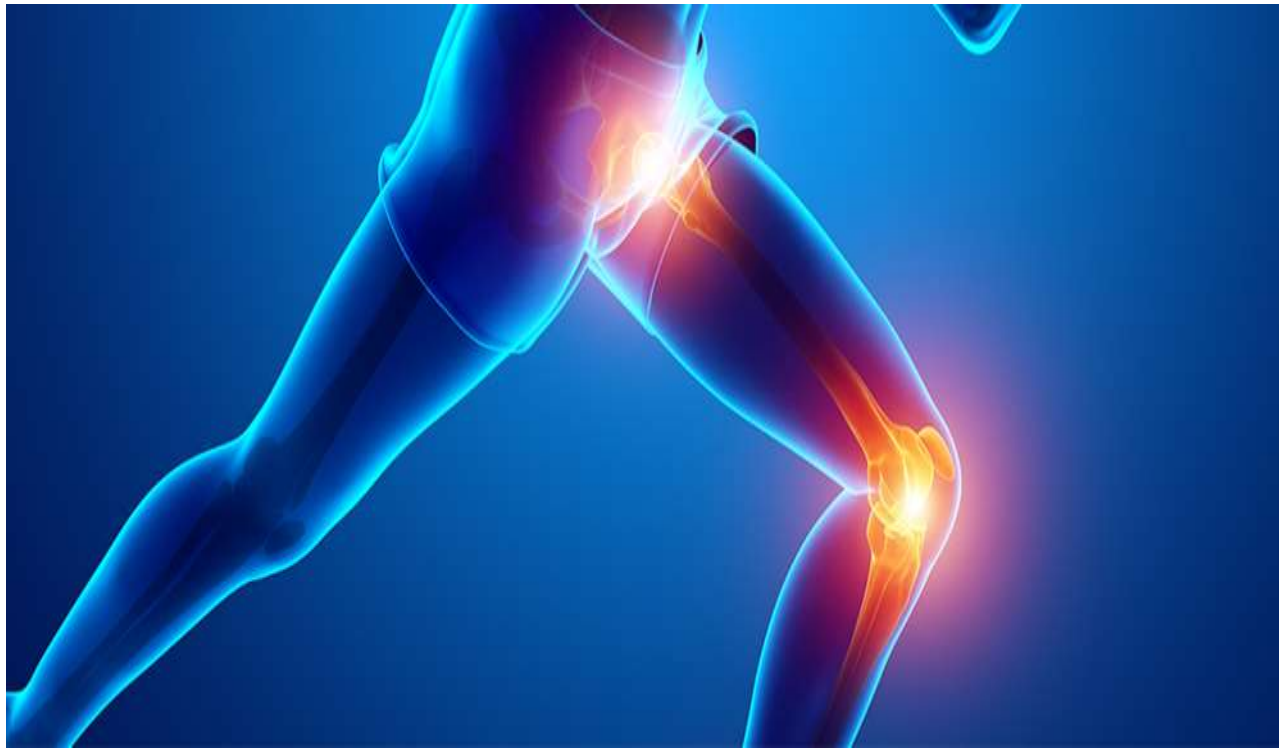




TOTAL JOINT REPLACEMENT

KNOW YOUR BENEFITS

- Every insurance is different, so it is important to know what your insurance will cover and if there is a co-pay.
- It is a good idea to call your insurance company, let them know what surgery you are having, and find out if the following are covered:

Home Health Nursing

Physical therapy

Rolling Walker

3-in-1 Bedside Commode

How you can prepare before Surgery

- Make plans for someone to help with: bathing, housework, yardwork, pet care, and grocery shopping.
- If you live alone, notify your surgeon immediately. It is essential that you have family members, neighbors, or friends that can stay with you for 24 – 48 hours minimum after your surgery and then help you for several weeks. Your insurance may not consider living alone a reason to go to inpatient rehab or to a skilled nursing facility (SNF).
- Plan for pets, food preparation, and rides for 2-3 weeks.
- Evaluate your home and consider staying with others if you must go up and down stairs and are unable to make first floor living arrangements.
- Check with your insurance company if you have any questions regarding equipment, therapy, or facility coverage.

