

Total Hip and Knee Replacement



St. Anthony's 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 care team. 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 (727) 253-4126. To review class information: SAHJointClass.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.

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 Techs

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.

Case Management Team

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.

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



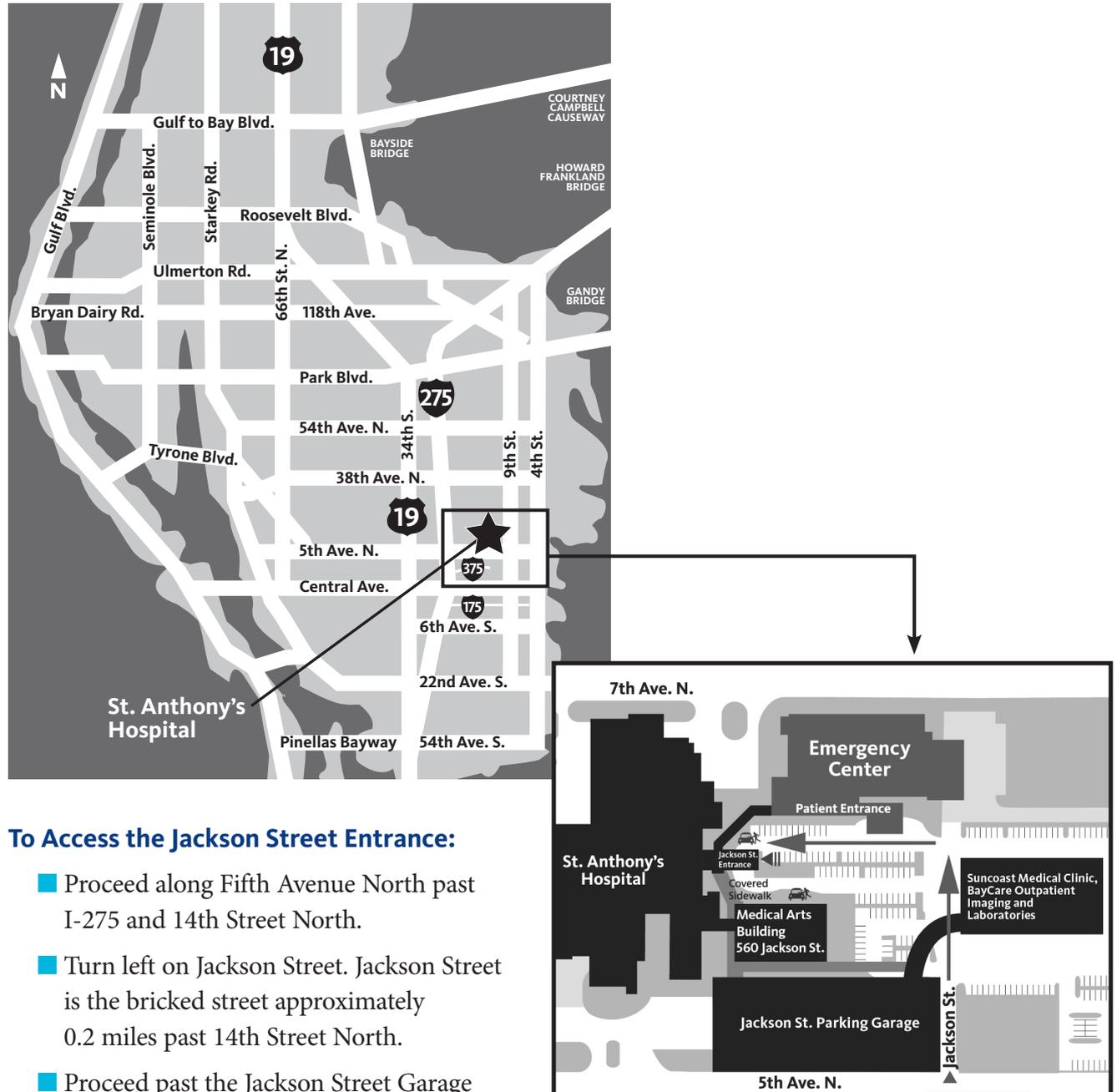
To promote a healthy lifestyle, BayCare hospitals are tobacco-free campuses and there are no designated smoking areas. Studies have shown that smoking negatively impacts bone health. If you or a loved one smoke, you might want to consider stopping prior to your surgery. If you need a nicotine patch for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



To Access the Jackson Street Entrance:

- Proceed along Fifth Avenue North past I-275 and 14th Street North.
- Turn left on Jackson Street. Jackson Street is the bricked street approximately 0.2 miles past 14th Street North.
- Proceed past the Jackson Street Garage and drive under the covered walkway.
- Turn left at the stop sign prior to the Emergency Center.
- Proceed past the Emergency Center; the Jackson Street entrance will be directly in front of you.

