

# A Patient's Guide to Outpatient Joint Replacement

## Outpatient Joint Replacement Surgical Pathway

Steps along the way	The Patient (that's you!)	Support Person
<p><b>Location of Surgery</b></p>	<p><b>Orthopedic Surgery Centre</b>  <b>10975 102 Street NW Edmonton AB</b>            (Across the street from the Emergency Department of the Royal Alexandra Hospital)</p> <ul style="list-style-type: none"> <li>• The hospital will call you the evening before surgery <u>between 4:00 and 6:00 PM</u> to give you your:               <ul style="list-style-type: none"> <li>○ Arrival time at the hospital: _____                    (2 hours prior to surgery)</li> </ul> </li> <li>• If you do not receive a phone call by 6:00 PM please call <b>(780) 735-4120</b> <u>OR</u> <b>(780) 735-5244</b></li> </ul> <p><b>Misericordia Community Hospital</b>  <b>16940 87 Avenue NW Edmonton AB</b></p> <ul style="list-style-type: none"> <li>• The hospital will call you the day before surgery <u>between 12:00 (noon) and 3:00 PM</u> to give you your:               <ul style="list-style-type: none"> <li>○ Arrival time at the hospital: _____                    (2 hours prior to surgery)</li> </ul> </li> <li>• If you do not receive a phone call by 3:00 PM please call <b>(780) 735-2552</b></li> </ul>	
<p><b>One Week Before Surgery</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Fill the prescription provided for your pre-operative and post-operative medications</li> <li><input type="checkbox"/> Review Outpatient Surgical Agreement for your medication instructions (yellow sheet)</li> <li><input type="checkbox"/> Ensure you have your equipment in place and ready to take to the hospital for your surgery               <ul style="list-style-type: none"> <li>○ If there are any concerns please call the PT or OT to assist you</li> </ul> </li> </ul>	
<p><b>The Day Before Surgery Medication Guidelines</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Refer to the Surgical Patient Agreement (yellow sheet) completed by the Internal Medicine doctor at your teaching session.</li> <li><input type="checkbox"/> <b>Medications to Take:</b> <ul style="list-style-type: none"> <li>○ ASA 81 mg at bedtime</li> <li>○ Acetaminophen 1000 mg at bedtime</li> <li>○ (<u>Males only</u>) Tamsulosin (Flomax®) 0.8 mg at bedtime</li> </ul> </li> </ul>	

