



**SURGERY EDUCATION:  
TOTAL JOINT  
REPLACEMENT**

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## WELCOME

**WELCOME** to HonorHealth and our Total Joint class. Our multidisciplinary team of surgeons, nurses and therapists have worked together to create this comprehensive education course and reference guide to educate, calm your fears and answer any questions. The highly skilled nurses and therapists that teach this in-person class care for you during your stay. Two Orthopedic Surgeons also teach this class online at [HonorHealth.com/totaljoint](https://HonorHealth.com/totaljoint).

Our team members are specially trained in the care of orthopedic patients. We share the goal of assisting you in your recovery for a safe transition home and returning to an active lifestyle.

During your stay, we strive to provide an exceptional experience for every patient and family member. Do not hesitate to let us know if you have any questions or concerns. No request is too small, and no question is an inconvenience. I am proud to work with such a great team. Thank you for choosing HonorHealth.

Respectfully,

*Kelly Jackson*

Kelly A. Jackson, MSN, NP-C, RNFA

Associate Vice President, Neuroscience & Orthopedic Service Line

# TOTAL JOINT REPLACEMENT PROCEDURES

## Types of joint replacements

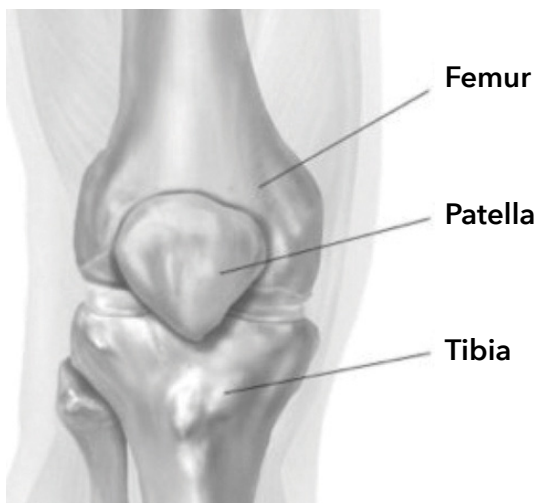
### Total KNEE replacement



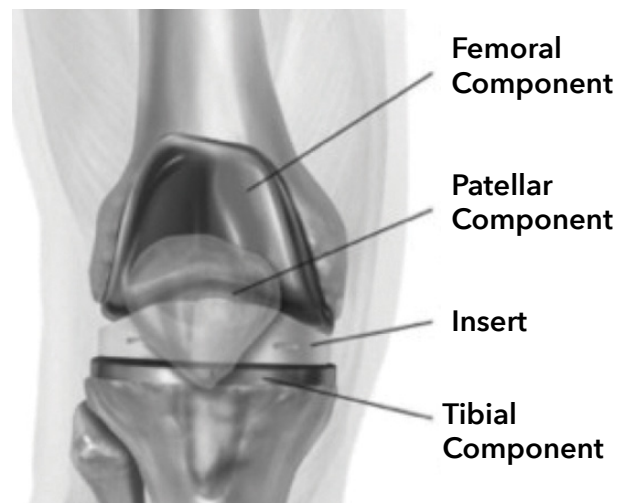
The largest joint in your body, your knee, is made up of the thigh bone (femur), shin bone (tibia) and kneecap (patella). Large ligaments attach to the femur and tibia to provide stability, and long thigh muscles give your knee strength. The joint surfaces where these three bones touch are covered with articular cartilage – a smooth substance that cushions the bones and enables them to move easily. All remaining surfaces of your knee are covered by the synovial membrane – a thin, smooth tissue liner – that releases a special fluid to lubricate your knee and reduce friction.

A knee replacement is a surgical procedure that replaces a worn out or injured knee joint with an artificial one. Surgery reduces knee pain, increases leg strength and provides 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, which is aligned and secured to your thigh and shin bones, and kneecap.

