

PATIENT HANDBOOK AND JOURNAL

PRIOR TO SURGERY

OrthoCarolina

EXCELLENCE
IN ORTHOPEDICS

YOU. IMPROVED. | [ORTHOCAROLINA.COM](https://www.orthocarolina.com)

PERSONAL ITEMS



PERSONAL ITEMS TO BRING FOR YOUR HOSPITAL STAY, AND WHAT NOT TO BRING:

Remember that your preparation for surgery begins in the Pre-op area of the hospital, not in your hospital room. Below are some suggestions of things that you will want to consider bringing and other items that will be better left at home so that they do not get lost during your stay.

Personal items that you bring will need to be left with your Care Coach or in the car until you are taken to your hospital room following surgery.

WHAT TO BRING TO USE DURING YOUR PREPARATION FOR SURGERY:

Glasses, dentures, hearing aids that you will need during your preparation while you review your medical history and sign consent forms.

If you use a CPAP machine for sleep apnea bring that with you.

WHAT TO BRING, HOWEVER LEAVE WITH YOUR CARE COACH OR IN THE CAR UNTIL AFTER SURGERY:

- » Change of clothes/underwear, in a small bag or suitcase
- » Personal toiletries
- » Cell phone
- » Special pillow
- » Walker (you won't need this until you are discharged from the hospital)

WHAT NOT TO BRING, BEST LEFT AT HOME:

- » Jewelry
- » Valuables
- » Wallet
- » Extra glasses/hearing aids/dentures
- » Large suitcases

SURGERY PATIENT EDUCATION CLASS



You and your care coach will attend an education session regarding your upcoming total joint replacement surgery. Your OrthoCarolina Patient Navigator will work with you and your care coach to ensure this class is scheduled for you.

The class will be taught by a Registered Nurse (RN), Physical Therapist, and may include a Pain Specialist. The RN will talk to you about what to expect after your surgery, pain management, possible surgical complications and how to prevent them. Other topics presented may include your care givers team and what to expect after surgery. For example, such things as getting your home ready so that when you come home after surgery you will be in a safe environment.

The Physical Therapist will demonstrate exercises to be practiced before surgery and some exercise you will be doing during your hospitalization. The Physical Therapist will also discuss the daily progress that you can expect, when you will be able to get out of bed and when you will begin walking. Before you are discharged from the hospital your care givers will talk with you about exercise and activity and any restrictions that will apply to you as an individual.

In addition your OrthoCarolina Patient Navigator will identify educational videos that you will want to watch with your care coach. The videos are located on the OrthoCarolina website/portal. You can access the videos any time that is convenient for you by following these easy steps:

- » Go to the OrthoCarolina Web Site: www.orthocarolina.com
- » Click on Patient Education
- » Select the area of the body
- » View the online videos in our orthopedics library

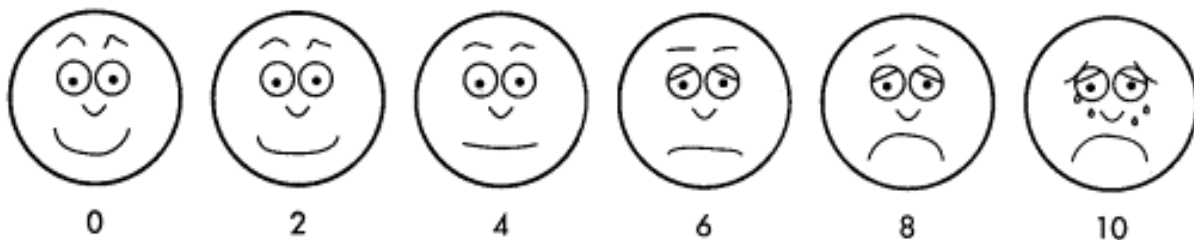
PAIN MANAGEMENT



- » To help your nurses assess your pain level they will ask you to rate your pain on the scale below. The nurses will also assess your sedation level (how sleepy are you), and watch your vital signs.
- » At the first sign of pain ask for pain medication.
- » If you are worried about taking your pain medication, talk with your nurses about it.
- » Be sure to talk with your doctor at your post op visit about different ways to manage your pain. Your care coach can play a role with some of the following distractions that may be helpful:
- » Watch TV, play computer games, read, listen to a book tape, rest, ice therapy, compression and elevation.