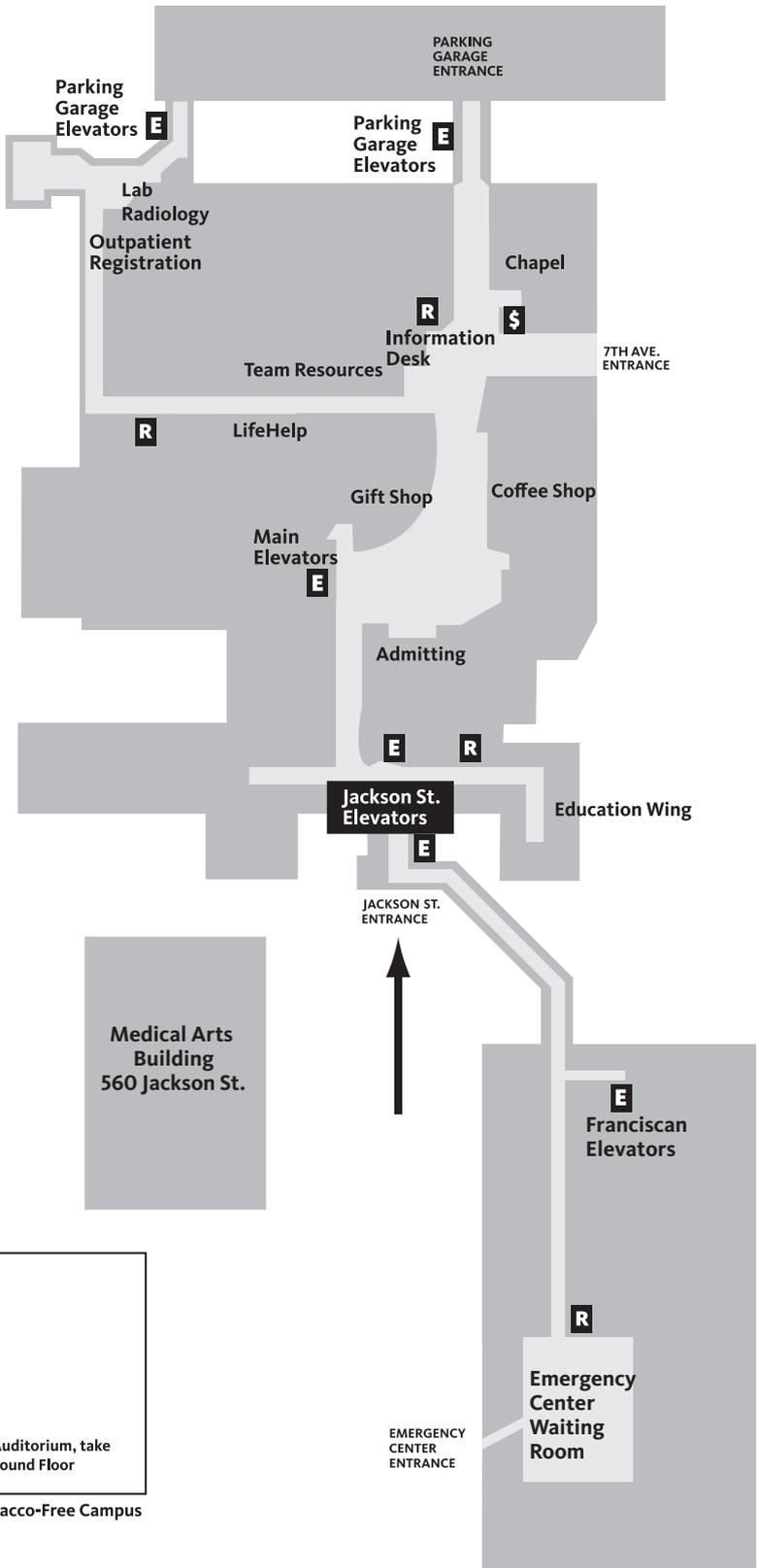
General Information

St. Anthony's Hospital First Floor Map

Access to Professional Office Building and Cancer Center
1201 Fifth Ave. N.

When arriving for surgery, check in at the Surgery Waiting Room and Registration area, located on the second floor of the hospital. This area is accessed via the Jackson Street entrance.

Enter through the two sets of automatic doors at the Jackson Street entrance. Take the elevator to the Surgery Waiting Room on Level 2. The Surgery Waiting Room and Registration area is located directly across from the elevators.