Normal knee



Total knee



## Total hip replacement



One of your body's largest weight-bearing joints, your hip, consists of 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. The bone surfaces of your ball and socket have a smooth, durable cover of articular cartilage that cushions the ends of your bones and enables them to move easily. All remaining surfaces

of your hip are covered by a thin, smooth tissue called a synovial membrane, which produces a small amount of fluid that lubricates and reduces friction in your hip.

A hip replacement is a surgical procedure that replaces a worn out or injured hip with an artificial one. Surgery reduces hip pain, increases leg strength and provides easier movement, and takes one to two hours on average. An incision is made, and your damaged joint is removed. The surface of your old socket is smoothed, and the new socket is put into your pelvis. The new ball and stem component are inserted into the head of your thigh bone, then joined with your socket.

We offer two approaches to total hip replacement surgery:

**Posterior:** The joint is reached through the back (posterior) of the hip.

**Anterior:** The joint is reached through an incision in the front (anterior) of the hip.

All hip replacements, regardless of incision type, require your surgeon to replace the top of your thigh bone and socket of your pelvis.

**Normal hip**



**Hip replacement**





## Total shoulder replacement



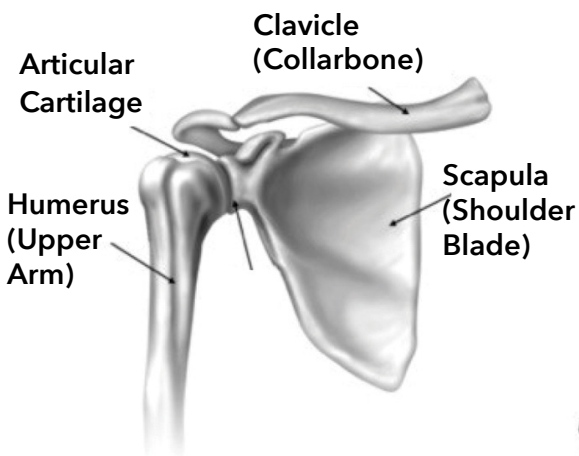
In a healthy shoulder, the upper arm bone (humerus) ends in a ball shape, which fits into a socket formed by the shoulder blade (scapula). Together, this ball and socket form the shoulder.

Although less common than knee or hip replacement surgery, shoulder joint replacement is just as successful in relieving pain. We perform two types of shoulder replacement procedures:

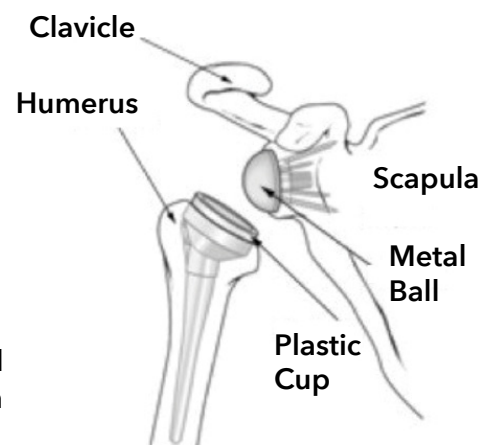
**Reverse:** Patients who suffer from severe rotator cuff tears, arthritis in the shoulder or serious fractures in which the bone is too severely damaged to repair. The anatomy of the healthy shoulder is reversed, so a metal ball is fixed to the socket and a plastic “cup” is fixed to the upper end of the humerus.

**Conventional:** A 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.

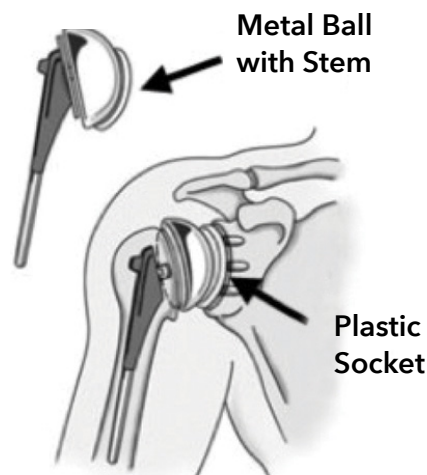
### Normal Shoulder



### Reverse Total Shoulder



### Total Shoulder



## PREPARING FOR SURGERY

The better state of your health before surgery increases your ability to heal and recover

At HonorHealth, our goal is to provide you with exceptional care and a positive experience.