PAIN ASSESSMENT SCALE

The Wong-Baker Faces Pain Rating scale is the standard pain scale used at hospitals and surgery centers and is a 0-10 scale. A score of 0 means “no pain” and a score of 10 means “worst pain”. We need your help and involvement to manage your pain in the right way.



Very happy, No hurt	Hurts just a little bit	Hurts alittle more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine (dont have to be crying to feel this much pain)
Nada de Dolor	Poquito Dolor	Poquito Mas de Dolor	Mas Dolor Dolor	Mucho Dolor	Peor Dolor

SMOKING & NICOTINE USE CESSATION



SMOKING, by John K. Ellington, M.D.

If you smoke, or use any nicotine products, we strongly encourage you to stop three weeks before your Total Joint surgery. Examples of products that contain nicotine are: cigarettes, chewing tobacco, snuff, cigars, nicotine gum, pipes, pot. Stopping these will decrease the chances of lung problems and speed up your recovery and healing. The entire hospital campus and all health facilities are Tobacco Free, which means tobacco use of any kind is prohibited indoors or outdoors.

FACTS:

- » Tobacco is the single most avoidable cause of premature death worldwide.
- » There are more than 50 million smokers in this country, and approximately 800 billion cigarettes are smoked each year. Over 500,000 deaths per year in the United States alone can be attributed to smoking. 1 in 5 deaths are due to smoking! Smoking cigarettes kills more Americans than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined. Smokers lost an average of 14 years of life because of smoking. Smoking causes over 20 different medical problems/illness/disease/cancers.
- » Smoking is responsible for almost 9 out of 10 lung cancer deaths. Lung cancer is the leading cause of cancer death in both men and women and it is one of the hardest cancers to treat. Smoking is a major cause of heart disease, aneurysms, bronchitis, emphysema, and stroke.
- » More than 4,000 different chemicals have been found in tobacco and tobacco smoke, Among these are more than 60 chemicals that are known to cause cancer.

ORTHOAEDICS:

- » Studies show that smokers have a significantly longer time to heal fractures or fusions than non-smokers. Smokers have a higher chance of fracture or fusion never to heal. Smokers have a higher chance of wound/skin healing problems and higher chance of infection after surgery.
- » Smoking increases the risk of osteoporosis.
- » Smoking can cause or worsen poor blood flow in the arms and legs (peripheral vascular disease or PVD). Surgery to improve the blood flow often doesn't work in people who keep smoking. Because of this, many surgeons who work on blood vessels (vascular surgeons) will not perform certain surgeries on patients with PVD unless they stop smoking. Also, many orthopaedic surgeons will not perform certain surgeries on patients with PVD.
- » 120,000 amputations are performed each year due to PVD. (see pg. 74 references)

ANESTHESIA



ANESTHESIA

Orthopedic or spine surgery requires that either spinal nerve block or general anesthesia be administered before surgery. A very small number of patients have problems with anesthesia. These problems can be reactions to the drugs used, problems related to other medical complications, and/or problems due to the anesthesia. You will meet your anesthesiologist prior to surgery in the pre-op holding area. The anesthesiologist will review your history and discuss options for anesthesia.

WHAT IS GENERAL ANESTHESIA?

General anesthesia is a type of anesthesia where you are put in a deep sleep by means of various medications. Certain anesthetics prohibit you from breathing adequately, so the anesthesiologist must assist your breathing during the course of surgery. This is done by placing a small breathing tube (endotracheal tube) into your windpipe (trachea) after you are put to sleep. Minor side effects from general anesthesia and surgery are common. These include nausea, sore throat, headache or a generalized “hang-over” type feeling.

WHAT IS SPINAL ANESTHESIA?

Spinal anesthesia is a type of “local” anesthesia that is administered through a catheter placed in the lower back (lumbar region). A local anesthetic is injected in the skin to numb the area before the spinal catheter will be placed. Once the catheter is placed, medications, including a local anesthetic and sometimes a narcotic, are given through the catheter. It is then removed. The entire process usually takes five to twenty minutes. You will be sedated by intravenous medications during the surgery and before your spinal procedure. Minor side effects can occur from the narcotics including: itching, nausea, vomiting and/or decreased respiratory rate.

WHAT IS NERVE BLOCK ANESTHESIA?

A nerve block is the injection of numbing medication (local anesthetic) near specific nerves to decrease pain in a certain part of your body during and after surgery. Your anesthesiologist may place a nerve catheter, which may be used to continuously bathe the nerves in numbing medication for 2-3 days after surgery. A nerve block is not for everyone and your anesthesiologist will evaluate whether it is the right option for you.