KEY

- E** Elevators
- R** Restrooms
- \$** ATM

* For Cafeteria and Auditorium, take Main Elevators to Ground Floor

St. Anthony's is a Tobacco-Free Campus

Meet Your Hip

The Normal Hip

The Problem Hip

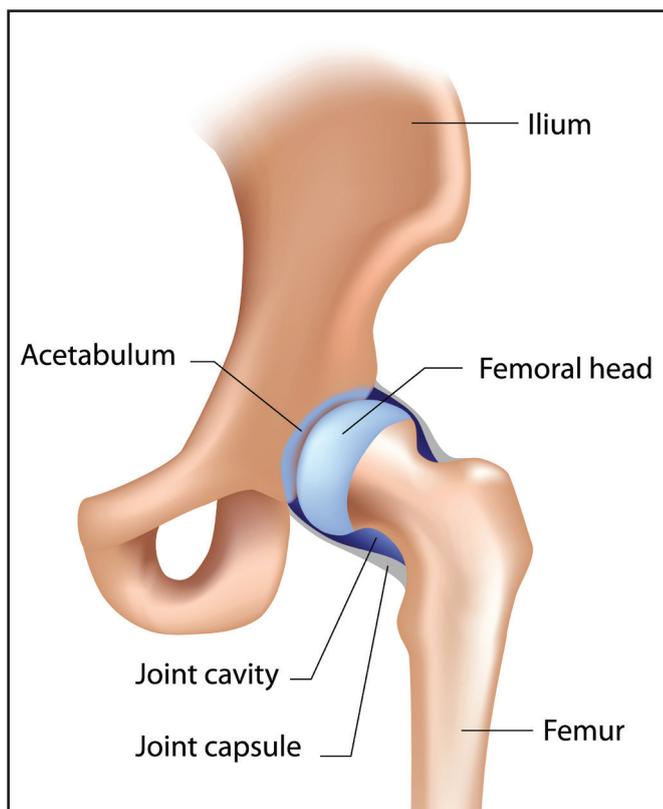
The New Hip

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.

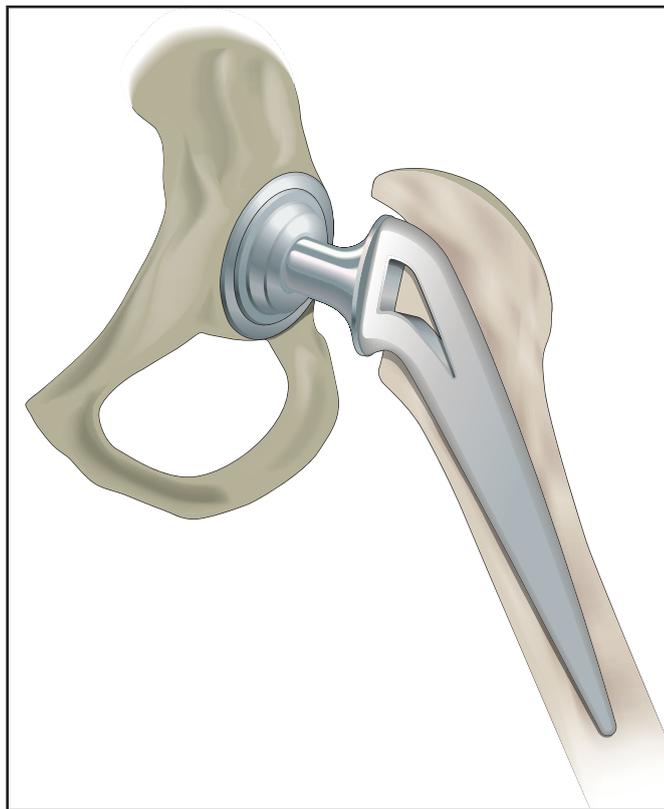


Meet Your Hip

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

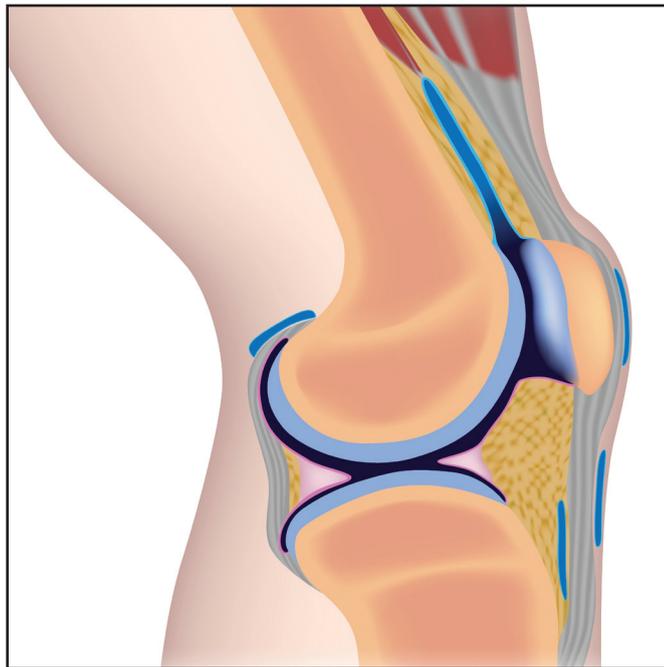
Chapter Three: Meet Your Knee

Meet Your Knee

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.

