

Total Hip and Knee Replacement



Mease Countryside Hospital
Mease Dunedin Hospital
Morton Plant North Bay Hospital



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General Information



Chapter One: General Information

Welcome to the Total Joint Replacement Program

Total Joint Replacement Surgery Class

Your Total Joint Team

Structured Interdisciplinary Bedside Rounds

Tobacco-Free Campus

How to Get Here

Campus Map

General Information



Welcome to the Total Joint Replacement Program

Learning as much as you can about total joint replacement in the days before your surgery will help you play a more active role in your recovery. That's why our health care professionals developed this book. It is our hope that it will increase your general knowledge of total joint replacement. This book will also help you prepare for surgery, and guide you through recovery.

Because we wanted to give you as much information as possible, you may find this book a little overwhelming at first glance. We suggest you read it at a leisurely pace. But try to read the entire manual before arriving for surgery.

Bring this book with you when you come to the hospital for your total joint replacement. Review any questions you may have with your doctors, nurses, physical therapists, case managers/social workers and occupational therapists. They will address your concerns, guide you through the surgery itself, and help you and your family to create a recovery plan.

This book has been prepared only for your information. It should not be considered a substitute for medical advice.

Total Joint Replacement Surgery Class

This class will increase your general knowledge of total joint surgery, as well as help you prepare for surgery and guide you through recovery. For more information, call Mease Countryside Hospital's preadmission testing at (727) 725-6273, or Mease Dunedin Hospital's preadmission testing at (727) 734-6994. To review class information: JointClass.org

General Information

Your Total Joint Team

Your orthopedic surgeon is supported by a strong and talented team. These team members will help you prepare for surgery, make your hospital stay as comfortable as possible, and help you recover as quickly as possible. Members of your team include:

Nurses

Nurses will coordinate your activities while at the hospital. They will help you learn how to move your body after surgery. They will also take charge of your personal care, pain management and discharge planning.

Nurse Navigator

The Nurse Navigator is a registered nurse who will help coordinate your care and guide you and your family during your hospital stay to ensure a positive experience.

Patient Care Leader

The Patient Care Leader (PCL) is a specialized nurse who will help coordinate your care with your doctor, primary nurse and other health care professionals.

Physical Therapists

Physical therapists will develop an exercise program specifically designed to strengthen your new joint and the muscles surrounding it. They will also teach you how to safely use a walker or cane.

Occupational Therapists

After surgery, you may find daily tasks have become difficult. Getting in and out of bed, dressing yourself, showering and washing the dishes may all seem challenging in the days immediately following your surgery. An occupational therapist may be requested to teach you simple techniques to make activities of daily living easier.

Patient Care Tech

The Patient Care Tech (PCT) works under the direction of an RN or LPN. They take your vital signs and assist you with activities such as bathing or getting to the bathroom.

Social Workers

Social workers will help you plan your release from the hospital. They will also communicate with your family and friends. During these discussions, social workers identify the support that your relatives and friends can provide during your recovery period, and educate them (and you) on the community resources available to help you until you regain your complete independence. These professionals will also help you understand your insurance benefits.

While staying in the hospital, you may also meet other health care professionals. These include home health, dietary and respiratory care staff.

General Information

Structured Interdisciplinary Bedside Rounds

Structured interdisciplinary bedside rounds is a process in which your joint team meets daily with you, your family or caregiver in your room to discuss your care and the coordination of your care.

Tobacco-Free Campus



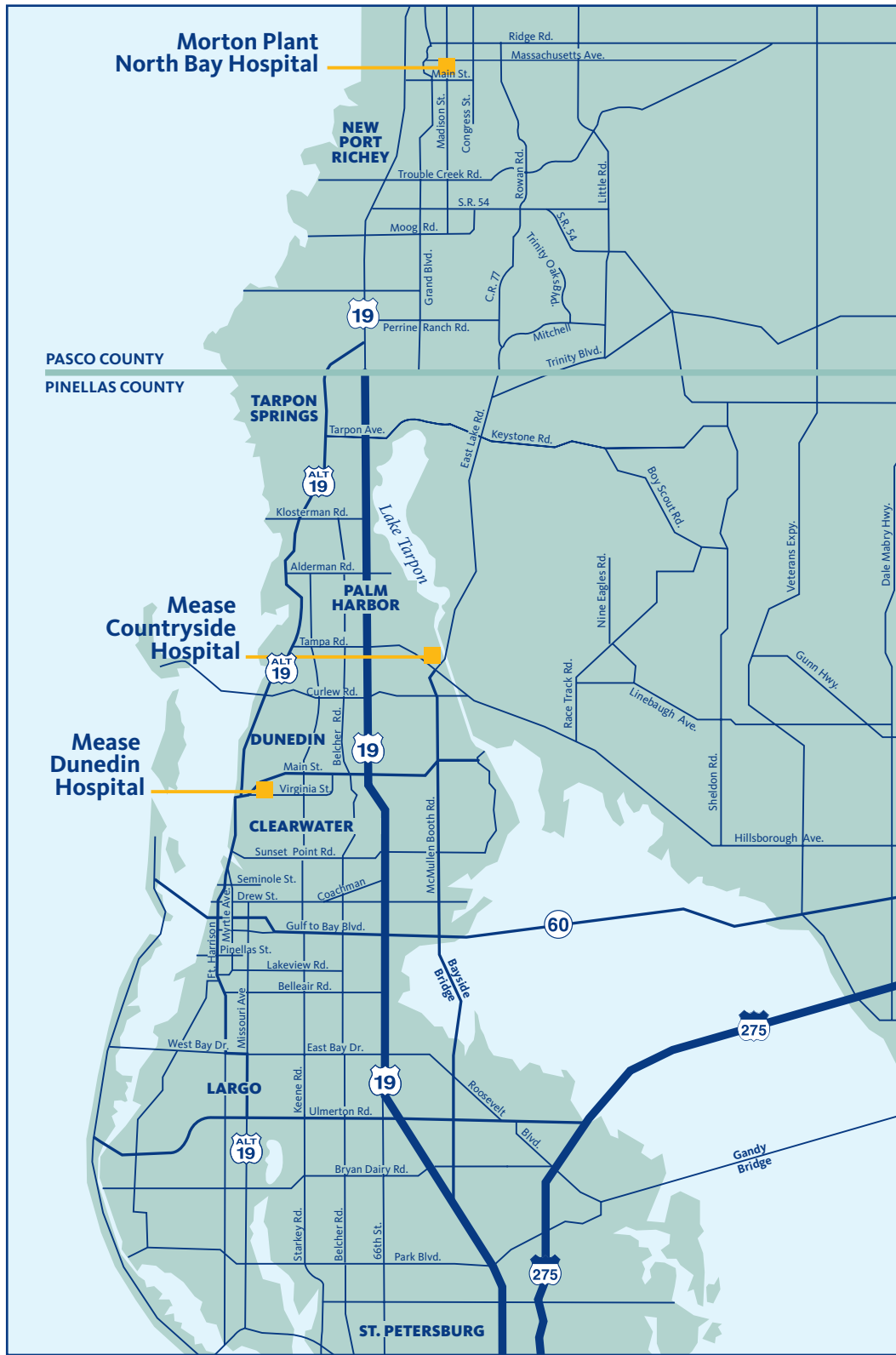
To promote a healthy lifestyle, BayCare hospitals are tobacco-free campuses and there are no designated smoking areas. Studies have shown that smoking negatively impacts bone health. If you or a loved one smoke, you might want to consider stopping prior to your surgery. If you need a nicotine patch for your stay, please let your physician know and one will be ordered.

In addition to talking to your doctor about options, free resources include:

- Florida Department of Health Quit Line: (877) 822-6669
QuitNow.net/Florida
- Freedom from Smoking® Online American Lung Association
FFSOnline.org
- Florida Area Health Education Centers: (877) 848-6696
AHECTobacco.com
SmokeFree.gov