Steps along the way	The Patient (that's you!)	Support Person
<p><b>The Day Before Surgery</b></p> <p><b>Eating Instructions</b></p>	<p><input type="checkbox"/> Eat a final snack at bedtime</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1 small piece of fruit and 1 cup of cereal with ½ cup of milk</li> </ul> <p><u>OR</u></p> <ul style="list-style-type: none"> <li><input type="radio"/> 1 small piece of fruit and 1 slice of toast with jam and ½ cup of yogurt</li> </ul> <p style="text-align: center;"><b><u>STOP EATING AT MIDNIGHT</u></b></p>	<p><b>STOP eating food at: MIDNIGHT</b></p>
<p><b>The Day Before Surgery</b></p> <p><b>Drinking Instructions</b></p>	<p><input type="checkbox"/> Drink <u>clear fluids</u> up until 1 hour prior to arrival time at hospital (water, apple juice, cranberry cocktail, black coffee, plain tea)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Do NOT add milk or cream to your coffee or tea</li> <li><input type="radio"/> Do NOT have alcohol for 24 hours prior to surgery</li> </ul> <p><input type="checkbox"/> <b><u>If you are NOT a diabetic:</u></b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Drink 2 cups (500 mL) of cranberry cocktail or apple juice 1 hour before arrival at hospital</li> </ul> <p><input type="checkbox"/> <b><u>If you are a diabetic:</u></b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Drink 2 cups (500 mL) of water 1 hour before arrival at hospital</li> </ul> <p><u>Take your morning medications that you are directed to with this last drink of fluids</u></p>	<p><b>LAST DRINK of clear fluids at: _____</b> 1 hour before arrival time at hospital</p>
<p><b>The Day of Surgery</b></p>	<p><input type="checkbox"/> Shower and wash with the provided sponge</p> <p><input type="checkbox"/> Arrive at the hospital at the time given</p>	<p><input type="checkbox"/> Accompany the patient to the hospital</p> <p><input type="checkbox"/> Help the patient bring their equipment</p>
<p><b>In the Hospital Before Surgery</b></p>	<p><input type="checkbox"/> Meet your Pre-Surgical Team who will get you ready for your surgery</p>	
<p><b>In the Operating Room and Recovery Room Area</b></p>	<p>You will meet your Operating Room Team who will care for you during your surgery.</p> <p>You will meet your Recovery Room Team who will care for you immediately after your surgery.</p>	
<p><b>First Steps Towards Recovery and Going Home</b></p>	<p><b>Meet and work closely with your Post-Surgical Healthcare Team</b></p> <ul style="list-style-type: none"> <li>• Surgeon</li> <li>• Hospitalist / Clinical Associate</li> <li>• Nursing Team</li> <li>• Physical Therapist</li> <li>• Occupational Therapist</li> </ul> <p><input type="checkbox"/> Work with your Healthcare Team to manage your pain after surgery</p> <p><input type="checkbox"/> Deep breathing and coughing regularly</p> <p><input type="checkbox"/> Get up, get dressed and get moving right after surgery. This includes walking to the bathroom</p>	<p>When the patient goes to the inpatient unit, the nurse will call you to come back to the hospital</p> <p>* It is <b>MANDATORY</b> that you are present for post-operative teaching to support the patient in going home *</p>
<p><b>Discharge from Hospital</b></p>	<p><input type="checkbox"/> Discharge will be within 6 hours after surgery</p>	

## Now that you're home...

Steps along the way	The Patient (that's you!)	Support Person
<b>When You Are Home</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Medications: Refer to the sheet "Medications to take after Hip and Knee Replacement Outpatient Surgery"</b> *Antibiotics, blood thinner, pain medication*</li> <li><input type="checkbox"/> <u>Evening of surgery</u> - You will get a follow-up phone call from a doctor to check in with you and see how you are doing</li> <li><input type="checkbox"/> <u>Day after surgery</u> - You will get a call from the hospital to answer any questions you might have</li> <li><input type="checkbox"/> <u>2 or 3 days after surgery</u> - You will get a call from your Case Manager to see how you are doing</li> <li><input type="checkbox"/> Continue to review your teaching booklet</li> <li><input type="checkbox"/> Do your home exercises regularly</li> <li><input type="checkbox"/> Rest, Ice and Elevate in between your walking exercises</li> <li><input type="checkbox"/> Use your walking aids to get around safely</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Check-in with the patient often and provide support as needed</li> </ul>
<b>Book and Attend Follow-Up Appointments</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Call your Medical Office Assistant at the Edmonton Bone and Joint Centre and book the following appointments:</li> <li><input type="checkbox"/> <b>10 – 14 days after surgery</b> for incision check &amp; staple removal with the nurse (Knee &amp; some hip patients will see physiotherapy) Date: _____ Time: _____ <ul style="list-style-type: none"> <li>○ Patients that see physiotherapy at this time can book community physiotherapy for after staple removal</li> </ul> </li> <li><input type="checkbox"/> <b>4 – 10 weeks after surgery</b> for follow-up with your surgeon, nurse and physiotherapist Date: _____ Time: _____ <ul style="list-style-type: none"> <li>○ Hip Replacement patients – book community physiotherapy appointments starting at 6 weeks after surgery.</li> </ul> </li> <li><input type="checkbox"/> Further follow-up visits will be determined by your surgeon (e.g. 3 month and 1 year follow-up appointments)  Complete the online surveys via this link: <a href="http://www.albertaboneandjoint.com/survey">www.albertaboneandjoint.com/survey</a> for <b>6 week, 3 month and 1 year follow-up</b> visits.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Check-in with the patient and provide support as needed</li> <li><input type="checkbox"/> Accompany the patient to follow-up appointments as needed</li> <li><input type="checkbox"/> Remind the patient to complete their online survey for 6 week, 3 month and 1 year follow-up visits</li> </ul> <p style="text-align: center;"><b>Notes</b></p>