This booklet is your Joint Class guide and yours to keep. Please use your class and this booklet to prepare for your surgery and recovery.

Expect a call from a pre-assessment nurse before your day of surgery to review your medical history, medications and any allergies you may have.

### General Guidelines

- Eat healthy
- Stay active
- Control your blood sugar
- Give your surgeon your full medication list (prescription and over the counter) and medical history
- Discuss blood thinners with your surgeon and provider who prescribed them

### Preparing your home before surgery

- Put food and toiletry items at counter level for easy reach.
- Clear all walking areas in your home.
  - \* Remove throw rugs and electrical cords or secure them with tape.
- Set out a pair of well-fitting shoes that are easy to get on and off.
- Arrange for a ride home from the hospital by another adult.
  - \* Taking an Uber or taxi? An adult must ride with you.
- Have someone stay the night with you for the first 24 to 48 hours.

## Your personal surgery information:

---

YOUR SURGEON'S NAME

---

YOUR PHYSICIAN'S NAME

---

YOU ARE SCHEDULED FOR THIS SURGERY

---

ON THIS DATE

## Before you come to the hospital

- Pre-op testing should be completed up to 30 days (but no later than two weeks) prior to surgery. Please note:
  - \* Testing may include blood work, EKG, X-rays, urine test, etc.
  - \* If you are currently seeing a specialist, they may need to clear you prior to surgery (e.g., cardiologist or pulmonologist).
  - \* If a type and screen (T&S) blood test is required, it will need to be completed no later than 10 days prior to surgery.
- A pre-assessment nurse will call 1 to 5 days prior to surgery to review:
  - \* Your health history
  - \* The medication(s) you are currently taking
  - \* Which medications you need to take the morning of your surgery
- If you have an advance directive, living will or power of attorney, please bring a copy with you the day of your surgery.
- Important: Tell your surgeon immediately if you are showing any signs of illness prior to surgery (e.g., cold, flu, fever, rash, sore throat, urinary tract infection, any new wounds or injuries, etc.).



## What to bring

- Personal items and toiletries
- Loose, athletic-style shorts or sweatpants, and a T-shirt
- Comfortable, non-slip shoes
- Glasses, dentures and hearing aids with protective cases
- Cell phones are permitted, Wi-Fi is available in all rooms
- CPAP/ BiPAP machine

Please label all personal items with your name.



## What not to bring

- Home medications
- Valuables, such as jewelry
- Contact lenses
- Anything that cannot be replaced





### The night before the surgery

- Do not eat eight hours prior to your scheduled surgery time.
- You may drink clear liquids up to three hours prior to your scheduled surgery time, including:
  - \* Water
  - \* Fruit juice without pulp, such as apple or white grape (no orange juice)
  - \* Gelatin in lemon, lime or orange flavors only
  - \* Fat-free broth or bullion
  - \* Sprite® or clear sports drinks like Gatorade®
  - \* Plain coffee or tea without creamer or milk
- Brush your teeth
- Rise with mouth wash
  - \* Antiseptic mouthwash helps reduce the germs that can cause lung infection after surgery



## Pre-surgery bathing instructions



Before your surgery, you can lower the risk of infection by carefully washing with antibacterial soap.

### Which soap should you use?

Your surgeon may tell you to use a special antibacterial soap called **Chlorhexidine Gluconate (CHG)** before surgery. Only use CHG if your surgeon tells you to, and if you're not allergic. Otherwise, please use an antibacterial soap such as Dial, Lever or Safeguard (bars or body wash).

Another brand name for CHG is **Hibiclens**, available at drugstores. Buy at least a 4-ounce bottle.

Pre-Surgery Bath on this date:

Date of Surgery:



1

Shower with CHG/Hibiclens or antibacterial soap the **night before and the morning of your surgery.**



2



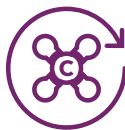
With each shower, wash your hair and face as usual with your normal shampoo/soap. Thoroughly rinse your hair and body to remove all soap.

