

## In the Recovery Room

- When you wake up, you will be in the recovery room. You can expect to be there for at least one hour.
- Nurses will take your blood pressure often and monitor your pain. You will probably be getting oxygen through a mask. You will be asked to rate your pain on a scale of 0-10 and will be given pain medicine as needed. You may also receive medicine for nausea and you will have an X-ray taken of your new joint.
- While you are in the recovery room, the doctor will speak to your **Primary Contact** and other friends or family members in the Surgery Waiting Area. They will be informed of your hospital room number.
- You will then be taken to your room in **Mercy's Joint Camp Unit** (located on 5-North on Mercy's Central Campus or 5th floor at Mercy West Lakes).

# Welcome to Joint Camp

## Getting Settled

- Once you arrive at Joint Camp, your nurse will help get you situated in your room. Your private room will be equipped with a recliner, walker and adaptive bathroom equipment.
- You will have ice on your new joint and may have a drain tube coming out of it to prevent the collection of fluids and swelling under the incision. This drain typically is removed within 24 hours after surgery.
- There will be a big dressing over the incision.
- You will have foot pumps on your feet or around your lower legs. These will help prevent blood clots. Your nurse will remind you do ankle pumps often to keep your blood circulating well.
- Your IV will be connected to a patient-controlled analgesic (PCA) pump for pain management. Your nurse will show you how to use this machine and make sure you are getting adequate pain relief.
- You will probably have oxygen going through your nose overnight. Your nurse may also place a sensor on your finger to monitor your oxygen level. He or she will remind you to cough and perform deep breathing exercises regularly. Your vital signs will be checked often while you are in the hospital, and most frequently in the first 24 hours. Vital signs include your blood pressure, pulse, temperature, oxygen level and pain level.
- The PCA will be stopped when you begin taking pain pills by mouth and drinking liquids well. This usually occurs by early morning the day after your surgery. Your nurse will continue to work closely with you to monitor your pain as you work with your new joint in therapy. We want you to be as comfortable as possible.

## Camp Goals

The main objective of Joint Camp is to help you meet your therapy goals while you are in the hospital. The entire Joint Camp team will work with you during your recovery and help you and your coach prepare for what to expect at home.



While you are at Joint Camp, your surgeon will visit you daily. It is important for you to follow your surgeon's instructions and listen carefully to your nurses and therapists. They will help guide you to a successful recovery.

If you have any questions or are experiencing any pain or nausea, please let your nurse know. The nursing staff will handle all of your daily needs and are specially trained to make you comfortable, help you regain your independence and provide you with support and encouragement as you heal.

Visiting hours at Joint Camp are from 3-9 p.m. daily, but your coach is welcome at all times. Because you will be busy with camp activities, you may wish to ask friends and family members to postpone visiting until you return home.

Finally, the therapy team will help you learn how to use your new joint. The physical and occupational therapists will help ease your journey back toward an independent lifestyle. Occupational therapists will visit you each morning to teach you how to use assistive devices for your routine care needs, and will help you with kitchen and bathroom skills. Physical therapists will work with you and your fellow campers on standing up, sitting, lying down, walking, exercising and strengthening your new joint. Group therapy will begin the afternoon of the day after surgery and will continue until you are discharged from the hospital.



## Pain Management

The Joint Camp team is committed to developing a pain management plan for you that works well with the rehabilitation of your new joint. The pain you experience after surgery is usually different from the kind you felt before surgery; your arthritic pain will be replaced by surgical pain. The difference is that the arthritic pain was chronic or long lasting, while the surgical pain will be acute and shorter in duration.

You will continue to be asked to rate your pain on the 0-10 pain scale. If you are at a “5” or above, your nurse will likely reevaluate your pain management program in order to help you feel more comfortable. It is important to let your nurse know if your pain medicine is not working so changes can be made that will help you feel better.

There are many types of pain medicines and a variety of ways to administer them. You may have just one kind of medicine or you may be given a combination of medicines to control your pain. Your nurse will work closely with you to determine what “recipe” works best for you. Your nurse and surgeon will teach you how to use pain medicine effectively. Keep in mind that everyone feels and responds to pain differently. It is important to keep your pain at a controlled level. By doing this, you will be able to complete your therapy goals both in the hospital and at home.

### The following techniques will help you manage your pain after surgery:

- **Activity:** It is important to start moving as soon as possible after surgery. Moving helps your breathing and digestion, and will help you heal faster. It may hurt to move, but moving and being active will help lessen your pain over time. Your nurse will help you sit up or get out of bed when you are ready – do not try doing this without someone present until the physical therapist tells you that you are ready to do it by yourself.
- **Distraction:** By focusing your attention on something other than your pain, you can relax and stop thinking about it. Playing cards or games, visiting with friends and family, watching television, reading or listening to music are some of the ways you can distract yourself.
- **Ice/Cold Therapy:** Some swelling is expected after surgery. Using ice or cold therapy will help keep the swelling under control and it will also help control your pain.
- **Elevation:** By raising your incision higher than your heart, you will improve blood flow and reduce swelling. It may also provide some pain relief. Your nurse will help you adjust your body or bed as needed. While elevating your leg, be sure not to place a pillow directly under the knee. This can inhibit blood flow and increase the risk of a blood clot forming. Instead, place a pillow under your lower leg.
- **Comfort:** Get as comfortable as possible while you are in bed. Ask your nurse for more pillows or blankets if you need them. Make sure your room temperature is not too hot or too cold. Other things that may improve your comfort include having your family rub your back, applying a cool cloth to your face or hands and keeping light and sound to a minimum.

