

# For Bone & Joint Patients Scheduled at Aspirus Wausau Hospital



Total Joint Education

# Introduction

- ▶ We are honored you chose your Bone & Joint Provider to perform your joint replacement surgery. Your surgery will take place at Aspirus Wausau Hospital. Our goal is to provide you with exceptional care and the best possible experience.
- ▶ Your commitment to preparation for surgery and post operative care are critical to your recovery and a successful outcome.
- ▶ The majority of our patients will have an overnight stay at the hospital. Your plan will be discussed with your care team at the time of scheduling.



# Meet our Team



**Adam L. Halverson, DO**  
Orthopedic Surgeon,  
Foot & Ankle Specialist



**Douglas J. Keele, DO**  
Orthopedic & Sports  
Medicine Surgeon



**Casey L. Lagan, MD**  
Orthopedic & Sports  
Medicine Surgeon



**Jeffrey M.K. Martin, DO**  
Orthopedic & Sports  
Medicine Surgeon



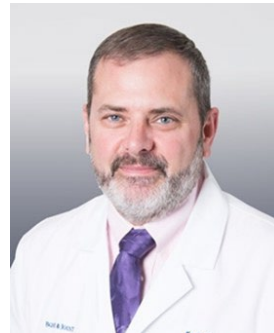
**Eric J. Thiel, MD**  
Orthopedic & Sports  
Medicine Surgeon



**Christian Tomski, PA-C**



**Joseph J. Steiner, PA-C**



**C. Kevin Martin, PA-C**



**Stephanie Kniech, PA-C**



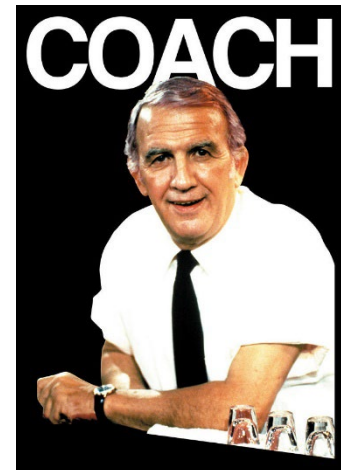
**Aaron C. Wanish, PA-C**

# Understanding Your Procedure

- ▶ **Total Knee Replacement** [Total Knee Replacement Video](#)
- ▶ **Unicompartmental/Partial Knee Replacement** [Partial Knee Replacement Video](#)
- ▶ **Total Hip Replacement** [Total Hip Replacement Video](#)
- ▶ **Total Shoulder Replacement** [Total Shoulder Replacement Video](#)
- ▶ **Total Ankle Replacement**
- ▶ **Bone and Joint Website:** <https://bonejoint.net/>
- ▶ **AAOS (American Association of Orthopedic Surgeons)**  
<https://orthoinfo.org/>

# Coaches

- ▶ Role of your coach
  - Assist with daily activities:
    - Meal prep
    - Laundry
    - Preparing your cold therapy unit
    - Bathing assist
    - Help with exercises
    - Driving to Physical Therapy
    - Medications
    - Encouragement
  - At least 1–2 weeks post-op



# Dental Care

## Before Surgery

- ▶ Dental Clearance is typically required prior to being scheduled for your joint replacement.
- ▶ No dental work or cleanings 4 weeks prior to surgery.
- ▶ Please let us know if you have any dental concerns (infections, cracked teeth etc.) prior to your surgery

## After surgery

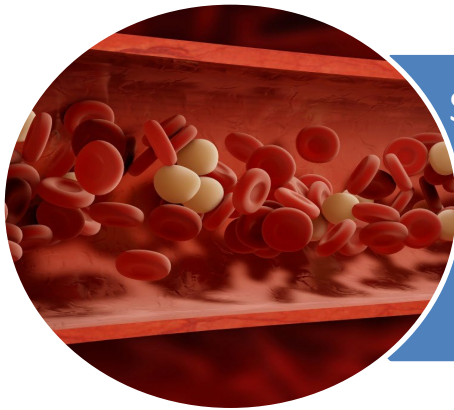
- ▶ No Dental Work for 6 Months After Surgery
- ▶ For a Lifetime – Antibiotics Prior To Any Dental Work



# Smoking Cessation



Your surgeon may require you to stop smoking or using any nicotine products before surgery. Smoking harms oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.



Smoking can be the cause of lung cancer or other lung diseases, heart disease, and increase risk of stroke. Did you know that smoking also decreases wound healing, bone healing, and increase the chance of blood clots?

