

# Total Joint Care Program



# Greetings from the hospital

Welcome to Dominican Hospital, thank you for choosing us for your joint replacement surgery.

Our staff will do everything we can to live up to that trust, and to make your stay with us as comfortable and pleasant as possible.

This binder contains all the information you will need to make your surgery, hospital stay, and recovery as successful as possible. You will have step-by-step guidance from the day you decide to have surgery through your full recovery. It will also tell you where to get answers to any questions you may have.

We understand that hospitalization can be a time of stress and discomfort, and we genuinely want to do whatever we can to relieve those feelings.

Please talk to your nurses and other caregivers to let them know how you feel and how you are doing. We are here to care for you. Your well-being and healing are our main concerns.



Nanette Mickiewicz, MD Dominican Hospital  
President



# Our mission

Dignity Health and its sponsoring congregations are committed to furthering the healing ministry of Jesus.

As part of Dignity Health, Dominican Hospital’s mission is to deliver compassionate, high-quality, affordable health services; provide direct services to our sisters and brothers who are poor and disenfranchised and to advocate on their behalf, and partner with others in the community to improve the quality of life.

# Our values

Dominican Hospital is committed to providing high-quality, affordable health care to the communities we serve. Above all else, we value:

## Dignity

Respecting the inherent value and worth of each person.

## Collaboration

Working together with people who support common values and vision to achieve shared goals.

## Justice

Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.

## Stewardship

Cultivating the resources entrusted to us to promote healing and wholeness.

## Excellence

Exceeding expectations through teamwork and innovation.

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# Dominican Total Joint Care Program

## Overview

The goal of joint replacement surgery is to reduce your pain, restore your independence, and get you back to the activities you enjoy. The “Dominican Total Joint Care Program” offers everything you need for a safe and successful surgery. Our team is dedicated to providing quality, compassionate, integrated care in your community.

At Dominican Hospital we are committed to providing ongoing communication. Before, and after surgery and treatment, patients and their families can expect concern and compassion, education and training, as well as injury prevention information.

## Summary

- **Review insurance and financial planning.** Thoroughly review your insurance benefits and/or alternative plans for payment. Find out what your insurance plan or Medicare covers. If you have any questions about your health insurance


### Our total joint care program includes:

- Minimally invasive joint replacement surgery.
- A Total Joint Care “Navigator” to orchestrate all pre-operative and post-operative care, as well as pre- arranged discharge and rehabilitation.
- Pre-operative education classes.
- Thorough and coordinated post-operative care from nursing and therapies.
- A well-coordinated flow of care, with seamless transition from one level of care to the next.
- Rehabilitation services that guide and support you until you reach your goals.

benefits, please call your insurance plan’s customer relations department.

- **Arrange for home care.** Before going into the hospital, consider the support system you will have when you return home. You will need some assistance for the first few weeks with cooking, bathing, housekeeping, shopping and driving errands, etc. If an adequate support system at home is not available you may need to hire a caregiver. We recommend having someone stay with you 24/7 for the first 2-3 days after you get home.
- **Expect to be moving in/out of bed and walking the day of your surgery.** Physical Therapy and Occupational Therapy will perform an evaluation, as ordered by the Physician. The first therapy session may include transfer training, gait training, and exercises.
- **You will not be pain free, but your pain will be managed.** A question that concerns most joint surgery patients is the amount of pain they will experience after surgery — and how to manage that pain. It is important to note that surgery is designed to reduce the amount of pain you are currently experiencing. However, you will have pain following surgery as your wound heals. While in the hospital, you will be asked to describe your level of pain based on a scale of 0-10. Our goal is to keep your pain at a level of five or lower.
- **Leaving the hospital.** If physical therapy has been completed you are to be discharged home. You should (If not already planned) arrange for transportation home and account for all personal belongings. Notify your nurse when you are ready to leave and your nurse will review your discharge instructions. The case manager representative should have equipment and home care arranged prior to discharge (if needed and you do not already have).

# Timeline to successful surgery

Step 1	Obtain a referral to the orthopedic surgeon for a pre-surgery evaluation from your primary care physician (if applicable).
Step 2	Orthopedic surgeon recommends joint replacement surgery.
Step 3	Depending on the County recommendations classes will either be held in person or online/phone — please call 831.462.7597 for information near the time of your surgery
Step 4	Total Joint Care Class at Dominican Hospital. This class will provide you with much-needed info and the opportunity to ask about the pre-admission process and testing. 
Step 5	Final pre-surgery appointment with your orthopedic surgeon (within 10 days of surgery). Receive your prescription for discharge medications.
Step 6	The pre-admission testing (PAT) nurse contacts you regarding your pre-anesthesia questionnaire, medication review, pre-operative teaching, where to arrive day of surgery.
Step 7	Surgery day.
Step 8	Your healthcare teams works with you to begin your recovery.
Step 9	Discharge from hospital. Continue working with physical and occupational therapies for full recovery.
Step 10	Follow-up visit with your orthopedic surgeon.
Step 11	Enjoy your new mobility!



# The Dominican Total Joint Care Class

Dominican Hospital offers a Total Joint Care Class to provide you with information and training in order to help you understand the entire process and enable you to plan for your return to your daily routine. Many of the critical members of your healthcare team will be available to work with you one-on-one to make sure that all your questions are answered and that you are fully prepared for surgery.

## Class outline

### Introduction (either in person or via a phone call):

- Welcome to Dominican Hospital: Mission of the Total Joint Care Program, and Philosophy of Care
- Introduction to members of the Total Joint Care Team

### Individual Activity Stations: (10–15 minutes each)

#### Registration & Patient Financial Services 831.462.7280

- Admitting procedures
- Consents, advance directives
- Billing and financial services

#### Nursing: 831.462.7667

- Brief general overview of surgery & goals of treatment
- Peri-operative care: Multi-modal pain management, nausea control, blood clots prevention, and medication regimen
- Dietary considerations

#### Ortho Navigator, Margaret Gniewosz: 831.462.7597

- Helps to create and coordinate your surgical care plan and supports your needs during recovery.
- Provides education and educational materials designed to prepare you for surgery.
- Facilitates communication between patients and healthcare providers including surgeons, nurses, physical and occupational therapy, and care coordinators.
- Provides an on-going assessment and answers questions.

#### Therapies (OT & PT): OT 831.462.7700 x5240 PT 831.462.7700 x5239

- Creates goals for treatment and facilitates the team approach to help you return to independent function.
- Provides pre-operative valuation utilizing exercises, classes, general fitness and family support.
- Help with home preparation for safety.
- Instructs on equipment and assistive devices.
- Educates on what to expect after surgery and when can you expect to return to prior function.
- Provides information of services available after your hospital stay.

# Dietary supplements (and vitamins) to avoid before surgery

Most people know they should tell their doctors about any prescription or over-the-counter drugs they are taking, especially when they are planning to have surgery. But not everyone stops to think about the possible risks their herbal supplements could pose to the success and safety of their surgery.

Did you know that taking some herbal supplements in the two weeks before or after having surgery can be dangerous? In fact, these nutritional supplements can be as dangerous as taking aspirin or Advil (ibuprofen) before surgery. Many people assume that just because a product is labeled as “natural,” it is harmless. The truth is that many powerful drugs (and poisons) are based on natural substances, so it’s clear that many natural substances can have a potent effect on the body. Keep in mind that some herbal supplements have a combination of compounds. In addition, some of these supplements go by more than one name. Your best bet is to bring any supplements with you to your pre-operative appointment and have your surgeon read through the ingredients. In addition to the potential problems with surgery (noted below), many herbal supplements can interact with commonly prescribed medications. This could include medications used for anesthesia, so the potential interaction may not be obvious to you.

**It is recommended that you stop taking any of these supplements at least two weeks prior to your surgery date (and don’t resume taking them until you have your doctor’s OK).**

### Supplements That Can Cause Bleeding Problems

- Gingko Biloba
- Garlic
- Ginseng

- Fish oils (omega-3 fatty acids)
- Green tea
- Dong Quai
- Feverfew
- Saw palmetto

Vitamin E and surgery do not mix because vitamin E is associated with increased bleeding and this can lead to hematoma, which could result in serious complications. Patients should not take vitamin E preparations before surgery.