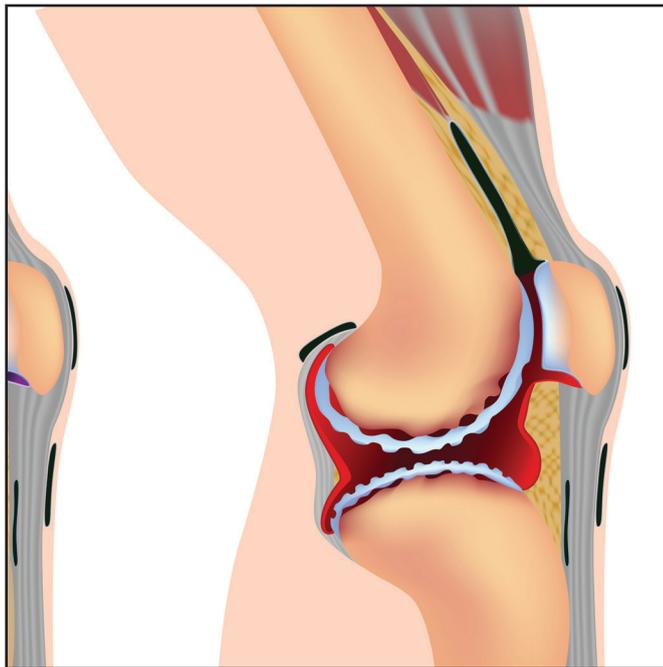


Meet Your Knee

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.



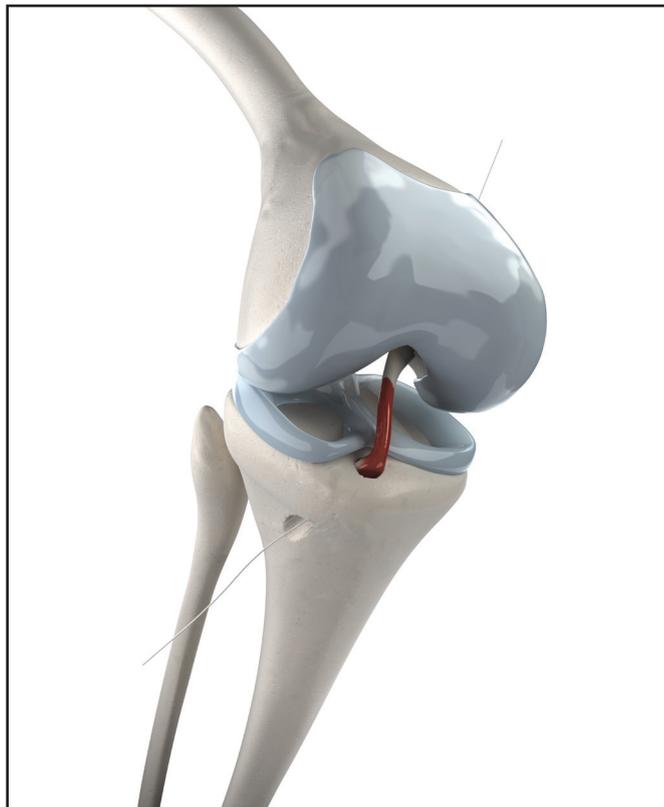
Meet Your Knee

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 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. Talk to your physician about when to safely resume these medications/supplements.

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 by helping 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 around your home
- 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.

Getting Ready for Surgery

In order to ensure a smooth transition from the hospital to your nursing facility or rehabilitation center, complete the following tasks **before** checking into our hospital.

1. Call your insurance company for a list of skilled nursing facilities that are covered by your insurance.
2. Talk with professionals in your orthopedic surgeon's office about preferred partnerships with certain skilled nursing facilities.
3. If possible, visit each of these facilities before your surgery.
4. Identify three skilled nursing facilities with which you feel comfortable, and which can provide the services needed.

When you arrive at St. Anthony's, give your social worker a list of the facilities you have contacted. Use the form below:

Facility name	Facility phone
1. _____	_____
2. _____	_____
3. _____	_____

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

INFORMATION

I, _____ designate as my health care surrogate under S. 765.202, Florida

Statutes:

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:

Name: _____

Address: _____

Phone: _____

INSTRUCTIONS FOR MY HEALTH CARE SURROGATE

In the event that I am unable or unwilling to communicate or I am incapable of making my decisions about receiving, withholding or withdrawing medical procedures or other treatments, I designate my health care surrogate (HCS) to make choices for me according to his/her understanding of my choices and values. My health care surrogate may:

- Talk to my health care providers and have access to my medical information
- Authorize my treatment or have it withdrawn based on my choices
- Authorize transportation to another facility
- Make decisions regarding organ/tissue donation based on my choices
- Apply for public benefits, such as Medicare/Medicaid, on my behalf

