

Your Care Team

You are not alone as you consider total joint replacement surgery. You are part of a team of dedicated health professionals who will be on your side throughout the entire process. You may be surprised how many people are here to help you meet your goals. Some of them include:

Orthopedic surgeon

- performs your surgery and directs your care
- checks on your progress at follow-up office appointments

Physician's assistant

- assists your surgeon during surgery
- might see you daily on hospital rounds
- checks on your progress at follow-up office appointments

Internal medicine physician

- performs pre-operative physical evaluation (at the IMPACT Center in Mooresville or the north office in Carmel)
- manages and oversees your medical health during hospital stay
- sees you daily on hospital rounds

Anesthesiologist

- administers anesthesia to you in the operating room
- monitors your condition during surgery
- directs your post-operative pain management

Perioperative staff/surgical team

- admits and prepares you for surgery
- provides specialized care during your surgery
- prepares equipment and supplies used during your surgery
- is present to monitor and assist you while waking up from anesthesia

Orthopedic unit nursing staff (RN, LPN, CNA)

- plans and coordinates your care based on physician orders

- monitors and communicates to other team members information about your condition
- educates you and your family about your care needs
- helps you with your personal care needs

Therapy staff (PT, PTA, OT, tech)

- instructs and assists you with post-operative exercise programs
- teaches movement precautions
- informs you about transfers, gait and stair training
- provides guidance to post-discharge facilities and other therapy departments

Case management staff (RN, social worker)

- coordinates your discharge plan
- arranges for acute rehab, extended care facility or home health services if needed
- interacts with insurance companies as needed

Pharmacist

- coordinates your medications based on physician orders
- monitors your anticoagulation if you are taking Coumadin
- provides input about doses of antibiotics

Respiratory therapy staff

- takes care of oxygen needs you might have prior to surgery
- gives respiratory medicines used prior to surgery
- teaches you how to use incentive spirometry after surgery

Spiritual care services staff

- A chaplain is available for you 24 hours daily. Let your nurse know if you would like to speak with a chaplain.

Dietary services staff

- provides information about your particular dietary needs if requested
- delivers "At Your Request" room service dining

Environmental services associate

- provides daily trash and linen removal
- cleans floors and bathrooms
- tidies your room as needed

Staff Recognition

Our mission is to continue Christ's healing mission in our Franciscan tradition. We hope you and your family feel very well cared for during your stay with us and that you receive excellent service from our team.

CARDS FOR VIPS

While gifts from patients are very thoughtful and generous, our staff cannot accept them. If you are moved to express your gratitude and provide recognition to team members who provide exceptional care or service, we encourage you instead to give a card. We are happy to provide thank-you cards in your room.

Franciscan St. Francis Health has implemented a staff recognition program called VIP. If you wish, your card can serve as employee recognition of a job well done. The manager of the staff member you recognize with your thank-you card enters points into our VIP system, and the employee can use these points toward various rewards. If you wish for your card to count toward VIP points, please leave your note with the unit secretary or the nursing manager, and he or she will take care of the delivery.

You also can request to speak with any member of the management team at any time to recognize an employee or express concern that your expectations are not being met.

Our administration and management team appreciates your kind words, thank-you notes and feedback about our staff. We believe they are exceptional, and we hope you experience the same.

Hips, Knees and Shoulders

At the Center for Hip and Knee Surgery, our surgeons and staff take pride in providing comprehensive services to individuals suffering from joint pain and arthritis.

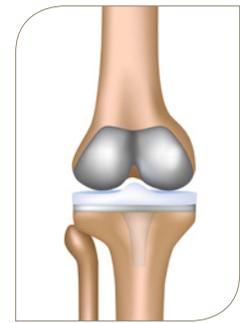
The shoulder is a joint that often deteriorates in a manner similar to hips and knees. Our surgeons can discuss shoulder pain and dysfunction treatment options ranging from conservative measures to shoulder replacement surgery.