Home Set Up

- Remove all small throw-style rugs
- Move frequently used items to counter height
- Use nightlights to improve visibility for night time toileting
- De-clutter home for high traffic areas
- Be mindful of pets
- Keep extension cords against the wall and arrange furniture to allow ease of passage throughout the home
- Do you have any stairs you will need to climb at home?
 - Is there a family/friend available for you to stay with?
 - Is there an alternative sleep arrangement on the ground floor?
 - Do handrails need to be installed prior to surgery?



Food

- Bending and reaching may be difficult. Move commonly used items to counter level.
- Prepare meals in advance.
- Consider getting a basket for your walker or rolling cart.
- **Eat healthy foods.** Eat a variety of healthy foods to give you more energy and help your incision heal faster. Eat a well-balanced diet before and after surgery that includes whole grains, fruit, vegetables and high quality, lean proteins.



Nutrition & Surgery

- Sources of protein include eggs, nut butters, beans, meat, poultry, fish, and tofu. Aim for at least 3 servings daily. One serving is 3oz. or about the size of the palm of your hand.
- If you have diabetes, monitor your carbohydrate intake and glucose levels to keep your blood sugar well controlled.
- Constipation is common after surgery. Add high fiber foods such as whole grain breads and cereals, fresh fruits, and vegetables.



- Stay well hydrated, drinking at least 8-10 cups of non-caffeinated liquids daily before and after surgery (unless you have a medical condition that limits fluid intake).

Sleeping/Resting Comfortably

- Look at the height of your bed
 - May need stool for beds that are too high.
 - Low beds are more difficult to get out of following surgery.
- Set up a comfortable chair for the daytime. Chairs with arms are easier to get into and out of.
 - Place a table beside your chair for water, the TV remote, cell phone, pain medications, and any other items you may need while you are resting.



Preadmission Testing (PAT)

The PAT nurses will call you one to two days before your surgery and give you detailed instructions for the evening before and day of surgery.

- They will review your online medical history and current medications including name, dosage and how often you take medication.
- The PAT nurse should already have copies of any ordered medical tests and clearances, but it is a good idea to keep copies for your records.

Chlorhexidine Shower before surgery

- Follow the shower instructions with the (Chlorhexidine) soap. Chlorhexidine is readily available to purchase at CVS, Walgreens, and Walmart. You should have received a detailed instruction page in the book or from the PAT nurse via email.
- Studies show that repeated use of antibacterial soap enhances the residual antimicrobial effects and that this results in progressive reductions in bacterial counts on the skin.

Do not shave the operative leg with a bladed razor several days before your surgery.

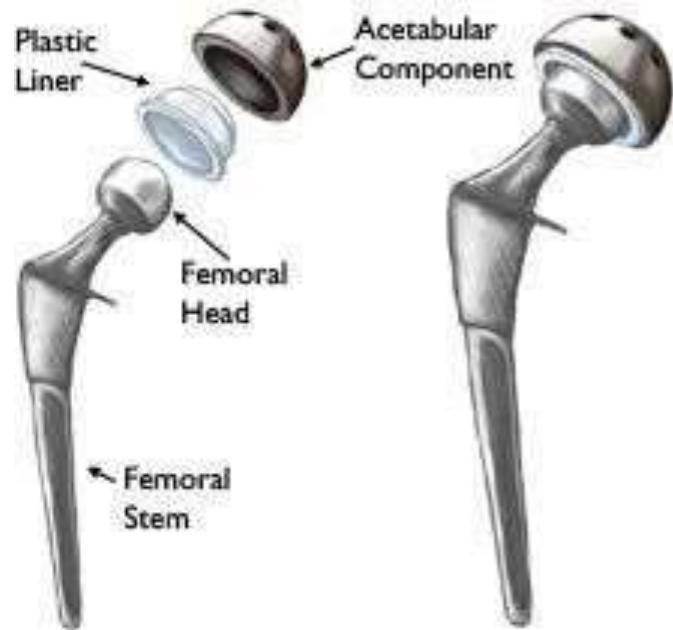


Evening Before Surgery

- It is advisable to remove toenail polish and/or acrylic/gel fingernails.
- Take a shower using the chlorhexidine liquid soap as instructed by Pre-admission testing or your physician. Pat dry with a freshly laundered towel.
- Change your sheets so you sleep in a clean bed
- The surgery center will provide gown and nonslip socks. Wear comfortable clothing (loose-fitting shorts, athletic shoes or flat shoes – no Crocs, flip flops or sandals that easily slip off your foot)
- Have nothing to eat or drink after midnight except approved medications with a sip of water (this includes mints, chewing gum, and hard candies).

