

# Your Surgery

## Arriving at the hospital

- Please arrive promptly at your scheduled time.
- Park in the main lot, and enter through the main entrance.
- Check in at the Surgery Waiting Area. Here you will get your identification bracelet and sign general forms.
- When the nurses are ready to complete your admission, you will be escorted from the Surgery Waiting Area to the Pre-Operative Holding Area.

## Nursing assessment and teaching

- Once in the Pre-Operative Holding Area, the nursing staff will assist you with preparation for surgery, including checking and monitoring your vital signs and starting an IV (intravenous) line.
- The IV may sting, but there is no needle left in your arm; it is a very small, flexible, plastic tube.
- You may be given antibiotics through your IV before, during and sometimes after surgery, per your surgeon's orders.
- You will have an IV after surgery for fluids, antibiotics or pain medicine.

## Surgeon and anesthesiologist visits

- Your physicians will confirm your surgery and anesthesia plan.
- They will answer any questions you have.
- They will confirm the site for surgery. Both your surgeon and your anesthesiologist will mark with a written "yes" the joint that will undergo surgery.

## Final preparations

- Before surgery you will be asked to empty your bladder.
- Dentures, hearing aids, contact lenses, jewelry and glasses must be removed before surgery. They will be kept with you.
- Once you are fully prepared for surgery, your family may wait with you in the Pre-Operative Holding Area until you are taken to the operating room.

## Spiritual care

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

## Your family

- Your family will be shown to the Surgery Waiting Area when you are wheeled to the operating room.
- If your family leaves the waiting area prior to speaking with your surgeon or before you are taken to your room, they should notify the Surgery receptionist.

## After surgery

- You will spend one to three hours in the Post Anesthesia Care Unit (PACU), where nurses will attend to your immediate post-operative needs. Your family is not permitted in this area, but they will be given frequent updates.
- Once you are transported to your room and checked in by your new attending nurse, your family will be notified that they can see you in your room.
- While a patient in our facility, if you experience a medical emergency, appropriately trained medical personnel will provide the necessary supportive care. In a medical emergency, you or a family member can obtain support from our staff by notifying a nurse. If it is determined that you require a level of care which exceeds the capability of the nursing unit, you will be transferred to an appropriate facility, such as an Intensive Care Unit, capable of providing the necessary level care.

# Anesthesia

Preventing pain during and after surgery is very important to our team. Unless you have a medical condition that will not allow it, you will most likely be given general anesthesia during your joint replacement.

## *General anesthesia*

Many different methods and medications can be used for general anesthesia. You may receive these through the IV placed in your arm before surgery or through inhalation. During your procedure, a tube may be placed in your mouth and down your windpipe to assist your breathing and to deliver inhaled medication. As a result, your throat may be sore immediately upon waking up in the recovery room.

Patients are often concerned that they may awaken during surgery. Rest assured that our team of anesthesiologists will not allow this to happen. They also will make sure you are able to wake up at the proper time after your procedure. Our team will take every allowable measure to minimize the common side effects of anesthesia.

## *Do not hesitate to ask questions.*

Please feel free to discuss anesthesia options with your surgeon or anesthesiologist. Both will be available to speak with you in the pre-op holding area prior to your procedure.

# Pain Management

## *Pain management and your surgery*

We strive to make sure our patients are able to effectively manage their pain. Your surgeon and anesthesiologist will discuss pain management strategies with you prior to surgery. It is important to discuss your current medications and doses as well as previous pain experiences so the doctors can best assist you.

Some joint replacement patients will have a long-acting narcotic injected into the intrathecal space (spinal canal) surrounding the spinal cord immediately prior to surgery. This medicine lasts for 12 to 24 hours after surgery. You will be given oral and/or IV medication before the numbing effects wear off.

You might also have a small pump (continuous flow nerve block) attached to a tube that delivers a continuous dose of numbing medicine to the nerve(s) in your leg that send pain signals to the brain.

The use of these and other techniques will be determined by your surgeon and anesthesiologist on a case by case basis.

## *After surgery*

You will be given pain medications that you can request at any time, as soon as you begin to feel pain returning. If your relief is insufficient, other remedies may be added within safe dosing guidelines.

Visitors and activities, such as watching television, listening to music or relaxation tapes or reading, can help you feel better.

Moving around (repositioning, sitting up and doing exercises) will also help ease pain. Ask your therapist what you are able to do.

## Pain management expectations

Be very excited about your new joint! Motivation is a great healer. Think about the things you have wanted to do and haven't been able to do.

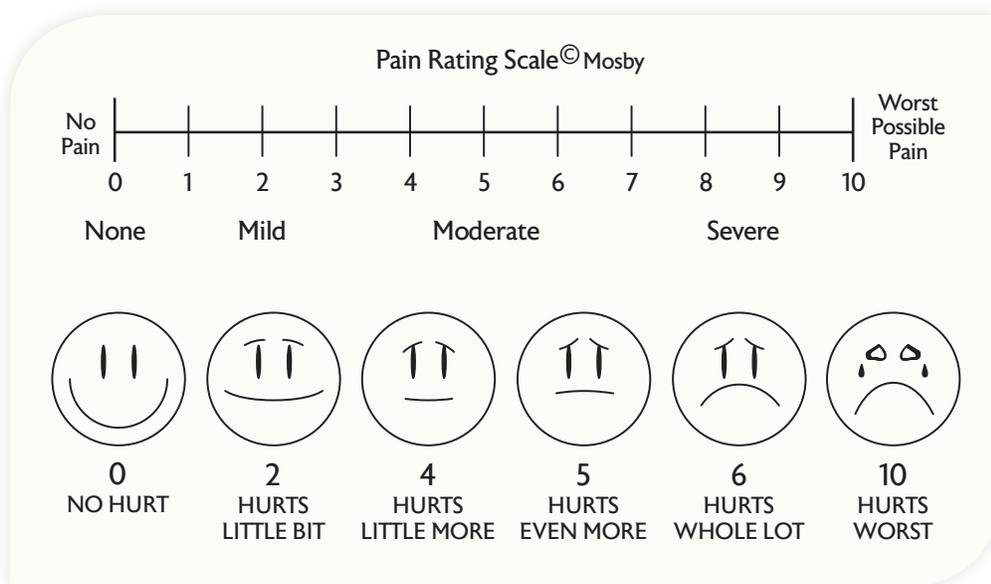
Also be realistic about your surgery and your pain. While we have many advanced options to manage your discomfort, you might not be "pain free."

We prefer to aim for reaching a point where pain is "tolerable" or "under control."

Patients tend to experience pain and respond to medicines differently. Let us know if you feel you are progressing too slowly toward discharge because of uncontrolled pain.

## Pain-level assessment

You will be asked by staff to rate/describe your pain. See the scale below.



Do not wait until your pain is unbearable before notifying your care team. It can take 30 minutes for pain medication to be effective. Rather than experiencing highs and lows (lots of pain countered with near-sedation), we want to try to maintain an even level of pain control. This will allow you to better participate in your rehabilitation.

**TRY TO RELAX AND SEE THE END GOAL. YOU CAN DO IT.**