# Medications to Take After Hip & Knee Replacement Outpatient Surgery

Unless otherwise directed, plan to continue your usual home medications when you go home after surgery. You will have several new medications for prevention of infection, pain control, nausea, constipation and clot prevention. They are summarized below:

<u>ANTIBIOTICS</u>	<ul style="list-style-type: none"> <li>- Cephalexin 500 mg or Clindamycin 300 mg - take 1 tablet every 6 hours.</li> <li>- Take the first dose at bedtime the day of surgery.</li> </ul>
<u>PAIN MANAGEMENT</u>	<ul style="list-style-type: none"> <li>- Acetaminophen (Tylenol®) 500 mg – take 2 tablets every 6 hours</li> <li>- Celecoxib (Celebrex®) 200 mg – take 1 tablet twice a day. Take 12 hours apart and with food</li> <li>- Opioids – <b>TAKE AS PRESCRIBED</b></li> <li>- Pregabalin 75mg – take 1 tablet at bedtime</li> </ul> <p>Acetaminophen and Celecoxib are to be taken on a scheduled basis even if you don't have any pain. They complement the opioids and make a lower dose of opioid more effective. Take the opioids only on an as needed basis, taking the lowest dose possible for the shortest possible duration. Taper the dose and frequency over 5-10 days and then stop. After stopping the opioids, you can stop Celecoxib and Acetaminophen as your pain improves. See the pain management section for more details.</p>
<u>NAUSEA &amp; VOMITING</u>	<ul style="list-style-type: none"> <li>- Ondansetron 4 mg – 1 tablet every 6 hours <u>if needed</u></li> </ul>
<u>ANTICOAGULATION</u> <u>(BLOOD CLOT PREVENTION)</u>	<p>Start these the day <u>after</u> your surgery day.</p> <p>If you have had a <b>knee</b> replacement:</p> <ul style="list-style-type: none"> <li>- Tinzaparin injections once daily for 3 weeks. Tinzaparin comes in a pre-filled syringe.</li> </ul> <p>If you have had a <b>hip</b> replacement:</p> <ul style="list-style-type: none"> <li>- Rivaroxaban (Xarelto®) 10 mg daily for 5 days then start ASA 81mg two times/day for 28 days.</li> </ul>
<u>CONSTIPATION</u>	<ul style="list-style-type: none"> <li>- PEG 3350 (Lax-a-Day®) 17 g – take 1 sachet dissolved in 4 to 8 oz of water once daily <u>if needed</u></li> <li>- Senokot® - take 2 tablets before bedtime <u>if needed</u></li> </ul> <p>If you are still constipated with PEG and Senokot®, talk to your pharmacist. You could consider taking lactulose, milk of magnesia, prunes or prune juice or bisacodyl (Dulcolax®) suppositories. All of these medications are over-the-counter. Drink lots of fluids!</p>

## Pain Management for Outpatient Joint Replacement Surgery

- Hip and knee Replacements are very painful procedures, perhaps the most painful surgeries we perform in Orthopedics.
- It is common for pain to increase for the first few days after surgery as you advance with your exercises.
  - Please do **NOT** panic! Your pain will gradually improve over time but may take several weeks to fully resolve.
- The goal of pain management is to **reduce** pain after surgery **not to eliminate pain**.

## Medications for Pain Management

Pain should be managed with scheduled doses of acetaminophen (Tylenol®) and an anti-inflammatory (celecoxib), along with “as-needed” doses of an opioid (oxycodone or Hydromorphone).