3

**Don't shave** the surgery site area.



4



**Turn off the water** before using the CHG or antibacterial soap to avoid rinsing it off too soon.

5

Apply CHG or antibacterial soap from your jawline down. CHG is **not** meant to be used on your eyes, ears, nose, mouth or genital area.



6



Rub it in thoroughly for **five minutes**, giving special attention to the surgery site. You don't need to scrub very hard. CHG will not lather. Turn the water back on and rinse your body well.

7

**Do not** wash with regular soaps after using the antibacterial soap.



8



Pat yourself dry with a **clean, soft towel** after each shower. Then put on clean clothes or pajamas and sleep on freshly cleaned bed linens.

9

**Don't apply any lotions, perfumes, powders or deodorant** after using the antibacterial soap the day of surgery.



## THE DAY OF SURGERY



### Where to go

- Arrive at the hospital on time
- Only take the medications discussed with your pre-assessment nurse with a sip of water
- Use the main hospital entrance
  - Free parking is available at all HonorHealth locations
  - Valet parking is available at Scottsdale Shea and Thompson Peak, John C. Lincoln and Deer Valley medical centers
- Check in at the admission's office with your:
  - Insurance and identification cards
  - Copay
  - Copies of your advance directive, living will or power of attorney
- After checking in, you will be brought to the surgery area
- Visitors will be asked to wait in the waiting room while the pre-op nurse gets you ready, then your family will be brought back before you go to the operating room.

### Pre-OP area, You will.....

- Change into a hospital gown
- Have an IV started
- Meet your anesthesiologist and surgeon
- Complete any paperwork
- Sign all required consents

### During your surgery / Waiting area

- Visitors must wait in the designated waiting area. Volunteers may be available to help.
- Visitors will be notified when your surgery is over.
- Wi-Fi is available.
- Refreshments are available in the coffee shop, along with 10 cafeteria and vending machines.



## AFTER YOUR SURGERY

### Post-Anesthesia Care Unit (PACU)

- Most patients are in the PACU for one to two hours, so we can:
  - Watch closely as the anesthesia wears off
  - Monitor your blood pressure, circulation, pulse(s) and breathing
  - Provide pain medication
  - Use mechanical compression devices to prevent blood clots following surgery
  - Provide a wedge pillow for certain joint replacement procedures



### Transfer to the Orthopedic Unit

- Your nurse will monitor you closely and assess your surgical site, blood pressure and pain
- Your RN/PCT will do hourly rounding
- You will be attached to multiple devices (e.g., oxygen tubes, compression devices, IV, pulse oximeter)
- Important: Please do not try to get out of bed without help.



**DON'T FALL,  
Call your  
nurse!**



## Orthopedic Unit

- The staff will show you how to order food
- A bed alarm will be used to help keep you safe
- You will work with physical and/or occupational therapy
- The nurse will follow your surgeon's instructions for showering and dressings changes
- Preventing blood clots (page 20):
  - \* Walking, physical therapy, early ambulation
  - \* Mechanical compression devices
  - \* TED
  - \* Medication, blood thinners
- Preventing pneumonia
  - \* Walking, early ambulation
  - \* Cough and deep breathing



## Infection Prevention

- Administer IV antibiotics the first day
- Monitor your blood glucose levels
- Encourage deep breathing exercises
- Remove your tubes as soon as possible
- Keep dressings clean and dry
- Send you home as soon as you are ready



## Preventing nausea

Nausea is a common side effect of anesthesia and pain medication. We will:

- Advance your diet if bowel sounds are present
- Offer medicine for prevention
- Encourage hydration



## Preventing constipation

- Causes
  - \* Anesthesia
  - \* Narcotic pain medication
  - \* Inactivity
- Prevention
  - \* Giving stool softeners daily
  - \* Asking you to walk and exercise
  - \* Returning you to your normal diet
  - \* Encouraging you to drink plenty of water

## Controlling your pain

Post-surgical pain is normal following surgery and will subside with time and activity. We will:

