

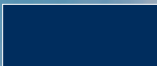
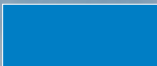






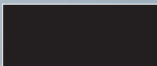


JOINT REPLACEMENT GUIDEBOOK

PLEASE BRING THIS BOOK WITH YOU TO:

Every Office Visit • All Physical Therapy Sessions
Hospital Pre-Op Education Class • Hospital Admission

CONTENT

	GENERAL INFORMATION	P. 04
	BEFORE SURGERY	P. 06
	COMMUNITY RESOURCES	P. 12
	DAY OF SURGERY	P. 14
	AFTER SURGERY	P. 16
	AT HOME	P. 19
	POST-SURGERY PRECAUTIONS	P. 28
	PRE/POST-OPERATIVE EXERCISES	P. 30
	FREQUENTLY ASKED QUESTIONS	P. 33

Appointments

Pre-Operative Home Appointment: _____

Post-Operative Appointment: _____

First Physical Therapy Appointment: _____

Goals of The Joint Replacement Club

- Improve the quality of patient care
- Increase patient satisfaction
- Improve outcomes
- Increase patient knowledge of events to come
- Reduce the length of hospital stay
- Prevent infections

Purpose of the Guidebook

We believe that the best results come from prepared patients. We developed this guidebook to provide you and your caregivers with a tool to record and monitor your progress throughout the entire surgical process.

It also helps you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

REMEMBER: This is just a guide. Your orthopedic team may add to this or change some of the recommendations for the best outcome for you. Always use their recommendations. Ask questions if you are unsure of any information.

Patient Instructions:

- Read through the entire manual.
- Focus on the sections related to pre-operative preparation:
 - Exercises
 - Home preparation
 - Anesthesia choices
 - The “To-Do List”
- Keep your guidebook as a reference for at least the first year after your surgery.

THE JOINT REPLACEMENT CLUB

Cape Fear Valley Medical Center's award-winning Joint Replacement Club was honored in November 2010 with The Joint Commission's Gold Seal of Approval for quality in the areas of total knee replacement surgery and total hip replacement surgery, and has maintained those certifications since. Hoke Hospital has maintained Joint Commission Disease-Specific Certification for both hip and knee replacement surgeries since 2019.

The Joint Replacement Club is a carefully thought out and rigorous program designed to assist joint replacement patients before, during and after surgery. Patients stay in the Joint Replacement Club on the inpatient unit for 1-3 days after surgery.

YOUR ORTHOPEDIC TEAM

Orthopedic Surgeon

The orthopedic surgeon is a specially trained doctor who will perform your joint replacement surgery.

Physician Assistant (PA) and Nurse Practitioner (NP)

Help the surgeon care for you in the hospital and the office.

Hospitalists

A doctor who specializes in hospital care and may help you with your needs during your time in the hospital.

Nurse (RN or LPN)

RNs and LPNs will provide most of your care in the hospital. They are specially trained nurses responsible for your care.

Physical Therapist (PT)

A PT will evaluate you after surgery and provide training for you and your support person after surgery. Your PT will teach you safe transfer techniques and teach exercises to help you rebuild your strength and motion after surgery.

Occupational Therapist (OT)

An OT may assist you in learning daily tasks such as bathing and dressing with your new joint. They may also teach you to use special equipment if needed for your at-home recovery.

Coordination of Care Nurse (COC) / Medical Social Worker (MSW)

A COC nurse or MSW will assist you with any post-discharge needs you may have.

Certified Nursing Assistants/Partners in Caring

These team members assist the nursing staff with your daily care.

Back on her feet

Finding relief with a hip replacement

Susan Groveunder injured her hip after a fall that eventually required a hip replacement. She struggled with worsening pain, which made everyday tasks increasingly difficult.

Her surgery was a success, and she began walking just a few hours afterward, with the help of physical therapy.

But, she said, as a patient, she couldn't leave her recovery completely up to the professionals.

Recovery at home was challenging at first, but as the days passed, she felt a little stronger and moved with a little more ease.

By the second week, she was shooing her helpful husband away.

Seven weeks after the surgery, she returned to her job. She emphasized the importance of continuing physical therapy at home for the best recovery outcome.

"You have to keep up with your physical therapy," she said, "doing the exercises at home and everything. If you don't, it's just not going to be as successful."

Groveunder got stronger and more mobile and she's glad her hip replacement made it possible to enjoy life without pain.

BEFORE SURGERY

PRE-OPERATIVE “TO-DO” LIST

Contact your insurance company

Before surgery, your insurance carrier will be contacted to inquire whether authorization, pre-certification, second opinion or a referral form are required. If you do not have insurance, a financial counselor will contact you. You may want to contact your insurance company to confirm authorization.

Your co-payment will be collected when you arrive for your pre-surgical testing appointment.

Bring the following to your pre-surgical testing appointment

- Your insurance cards
- Advance Directives and Living Will if you have one
- Photo ID
- Medication list and/or medication bottles
- The names of any specialists that you see for care *(for example your cardiologist or pulmonologist)*

What to expect during your pre-surgical testing visit

- Expect your appointment to last about 2-3 hours.
- A nurse will review your medications and medical history.
- You will receive your preoperative instructions.
- Testing such as blood tests, EKG, and/or X-Rays may be required based on your medical history *(you do not need to be fasting for these tests)*.
- The nurse will have you sign a release to obtain your records from your healthcare providers as needed.

Medical clearance

Your surgeon's office will schedule you for medical clearance with your primary care doctor and/or specialist if needed. Please be sure to inform your surgeon if you see a cardiologist so that an appointment for cardiac clearance can be arranged. This appointment is very important and must not be cancelled.

Please remember to check with the medical clearance physician for special instructions on medications that you take routinely, such as heart medications, insulin, blood thinners, steroids, autoimmune medications, etc.

Pre-surgical skin cleansing procedure

Instructions will be given to you at your pre-surgical testing appointment on the pre-surgical cleansing routine that will need to be completed before your surgery.



Smoking cessation

It is recommended that you stop smoking. Smoking slows down the healing process by keeping oxygen from circulating to your joint. It also shrinks blood vessels and decreases the amount of oxygen in your blood. Smoking can also increase blood pressure, heart rate and clotting, which can cause heart problems.

Alcohol and drug consumption

Talk to your doctor if you regularly consume alcohol/and or recreational drugs. Do not drink any alcoholic beverages 24 hours before your operation. Alcohol may increase the effect of the medicines you are given. If you see a pain management physician, please discuss this with your surgeon.