## Preventing Blood Clots and Pneumonia

Having a joint replaced puts you at risk for developing a blood clot. In addition, surgeries using general anesthesia will increase your risk of developing pneumonia. There are a number of ways you and your nurse will help minimize these risks:

- The evening of your surgery, your nurse will help you get up and sit on the side of the bed. This may be combined with toileting.
- You will be encouraged to be up and around every day at Joint Camp. This helps promote circulation and exercises your lungs.
- Your nurse will remind you to do ankle pumps at least 10 times every hour while you are awake. This promotes the return of your blood from your legs back up toward your heart.
- You may wear a pair of compression stockings (TED hose) to help blood flow from your legs back to the rest of your body. You will need to wear these every day until your surgeon tells you to stop using them. Be sure to remove them once a day to bathe.
- Arterial/venous impulse (AVI) boots will be on your feet or sequential compression device (SCD) leggings will be applied to your calves. These help the blood circulate well in your legs and throughout your body.
- Your surgeon will be prescribing a blood-thinning medicine for you while you are in the hospital. This medicine will be continued for a short time after you go home.
- You will use an incentive spirometer at least 10 times every hour while you are awake. This device will help us assess the amount of air you are using with each breath. Every Joint Camp patient will have an incentive spirometer to help prevent the risk of pneumonia. Your nurse will show you how to use this machine, which you will continue to use when you go home.
- If you qualify, your nurse will offer you a pneumonia vaccine. It would be given on the day you leave the hospital. The vaccine has certain age and medical requirements, talk to your nurse to see if you qualify for this vaccine.
- During the flu season, we will offer you the influenza vaccination (flu shot).

## Your Diet

Your diet will be restricted the day you have surgery. We realize you will have had nothing to eat since midnight the night before; however, it is important for your digestive system to “wake up” after anesthesia. Usually, patients are able to have clear liquids the night of surgery and resume eating solid food the next morning.

You will be using the “**At Your Request**” room service system, which allows you to order from a menu between 6:30 a.m. and 6:30 p.m. Meals arrive within one hour. At Joint Camp, suggested meal times are 8 a.m. for breakfast, 12 noon for lunch and 6 p.m. for dinner. Nursing staff will make sure you order and receive your meals.

## Physical Therapy

You will meet with a physical therapist twice daily starting the morning after surgery. He or she will teach you exercises and help you get up and walk. When not in therapy, you will spend most of your day out of bed and in a recliner.

In group therapy, the physical therapist will work with campers and their coaches. You will learn exercises and develop a walking routine using the “Walk Around America” activity. Each day, you will be encouraged to increase the distance you walk and the number of repetitions you complete for each exercise.



## Occupational Therapy

You will meet with an occupational therapist every day starting the morning after your surgery. They will help you get dressed in clothes you brought from home. They will also work with you on various techniques to make sure you can get dressed and undressed, transfer onto and off the toilet and get in and out of the shower before you go home. You may need to use adaptive equipment to help you safely regain your independence.

You will shower on the second morning after your surgery. It is important for your coach to attend at least one of these morning sessions with the occupational therapists so he or she can assist you with this activity at home.

## Physician Responsibilities



Your surgeon will visit you every day while you are at Joint Camp. He or she will be monitoring your progress. Your surgeon will also be involved with your discharge planning. Your prescriptions for medications and adaptive equipment will be written. You will have a follow-up appointment with your surgeon within two weeks after being discharged from the hospital. His or her office will direct you about scheduling periodic appointments after that.

While you are at Mercy, you will have a medical doctor following your overall health. If your family doctor has privileges and makes hospital rounds at Mercy, he or she will follow your needs while you are in Joint Camp. If not, one of Mercy’s hospitalists will see you and address your needs.

## Before You Go Home



While you are at Joint Camp, nursing staff will help with your discharge planning. Your therapy needs, prescriptions and adaptive equipment needs will be assessed. Your arrangements after discharge are determined by your progress with therapy, your strength and endurance levels, your family resources, support system and your insurance benefits.

For most knee replacement patients, four to six weeks of outpatient physical therapy is recommended. To make sure you get the facility you want and the time of day that is most convenient for you and your driver, you should make your first appointment as soon as possible. It should be scheduled for the first weekday after you are discharged

from the hospital. If you do not make your appointment in advance, your nurse will help you make the appointment at the facility of your choice while you are at Joint Camp.

To determine the first weekday after discharge, you'll need to know the day of your knee replacement surgery. Because most patients spend the first three days after their surgery in Joint Camp, you should plan to schedule your first outpatient physical therapy appointment for your fourth postoperative day. For example, if your surgery is on Monday, plan to be discharged on Thursday and schedule your appointment for Friday. Similarly, if your surgery is on Tuesday, plan to be discharged on Friday and schedule your appointment for the following Monday. If you are having both knees replaced on the same day, you will be staying an extra day in the hospital. For example, if your surgery is Monday, you will be sent home Friday, so you would schedule your appointment for the following Monday.

Sometimes, outpatient physical therapy is not the best option for knee replacement patients. In these situations, home-based therapy can be scheduled for a few weeks until you are strong enough to continue your therapy on an outpatient basis. This will be determined while you are in the hospital before you go home. We will make these home care arrangements for you, if needed.

Hip replacement patients typically do not require outpatient physical therapy. Instead, you will continue to do the exercises you are taught in Joint Camp and begin a progressive walking program at home.

Some Joint Camp patients are unable to meet his or her goals safely. If this is the case, we will refer you to a skilled nursing home for a short time after leaving the hospital. Here, you will receive extra therapy until you are ready to return home safely.