The Center for Orthopedics

16+ Board-Certified Orthopedic Surgeons

Working jointly with **Flathead Orthopedics and Northwest Orthopedics** with offices in Whitefish and Kalispell

Specialties include:
- Hip and Knee Joint Replacement
- Shoulder stabilization, reconstruction and replacement
- ACL, PCL and meniscal surgery
- Rotator Cuff repair
- Hand, foot and ankle surgery
- Hip resurfacing
- Arthroscopy
- Spine procedures
Leading Edge Technology

Stryker Computer Navigation

for enhancing precision in knee replacement surgeries.
Orthopedic Coordinator: A Certified Orthopedic Registered Nurse guides the patient from pre-op through discharge. This coordinator works closely with all healthcare team members, the patients and their families to attain the best possible outcomes.

RN: Manages your bedside nursing care following your surgery. RN’s follow the surgeon’s instructions to guide your care. RN’s will provide education to you and your family about your health and safety needs.

CNA: Assist with activities of daily living, taking vital signs, meals and toileting.

Respiratory Therapist: Assists with deep breathing exercises or oxygen if needed.
Physical Therapists are on your team to help you achieve safety and independence with getting in and out of bed, walking, using stairs, and doing your exercises.

- Physical therapy will begin on the day of your surgery.
- A Physical Therapist will instruct you in an exercise program and assist you until you can do it independently.
- You will be provided Hip Precaution Education as appropriate.
- Assistive Devices: We will help you acquire any assistive device you may need for going home.
Occupational Therapy (OT)

Occupational Therapists will focus on safety while performing activities of daily living such as dressing, bathing/showering, toileting, etc.

- OT will see you on the day after your surgery.
- Your OT is a good resource to assist you with choosing assistive devices that you will need for going home. They will ask you questions about your home set-up. Some items you may need include:
  - **Hygiene Needs**: Shower or bathtub needs, secure bath bench, long handled sponge shower hose, elevated toilet seat
  - **Dressing Needs**: Dressing stick, sock, long handled shoe horn, reacher or grabber to pick up objects
Specialized Orthopedic Team

Chaplain
- Provides spiritual care
- We also offer the clergy-on-call program

Massage Therapist
- Complimentary massage is available to help you relax.
Specialized Orthopedic Team

Discharge Planning / Care Management

- Provides information on financial resources.
- Assists with home arrangements.
- Outlines options for continuing care within North Valley Hospital and/or the community.
- Arranges follow-up home care with home health agencies.
- Assists with transfers to referral hospitals and rehabilitation facilities.
- Advocates with insurance programs to meet the requirements for insurance certification and review.
- Coordinates long-term care and assisted living as needed.
**Specialized Orthopedic Team**

- **Lab Work**
  
  Periodic labs will be drawn to monitor your recovery following surgery.

- **Bathing / Showering**

  A shower is completed the day of discharge with instruction provided by an OT.

- **Incision & Drain Care and Instruction**
  
  - Keep incision clean and dry.
  - Aquacel Dressing: Leave dressing in place until follow-up appointment with your surgeon.
  - Tegaderm with pad – change as needed. If you experience drainage across the pad or it becomes moist after bathing then change the dressing to the surgical site per directed.
  - If there is no drainage from your incision, you may leave it uncovered if directed.
  - You will be provided dressings for home use.

- **Bowel Program**
  
  - Stool softener, diet and fluids are customized to your needs
Accomplishing Your Goals

Typical Length of Stay in the Hospital

<table>
<thead>
<tr>
<th>Joint</th>
<th>Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip</td>
<td>1 - 2 days</td>
</tr>
<tr>
<td>Knee</td>
<td>2 - 3 days</td>
</tr>
<tr>
<td>Shoulder</td>
<td>1 - 2 days</td>
</tr>
</tbody>
</table>

Look at accomplishing your goals rather than expected days.

Goals:
• Independently ambulate 300 feet
• Independently ambulate on stairs
• Independent bed mobility and transfers
• Independent with your home exercise program
• Total Knee Replacement: Achieve 90° flexion of the knee
• Total Hip Replacement: Demonstrate a good understanding of hip precautions (as appropriate).
What to Bring to the Hospital

(Items you will be responsible for)

• Loose fitting clothes - loose shorts, sweat pants, tops
• Non-slip shoes/ slippers with backs
• Personal toiletries
• CPAP mask (no machine or tubing)
• Chargers for cell phone, computers
• Eyeglasses, hearing aids
• Make sure to bring your patient education packet the day of surgery.
• Copy of advanced health care directive
• Books, magazines
Getting Ready for Surgery
Day of Surgery

- NPO (Nothing by Mouth-including mints and gum)
- No smoking or tobacco products of any kind
- A pre-op nurse will review your medications with you and will give you directions for which of your own medications you will take the night before and in the morning prior to surgery as well as which medications to stop taking.
- Arrive at the time specified by pre-op at admissions (The South Entrance of the hospital).
Day of Surgery

• Surgery staff will escort you and your family to Same Day Surgery to meet with nursing staff, the anesthesiologist and the surgeon.

