



Orthopedic bone and soft tissue conditions





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Welcome to the Baylor Scott & White Health program for bone and soft tissue tumor services. Our goal is to make your stay as comfortable and as stress-free as possible. This book explains surgery, the healthcare team, equipment, and care before and after surgery.

While you are here, we will work with you to plan your care. The plan may change based on what you need. By the time you leave the hospital, you will know how to better help yourself while you recover from your surgery at home. Our goal is to help you get back to your usual lifestyle.

Our bone and soft tissue tumor program includes:

- An area for patients having bone and soft tissue tumor surgery
- A team trained to work with you after your surgery
- Getting you back into casual clothes soon after surgery
- Keeping you informed about events and procedures
- An exercise program
- Patient and family education
- Coordinated care after discharge
- Written instructions to take home

We appreciate the chance to partner with you on your road to recovery.

The material in this booklet is not intended for diagnosing or prescribing. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

Your care plan

Why do I need a biopsy?

An orthopedic oncologist, a doctor who treats cancer in the bone and muscle, may want you to get a biopsy. A biopsy is a procedure to find out what type of tumor (abnormality) you have. In a biopsy, a part of the tumor is removed and tested. This part is called a sample.

How is a biopsy done?

There are different ways to do a biopsy. The following biopsies are common for tumors in muscle or bone.

- Needle biopsy - a needle is put into the tumor or abnormality. A sample of fluid and cells are pulled out through the needle.
- Surgical biopsy - a small incision (cut) is made to remove a part of the tumor or abnormality.
- X-ray guided biopsy - an x-ray machine is used to find the tumor or abnormality. This is often done for bone biopsies. Many samples may be taken.

A pathologist, a doctor who specializes in looking at tissue for abnormalities, will check the samples right away to make a preliminary (initial) diagnosis. Knowing exactly what type of tumor you have helps doctors decide on the best treatment. You might stay in the procedure area while the pathologist looks at the sample and makes sure enough of a sample was taken for diagnosis.

What if it is benign?

If the preliminary diagnosis shows the tumor is benign, it is not cancer. Your surgeon may remove the tumor while you are there for the biopsy. If the tumor is in muscle, only the tumor is cut out. If the tumor is in bone, some of the bone must be cut out. A bone graft (bone taken from another part of your body) or bone cement may be used to fill in where bone was taken out. Sometimes, if a lot of bone is taken out, a plate or rod is put in to keep the bone that is left from breaking.

What if it is malignant?

If the preliminary diagnosis shows the tumor is malignant, it is cancer. Your surgeon may stop the procedure to do more testing and plan your treatment. Often radiation or chemotherapy treatment is needed before you have surgery to take out the tumor. Your surgeon may recommend that you see specialists like a:

- radiation oncologist - a doctor who uses radiation to treat cancer.
- medical oncologist - a doctor who specializes in treating cancer. This may include chemotherapy.

With any type of cancer, your surgeon may ask a team of doctors to help recommend which treatment is best for you. You may not meet all of the doctors, but they will work together to provide the best care for you.

Before you check in to the hospital

Plan for surgery before you come to the hospital. Use this checklist to keep track of things you need to do ahead of time.

- Who is your support person? This should be someone to help you as you get well.

Name: _____

Phone number: _____

- Find a family member or friend to help with housekeeping, shopping, and/or driving.

- Who is going to give you a ride home?

Name: _____

Phone number: _____

- Organize your kitchen so supplies are at shoulder or waist level. You may not be able to bend, reach, or lift very much after surgery.
- If your bedroom is upstairs, you may want to prepare a room downstairs where you can sleep when you first get home.
- Have a firm and stable chair with armrests.
- Clear your house of obstacles and remove throw rugs so you will not trip.
- Bring casual clothes and non-skid lightweight shoes with you to the hospital.
- Shower with chlorhexidine gluconate (Hibiclens®) soap for 3 to 5 days before surgery.

Notes: _____

Other preparations:

- Decide on a facility to go to after you leave the hospital. You will need to have 2 options.
- Buy recommended bathroom equipment ahead of time. (see page 15)
- Plan easy meals to eat after you get home from the hospital.

Showering with chlorhexidine gluconate (Hibiclens®) liquid soap

Start showering with chlorhexidine gluconate soap 3 to 5 days before surgery to help prevent infection. This special soap will help kill germs that might cause infection. You can buy chlorhexidine gluconate liquid soap in the first aid section of most large pharmacies.

Take a shower using chlorhexidine gluconate liquid soap before bedtime

- Do NOT use this soap if you are allergic to chlorhexidine gluconate
- Use a clean washcloth
- Wash your body with half a cup of the soap. Let it sit on your skin for 3 to 5 minutes before rinsing off.
- Do NOT wash your face or genital area with chlorhexidine gluconate – wash these areas with regular soap before using the chlorhexidine gluconate

- Do NOT shave any part of your body including face and underarms
- Dry off with a clean towel
- Do NOT put on lotion, make-up, perfume, or cologne after showering
- Put on clean clothes
- Go to bed on clean sheets right after showering
- Do NOT allow pets on your bed

Follow these instructions for showering with chlorhexidine gluconate soap every day for 3 to 5 days before surgery. On the day of surgery, shower with chlorhexidine gluconate soap in the morning. Do not put on lotion, make-up, perfume, cologne, or oil after showering. Do not wear nail polish.