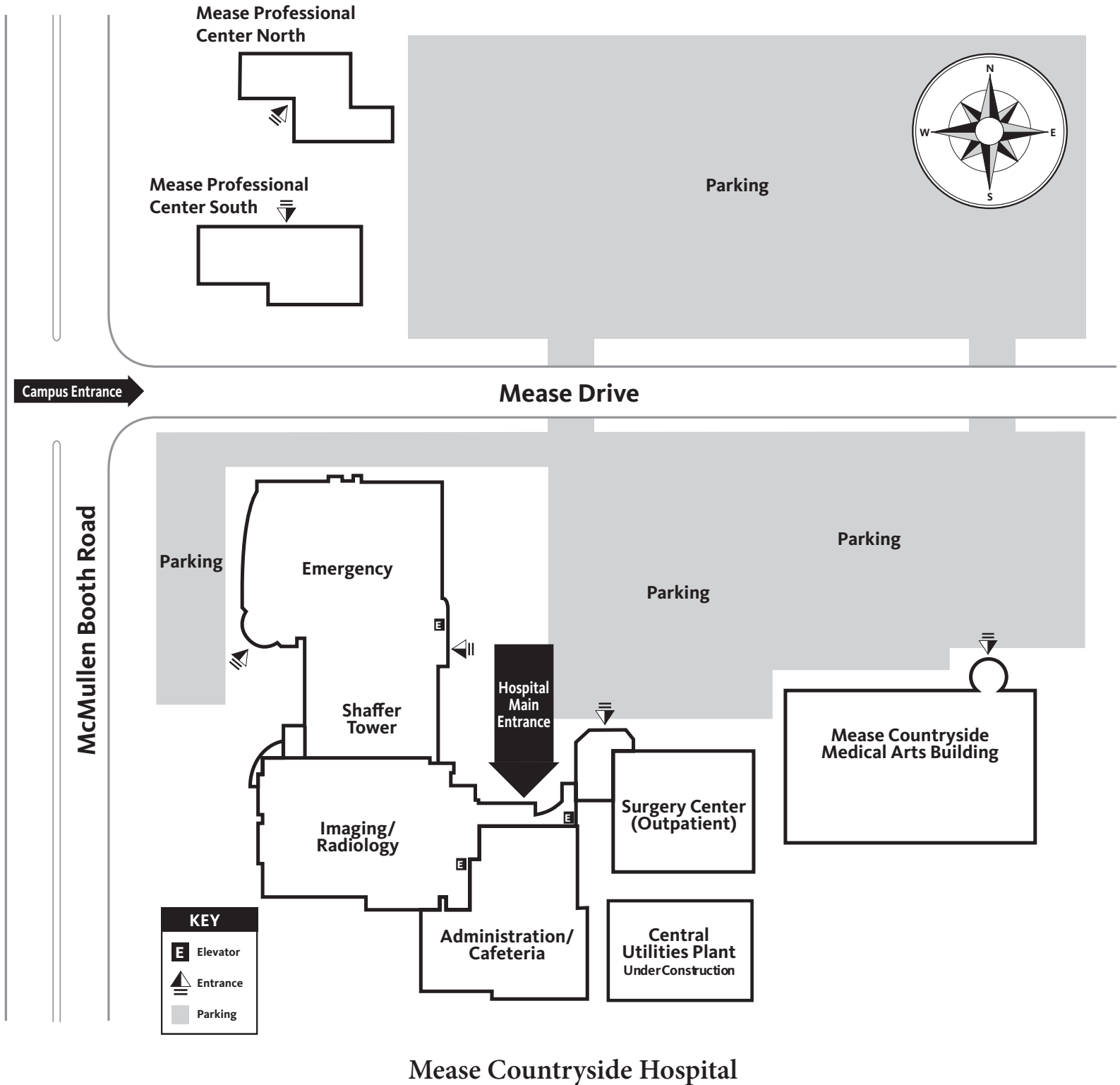
General Information

How to Get Here



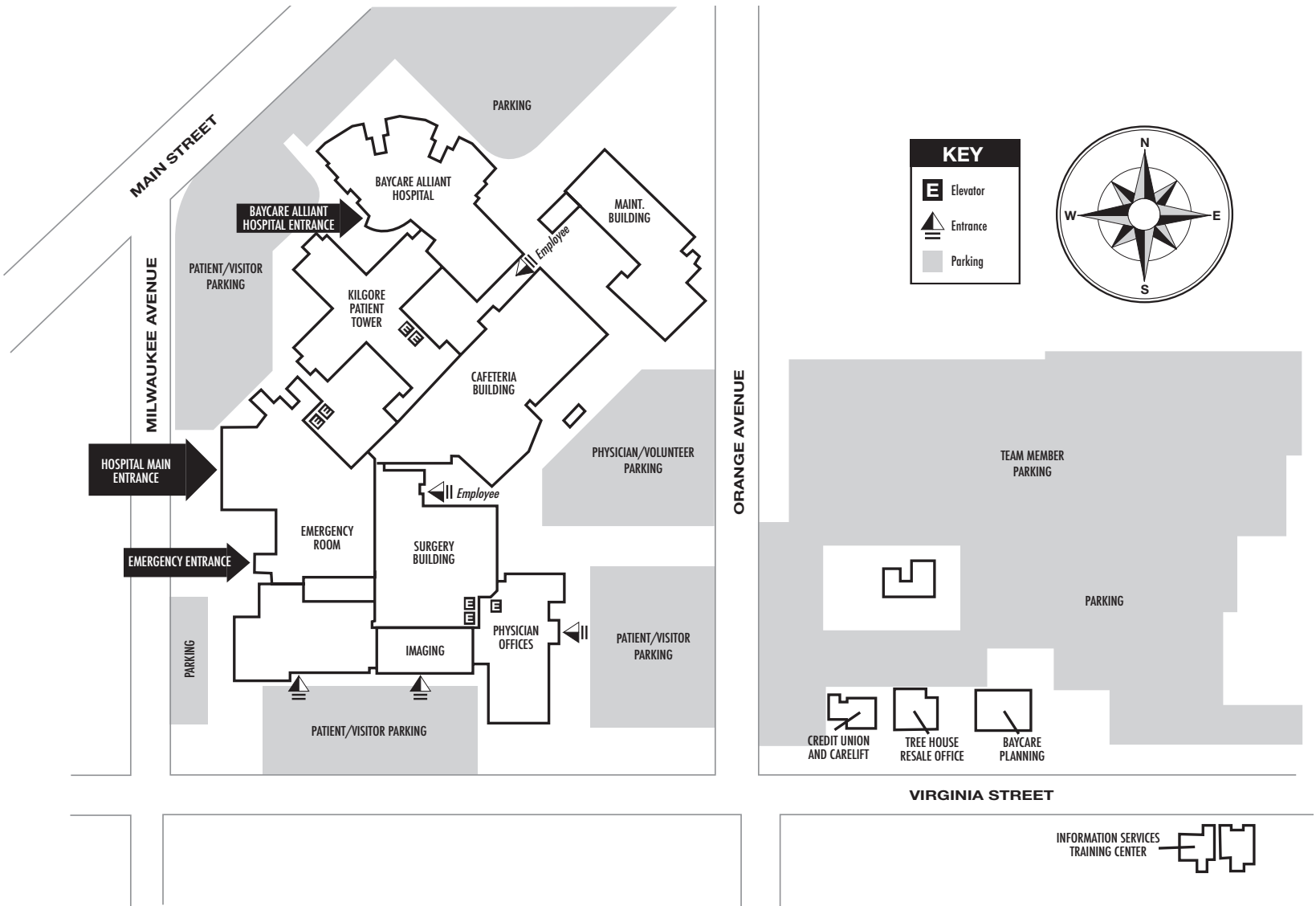
General Information

Campus Maps



General Information

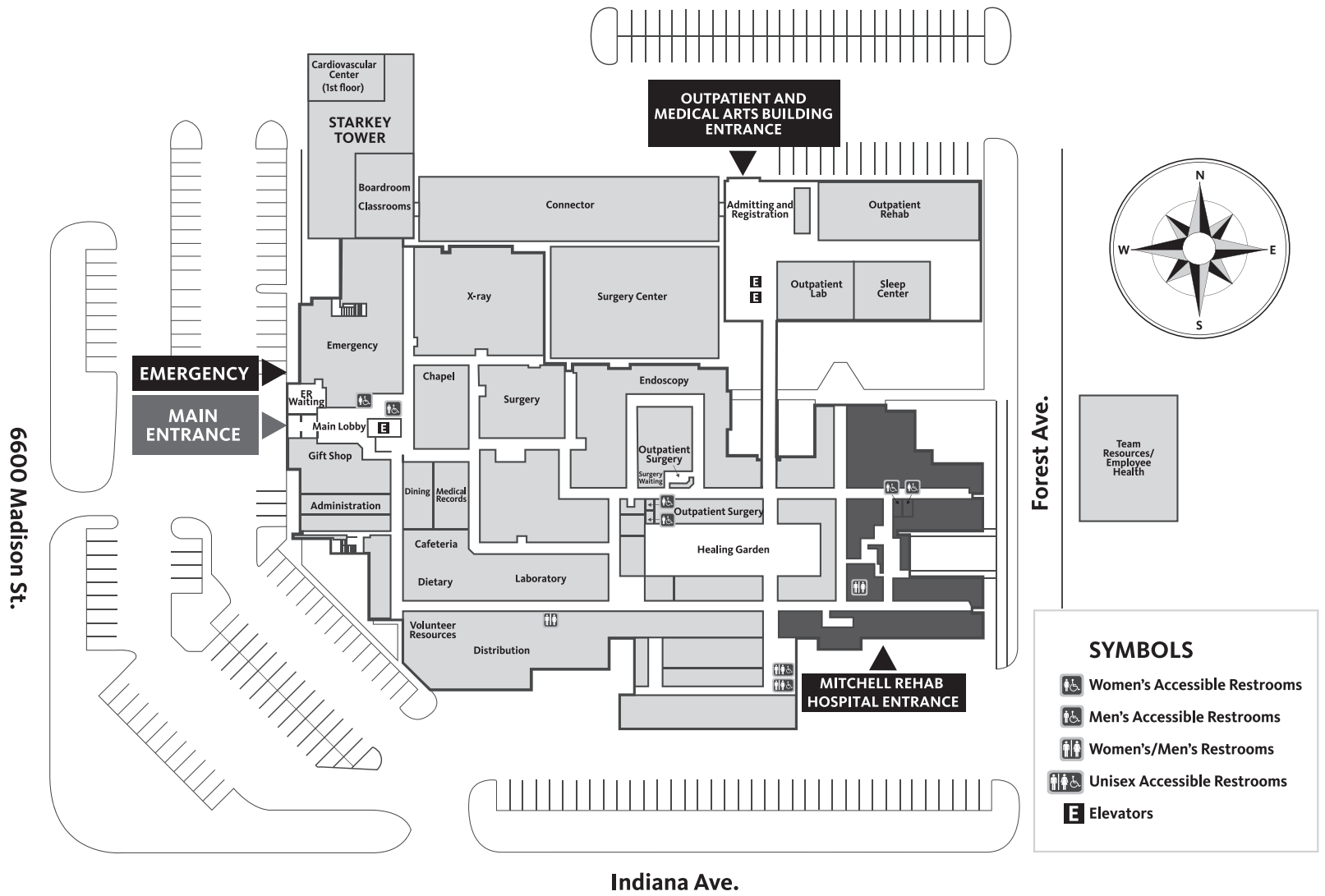
Campus Maps



Mease Dunedin Hospital

General Information

Campus Maps



Morton Plant North Bay Hospital

Meet Your Hip

The Normal Hip

The Problem Hip

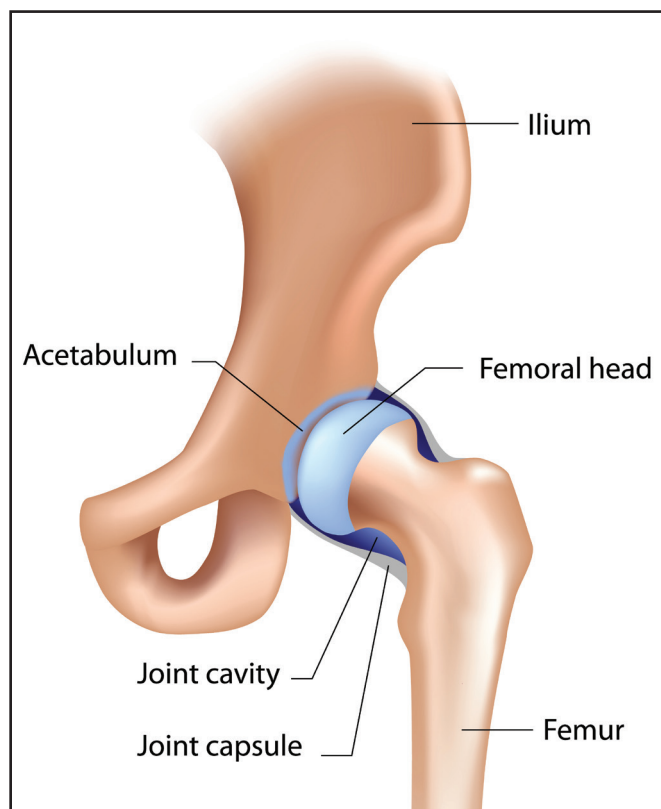
The New Hip

Chapter Two: Meet Your Hip

Meet Your Hip

The Normal Hip

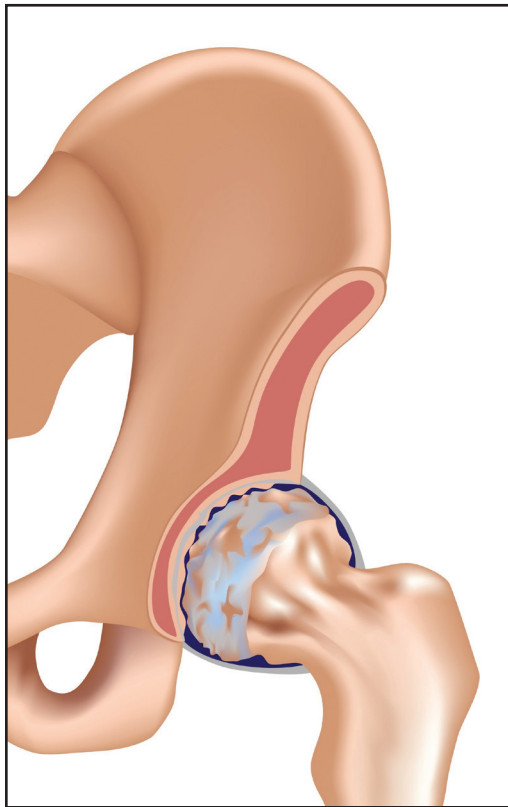
Your hip consists of a ball and socket. Both are constructed of bones. The head of the thigh bone (technically, the femur) constitutes the ball. The socket consists of a section of your pelvis called the acetabulum. In a normal hip, a smooth layer of tissue (called cartilage) separates the ball and the socket. Cartilage allows the ball to glide easily inside the socket. It cushions your hip joint. Muscle and ligaments hold your hip joint in place.