- \* Do frequent assessments.
- \* Use a pain scale to help you describe your pain.
- \* Set a functional pain goal
- Note on the white board
  - \* Pain medication name
  - \* Last dose given
  - \* When next dose is available
- Provide alternatives to medication
  - \* Ice packs
  - \* Relaxation and quiet time
  - \* TV and other distractions

## ROUTINE HOSPITAL ACTIVITIES TO EXPECT

- Early morning blood tests
- Bedside handoff at the start of every shift (7 a.m. and p.m.)
- Assessments by nursing staff at the start of every shift
- Vital signs taken by nurse's aides every four hours for the first 24 hours
- Blood glucose monitoring and treatment (if diabetic)
- Room service
  - \* Orders can be placed 6 a.m. - 7 p.m. via the phone in your room
  - \* Deliveries occur about 45 minutes after
  - \* If you are diabetic, after placing your order, please inform you nurse or nurse's aid

### Therapy philosophy

- Movement leads to recovery. Move:
  - \* Early
  - \* Often
  - \* Safely
- Active participation is key
  - \* You control your recovery
  - \* We teach you how to help yourself
  - \* Therapy is structured to your tolerance
- Personalized therapy
  - \* Each patient's needs and goals are unique
  - \* Focus treatment on specific home setting
  - \* Let the therapists know your needs



### Therapy

#### Physical therapy

- Functional mobility
- Proper precautions when getting in and out of bed
- Necessary precautions for your joint replacement
- Evaluate your need for a walker
- Work with stairs and steps

#### Occupational therapy

- Activities of daily living
- Dressing
- Putting on shoes and socks
- Bathroom mobility and safety

**Therapy Services will provide education and training regarding equipment necessary for your specific surgery and home.**