### Supplements That Can Have Cardiovascular Effects

- Ephedra (causes hypertension, palpitations, and tachycardia)
- Garlic (can cause hypotension)
- Ginseng (can also cause hypoglycemia)
- Kava

### Supplements That Can Cause Drug Interactions

- Echinacea
- Goldenseal
- Licorice
- St. John’s Wort (can also cause photosensitivity)
- Kava

### Supplements That Can Have Anesthetic Effects

- Valerian
- St. John’s Wort
- Kava

**Remember to disclose all the vitamins, supplements, and medications you take regularly. If you use herbal supplements, make sure to learn about herbal supplements which may be contaminated or toxic.**

# Countdown to your surgery

## In the weeks before surgery:

- The surgeon’s office staff will schedule the date for your surgery.
- You will be scheduled for the Dominican Total Joint Care Class. Classes are held weekly and are vital education for patients and families before surgery. **Classes are conducted via phone until further notice.**
- Your surgeon will order tests to be completed before surgery, possibly including lab work, EKG, X-rays or other diagnostic imaging screenings. The Pre-Admission Testing (PAT) nurse will work with the anesthesiologist and your surgeon to ensure that all blood work and/or diagnostic tests are completed and reviewed prior to your surgery.
- We will act as your contact between the surgeon, the hospital and the testing process. You may call the Nurse Navigator (831.462.7597) at any time before surgery with questions or concerns about any part of the process or the procedure itself.



## Insurance coverage:

At this point, you should contact your insurance company to confirm and clarify your coverage and deductibles for the surgery.

**The hospital will also pre-verify your coverage and determine what your out-of-pocket cost will be. You will be required to pay your out-of-pocket expense prior to admission unless other arrangements have been made. If you have any financial concerns please contact Registration and Patient Financial Services 831.462.7280.** You may need pre-authorization, pre-certification, a second opinion or a referral form, for example. Your insurance might require that you have pre-surgery testing completed at a different facility than Dominican Hospital.

### Key Points and CHECKLIST for the weeks before surgery:

- ☐ Schedule Total Joint Care Class
- ☐ Complete pre-admission testing
- ☐ Call insurance to confirm and clarify coverage

## In the 10 days prior to surgery:

- You will have an appointment scheduled with your surgeon during this time for a final check-up and final questions.
- You may need to have a blood test within 2 days of your surgery. If so, your doctor will tell you. You will be given an armband at the time of this blood test, it is important that you do not remove this armband before your surgery.
- Get ready for your homecoming. Take care of all of the chores and meal preparation (freeze in single serving containers) so you can come home to frozen meals and a tidy house. Clean and sanitize your bath and shower.
- Obtain necessary equipment recommended in the pre-operative education session.
- The PAT nurse will call you a few days before your surgery. She will review your pre-anesthesia questionnaire, collect a list of medications you take, review pre-op instructions, and confirm your surgery time.
- Remove or fasten down area rugs so you won’t slip or trip. Prepare clear, flat and wide walking paths throughout your home by removing obstructions or unnecessary objects.
- Until you are more independent with daily activities it is recommended you make arrangements to have help with daily chores, pet care, and medical management for 1-2 weeks after you've been discharged from the hospital.
- **Unless otherwise directed** by your physician, **STOP TAKING** any and all medications that increase bleeding (see page 33 for more information) such as:
  - Ibuprofen (or any anti-inflammatory)
  - Aspirin

- Supplements such as ginkgo biloba, vitamin E., ginseng, fish oil, flax seed oil or St. John’s Wort, turmeric.
- Your surgeon’s office will make recommendations regarding other medications you are taking.

### Key Points and CHECKLIST for the 10 days before surgery:

- ☐ Arrange for advance directive if desired
- ☐ Attend pre-op appointment
- ☐ Receive call from pre-admission testing (PAT) nurse to review pre-op instructions, discuss medications, and anesthesia options
- ☐ Complete additional pre-admission tests if needed
- ☐ Prepare your house for coming home after surgery
- ☐ Clean and sanitize your bath and shower
- ☐ Avoid clipping your nails or getting a manicure/pedicure seven days before surgery
- ☐ Start showering with chlorhexidine (hibiclens) three days prior to surgery
- ☐ Do not shave legs 3 days prior to surgery
- ☐ Make arrangements for a support system once you get home
- ☐ Stop taking medications that increase bleeding, as directed by your surgeon
- ☐ Obtain necessary equipment recommended in the pre-operative education session

# Countdown to your surgery (continued)

## On the day and night before surgery:

- Please be aware that the time of surgery may change. Expect a confirmation call from the hospital (831.462.7298).
- No food, gum or drink — including water — after midnight unless specifically told otherwise. You may brush your teeth, but be careful not to swallow anything.
- A surgery prep kit will be mailed to you. Take a shower as instructed in the prep kit. Especially scrub the area where you will have surgery. Do not shave your legs. If one is not mailed to you, use chlorhexidine wash (purchased over the counter at any pharmacy).
- Your anesthesiologist may call you the night before surgery. If you don't hear from your anesthesiologist the night before surgery, you will talk with him/her immediately prior to your operation to review your personal information. Make sure to ask any questions you might have at this time.

### Key Points and CHECKLIST for the day and night before surgery:

- ☐ Call the hospital to confirm
- ☐ Do not drink or eat anything after midnight
- ☐ Shower as instructed with special cleansing solution

## The day of surgery:

- No food, gum or drink — including water — after midnight unless specifically told otherwise. You may brush your teeth, but be careful not to swallow anything.
- On the morning of surgery, take another shower using the second bottle of cleansing solution included in your surgery prep kit.
- Do not put on any lotion, or perfumes.
- Usually, you will be asked to come to the hospital the morning of your surgery, two hours before, to allow time for final assessments and to start IVs, etc. Please be on time to help keep your surgery on schedule. If you are late, it affects your start time and subsequent surgeries.

### Key Points and CHECKLIST for the day of surgery, before you leave for the hospital:

- ☐ No food or liquids
- ☐ No lotions or perfumes
- ☐ Don't shave your legs

## An advance directive is your right

According to federal law, patients should have the chance to make their wishes known about their health care. Forms for your advance directives are available at no charge at Dominican's Chaplaincy Department at 831.462.7552. This information is available in English and Spanish. If you already have one filled out, bring a copy to the hospital when you are admitted for surgery.

# Shower guidelines before surgery

1. Starting 7 days before surgery: do not trim your fingernails or toenails, no manicures or pedicures.
2. Starting 3 days before surgery: do not shave any part of your body.
3. Starting 2-3 days before surgery: wash with chlorhexidine wash (**can be purchased over the counter at any pharmacy**) with a clean washcloth from the neck down each day.
4. On the night before surgery: use the first baggie in your Dignity Surgery Prep Kit. Read the instructions carefully before starting. Wear clean pajamas and have clean sheets on your bed.
5. On the morning of surgery: use the second baggie in your Dignity Health Surgery Prep Kit.
6. Do not apply any lotions or perfumes after the cleansing routine. Put on clean comfortable clothes.





# Checklist of what to bring to the hospital and what to leave at home

## Do bring:

- ☐ This workbook
- ☐ Personal hygiene items, such as toothbrush, deodorant, razor, comb
- ☐ Comfortable, loose-fitting clothes or lightweight robe
- ☐ A copy of your advance directive for health care if you have one
- ☐ Your eyeglasses and hearing aids. Do not wear contact lenses.
- ☐ Cell phones and iPads are okay: remember to bring your device charger
- ☐ A list of current medications
- ☐ If you are borrowing ice therapy machine from a friend or a family member, please get a new bladder attachment to help prevent postoperative incision infection.
- ☐ CPAP, if you currently use one at home

## Don't bring:

- ☐ **Medications from home**
- ☐ Jewelry or other valuables
- ☐ Your wallet unless the Admitting Department has notified you of the need to make a payment on the day of your surgery

## Please:

- ☐ Don't wear perfume or bring any fragrances to the hospital
- ☐ Leave your laptop at home the first day. Family or friends can bring this to you after surgery

**Wireless internet access is provided by the hospital.**

# The day of surgery at the hospital

- Arrive at Dominican Hospital two hours before surgery.
- A Patient Registration Representative will verify your information and explain the billing process to you. Copies of your identification and insurance cards will be made.
- You will be asked to sign the Conditions of Admission form which allows the health care team to provide care, treatment, and services. Keep a copy for your records. Parents or legal guardians must sign for children under 18.
- The Patient Registration Representative can answer any financial questions you may have.
- **If at any time you don't understand what your care team or doctor is explaining to you, please ask for clarification.**
- You will be given an identification wristband to wear. Please keep it on at all times while you are in the hospital.
- Before surgery, you will be asked to sign the surgical procedure consent.
- Your nurse will then start an IV and get a medical history and other information.
- You will then be transported to the surgery department where you will be interviewed by the operating room nurse and anesthesiologist.