Surgery day

Getting ready

- We will give you a hospital gown to put on for surgery. You must take off all other clothes. We will respect and protect your privacy and modesty at all times.
- Take off all personal items including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses.
- Take out any artificial dental work unless your doctor tells you not to. Give your valuables to a family member or friend.
- About an hour before surgery, your nurse might give you medication to help you relax. We will ask you to urinate (go pee) right before you get this medication. The medication may make you drowsy or light-headed. It might also make your mouth feel dry and your eyesight blurry.
- We will put up the side rails on your bed for your safety. **Do not get out of bed without asking the nurse for help.** We do not want you to fall.

Pre-op

Just before surgery, you will go to the pre-op (pre-operative) holding area. It is a busy place.



What you can expect while you are in pre-op holding:

- Your nurse will ask you to say your full name to make sure it matches your identification bracelet.
- Your nurse will ask you some questions and tell you what is happening. Feel free to ask any questions you have, too.
- Your surgeon and anesthesiologist will talk with you and answer any questions you have.
- You will be asked to sign consent forms.
- An intravenous (IV) line will be put in a vein, usually in your arm or hand. The IV will be used to give you anesthesia, fluids, and medications.

After surgery

After surgery you will go to the recovery room. The recovery room is also called the Post Anesthesia Care Unit (PACU). There, a nurse will monitor you closely. Other patients will be around you, and you may hear sounds from monitors and other machines. You may be sleepy and confused at first. Your incision will probably feel uncomfortable and your throat may feel sore. Your nurse may give you medicine to make you more comfortable.

You will go to your regular room when you are ready to leave the PACU. Once you get to your room, your nurse will come see you. The nursing team will check your vital signs and look at your bandage often during the day and night. They will make sure you are comfortable and have what you need.

Tubes and drains

Right after surgery, there may be some tubes attached to you. You may have a catheter in your bladder to drain your urine (pee). The catheter will be taken out as soon as possible. You will probably still have your IV. At first, an IV is the best way to give you fluids and medication. Your nurse will check your IV often. Tell your nurse right away if the skin around your IV is red, swollen, or sore. You might have a drain coming out of your surgery area for 1 to 2 days. Your healthcare team will talk with you about when the drain will be taken out.

A wound vac is a device that helps with healing. It may be put on during surgery and will stay on while you are in the hospital. You might leave the hospital with it. Your healthcare team will talk with you about the plan for the wound vac.



Care after surgery

Pain management

Many people have pain or discomfort after surgery, but your pain can be managed. Your incision area may feel warm and you may feel stiff. You will begin to feel better as your body heals.

Your healthcare team will work with you to make a pain management plan. A pain management plan uses a combination of medications and other ways to manage pain. Medication may not completely stop the pain, but it will lessen the pain. There are other ways to manage pain such as changing positions, moving around, and using ice packs. Tell your healthcare team when you are in pain. We will decide with you how to manage your pain. As your body heals and as you are moving around more, you will feel more comfortable.

Constipation

Some people have constipation after surgery. Drink more liquids, like water, and eat more fiber to help with constipation. Good sources of fiber include whole grains, fruits, and vegetables. Take stool softeners as told by your healthcare team.

Coughing and deep breathing

After surgery if you are in pain or not moving around, you may take smaller breaths than normal. This can cause fluid and mucus to collect in your lungs and could cause pneumonia. To lower this chance and to keep your lungs working their best, we will coach you to cough, take deep breaths, and use an incentive spirometer. An incentive spirometer



is a small, plastic device that shows you how deep your breaths are. Use it 10 times every hour you are awake to make sure you are breathing deeply enough. Getting out of bed and sitting up in a chair as soon as possible will also help you breathe more deeply.

Nutrition

You can begin drinking and eating soon after surgery. Drink plenty of water and eat healthy foods to help your body heal. Protein helps with healing. Good sources of protein are meats, dairy products, eggs, beans, and soy protein. Include protein with all your meals and snacks. Talk to your healthcare team about taking a multivitamin to help with healing. A registered dietitian can meet with you while you are in the hospital if you have concerns about your nutrition.

Blood clots

A blood clot, also called a deep vein thrombosis (DVT), can happen after any surgery. The thigh and calf are the most common places a blood clot happens. Ways to lower your chance of a blood clot are:

- Getting up with help as soon as possible
- Wearing foot pumps or calf pumps to help keep blood moving when you are in bed or reclined
- Taking blood thinner medicine if prescribed

Tell your healthcare team right away if you have swelling or pain in your thigh or calf.

Activity

Walking and exercising are keys to healing after surgery. The sooner you get up and move around with help, the faster you will feel better. It is very important to do your exercises in the hospital and keep doing them after you leave the hospital. Your therapists will help you with exercising, walking, learning to do things on your own, and deciding which equipment you may need.