# Diabetes and Surgery

- ▶ Good blood sugar control helps reduce your risk of infection and other complications after surgery.
- ▶ Diabetes may cause slower wound healing.
- ▶ Discuss with your doctor who manages your diabetes for the best way to manage your diabetes before surgery.





# Preparing for Surgery

- ▶ Drink nutritional shakes/protein supplements twice daily for 2 weeks before and 2 weeks after surgery to optimize healing. For example–Ensure, Boost or Glucerna.
- ▶ Do not shave your legs three days prior to surgery
- ▶ No Manicures or Pedicures within a week of surgery. Remove all nail polish.
- ▶ Use the **Chlorhexidine 4%** soap as instructed
- ▶ Use the **Mupirocin Ointment** as directed
- ▶ Schedule post operative therapy appointments at your location of choice if physical therapy is required.
- ▶ **Do Not Donate Blood** within one month of surgery



# Preparing for Surgery (continued)

- ▶ If you develop a fever, cold, rash, abrasions, cuts or other physical conditions that might concern you please contact your surgeon.
- ▶ If you have had any changes in your health history or medications since your last office visit with your surgeon (example– diabetic, cardiac medications or blood thinners) please contact your surgeon.
- ▶ Please notify our office if you've had any changes in your insurance coverage



# Medication Instructions

## Stop Medications That May Increase Bleeding

- \* **Aspirin/Prescription Blood Thinners**—as directed by your prescribing doctor or surgeon
- \* **Anti-Inflammatory Medications**—hold 5 days prior  
Examples: Advil/Ibuprofen, Aleve/Naproxen, Celebrex, Meloxicam or Diclofenac
- \* **Vitamins and Supplements** hold 7 days prior  
Examples: Vitamin E, Omega 3 Fish Oil, Garlic, Ginkgo, Saw Palmetto, Glucosamine and Chondroitin



**Acetaminophen (Tylenol) is okay to take up until surgery.**

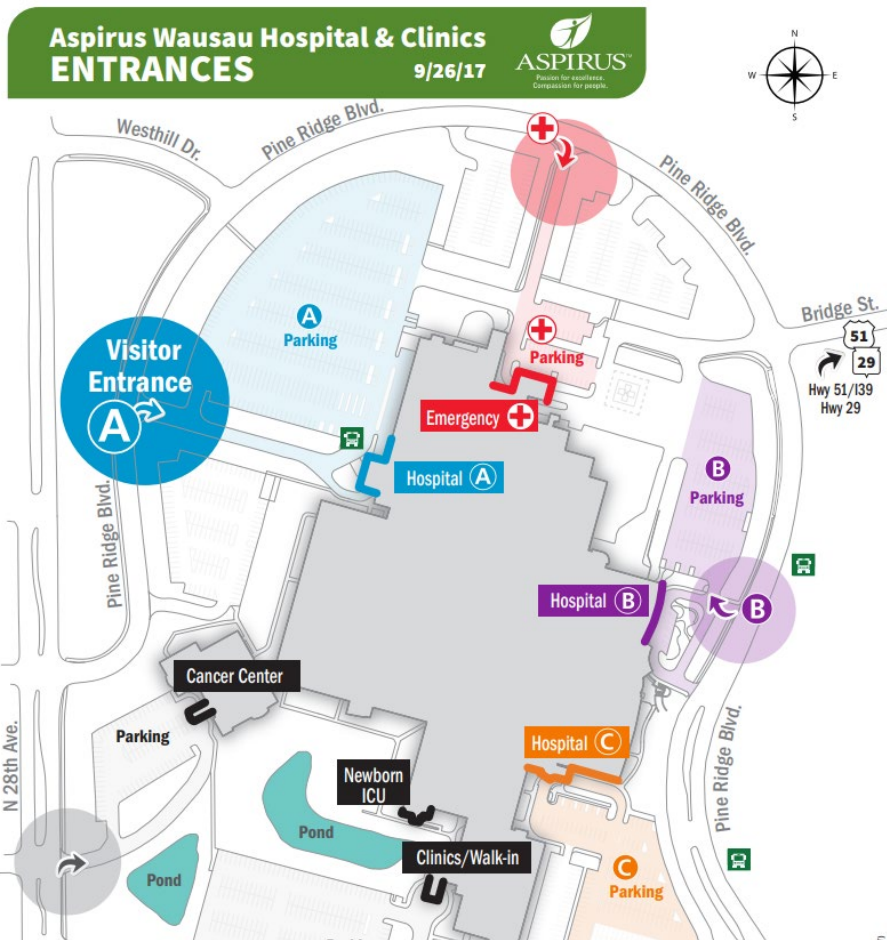


# Preparations

- ▶ The Aspirus Wausau Hospital PARC (Pre-surgery) Department will contact you about 3 days before surgery with any further instructions.
- ▶ PARC will also phone the day before surgery with your arrival time, usually 1:00 PM or later.
- ▶ B-Entrance at AWH on the day of surgery.