Other instructions and restrictions:

While I have decision-making capacity, my wishes are controlling and my doctor and health care providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation. To the extent that I am capable of understanding, my health care surrogate shall keep me reasonably informed of all decisions that he or she has made on my behalf, and matters concerning me. This health care surrogate designation is not affected by my subsequent incapacity except as provided in Chapter 765, Florida Statutes. Pursuant to section 765.104, Florida Statutes, I understand that I may, at any time while I retain my capacity, revoke or amend this designation by:

(Continued on next page)

 <p>DESIGNATION OF HEALTH CARE SURROGATE BC 2934 Page 1 of 2 Rev. 11/16</p>	<p>P A T I E N T</p>
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1. Signing a written and dated form which expresses my intent to change or revoke this designation
2. Physically destroying this designation through my own action or by that of another person in my presence and under my direction
3. Verbally expressing my intention to change or revoke this designation
4. Signing a new designation that is different from what is listed in this form

My health care surrogate's authority becomes effective when my doctor determines that I am unable to make my own health care decisions unless I initial either or both of the following boxes:

- If I initial this box [_____] my health care surrogate's authority to receive my health information takes effect immediately.
- If I initial this box [_____] my health care surrogate's authority to make health care decisions for me takes effect immediately.

Pursuant to section 765.204(3), Florida Statute, any instructions of health care decisions I make, either verbally or in writing, while I possess capacity, shall take place of any instructions or health care decisions made by my surrogate that are in conflict with those made by me.

Make It Legal

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 consideration.

Signature Date

Print name

***Witness 1:**

Signature Print name Date

Address Phone Alternate phone

***Witness 2:**

Signature Print name Date

Address Phone Alternate phone

*The person designated as surrogate shall not act as witness to the execution of the document designating the health care surrogate. At least one witness must be someone other than your spouse or a blood relative. **For more information:**

BayCare.org

<p>DESIGNATION OF HEALTH CARE SURROGATE BC 2934 Page 2 of 2 Rev. 11/16</p>	<p>P A T I E N T</p>
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LIVING WILL

I understand that this living will only becomes effective when I am no longer able to communicate or when I am not capable of making my health care decisions.

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, then I want my doctors and others to provide comfort (palliative) care including relief of all physical pain, suffocation and mental anguish.

If I develop one of the above conditions, my treatment choices are:

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
I want hospice involved in my care at the earliest opportunity	Yes I Want	No I Do Not Want

 <p>LIVING WILL BC 2934</p>	<p>P A T I E N T</p>
Page 1 of 2	Rev. 11/16

If a medical decision has to be made for me, and my decision is not indicated above, I want my health care surrogate to make and communicate these decisions for me.

Other Information (optional):

Quality of life is important to me. These are the things that give my life quality:

Make It Legal

I fully understand the meaning of this declaration; I am emotionally and mentally competent to make this declaration, and have given this declaration careful consideration.

Signature

Date

Print name

***Witness 1:**

Signature

Print name

Date

Address

Phone

Alternate phone

***Witness 2:**

Signature

Print name

Date

Address

Phone

Alternate phone

*Your health care surrogate(s) cannot serve as a witness to this living will.
At least one witness must be someone other than your spouse or a blood relative.

For more information: BayCare.org

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

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.
- 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.
- 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.

Bring to the Hospital

- Nonskid closed-toe-to-heel, sneakers or walking shoes
- Denture supplies
- Favorite/special toiletry items
- 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

Please leave your jewelry and other valuables at home. After surgery, a hospital gown will be provided, but you may wish to wear loose-fitting, comfortable clothing 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

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.
- Shower with the antibacterial soap per instructions given to you at your pre-op appointment or total joint class.

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 with the antibacterial soap per instructions given to you at your pre-op appointment or total joint class.
- Leave yourself plenty of time to arrive at the hospital as directed.
- Enter through the Jackson Street hospital entrance. Complimentary valet parking is available.

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.



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.



Bed Mobility Exercise (Hips/Knees)

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

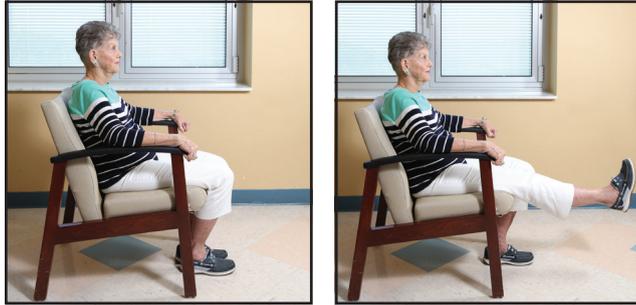
(A) Lie flat on your back. (B) Rise up onto both elbows. (C) Straighten your arms out behind you and come to a sitting position. Lower yourself down onto your elbows again, then lie flat.



Therapy Before and After Surgery

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.



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.