Our spectrum of services also includes comprehensive treatment (including both surgical and non-surgical solutions) options for sports-related injuries.

If you have any questions about these areas, please ask a member of our team.



Hip Replacement



Total Knee Replacement



Total Shoulder Replacement



Reverse Total Shoulder

Pre-Operative Evaluation Day

Two of the keys to the success of our joint replacement program are the early identification of risks and the prevention of complications.

As with any surgery, there are risks involved with undergoing total joint replacement. Attending your pre-operative evaluation day is an important step toward evaluating risks and preventing complications. At this visit, an internal medicine specialist will obtain your medical history and perform a physical examination, including an EKG, chest X-ray, urine sample and blood work, to identify your health risks. If these risks are high, your doctor will discuss whether you should have surgery. He or she might recommend that you have additional tests, which may or may not delay your surgery, or that you don't have surgery until the risks are brought under reasonable control.

During this visit, you may participate in one of our total joint education classes.

When you attend your pre-surgery visit, be sure to bring your joint replacement education book, insurance information and all home medications.

Blood Conservation

When considering joint replacement, it's important to understand the possibility that you might need a blood transfusion. Our goal is to avoid the need for transfusions, but they are sometimes medically necessary as part of your care.

Some risk factors might increase the likelihood that you will need a blood transfusion after your surgery. These include:

- having both joints replaced at the same time (bilateral joint replacement)
- having a revision surgery to fix problems with a previous joint replacement
- anemia (low blood count), which is more common in women than men

Blood transfusions are required in only 10 to 20 percent of single joint replacements.

If you are at high risk for needing a blood transfusion, or your surgeon is concerned about extreme loss of blood, he or she might recommend other blood-conservation procedures, including a series of injections that may help build up your blood supply.

Transfusing blood, even if it is your own, is not without risk. If you do not wish to receive any donor blood for religious or personal reasons, please discuss this with your surgeon prior to your surgery date.

Complications Associated with Joint Replacements

For joint replacement surgery to be successful, we need to identify risks and prevent complications. Total joint replacements have success rates of greater than 95 percent — relieving pain, improving function and allowing patients to keep an active lifestyle. As with any major surgery, there are risks. Medical risks are primarily determined by the health of the patient undergoing surgery, not from the surgery itself. For example, pneumonia and heart problems (such as heart attack, irregular heart beat or heart failure) might occur due to the stress of surgery. There is also a risk of post-operative confusion, which is common in people over the age of 65. The confusion should clear in a few days unless it is related to other medical issues.

An internal medicine physician will examine you before your surgery to identify your personal health risk through a complete physical examination and a review of your medical history. (See previous page for information about your pre-operative evaluation.)

If the risks are high, your surgeon will discuss with you your options, including whether to have the surgery. Your surgery could be postponed if additional testing needs to be done or until risks are brought under control.

Complications specific to joint replacement surgery are:

Infection

- occurs in one out of 200 patients (0.5 percent)
- may occur around your joint replacement
- could affect your bones, ligaments and muscles
- may require removal of the prosthesis, cement and infected tissue
- may require long-term (at least six weeks) antibiotic use before a new prosthesis is inserted

Prevention

- Your surgery will be performed in a sterile operating environment with specialized “germ-reducing” lighting and airflow.
- Pre- and post-operative antibiotics will be given to you at the hospital.

- Using antibiotics when undergoing future dental work or surgical procedures will be necessary for your lifetime to prevent infection.
- It will be necessary for you to be treated immediately with a full course of antibiotics if you develop an infection such as an abscessed tooth, pneumonia, bronchitis, skin or urinary infections. See your family doctor to be placed on the correct antibiotic treatment for medical problems such as these.