Journal entries and questions about anesthesia:

BEFORE SURGERY



To prepare for surgery we have created this check list for you, so that you do not forget anything. Please review each item and check it off as it is completed.

_____ Bring this book with you to all appointments and to surgery, so that you can record instructions and take notes

_____ If you need a handicap parking placard please check with your state's Department of Motor Vehicles to secure the application. Complete your part of the application and bring it with you so that doctor can complete and sign it. You will then return it to your state's DMV along with the appropriate payment to secure your parking placard.

_____ The night before surgery your meal should be light; you don't want to over-due it. Your body works hard to digest a high fat, high calorie meal and this can contribute to nausea after surgery.

_____ Your lab work must be current, that is within 30 days of your surgery. You may be contacted by your doctor with your CBC results and given instructions on how to take your medications.

Bring the following with you on the day of surgery:

_____ Copy of your OrthoCarolina Coordinated Care Program Card

_____ List of all medications you are taking and the dose

_____ Your medical history

_____ Copy of Living Will and/or Power of Attorney (if you have one)

_____ Medications to STOP before surgery: Review the list of medications on page 31. Highlight the medications that you are currently taking and note when you need to stop taking them. Medications stopped prior to surgery may be taken 48 hours after your last dose of Coumadin.

_____ You are NOT to eat or drink anything after midnight the night before your surgery. Remember this includes food, candy, gum, mints, or water.

Special Instructions: _____

_____ You have been given a special cleansing solution called Hibiclens. Starting the night before surgery you need to shower using this solution. See more information on page 40.

_____ You may only take the medications on the morning before surgery that the Anesthesiologist tells you to take. You should take them with just enough water to swallow them.

M R S A



Methicillin-Resistant Staphylococcus Aureus (MRSA) are organisms (bacteria) that are resistant to some antibiotics. It is possible for an individual to carry MRSA on their skin or in their nose and be free from symptoms and never get the infection.

A simple nasal swab can determine if you are a carrier of the bacteria. If you have a history of MRSA or have a positive culture extra precautions will be taken to prevent the bacteria from becoming an infection. The following precautions may be taken:

- » **Bactroban Ointment:** You will be given a prescription for Bactroban Ointment that is to be placed in your nostrils twice a day for five days. You will begin using it three (3) days before surgery and continue to use it for an additional two (2) days while you are in the hospital.
- » **Hibiclens Soap:** Starting three (3) days before surgery you will wash from neck to toe with Hibiclens soap (an antiseptic skin cleanser). This cleanser helps to kill germs and bonds with your skin so that it continues killing germs after you use it. You will use the Hibiclens soap for an additional two (2) days while you are hospitalized. Please see the Pre-Op Hibiclens Bathing Instructions sheet.
- » **Hand Hygiene:** Everyone entering your hospital room (hospital staff, physicians, and visitors) need to wash their hands or use a hand gel sanitizer. We encourage you to make sure they do this by asking them if they have washed or used gel on their hands.

Journal entries and questions regarding MRSA and hygiene:

MEDICATIONS & ANESTHESIA



MEDICATIONS THAT CAN INCREASE BLEEDING OR MAY INTERFERE WITH ANESTHESIA

Some medications impair the body's ability to form a clot and stop bleeding. Obviously, failure to normally form a clot is undesirable around the time of surgery.

ASPIRIN:

Ideally, aspirin should be discontinued a minimum of 7 (preferably 10) days prior to elective surgery. This advice includes products containing aspirin, like Percodan™.

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS):

Non-selective COX inhibitors (NSAIDs, e.g. ibuprofen, ketoprofen, Advil, Motrin, many others) should be discontinued a minimum of 5 (preferably 7) days before elective surgery. The selective COX inhibitor, Celebrex, CAN be continued. If you have a question about your painkiller, ask your surgeon.

VITAMINS, SUPPLEMENTS, HERBALS:

Many herbal medications and supplements may increase bleeding and/or interact with medications used for anaesthetic. In many cases, the exact composition of herbal supplements and the potential interactions are unknown. Specific recommendations cannot be given. Therefore, DO NOT TAKE these medications for a minimum of 7 days prior to elective surgery.