Pre-operative education

Take time and watch the video found on our website that covers information important to your journey. You can scan the code to the left with a smartphone or tablet or type the following in your web browser
capefearvalley.com/ortho/hipreplacement.aspx.



Pre-operative exercises (refer to page 28)

Many patients with arthritis favour their sore joints and become weaker. This can affect their recovery after surgery. It is important to be as fit as possible BEFORE total joint replacement. This will make your recovery much faster.

Please refer to the exercise tab for exercises that you can start doing now and continue until your surgery. You should be able to complete them in about 15-20 minutes and it is recommended that you do all of them twice a day. Leg exercises should be done on both legs. Consider this a minimum amount of exercise prior to your surgery.

Keep in mind that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing chair push-ups because you will be using your arms to help you walk, get in and out of bed, and in and out of a chair.

Preparing your home for your return

- Put things that you use a lot on a shelf or surface that is easy to reach.
- Check railings to make sure they are not loose.
- Do laundry before leaving for surgery and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single-serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Store throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstacles from walkways.
- Put night lights in bathrooms, bedrooms, and hallways.
- Consider putting grab bars in the shower/bathtub. Put adhesive slip strips in the bottom of the tub.
- Obtain walker, shower chair, and raised toilet seat.
- If your pet stays in your home, take special care that it does not make you trip or lose your balance.





PLANNING FOR YOUR DISCHARGE

Therapy will be a big part of your recovery after your joint replacement surgery. Most of you will have your outpatient physical therapy appointment already scheduled prior to your surgery along with your post-operative appointment.

If you are going directly home after surgery, it will be important to make plans for your support person to stay with you at home for at least the first week. This time period may vary depending on how your recovery progresses.

Please talk with your family and friends about your discharge plans. Your safety is VERY important to us, and we want you to have the best outcome possible from your joint replacement surgery.

Your doctor and physical therapist will recommend the best option for you after surgery. If you have questions or concerns about your discharge plan please discuss them with your surgeon prior to surgery.

GOING HOME

Outpatient physical therapy

Your first appointment will be scheduled and will be listed on your Hospital After-Visit Summary/Discharge Instructions. A family member or friend must drive you.

Home health physical therapy

This option may be available for patients that need physical therapy in your home.

DISCHARGE TO REHAB

Based on Doctor/Physical Therapy evaluation, if it is felt you are not safe to return home a “rehab consult” may be requested to determine if you are a candidate for rehab.

Acute rehab (inpatient)

Cape Fear Valley Rehabilitation Center consists of 3 hours of therapy per day with an expected stay of 1-2 weeks. If accepted, the rehab center will contact your insurance company to try to obtain authorization. You must also meet criteria for rehab, this will be based on your progress with PT and OT. You must have prior authorization from insurance before you can be approved.

Sub-acute rehab

Sub-Acute Rehab consists of approximately 1 hour of therapy per day. There are several facilities in the Fayetteville/Raeford area. Not all facilities are in-network with all insurance companies and your case manager will work towards assisting you to find a facility that has bed availability that is in-network. You may also call your insurance company to find in-network facilities.

Write down your FIRST plan for leaving the hospital

Write down your SECOND plan for leaving the hospital



YOUR SURGERY AND ANESTHESIA

The night before surgery

- Eat a light supper.
- Do not eat or drink anything after midnight including coffee, candy or chewing gum.
- Remove all fingernail and toenail polish.
- Do not drink any alcoholic beverages 24 hours before your operation. Alcohol may increase the effect of the medications you are given.
- If you smoke, it is recommended that you avoid smoking 24 hours before surgery.
- Pack an overnight bag with clothing and any toiletries you may need.
- Call your surgeon if you develop a fever, rash or cold prior to surgery.

The morning of surgery

- Leave all jewelry, money and other valuables at home.
- Shower and wash your hair. Then complete your final pre-surgical scrub. Do not wear make-up, perfume, powders, lotions, deodorant or false eyelashes. Do not wear a wig or hairpiece.
- If you have long hair, put it in a braid or secure it in a rubber band or cloth ponytail holder. Hair pins, hair clasps and hair combs must be removed.
- If you wear dentures, a partial plate, contact lenses or other prosthesis, you will be asked to remove them just before going to surgery. Bring your storage container and solution for contact lenses, as well as your glasses.
- Brush your teeth the morning of surgery but do not swallow any water.
- **Bring the following items with you:**
 - This guidebook
 - A copy of your advance directives (*if you have one*)
 - Comfortable clothes to wear after surgery (*T-shirt, shorts, flat shoes or tennis shoes*)
 - Your walker labeled with your name
 - CPAP machine (*if you use one at night*)
 - Your overnight bag

Medication guidelines for the morning of surgery

- If you are diabetic, do not take your insulin or any diabetic medication on the morning of surgery. However, if you have an insulin pump, please leave the pump attached and running at your basal rate unless instructed otherwise by your surgeon. If your blood sugar is low on the morning of surgery please contact the surgical unit for further instructions.
- If you take a Beta Blocker medication, it is important that you continue taking this medication prior to surgery. Please take your Beta Blocker Medication on the morning of surgery if this is your routine schedule.
- Use inhalers and asthma medicine the morning of surgery and bring your inhalers with you.
- Please follow the instructions on the next page regarding medications to take on the morning of surgery.

Medication the morning of surgery

Comments

Stop blood thinners on this date: _____

More preparation for your surgery

- Stop medications that increase bleeding. Stop taking all anti-inflammatory medicine such as aspirin, ibuprofen, naproxen, vitamin E, etc. These medications may cause more bleeding. If you are taking a blood thinner, you will need special instructions from your doctor for stopping this medication.
- Stop taking herbal supplements as they can interfere with other medicines. If you are taking herbal medicine, ask your doctor when you should stop taking these medications before surgery.



COMMUNITY RESOURCES

The following list is to help patients and families know what equipment can be useful for dressing, bathing, using the toilet and tub, and keeping active at home. Some may be more helpful than others, depending on your level of function. Please ask your Occupational Therapist about what equipment you may need.

