

Joint Replacement Surgery

Welcome to the Kansas Surgery & Recovery Center joint replacement surgery seminar. We have prepared this seminar to familiarize you with your procedure before you come in for surgery.

Go through the seminar, check the frequently asked questions, and, as always, feel free to contact us at 634-0090, or info@ksrc.org, with any further questions you may have.

Kansas Surgery & Recovery Center opened in the spring of 1995. A few orthopedic physicians got together and shared their vision of creating a hospital for elective surgery.

While our hospital is a new facility, and a new concept in health care, the physicians who practice here are respected leaders in their surgical specialty. Our nursing staff is also highly experienced, whether in the operating room, pre-op, post-op, or on our inpatient unit.



We have heard many positive comments about our quiet and comfortable environment. Our center was designed to accommodate surgery patients and their families and is easily accessible.

Being a surgery center makes us experts on surgical care.

We believe we provide a much-needed health care service to our community. We work closely with the acute care medical centers in our community and can refer to those centers if necessary.

Having surgery at KSRC gives you the benefits of a hospital setting and the comforts of a quiet, home-like atmosphere.

Please bring your insurance card with you on the day of your surgery.

When you come in, you will go to the registration area, where our staff will greet you and make a copy of your insurance card.

We will have you fill out and sign some forms, to ensure that we have accurate information.

We operate a little differently than other hospitals. At KSRC, we contact all insurance carriers listed



for a patient two weeks prior to the scheduled procedure.

At that time, we verify benefits, coverage, co-payments, deductibles, and precertification requirements.

If there is a co-payment or deductible associated with your procedure, we will contact you at least one week prior to your scheduled surgery so you are prepared to pay this amount when you register. Visa and Mastercard are accepted.

Once you have registered, you will be seated in our lobby until you are called back to the preop area.

Preop is where your clinical preparation begins.

We ask that only one family member accompany you to the preop area.

You will be taken to our changing room, where you will put on a patient gown. Then you will be taken to a bed in our preop area where a curtain will be pulled around your bed.

We will ask you several questions to verify that we have correct information, including questions about allergies, when you last ate or drank, and what medications you are on.

We will want to know when you discontinued your regular medications in preparation for your surgery. Your medication should be stopped two weeks prior to surgery. The exceptions to this would be heart and blood pressure medication, or insulin medication for diabetes. Please contact your physician's office if you have any questions about your medications.

While you are in the preop area, your anesthetist will interview you to determine what type of anesthesia is best suited for you (in some cases, this person will be a medical doctor, but often they will be a certified registered nurse anesthetist).

They will ask what medications you are currently taking. They will also ask you if you are taking any over-the-counter supplements. This is very important information.

We use the anesthesia care team concept. This means an anesthesiologist supervises your care but often an anesthetist administers your anesthesia and is the provider in your operating room.

The anesthetist will also ask about problems you or family members have had with anesthesia.

If you have had problems with nausea after having anesthesia, we can give you medications before surgery that will reduce or eliminate this reaction.

In most cases with joint replacement surgery, you will have a choice of either general or regional anesthetic. Regional is also known as "spinal" anesthesia.

Our goal is to give you the safest, most pleasant anesthesia possible, but if the two conflict, we

will always choose safety. Both general and spinal anesthesia are extremely safe. Some doctors prefer one over the other.

General anesthesia takes away all reflexes, and therefore we need to insert an endotracheal tube after you are asleep to help you breathe.

We do exactly the same type of monitoring before, during, and after surgery for patients who have spinal anesthesia as we do for those having a general.

We ask that you discontinue your medications two weeks before your surgery, except for heart, blood pressure, or diabetic medications.

If you are not certain whether to discontinue a medication before surgery, please check with your doctor's office.

Anti-inflammatory medications such as ibuprofen and aspirin can cause a blood-thinning effect and make surgery more difficult, so you will definitely need to discontinue this type of medication.

We understand that discontinuing pain medication can be difficult. Your doctor may be able to prescribe a pain medication short-term that will be a safe substitute for aspirin or ibuprofen products.

On the day of your surgery, please bring any prescription medications you are currently taking with you. We ask that you bring them in their original marked container.