# AWH Entrance B



# What to Bring

- ▶ Walker or crutches
- ▶ Overnight items (toothbrush/toothpaste)
- ▶ Inhalers or eyedrops (no other home medications will be allowed)
- ▶ Loose comfortable clothing to wear after surgery and for sleeping.
- ▶ Well-fitting, comfortable shoes
- ▶ **You do not need to bring your C-PAP**



# What to Bring (continued)

- ▶ Leave your personal items, walkers, crutches, pillows in vehicle during your surgery.
- ▶ Your coach will be given instructions as to where to park and when to bring your items to your room.



# Mupirocin Nasal Ointment

Why am I using this product?

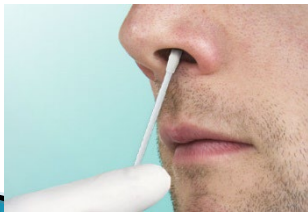
- ❖ Mupirocin nasal ointment is used to treat bacteria which can live in your nose and may spread to other people. It is used in particular to treat bacteria called methicillin-resistant *Staphylococcus aureus* (MRSA), which can cause skin infections. Although you may have MRSA in your nose and be otherwise well, it can easily spread to your new joint.





# Applying Mupirocin Ointment

- ▶ Wash your hands before and after you use the ointment. Use a cotton swab to apply a small amount (pea size) to the inside of each nostril. Press the sides of your nose together for a short while to allow the ointment to spread around the inside of your nostrils. Refrain from blowing or wiping your nose following the application.
- ▶ Please use twice daily starting five days before your surgery and the morning of your surgery.



# Getting Your Skin Ready

You are scheduled to have surgery that involves cutting through the skin. Because germs live on everyone's skin, there is a greater chance for getting an infection. To lessen your chance of getting an infection, you need to take special care of your skin before the surgery.

▶ Please follow these instructions:

1. You will be given or need to pick up a 4 or 8oz. bottle of special soap 4% CHG (Chlorhexidine Gluconate)
2. Do not shave near the site where your doctor will be making the incision for your surgery for **AT LEAST 72 HOURS** prior to your surgery.
3. Any needed “clipping” or shaving will be done prior to your surgery.
4. You will need to shower with the CHG soap three times before your surgery. For example: If your surgery is scheduled for Tuesday then you would shower with the CHG soap on Saturday, Sunday, and Monday.
5. Do not shower the morning of your surgery.



# Cleaning Your Skin

- ▶ Start by washing your hair as usual with your regular shampoo and wash your body with your regular soap. Rinse well.
- ▶ Put 1 /3rd of the amount from bottle of CHG soap on a clean, wet washcloth. Do NOT scrub too hard. Turn the water off during washing.
- ▶ Wash from your neck down. Do not wash your face as the CHG can burn if it gets into your eyes and ears
- ▶ Wash your body gently for (5) minutes, paying special attention to your surgical body part. Be sure to wash the back of neck, under arms, your naval (belly button), private parts and your legs down to your toes.
- ▶ Turn the shower back on and rinse well.
- ▶ Pat yourself dry with a clean, dry towel
- ▶ Do no use any lotions, moisturizer, make-up or any other products on the skin near your surgical body part
- ▶ Put on clean clothes



# The Day Before Your Surgery

- ▶ If the hospital staff has not already contacted you, phone the pre-surgery department at 715-847-2799 between 1:30 PM and 5:00 PM the business day prior to surgery to find out your arrival time.
- ▶ Avoid alcohol, tobacco or illicit drugs for 24 hours prior to surgery.
- ▶ Nothing to eat after midnight the night before your surgery, this includes chewing gum, candy or breath mints. Solids can be eaten up to 8 hours before hospital check-in. 6 oz (3/4 cup) of water can be consumed 4 hours before check-in.
- ▶ Please make sure you wear clean pajamas and have clean sheets on the bed the night prior to your surgery. Please also be sure no pets are in your bed the night prior to surgery.