Dressing

- Reacher
- Elastic shoelace
- Sock aid
- Dressing stick
- Long-handled shoe horn

Bathing/Toileting


- Shower chair
- Transfer tub bench
- Long-handled bath sponge
- Bedside commode
- Raised toilet seat
- Handheld shower hose
- Grab bars
- Safety rails for toilet


Home Management

- Rolling cart
- Reacher
- Mug with lid
- Cordless phone
- Remote controls



You can purchase these items locally or by mail order. Listed below are some of the stores and medical supply companies within the area. Medical supplies can also be found at CVS, Rite-Aid, Walgreens, Lowe's and Home Depot. For out-of-pocket purchases, these items can also be purchased online from Walmart, Target or Amazon. Prices and styles vary, so please research and shop around to make the right choice for you.

Legend:



 Store will deliver equipment

 Carries bariatric equipment for patients weighing 250 pounds or more



Adapt / Family Medical Supply

1120 West Broad St., Dunn
(910) 892-3432
515 NC HWY 111 South, Suite B
Goldsboro
(919) 736-3275
adapthealth.com  


AOP, Inc (Orthotics & Prosthetics)

450 West Russell St., Fayetteville
(910) 484-4901
2708 Whooten Blvd., Wilson
(252) 296-0001
aopoandp.com  



Apria Health Care

4859 Cumberland Rd., Fayetteville
(910) 426-4000
apria.com  

Family Medical Supply

1637 Owen Dr., Fayetteville
(910) 323-1529
familymedsupply.com 



Liberty Medical Supply

1804 Owen Dr., Fayetteville
(910) 864-3810
liberty-ms.com  

Massey Hill Pharmacy

1072 Southern Ave., Fayetteville
(910) 484-0159
**Does not file insurance for supplies*

Rotech Healthcare, Inc

2956 Owen Drive, Suite 116
Fayetteville, NC 28306
910-433-2180
rotech.com  

Southeastern Home Health

2002 N Cedar St., Lumberton
(910) 671-5600
**Closed on Saturdays* srhc.org

For Cumberland County residents

Better Health of Cumberland County, a community agency, runs an equipment loan closet. They accept donations of new or used equipment and loan out equipment for a short period of time at no cost to you. To ask about a loan or to donate, please call: (910) 483-7534.

Other resources

Bladen County Council on Aging – Equipment Loan Closet

608 McLeod St., Elizabethtown
(910) 872-6330
tinyurl.com/bladen-assistance

Cumberland County Council on Older Adults

339 Devers St., Fayetteville
(910) 848-0111
cccooa.org

Harnett County Department on Aging

309 W. Cornelius Harnett Blvd.,
Lillington
(910) 893-7578
harnett.org/aging/

COMMUNITY RESOURCES

Hoke County Senior Services

423 E Central Ave., Raeford

(910) 875-8588

hokecounty.net/499/Senior-Services

Johnston County Community & Senior Services

1363 West Market St., Smithfield

(919) 934-6066

johnstonnc.com/content.cfm?id=250

Sampson County Aging Service

405 County Complex Rd.

Building B, Suite 140

Clinton

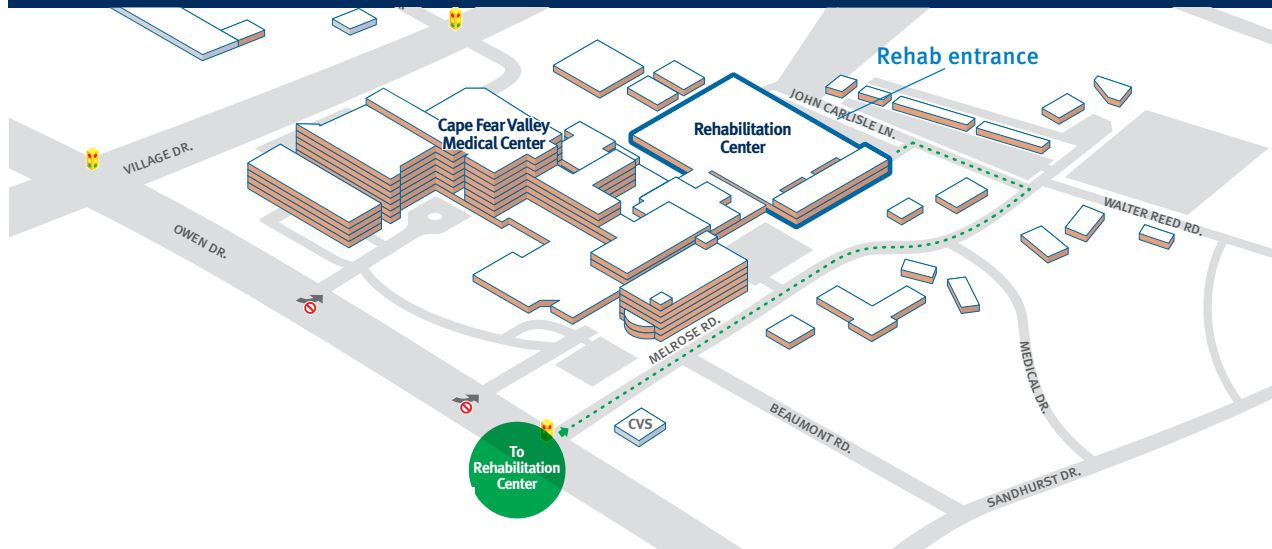
(910) 592-4653

sampsoncountync.gov/Government/Departments-A-Z/Aging-Services

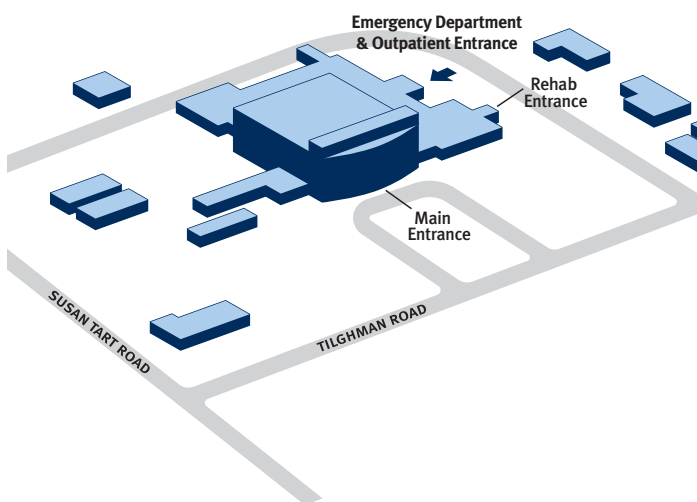
Important note:

If you are planning on having further joint replacements, please save your equipment. Certain insurances will not cover new equipment within a certain timeframe. Please discuss with your insurance company and our coordination of care team what that timeline will be for you.

