

YOUR HOSPITALIZATION & RECOVERY



Welcome to the SFVA Hospital. Below is some information on what to expect during your hospitalization and after discharge. If you have additional questions, please do not hesitate to ask any member of your care team.

YOUR CARE TEAM You will see a variety of providers with unique roles while you are in the hospital

- **The Orthopedic surgery team** will evaluate your surgical area and wound as well as your progress toward recovery (*surgeons, nurse practitioners, physician assistants*) *A nurse from this team will answer many of your surgery-specific questions at discharge and give you information on follow-up at the time you leave the hospital.*
- **The Anesthesiologist** from the operating room will ensure your stability after surgery in the Post-Anesthesia Care Unit and may also manage pain through an epidural or other nerve block.
- **A Hospitalist physician** manages your medical issues such as high blood pressure, diabetes, kidney, heart or lung problems
- **SFVAHCS floor nurses** monitor your stability, provide ordered medications and perform wound care
- **Pharmacists** review your home and hospital medications and assist in teaching about new medications at discharge
- **Physical and occupational therapists** get you moving and doing your normal activities safely soon after your surgery and ensure you are ready for discharge.
- Our **Social worker** may discuss insurance coverage, rehabilitation centers, or other needs you have
- **RN Care Coordinators** (formerly known as ‘Discharge Planners’) will assist with coordination of any home health services you may need (*PT, OT, nursing wound check, IV antibiotics...etc.*)

WHAT TO EXPECT

Daily Schedule: Providers will come at many times during the day. Your floor nurse will be available around the clock—with day and night shifts. The orthopedic team will come by around 6-7a, while your hospitalist will visit closer to 9-10a. Physical and occupational therapy times vary, but are generally before the lunch hour or shortly thereafter.

Pain Control: Any surgery is expected to cause pain in the recovery period. We do our best to control your pain with different medications, in order to optimize movement. These can include both oral and IV meds:

Acetaminophen (Tylenol)

Non-steroidal Anti-inflammatory Drugs (NSAIDs, ibuprofen, meloxicam....etc)

Opiates (Morphine, oxycodone, hydromorphone, Percocet, Vicodin...etc.)

Gabapentin

Steroids

Questions: 415-221-4810

Scheduling

ext 2-2301 / 2-4422 / 2-3257

Surgery & Health

ext 2-2451 / 2-6405 / 2-2641

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Nausea and Constipation: These are common side effects in the postoperative period that can be quite uncomfortable. We will be giving you medications to keep your bowel movements regular and have treatment available if you develop nausea. Always communicate your symptoms to your providers daily.

Concerning symptoms: We want you to let us know right away if you have any new symptoms such as chest pain, shortness of breath, dizziness, palpitations, intractable nausea/abdominal pain, difficulty urinating, new numbness or weakness, headache, or vision changes.

Urinary Catheter: Sometimes patients require a tube that enters the bladder to drain urine during surgery. This is typically removed the first day after surgery. Please let your nurse or doctor know if you are having difficulty with urination as it may lead to infection or kidney failure.

Blood Clot prevention: After joint surgery, all patients are at increased risk for clots in large veins of the legs. The day after surgery, you will be started on a blood thinning agent for at least 2 wks to reduce this risk. This may be an oral agent or an injection. One of the best ways to decrease the risk of blood clots is to walk several times a day. You should do this even on the day of your surgery.

Sequential Compression Devices (SCDs): Thigh-high leg wraps with compartments that blow up and squeeze portions of the leg to improve circulation are also important in the prevention of leg blood clots, a major complication from joint replacement surgery. You will have these on while in bed during your hospital stay.

Ankle bridging For TKAs it is very important to keep your leg as straight as possible while in bed. Towel/pillow rolls underneath your ankle are meant to achieve this and promote maximal range of motion. **DO NOT KEEP YOUR KNEE BENT WHILE IT IS IN BED AS THIS MAY INCREASE STIFFNESS.**

Walking: Most joint replacement patients are able to walk bearing weight as tolerated. There may be limitations to the types of movements you can do for some surgeries. Discuss these with your physical and occupational therapists on hospital day 1 (as early as right after your surgery!).

FREQUENTLY ASKED QUESTIONS

TKA = total knee arthroplasty (knee replacement)

THA = total hip arthroplasty (hip replacement)

TSA = total shoulder arthroplasty (shoulder replacement)

Arthroscopy = evaluation of joint through insertion of scope

Important Time Points

Surgery	Average stay	Follow up appts
TKA	1-2 days	2 weeks with Local VA or home health
THA	1-2 days	
TSA	overnight	6 weeks at SFVAHCS Orthopedics
Arthroscopy	Same-day discharge	

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How long will it take for me to recover from surgery?