• You will meet with the anesthesiologist to discuss anesthesia concerns, past reactions and anesthesia experiences, and to start an IV.

• You will meet with your surgeon who will mark the surgical site.

• Your family can remain with you until you go into the operating room. Your family will wait for you either in your patient room or in the waiting area.
After Surgery

• You will be in the recovery room for approximately 30 to 60 minutes.

• You will be taken to your room on the Medical-Surgical unit after recovery.

Example of a patient room on The Medical-Surgical unit.

Your room may look somewhat different.
Pain Management

Pain control is important for healing and recovery and will help in the following areas:

• Optimizes functional improvement
• Reduces risk for post operative complications
• Decreases side effects (for example: nausea and vomiting)
• Enhances patient satisfaction
Patient Responsibilities

• Discuss pain relief options with your nurse or physician.
• Communication between patient and nurse is important for facilitating adequate pain management and any other medication concerns.
Pain Relief Options

• Narcotic analgesics (oxycodone or hydrocodone)
• Routinely scheduled oral pain meds to bridge pain relief
• IV pain relief: Intermittent / Patient-Controlled Analgesia (PCA)
• Non steroidal anti inflammatory drugs:
  – help relieve pain
  – decrease inflammation in the joint to improve healing.
• Use of the Pain Scale
• Ice
• Please ask your doctor or nurse what other pain relief options may be available.
Blood Clots

After surgery it is possible to develop a deep vein thrombosis (DVT) commonly known as a blood clot.
Blood Clot Prevention

To help reduce the risk of blood clots, your surgeon recommends:

• Getting out of bed on the day of your surgery
• Taking blood thinning medications
• Wearing elastic stockings (remember to wear shoes or slippers as the stockings can be slippery)
• Using sequential compression devices (SCD) that use air to enhance circulation (remove before walking)
• Ankle pumps and other exercises
Sequential Compression Devices

Sequential compression device inflates with air to accelerate venous blood return

SCD

(Adapted from Adam Health)
Infection Prevention

- Antibiotics are given within 1 hour of surgical incision and again within 24 hours after surgery.

- We will review the hand hygiene program at NVH which includes using good hand washing practices and use of antiseptic hand gel by all staff members, patients and family members.
Prevention of Respiratory Complications

• Early mobility: getting out of bed on the day of surgery
• Coughing and deep breathing
• Deep breathing exercises
Your Hospital Stay- General Information

- **Diet & Meal Selection**
  You will be encouraged to start with ice chips and clear liquids, but can start eating in a short time if there are no problems with nausea and vomiting.

- **Positioning**
  - Staff will check on you hourly
  - Use of hip precautions and abductor pillows
  - No pillows under the knee
  - CMS checks (circulation, motion, sensation)

- **IV Therapy**

- **Foley Catheter** (only if needed)
Discharge Information

• No dental procedures for 3 months and no dental procedure without antibiotic therapy for life.

• Continue exercise program as instructed.

• Review Discharge Medication Instructions.

• Review Discharge Instructions specific to your surgical procedure.

• Wear Ted hose until follow up appointment to prevent blood clot formation.

• Call your surgeon’s office if you see signs and symptoms of infection.
  – Fever, drainage from incision, warm/red incision, increased pain not relieved by pain medication

• Call your surgeon’s office if you see signs and symptoms of a blood clot.
  – Increased swelling, pain, redness of operative leg/site
  – Inability to flex foot and operative leg without intense pain.

• The Orthopedic Coordinator will call to check on you on one day and one week after discharge.
Home Planning Checklist

At your pre-op Total Joint class, you will be given a home safety checklist.

• Temporary living area on the ground floor if difficult to climb stairs
• Remove all loose rugs and electrical cords from living areas to prevent tripping
• Secure handrails in showers and stairs
• Secure a comfortable chair with arms for you to use after surgery
1. **What is Direct Anterior Approach Hip Replacement?**
   Total Hip Replacement Surgery can be successfully performed using a variety of techniques. Historically, the posterior approach (from the back) has been the most common method for hip replacement. Anterior Approach Hip replacement simply refers to performing the surgery 'from the front'.