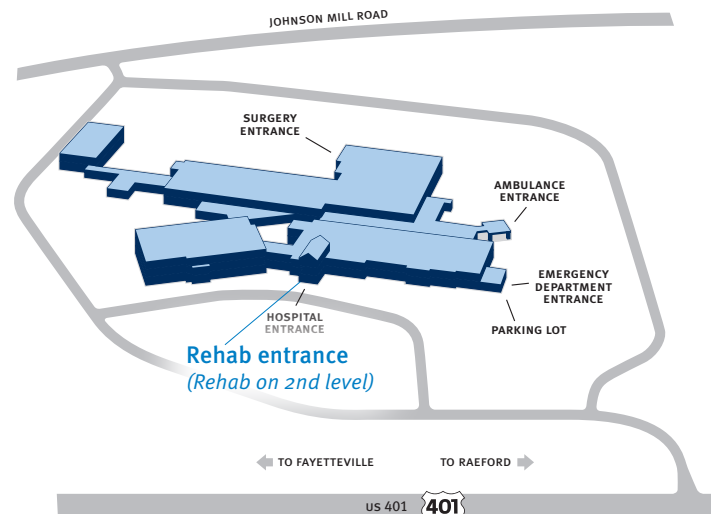
CAPE FEAR VALLEY MEDICAL CENTER



BETSY JOHNSON HOSPITAL



HOKE HOSPITAL



DAY OF SURGERY

You should arrive at the surgical area at the arrival time given during your pretesting visit, this will be several hours before your surgery starts. Preparation for surgery includes these activities:



- A nurse and anesthesiologist will interview you.
- A nurse will start your IV.
- Antibiotics will be given through your IV as ordered.
- Your surgical site will be prepared.
- Your surgeon will visit with you to mark your surgical site and answer any questions you may have.
- There may be other preparation activities as ordered.



For your safety in surgery

Before you have surgery, the staff will ask you to sign an **Informed Consent** if you did not sign one during pre-surgical testing. Make sure everything on the form is correct and that your questions have been answered. If you do not understand something on the form, please ask your nurse.

The **Informed Consent** form lists:

- Your name
- The kind of surgery you will have
- The risks of your surgery
- That you talked to your doctor about the surgery and asked questions
- Your agreement to have the surgery

When you report to the pre-surgical area, you will be asked the same questions many times. The staff asks these questions at each hand-off for your safety. They will ask:

- Your name
- Your date of birth
- What kind of surgery you are having
- The part of your body that will be operated on

Preventing surgical infections

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery. Your healthcare team follows a number of steps to minimize the risks of surgical infections. They include:

- Giving antibiotics before surgery
- Using clippers for hair removal rather than shaving
- Maintaining blood sugar control

- Maintaining normal body temperature in the operating room
- Continuing beta-blocker therapy if you are already on a beta-blocker

Handwashing or the use of an alcohol-based hand rub is one of the best ways to prevent infection. Your family and friends who visit you should wash their hands when they enter and leave your room. Also, do not let your family and friends touch the surgical wound or dressing.

What will happen before my surgery?

You will meet your anesthesiologist on the day of your surgery. Your anesthesiologist will go over all information needed to assess your general health. This will include your medical history, laboratory test results, allergies and current medications. The anesthesiologist will use this information to decide the type of anesthesia best suited for you. Your anesthesiologist will also answer any other questions you may have.

Your anesthesiologist and Certified Registered Nurse Anesthetist (CRNA) are responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the CRNA will manage vital functions including heart rate and rhythm, blood pressure, body temperature and breathing.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other safety devices. At this point, you will be ready for anesthesia.

What can I expect after the surgery?

You will be taken to the Post Anesthesia Care Unit (PACU) after surgery. During this period, you may be given extra oxygen and specially trained nurses will closely observe your breathing and heart functions. The nurses will also monitor your pain and give medication to relieve your pain as needed. Your doctors and nurses will do everything they can to relieve pain and keep you safe. The staff will teach you the pain scale to better assess your pain level. You will stay in the recovery unit for one to two hours; you will be moved to the inpatient unit when your room is ready.

What type of anesthesia is available?

General anesthesia causes loss of consciousness. **Regional anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of feeling to a large area of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and other nerve blocks. Medications are also given to make you drowsy and blur your memory.

What are the side effects or risks?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgery. While improved anesthetic agents and techniques have reduced these side effects, they can still occur for some patients. You will get medications to treat nausea and vomiting if needed. The amount of discomfort you will have will depend on several factors, especially the type of surgery.

It is important for you to know that administration of anesthesia carries risks. However, some of the benefits of anesthesia include pain control, amnesia, blood pressure control, heart rate control, ensuring adequate oxygen and relaxation. The consumption of food, drink, or medicines not specifically approved after the time directed can cause or contribute to potentially life-threatening complications and surgery may be postponed.



AFTER SURGERY

Day of surgery

- After you are cleared by the PACU team, you will be taken to your room.
- You can expect to be up and moving within hours after your surgery.
- It is important to continue your ankle pump exercises. We suggest every 15 minutes.

Deep breathing

- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deeply as you can.
- Hold your breath for 2 to 3 seconds.
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out over 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow, deep breath in through your nose and concentrate on filling your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath and hold it for the count of three, then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Many patients are surprised about how good they feel after surgery.

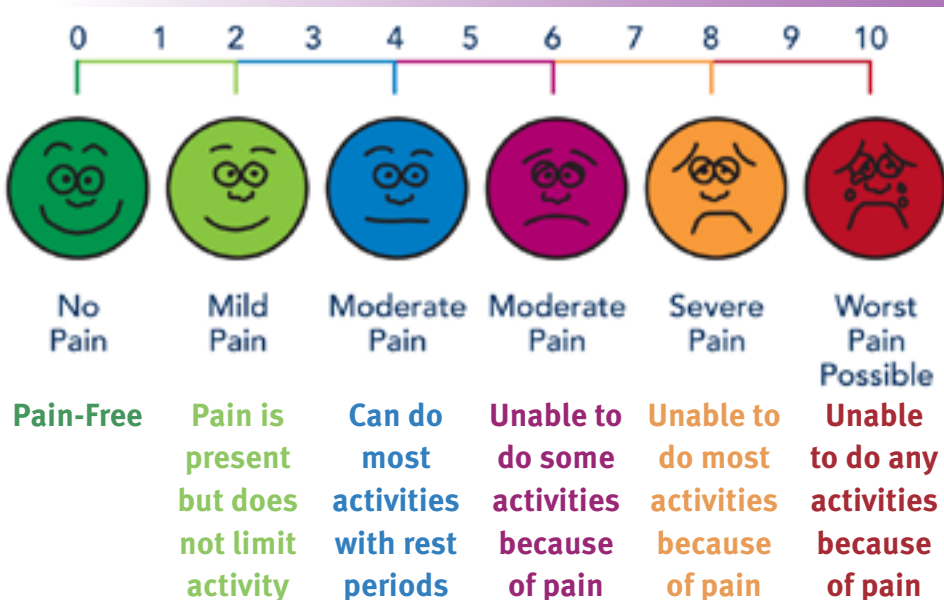


AFTER SURGERY

Understanding pain and your role

We have found that it is easier to prevent pain from getting out of control than it is to control it once it becomes intense. Remember to take your pain medication with food to decrease the risk of nausea.