Meet Your Hip

The Problem Hip

Sometimes, cartilage wears out. It no longer cushions the hip ball and socket and the hip joint cannot move smoothly. As the cartilage continues to wear away, your bones rub together. The ball grinds in the socket when you move your leg. This condition causes pain. As the pain worsens and you move around less, the muscles surrounding your joint weaken. They become less stable and less able to support your body weight. A total hip replacement can often relieve your pain and muscular instability.

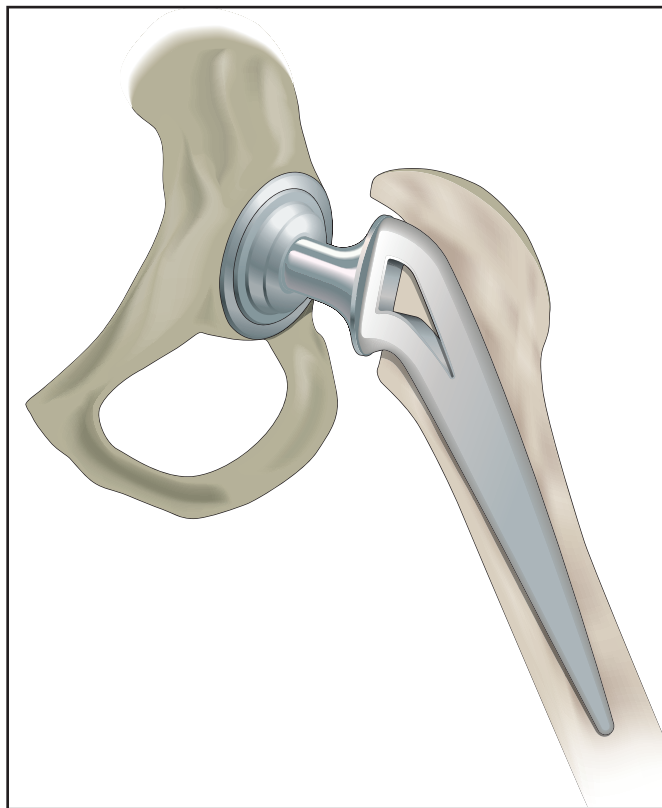


Meet Your Hip

The New Hip

During total hip replacement surgery, an orthopedic surgeon removes damaged bone and cartilage from the hip joint, and replaces them with an artificial joint. A prosthetic ball connected to a stem replaces the ball of your thigh bone. A prosthetic cup replaces the worn socket. These parts connect to create a new artificial hip. Both parts have smooth surfaces to help ensure comfortable movement once you have recovered from surgery.

Your prosthesis will be constructed of polyethylene (a wear-resistant plastic) and metal. Usually, the metal sections of the prosthesis are built from titanium, stainless steel or cobalt. The artificial ball and socket are held in place by bone cement, by your own bone growing into the prosthesis or by a combination of both.



Meet Your Knee

The Normal Knee

The Problem Knee

The New Knee

Chapter Three: Meet Your Knee

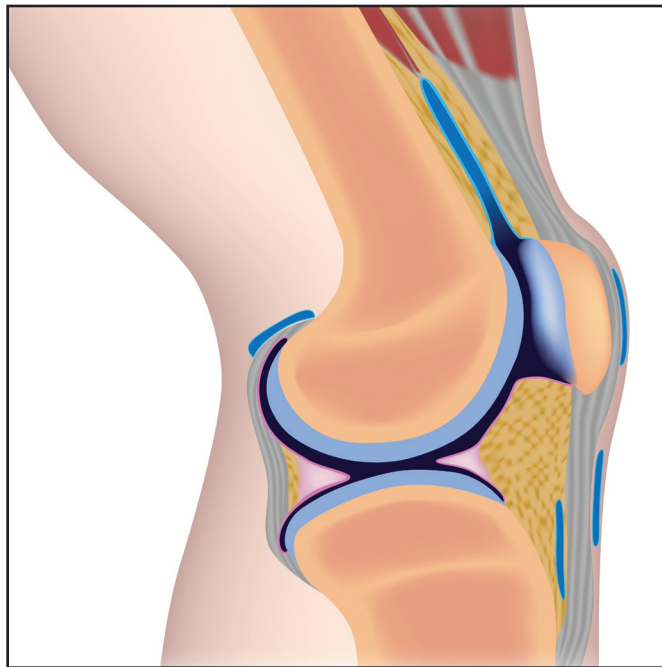
Meet Your Knee

Meet Your Knee

The Normal Knee

The knee joint is the largest and most complex joint in the body. It has four parts:

- Two knuckle-like projections at the lower end of the thigh bone (technically, the femur) and the upper end of the shin bone (the tibia). These areas slide against each other and allow you to bend your knee.
- Cartilage — or a smooth layer of tissue — covers joint surfaces and allows the knuckle-like projections from your thigh bone and shin bone to move smoothly against each other.
- The patella: This body part is more commonly known as the kneecap. It covers the knee joint, and is what you feel when you touch your knee.

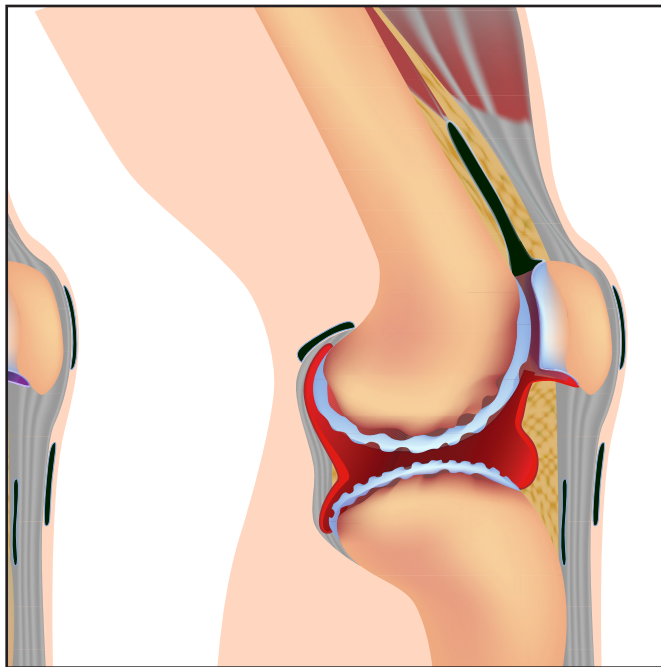


Meet Your Knee

The Problem Knee

Infection, injury and disease can all affect the way the knee works. However, arthritis is the most common cause of knee joint deterioration. Arthritis is a name used to describe a number of diseases that cause swelling of the joints and friction between the cartilage and bones. This friction causes cartilage and bone to break down. When the rough edges of the bones move against each other, the result is pain and a loss of knee movement.

Pain in your knee leads to difficulty in performing daily activities. If you experience pain when bending your knee, it will be hard for you to climb stairs, to exercise or even to walk to the mailbox. Medication can relieve the pain for a while, but can't solve the long-term problem.



Meet Your Knee

The New Knee

During your total knee replacement, an orthopedic surgeon will remove damaged bone and cartilage from your knee and replace them with an artificial joint. The artificial joint is called a prosthesis. This artificial knee will provide a smooth surface against which your bones can move.

The upper part of the artificial knee is constructed of metal (typically titanium, stainless steel or cobalt) and fits into your thigh bone. The lower part fits into your shin bone and is built of metal and a type of plastic called polyethylene. These two parts touch and glide against each other just as a normal knee joint does, allowing your knee to bend more easily.

A new kneecap will fit over the front of your artificial knee. Your new knee will be held in place by special bone cement, by your bone growing into the prosthesis, or by a combination of both.



Getting Ready for Surgery

Medical History, Physical Exam

Insurance Coverage

Discharge Planning

Home Health Care

**Discharge to a Skilled Nursing Facility
or Rehabilitation Center**

Health Care Directives

Health Care Directive Plan Document

Getting Ready for Surgery

Medical History, Physical Exam

No surgical procedure can take place without us first taking a good look at your overall health. In order for your orthopedic surgeon to do his or her job to the best of his or her ability, he or she needs to know about your medical history. The surgeon also needs to ensure that you are healthy enough to undergo joint replacement. Your primary care physician or surgeon will examine you to determine your current health status.

You may be directed to continue taking any general health medications up until the day of your surgery. Conversely, you may need to stop taking certain medications before checking into the hospital. Please talk with your doctor about which medications to take, and which to stop, before your surgery.

It is very important that you tell your primary care physician about any medication you may be taking, prescription or over-the-counter. Aspirin products and anti-inflammatory medications such as ibuprofen (the active ingredient in Advil and Motrin), naproxen (Aleve), piroxicam (Feldene), nabumetone (Relafen) and oxaprozin (Daypro) will need to be stopped several days before your surgery. This may also be true for diet pills, vitamin E and herbal supplements such as echinacea, ephedra, garlic, ginkgo, ginseng, kava and St. John's Wort.

Insurance Coverage

Health care benefits are constantly changing. It is important for you to understand your benefits before undergoing surgery. Medications prescribed to you after surgery (for example, anti-coagulants) may be costly. Call your prescription insurance provider to find out what your co-pays on these medications will be.

Getting Ready for Surgery

Discharge Planning

Our goal is to have you ready to go home after your hospital stay. After all, that is where we would all like to be! However, there may be occasions when you need to have further rehabilitation. Planning for discharge is important. We will work with you and your family to develop a discharge plan that will help you make discharge arrangements before surgery.

Home Health Care

Most patients will need help beyond what family and friends can provide. Home health workers can bridge that gap. These include physical and occupational therapists, home health aides and nurses. Home health workers help you walk, regain strength and complete daily living tasks. They also monitor your condition and safety.

You are a candidate for returning home (with the help of home health) if you can:

- Get in and out of bed or a chair with minimal help
- Walk with a walker or cane
- Walk from your bedroom to your bathroom, and from your bedroom to your kitchen
- Safely navigate any stairs in your home

Discharge to a Skilled Nursing Facility or Rehabilitation Center

Some patients need more help than home health can provide. They may need skilled nursing care and/or rehabilitation. In a skilled nursing or rehabilitation center, you can continue your rehabilitation before returning home. Therapy helps you build strength and endurance, with a goal of returning home as soon as possible.

Talk with professionals in your orthopedic surgeon's office and ask them to identify a facility that's right for you. If a skilled nursing or rehabilitation center is needed, there are lots to choose from. Our social worker will discuss options with you.