Hand hygiene

To lower the chance of an infection while you are in the hospital, everyone who comes in your room should clean their hands with soap and water or hand sanitizer. It is also important for you to clean your own hands often. Before changing the dressing on your incision, you and anyone helping should wash hands well. Good hand washing should continue when you go home since hand contact is the number 1 way germs are spread.

Cancer treatment

You will need to see specialists recommended by your surgeon if your diagnosis shows cancer. A medical oncologist may start seeing you while you are in the hospital. If you need radiation treatment, you will also see a radiation oncologist. Radiation treatments usually start 2 weeks after surgery. Your healthcare team will help you schedule appointments to see these doctors after you leave the hospital.



Care after surgery

Physical therapy goals

Your physical therapists will work with you so you can:

- Get in and out of bed on your own.
- Stand up from and sit down on a bed or chair using a walker on your own.
- Walk safely with a walker on your own.
- Walk up and down a curb or steps using a walker with some help from another person.
- Do your home exercises with only a little help from another person.

Occupational therapy goals

Your occupational therapists will work with you so you can:

- Get dressed using tools with a little help from another person.
- Safely sit down on and stand up from the toilet using a walker on your own.
- Get into and out of the tub or shower with a little help from another person.

Checklist to stay on track in the hospital:

Use this checklist of questions to guide your own care in the hospital.

- Do you have an incentive spirometer in your room? Are you using it?
- Are you working with your healthcare team to manage your pain?
- Are you doing ankle pumps and quad sets every 4 hours?
- Are you doing all of your exercises as told by your therapist?
- Do you have foot pumps or SCDs (calf pumps) on?
- Do you have all the equipment you will need at home?
- Do you have therapy set up for when you go home?
- Are you using an ice machine or ice pack on your operative site?
- Have you decided on a facility to go to after you leave the hospital if you are not able to go home?



Options for care after you leave the hospital

The goal is for you to get back home as soon as possible. Make sure you have asked someone to help you at home with things like cooking, cleaning, and going places. You will need to continue therapy to help you get stronger and move well. You and your healthcare team will decide which type of therapy will be best for you. Your insurance company (Medicare or any insurance provider) must approve therapy.

Outpatient therapy

Many patients go home from the hospital and go to outpatient physical therapy. You will go to a clinic and work with a physical therapist in a therapy gym. You may use exercise equipment and will learn how to walk without a walker or crutches over time.

Home healthcare

People who cannot get out of the house to go to an outpatient clinic may need home health services. With home healthcare, a nurse or a physical therapist will come to your home. You will work on doing things to take care of yourself in your home.

Extended care facility

Some patients need therapy and care in an extended care facility before going home. Examples of extended care facilities are a skilled nursing facility (SNF) and an inpatient acute rehabilitation facility. The insurance company (Medicare or any insurance provider) must approve a stay at an extended care facility before a patient can go there. There must be medical reasons for the insurance company to give approval. Insurance companies do not consider having problems at home like no one to help, pets needing care, or a home that is difficult to get around as reasons to go to an extended care facility. You will need to take care of these problems before your surgery.

While you are in the hospital, your healthcare team can help you with questions or concerns you have about your care after you leave the hospital.

Getting ready to go home

Use this checklist to keep track of things you need to know or do before you go home from the hospital.

- Make your follow-up appointment with your orthopedic surgeon.

Time: _____

Date: _____

- Make your follow-up appointment with your oncologist.

Time: _____

Date: _____

- Make your follow-up appointment with your radiation oncologist.

Time: _____

Date: _____

- Make your follow-up appointment with your primary care provider for 7 to 10 days after your surgery.

Time: _____

Date: _____

- Make your follow-up appointment with your plastic surgeon.

Time: _____

Date: _____

- Make your follow-up appointment with the infectious disease consultant (if being treated for an infection).

Time: _____

Date: _____

- Set up your first therapy appointment.

Time: _____

Date: _____

Other preparations:

- Learn how to care for your incision.
- Learn how to prevent blood clots.
- Learn about any new medications.
- Do exercises 3 times every day. Do slow, steady repetitions of each exercise.
Take slow, deep breaths when exercising.
Do not hold your breath.
- Know what diet you need to follow at home.
- Put ice packs on your surgical site for up to 20 minutes after exercise.
- Understand how important activity, rest, and exercise are for you to get better.
- Know when you can shower.
- Know when you can go back to work.
- Know when you can drive.

Equipment options for home

You may need this equipment at home after surgery to make everyday activities safer and easier.

Rolling walker

Helps you balance when walking.



Bedside commode or 3-in-1 commode

Raises the toilet seat and gives you armrests for support. Can be used as a bedside commode, over a toilet, or as a shower chair in a walk-in shower.



Shower chair

Used in a walk-in shower.



Dressing kit

Includes a reacher, a dressing stick, a long-handled sponge, a long-handled shoehorn, a sock aid, and elastic shoelaces.



Crutches

If you do not need the support of a walker, crutches will help you when you walk.



Elevated toilet seat

Raises the toilet seat and gives you armrests for support. Attaches to your toilet.



Tub transfer bench

Gives you something to sit on in a bathtub type shower.



Handheld shower nozzle

Gives you control of the water spray while you sit down to bathe.



Additional notes

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