PREPARING FOR SURGERY · NO. 5

# The day of your surgery, hour by hour.

From the phone call the day before to walking back through your own front door, so the day holds no surprises.

THE ONE-MINUTE VERSION

## If you only read one page, read this.

- Someone from the facility calls the day before with your arrival time and your fasting instructions; those instructions override everything in this guide.
- The operation itself usually takes sixty to ninety minutes, but plan on three to four hours from goodbye to family updates.
- You will meet the anesthesia team, and Dr. Seem will mark the correct joint with you awake and watching.
- Most patients stand and walk the same day, and many go home the same day.
- Illness, a break in the skin near the joint, or eating against instructions are the usual reasons a case gets moved.

DR. SEEM'S PERSPECTIVE

The day of surgery is the part patients rehearse in their heads the most and understand the least. Almost none of the anxiety is about the operation; it is about not knowing what the next hour holds. So here is the whole day, in order. Very little of it is dramatic, which is exactly the point.

## The day before

Someone from the surgical facility calls you, usually in the afternoon, with two pieces of information: what time to arrive, and when to stop eating and drinking.

> **THOSE INSTRUCTIONS OUTRANK THIS GUIDE**
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> Arrival times, fasting rules, and which medications to take that morning come from Winchester Medical Center or Valley Health Surgery Center and from your surgical team. They are specific to you. If anything here conflicts with what they tell you, follow them, and call if the difference worries you.

You will usually have been given a special antiseptic soap or wipes to use for several days before surgery, not only the night before. Follow that schedule through to the final wash. The evening before, sleep in clean bedding and avoid lotions or creams on the surgical limb. Do not shave anywhere near the joint. If you have pets, keep them off the bed that night.

Most people sleep badly. That is expected and does not affect the operation.

## The morning of

- Wear loose, comfortable clothing that fits easily over a bandaged knee or hip, and slip-on shoes with backs on them.
- Leave jewelry, watches, and valuables at home. Remove nail polish if you were asked to.
- Bring your photo ID, insurance card, medication list, and a case for glasses, contacts, dentures, or hearing aids.
- Bring your walker or crutches if you already have them. Leave them in the car; someone can bring them in once you are ready to go home.
- Take only the medications you were specifically told to take, with the smallest sip of water.
- Arrange your ride in advance. A licensed driver you know has to take you home. A taxi or rideshare alone is not acceptable, and this is the single most common reason a discharge gets delayed.

## The day, in order

| WHEN | WHAT HAPPENS |
|---|---|
| Arrival | Check-in and registration. Then to a pre-operative area, where you change, and a nurse reviews your history, allergies, and medications. |
| Next 45 to 90 minutes | An IV is started. You meet your anesthesiologist and discuss the anesthesia plan. Dr. Seem sees you, answers questions, confirms the correct joint and side, and marks it while you are awake and watching. You sign the consent if it has not been signed already. |
| Just before surgery | Your nerve block is placed, usually with ultrasound guidance, and antibiotics are given. Sedation begins here, so this is often the last part of the morning people remember. |
| In the operating room | Anesthesia is completed, the limb is cleaned and draped, and the operation is performed. A knee or hip replacement itself usually takes about sixty to ninety minutes. |
| Recovery room | One to two hours of monitored waking. Nurses manage pain and nausea. Sensation returns gradually if you had a spinal. |
| Same day | Physical therapy gets you up, usually within about an hour of waking and often sooner. |
| Discharge | Home the same day for many patients, or an overnight stay if that is the safer choice. |

> **FOR THE PEOPLE WAITING**
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> Surgical time is not the same as the time you are away from your family. Between pre-operative preparation, anesthesia, the operation, and recovery, plan on roughly three to four hours from goodbye to a real update. A long wait is not a sign that something has gone wrong. Ask the desk where updates are given and whether the facility texts progress notifications.

## Going home the same day, or staying

Going home the same day is common for joint replacement now, and it is genuinely better for many people: your own bed, your own bathroom, your own food, and less exposure to hospital germs. It is not a cost-cutting measure and it is not a race.

Going home the same day requires all of the following to be true:

- [ ] Pain is controlled with medication you can take by mouth
- [ ] You can get up, walk a short distance, and manage a few steps with a walker
- [ ] You can urinate

- [ ] Your vital signs, breathing, and bleeding are all stable
- [ ] You have a ride and a responsible adult with you for the first night

If any of those are not in place, you stay. That decision is made on the day, by the people looking at you, and it is not a failure. Some patients plan on an overnight stay from the beginning because of medical history, and that is a perfectly good plan too.

## The ride home and the first night

- Bring a pillow for the car. Recline the seat and give the operated leg room.
- Fill prescriptions on the way home, or better, have them filled beforehand so nobody is standing at a pharmacy counter while you wait in the car.
- Set an alarm for your overnight medication doses. This is the night the block wears off.
- Ice and elevate. Expect to be tired, hungry, and stiff.
- Get up to move briefly every hour or so while awake, even just to the next room.

## Why cases get delayed or moved

Rare, but always for a reason, and several are preventable:

- Fever, a cold, a productive cough, or a stomach illness in the days before
- Any break, rash, sore, or infection in the skin near the joint, which is worth calling about the moment you notice it rather than hoping it clears
- Eating or drinking against the fasting instructions, which is an anesthesia safety issue and not a technicality
- Blood sugar or blood pressure well outside a safe range that morning
- A blood thinner that was not stopped as directed
- No ride, or nobody available to be with you for the first night
- An emergency case ahead of yours, which delays rather than cancels

> **CALL RATHER THAN GUESS**
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> If you wake up on the day of surgery feeling unwell, or notice something new on your skin, call the office at (540) 667-8975 as soon as you can, and keep to your plan for getting there in the meantime. Almost nothing is automatically disqualifying, and the team would far rather hear about it early than discover it at the door.

**RELATED GUIDES IN THIS LIBRARY**

- Anesthesia and pain control, explained
- Joint Replacement Preparation Guide
- Medication Instructions Before Surgery

## What happens next

If you decide to be seen, the consultation starts with Dr. Seem listening: your story, your goals, and what the joint is taking from you. Then an examination, and a review of your imaging together on the screen, so you can see what we see. You'll leave with an honest recommendation and every reasonable option explained, including the option of waiting. Nothing is decided without you.

**To schedule:** call (540) 667-8975: Winchester Orthopaedic Associates, 128 Medical Circle, Winchester, VA 22601.

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