- **Please be aware that the repetitive questions by multiple personnel are designed to ensure your safety.**
- Before surgery, your surgeon will mark your surgical site. You will be asked to participate in this process by confirming the surgical location.

## Your friends and family:

- After checking in, your family will be able to wait with you until your are taken to surgery. After that, family members can wait in the surgical waiting area on the first floor of the hospital.
- For their comfort, a coffee cart and the cafeteria are located upstairs.
- Your surgeon will meet family or friends in the surgery waiting area when the surgery is finished.
- If no one will be waiting, give the nurses a contact phone number for the surgeon to call.

**To comply with County's guidelines and to help prevent the transmission of the pandemic, Dominican Hospital currently has visitor restrictions in place that may limit the ability for your friends and family to visit you during your stay.**

**Thank you for your understanding and cooperation. We encourage virtual visits through FaceTime, Skype, or phone calls.**



# The anesthesia process

We tailor your anesthesia to meet your personal needs. The anesthesiologists at Dominican Hospital are all board certified and board eligible physicians. The anesthesiologist will be in charge of your comfort before, during, and right after your surgery. He or she will manage vital functions in the operating room, such as heart function, body temperature, breathing, and blood pressure; and will replace blood and other fluids if necessary. In the Post Anesthesia Care Unit (PACU) the anesthesiologist is supported by specially trained nurses to monitor you and ensure a safe recovery.

Your anesthesiologist may call you the night before surgery. Immediately prior to your operation your anesthesiologist will review your personal information, go over lab/imaging results and take a short medical history. The anesthesiologist will also want to know about all medications you are taking and any allergies you have. All of this information will help provide the most appropriate anesthesia for your situation.

The anesthesiologist will discuss anesthesia options with you as well as complications, side effects, risks, and benefits.



## Types of anesthesia

General anesthesia provides loss of consciousness. Regional anesthesia blocks pain or sensation and numbs a large portion of the body. Spinal, epidural, and arm and leg “blocks” are techniques of regional anesthesia. Sometimes the two forms are combined. For example, the general anesthesia is used for the surgery itself while a regional technique is used before the operation so pain control is already started for the recovery period.

Also, other medications are often prescribed to make you drowsy and relaxed. The exact method of anesthesia will be determined by your surgery team and discussed with you.

**We will do everything we can to make the surgery process comfortable, but do not expect to be completely pain-free.** There will be discomfort, but our staff’s goal is to use pain-relief techniques to make it tolerable. The degree of discomfort can be related to several factors, including the type of surgical procedure. Post-surgical nausea or vomiting may occur, but medication to treat these symptoms will be given as needed.

# Pain management

At Dominican Hospital, pain control is a key part of your treatment. We will regularly assess and treat your pain so you do not have to endure or “put up with” severe pain. When pain is well controlled, you feel better, start moving and walking, and gain your strength back sooner. The goal of pain control is to allow you to resume normal activities.

Though your discomfort should be tolerable, you should not expect to be totally pain-free. Communication is an important part of helping us manage your discomfort and pain. We encourage you to share information with your nurses about any pain you experience.

Be as specific as possible. Where is the pain? How often do you feel pain? What does the pain feel like (i.e. is it sharp or dull?) Is it spreading? How would you rate your pain on the scale of 1 to 10? What helps to relieve the pain?



## Multimodal pain management

At Dominican Hospital, multimodal pain management has become an important part of the perioperative care of patients undergoing total joint replacement. Our surgeons designed a comprehensive multimodal pain management protocol to maximize patient comfort while minimizing adverse effects from regional anesthesia and pain medications and to promote accelerated post-operative rehabilitation. The principle of multimodal therapy is to use interventions that target several different receptors of the pain pathway, allowing more effective pain control with

fewer side effects. Opioids are given as a second-line treatment for residual (breakthrough) pain. Oxycodone (5-10 mg every 4 hours) is given for moderate to severe pain. Attentive nursing care ensures that patients receive oral pain medications 1 hour prior to physical therapy to minimize discomfort and disruptions.

## Tell us about any other symptoms

A common side effect of pain medicine is constipation. You will likely need stool softeners and laxatives while on strong pain medicine. Tell us if you have not had a bowel movement. Also, tell your nurse or doctor if you are nauseated or have other distressing symptoms such as shortness of breath, fatigue, or depression.

### To help us manage your pain:

- Talk with your doctors and nurses about what has helped your pain in the past.
- Tell us about allergies or reactions to pain medicines you have had.
- Your nurse will make a plan with you to manage your pain. It is harder to stop or control pain once the pain has taken hold, so you may be asked to take pain medicine on a regular basis. This approach may help get the best pain relief with the least amount of medicine.
- You can take pain medicine before an activity such as physical therapy.
- Ask questions if you are worried. For example, many worry they might become “hooked” on pain medicine. Studies show people taking the medicine for a medical reason usually do not become addicted.

# What to expect during your stay

## Medical stay

- Following surgery, you will spend about 2 hours in the PACU for recovery. An X-ray of a joint replacement will be taken as pain control is started and your vital signs are monitored.
- You will be transferred to the orthopedic unit where you will meet your joint care nurse.
- Your surgeon will visit each morning to assess your progress and clear you for the day's activities.

## General nursing care

- The nurse will conduct a general physical assessment: Checking vital signs, circulation, motion, sensation, wound dressing and mini wound vac if present.
- If a Foley catheter was inserted during surgery, it will be removed on the first morning following the surgery.
- Elastic stockings (TED hose) and sequential compression devices (SCDs) will be applied to both legs, to prevent blood clots.
- Your surgeon will be notified of abnormalities.

## Wound care

- The surgeon will place a dressing on the surgical site. The nurse will check the integrity of the dressing frequently and change it if needed.

## Pain control

- Your pain will be controlled with scheduled oral pain medications and 'as needed' intravenous pain medications. The nurse will review with you the list of prescribed medications and possible side effects.

## Medications and other modalities

- You will receive antibiotics to prevent infection and intravenous fluids to keep you hydrated.
- The nurse will initiate a bowel regimen including stool softener.
- The nurse will review anticoagulants prescribed by your physician.
- You will be using an incentive spirometer every hour (while awake) to prevent pneumonia.
- Ice packs will be applied to your surgical site regularly to help manage swelling and pain.
- Your diet after surgery will be adjusted depending on your tolerance.
- Snacks will be offered.



## Diet

- You will be able to eat a regular diet after your surgery. To help prevent constipation eat plenty of fresh fruits and vegetables and drink several glasses of liquid daily. See pages 34 and 36 for more information.

## Education

- You will be receiving continuous education on pain management, medications, diet, activity, treatment, precautions, incentive spirometer instructions, and anticoagulant teaching.

## Activity

- Move your ankles to help prevent formation of blood clots.
- You can bathe your face and upper body. The occupational therapist will assist you with your lower body.



- Nurses and therapists will assist you to get out of bed until you are instructed that you can do so on your own.

## Physical therapy (PT)

- Physical therapy will help you to get out of bed either the day of surgery or the first day after surgery.
- Physical therapy is twice a day. The therapist will work with you on getting in and out of bed, standing up and down, walking, navigating stairs if needed, and exercises.
- The physical therapist will work with you to determine the appropriate assistive device to use during these activities.

## Occupational therapy (OT)

- Occupational therapy will train you and your caregivers in activities of daily living, such as grooming, bathing, and dressing.
- OT will discuss your home setting and recommend any necessary equipment to make self-care easier.
- OT will identify strategies to help with pain management and energy conservation during meaningful tasks.

## Discharge planning

- In addition to your Ortho Navigator, each patient is assigned a Care Coordinator.
- The discharge plan created at the Total Joint Care Class is communicated to your entire Joint team.
- If your plan changes, your Ortho Navigator or Care Coordinator will facilitate your new plan.



# Discharge

After your surgery, when you are able to demonstrate basic mobility functionality, your surgeon together with physical and occupational therapists will clear you for discharge from the hospital. The majority of patients are discharged home. Our surgeons understand there is no place like home for healing. That is why we offer next day hospital discharge for hip and qualifying knee replacements. This provides patients the option to recover in the comfort and privacy of their own home.

A new study presented at the Annual Meeting of the American Academy of Orthopedic Surgeons (AAOS), found that even patients who live alone can recover effectively and safely at home (2016).