Recovery time from surgery varies from person to person. After about six weeks most THA patients are able to walk without difficulty. After about 8-10 weeks most TKA patients are able to walk without difficulty. By three-months after surgery you can expect to do normal day-to-day activities. Physical therapy is essential for TKA patients in the first 3 months to recover your range of motion. TKA patients will have swelling in the knee for 6 months. Full recovery takes approximately one year.

Will I go home or to a rehab facility (skilled nursing facility = SNF) after being discharged from the hospital? Your care team will make a final recommendation regarding where you will go after leaving the hospital. Criteria used to determine where you will go include: how many stairs you have at home, the stability of any medical issues you may have, how much help you have at home, how well you are moving about with PT / OT, and if you need antibiotics by the vein.

Many patients are able to go directly home after hospital discharge while others may need a skilled nursing or rehab facility for 1-3 weeks to get stronger. Where you will go depends on your health prior to surgery, specifics of your surgery, the progress of your recovery in the hospital, where you live, and if you have family members or friends who are able to help you when you return home. Only patients who truly need inpatient rehab and home services will be covered by insurance.

You can discuss this with your health care providers at your pre-operative appointments. Once in the hospital, your care team will make a final recommendation. Services such as physical therapy and nursing can also be sent to your home in the first weeks following your surgery.

Determinants for Discharge

Healing of surgical site

Your medical issues are stable (lungs, diabetes, urination, blood pressure, kidneys...etc.)

Pain Control

How well you are moving about with PT / OT

When does physical therapy start?

You will first be seen by a physical therapist while you are in the hospital. Two to three days after you return home you will begin receiving home health physical therapy. A physical therapist will visit you several times in your home for two weeks. After home physical therapy is finished you will start going to see a physical therapist at a local clinic (outpatient physical therapy).

When will my home health agency contact me? Usually within 48 hours after you are discharged from the hospital. You should contact them directly at number provided on 'Patient Reference Sheet' if you do not hear from them. For any problems initiating HOME HEALTH services or OUT-PATIENT PT/OT, please call 415-221-4810 ext 2-2301.

When can I go back to work?

Return to work will vary depending on the progress of your recovery after surgery and the type of work you do. Many patients are able to return to work at 6 weeks, however this can be longer for TKA patients. This will be determined at your 6 week follow up appointment.

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When can I shower?

You can shower (but not take a bath or go swimming) one day after staples or sutures at your incision have been removed (~14 days after surgery). Many patients now have absorbable sutures and after evaluation by home RN can shower after ~1 wk. Prior to that, sponge bath and/or cover the wound with a plastic bag.

When can I drive? Patients are generally able to drive ~6 weeks after their surgery. This depends on which leg was operated on, your strength, and how well you are able to move your knee/hip. This will be determined at your 6 week follow up appointment. However, you CANNOT drive while taking narcotic (opiate) pain medications.

When can I travel after surgery?

It is best to avoid air travel or long car rides approximately 6 weeks after surgery given the need for close follow up and the higher risk of clot formation during that time.

What should my leg look like?

It is normal for your leg to swell after surgery. The exact amount of swelling varies and can extend to your ankle or foot. You may also have some bruising that will get better over a few weeks.

When will my staples/sutures be removed?

Incisions closed with staples or sutures can be removed ~14 days after surgery. This is normally done by a home health nurse or at your local VA clinic. Many incisions are closed with sutures that dissolve and do not need to be removed. This will depend on your type of surgery, your specific medical conditions, and the condition of your skin.

What things do I need to look out for after discharge as signs of problems?

New shortness of breath, chest pain, dizziness, sudden worsening of leg pain and/or swelling, redness of surgical incision site or drainage—all require prompt evaluation by a physician (Emergency Department, PCP or ortho clinic). You will need to be evaluated for possible infection, clot formation, and/or bleeding.

How do I take my pain medications at home?

You will have prescriptions from your orthopedic surgeon for pain medications for up to 90 days after your surgery. You should take all of your pain medications *as needed* and decrease the frequency to every six hours. For refills, you may call 415-221-4810 ext 2-2451 / 2-2641

When will I see my surgical team again? In 6 weeks

How long will my new joint last?

This varies highly and can depend on many factors. In general, there is an average failure rate of 1% per year, meaning that at 20 years about 80% of joints are still functioning well for most patients. You should have a discussion before surgery with your surgeon regarding the risks, benefits and expectations about having your joint replaced.

For more information: <https://periopcare.wixsite.com/sfva-periopcare>

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