   This technique is also referred as a 'Direct Anterior Hip Replacement' and 'Anterior Supine Intermuscular (ASI) Hip Replacement.

2. **What are the advantages of this technique?**
   With an Anterior Approach, the surgery can be performed without cutting any muscles. This allows for a more rapid, less painful recovery. The surgery is performed with the patient lying flat (supine) which allows for the use of fluoroscopy (live x-ray). The use of fluoroscopy throughout the procedure allows for more precise placement of the implants. Patients appreciate that with an Anterior Approach, we do not require routine hip precautions.
Direct Anterior Approach Hip Replacement
Questions and Answers:

3. What are Hip Precautions?
Hip precautions are essentially a set of positions, which patients need to avoid in order to minimize the chance of a hip dislocation (hip popping out of joint). With traditional posterior approach hip replacement, most surgeons recommend hip precautions for 3 months after surgery. This includes sleeping with a special pillow between the legs and use of an elevated toilet seat. Patients also need to avoid crossing their legs, deep flexion of the hip and internal rotation (pointing toes inward).
With Anterior Approach hip replacement, the surgery is performed without violating any of the hip's posterior structures. There is a low risk of dislocation and hip precautions are not required.

4. What are the restrictions following surgery?
Patients can generally return to all activities, as they feel comfortable. The one activity to avoid is running. The repetitive impact of running could prematurely wear out the implant or cause them to loosen from the bone. Patients often comfortably return to walking, hiking, bicycling, swimming, tennis (doubles), yoga, and even snow skiing (groomed slopes). With their hip pain relieved, many patients return to activities they have not been able to experience for years.
Direct Anterior Approach Hip Replacement
Questions and Answers:

5. Why don't all doctors do hip replacement this way?
Total Hip Replacement can be successfully performed through a variety of surgical approaches. Most surgeons are familiar and comfortable with either the posterior or direct lateral approach to hip replacement. These approaches have been very successful and absolutely can offer excellent outcomes for patients. Anterior Approach can be technically challenging to learn to do well. There is a learning curve, and special training is helpful. Realizing the benefits of Anterior Approach, more and more surgeons are learning this technique.

6. Do you need a special table for this surgery?
There are a variety of tables designed to assist surgeons with Anterior Approach hip replacement. One of the more commonly marketed tables is the HANA table. These tables are surgical aids, and not necessary for a successful Anterior Approach.
Direct Anterior Approach Hip Replacement
Questions and Answers:

7. What are the complications with this surgery?
The risks of Anterior Approach hip replacement are generally the same as traditional hip replacement. Anesthesia, medical issues, infection, fracture, injury to nerves or blood vessels, and leg length inequality are some risks. Dislocation rate is low, but not zero with this technique. It is common for patients to have a small area of numbness over the thigh after Anterior Approach hip replacement. The numbness usually resolves within a couple of months. Occasionally, the numbness persists, but is generally not troublesome.

8. How long is the recovery?
Recovery from surgery is quite variable. Many factors are involved including a patient's level of pre-operative function. Most patients are ready for discharge to home on post-operative day 1 or 2. Most patients utilize a walker initially after surgery, and many are already on a cane within 1 or 2 days. Return to activity is permitted, as patients feel comfortable. Strenuous activity should be avoided for at least 4 weeks.
Direct Anterior Approach Hip Replacement
Questions and Answers:

9. How long does it take to perform the surgery?
The length of time for surgery averages about one hour, although may be longer or shorter depending upon an individual patient's anatomy. Most patients are in the operating room close to 2 hours, with the extra time being necessary for anesthesia, positioning, and preparation.

10. How long will the implants last?
The durability of hip replacement components has improved greatly. With an Anterior Approach, we can use standard implants with proven track records. The greatest improvement has been in the quality of the materials. Today's generation of implants have not been utilized long enough to really know when they will wear out. We have the technology today to replace implants when they fail and this technology continues to improve.

11. Are all Hip Replacement patients candidates for an Anterior Approach?
The majority of patients will be candidates for Anterior Approach Hip Replacement. There are individual circumstances, for example unusual anatomy, which may make a patient better suited for a posterior or direct lateral approach. Patients that have had prior hip surgery are also most commonly performed with a more traditional approach.
The Center for Orthopedics at North Valley Hospital

Thank you!

Dr. Albert Olszewski
Board-Certified Orthopedic Surgeon