Getting Ready for Surgery

Health Care Directives

A health care directive (also known as a living will) gives a person of your choice the power to act on your behalf during any medical emergency you may suffer. This document is used to ensure that your wishes are followed even if you are no longer able to communicate them yourself.

A health care directive goes into effect when:

- You are in a coma or near death
- You cannot communicate your wishes through speech, in writing or by gestures

If you don't yet have a living will, you may fill out the Health Care Directive Plan form on the following page.

Since the medical team must know of your medical directives in order to enforce them, **please bring a copy of your living will to the hospital with you.** It will become part of your records.

DESIGNATION OF HEALTH CARE SURROGATE

I, (NAME) _____, want to choose how I will be treated by my health care team.

INSTRUCTIONS FOR MY HEALTH CARE SURROGATE:

If I am unable to communicate or make my medical decisions, my health care surrogate (HCS) will:

- Talk to my health care team and have access to my medical information
- Authorize my treatment or have treatment stopped based on my choices and values
- Authorize transportation to another facility if needed
- Make decisions about organ/tissue donation based on my choices
- Apply for public benefits, such as Medicare/Medicaid, on my behalf
- Ensure my comfort and management of my pain
- Involve palliative care as a way to ensure my comfort
- Honor my written or oral wishes for end-of-life as designated in my living will

My health care surrogate’s authority only begins when my doctor decides that I am unable to make my own health care decisions, UNLESS I initial either or both of the following boxes:

- My health care surrogate can receive my health information immediately.
- My health care surrogate can make health care decisions immediately.

If I am able to make decisions and disagree with any choices made by my health care surrogate, MY choices will be honored.

I designate as my health care surrogate:


Name: _____
Address: _____
Phone: _____

If my health care surrogate is not willing, able or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:

Alternate surrogate:

Name: _____
Address: _____
Phone: _____
(signatures on next page)

Other instructions: _____

 <p>ADVANCE DIRECTIVE BC 2934A Page 1 of 2 Rev. 7/17</p>	<p>P A T I E N T</p>
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LIVING WILL

I understand that this living will becomes effective only when I am no longer able to communicate or I am not able to make my health care decisions **AND** when two physicians have determined that I have one of the following:

- A terminal or end-stage condition, and there is little or no chance of recovery
- A condition of permanent and irreversible unconsciousness, such as coma or vegetative state
- An irreversible and severe mental or physical illness that prevents me from communicating with others, recognizing my family and friends, or caring for myself in any way

[] INITIAL HERE IF YOU CHOOSE NOT TO COMPLETE THE LIVING WILL PORTION OF THIS FORM AT THIS TIME.

MY SPECIFIC CHOICES IF I HAVE ONE OF THE ABOVE CONDITIONS	PLEASE CIRCLE YOUR CHOICE	
Cardiopulmonary resuscitation (CPR) if my heart or breathing stops	Yes, I Want	No, I Do Not Want
A breathing machine if I am unable to breathe on my own	Yes, I Want	No, I Do Not Want
Nutrition and fluids through tubes in my veins, nose or stomach	Yes, I Want	No, I Do Not Want
Kidney dialysis, a pacemaker or defibrillator, or other such machines	Yes, I Want	No, I Do Not Want
Surgery or admission to a hospital Intensive Care Unit	Yes, I Want	No, I Do Not Want
Medications that can prolong my dying, such as antibiotics	Yes, I Want	No, I Do Not Want
Palliative care provided to relieve pain, symptoms and stresses	Yes, I Want	No, I Do Not Want
Hospice involved in my care at the earliest opportunity	Yes, I Want	No, I Do Not Want

Optional Information (such as quality of life, cultural, spiritual, religious or personal beliefs):

Make It Legal: (Your health care surrogate(s) cannot serve as a witness to this document. At least one witness must be someone other than your spouse or a blood relative.)

I fully understand the meaning of this form; I am emotionally and mentally competent to make decisions listed in this form and have given these decisions careful thought.

Your signature _____ Print name _____ Date _____

WITNESSED BY:

First witness signature _____ Print name _____ Date _____

First witness address _____ City _____ State _____ Zip _____

Second witness signature _____ Print name _____ Date _____

Second witness address _____ City _____ State _____ Zip _____

Caring for Yourself – Pre-Surgery Preparations

Preparing Your Home for Your Return

If You Live Alone

What to Pack

Bring to the Hospital

Bring to the Rehabilitation Center

The Day Before Your Surgery

The Morning of Your Surgery

Chapter Five: Caring for Yourself – Pre-Surgery Preparations

Caring for Yourself – Pre-Surgery Preparations

Preparing Your Home for Your Return

Homecoming should be a joyful experience for you. To make the transition from hospital or rehabilitation center to home as happy, and as safe, as possible, you may want to rearrange some of the items in your house. Consider the following:

- Move frequently used items in the kitchen, bathroom, bedroom and workshop to tabletops, or to any surfaces sitting roughly at waist level. The items you'll probably move include shoes, clothing, food, medications, toiletries and toilet paper.
- Move low tables away from your couch and your chairs
- Make sure there are clear pathways leading from your bedroom to your kitchen, and from your bedroom to your bathroom. Eliminate clutter around the house.
- Remove all throw rugs from your floors
- Are your stair railings secure? If not, fix them. If you're constructing a new railing on your stairs, make sure it extends a few inches past the end of the staircase.
- Install grab bars in your bathtub or shower. You may also want to place them by the toilet.
- Purchase a tub bench, if needed
- Apply adhesive slip strips to your tub or shower
- Consider using liquid soap (in a dispenser) rather than bar soap
- Place a phone in your primary sitting area, and near your bed. You'll find cordless phones or cell phones very convenient. If you are home alone, you should carry a cordless phone in your walker bag or fanny pack. In case of an emergency, you'll be able to call for help.
- Use a rolling kitchen cart to move heavy or hot items
- Select a chair that you will use when you come home. The best chair for those recovering from total joint replacement surgery will be firm, allow you to sit at least 18 inches above the floor and have arms. It should be short enough so that your feet sit flat on the floor, and should place your knees lower than your hips.
- Install nightlights in each room. Try to buy the type with sensors that automatically turn the lights on at sundown.

Caring for Yourself – Pre-Surgery Preparations

If You Live Alone

Those living alone will face special challenges after joint replacement surgery. To make your homecoming as easy as possible, you may want to complete the following tasks before checking into the hospital:

- Find someone to do your yard work and/or your laundry.
- Arrange to have your paper and mail delivered to your door rather than to your curb.
- Arrange for transportation to the grocery store, community events, your place of worship, family get-togethers, and to appointments with your physician and therapist.
- Find someone to help care for your pet.
- Prepare and freeze a few meals before your surgery.

What to Pack

Bringing a few items from home can make your stay in the hospital or rehabilitation center more comfortable. The majority of these items are available at the hospital, but you may bring your own if you choose.

Bring to the Hospital

- Nonskid closed-toe-to-heel slippers, sneakers or walking shoes
- A toothbrush, toothpaste, mouthwash or denture supplies
- A comb or hairbrush
- Shaving supplies and cosmetics

Please leave your jewelry and other valuables at home. After surgery, a hospital gown will be provided, but you may wish to wear shorts and shirts during your recovery. This helps you feel like you are returning to your normal life more quickly.

You will have access to free wireless internet in your hospital room. You are welcome to bring your electronic devices (for example, tablet or laptop) to the hospital. The hospital is not responsible for any lost or stolen items.

Caring for Yourself – Pre-Surgery Preparations

Bring to the Rehabilitation Center

- Loose-fitting slacks, sweatpants, shorts or house dresses
- Comfortable shirts or blouses
- Pajamas or nightgowns
- Socks
- Underwear
- A light jacket or sweater
- Books and magazines

The Day Before Your Surgery

- Do not eat solid foods after midnight the night before your surgery. Do not drink anything, not even water, after midnight. Please know that your surgery can be delayed if you don't follow these instructions.
- Report any changes in your physical condition to your physicians. A number of problems may require the postponement of your surgery. These include a sore throat, a cold, a fever, dental problems, difficulty urinating, and skin conditions such as rashes or abrasions.

The Morning of Your Surgery

If you have any questions about whether you are healthy enough to undergo surgery, please ask a member of your health care team.

- If you have been instructed to take medications in the morning, swallow them with only a small sip of water. Do not drink or eat anything else unless instructed by your doctor.
- Shower per instructions given to you in pre-admission testing (i.e. no lotions, powders or colognes).
- Leave yourself plenty of time to arrive at the hospital as directed.

Therapy Before and After Surgery

Surgery Strengthening Program

Exercises

Surgery Progress Chart

Total Hip Replacement Modifications

Surgery Mobility Exercises

Chapter Six: Therapy Before and After Surgery

Therapy Before and After Surgery

Surgery Strengthening Program

Because of your joint discomfort, you may have been living a less active life than you'd like. Having your hip or knee replaced will correct your joint problem, but it will not strengthen the muscles surrounding your joint. Strengthening your muscles is your responsibility.

When muscles aren't used, they grow weak and fail to support the body properly. You need a regular exercise program to strengthen your muscles, so that they in turn can support your new joint. Starting this exercise program before your surgery can make for a much easier recovery.

The following pages list several exercises you can perform before and after surgery. Because everyone responds to exercise differently, only you can judge how much exercise to complete each day. Prior to surgery, perform each exercise within your tolerance, but if it becomes too uncomfortable you can discontinue that specific exercise.

Try to exercise once or twice each day. Keep track of your progress on the chart provided later in this chapter. Begin several weeks before your surgery. You should start by performing five repetitions of each exercise. If you can, increase the number of repetitions by five each week until you can perform each exercise 20 times.

You can complete most exercises while lying down. Your bed is an excellent spot on which to perform these exercises.

Therapy Before and After Surgery

Exercises

Ankle Pumps and Circles (Hips/Knees)

(A) Lie on your back with a pillow supporting your head.

(B) Move your ankles, pointing your toes upward towards you, and then pointing them downward away from you. In addition, rotate your foot clockwise and counterclockwise, keeping your toes pointed toward the ceiling.



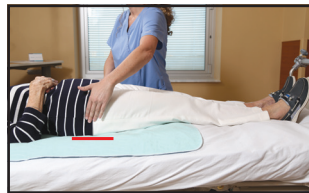
Thigh Squeezes (Hips/Knees)

(A) Lie on your back with a pillow supporting your head. (B) Tighten the muscles in the front of your thigh (the area indicated by the physical therapist's hands) by pushing the back of your knees down onto the bed. Hold for five seconds.



Buttocks Squeezes (Hips/Knees)

(A) Lie on your back with a pillow supporting your head. (B) Squeeze the muscles of your buttocks together. Tighten the muscles. Hold for five seconds.



Therapy Before and After Surgery

Heel Slides (Hips/Knees)

(A) Lie on your back with a pillow supporting your head.

(B) Bend your knee by sliding your heel up toward your buttocks, similar movement as if you were to remove your sock by sliding your heel against the bed. Keep your heel on the bed. Keep your kneecap pointed toward the ceiling throughout the exercise. Slide your heel back to the start position.



Lying Kicks (Hips/Knees)

(A) Lie on your back with a 3-pound coffee can or rolled blanket under your knee.