Given the emotional benefits of patients recovering in familiar surroundings, and no measurable difference in pain, complications or functional outcomes, home discharge is appropriate for the vast majority of patients undergoing joint replacement, including patients living on their own.

Your hospital discharge planning starts the moment you decide to have surgery. **One of the first things you need to do is arrange a ride for the day of your discharge.** Most patients are ready to be discharged from the hospital one to two days after surgery; however, specific criteria must be met.

You will be discharged from the hospital when:

- Your medical condition is stable
- You are able to eat and urinate
- Your pain is controlled with oral pain medication
- Your home is prepared for your safety
- You successfully meet physical and occupational therapy goals (see recovery/rehab process section)

# Discharge options

## Dominican Home Health

Dominican Home Health has a staff of 50 highly experienced skilled professionals including nurses, physical, occupational and speech therapist, medical social workers and home health aides to assist you with the transition from hospitalization to getting back to your normal routine. Our staff can provide skilled care to allow you to recuperate from your surgery in your home and are able to teach you and your family and/or caregivers how best to maximize your recovery.

Home health services are short-term care provided under a doctor’s order when skilled care such as nursing or therapy is needed. It is designed for patients who are temporarily homebound meaning that they are not yet driving and go out infrequently, usually for doctor’s appointments, during their recovery phase.

Dominican Home Health is approved by Medicare, and MediCal and many private insurance plans including Anthem Blue Cross. To contact Dominican Home Health, dial ext. 7988 from your hospital phone, or call 831.465.7988 from outside the hospital, or ask your nurse or case manager for assistance.

The Centers for Medicare and Medicaid Services (CMS) requires that the hospital disclose to you its ownership/interest in any of the services offered to you. Dominican Hospital of Santa Cruz has ownership interest in Dominican Home Health.

## Dominican Hospital Outpatient Rehabilitation Services

Although your rehabilitation begins right after your surgery and continues during your hospital stay, it does not stop there. For many patients, outpatient therapy is the most effective and fastest way to regain your independence. Our Orthopedic Rehabilitation Services include:

- 1:1 therapy with a Physical Therapist.
- Physician and therapy directed movement and strengthening.
- Progressive strengthening, balance, and endurance programs.
- Recommendations for your post-acute rehab such as our **Total Joint Post Rehabilitation Class** are offered at no charge and designed to maximize your newfound strength and mobility. Our Focus on Wellness Magazine offers a variety of different options sure to meet your needs and interests.

Most services are covered under Medicare, Central Coast Alliance for Health, private insurance carriers, and HMOs with prior authorization.





# Taking care of yourself of yourself at home: Your care continues

## Pain management

- Take your pain medicine regularly and at least 30-45 minutes before therapy sessions.
- Use ice for pain control by applying to your hip or knee area for 15-20 minutes at a time every 1-2 hours.
- Always ice after physical therapy or exercise. You can purchase an ice pack from most drug stores, or a bag of frozen peas wrapped in a towel will work.
- Stiffness in your hip or knee can be quite uncomfortable so you can help loosen it up and feel better by changing position every 45 minutes throughout the day.
- Identify complementary pain modalities that help you cope with pain. Examples include aromatherapy, guided meditations and/or diaphragmatic breathing.

## Changes in sleep and energy

- It's normal to have trouble sleeping at night, and that can be made more difficult if you nap too much during the day. Taking your pain medication regularly should help improve sleep patterns.
- After a month you will likely be independent at home, but you may have decreased energy.

- Remember that you have been through a major ordeal and might experience minor depression after 4-6 weeks when you are still recovering and not yet back to your former lifestyle.
- If you do experience these changes, try having people come to visit, renting movies, listening to music, meditation, or calling friends to keep occupied.

## Preventing constipation

- Pain medicine can cause constipation. To help prevent this, it is essential that you drink plenty of fluids. Juices and prunes can also help, but most people need to use stool softeners and a laxative every day for as long as it takes to get back to their regular routine.

## Caring for your incision

- Keep your incision covered with a dressing until all of the drainage has stopped. It is important to notify your doctor if you notice increased drainage at the wound, or other signs of infection.
- Do not take a bath, hot tub, or enter a swimming pool until cleared by your doctor as this can increase the risk of infection. Showers are okay.
- You will be instructed on how to manage your dressing prior to discharge from the hospital.

# Showering guidelines after surgery

1. Showers are not recommended during your Dominican Hospital stay. Wait to shower until you get home.
2. Use chlorhexidine wash to wash your body from the neck down.
3. Sit down on a bath bench or shower chair when you shower. All equipment and surfaces should be cleaned and sanitized beforehand.
4. Shower sparingly or as needed to preserve the integrity of the dressings.
5. Dressing or wound vac (if you have one) will be removed at your post-op appointment in surgeon's office.
6. If your dressing loses its adhesiveness, inform your nurse. Do not touch or scratch the incision. Your nurse will provide you with a new dressing.
7. Do not immerse your incision in water for 20 days after your surgery. This includes pools, hot-tubs, and baths.
8. Monitor for signs of infection: yellow or odorous drainage, redness, excessive pain/tenderness or swelling, fever or heat. Inform your surgeon and home health nurse if you have any of these symptoms.

## For dressings covered with waterproof barrier Tegaderm:

1. With Tegaderm dressing INTACT, use the guidelines above.
2. If Tegaderm dressing becomes loose or peels away, cover the entire wound with cast cover or another waterproof barrier for your shower. Let your nurse know that you need your dressing checked.
3. Your home health/facility nurse will change your dressing as needed.

## For dressings without waterproof barrier:

1. Use a cast cover or water proof barrier with plastic and foam tape to keep your dressings dry during your shower.
2. Your home health/facility nurse will change your dressing as needed.

# Total joint home medications

	Breakfast	Lunch	Dinner	Nighttime	Common side effects
Blood thinner:					
Aspirin (dose and frequency as ordered)					Bruising, unusual bleeding, rash
Stool softener:					
Colace 100 mg twice a day	Yes		Yes		Diarrhea
Pain:					
Gabapentin 300 mg three times a day	Yes	Yes	Yes		Drowsiness, dry mouth, blurred vision
Meloxicam 7.5mg – 15mg once a day	Yes				Dizziness, nausea, indigestion, rash
Acetaminophen (Tylenol) 650 mg every 4 hours	Schedule this medication to take every 4 hours.				Nausea, vomiting AVOID ALCOHOL
Tramadol 50 mg every 6 hours	Schedule this medication to take every 6 hours.				Drowsiness, dry mouth, constipation
Oxycodone IR, take dose as ordered at the frequency ordered, as needed for pain	If pain not relieved with above pain medications, take this medication as needed. Follow instructions on bottle.				Drowsiness, dry mouth, constipation
Nausea:					
Compazine 10 mg – may take every 8 hours as needed	Take this medication as needed for nausea. Follow instructions on bottle.				Drowsiness, dizziness, upset stomach

# Recognizing potential complications



### Signs of infection

- Increasing pain in the joint
- Swelling and or redness at the incision site
- Change in color or odor of wound drainage
- Fever greater than 101 degrees

### Signs of a blood clot (this can occur in either leg)

- Swelling in the thigh, calf or ankle that does not go down when you elevate your leg
- Pain, tenderness or redness in the calf

**Possible signs of a Pulmonary Embolus**  
(when a blood clot breaks off and travels to the lungs. See next page for more information.)

**This is an emergency and you should call 911 if you experience any of the following:**

- Sudden chest pain
- Difficult and or rapid breathing
- Shortness of breath
- Sweating above normal for your activity
- Confusion

For more information, see next page.