Morning of Surgery

- Take a second chlorhexidine shower as instructed (do not apply lotions, powders, colognes, or deodorants)
- Take approved medications with a sip of water [blood pressure, heart, thyroid medications, and any medication approved by your surgeon or the Anesthesia MD]
- Please arrive on time at the Surgery Center.
- Leave valuables with your family (this includes cell phones, laptop computers, jewelry etc.)
- A limited number of family can stay in the surgical waiting due to limited space and will be kept updated on your condition until they can come back to the recovery area.



Total Hip Replacement

(Left) The individual components of a total hip replacement. **(Center)** The components merged into an implant. **(Right)** The implant as it fits into the hip.



Total Knee Replacement

(Left) Severe osteoarthritis. **(Right)** The arthritic cartilage and underlying bone has been removed and resurfaced with metal implants on the femur and tibia. A plastic spacer has been placed in between the implants. The patellar component is not shown for clarity.

When you wake up, you may have:

- You will wake up in the recovery room
- You may feel cold and have a dry mouth from the anesthesia
- Your throat may be sore from the tube inserted in surgery.
- You will be in recovery for a few hours



When you wake up, you may have:

- Nasal Cannula for oxygen
- Pulse Oximeter
 - Clip attached to you finger to measure oxygen saturation
- TED hose/Sequential compression devise
 - On your lower legs help improve circulation and prevent blood clots
- Fluids hooked to your IV
- A bulky dressing of gauze and tape (for hips) / a bulky dressing with an ACE bandage (for knees)
- Foley catheter, Surgical drains



Recovery Room

- Inform nursing staff about concerns with pain, nausea, itching, your nurse will ask you about your pain and have you rate it on a scale from 0 -10. Remember – pain is normal after surgery and zero (0) may not be achievable in the recovery room or for several weeks after surgery.
- Use your incentive spirometer 10 times/hour. Nursing will instruct you how to use it. This helps your breathing, expands your lungs to prevent pneumonia. Try to use this 10 times each hour while you are awake.



Day of Surgery

- It is important to get up often on the day of surgery (this will help your recovery time). A nurse and/or physical therapy will assist you to sit in a chair and/or walk.
- Your stomach may be “sleeping” from anesthesia, so start with clear liquids and then advance to solid foods as tolerated.
- Pain will be controlled by oral or IV medications that are given by the recovery room nurse.
- You will be instructed when you may take pain medications after discharge home but the recovery nurse.

After Surgery: Day 1

- Physical therapy/Home Health usually will begin the day after outpatient surgery. (The schedule for physical therapy and/or home health will vary by surgeon).
 - Lower extremity strengthening exercises
 - Increase mobility using rolling walker or another device
- You may be advised to take your pain medication 30 minutes to one hour before physical therapy.
- Possible removal of surgical drain (if you have one).
- The Care Coordination team at your surgeon's office will have arranged for Home Health, equipment, and physical therapy) before your surgery.