(B) Straighten your knee and raise your foot off the bed. Hold for five seconds. Slowly lower your foot back to the bed. The back of your knee should stay in contact with the can or blanket throughout the exercise.



Leg Slides (Hips)

(A) Lie flat on your bed with a pillow supporting your head. (B) Slide your leg out to the side, keeping your kneecap pointed toward the ceiling. Slide your leg back and return to the starting position.



Therapy Before and After Surgery

Straight Leg Raises (Knees)

(A) Lie on your back with a pillow supporting your head. Bend your nonsurgical leg and keep that foot flat on the bed. (B) Raise your surgical leg approximately 12", keeping your knee straight. Hold briefly. Lower your leg to the starting position. Progress to holding for five seconds.



Bed Mobility Exercise (Hips/Knees)

Please notify your therapist if you have a back issue as the technique may be modified.

(A) Lie flat on your back. (B) Rise up onto both elbows. (C) Straighten your arms out behind you and come to a sitting position. Lower yourself down onto your elbows again, then lie flat.



Sitting Kicks (Hips/Knees)

(A) Sit in a sturdy chair. (B) Lift your surgical leg and straighten your knee as much as possible. Hold for five seconds. Return to the starting position and relax.



Therapy Before and After Surgery

Chair Push-Up (Hips/Knees)

(A) Sit on a sturdy chair with arms. Make sure the chair does not have wheels and is high enough. Grasp the arms of the chair. (B) Push down on the arm rests of the chair, straightening your elbows so that you raise your buttocks off the seat. Lower yourself slowly back into the chair. If your arms are weak at first, use your legs to help raise your buttocks off the chair.



Hamstring Sets (Hips/Knees)

(A) Lie on your back with a pillow supporting your head. (B) Bend surgical leg at the knee to tolerance while keeping the heel on the bed. Tighten the muscle on the back of your thigh by digging your heel into the bed. Hold for five seconds.



Therapy Before and After Surgery

Surgery Progress Chart

Keep track of your exercise progress by checking off the exercises you've completed, and the days you've completed them. You may also want to record how many repetitions of each exercise you were able to complete.

Exercise	WEEK ONE							WEEK TWO							WEEK THREE							WEEK FOUR						
	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S
<input type="checkbox"/> Ankle Pumps/Circles																												
<input type="checkbox"/> Thigh Squeezes																												
<input type="checkbox"/> Buttocks Squeezes																												
<input type="checkbox"/> Heel Slides																												
<input type="checkbox"/> Lying Kicks																												
<input type="checkbox"/> Leg Slides																												
<input type="checkbox"/> Straight Leg Raises																												
<input type="checkbox"/> Bed Mobility Exercise																												
<input type="checkbox"/> Sitting Kicks																												
<input type="checkbox"/> Chair Push-up																												
<input type="checkbox"/> Hamstring Sets																												

Total Hip Replacement Modifications

Hip surgery patients may require special modifications **if ordered by your physician**. Your therapist will instruct you on safety recommendations related to your surgery. Following these restrictions will help you heal faster, and reduce the risk of your dislocating your new hip during recovery.



Do not cross your legs.



Do not sit in a low, soft chair or sofa, or on a stool.



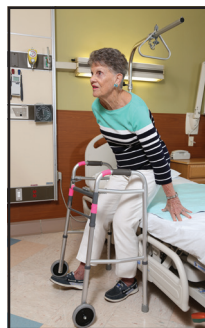
Do not bend past 90 degrees at the hip.

Surgery Mobility Exercises

Until your joint heals from surgery, you may need to learn how to move differently even when performing the most common tasks such as getting in and out of bed, or getting on and off a chair. Practice the following mobility techniques before surgery, so you'll know how to move after surgery.

Getting in Bed

- Back up against the bed until you feel it hit the back of your legs.
- Place your surgical leg forward.
- Reach for the bed surface, lowering yourself slowly to the edge.
- Scoot back on the bed until your knees feel supported.
- Gradually turn your body until you are straight in the bed.



Therapy Before and After Surgery

Getting Out of Bed

- Come to a sitting position in the bed.
- Push with your hands and slide your body across the bed until you are sitting at the edge.
- Place your surgical leg forward.
- Push off the bed and stand up.
- Do not reach for a walking device until your balance is secure.



Sitting On a Chair or Toilet

- To sit down, back up against the chair or toilet until you feel it hit the back of your legs.
- Place your surgical leg forward.
- Reach back with both hands and sit down.



Getting Off a Chair or Toilet

- Move toward the edge of the chair or toilet.
- Push off with your arms while leaning forward slightly.
- Do not reach for a walking device until your balance is secure.



Therapy Before and After Surgery

Sitting in an Armless Chair

We recommend chairs with armrests.

- To sit down, back up against the chair until you feel it hit the back of your legs.
- Place your surgical leg forward.
- Reach back for the seat of the chair with one or both of your arms, depending on the height of the chair, and sit down. (If the chair is high, reach back with both arms. If the chair is low, reach back with one arm.)



Getting Out of an Armless Chair

We recommend chairs with armrests.

- Place your surgical leg forward.
- Push up from the chair with both hands.
- Do not reach for a walking device until your balance is secure.



Getting in the Shower/Tub



For a time after surgery, you may need handrails or grab bars to help support yourself getting in and out of the shower. In addition, ask someone to stand nearby to provide assistance, if needed. Since everyone's tub and shower setup varies, it's a good idea to talk to your occupational therapist. He or she can give you some tips for your bathroom.

- Buy a tub bench. Have it placed in your bathtub or shower.
- Back up to the side of the bench, then place your surgical leg forward.

Therapy Before and After Surgery

- Reach back for the edge of the tub bench and sit down.
- Scoot back far enough in your seat then lift your legs one at a time into the tub.
If you can't use your own muscles to move your surgical leg, you can use a leg lifter to lift your leg into the tub.
- Slide your bottom further on to the tub bench so you are sitting in the center of the seat.

Getting Out of the Shower/Tub

- Slide your bottom towards the tub edge.
- Lift your legs one at a time out of the tub. If you can't use your own muscles to move your surgical leg, you can use a leg lifter to lift your leg out of the tub.
- Once your legs are over the tub ledge, scoot and turn forwards towards the edge of the bench.
- Push up from the bench with both hands, or use handrails to pull yourself up with the surgical leg forward.
- Do not reach for a walking device until your balance is secure.

For Walk-In Showers

- Your therapist may recommend practicing how to get in and out of a walk-in shower with the use of a shower chair.

How to Go Up and Down the Stairs

Your therapist will review the specifics of stair climbing with you but, in general:

- Remember to go up the steps leading with your good leg, then bring your surgical leg up to the same step. You can remember this technique with the phrase, "Up with the good."
- When going down the stairs, lead with your surgical leg, then bring your good leg down to the same step. The phrase, "Down with the bad" applies.



Therapy Before and After Surgery

Getting in a Car

We recommend sitting in the front passenger seat.

Placing a large plastic bag on the car seat will help you move more easily. Move the car seat back as far as possible. Tilt/recline the seat back. A high car will need a step stool. If you have a low car, you may need a seat cushion to raise the seat.

Anytime you're getting in or out of a car, ask the driver to park about 4' from the curb edge. Also ask him or her to avoid inclines. Then:

- Back up to your car seat with your assistive device. Place your surgical leg forward.
- Reach back and find a stable surface to hold onto with your hand—a dashboard, seatback or stable car door will do
- Slowly lower yourself onto the seat
- Scoot back into the car seat. Ask for help from a friend, or use a leg lifter to lift your surgical leg as you bring your legs into the car.



Getting Out of a Car

- Lift your right leg out of the car first. If the right leg is your surgical leg, ask for help, or use a leg lifter to lift your right leg out of the car.
- After both legs are out of the car, scoot to the edge of the seat as you turn your body towards the door, and place your feet on the ground (not on the curb or uneven surface). Place your surgical leg forward.
- Using the handholds discussed in “Getting In a Car,” push with your arms and use your legs to stand.
- Do not reach for your walking device until your balance is secure.

Surgery and Recovery

Chapter Seven: Surgery and Recovery

At the Hospital

Pre-Op Surgical Unit

Keeping You Safe

Holding Room

About Anesthesia

Operating Room

Recovery Room

Patient Unit

Managing Your Pain

Pain Management Feedback

Other Pain Management Treatments

Importance of Controlling Pain

Medication Side Effects

Patient Care Plan

Sample Daily Itinerary

A Word About Visitors

Discharge

Surgery and Recovery

At the Hospital

Being in the hospital is probably an unusual experience for you. Read this list of procedures to help acquaint yourself with the hospital routine.

Pre-Op Surgical Unit

- When you first arrive at the hospital, you will meet with a nurse. The nurse will ask for your name and birthdate. A white hospital band printed with a bar code will be placed around your wrist. If you are allergic to any medications or food, a red wristband will also be applied to your wrist with a list of your allergies.
- You will be admitted into the pre-surgery area and be asked to change into a hospital gown.
- Your vital signs (temperature, heart rate, blood pressure and respiration rate) will be assessed. You will also be asked to rate your pain on the pain scale.
- Your chart will be reviewed and any additional testing that needs to be done prior to surgery will take place.
- An intravenous line (I.V.) will be started here (or possibly in the holding room) to give you fluids.

Keeping You Safe

Keeping you safe is our top priority. We will regularly ask you to identify yourself by stating your name and birth date and comparing it to your identification armband. This ensures we provide the right treatment, tests and medications during your stay with us.

Your identification bracelet will contain a barcode. That barcode will be scanned prior to any medication administration.

One of our goals is to prevent the spread of infection to our patients. Your health care team will wash their hands with soap and water or use alcohol gel before and after each patient encounter. If you have concerns that your health care provider has not washed his or her hands, please speak up and ask them. Your physician will also order I.V. antibiotics before surgery and possibly following your surgery to help prevent surgical site infections.

We want to perform the right procedure, on the right patient, at the right site every time. We will ask you to be involved in the process by identifying your surgical site and confirming the site that your surgeon marks.



Surgery and Recovery

Holding Room

- Approximately one hour prior to surgery, you will be taken to the holding area and your family will be shown to the waiting area. You will be assigned a number, which will be given to your family. In the waiting room, we have a tracking board in which your family can track your number through the surgical process.
- You will receive antibiotics and fluids through your I.V.
- An anesthesiologist will meet with you and you may be given medication to help you relax.
- You will meet your surgical team and the surgeon will mark the correct surgical site.

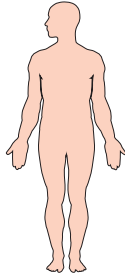
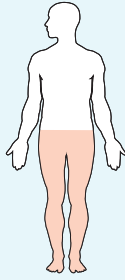
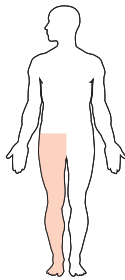
About Anesthesia

Anesthesia is a type of medication that causes you to lose sensation, therefore, you feel no pain after anesthesia is administered. This loss of sensation may or may not be accompanied by the loss of consciousness.

At the hospital, an anesthesiologist or certified registered nurse anesthetist takes responsibility for giving you anesthesia. The doctor or nurse will evaluate your medical status and talk with you to decide which type of anesthesia is best suited for your surgery.