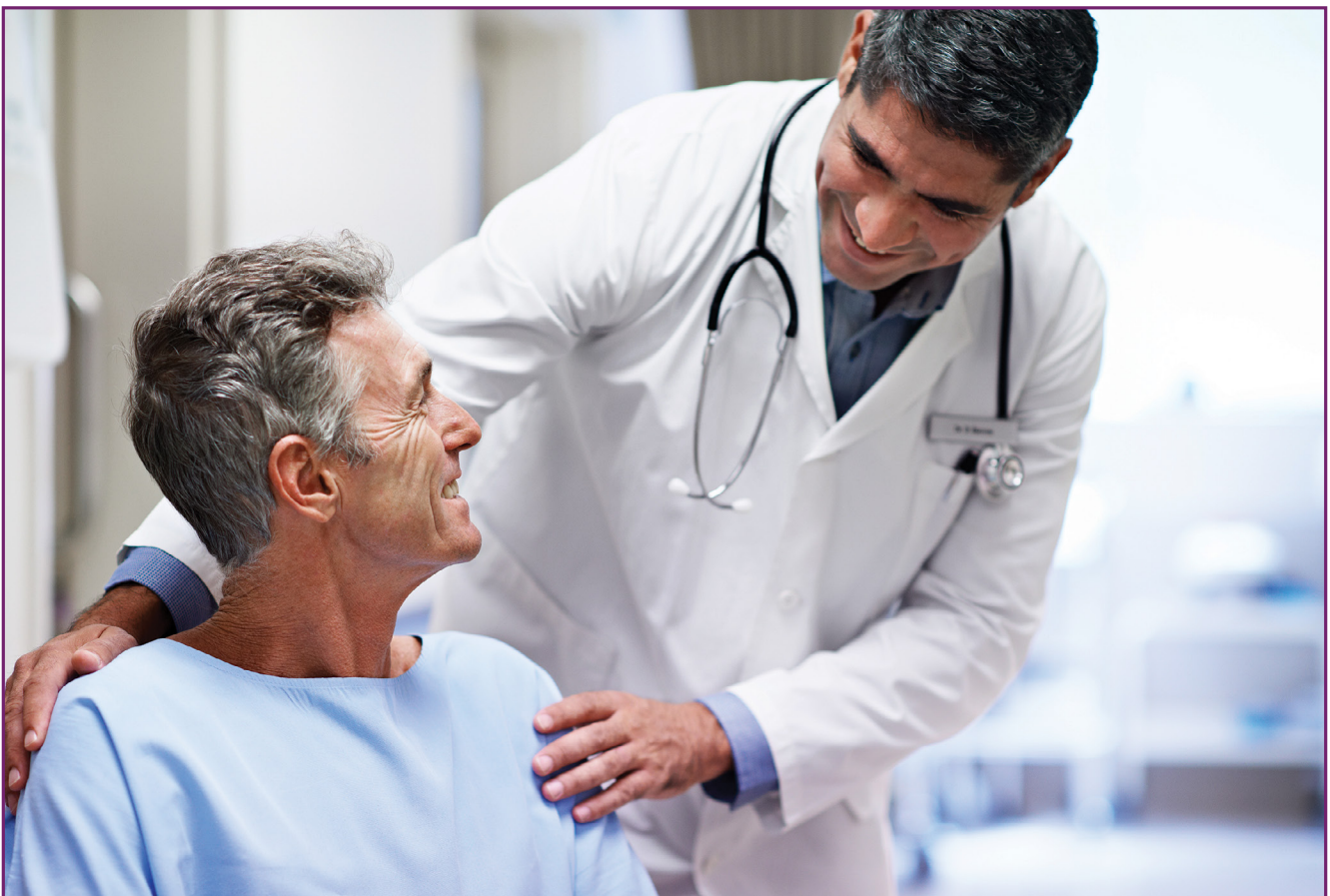
## DISCHARGE

### Planning

- Case manager or social worker will meet with you to discuss your needs
  - \* Physical therapy (outpatient vs. home health vs. self-directed exercises)
  - \* Walker
- Getting home
  - \* Plan on being discharged the next day
  - \* Arrange a ride home

### Day of

- Your IV will be removed
- You will receive written discharge instructions which will address:
  - \* Pain medications
  - \* Anticoagulant medications
  - \* Dressing changes
  - \* Activity precautions
  - \* Information on therapy services
  - \* Follow-up appointment with physicians



## AFTER SURGERY: MEASURING YOUR RECOVERY AND IMPROVEMENT



## CODE TECHNOLOGY

### Part of your surgeon's evaluation of your improvement after surgery:

- You may be asked to complete several online or phone assessments at various intervals both pre-op and throughout your recovery process.
- These assessments are designed to track your physical recovery and improvement to the overall quality of your life.
- Take the assessment from home on any device.

### You'll take the assessment from home, on any device:

#### SAMPLE QUESTION

What amount of pain have you experienced when going up or down stairs?

None

Mild

Moderate

Severe

**NURSE LINE**

**Available 24/7**

**833-444-3577**





## BLOOD CLOT PREVENTION

### Deep Vein Thrombosis (DVT):

A blood clot that forms in the veins of the body, usually in a leg or arm.

#### Signs & Symptoms:

- Pain or tenderness, often starting in the calf.
- Swelling, warmth, or redness in the foot, ankle, or calf.

### Pulmonary Embolism (PE):

A blood clot that breaks off from a vein deep in the body and travels in the blood stream to your lungs.

#### Signs & Symptoms:

- Difficulty breathing, chest pain, coughing up blood.
- Fainting, dizziness, or feeling lightheaded.



**Both surgery and bed rest increase your risk for blood clots.**



### What can you do to help prevent a DVT or PE blood clot?

Everyone's medical condition is different. Your doctor may order all three of these prevention therapies. Please speak with your doctor or nurse if you have any questions.



#### Walk.

Walking is one of the best things you can do to help prevent a blood clot.

Each day, set a goal with your nurse for the number of times you will walk.



#### Use a compression device, if ordered by your doctor.

A compression device gently squeezes your legs or feet while you are sitting or lying down. You need to wear this device at least 18 hours a day for it to be effective.



#### Take blood-thinning medication, if ordered by your doctor.

Even if you are walking, your doctor may order a blood thinner due to your medical condition.