After Surgery: Day 2

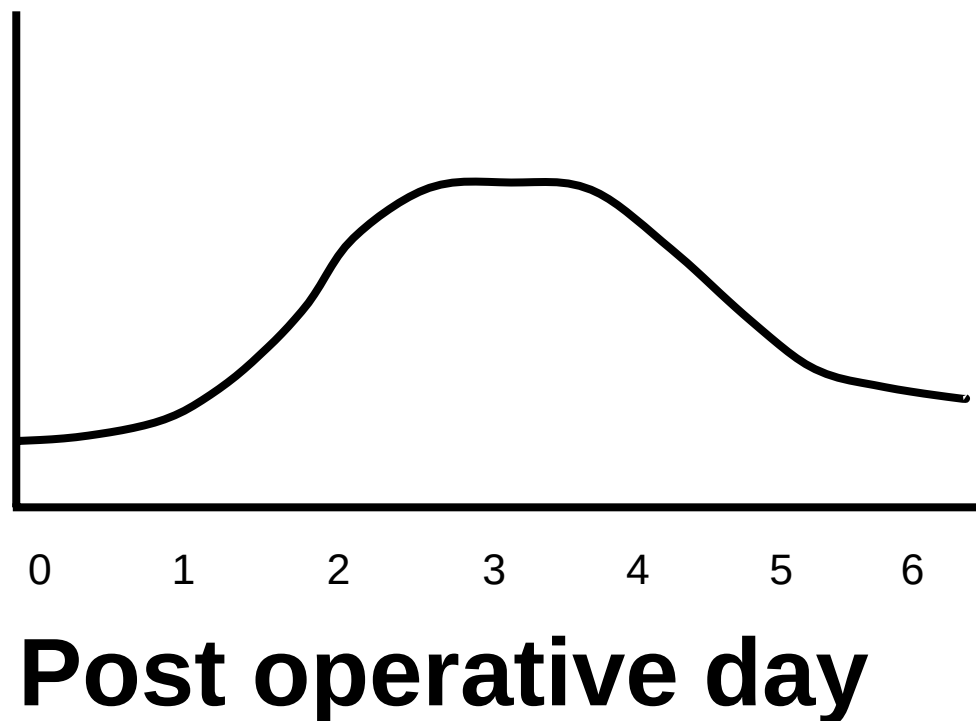
- Physical therapy will be arranged by your surgeon's office.
Not all total joint surgeries get Home Health or Physical Therapy right after surgery – check with your surgeon
 - **Increasing your activity is the #1 thing you can do to ensure a smooth recovery!**
- Make sure to take pain medication by mouth as directed for pain. Remember your pain goal - pain will not be 0 (zero) for several weeks after surgery.
- Your dressing will be changed as directed by your surgeon (Some patients go home with dressings that are not removed for 5-7 days after surgery).

Patient Expectations

- At discharge you will most likely be walking with a walker and may need adaptive equipment for activities of daily living and/or assistance for several weeks at home.
- Depending on your progress with therapy, home health PT or PT at a center may be recommended.
- At your follow-up appointment with your surgeon, outpatient therapy may be ordered for further strengthening or mobility.
- **Progress with therapy is very individualized, but the more you do for yourself, the better the outcome and the quicker you will reach your goals.**

Post Surgical Symptoms

If your surgeon used a numbing medicine called Exparel, you will experience an increase in pain 3-4 days after surgery. This pain increase is normal as the medications given during surgery begin to wear off. You will have been given instructions for pain management in the days after your surgery.



Post Surgical Symptoms

- It also normal for you to have:
 - Increased swelling in your leg and calf
 - Bruising around your knee/hip or calf
 - Redness around your surgical incision



Please call your surgeons office if you have any questions related to your surgical site

When to call your surgeon

- **Trouble breathing or chest pain (CALL 911)**
- Excessive pain or swelling in the knee or calf - call your surgeon immediately.
- Pain that is increasing or not controlled by pain medications – call your surgeon immediately.
- Unusual redness, heat, or drainage at the incision site – call your surgeon immediately.
- A feeling of looseness or instability in the knee joint – call your surgeon immediately.
- Shaking chills or fever of 101°F (38.3°C) or higher, which may be a sign of infection – call your surgeon immediately.

Important Topics

- **Constipation**- common side effect of pain medication. Drink plenty of water and take stool softeners if needed.
- **Pain**- Narcotic medication will be prescribed by your surgeon. Coordinate the use of pain medication with your physical therapy to maximize mobility. You will start needing pain medication less and less as your recovery progresses.
- **Infection**- Frequently wash your hands and have anyone that enters your room wash their hands. Follow your doctor's instructions carefully for the care of surgical incision.
- **Smoking**- Can impair wound and bone healing and make you more prone to infection.
- **Alcohol**- Can thin your blood, make you more prone to bleeding and can be very dangerous if mixed with many medications.