### Dental Prophylaxis

- Talk to your dentist or surgeon about the need for an antibiotic before undergoing any future dental procedure

# Preventing PE (Pulmonary Embolism)

## Pulmonary embolism is a medical emergency!

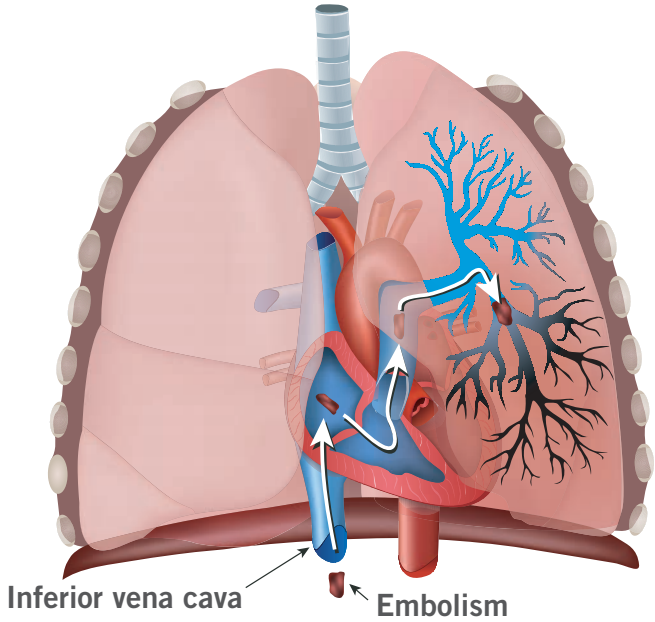
Pulmonary embolism (PE) is a blockage in one of the pulmonary arteries in lungs. Pulmonary embolism is caused by blood clots that travel to the lungs from deep veins in the legs (DVT). Surgical patients are at increased risk of developing a PE, especially after orthopedic hip and knee surgery, because of positioning during surgery and immobility, which contributes to an increase in venous stasis. Therefore the prophylactic therapy is essential. Pulmonary embolism is a life-threatening condition that should be promptly recognized.

Occasionally, blockage in the blood vessel is caused by substance other than blood clots, such as: fat from the marrow of a broken long bone, part of tumor or air bubble.

## Factors associated with an increased risk for PE

Blood clots are more likely to form during periods of inactivity, such as:

- **Prolonged immobility.** Being confined to bed for an extended period before and after surgery, a heart attack, leg fracture, trauma etc.
- **Sitting or lying down for long periods.** Sitting in a cramped position during lengthy plane or car trips slows blood flow in the legs, which contributes to the formation of clots.
- **Dehydration.** Dehydration is a leading cause of DVT because it may cause your *blood* to thicken and *clot*.



## Other factors:

- **Smoking.** Tobacco use predisposes some people to blood clot formation, especially when combined with other risk factors.
- **Being overweight.** Excess weight increases the risk of blood clots — particularly in people with other risk factors.
- **Supplemental estrogen.** The estrogen in birth control pills and in hormone replacement therapy can increase clotting factors in blood.

Pulmonary embolism can also lead to pulmonary hypertension, a condition in which the blood pressure in the lungs and in the right side of the heart is too high. With the obstructions in the arteries inside lungs, heart must work harder to push blood through those vessels, which increases blood pressure and eventually weakens the heart muscle.

## Symptoms

- **Shortness of breath.** This symptom typically appears suddenly and always gets worse with exertion.
- **Chest pain.** The pain is often sharp and felt with deep breathing.
- **Cough.** The cough may produce bloody or blood-streaked sputum.
- **Increased heart rate.** Rapid or irregular heartbeat.
- **Lightheadedness or dizziness.**
- **Sweating.** Excessive sweating or feeling clammy.
- **Fever.**

The challenge in dealing with pulmonary embolism (PE) is that patients rarely display the classic presentation of this problem, that is, the abrupt onset of chest pain, shortness of breath, and hypoxia.

## Prevention

- **Blood thinners (anticoagulants).** These medications are often given to people at risk of clots before and after an operation — as well as to people admitted to the hospital with medical conditions, such as heart attack, stroke or complications of cancer.

- **Compression stockings.** Compression stockings steadily squeeze lower legs, helping veins and leg muscles move blood more efficiently. They offer a safe, simple and inexpensive way to keep blood from stagnating during and after surgery.
- **Leg elevation.** Elevating legs when possible and during the night also can be very effective.
- **Physical activity.** Moving as soon as possible after surgery can help prevent pulmonary embolism and hasten recovery overall. This is one of the main reasons why surgical patient should ambulate even on the day of surgery, and walk despite pain at the site of surgical incision.
- **Pneumatic compression.** This treatment uses thigh-high or calf-high cuffs that automatically inflate with air and deflate every few minutes to massage and squeeze the veins in lower legs to improve blood flow.

## Tips to help avoid blood clots (in addition to hydration)

- Maintain an active lifestyle and get regular exercise.
- Avoid standing or sitting for more than 1 hour at a time.
- Limit sodium in your diet.
- Sit or lie down and raise your feet approximately six inches above your heart at the end of the day.



# Recovery and rehabilitation process

You made the decision to have surgery to improve your function, and you will. Initially, we will instruct you how to move to avoid pain and to gently increase your activity as tolerated.

You will meet your Physical Therapist (PT) and/or Occupational Therapist (OT) in your pre-operative joint class. After surgery, PT, OT, and Nursing will work closely with you to help you regain your independence.

Before you leave the hospital, you must meet the goals set by your PT and OT. They will prepare you for activities of daily living and instruct you on the best ways to move about.

Depending upon your particular surgery or surgeon you may or may not have movement precautions. Your therapists and nurses will review your precautions throughout all activities while you are in the hospital, and will let you know what to expect when you go home.

### Goals of your activity program:

1. Improve your general fitness, strength, and mobility.

2. Reduce the risk of complications associated with surgery (such as blood clot).

3. Improve the active range of motion of your involved extremity.

4. Become independent with bed mobility and transfers.
5. Perform activities of daily living independently.

6. Achieve independence when walking.

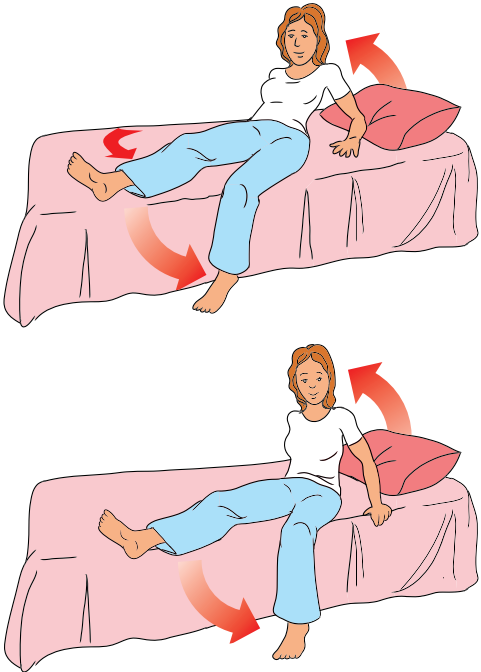
7. Feel confident in continuing with your exercise program at home.



# Movement after your surgery

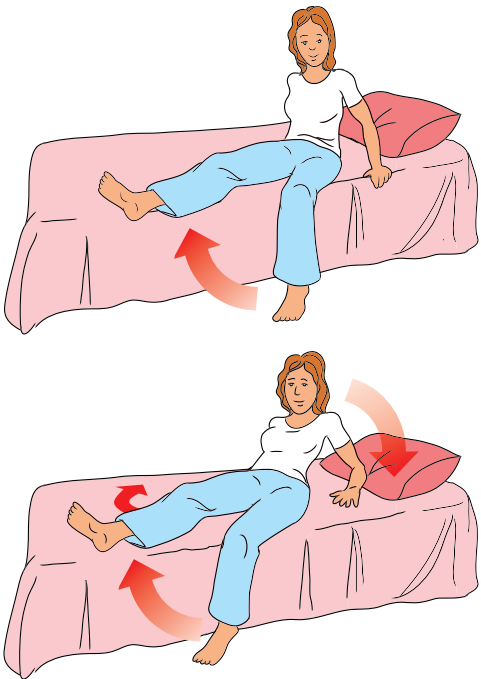
## Getting out of bed

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up.
- Push up onto your forearms.
- Push up onto your hands.
- Slide legs so your heels are over the edge of the bed.
- Scoot your hips forward until both feet are on the ground.



## Getting into bed

- Sit on the edge of the bed with both feet on the ground. Make sure you are not bending forward excessively and that your operated hip is not turning in excessively.
- Bearing weight on your hands, scoot your hips backward onto the bed. Keep your shoulders back.
- Lower yourself onto your forearms.
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up.