Blood clots

- These occur in the deep veins of the leg (thrombophlebitis) in fewer than five out of 100 patients (5 percent).
- Blood clots that occur in the thigh or pelvis can break loose and travel to the lungs (pulmonary embolus), where they can cause breathing difficulty or death. Death from a pulmonary embolism is rare, occurring in only one out of 1,000 patients.

Prevention

Your surgeon will determine which of the following are best suited for your care:

- exercise and walking as soon as possible after surgery
- support hose
- blood-thinning medication, such as aspirin, Coumadin, Arixtra or Xarelto.
- pre- and post-operative blood-thinning medicine if you have had a blood clot in the past
- specialized devices that provide intermittent compression to the lower leg, encouraging blood flow back to your heart

Nerve damage

- may occur in one out of 1,000 patients (0.1 percent)
- is caused by stretching of the nerve, swelling from the surgery or poor circulation to the nerve
- most commonly affects a nerve travelling down the back of the leg, behind the hip joint and on the side of the knee — areas very close to the operation site
- will usually improve with time (Some nerve damage, however, may be permanent.)

Bone fracture

- occurs very rarely
- can be treated with proper splinting and other common care methods

Loosening of the prosthesis

- occurs in 2 to 3 percent of patients within 10 years of joint replacement surgery
- can be caused by the prosthesis coming loose from the cement or bone and/or the polyethylene (plastic) wearing or fracturing
- could cause pain and loss of bone, which could require a revision surgery for a new prosthesis

Prevention

- Maintain ideal/healthy body weight.
- Avoid repetitive high-impact activities such as jumping or running.

Dislocation or fracture of the patella (knees)

- occurs in less than 3 percent of knee replacement patients
- can require further surgery

Manipulation (knees)

To improve your knee's range of motion (the amount your knee bends), your surgeon may perform a manipulation of the knee replacement. This procedure may be necessary four to 16 weeks after surgery. A manipulation is done in the operating room, with the patient under general anesthesia.

- There is less than a 1 percent chance that a manipulation will become necessary.

Prevention

You can *greatly* reduce your chance of having to undergo a manipulation by strictly following the exercise program. You will be instructed about this program while in the hospital recovering from your knee replacement surgery.

Fat embolus

Bone marrow fat may be introduced in the bloodstream. If it becomes lodged in a blood vessel, which is rare, the embolus could affect the lungs and/or brain, causing confusion, shortness of breath or even death.

Reflex Sympathetic Dystrophy (RSD)

This is a chronic pain condition in which high levels of nerve impulses are sent to an affected site, causing

pain, swelling and movement limitations. The joint replacement may fail to relieve pain, even after a successful surgery and normal recovery. The condition could require extensive medical treatment for relief.

Dislocation (hips)

- occurs when the ball comes out of the hip socket
- occurs in 1 to 2 percent of hip replacements
- is most likely in the first two months after surgery
- might require reduction under anesthesia, but usually no incision is necessary
- if frequent, might require bracing, casting or revision surgery
- can be prevented by following movement precautions

Alignment and leg-length differences

Alignment (knee)

All attempts will be made to realign your knee into a straight (neutral) position. In some cases, however, the surgeon might feel that realigning your knee to neutral would require too much surgery for the circumstances. Therefore, your knee might not be perfectly straight after surgery.

Leg-length differences (hips)

There is a 1 to 3 percent possibility that your operated leg will be shorter or longer than your unoperated leg.

Revision surgery

- involves the replacement of a loose total hip or total knee replacement
- increases the likelihood that you will experience complications
 - Infection: 2 to 5 percent
 - Blood clots: 10 to 15 percent
 - Nerve damage: 2 percent
 - Bone fracture: 1 to 2 percent
 - Loosening over 10 years: 10 to 25 percent
 - Dislocation for revision hip replacement: 15 to 20 percent
 - Arterial damage (knee): less than 1 percent resulting in possible further surgery or amputation

Pain

There is a 2 to 5 percent chance your pain will not be relieved or that you may develop a different type of pain following your surgery.