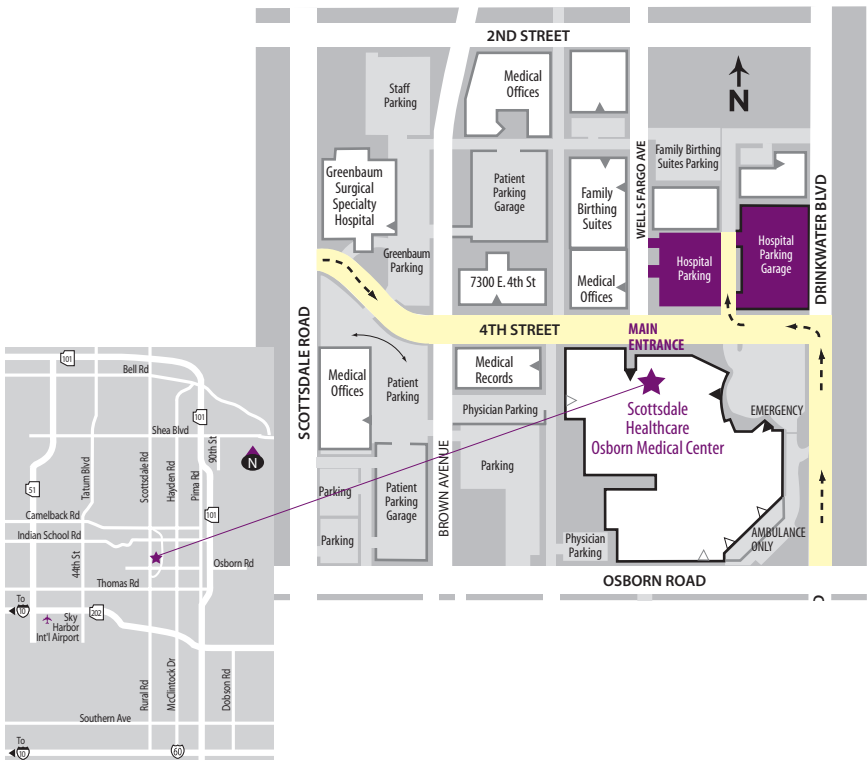
Check with your orthopedic surgeon on any travel plans you may have that would take place up to two months following surgery.



We helped avid horseman Mario Gomez get back in the saddle using the muscle sparing anterior approach for hip replacement. Read his story at shc.org/orthostories.

How to Reach Us

Hospital Operator	480-882-4000
Admitting/Pre-Registration	480-882-4020
Gift Shop	480-882-4055
Main Information Desk	480-882-4636
Outpatient Therapy Services	480-324-7408
Patient Billing Inquiries	602-445-3370
Scottsdale Healthcare Home Health	480-882-4222
Scottsdale Healthcare Total Joint Center Info Line	866-969-8526
Total Joint Pre-admission Class	480-882-6879
Volunteer & Philanthropic Opportunities	480-882-4517



7400 E. Osborn Rd. · Scottsdale, AZ 85251
schc.org/ortho