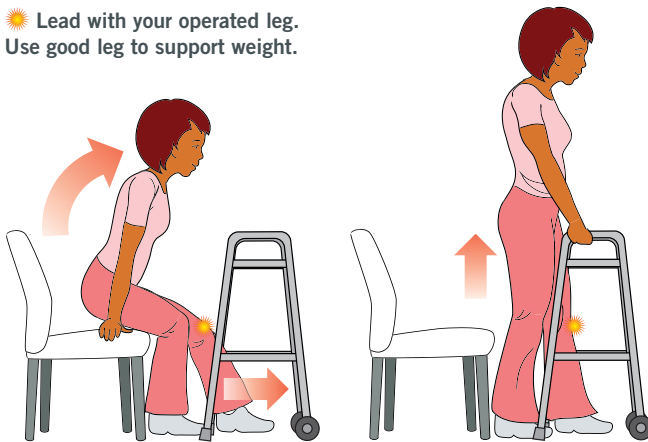


# Movement after your surgery (continued)

## Standing

- Soon after your surgery, you will be out of bed and able to stand. You will require help since you may become dizzy the first several times you stand. As you regain your strength, you will be able to stand independently.
- Move your operated leg forward and push off the arm rests of the chair to stand up.
- Once you have your balance, reach for the walker.

☀ Lead with your operated leg. Use good leg to support weight.



## Using a walker

Be sure to:

- Be aware if you have any weight bearing precautions.
- Move the walker first.
- Then, move the operated leg forward.
- Push down on your hands when you step forward with your non-operated leg.
- Do not turn (pivot) on your operated leg. Instead, pick up your feet and turn using several small steps.
- Land on your heel and push off your toes when walking (a heel/toe pattern of walking).
- Take an equal number of steps with each foot. Make each step the same length.
- Lean your back against the wall for support if you stop to talk with someone or if you become tired.
- Frequent, short walks are recommended.

☀ Move walker first, then your operated leg. Use good leg and walker to support weight.



### TIP: During the day

- Avoid sitting and/or standing for long periods (no more than 30 minutes in one place). Changing position frequently will increase blood flow, decrease joint stiffness, and decrease post-operative leg swelling.
- To decrease pain, inflammation and swelling, ice can be placed on your new joint for 15–20 minutes 1-2 hours or as tolerated.

# Getting around your home: Activities of daily living and equipment

## Climbing up stairs

- Use a handrail (if available) to climb stairs.
- Lead with your non-operated leg, then your operated leg, and finally your crutches or cane.
- A family member should stay one step below, standing on your operated side, when helping you climb stairs.

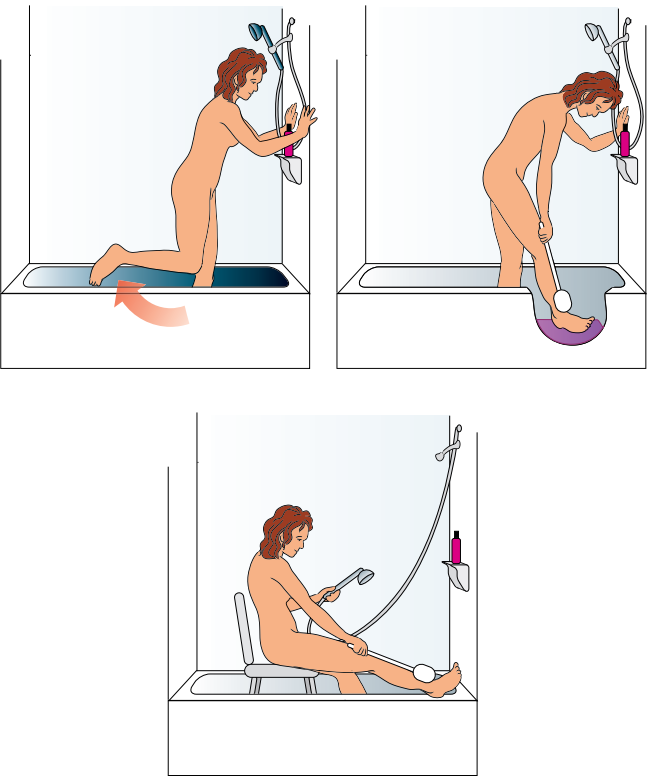
## Going down stairs

- Use a handrail (if available) to go downstairs.
- Lead with your crutch or cane, followed by your operated leg, and finally your non-operated leg.
- A family member should stay one step below, standing on your operated side, when helping you go downstairs.

## Bathing or showering

- You may shower when approved by your doctor. You and your occupational therapist will discuss the correct technique to step into your shower stall or bathtub at home. We recommend that you install a handheld shower hose, which better enables you to bathe below your waist.
- If you do not have non-skid strips glued to the floor of your shower stall or bathtub, carefully place a non-skid rubber bath mat on the floor of the stall or tub. Before starting the water, be sure that the suction cups on the underside of the mat are pushed down against the floor of the tub or stall.
- Do not sit on the bottom of the bathtub to bathe if you are following any hip precautions. Your surgeon and therapist can clear you to sit in the bottom of the tub when you are ready.

- Use liquid soap to avoid dropping a bar of soap and flexing the hips to retrieve it off the floor while showering
- A long-handled bath sponge will help in bathing below the knees.
- During the first few showers at home, we recommend that you shower no longer than 10 minutes, using lukewarm water and keeping the bathroom well ventilated.
- If needed, your therapist will discuss how to cover your incision for bathing.
- Bath benches, shower chairs, and grab bars can prevent falls during showering.



# Getting around your home:

## Activities of daily living and equipment (continued)

### Taking care of yourself

Your OT will instruct you in the use of adaptive equipment to assist you with dressing and bathing. These items may include:

- Long reacher and/or dressing stick
- Long-handled sponge
- Sock aid
- Long shoehorn

Depending on your surgery you may or may not have certain precautions, but general rules to follow immediately after surgery include:

- When dressing your lower body, sit in a chair or at the edge of your bed.
- Dress the surgical leg first.
- Keep your surgical leg out in front of you while dressing.
- Do not cross your legs when putting on pants, socks, and shoes.

### Putting on your pants

- Put the operated leg into the pant leg first. Then put the non-operated leg into the other pant leg using a reacher or dressing stick (if needed).

### Removing your pants

- First, remove the non-operated leg from the pant leg.
- Then, remove the operated leg from the other pant leg using a reacher.

### Tying your shoes

- Use elastic shoelaces with a long-handled shoe horn or wear slip-on shoes.



### Types of durable medical equipment

Your Occupational and or Physical Therapist will recommend what type of equipment you may need when you go home — here are some examples:

Transfer tub bench



Shower bench



3-in-1 commode



Toilet riser



- Gently lower yourself to sit on the car seat.
- Swing your legs into the car.
- When traveling long distances, make frequent stops and get out and walk around.

### Getting out of car

- Push the seat all the way back.
- Recline the seat a little.
- Lift your legs out one at a time.
- Place the walker up in front of you and push up from the car seat with one hand on the walker.
- Use the unaffected leg to do the primary work initially.

### Homemaking

- Sit for rest breaks as needed.
- Slide objects along the countertop rather than carrying them. Use a utility cart with wheels to transfer items to and from the table.
- Attach a bag or basket to your walker or wear a fanny pack to carry small items.
- Use a long-handled reacher (“grabber,” “pick-up stick”) to reach objects on the floor.
- Remove all throw rugs and long electrical cords to avoid tripping in your home.
- Watch out for slippery/wet areas on the floor.
- Place frequently used items in convenient, easy to reach locations.

### Getting into a car

- Be sure the passenger seat is pushed all the way back.
- Recline the seat back a little.
- With your walker in front of you, slowly back up to the car seat.
- Reach back with one arm to steady yourself with the car seat.



# Post-operative exercises

The post-operative exercise program is a critical part of your rehabilitation to ensure that you have full recovery from surgery and that you get the most out of your new joint.

Therapists will work with you as soon as possible after your surgery to start you on a progressive exercise program, and you will continue with these exercises as you go home and as you transition back into your desired activities.

### General considerations:

- Pain interferes with your ability to perform the exercises well, and so it is important that your pain is under control. Usually, we will have you take something for pain before you start with therapy.
- You should do an exercise session at least twice per day. Some days will be easier than others, but we will encourage you and teach you when to push yourself and when you need to rest.
- Exercises should be done slowly and in control to get the most benefit, and to reduce any pain from the exercise. It is really important that you focus on breathing throughout the exercises to reduce any strain.

### The goals for the exercise therapy are:

1. To begin to move without pain or risk of injury.
2. To increase general circulation to facilitate healing.
3. To decrease pain, and improve comfort at rest.
4. To activate muscles that were involved during the surgery.