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																												

Therapy Before and After Surgery

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.)



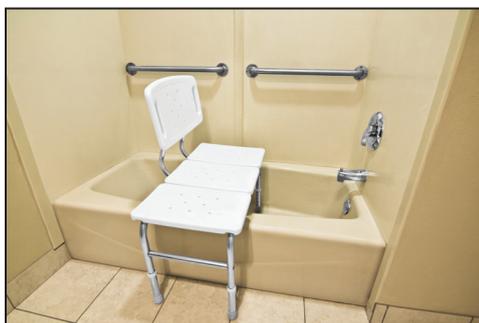
Getting Out of an Armless Chair

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.

- Buying a tub bench is an option. 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

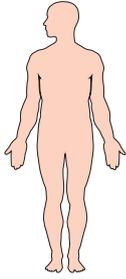
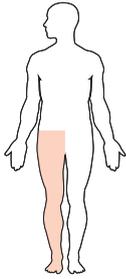


About Anesthesia

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
General Anesthesia 	<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>
Regional Anesthesia (includes spinal/epidural anesthesia) 	<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>
Nerve Block 	<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 may 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 may receive your first physical therapy session in the PACU. 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.

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.

Surgery and Recovery

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

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 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:

- Staying ahead of the pain, even at night
- Taking pain medication **before** physical therapy and occupational therapy
- Taking pain medication before you start doing anything that will cause pain. These activities include walking, dressing or sitting.

Surgery and Recovery

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.
- **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.
- **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.
- **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. Please let your nurse know if you are interested. We will do our best to accommodate your request.
- **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.
- **Healing Touch:** This is a gentle, energy-based approach to health and healing that complements conventional medical therapies. Its goal is to restore harmony and balance to the human energy system using contact/noncontact touch. Some positive effects include the reduction of pain, anxiety and nausea. A profound sense of relaxation is often experienced during and following a treatment. Your Healing Touch session will be provided by a specially trained volunteer. Each session takes approximately 15-20 minutes and is free of charge. Please tell your nurse if you would like a complimentary Healing Touch treatment during your hospital stay. Session times vary. We will do our best to accommodate your request.

Surgery and Recovery

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

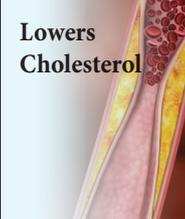
Know your pain control plan.

- 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 improve 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 8 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"> Prochlorperazine (Compazine®) 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®) 	<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> 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®) 	<ul style="list-style-type: none"> 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 is a guide of what to expect each day during your recovery. Please note that your individual care plan may vary from what is listed here.

Day of Surgery

Therapy/Activity

- A physical therapist will complete an evaluation.
- With assistance you will get out of bed, walk a short distance and sit up in a chair.

DVT Prevention (as ordered by doctor)

- Sequential Compression Devices while in bed
- Ankle pumps every hour
- TED stockings (white elastic socks) if ordered

Breathing Exercises (as ordered by doctor)

- Incentive spirometer 10 times/hour
- Coughing and deep breathing

Pain Control

- Use pain scale to rate pain
- Pain medication as needed
- Apply ice or use ice machine

Tubes/Drains (if placed)

- Urinary catheter
- Surgical drain

Diet

- Small sips of water/ice chips
- Advance diet as tolerated

Discharge Planning

- Begins on arrival to unit

Remainder of Stay

Therapy/Activity

- Physical and occupational therapy as ordered
- Increase walking distance
- Work on transfers, exercises and stairs (if you have stairs at home)
- Sit up in a chair for meals
- Goals to be met prior to discharge:
 - Walk with an 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

DVT Prevention (as ordered by doctor)

- Sequential Compression Devices while in bed
- Ankle pumps every hour
- TED stockings (white elastic socks) if ordered

Breathing Exercises (as ordered by doctor)

- Incentive spirometer 10times/hour
- Coughing and deep breathing

Pain Control

- Use pain scale to rate pain
- Pain medication as needed
- Apply ice or use ice machine

Tubes/Drains

- Urinary catheter – will be removed either day one or day two
- Surgical drain – will be removed when you have decreased output

Diet

- Diet as ordered by your physician
- Constipation prevention with medications and diet

Discharge Planning

- Further develop discharge plans with the interdisciplinary team
- Durable medical equipment (walker, bedside commode, etc.) and new medications may be ordered and delivered