**We suggest the following:**

Drug	Dosage	Instructions	Other Information
Acetaminophen	500 mg	2 tablets every 6 hours <ul style="list-style-type: none"> <li>○ This is the maximum daily dose.</li> </ul>	Watch for acetaminophen in other medications such as cold medications. Ask your pharmacist if you are unsure.
Celecoxib	200 mg	1 tablet 2 times per day Taken roughly 12 hours apart (e.g. first thing in the morning and before bed). Take with food.	
Oxycodone -OR- Hydromorphone	As directed	Take as directed, if needed. If you have minimal or no pain, wait until your pain progresses before taking another dose.	

Acetaminophen (Tylenol®) and Celecoxib are safe and usually well-tolerated. They complement the opioids and make a lower dose more effective, so take them even if you perceive they are not effective on their own.

**Acetaminophen (Tylenol®) and celecoxib should be continued until you have completely weaned off the opioids.**

Oxycodone and hydromorphone are opioids. They should be used only when needed. Some important things to know about opioids:

- **Risks**
  - Opioids put you at risk for overdose and addiction.
  - Avoid alcohol, sleeping pills or sedatives while taking an opioid and **do not drive**.
  - At high doses, opioids can suppress or even stop breathing.
  - If you are drowsy, wait until you are more alert to take another dose and decrease the dose you are taking.
  - **DO NOT** increase the prescribed dose of opioids without consulting a healthcare professional.
- **Risk Management**
  - Record the time and number of tablets EVERY time you take a dose in the Opioid Logbook (found in the Post-Surgical Pain Management Booklet). This will prevent an accidental overdose from taking your medication too soon. It will also assist with your tapering of the opioid.
    - At the end of every day, tally the number of pills you have taken. Try to take fewer pills each day.
  - You will be prescribed a Naloxone Kit in case of emergency. This is to be taken in the event of an opioid overdose. If your family or caregiver finds you difficult to rouse (awake) or your breathing is slow and shallow, they should administer Naloxone and call 911.

- **Side Effects:** common side effects include sedation, constipation, nausea and dizziness. You will be given medication for nausea to be taken if needed.
- **Duration:** you should use the lowest dose possible for the shortest possible duration. In most cases, you should taper off your opioid use within 5 to 10 days after surgery.

**You will still have pain after 5 to 10 days, but it should be managed with acetaminophen (Tylenol®) and Celecoxib.**

- **How to Taper:** Taper opioids by gradually reducing your dose (take 1 or 1.5 tablets instead of 2) and by spreading out the time between doses (increase to 4 or 5 hours between doses).
- **Safety:** never share an opioid with anyone else. Store them in a safe place out of reach and out of sight from children, teens or pets. Take any unused opioids back to your pharmacist.

**Questions?** Call the Edmonton Bone and Joint Centre.

- It is best to call your Case Manager or Medical Office Assistant. Their direct numbers can be found in your surgical booklet. No answer? The main phone line is 780-433-3155.
- The clinic is open from 8:00 AM to 4:00 PM on weekdays (closed on stat holidays).
- **For after-hours questions, call the unit you were on:**
  - OSC Unit 410 – (780) 735-8140
  - OSC Unit 310 – (780) 735-8130
  - MCH Unit 6 East – (780) 735-2769
  - MCH Unit 6 West – (780) 735-2360

## Other Pain Management Strategies

Pain should be managed with medication but also with complementary strategies such as:

- **Ice:** place ice packs on the joint, and the muscles surrounding it, for 15 minutes every hour while you're awake. This will help reduce pain and swelling. Ice machines are available for purchase at the Edmonton Bone and Joint Centre.
  - Cold Therapy machine is highly recommended
- **Stretching:** the exercises/stretchers in your booklet will help reduce pain. Do them frequently. These can be found starting on Page 13 of your joint replacement book.
- **Elevation:** elevate the operative leg with pillows. (See page 25 in Hip Book & page 24 in Knee Book)
- **Distraction:** engage in activities such as watching TV, talking with family or friends, listening to music, doing puzzles, or anything else that helps take your mind off the pain.