The type of anesthesia used will depend on your medical and surgical condition, and on your overall health. General and regional are the types of anesthesia most often used for total joint replacement surgery.

Surgery and Recovery

Type	Definition	Advantages	Side Effects
<p>General Anesthesia</p> 	<p>General anesthesia acts primarily on the brain and nervous system. It not only eliminates sensations of pain during surgery, it also allows you to sleep during the procedure. General anesthesia is administered by injection or by inhaling it into your respiratory system.</p>	<p>Allows patients to sleep through extensive surgical procedures</p>	<p>Side effects include a sore throat, headache, hoarseness and nausea.</p>
<p>Regional Anesthesia (includes spinal/epidural anesthesia)</p> 	<p>Regional anesthesia involves the loss of sensation to a defined area of the body. Spinal/epidural anesthesia is a type of regional anesthesia. This type is given by injecting a local anesthetic into the lower part of your back, between your vertebrae. Other medicines, delivered through an I.V., usually leave you with little or no memory of the surgery.</p>	<p>Regional anesthesia is less intrusive to the body than general anesthesia. It tends to be easier on your heart and lungs than general anesthesia and also has a lower risk of infection.</p>	<p>Side effects include minor headaches lasting for a few days after surgery. You may also have some problems urinating. Rarely, patients will experience a headache that emerges when they stand up, and vanishes when they lie down. If this should happen to you, lie flat and call your doctor immediately.</p>
<p>Nerve Block</p> 	<p>The nerve block is a regional anesthetic technique. This type is given by injecting a local anesthetic into the operative leg. Once the nerve block is performed, the local anesthetic blocks transmission of signals that cause the sensation of pain. The block will last 24-48 hours.</p>	<p>It is a safe and effective way to provide excellent post-op pain control for your knee surgery. It also reduces the amount of narcotic pain medication that may be necessary to control pain. It can also lead to earlier ambulation and potentially an earlier discharge from the hospital.</p>	

Surgery and Recovery

Operating Room

- For total knee replacement patients, you will be administered a nerve block. This will numb the front of your knee and help with pain control after surgery.
- Surgery time varies. Your family will be updated while you are in surgery.
- After surgery, you will go to the recovery room.

Recovery Room (Post-Anesthesia Care Unit – PACU)

- Your nurse will assess you frequently including your dressing, vital signs and symptoms.
- Our goal is to decrease your pain. If you are having any pain, please let the nurse know and you can get pain medication.
- You will be in the recovery room for approximately two hours or until your room is ready. Once you are discharged from the recovery room, you will be taken to your patient unit. Your family will be notified of the room number.

Patient Unit

- Upon arrival to the floor, the nurse will assess you and monitor your progress throughout your stay.
- You will continue to have an I.V. and will be encouraged to drink fluids. The I.V. fluids will be discontinued when you are able to drink enough.
- You may have a catheter in your bladder, which is to monitor your urine.
- Sometimes a drain is placed in the wound after surgery to drain excess fluid. It will be removed when there is decreased drainage.
- You will also possibly have TED stockings on and/or sequential compression devices (SCDs). These help prevent blood clots. It is also important to get out of bed. Please call for assistance.
- Notify your nurse of any discomfort (rate on a scale of 0-10).
- Please ask the staff any questions you may have.

Surgery and Recovery

Managing Your Pain

All patients have the right to pain management. Treating pain is an important part of your care and recovery.

Only you can describe the type and degree of pain you experience after surgery. The pain caused by surgery may be severe at first, but it will ease as your body heals. Be sure to report any pain to your doctor or nurse.

As a patient, we expect that you will:

- Assist your health care professional in assessing your pain. Your nurses will ask you to “rate” your pain on the scale noted below in addition to assessing your level of sedation (sleepiness), vital signs, etc.
- Discuss pain relief options with your health care professional to develop a pain management plan.
- Ask for pain relief when pain first begins and before any activity that might cause you pain, such as physical therapy.
- Tell your health care professional about any worries you have about taking pain medications.

Measuring Your Pain

To help us measure your pain, we will ask you to rate it before and after a dose of pain medication. Rate your pain on the 0-10 point scale drawn below.

Standard Pain Scale

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild Pain		Moderate Pain		Severe Pain		Very Severe Pain		Worst Possible Pain
Nada de Dolor		Poco Dolor		Dolor Moderado		Mucho Dolor				Peor Dolor

Modified Wong-Baker Faces



0	2	4	6	8	10
Very happy, no hurt	Hurts just a little bit	Hurts a little more	Hurts even more	Hurts a whole lot	Hurts as much as you can imagine
Nada de Dolor	Poquito Dolor	Poquito Mas de Dolor	Mas Dolor Dolor	Mucho Dolor	Peor Dolor

Surgery and Recovery

Pain Management Feedback

People experience pain in different ways; therefore, it is important that you give members of your health care team feedback on how you rate your pain before and after being medicated. Important points to remember include:

- Our goal is to reduce your pain and make it manageable so you can effectively work with Physical and Occupational Therapy to regain some independence during your hospital stay.
- Be specific when describing the pain (throbbing, aching, shooting, cramping, etc.).
- You will not be totally pain-free after surgery and during the recovery period.

Pain Relief from Medication

Your doctor will choose a pain control to best suit your needs. Some patients will be given pain medication — pills, shots, I.V.s — as needed. Doctors will specify that other patients be given pain medication at certain times during the day.

Easing Your Pain

We want to work with you to lessen or relieve any pain you feel after your joint replacement surgery. Keeping pain under control will help you heal faster.

The keys to optimal pain control are:

- Taking pain medication as soon as the pain starts
- Taking pain medication **before** physical therapy
- Taking pain medication before you start doing anything that will cause pain. These activities include walking, dressing or sitting.

Other Pain Management Treatments – Nonmedication Measures to Treat Pain

While medications may help control some of your pain, there are other methods you will find helpful to assist in making you more relaxed and comfortable, including:

- **Ice:** Ice serves several purposes after surgery including reducing the swelling and helping to control pain. You may request an ice pack for icing near the surgical area, using it 20 minutes on and 20 minutes off.
- **Exercise:** To increase blood flow and prevent increased pain, swelling and blood clots, you will be encouraged to do simple exercises such as ankle pumps (move ankles up and down in circles in both directions). You will be walking with the physical therapy and nursing staff each day during your recovery, which will help decrease your pain. Remember to take slow, deep breaths as you change your position and get out of a bed or chair.

Surgery and Recovery

- **Progressive Relaxation:** Progressive relaxation involves tensing and relaxing each part of your body. Following progressive relaxation, imagine a pleasant or happy scene. Or, you can tune to our hospital channel on TV where you will find pleasant scenes and music to help with your relaxation exercise. As the mind is occupied by the scene, stress levels diminish as your muscles and mind relax. This has been proven to greatly reduce pain.
- **Music:** The use of medication is often accompanied with unwanted side effects. Research has proven that music can be used to decrease the pain response. While studies found that medication was number one for pain reduction, music came in a solid second. It was found that music reduces intensity of pain as well as the amount of medication needed in acute postsurgical pain. It is noninvasive, so give it a try. Please feel free to bring your favorite music with you and listen as you recover.
- **Pet Therapy:** Pet therapy has been shown to increase pain tolerance, reduce stress, lower blood pressure and bring a happy and relaxed feeling to those experiencing pain (see hospital pet visitation policy).
- **Distraction:** No, the pain is not in your head. However, YOU are still in control. Focusing on your pain alone may make the sensation seem more intense. Instead, try to focus on something else, like reading a book or watching television.

Importance of Controlling Pain

One of the myths about pain is that it should not be treated but experienced. However, pain offers no known benefits. If it is not treated, pain can affect many different areas of your body, such as the heart, stomach and lungs. Sometimes patients try to deal with pain after surgery by taking short breaths, or by holding back coughs to prevent hurting their incision sites. These actions can cause postoperative complications such as pneumonia. Also, undertreated pain may result in increased fear, anxiety or lack of sleep.

Remember: Pain prevention and control brings short- and long-term relief and healing benefits. Be sure to report any pain to your doctor or nurse.

At-Home Pain Control

Know your pain control plan.

- Before leaving the hospital, you will be given a prescription for pain medication. Have it filled. (If you are given a prescription by your doctor before surgery, have it filled before you come to the hospital.) Take as ordered.
- Follow directions carefully. Some pain medications cause nausea if not taken with food. If you suffer from nausea even when taking the medication as directed, call your doctor.
- If your pain doesn't go away after taking your medicine, or if it gets worse, call your doctor.
- When your pain lessens, you may switch to over-the-counter pain medication.
- Many prescription pain medications cause constipation. Increase your intake of water, fruits and vegetables to avoid this. (See Chapter 6 for more information on postsurgical nutrition.)

Surgery and Recovery

Medication Side Effects

The following chart contains information about the most common side effects of medication you may be taking during your hospital stay. If you have questions or concerns, please ask your nurse.

Reason for Medicine	Medicine Names: Generic (Brand)	Possible Side Effects
Pain Relief 	<ul style="list-style-type: none"> • Fentanyl (Actiq®, Duragesic®, Sublimaze®) • Hydrocodone/Acetaminophen (Lortab®, Norco®, Vicodin®) • Hydromorphone (Dilaudid®) • Morphine (Kadian®, MS Contin®, Oramorph SR®, Roxanol®) • Oxycodone (Oxycontin®, Roxicodone®) • Oxycodone/Acetaminophen (Percocet®, Roxicet®, Tylox®) • Tramadol (Ultram®) • Other: 	<ul style="list-style-type: none"> • Dizziness/drowsiness • Constipation • Queasiness/vomiting • Rash • Confusion
Queasiness or Vomiting 	<ul style="list-style-type: none"> • Metoclopramide (Reglan®) • Promethazine (Phenergan®) • Ondansetron (Zofran®) • Scopolamine patch (Transderm-Scop®) • Prochlorperazine (Compazine®) • Other: 	<ul style="list-style-type: none"> • Headache • Constipation • Tiredness/drowsiness
Heartburn or Reflux 	<ul style="list-style-type: none"> • Esomeprazole (Nexium®) • Famotidine (Pepcid®) • Lansoprazole (Prevacid®) • Omeprazole (Prilosec®) • Pantoprazole (Protonix®) • Ranitidine (Zantac®) • Other: 	<ul style="list-style-type: none"> • Headache • Diarrhea
Lowers Cholesterol 	<ul style="list-style-type: none"> • Atorvastatin (Lipitor®) • Lovastatin (Mevacor®) • Pravastatin (Pravachol®) • Rosuvastatin (Crestor®) • Simvastatin (Zocor®) • Other: 	<ul style="list-style-type: none"> • Upset stomach • Headache • Muscle pain (with muscle pain, tell nurse/physician right away)
Blood Thinner (to prevent or break down blood clots) 	<ul style="list-style-type: none"> • Enoxaparin (Lovenox®) • Dabigatran (Pradaxa®) • Fondaparinux (Arixtra®) • Heparin • Rivaroxaban (Xarelto®) • Warfarin (Coumadin®, Jantoven®) • Other: 	<ul style="list-style-type: none"> • Risk of bleeding
Stops Blood Clots from Forming 	<ul style="list-style-type: none"> • Aspirin • Clopidogrel (Plavix®) • Prasugrel (Effient®) • Ticagrelor (Brilinta®) • Other: 	<ul style="list-style-type: none"> • Upset stomach • Risk of bleeding
Heart Rhythm Problems 	<ul style="list-style-type: none"> • Amiodarone (Cordarone®, Pacerone®) • Digoxin (Digitek®, Lanoxin®) • Propafenone (Rythmol®) • Flecainide (Tambocor®) • Other: 	<ul style="list-style-type: none"> • Dizziness • Headache