Let your nurse know when you feel pain or discomfort that affects your ability to carry on a conversation, sleep at night or do physical therapy. Make sure you tell your nurse and caregivers if your pain is not being controlled.



Pain Scale

A pain scale will be used to keep you involved in managing your pain. Assigning a number to the level of pain you are having will help clinicians understand the severity and decide on how to best manage your pain. A score of "0" means you have no pain and a score of "10" says you are in the worst possible pain.

Day 1 after surgery

The day after your surgery may start as early as 5 a.m. You can expect to be bathed, dressed, helped out of bed and seated in a recliner in your room. The physical therapist will assess your progress and get you to walk with a walker. If you are on IV pain medication, this will likely be stopped and you may begin oral pain medication. Therapy begins as soon as possible after surgery. You may walk to or from your therapy session. Your support person is encouraged to participate.



Never get up without help from a staff member while in the hospital

Your discharge plan

When your care team decides you are safe for discharge, your transition team will finalize your discharge plans. Coordination of care will ensure you have the help and equipment you need for a safe recovery. **Discharge may be the same day of surgery.**

If you are going directly home

Someone responsible needs to drive you. Your physician may choose to order home care and/or outpatient physical therapy to support your recovery after surgery. They will continue to work with you on the exercises and activities you began in the hospital. Please be sure to take your guidebook to your physical therapy appointments.

If you are going to a rehab facility

The decision to go to a rehab facility will be made by you, your physician, your case manager, your physical therapist, and your insurance company. Your insurance company must approve your rehab stay. Keep in mind that the majority of our patients do so well, that they don't meet rehab guidelines.

Prescriptions

You will get written discharge instructions concerning medications, physical therapy, activity, etc. It is important to have your pain medications filled before you leave the hospital. For your convenience, the hospital's pharmacy can fill your discharge prescriptions. If you want to have your prescriptions filled by an outside pharmacy please notify your care team.

Be sure to take your guidebook home with you to use as a reference



POST-OPERATIVE CARE

To ensure your safety and comfort during recovery, there are a few things you should know when you go home.

Control your discomfort

- Change your position every 45 minutes throughout the day.
- Use ice for pain control. You can use it before and after your exercises, no more than 20 minutes at a time.
(A bag of frozen peas wrapped in a kitchen towel makes a good ice pack.)

Body changes

- It is normal to experience loss of appetite. Be sure to drink plenty of fluids to avoid dehydration. Your desire to eat solid food will return.
- Sleeping may be difficult. Try not to nap or sleep too much during the day.
- You may find your energy level will be decreased for the first 30 days.
- Narcotic pain medication may cause constipation. Eat foods high in fiber and use stool softeners or laxatives to ease the symptoms.

Caring for your incision

- Keep your incision dry.
- Your doctor will tell you when it is okay to shower.
- If you notice increased drainage, redness, pain, heat or odor around your incision, let your surgeon or home care agency know right away.
- Call your surgeon if your temperature exceeds 100.9.

RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS AND INFECTION



Signs of infection that need immediate attention

- Increased swelling and redness at the incision site
- More pain in joint
- Fever greater than 100.9 degrees

Prevention of infection

- Follow your surgeon or nurse's instructions for proper care of your incision.
- Notify all your healthcare providers, including your dentist, that you have a joint replacement.
- Wash your hands before and after using the bathroom. Ask your guests to do the same. Keep hand sanitizer in convenient locations and use it often.

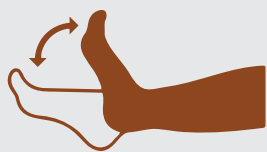
Blood thinners

Blood thinners are usually prescribed after surgery to prevent blood clots that may form when blood slows after surgery. Please read your discharge instructions carefully regarding your specific blood thinner medicine and any follow-up that is needed.

Signs of blood clots in the legs

- Swelling in thigh, calf or ankle that does not go down with elevation.
- Pain, heat, and tenderness in the calf or groin area.
- Blood clots can occur in either leg.

Reduce the risk of blood clots in the leg



Perform ankle pumps.



Wear your compression stockings as prescribed.



Walk several times a day.



Take your blood thinners as directed.

WHEN YOU ARE AT HOME AFTER SURGERY



If you are in the red zone, take action now.

- Chest pain
- Shortness of breath
- Fall (*with pain/injury/loss of consciousness*)

Call 911 right away or visit the nearest emergency room!



If you are in the yellow zone, call right away.

Action: Call Day, Night or Weekend

- Surgeon's office: _____
- Temp >100.9 °F with chills, sweating, shaking
- Changes in your incision — significant swelling or redness around incision
- Drainage (*foul odor or cloudy color*)
- Uncontrolled pain

Action: Call Daytime

- Surgeon's office: _____
- Total joint coordinator: _____
- Not tolerating physical therapy (*if ordered*), weakness
- No bowel movement in 3 days
- Fall without injury or loss of consciousness



You are in the Green Zone right where you need to be.

- Bruising and swelling of the surgical incision
- Doing physical therapy (*if ordered*)
- Pain okay with medication
- Normal bowel pattern

Action

- Do ankle pumps to prevent blood clots (VTE)
- Continue your normal recovery



Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. Blood clots are an emergency.

Prevention of pulmonary embolus

Recognize if a blood clot forms in your leg, and call your physician promptly.

Signs of a Pulmonary Embolus



- Sweating
- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Confusion

Compression stockings

Some doctors may order special compression stockings. Compression helps to minimize swelling and lowers the chance of blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above the heart level.
- Wear the stockings consistently as ordered by your doctor.
- Notify your doctor or home care agency if you notice increased pain or swelling in either leg.