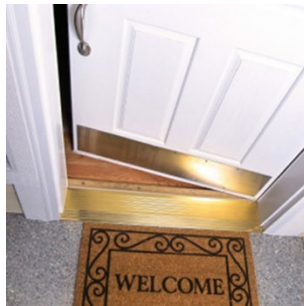
# Scopolamine Patch

- ▶ You may have received a prescription for a scopolamine patch. This is used for some patients to help prevent post op nausea and vomiting.
- ▶ You should apply this patch behind your ear the night before surgery. Be sure to wash your hands well after applying the patch. The patch may stay on for 3 days.
- ▶ **The patch is not indicated for patients 65 and older, patients who have benign prostatic hypertrophy or certain types of glaucoma.**



# Preparing Your Home: After Surgery

- ▶ Clear the hallways
- ▶ Consider creating a temporary bedroom on the first floor (if able).
- ▶ Remove throw rugs and area rugs
- ▶ Secure all power and phone cords
- ▶ Consider shower and bathroom safety
- ▶ Add nightlights



# Anesthesia

- ▶ Your chart will be reviewed by an Anesthesiologist prior to your surgery.
- ▶ You may receive a call from the anesthesiologist if there are questions regarding your medical history or problems with anesthesia in the past.
- ▶ You will meet the anesthesia team just before your surgery. They will discuss the options for anesthesia with you including spinal, general and regional nerve blocks.



# Types of Anesthesia

## Spinal Anesthesia

- One time injection into the back
- Temporary loss of feeling and movement from approximately waist down
- IV sedation for surgery
- Pain control

## General Anesthesia

- Breathe oxygen through a mask
- Medication will be administered through IV to put you to sleep
- Placement of a breathing tube
- Medications for pain and/or nausea



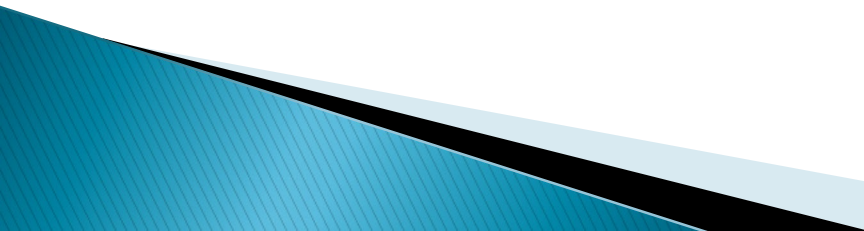


# Pain Control After Surgery

- ▶ Anticipate pain when your block/local anesthesia wears off
- ▶ Types of Pain Medication
  - Oral Pain Medication (pills).
    - A combination of short acting and long-acting narcotic pain medication may be used.
      - Examples include Tramadol, Oxycodone, Hydrocodone, Oxycontin, MS Contin
  - Other Options
    - Anti-inflammatory medications such as Naproxen may be used after surgery.

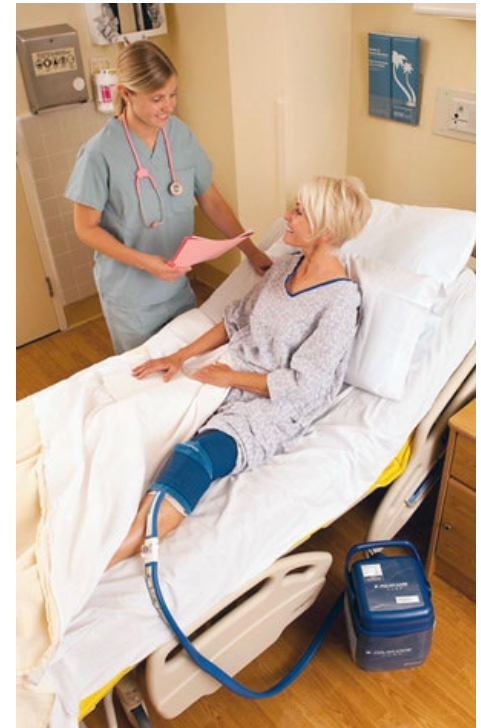


# Pain Control After Surgery

- ▶ Prescribed medications
  - ▶ Nothing takes away all the pain
  - ▶ Purpose is to help manage pain, especially with PT and ambulation
  - ▶ Supplement with OTC medications if able
  - ▶ Goal is to steadily wean off
  - ▶ BUT, don't be a hero!
  - ▶ Call for refill as needed a few days prior to running out
  - ▶ May be stepped down to less strong medication
- 