Surgery and Recovery

<p>Lowers Blood Pressure and Heart Rate</p> 	<p><i>Calcium Channel Blockers</i></p> <ul style="list-style-type: none"> • Diltiazem (Cardizem CD®, Cartia XT®, Dilacor XT®, Tiazac®) <p><i>Beta Blockers</i></p> <ul style="list-style-type: none"> • Atenolol (Tenormin®) • Carvedilol (Coreg®) • Metoprolol (Lopressor®, Toprol XL®) • Other: 	<ul style="list-style-type: none"> • Headache • Dizziness/drowsiness
<p>Lowers Blood Pressure</p> 	<p><i>ACE Inhibitors/Angiotensin Receptor Blockers (ARB)</i></p> <ul style="list-style-type: none"> • Benazepril (Lotensin®) • Captopril (Capoten®) • Enalapril (Vasotec®) • Irbesartan (Avapro®) • Lisinopril (Prinivil®, Zestril®) • Olmesartan (Benicar®) • Ramipril (Altace®) • Quinapril (Accupril®) • Valsartan (Diovan®) • Other: 	<ul style="list-style-type: none"> • Dizziness • Cough
<p>Antibiotic for Bacterial Infections</p> 	<ul style="list-style-type: none"> • Amoxicillin/Clavulanate (Augmentin®) • Ertapenem (Invanz®) • Azithromycin (Zithromax®) • Levofloxacin (Levaquin®) • Cefazolin (Ancef®, Kefzol®) • Meropenem (Merrem®) • Ceftriaxone (Rocephin®) • Metronidazole (Flagyl®) • Cefuroxime (Ceftin®) • Piperacillin/Tazobactam (Zosyn®) • Ciprofloxacin (Cipro®) • Vancomycin (Vancocin®) • Clindamycin (Cleocin®) • Other: 	<ul style="list-style-type: none"> • Upset stomach • Diarrhea • Rash/flushing • Headache
<p>Helps with Inflammation</p> 	<ul style="list-style-type: none"> • Celecoxib (Celebrex®) • Dexamethasone (Decadron®) • Hydrocortisone (Cortef®, Hytone®, Solu-Cortef®) • Ibuprofen (Advil®, Motrin®) • Ketorolac (Toradol®) • Methylprednisolone (Depo-Medrol®, Medrol®, Solu-Medrol®) • Naproxen (Aleve®, Anaprox®, Naprosyn®) • Prednisone (Deltasone®) • Other: 	<ul style="list-style-type: none"> • Upset stomach • Sleeplessness
<p>Calms Nerves or Induces Sleep</p> 	<ul style="list-style-type: none"> • Alprazolam (Xanax®) • Oxazepam (Serax®) • Diazepam (Valium®) • Temazepam (Restoril®) • Lorazepam (Ativan®) • Zolpidem (Ambien®) • Midazolam (Versed®) • Other: 	<ul style="list-style-type: none"> • Dizziness/drowsiness • Headache • Confusion • Weakness
<p>Helps with Mood</p> 	<ul style="list-style-type: none"> • Bupropion (Wellbutrin®, Wellbutrin XL®) • Citalopram (Celexa®) • Desvenlafaxine (Pristiq®) • Duloxetine (Cymbalta®) • Escitalopram (Lexapro®) • Fluoxetine (Prozac®, Sarafem®) • Fluvoxamine (Luvox CR®) • Paroxetine (Paxil®) • Sertraline (Zoloft®) • Venlafaxine (Effexor®) • Other: 	<ul style="list-style-type: none"> • Drowsiness • Headache • Upset stomach

Surgery and Recovery

Patient Care Plan

The chart below lists some of the activities you should perform for optimal health and pain management in the days following your surgery. Please note that your individual care plan may vary from what is listed here.

Day of Surgery	Remainder of Stay
<p>Vital Signs (Blood Pressure, Heart Rate, Temperature) every four hours</p> <p>I.V. fluids will continue until you are tolerating oral intake.</p> <ul style="list-style-type: none"> ■ Finish antibiotics from surgery <p>Tubes/Drains</p> <ul style="list-style-type: none"> ■ Urinary catheter – stays in place to monitor urine output ■ Drain – may be placed near incision site; drain will be removed when you have decreased output <p>Therapy/Activity</p> <ul style="list-style-type: none"> ■ Stand at bedside and take a few steps with physical therapy ■ Reposition in bed <p>Diet</p> <ul style="list-style-type: none"> ■ Small sips of water and ice chips (immediately after surgery) ■ Clear liquids ■ Advance diet as tolerated <p>Pain Control</p> <ul style="list-style-type: none"> ■ Use pain scale to rate pain ■ Pain medication may be administered through either I.V. or oral form ■ Apply ice (20 minutes on, off for an hour) <p>DVT Prevention (as ordered by doctor)</p> <ul style="list-style-type: none"> ■ Sequential Compression Devices ■ TED Stockings (white elastic socks) 	<p>I.V. fluids will be discontinued on day one or day two</p> <p>Tubes/Drains</p> <ul style="list-style-type: none"> ■ Urinary catheter – will be removed either day one or day two ■ Drain – will be removed when you have decreased output <p>Therapy/Activity</p> <ul style="list-style-type: none"> ■ First visit – transfers, exercises and walking ■ Subsequent visits – transfers, exercises, increase walking distance, stairs (if you have stairs at home) ■ Sit up in chair for meals ■ Goals to be met prior to discharge: <ul style="list-style-type: none"> – Walk 100-150’ with assistive device – Get in and out of bed with little or no assistance – Perform at least the number of stairs you have to get into your house <p>Diet</p> <ul style="list-style-type: none"> ■ Diet as ordered by your physician (as long as you have no nausea/vomiting) <p>Pain Control</p> <ul style="list-style-type: none"> ■ Use pain scale to rate pain ■ Pain medication may be administered either through I.V. or oral form ■ Apply ice (on 20 times off for an hour) <p>DVT Prevention (as ordered by doctor)</p> <ul style="list-style-type: none"> ■ Sequential Compression Devices ■ TED Stockings (white elastic socks) <p>Discharge Planning</p> <ul style="list-style-type: none"> ■ Home Health or Rehab – will see you on day after surgery after your initial therapy session ■ Durable medical equipment (walker, bedside commode, etc.) – may be ordered and delivered to hospital room

Surgery and Recovery



A Word About Visitors

The first few days after your surgery, you'll spend much time learning how to use your new joint. Your health care team will balance this activity with your need for rest. The hospital is often the best place to get the rest you need to regain your strength. For this reason, we ask that you please verify the visiting hours on the orthopedic unit, and ask that your visitors respect them.

Discharge

- Please arrange for transportation prior to discharge. You will not be allowed to drive until you discuss it with your doctor on your first preoperative visit.
- On discharge day, your surgeon generally will see you in the morning and put orders in the computer for discharge. The surgeon will have you do your morning physical therapy session and the nurse will start completing your paperwork for discharge. Normal discharge time from the hospital is between 12-1pm. Specific arrangements for discharge can be made with your nurse on the day of discharge.
- The nurse will provide you with educational material for home care. Please ask questions at this time.

Nutrition

What You Need to Know About Nutrition

Nutrients to Help You Heal

Nutrition Supplements and Other Medications

Nutrition



Nutrition

Nutrition During Hospitalization

Soon after surgery, you will be given small sips of water and a few ice chips. Once you can tolerate clear fluids without nausea and/or vomiting, you can begin to eat. A team member will discuss with you how to order your meals. Once you are allowed to eat solid foods, you may order anything from the menu that fits into your dietary plan ordered by your doctor. We encourage family members to bring in your favorite foods if nothing sounds good on the menu. It is important to eat foods high in protein and carbohydrates to promote the healing process.

Preventing Constipation

Prior to surgery, during your hospitalization and postoperatively, you will be prone to constipation. The first way to prevent constipation is to eat a high fiber diet and drink at least six 8 oz. glasses of water each day. Walking is an important part of your recovery and will also help you avoid constipation. During hospitalization, you will be given stool softeners daily. Again, it is important to continue your fluid intake to help the stool softeners work effectively. We also advise that you continue to take stool softeners following your discharge (you can buy these over the counter) until you are weaned off the narcotics.

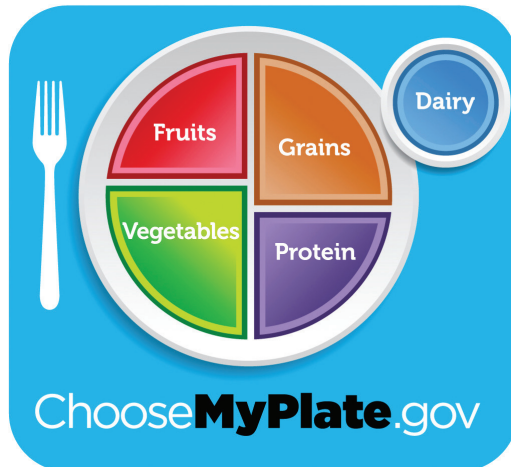
Nutrition After Hospitalization

After you leave the hospital, your diet will continue to be one of the most important factors in the healing process.

Nutrition

What You Need to Know About Nutrition

“MyPlate” is based on the 2010 Dietary Guidelines for Americans to help consumers make better food choices.



MyPlate illustrates the five food groups that are the building blocks for a healthy diet, using a familiar image — a place setting for a meal. Before you eat, think about what goes on your plate or in your cup or bowl. Here is just a snapshot of how you can eat healthy.

- Make half your plate fruits and vegetables.
- Fruits: Any fruit (fresh, canned, frozen or dried) or 100 percent fruit juice counts.
- Vegetables: Vary your veggies.
- Grains: Make at least half your grains whole grains.
- Protein: Choose lean protein and keep it lean as you prepare it.
- Dairy: Get your calcium-rich foods.

Nutrients to Help You Heal

Nutrients can be found in many sources and can contribute to speeding your recovery, including:

Protein

Meat, poultry, seafood, eggs, dairy products and peanut butter

Zinc

Seafood, meat and poultry (best source), whole-grain cereals and breads, dairy products

Fluids

Water, juice and gelatin

Nutrition

Calcium

For your bone health and general well-being, plan on getting a minimum of 1,200 to 1,500mg of calcium every day. The best food sources include:

- Milk — whole, reduced-fat or nonfat
- Yogurt
- Hard cheese or cottage cheese
- Salmon, mackerel or sardines (canned with bones)
- Broccoli
- Greens — collard, turnip, mustard, spinach and kale
- Calcium-fortified foods — read the labels

Tips:

- Drinking too many soft drinks may keep your body from using the calcium found in foods.
- You can meet your day's requirement for calcium by consuming three 8-ounce glasses of milk, 1 ounce of reduced-fat cheese and one serving of leafy green vegetables.