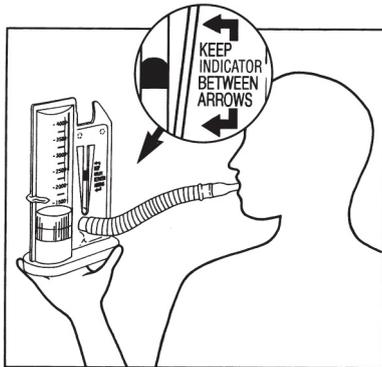
Surgery and Recovery

A Word About Visitors

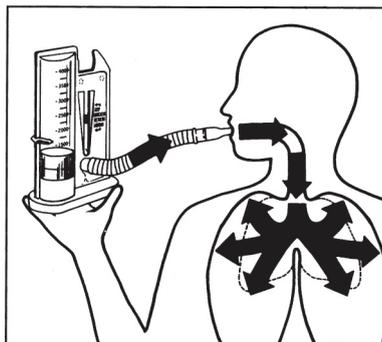
The first few days after your surgery, you'll spend much time learning how to use your new joint. Your health care team will balance this activity with your need for rest. The hospital is often the best place to get the rest you need to regain your strength. For this reason, we ask that you please verify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

Postoperative Respiratory Exercises

An incentive spirometer is a device that assists in lung expansion. Expanded lungs are healthier lungs. Taking slow, deep breaths and coughing periodically will help keep your lungs clear. Use the incentive spirometer 10 times every hour while awake. If you feel lightheaded or dizzy, you may be overdoing it. Stop and rest. Resume deep breathing when you feel better.



Exhale completely, then close your lips tightly around the mouthpiece. Inhale slowly and deeply, keeping the small, blue ball between the two arrows.



When you can't inhale anymore, hold your breath for six seconds. Then exhale slowly.

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 and laxatives as needed following your discharge (you can buy these over the counter) until you are weaned off the narcotics.

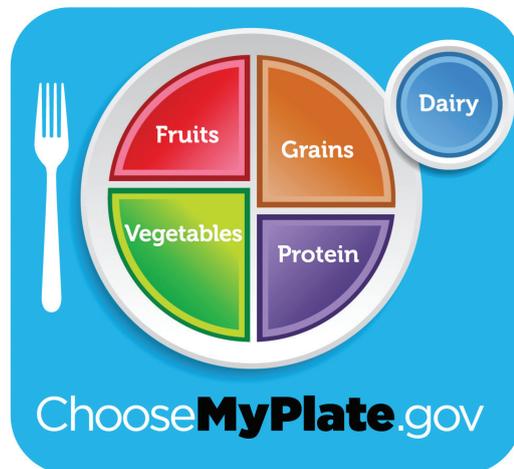
Nutrition After Hospitalization

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





Back at Home

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Discharge Equipment

Discharge Checklist

Where to Find Equipment

BayCare Pharmacy

Important Phone Numbers

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A Final Note



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.

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 physical therapist will come to your home to review exercises and encourage ambulation. A nurse may visit you to assist you with medications and dressing changes.

Dental Protocol

After your joint replacement surgery, every time you see the dentist you will be required to take an antibiotic 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

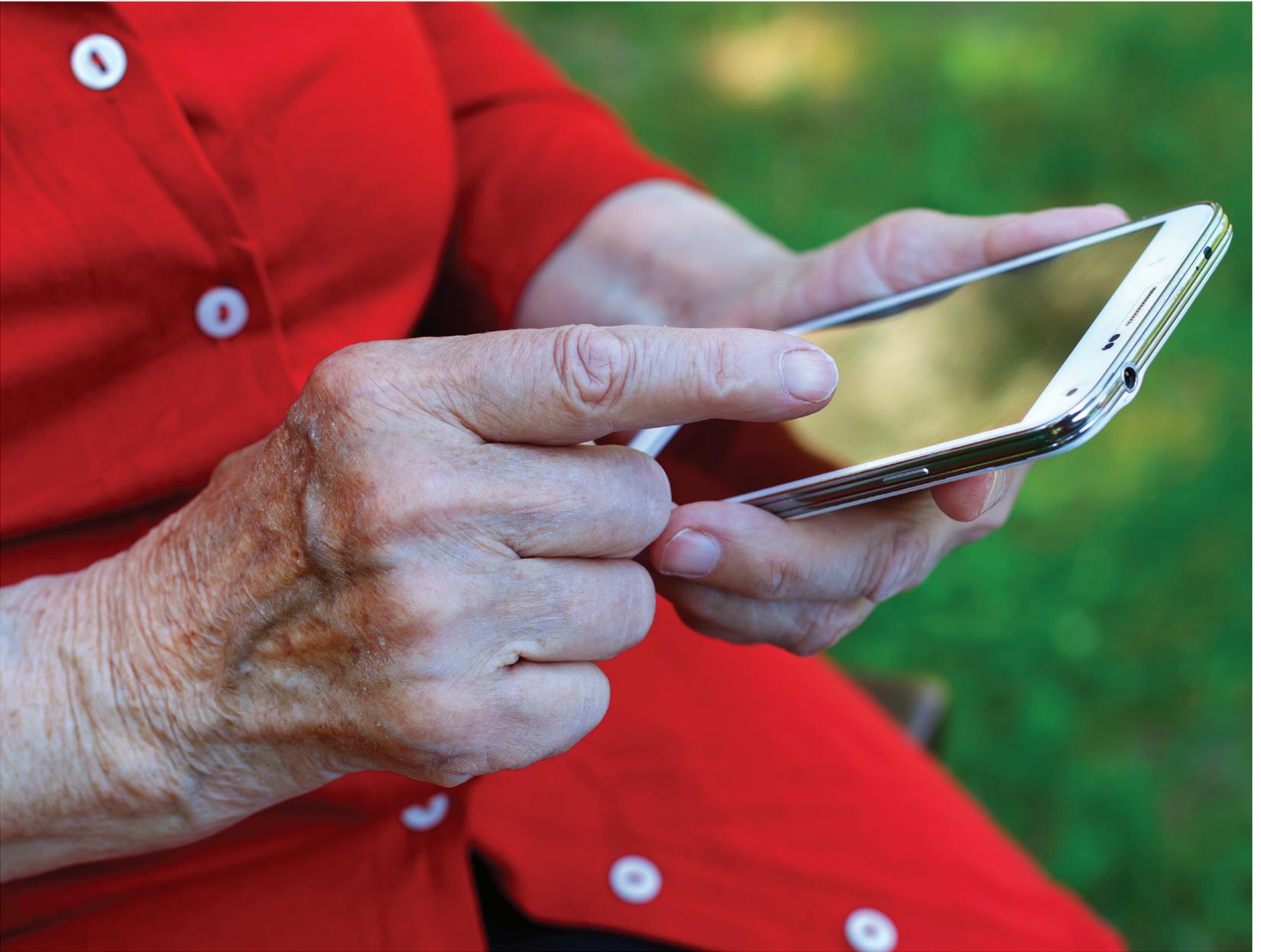
After surgery, sexual relations can be resumed when you have healed and feel more comfortable, usually around four to six weeks. Discuss resuming sexual relations with your surgeon at your postoperative follow-up appointment.