# Additional Comfort Measures

- ▶ Position Changes & Elevation of Extremity
- ▶ “Toes Above Your Nose”
- ▶ Control Swelling – Wear Compression Socks
- ▶ Cold Therapy
  - Home Cold Therapy Unit
  - Ice Packs
- ▶ Get up & walk



# Overcoming Sleep Pattern Disturbances

## Getting a Good Night's Sleep

Insomnia is a sleep disorder that makes it difficult to sleep or stay asleep. Many people experience sleep disruptions after total joint replacement surgery due to discomfort.

Insomnia can be relieved with medical treatments and home remedies. With your doctor's permission you may be able to take over-the-counter sleep aids, such as melatonin or diphenhydramine (Benadryl).

Other steps you can take to get better sleep after surgery include:

- Avoiding stimulants before bedtime such as caffeine, heavy meals, and nicotine
- Doing something relaxing before bed such as reading, writing in a journal, or listening to soft music
- Creating an environment that promotes sleep by dimming lights, turning off electronics, and keeping the room dark



# After Discharge Wound Care

- Follow the surgeons' guidelines for wound care at discharge.
- You may go home with a waterproof dressing called a Mepilex Dressing (for knees, hips and shoulders).
  - You may be asked to change dressing at 5 days post op –one will be provided at time of discharge. Wash your hands prior to any dressing changes.
  - You may also have a mesh dressing adhered to the skin over the incision. **Leave this in place** until your post-operative visit.
  - With the waterproof dressing typically, you can shower 24 hours after surgery or 24 hours after removal of a drain, but no tub bath.
- For total ankle replacements you will not be allowed to remove the splint/dressing until seen by your surgeon and will need to keep the splint clean, dry and intact.



# Wound Care (continued)

- ▶ Bruising, swelling, warmth and some redness and some bleeding after surgery is normal.
- ▶ Notify your surgeon if there is increased drainage, redness, pain, odor, or significant heat around the incision.
- ▶ Take your temperature if you are feeling warm or sick. Call your surgeon's office if it exceeds 100.5.



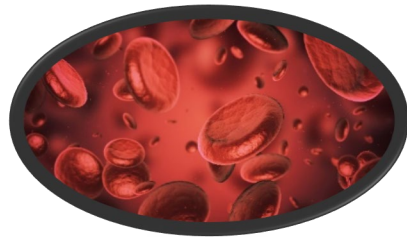
# Potential Complications

- ▶ Blood Clots
- ▶ Pulmonary Embolism
- ▶ Infection
- ▶ Pneumonia
- ▶ Constipation



# Potential Complication – Blood Clots /DVT

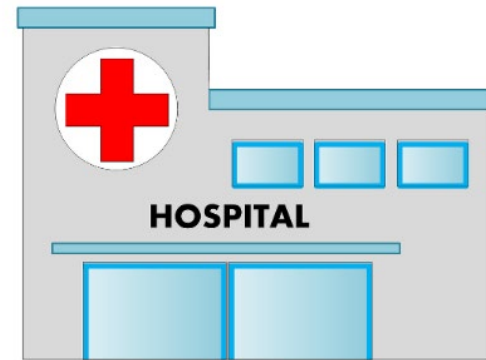
- ▶ Swelling in calf, thigh, or ankle that does not go down with elevation
- ▶ Pain or tenderness in calf
- ▶ Can be either leg (operative or non operative)
- ▶ Notify Physician immediately if symptoms begin





# Potential Complications – Pulmonary Embolism

- ▶ Sudden chest pains
- ▶ Difficulty or rapid breathing
- ▶ Shortness of breath
- ▶ Sweating
- ▶ Confusion
- ▶ **CALL 911**



# Preventing Blood Clots

- ▶ Ankle pumps
- ▶ Early & frequent ambulation
- ▶ Compression stockings (TED hose)
- ▶ One of these blood thinners will be ordered

~Aspirin

~Xarelto

~Eliquis

# Infection Prevention

**Watch for signs and symptoms of infection. Contact your surgeon if any of the following are present.**

- ▶ **Swelling, Redness or Warmth:** An incision and the surrounding tissue that increases in swelling, redness or warmth over time, or one that has red streaks radiating from it to the surrounding skin, may be infected.
- ▶ **Drainage from the Incision:** Foul-smelling drainage or pus may start to appear on an infected incision.
- ▶ **Increased Pain:** Your pain should slowly and steadily diminish as you heal. If your pain level at the surgical site increases for no apparent reason, you may be developing an infection.
- ▶ **Fever and chills:** Temperature  $>101$