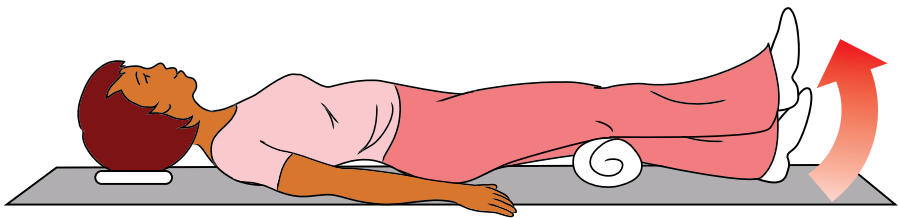
- Everyone responds to surgery a little differently, and people go into surgery with different levels of fitness. We will add the exercises you need to progress your strength and mobility at each phase of your recovery.
- In order to be effective, exercises need to challenge you to do a little more each day. You can choose to either increase the number of repetitions of an exercise or increase the time that you perform exercises. As long as you exert yourself each session you will continue to make gains.
- Your exercise program will continue as you go home. You may be doing this independently or with a home health therapist. Each therapist will assess your function and strength and will continue to progress you along the pathway. You may continue on independently or with outpatient therapy, but you should expect to be progressing with a home exercise program for several months to make the greatest recovery.
- You can expect your therapist to explain why the exercises are important, give you feedback on how you are doing, and answer questions related to your recovery. You can also expect that each therapist will let the next therapist know how you are doing and what you need to do next.

# Post-operative beginning exercises

These exercises are to aid the circulation in your legs and help prevent phlebitis and blood clots. They also help strengthen your muscles. Do these exercises **numerous** times throughout the day.

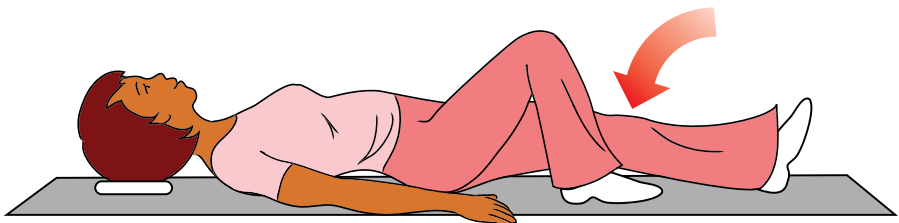
## 1. Short arc quads

- Place a small towel roll under your knee
- Tighten your thigh muscle by straightening your knee
- Your heel should come off the bed
- Hold for several seconds
- Repeat 10X
- Remove towel roll after this exercise as you should not have anything placed under your knee unless doing this exercise



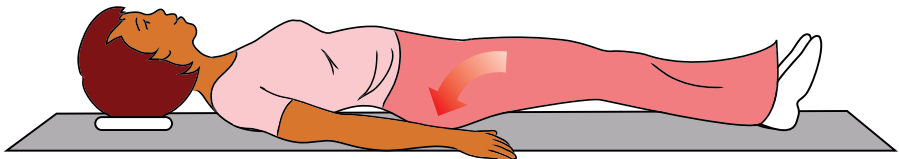
## 2. Heel slides

- Slide your heel towards your buttocks as far as comfortable
- Hold for a few seconds
- Slowly straighten your knee back out
- Repeat 10X



## 3. Gluteal sets

- Squeeze your buttocks together.
- Hold several seconds.
- Repeat 10 times.



# Changes in electrolytes after surgery

You need electrolytes to maintain your body’s balance. The most common electrolytes replaced after surgery are magnesium, potassium, phosphate, and sodium. These are trace elements that are found in your blood and other body tissues. They help your body to work, and they must be in balance with each other.

**Sodium.** Sodium works closely with water to maintain a proper fluid volume in the body.

**Potassium.** You need potassium for healthy heart function, cell growth, and muscle contraction.

**Magnesium.** You need magnesium to maintain your metabolism, organ and tissue function.

**Calcium.** Calcium helps with nerve, heart and muscle function, blood clotting and forming teeth and bone.

**Phosphate.** Phosphate helps muscle, red blood cells and the nervous system to function. With calcium, it helps form bone and teeth.

The symptoms of electrolyte imbalance can include twitching, weakness, muscle cramps and spasms, tingling and numbness, breathing difficulties, and if unchecked, seizures and heart rhythm disturbances.

## Drinks Rich in Electrolytes

- Coconut water
- Milk
- Watermelon water (and other fruit juices)
- Smoothies
- Electrolyte-infused waters
- Sports drinks
- Pedialyte



**Water is the most logical form of hydration. However, sports drinks like Gatorade contain sugar and electrolytes like sodium and potassium.**

## Foods to Replenish Electrolytes

- Milk and yogurt are excellent sources of the electrolyte calcium
- Bananas are the best source of potassium
- Watermelon
- Avocado
- Beets
- Swiss Chard
- Raisins



# Fall risk reduction

## Learn the basics to reduce your risk of falling

If you have suffered a fall, or have been identified as being at risk for falling while in the hospital, here are some simple things you can do to reduce your risk of falling in the future.

## 6 basic steps to reduce your risk of falling

### 1. Improve the safety of your home environment

Perform a Home Safety Check on your own with a family member. Schedule a Home safety Check with a physical or occupational therapist. Your physician can write the referral.

### 2. Discuss any fears with your family and healthcare providers

Fear of falling actually increases your risk of falling. Tell your family or doctor if you’ve had a fall, or if you’re feeling unsteady during daily activities. The more they know, the more they can help you.

Make a safety plan with friend or family to help if you fall and can’t get up. Ask your physical therapist for ideas.

### 3. Review your medications with your doctor or pharmacist

As you get older, the way medicines work in your body can change. Some medicines or combinations of medicines can make you sleepy or dizzy, which can increase your risk of falling.

### 4. Get your vision checked annually

Poor vision can increase your risk of falling.

### 5. Take extra care

Think before you move. When you stand up or get out of bed, think about how you’re feeling before you start walking.

When you’re walking, just focus on walking. Don’t attempt to do more than one thing at a time when you’re up on your feet.

### 6. Begin an exercise program targeted to improve your balance

Get a referral from your physician for a physical therapy evaluation.

Join a community exercise class. Dominican Hospital’s PEP community education program offers classes on: balance, senior strength, and conditioning, water exercise.

**PEPS Phone number: 831.457.7099**

Falls are not a necessary or inevitable part of the aging process — in fact, they are largely preventable. Falls have many causes, and involve interactions between an individual and his or her environment.



# Optimize healing with the right diet

## Foods to eat after orthopedic surgery

Eating the right food after surgery promotes faster healing, minimizes inflammation and swelling, prevents constipation caused by pain medications and decreases digestive problems caused by antibiotics. A well-balanced diet it's essential for proper tissue growth, repair and fast recovery. There are six essential nutrients which help in quick and healthy recovery.

### 1. Protein

After surgery the body's demand for protein increases. **Protein** is a key ingredient of the **bone-healing** diet. Adding this nutrient to a post-surgery diet has shown to increase bone mass and reduce post-surgical infections. To support the healing process the recommended amount of protein is 1-1.2 grams per kilogram of body weight. Best sources of protein are meat, poultry, eggs, seafood, beans, and legumes.

### 2. Vitamin C

**Vitamin C** is a water-soluble vitamin that help cross-link collagen. Collagen is the most abundant protein in the body and is crucial to proper **wound healing**. Vitamin C also has antioxidant properties and hence is an integral part of body's **immune functions**. The daily recommended allowance of Vitamin C is 500 mg. Bell peppers are an excellent source of Vitamin C (340 mg per medium pepper). Other sources of Vitamin C are citrus fruit, kiwi fruit, broccoli, and kale.

### 3. Calcium and Vitamin D

**Vitamin D** is considered to be a vitamin critical for **bone health**. Skeletal muscles also require Vitamin D for maximal functioning. When the skin is injured, a higher amount of Vitamin D intake will enhance healing and better outcomes. Humans absorb Vitamin D from exposure to sunlight, their dietary intake, and from dietary supplements. The daily recommendation is 600-800 IU (international units).

Our body also needs **calcium** to build and maintain **strong bones**. Our heart, muscles, and nerves need calcium to function properly. Vitamin D helps our body absorb and utilize calcium. Dark, leafy vegetables (broccoli, spinach, kale), dairy products, yogurt, and cheese are the best sources of calcium. Daily recommended amount is 1,000-1,200 milligrams.

### 4. Zinc

**Zinc** is critical to wound **healing**, and surgery or trauma can decrease the level of **zinc** in your body. Zinc, being an important mineral, plays a vital role in protein synthesis and helps regulate the cell production in the immune system of the human body.