Let your doctor know if you experience issues such as increased pain or swelling.

AROUND THE HOUSE AFTER SURGERY

Kitchen

- Use a mop or long-handled brush; do NOT get down on your knees to scrub floors.
- Gather all your cooking supplies together first. Then, sit while preparing your meal. Use a high stool or a chair with extra cushions to get a better working height.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.

Bathroom

- Use a mop or long-handled brush; **DO NOT** get down on your knees to scrub floors or the bathtub.

Safety and avoiding falls

- Place all frequently used items between the waist and shoulder level for easy access.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces. Your pets will be excited to see you! Have your support person keep your animals secured until you are safely seated.
- Maintain good lighting throughout the space. Install night lights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways.
- **DO NOT** run wires under rugs; this is a fire hazard.
- **DO NOT** wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with armrests. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- **DO NOT** lift heavy objects for the first three months and then only with your surgeon's permission.



FOR ALL JOINT PATIENTS

ACTIVITIES OF DAILY LIVING

If you have hip precautions, your therapist will discuss them with you to lower the possibility of a dislocation after your surgery. Be sure to ask your surgeon how long you need to maintain the hip precautions.

Sitting

1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the foot of the operated side, keeping the strong leg close to the chair for sitting.
3. Reach back for an armrest one at a time.
4. Slowly lower your body to the chair, keeping the leg of your operated side forward as you sit.



Do not pull up on your walker to help stand up.

Sit in a chair with armrests whenever possible.

Sitting to standing

1. On the side that was operated on, extend your leg so the knee is lower than your hips.
2. Scoot your hips to the edge of the chair.
3. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before grabbing for the walker.



Back up until you feel your leg on the bed



Sit, keeping your knee lower than your hip.



Scoot back on the bed, lifting the leg on the bed.

Getting into bed

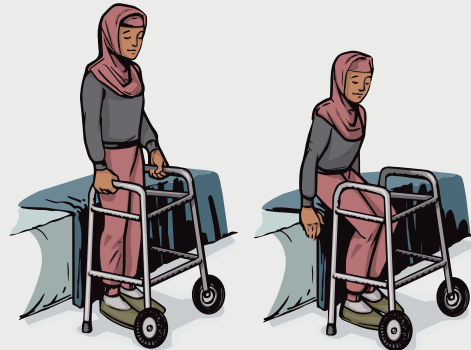
1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Place your surgery leg out in front of you.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help as this breaks your hip precautions.
7. Scoot your hips toward the center of the bed.

FOR ALL JOINT PATIENTS

ACTIVITIES OF DAILY LIVING

Getting out of bed

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-surgical leg to the floor.
3. If necessary, use a leg-lifter to lower your surgical leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before grabbing for the walker.



Getting into/out of the tub using a grab bar

Please refer to the education/instruction provided by your therapist.

1. Although bath seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
2. Use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
3. To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach them to the bath seat.



Getting on/off the toilet (Please refer to the instructions provided by your therapist.)

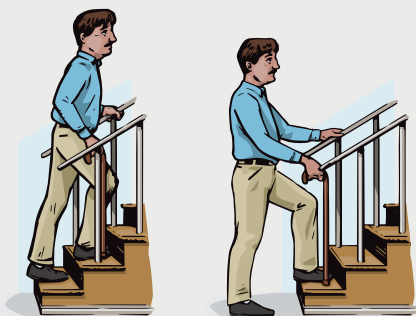
Walking with a walker

1. Push the rolling walker forward.
 2. Step forward placing the foot of the surgical leg in the middle of the walker area.
 3. Step forward with the non-surgical leg. Do not step past the front wheels of the walker.
- *Take small steps. Keep the walker in contact with the floor, pushing it forward like a shopping cart.*
 - *If using a rolling walker, you can advance from this basic method to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Keep pushing the walker forward as you would a shopping cart. At first, this may not be possible, but you will find this gets easier. Do not walk forward past the walker center or way behind the walker's rear legs.*



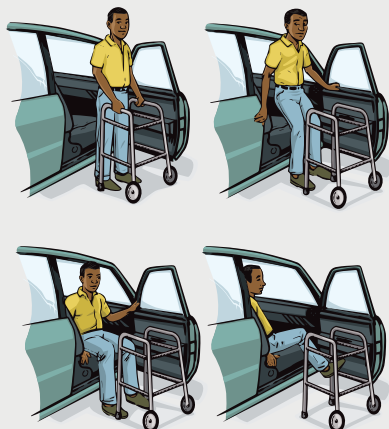
FOR ALL JOINT PATIENTS

ACTIVITIES OF DAILY LIVING



Climbing stairs

1. Ascend with non-surgical leg first (*Up with the good*).
2. Descend with surgical leg first (*Down with the bad*).
3. Always hold on to the railing.



Getting into a car

1. Push the car seat all the way back; recline the seat back to allow access, but always have it in the upright position for travel.
2. Place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an immovable object – car seat, dashboard – and slide the operated foot out straight. Watch your head as you sit down. Slowly lower yourself to the car seat.
5. Lean back as you lift the operated leg into the car. You may use your cane, leg-lifter or other device to assist.



Dressing - putting on pants and underwear

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Dressing – taking off pants and underwear

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your non-surgical leg out first and then the surgical leg.
5. A dressing stick can help you remove your pants from your foot and off the floor.

FOR ALL JOINT PATIENTS

ACTIVITIES OF DAILY LIVING

Dressing — how to use a sock aid

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.