# Potential Complication – Pneumonia

- ▶ Cough
- ▶ Shortness of Breath
- ▶ Fever



# Preventing Pneumonia

- ▶ Deep Breathing & Coughing
- ▶ Frequent Walks
- ▶ Use of your Incentive Spirometer (10 times every hour while awake)



**DEEP BREATHS**  
are like little love  
notes to your body

# Preventing Pneumonia

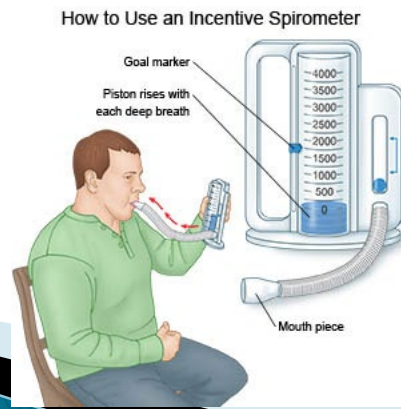
- ▶ After surgery, your breathing will be shallow due to medications, pain and immobility
- ▶ Not taking deep breaths will decrease the air flow into your lungs and can lead to pooling of secretions
- ▶ This pooling can contribute to bacteria growth that can cause pneumonia



# Incentive Spirometer

Sit up as straight as possible.  
Hold the incentive spirometer in an upright position.

- Put the mouthpiece in your mouth and close your lips tightly around it. Do not block the mouthpiece with your tongue.
- Inhale slowly and deeply through the mouthpiece to raise the indicator. Try to make the indicator rise up to the level of the goal marker.
- When you cannot inhale any longer, remove the mouthpiece and hold your breath for at least 3 seconds. Work up to 6 seconds...Then Exhale normally
- Repeat these steps 10 times every hour when you are awake



# Constipation

**Constipation is a common occurrence after surgery caused by immobility, dehydration and pain medication.**

- Increase your walking.
- Increase the amount of liquid you drink. Try fruit juices or water. Coffee and caffeinated sodas should be limited as they dehydrate rather than hydrate.
- Add fiber to your diet by eating whole wheat bread, bran cereals, fruit, fruit juices, vegetables.
- Stool softeners (Colace®) or fiber supplements (Metamucil® or Miralax®) can add bulk to your diet and can be purchased without a prescription. You may want to purchase this prior to surgery so you have it on hand and easily available as you should continue a stool softener while on post-op pain medications.

**Sometimes, despite trying the above measures, you still may become constipated. If you feel constipated, or have not had a bowel movement for three (3) days, you can try one of the following:**

- A mild laxative such as Milk of Magnesia® or Ex-Lax®.
  - A laxative suppository can be purchased at a pharmacy without a prescription.
  - A small enema can be purchased at a drug store under the name “Fleets” enema.
- **If you do not have a bowel movement after trying these measures, call and notify your surgeon.**





# Driving

- ▶ May be up to 8–12 weeks
- ▶ Factors
  - Type of surgery (Hip vs Knee)
  - Laterality (Right vs Left)
  - Opioid pain medications
  - Quad strength
  - Assistive devices
- ▶ Discuss with your provider as to when you may begin driving.



# Disability/Family Medical Leave

Please contact our Patient Document Specialist for any questions regarding Short Term Disability or FMLA paperwork.

- ▶ Phone number (715) 359-6442 ext. 1601
- ▶ Fax number (715) 393-0390
- ▶ Submit this paperwork around 4-6 weeks before your surgery
- ▶ You will also need a release of information form filled out for any insurance companies or 3<sup>rd</sup> party payers



# Questions??

*Preoperatively* – Your Ortho Nurse Coordinator or Surgery Schedulers are available to guide and assist you with any questions or concerns

*Postoperatively* – Please always call and speak with a triage nurse by dialing extension 5000, or contact your surgeon's team with any concerns or questions!

Thank You  
For Choosing Bone & Joint

The logo for Bone & Joint is a dark blue rounded rectangle with a white curved border on the right side. The text "BONE & JOINT" is written in white, uppercase, sans-serif font inside the rectangle.

**BONE & JOINT**