Return Appointments

You will need to make a return appointment to see your surgeon when you go home. **Please contact your surgeon's office if you have any questions or concerns.**



Back at Home



When to Notify Your Physician

Notify your physician if you have any of the following:

- Increased pain not relieved by pain medication
- Severe lower leg pain
- Sudden swelling of the legs
- Temperature greater than 101.5
- Increased bleeding or discolored drainage

**If you develop pain in your chest or shortness of breath, call 911.
This is a medical emergency.**

Back at Home

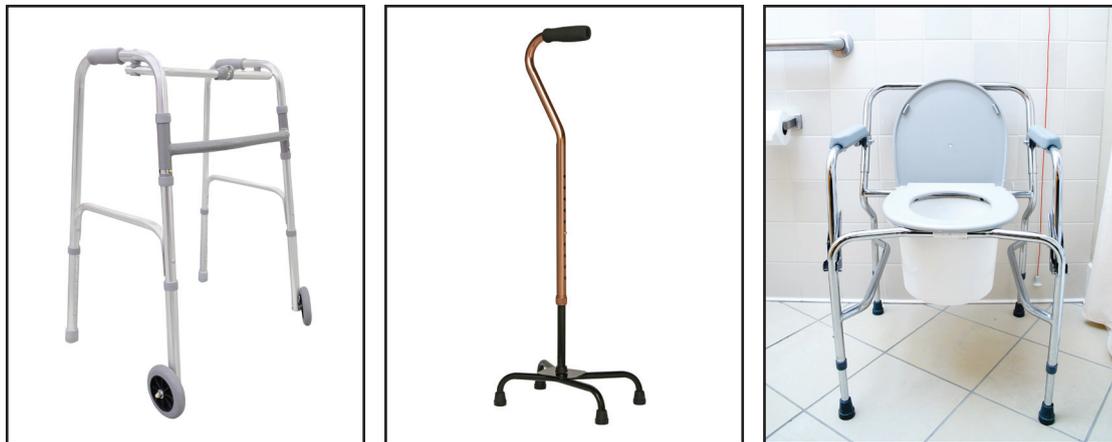
Discharge Equipment

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

Following your joint replacement surgery you may 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.



*Not all patients will receive a commode

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.



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.
- Thrift stores often carry gently used equipment.

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 delivered to your room to take home at no additional cost.

Ask your nurse for additional information about BayCare Pharmacy services.

Important Phone Numbers

On the Internet

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

Service or Department	Phone Number	When to Call
Hospital Information	(727) 825-1100	To get directions to the hospital or ask general questions
Orthopedic Nurse Navigator	(727) 502-4270	For guidance before, during and after your total joint replacement
Preoperative Registration	(727) 502-4103	To schedule mandatory preoperative testing and total joint replacement class
Pre-Admission Nurse	(727) 820-7767	Questions related to preoperative testing or surgical check in

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.

St. Anthony's Hospital
1200 Seventh Ave. N.
St. Petersburg, FL 33705



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