## HIGH BLOOD PRESSURE (HYPERTENSION) MEDICATIONS

If general anesthesia is planned for your surgery this can interact with some types of blood pressure medications. If you take one of these medications on your day of surgery, your blood pressure could get dangerously low.

Please look at the list below for the names of blood pressure medication you take. If your medication is on the list, stop taking the medication **24 hours before surgery**. Note: This applies to the medications only as they are listed in the **combinations** below. If your medication is **not** on the list, **continue to take it as usual**.

Drug	Trade Name	Drug	Trade Name
Accupril	Quinapril	Fosinopril	Monopril
Accuretic	Quinapril with HCTZ	Fosinopril with HCTZ	Monopril HCT
Aceon	Perindopril	Irbesartan	Avapro
Amlodipine with benazepril	Lotrel	Irbesartan with HCTZ	Avalide
Amlodipine with HCTZ and Olmesartan	Tribenzor	Lisinopril	Prinivil or Zestril
Amlodipine with HCTZ and Valsartan	Exforge HCT	Lisinopril with HCTZ	Zestoretic or Prinizide
Aliskiren with Valsartan	Valturna	Losartan	Cozaar
Altace	Ramipril	Losartan with HCTZ	Hyzaar
Azilsartan	Edarbi	Moexipril	Univasc
Azilsartan with Chlorthalidone	Edarbyclor	Moexipril with HCTZ	Uniretic
Benazepril	Lotensin	Olmesartan	Benicar
Benazepril with HCTZ	Lotensin HCT	Olmesartan with Amlodipine	Azor
Candsartan	Atacand	Olmesartan with HCTZ	Benicar HCT
Candesartan with HCTZ	Atacand HCT	Sacubitril/Valsartan	Entresto
Capoten	Captopril	Telmisartan	Micardis
Captopril with HCTZ	Capozide	Telmisartan with Amlodipine	Twynsta
Cliazapril	Inhibace	Telmisartan with HCTZ	Micardis HCT
Enalapril	Vasotec	Trandolapril	Mavik
Enalapril with Felodipine	Lexxel	Trandolapril with HCTZ	Turka
Enalapril with HCTZ	Vaseretic	Tandolapril with Verapamil	Tarka
Eprosartan	Teventen	Valsartan	Diovan
Eprosartan with HCTZ	Teventen HCT	Valsartan with Amlodipine	Exforge
		Valsartan with HCTZ	Diovan HCT

# THANK YOU FOR CHOOSING HONORHEALTH

## Living with your new joint

Your surgeon or physical therapist will tell you how long to use a walker or crutches after surgery. Follow all suggested precautions. Your new joint is designed for normal activities of daily living and non-impact sports. All activities should be cleared by your surgeon. Check with your surgeon on any travel plans or dental work you may have in the months following surgery.



## NOTES



## CONTACT INFORMATION

If you have questions or concerns, please contact us.

### Patient billing and financial services questions

If you have questions about  
billing or financial services, please  
call the appropriate number  
below:

HonorHealth John C. Lincoln  
Medical Center

HonorHealth Deer Valley  
Medical Center

**623-434-6287**

HonorHealth Scottsdale  
Osborn Medical Center

HonorHealth Scottsdale  
Shea Medical Center

HonorHealth Thompson Peak  
Medical Center

HonorHealth Greenbaum  
Specialty Surgical Hospital

**602-445-3370**

### Pre-admission nurse telephone numbers

HonorHealth John C. Lincoln Medical Center  
**602-870-6315**

HonorHealth Deer Valley Medical Center  
**623-879-1804**

HonorHealth Scottsdale Shea Medical Center  
**480-323-3210**

HonorHealth Piper Surgery Center  
**480-323-3964**

HonorHealth Scottsdale Osborn Medical Center  
**480-580-0280**

HonorHealth Greenbaum Specialty Surgical Hospital  
**480-882-6879**

HonorHealth Scottsdale ThompsonPeak  
**480-324-7064**

HonorHealthSonoran  
**623-580-5800**

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personal and accessible.

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[HonorHealth.com](https://www.honorhealth.com)

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