Iron

Red meats, egg yolk, chicken, turkey

Vitamin A

Dark green leafy vegetables, deep orange and yellow vegetables and fruits (such as spinach, winter squash, carrots, sweet potatoes, melons, peaches, pumpkins and apricots), milk and dairy products, liver, egg yolk

Vitamin C

Citrus fruits and juices, broccoli, green pepper, spinach, Brussels sprouts, cabbage, strawberries, tomatoes, potatoes, cantaloup

Nutrition

Nutrition Supplements and Other Medications

Preventing Excessive Bleeding

There are medications and herbal supplements that you need to **AVOID** for at least one week prior to surgery and after surgery, until your surgeon approves their use. These medications/supplements may cause excessive bleeding prior to surgery and may interact with the blood thinner you are prescribed after surgery.

Medications (classified as non-steroidal, anti-inflammatory drugs) to avoid include:

- Advil®
- Aleve®
- Anacin®
- Aspirin®
- Feldene®
- Daypro®
- Ibuprofen
- Indocin®
- Mobic®
- Motrin®
- Naprosyn®
- Voltaren®
- Certain cold medicines

Check with your pharmacist if you have any questions about whether or not a medication includes nonsteroidal, anti-inflammatory drugs and follow any directions from your surgeon about medications to avoid.

Also, avoid all herbal supplements one week prior to surgery, including green tea, fish oil, Omega-3 supplements, etc.



Back at Home

Going-Home Instructions After Surgery

When to Notify Your Physician

Discharge Equipment

Discharge Checklist

Where to Find Equipment

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Chapter Nine: Back at Home

Back at Home

Going-Home Instructions After Surgery

Dressings

Gauze Dressings: Leave in place, a home health care professional will assist you with your dressing changes.

Silverlon Dressing: Leave dressing in place for five days, home care nurse will remove on the fifth day and you can leave the incision open to air.

Do not apply any lotions, creams or ointments to the incision site.

Bathing/Showering

Gauze Dressings: Shower as instructed by your physician.

Silverlon Dressing: You may get dressing wet (no tub baths, hot tubs or swimming). Pat dressing dry after shower.

Be careful not to slip. Use a rubber mat in the shower or bathtub. You may need a shower chair or tub transfer bench for a while until your balance and standing tolerance improve.

Rest Periods

During the day, plan several times to lie down to rest. At first, you may need two to three rest periods each day. As you recover, you will require less rest periods and your activity tolerance will increase.

Activity Restrictions

Generally a walker is necessary for a short period of time after leaving the hospital. Your physical therapist will gradually progress you from a walker to a cane. Limit activities that require balance (for example, vacuuming or reaching into high cupboards or shelves) until you are able to walk without a cane. Do not drive until your surgeon says you may do so. You must have good control over your operative leg and be off narcotic pain medication before you will be allowed to drive.

Lifting, Bending and Carrying

For a time after your surgery, you will have to treat your body very gently. Consider the following when reaching for or carrying items, and when bending:

- Avoid bending down to reach low cupboards. Use an assisting device such as a reacher whenever possible. (You'll find more information on a reacher in Chapter 9.)
- Avoid carrying anything in your hands while using a walker or crutches. Use a walker bag, clothing pockets, a fanny pack or backpack to store personal items.
- Avoid far reaches
- Try using a rolling kitchen cart to carry heavy or hot items

Back at Home

Pain

It is common to have some mild to moderate discomfort at home, especially after increased or prolonged activity. You will go home with pain medication. If pain is not relieved by rest and pain medications, notify your surgeon. Pain medications may cause constipation. To prevent constipation, we suggest you take an over the counter stool softener, such as Senokot or Colace.

Swelling

You may notice increased swelling in your leg or foot after you have been sitting or standing for long periods. Try to avoid this by staying active and planning rest periods. Call your doctor if this continues to be a problem.

Do not sit for prolonged periods of time. Get up after 45-60 minutes and move around. Elevate your legs above your heart twice a day for 30 minutes. Apply ice to incision four times a day for 30 minutes at a time. Always have a towel/cloth between the ice pack and your incision. The best times to ice are after your therapy session or after performing exercises provided by the therapist.

Home Care

The home care agency you have chosen will call you by noon the day after you are discharged from the hospital to inform you when they will be out to your house. A nurse may visit you one to two times a week to assist you with medications and dressing changes. A physical therapist will come to your home three times a week to review exercises and encourage ambulation.

Dental Protocol

After your joint replacement surgery, every time you see the dentist you will be required to take an antibiotic one hour prior to your appointment. Speak with your surgeon regarding the length of time an antibiotic will be required prior to your dental appointments.

Sexual Relations

After surgery, sexual relations can be resumed when you have healed and feel more comfortable, usually around four to six weeks. Discuss resuming sexual relations with your surgeon at your postoperative follow-up appointment.

Return Appointments

You may be given a return appointment to see your surgeon when you go home. If you have any questions or problems before your return appointment, call your surgeon's office.

Please notify your surgeon if you have any questions or concerns.



Back at Home

When to Notify Your Physician

Notify your physician if:

- Your involved leg is cool to the touch, a dusky color, grows numb or tingles
- You develop a temperature of 101 degrees or higher, and start experiencing chills
- Your incision starts draining or grows swollen, warm, red and painful
- Your incision bleeds a bright red
- You have discomfort that is not relieved by prescribed medicine, rest or cold therapy
- You develop burning or urgency when urinating, or if your urine has a foul odor
- You develop constipation that is not relieved with the use of laxatives.

If you develop pain in your chest or shortness of breath, call 911.

This is a medical emergency.

Back at Home

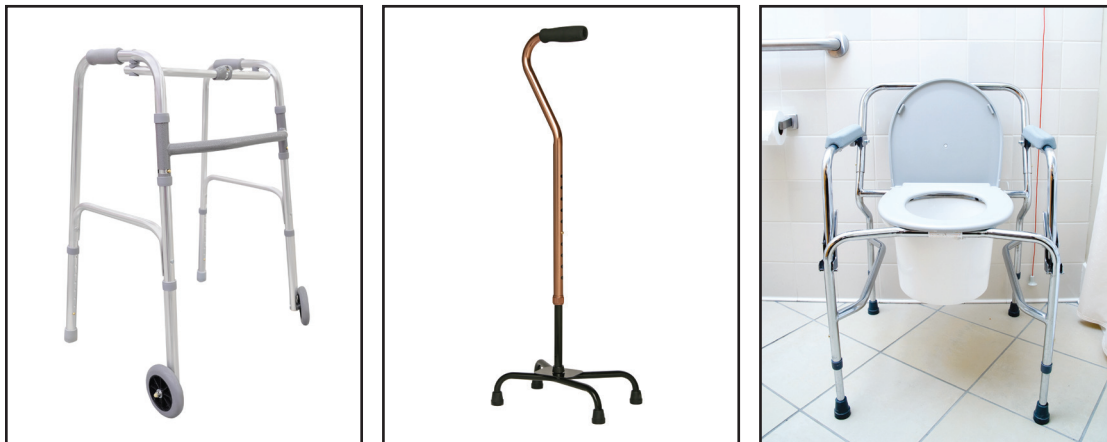
Discharge Equipment

To ensure a safe recovery, you will need to use some special equipment. This chapter describes the items you may need.

At the very least, following your joint replacement surgery you must have:

- A Walking Aid: This can be a walker or a cane
- A Commode: This is a raised toilet seat set in an enclosed aluminum stand. It can be used in any room, or placed over your bathroom toilet. It gives you the extra lift patients need after surgery. Remember, you don't want to sit on anything low — be it a sofa or a toilet.

Insurance may cover the purchase of a walking aid and commode. You will probably have to pay for other items out of pocket. Read “Where to Find Equipment” for ideas on where these items can be purchased or rented. Check with your insurance company to identify coverage of equipment.



Discharge Checklist

Equipment Delivered

___ Walker ___ Bedside Commode ___ CPM (knee patients only, if ordered by your physician)

___ Hip Kit/Reacher (if needed)

___ Medications

___ Home Care/Rehab Arranged

Back at Home

Your occupational therapist may recommend the following adaptive equipment for safety and ease during self-care tasks.



A hand-held showerhead lets you control the spray of water. Use it while sitting on your tub bench or shower chair.



Elastic laces let you slip in and out of your shoes easily while keeping them tied.



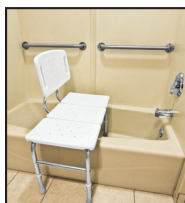
A long-handled shoe horn helps you guide your foot into the shoe.



A sock aid will help you put on socks without bending.



A long-handled sponge can be used to wash your feet, eliminating your need to bend.



Grab bars installed in the bathtub and shower will help you stay safe while climbing in and out.



A reacher will enable you to access items stored above or below waist level.



A dressing stick can be helpful to dress the lower body, eliminating the need to bend.

Back at Home

Where to Find Equipment

The following is a list of places where you can purchase or lease the equipment you will need after surgery.

- Call local drugstores to see what selections of health equipment they carry.
- BayCare HomeCare is a regional corporation selling health care items. They will deliver these goods to your home. Call (800) 940-5151.

BayCare Pharmacy

When it's time to leave the hospital, most people think about getting home. The last thing they want to do is wait at a pharmacy for prescriptions to be filled. Now you can have your prescriptions filled at the BayCare Pharmacy and get the personalized care you deserve. BayCare Pharmacy services include:

- Walk-in service
- Inpatient bedside delivery
- Home care infusion pharmacy services

Ask your nurse for additional information about BayCare Pharmacy services.

Important Phone Numbers

Visit TampaBayOrtho.org for all your joint replacement health information needs.

Service or Department	Phone Number	When to Call
Main Department	Mease Countryside Hospital: (727) 725-6202 Mease Dunedin Hospital: (727) 734-6445 Morton Plant North Bay Hospital: (727) 843-4580	If you haven't heard from admissions the day before your surgery by 8pm
Hospital Information	Mease Countryside Hospital: (727) 725-6111 Mease Dunedin Hospital: (727) 733-1111 Morton Plant North Bay Hospital: (727) 842-8468	To get directions to the hospital or ask general questions
Pre-Admission Nurse	Mease Countryside Hospital: (727) 725-6273 Mease Dunedin Hospital: (727) 734-6994 Morton Plant North Bay Hospital: (727) 841-4675	As needed
Preoperative Registration	Mease Countryside Hospital: (727) 725-6930 Mease Dunedin Hospital: (727) 734-6345 Morton Plant North Bay Hospital: (727) 815-7322	As needed

Back at Home

My Medical Questions

Use this page to jot down questions to ask your doctor, nurse, physical therapist or any member of your medical team.

Notes

A Final Note

The total joint replacement program wants to ease your pain, and to help you regain your independence. Following the instructions in this manual will help ensure that you heal as fully as possible, as quickly as possible. If you have any questions about the material appearing here, please make sure to consult your doctor or nurse. He or she will be happy to talk with you.



Mease Countryside Hospital
Mease Dunedin Hospital
Morton Plant North Bay Hospital



MPM 051016-2 18-538493-0918

BayCare.org