Blood Clot Prevention

- **Blood Clots**- There is always an increased risk for clots following surgery. You may be prescribed blood thinning medication for several weeks after surgery.
- 4 common blood thinning medications are:
 - ❖ **Lovenox** –This is an injectable medication. You and/or your family will be taught how to give yourself this medication. It is injected into the fatty part of your lower abdomen.
 - ❖ **Coumadin** – This is a pill that requires weekly monitoring of your blood. Your home health nurse will come to your house and draw your blood and your doctor will adjust the dose.
 - ❖ **Xarelto**- This is a pill that you take every day. It does not require blood monitoring or any dietary restrictions.
 - ❖ **Aspirin 81mg or 325mg** – It is important to know that if you were instructed to take Aspirin, it is to prevent blood clots and NOT to manage pain. It must be taken every day as instructed, whether you are in pain or not.
- **Frequent activity is the best way to avoid a blood clot.**

Post-Op Appointments

Please be sure you have a follow-up appointment scheduled with your:

1. Orthopedic Surgeon (as indicated by your surgeon)
2. Primary Care Physician (1-2 weeks after surgery)
3. Any Specialist that gave you surgical clearance (1-2 weeks after surgery)



After Surgery Considerations

- If you are going to have any type of dental procedure or invasive procedure after your joint replacement, please notify your health professional about your total joint surgery to find out if you need to take a course of antibiotics prior to the procedure.



Occupational Therapy

You may wish to purchase adaptive equipment prior to surgery to use at home.

- Sock aid
- Reacher
- Long handled sponge
- Leg lifter



Equipment

Rolling walker



3 in 1 Commode



- After you will use a rolling walker any time you are up and moving and possibly a shower/toilet chair.

3:1 commode chair

Will be ordered for patients:

- are 6 feet tall or taller
- who only have toilets on the second floor and cannot get up the stairs
- who have a BMI >32
- who have Total Hip Replacements
- are 80 years or older



Acute Rehabilitation: Expectations

- Physical therapy will see you the day after surgery unless otherwise arranged by your surgeon
- Physical therapy does not see you the day of your surgery, you will get up into a chair and/or walk with assistance at the center
- You will need a family member/friend present for discharge instructions. You must have someone stay with you for 24 hours (minimum) after your surgery.

You need to be an active participant in your recovery and therapy to achieve the best possible outcomes!

Total Knee Precautions

DO NOT:

- force your knee to bend further than 120 degrees
- sit in low chairs
- kneel or squat
- twist your knee. Take small steps when turning
- pivot or turn on operated leg
- place pillow under your knee when lying or sitting

DO:

- Stretch your knee once every 2 hours and avoid sitting for long periods of time
- Keep a pillow between your knees when lying on your side
- Ask your doctor when it is safe to stop your knee precautions and return to sporting and sexual activity

Total Hip Precautions (posterior/lateral surgical approach)

- **DO NOT:**

- bend your hip more than 90 degrees.
- lean forward or squat to reach something.
- bend over to put on socks and shoes or pick an object up from the floor.
- bring the operated leg across the middle of your body.
- pivot on your operated leg. Pick your feet up and step to turn.
- let your leg roll inward (post-lat) /outward (ant-lat) while lying on your back in the bed or turn your foot inward/outward.

- **DO:**

- step forward with your operated leg first.
- extend your operated leg forward before sitting down.
- keep a pillow between your knees when lying on your side.
- Ask your doctor when it is safe to discontinue your hip precautions and return to sporting and sexual activity.

Pre Operative Exercises

- You will be relying on your arms and non-operated leg to help you get around after your surgery
- It is very important that you prepare for your surgery by strengthening your arms and legs

Pre Operative Exercises

Arm Curl



Elbow Extension



Physical Therapy Pre Operative Exercises

Shoulder Flexion



Wall Push Ups



Physical Therapy Pre Operative Exercises

Arm Chair Push Ups



Get Your Medication!

- You will have several medications prescribed on the day of surgery or before (surgeon specific).
- If possible, on your way home have family drop prescriptions at the drive thru pharmacy of your choice.
- When you are home a family member can go back to the pharmacy to pick up prescriptions.
- The Pharmacist is available for consultation if you have questions.

If you have any questions after reviewing this guide, you may contact your physician's office or the care coordinator at the surgery center.