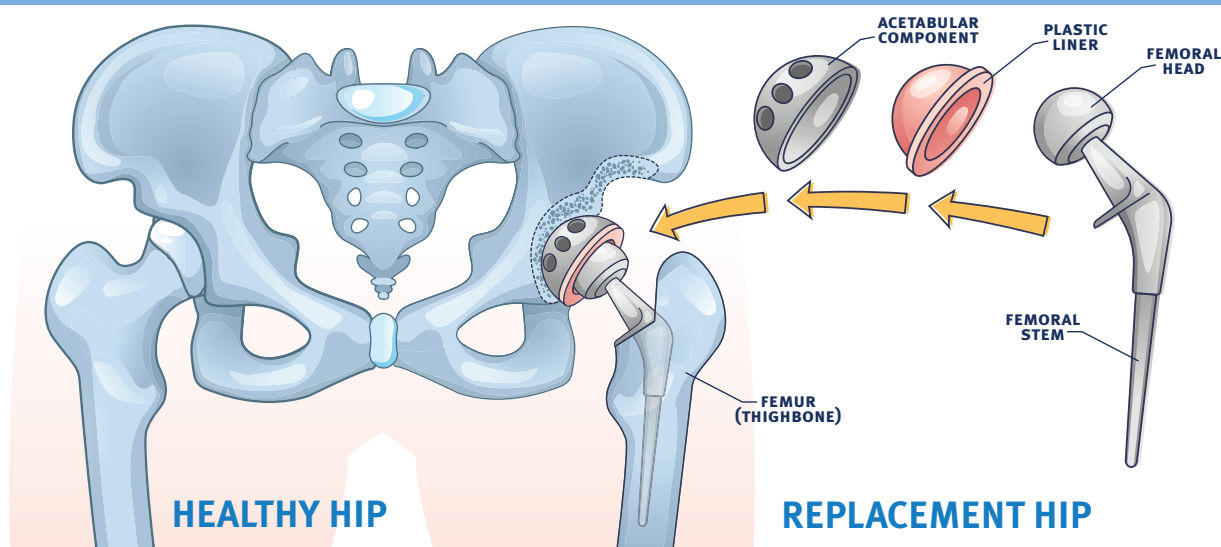
Dressing — using a long-handled shoehorn

1. Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot. Please make sure you are sitting on a stable surface.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Step down into your shoe, sliding your heel down the shoehorn.

*This should be performed sitting. Wear sturdy shoes that enclose the heel such as tennis shoes, shoes with Velcro closures or elastic shoelaces. **DO NOT** wear high-heeled shoes or shoes without backs.*

POST-SURGERY PRECAUTIONS

PRECAUTIONS FOR YOUR NEW HIP



During hip replacement surgery, the head of the thighbone (femur) is replaced with a durable implant called a prosthesis. To complete this replacement, your surgeon dislocated your femur, which weakened the ligaments and muscles that surround and control your hip. These muscles now need time to heal and strengthen to hold your new joint in place.

Your new prosthesis is smaller than the head of the femur that was replaced. This smaller size means if you twist too far or put too much weight on the hip, it can come out of place or dislocate.

To avoid dislocating your new hip, you will need to follow several hip movement precautions. Your provider may recommend avoiding certain positions while you recover. In order to have your new hip heal properly, it is important to follow these precautions.

Posterior approach

DO NOT:

1. Bend forward past 90 degrees
2. Cross your legs or ankles
3. Turn your toes inward (*pigeon-toed*)
4. Turn your knees inward or together

Anterior approach

DO NOT:

1. Step backward with your surgical leg or extend your surgical leg behind you
2. Do not pivot on your surgical leg
3. Twist from your hips
4. Cross your legs
5. Extend your leg behind you actively

DO:

1. Pick your feet up and move your entire body when turning
2. When walking or standing, keep your knees and toes pointing straight ahead

Anterior



Do not step backward with your surgical leg or extend your surgical leg behind you.

Posterior



Do not pivot on your surgical leg.



Avoid turning your leg outwards when standing.



Avoid crossing your legs at the ankles when standing.

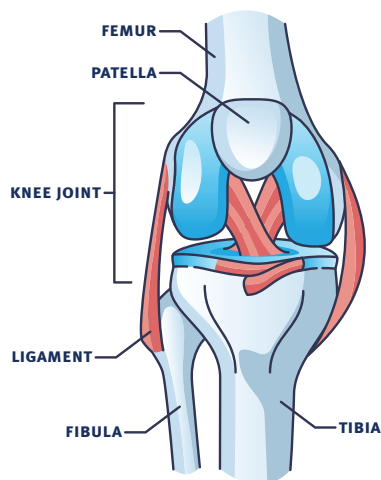


When turning, pick your feet up and move your entire body.

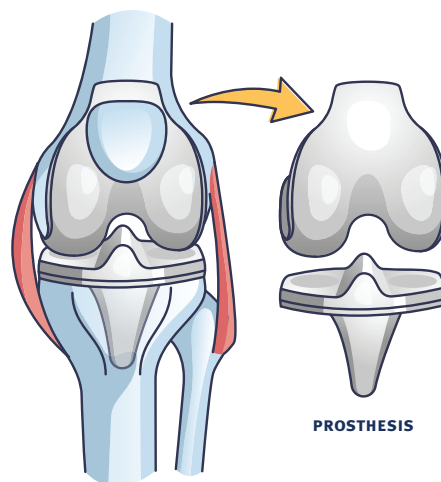
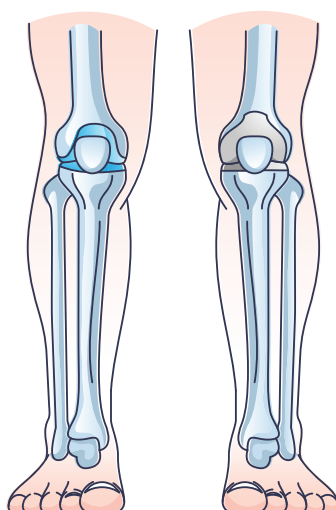


Keep your knees and toes pointing straight ahead when standing and walking.

PRECAUTIONS FOR YOUR NEW KNEE



HEALTHY KNEE



REPLACEMENT KNEE

When resting in a bed or chair, place a towel roll under your ankle to assist with the straightening of your knee.

NEVER place anything under your knee.

DO NOT rest with your knee in a bent position.

Keep the foot of your bed flat.

HIP & KNEE SURGERY PATIENTS

PRE AND POST-OPERATIVE EXERCISES



Gluteal squeeze

1. Squeeze buttocks muscles as tightly as possible while counting out loud to 5.
2. Complete 3 sets of 10.
3. Complete 2 sessions per day.

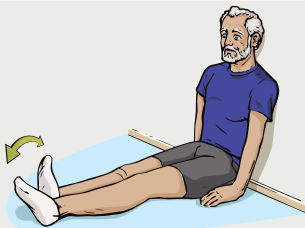
You may place your hand under your buttock area and feel for muscle contraction.



Quad sets

1. Slowly tighten muscles on the thigh of the straight leg while counting out loud to 5. Relax.
2. Complete 3 sets of 10.
3. Complete 2 sessions per day.

Look and feel for the muscle above the knee to contract. The heel may come off the surface if done correctly.