ALCOHOL & RECREATIONAL DRUGS:

Drink less alcohol as alcohol may alter the effect of the anaesthetic drugs. Do not drink alcohol 24 hours before surgery.

Stop taking recreational drugs before surgery as these may affect the anaesthetic drugs. If you have a drug addiction please tell your anaesthetist.

PREPARING YOUR SKIN BEFORE SURGERY



PRE-OP HIBICLENS® BATHING INSTRUCTIONS:

General Information:

- » Because the skin is not sterile, it is important to make sure that your skin is as free of germs as possible before surgery. You can reduce the number of germs on your skin by carefully washing before surgery.
- » Chlorhexidine gluconate (CHG) is a special soap that is often used to cleanse the skin before surgery. One common brand is Hibiclens®. If you are allergic to Chlorhexidine use _____ for your shower or bath.

Bathing Instructions:

- » Shower or bathe with Hibiclens® the night before your surgery and the morning of your surgery. (A total of 2 showers or 2 baths with Hibiclens®)
- » Do not shave the area of your body where your surgery will be performed.
- » With each shower or bath, wash your hair as usual with your normal shampoo.
- » Rinse your hair and body thoroughly after you shampoo to remove all shampoo residues.
- » Apply the Hibiclens® soap to your entire body ONLY FROM THE NECK DOWN.
- » Do not use Hibiclens® near your eyes or ears to avoid permanent injury to those areas.
- » Wash thoroughly, paying special attention to the area (as specified by the nurse) where your surgery will be performed.
- » Turn the water off to prevent rinsing the soap off too soon.
- » Wash your body gently for 5 minutes. Do not scrub your skin too hard.
- » Do not wash with your regular soap after Hibiclens® is used.
- » Turn the water back on and rinse your body thoroughly.
- » Pat yourself dry with a clean, soft towel.
- » Do not use lotion, cream, or powder.
- » Wear clean clothes.

Where to get Hibiclens®:

- » Your Preferred Pharmacy
- » Hospital may provide at your Pre-Op Appointment

EQUIPMENT NEEDED



Welcome to the Post-Surgical Department at OrthoCarolina. Your physician may order the following equipment for your recovery needs following your surgery:

CERVICAL PROCEDURES

- » Soft Collar/Aspen Collar/Miami J: Immobilizes the neck and adds stability and support while you recover.

SPINE/BACK SURGERY

- » Kit – includes a “reacher”, back scrubber, sock aid and long shoe horn—these assist with independence and reduce movements that can often be painful in the recovery.
- » Rolling Walker: assists you to safely walk as you regain strength and stability.
- » 3 in 1 Bedside Commode: provides convenience and safety as you regain movement and speed.
- » Corset/LSO: gives you added support and comfort while you recover and get back to an active lifestyle.

HOW DO I OBTAIN THE RECOMMENDED EQUIPMENT?

- » Our post-surgical representative will contact you prior to your surgery to assess and order equipment you may need or want.
- » Equipment will be delivered to the hospital and any necessary adjustments and patient education will take place at that time. If you would like to obtain the equipment prior to your surgery, please call our department at 704.323.2462.

THE BRACE

Your physician may have prescribed a brace for you because you have had a spinal fusion. The brace is designed to protect your spine while healing takes place. The brace can be fitted before admission, or the first day after your spine surgery; it is usually worn for a minimum of four weeks at all times when out of bed (except while in the shower). You will need to wear a fitted T-shirt, camisole or sleeveless shirt under the brace. When you return for your post-operative appointment, your surgeon will determine if you need to continue to wear the brace.

Your physician will decide which of the following braces you need based on your specific case:

The Lumbosacral Corset Brace is an elastic corset type brace with a Velcro attachment in the front. Most patients learn to put on and remove this brace independently, while some may require assistance from a caregiver. This brace may be applied while sitting on the edge of the bed.

The Flexiform Brace is designed as one or two plastic molded pieces with straps on each side. It has a soft foam lining with plastic overlay. This can be applied while sitting on the edge of the bed.

The Thoracic-Lumbo-Sacral-Orthosis (TLSO) Brace is designed as two molded plastic pieces (front and back) with straps on each side. Most patients will require assistance to place and remove the TLSO brace. Your Physical Therapist and Occupational Therapist will work closely with you and your caregivers on proper procedures for placing the brace or taking it off. If you are experiencing problems with your customized TLSO, notify the company that made your brace. In the meantime, pad any pressure areas with gauze or cotton.