A registered nurse and a scrub tech are in each operating room. The RN is the circulating nurse who will come to the pre-op area to identify you and answer any questions about the OR.

The RN will accompany you to the operating room. The anesthesiologist will be in the room with you and will see to your anesthesia needs throughout the entire surgical procedure.

After your surgery is finished, your surgeon will come to the lobby and give a report to your family.

About 30 minutes after this time, you will be taken to the post-op recovery area where you will be cared for by a registered nurse and an anesthesiologist.

Patients are generally in the recovery room for an hour to an hour and a half.

Nursing staff and anesthesia providers are busy with your care during this time.

We will be assessing your need for pain medication, and you may be placed into a Continuous Passive Motion machine (CPM).

This machine helps mobilize your joint and often provides comfort for that joint.

Near the end of your time in the recovery area, your family will be called back for a short visit.

You are transferred to the inpatient unit after you

have recovered from your anesthesia.

The inpatient rooms are private and semi-private. If you would like a private room, please contact us before your surgery. Private rooms are an additional \$75, and are not covered by insurance.

We often have more requests for private rooms than we have available. Private rooms are provided based on the date of the request.

Our inpatient rooms are not like a traditional hospital room. They are very spacious and attractively furnished.

The beds in the inpatient area have pillow-topped mattresses. An armoire houses the television, VCR, and drawer space for your belongings.

The bathroom is large and wheelchair-accessible. The shower has only a tiny lip to step over.

We will be monitoring you and checking to be sure that you are progressing just the way you should while you are on the inpatient unit.

The inpatient staff communicates with your surgeon so they are aware of the progress you are making.

While you are in our inpatient unit, you will want to have comfortable clothing to wear. Bring shorts or boxers, or short gowns for women. Long gowns or pajamas get in the way during physical therapy.

We do have hospital gowns available that you can wear throughout your stay if you choose.

You will start physical therapy the day after your surgery because resuming physical activity is very important.

Our goal for physical therapy is to restore functional ability, so you can get around once you get home.

We will help you learn to get out of bed safely, transfer into and out of a car, walk with a walker, use an assistive device if needed, and we will instruct you in a home exercise program.

You will have a vigorous physical therapy program while you are on the inpatient unit.

Physical therapy sessions occur most frequently in your room. You will have physical therapy twice a day.

Every day, our goal will be to increase your time up and out of bed.

We will work on bathroom skills in your inpatient bathroom. You will also practice going up and



down steps. If a family member or friend is present in your room during physical therapy, we will ask them to help and learn with you.

The physical therapist measures the progress you are making in moving your joint, and reports this to your physician.

Your doctor will determine when you are ready to go home.

If you have had hip replacement surgery, an occupational therapist will work with you. Because hip replacement patients should not bend their hip beyond 90 degrees and should not turn their foot in for a time after surgery, an occupational therapist will come in to teach you about extra safety precautions.

The occupational therapist will ask you about your home environment, so you can go home and maintain your hip precautions.

They will ask about your bathroom setup, whether you have a railing, how big your hallway is, whether you have help at home, and so on.

Occupational therapy will probably also recommend some products for hip replacement patients to help you once you get home. These include a toilet seat riser (we recommend one with a lock), a dressing stick, a reacher, a shoe spoon and sock donner, and a shower chair or bath bench.

You can wait and have a family member purchase these items before you go home, or you can purchase some before your surgery.

Your physical therapist will give you exercises to do at home. These exercises will help you continue to strengthen your joint.

You will be using a walker for four to six weeks after surgery. It is probably wise to rearrange your home to remove knick-knacks that are easily knocked down, and take up throw rugs that may trip you up.

We generally prefer a walker without wheels for greater stability. Crutches are usually not recommended because of the chance of falling, and also because you cannot carry things while using crutches.

After going home, you will continue to gain strength and motion. Soon, you will find that you feel better than you have in years!

We hope this seminar has given you the information you need to feel comfortable about having joint replacement surgery.

Should you have any questions that were not answered here, please feel free to contact us at 634-0090, or e-mail your questions to info@ksrc.org.