Ankle pump

1. Bend ankles to move feet up and down, alternating feet.
2. Complete 3 sets of 10.
3. Complete 2 sessions per day.



Heel slide (*do not go past 90 degrees*)

1. Bend the knee and pull the heel toward the buttocks.
2. Hold 5 seconds. Return.
3. Complete 3 sets of 10.
4. Complete 2 sessions per day.

You should actively bend up the surgical leg. Additional stretch can be obtained with a towel, sheet, or theraband



Armchair push-ups

1. Put hands on the arms of the chair and push the body up out of the chair.
2. Complete 3 sets of 10.
3. Complete 2 sessions per day.

Do not lean too far forward. Instead, push down into the armrests.

HIP & KNEE SURGERY PATIENTS PRE AND POST-OPERATIVE EXERCISES

Short arc quad

1. Place a large can or rolled towel under the knee.
2. Straighten leg.
3. Hold 5 seconds.
4. Complete 3 sets of 10.
5. Complete 2 sessions per day.

Assistance may be needed under the heel as you straighten the knee.



Quad strengthening

1. Tighten muscles on the top of the thigh and straighten out knee.
2. Hold 5 seconds, counting out loud.
3. Complete 3 sets of 10.
4. Complete 2 sessions per day.

Be sure to completely straighten the knee.



Hip adduction and abduction

1. Slide one leg out to the side.
2. Keep kneecap pointing up.
3. Gently bring the leg back to the pillow.
4. Complete 3 sets of 10.
5. Complete 2 sessions per day.

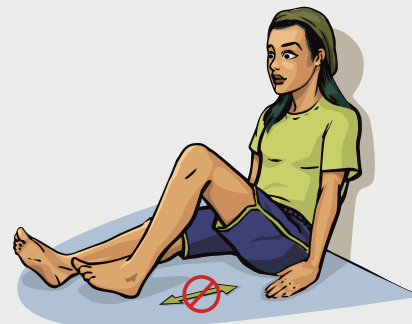
Do not have the surgical leg cross midline of the body.



Heel dig

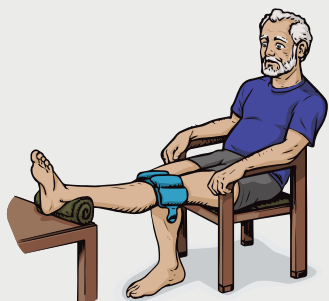
1. Sit with back supported against wall or lie on back on smooth, firm surface.
2. Bend knee and place heel on surface.
3. Dig heel into surface, attempting to bring heel to buttock, tightening muscle behind thigh.
4. Do not slide either your heel or buttock and hold.
5. Slowly relax and complete 3 sets of 10.
6. Complete 2 sessions per day.

Do not have the surgical leg cross midline of the body.



KNEE SURGERY PATIENTS

PRE AND POST-OPERATIVE EXERCISES



Knee extension stretch

1. With a rolled towel under the ankle of the surgical leg, place an ice pack across the knee.
2. Hold for 5 minutes, or as tolerated.
3. Complete 3 sessions per day.

The knee should be unsupported to allow for a greater stretch.



Chair knee flexion

1. Keeping your feet on the floor, slide the foot of operated leg back, bending the knee.
2. Hold 20 to 30 seconds.
3. Complete 3 sets of 10.
4. Complete 2 sessions per day.

Bend your knee to the point of pain and then a little more. Slide the knee under the chair, keeping your hips on the chair. With feet planted on the floor, move buttocks forward in chair for greater stretch.

Straight leg raise

1. Sit with your operative leg straight in front of you. Bend your other knee up and put your other foot flat on the bed.
2. Flex your operative foot and tighten the thigh muscles of your operative leg. Raise your operative leg 6 to 8 inches off the floor. Don't arch your back or hunch your shoulders.
3. Hold the operative leg in the air for 10 seconds if you can. Then lower the leg slowly and steadily down to the bed. Relax.
4. Repeat 5 times.
5. Do this exercise 3 times a day, or as instructed.

Tip: You can also do this exercise with your toes turned out to strengthen the inner thigh muscles.

Stair ambulation

1. Up with your good (non-operative) joint
2. Down with your bad (operative) joint

Always use the handrail for extra support.

FREQUENTLY ASKED QUESTIONS

What is osteoarthritis and why does my joint hurt?

Osteoarthritis – the most common form of arthritis – can be caused by trauma, repetitive movement or other reasons that are not clear. Osteoarthritis occurs when the cartilage (*the tissue that cushions the ends of your bones*) wears down, creating bone-on-bone contact. Without cartilage, movement causes friction in the joints that becomes painful and leads to swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is a total knee replacement?

The term *total knee replacement* is misleading. The knee itself is not replaced. Instead, an implant is used to re-cap worn bone ends. This is done with a metal alloy on the femur and a plastic spacer on the kneecap. The result is a new, smooth cushion and a functioning joint that can reduce or eliminate pain.

What is total hip replacement?

The term *total hip replacement* is somewhat misleading. The hip itself is not replaced. Instead, an implant is used to re-cap the worn bone ends. The head of the femur is removed and a metal stem is inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket is smoothed and lined with a metal cup and either a plastic, metal or ceramic liner.

How long will my new joint last and can a second replacement be done?

A total joint implant's lifespan will vary in every patient. An implant's life expectancy can vary based upon a patient's age, weight, activity level and medical condition(s). Following your surgeon's recommendations after surgery can help prolong the life of your implant, but there is no guarantee that it will last for any specific amount of time.

What are the major risks?

There will be some discomfort after surgery, but your surgeon will prescribe medication that will help keep you as comfortable as possible. While most surgeries go well, without any complications, infection and blood clots are two serious complications. Thus, you may be prescribed blood thinners. Additionally, your surgeon will take special precautions in the operating room to lower the risk of infection.

Will I need help at home?

Yes. A responsible party needs to stay with you for at least the first week after you return home. This time period may vary depending on how your recovery progresses. Most patients need physical therapy after surgery. Before discharge, your team will discuss plans with you for therapy in an outpatient center or your home. The length of time for this type of therapy varies with each patient.

How long and where will my scar be?

There are a number of different techniques used for hip and knee replacement surgery. The type of technique will determine the location and length of the scar. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern.

Will my new joint set off security sensors?

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security sensors. Inform the security agent that you have a metal implant. The agent will direct you from there.

Do you need antibiotics when you have a dental appointment?

Ask your dentist about preventive antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your orthopedic surgeon, working together, will develop an appropriate course of treatment for you. These guidelines were developed by the American Academy of Orthopaedic Surgeons and the American Dental Association.

