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Arthroplasty Ticket To Enter for 12/3

#### Total Hip Arthroplasty Concerns

1. Venous Thromboembolism (VTE) can start as a Deep Vein Thrombosis (DVT) or a Pulmonary Embolism (PE). Geriatric clients are at a higher risk d/t higher risk of compromised circulation prior to surgery. Obese clients are also at risk, as are those with a prior hx of VTE
2. Infection is a second major concern, commonly stemming from Gram + aerobic streptococci and/or staphylococci.
3. Neurovascular complications are also a concern with this type of procedure.

#### Total Knee Arthroplasty Concerns

1. Anemia, which needs to be addressed prior to surgery with labs and diagnostic testing and results reviews. A readiness for surgery must be determined prior to procedure.
2. VTE, which can manifest as DVT or PE.
3. Persistent and ongoing pain post-operatively

#### Total Shoulder Replacement Concerns

1. Complications d/t general anesthesia (which are also complications of a TKA and THA)
2. Damage to the rotator cuff
3. Loosening of the prosthetic d/t poor healing

These videos were an eye-opening experience to the severity of joint replacement surgeries. The client will require an extensive amount of pre-operative education and post-operative care to ensure healing is appropriate and without complication(s).

The nurse is responsible for ensuring this education is delivered and understood by the client and those assisting in the care of the client. Additionally, the nurse needs to monitor for any evidence of an incisional-related infection, most noted by signs of fever, redness, swelling, or purulence from drainage. Daily cleaning with soap and water can help prevent infection.

Appropriate pain-relieving measures must also be taken. It is best to have the client understand the different levels of pain and ask for interventions before the pain becomes worse. Allowing patients to state pain goals and consistent monitoring of pain-relieving measures will help ensure the patient doesn't suffer, while also helping prevent any further complications.

It is also the nurse's responsibility, alongside PT and OT, to ensure the client understands their own movement limitations post-operatively. Flexion of the knees and hips will need to be gradual, avoiding hyperextension of the hips (and excessive internal/external rotation), keeping the shoulder immobilized for the recommended period of time and avoiding any excessive rotation to minimize the risk for dislocation are also key.