White blood cells are integral to the healing process and can defend the body against a number of infections, including those that commonly attack surgical incisions, and other wounds. Zinc is also required for the production of collagen, a connective tissue that is required for skin repair and regrowth. The most important food source of zinc is meat, and other products like oysters, turnips, peas, oats, peanuts, almonds, whole wheat grain, pumpkin seeds, ginger root.

### 5. Fiber

Even if you have regular bowel movements prior to surgery, you're likely to experience post-surgery constipation. Why? Because pain medications, anesthetic agents, alterations to diet, dehydration, stress, and reduced physical activity can work against your body's normal routine of elimination. Eating foods that contain **fiber** keeps your digestive system running optimally and nourishes the beneficial bacteria in your digestive tract. One of the easiest ways of increasing fiber is by eating several prunes a day. Just a ½ cup of prunes provides 6 grams of fiber or almost 25% of your daily dietary fiber requirements. Aim to eat three prunes a day, starting the day before your surgery, and continuing for a week after surgery. Other good sources of **fiber** include bran (oat, wheat, corn and rice bran), beans and peas (garbanzo, black, kidney, navy, pinto and white beans, lentils, split peas and edamame), whole grains (barley, quinoa, wheat berry, bulgur) nuts and seeds (flaxseed, almonds, sunflower, pumpkin).

### 6. Omega-3

**Omega-3** fatty acids are found in all cells and play a key role in a range of vital body processes, from blood pressure and blood clotting to **inflammation and immunity**. Omega-3 fatty acids are also effective general anti-inflammatories. To reduce inflammation, take 2,000-3,000 mg of **omega-3 fish oil** per day for two weeks after surgery. You can then go to a maintenance dosage of 500-1,000 mg per day. If fish oil is already part of your daily routine, be sure to stop taking it five days before surgery, since it can promote blood thinning and increase bleeding during surgery.

Your dietary intake influences all kinds biological and chemical processes in your body. These processes affect how quickly one recovers after surgery. Maintaining a healthy, well-balanced diet, ideally optimized with appropriate supplements, (e.g. vitamins, antioxidants, and minerals) can enhance the surgical healing process.

Next time you head to the grocery store, make sure to include these foods on your grocery list so that you can heal faster after surgery.





# Frequently asked questions

A well-informed patient is one who will be able to take part in their care and rehabilitation. Knowing what to expect before, during, and after surgery can help you to recover more quickly. It can also assist you and your caregiver to avoid and recognize potential problems. There are common questions patients have about total joint replacement surgery. Answers to some questions are listed below.

However, it is best to discuss your specific questions with your surgeon. Note that some questions have a reminder to do just that.

## General questions

### Why do most people have a joint replacement?

One reason is to have less pain. There may be the desire to add walking and exercise back to daily life. Activities such as dressing, grocery shopping, and others are pleasant when they become easier. Many people want improved quality of life overall.

### What are the major risks related to total joint replacement surgery?

Infections and blood clots may be avoided by use of antibiotics and anticoagulant medication. Special measures are taken in the operating room to reduce the risk of infection. The chances of an infection or blood clot are very low. Dislocation is prevented by using all precautions taught to you by your therapists.

Your surgeon will discuss the risks of surgery with you.

### Am I too old for this surgery?

Age is not an issue if you are in good health and want to continue living an active life. You may be asked to see your primary care doctor about your overall health and readiness for surgery.

### Will I be put to sleep for surgery?

General or regional anesthesia may be possible for your surgery. General anesthesia allows you to sleep. Regional anesthesia provides numbness of a certain body region with other medication given to cause sleepiness. Several factors are included to decide which type of anesthesia is best for you:

- Past experience with surgery
- General health and physical condition
- Reactions or allergies you have had to medications
- Risks of each type of anesthesia
- Input from your surgical team and yourself

*\*Discuss this with your anesthesiologist/nurse anesthetist*

### How long will my surgery last?

Surgery will last from one to three hours. Time often depends on the equipment and anesthesia. Some time is also spent preparing you for surgery and anesthesia.

### Will I have pain after surgery?

You will have discomfort after surgery, but it will lessen greatly over the first several days. Medication can be given to keep you comfortable. It will also help you to participate in therapy. Quicker than you might think, your medication will be reduced to an over the counter pain reliever and then none.

### When can I get up?

You will get out of bed on either the day of surgery or the day after. You will need the help of the healthcare team until your physical therapist tells you otherwise.

### Will I need to use a walker?

Your therapist will determine if you use a walker, crutches, or cane after surgery. This gait aid will be needed for a certain length of time, depending on your specific surgery and recovery rate.

### When can I shower?

You can shower with assistance when approved by your surgeon. Protection of your incision during showers will be discussed with you. Do not immerse your surgical site in water (bath, swimming pool, etc.) until 20 days after surgery, or as directed by your surgeon.

*\*Ask your surgeon how long you should wait until you get down into a bathtub.*

### How long will I stay in the hospital?

Most patients go directly home after one to three days in the hospital. Some patients, however, may need to spend a few extra days in a hospital-like setting, or rehabilitation center. Some reasons a patient may not go directly home include:

- Other medical conditions may limit progress
- There is not enough help at home
- There are too many steps at home
- The only restroom is on the second floor

### Will I need physical therapy at home?

Most patients continue therapy at home or at an outpatient setting for a certain length of time.

Therapy options should be explored with your insurance company so there are no surprises about coverage.

*\*Ask your surgeon how long you should have therapy after discharge.*

### Should I exercise before my total joint replacement?

Beginning an exercise program before your surgery can greatly enhance your recovery period. Ask your doctor about exercises you can do before surgery. Strengthening your upper body will make it easier to use crutches or a walker after surgery. Isometric exercises can help maintain the strength of your leg muscles. Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. If an exercise causes an increase in joint discomfort, stop doing that exercise.

*Continued on page 36*

# Frequently asked questions (continued)

### Will I need special equipment after total joint replacement?

Besides a gait aid, an elevated toilet seat or a commode, shower bench or chair, grab bars, and other assistive equipment may also be necessary for safety and use at home. Equipment may be arranged before or during your hospital stay.

### Can I drive after surgery?

No, you cannot drive immediately after surgery. You cannot drive while taking pain medication. Generally, driving resumes four to six weeks after surgery. You can ride in a car after surgery by following the techniques and precautions outlined by your therapist.

*\*Discuss driving with your surgeon and physical therapist*

### When can I return to work?

Most often, at least 4-6 weeks are needed off from work. It depends on the type of work you do.

*\*Discuss your specific work activities with your surgeon*

### When can I play sports again?

You are encouraged to participate in low-impact activities after your full rehabilitation. These activities include walking, dancing, golfing, hiking, swimming, bowling, and gardening.

High-impact activities such as running are not recommended.

*\*Discuss specific activities with your surgeon*

### How often will I need to see my surgeon?

You will see your surgeon within two weeks of surgery. Additional visits will be scheduled, so be sure to write them on your calendar.

*\*Discuss frequency of follow-up visits with your surgeon*

### Who do I call if I have questions once I'm home?

You may call your ortho navigator with questions.

### When can I have sex after hip replacement surgery?

Sexual activity is not recommended immediately after surgery. Sexual activity can often resume safely at four to six weeks after surgery, but it could be longer. Your surgeon will determine what timeframe is safe for you. Following precautions to prevent dislocation is very important.

*\*Discuss resuming sexual activity with your surgeon*

# Other important information for you and your visitors

### Everyone's safety in the hospital

While you are receiving care at Dominican Hospital, you and your family are important members of our care team. As team members, we ask that you follow all instructions given by staff. We also enlist your help to ensure your safety by asking you to speak up.

### Please talk to our staff if you:

- See unsafe situations
- Don't have a full understanding about
- Have information about yourself that you want us to know
- Think staff has confused you with another patient
- Have questions or concerns

### Report concerns directly to:

- Staff taking care of you
- The unit director. **Dial 0** and ask the hospital operator to connect your call

### Ask questions; seek information. It's your right to know what is happening to you:

- Write down facts your doctor tells you. Have family or friends review information if you think this will help
- Read medical forms before you sign

### Tells us about:

- Allergies that you have to food, drugs, latex or anything else
- Medications you are taking, including prescription medications, vitamins, herbal and

other supplements, and all over-the-counter medications

- Special diet, cultural or religious practices or concerns
- Medical conditions or surgeries that you have had
- Limitations or disabilities that may affect your safety such as difficulty hearing, reading, walking, or seeing
- Anyone that you would like to restrict from visiting you

### Tell us about any changes in the way you feel:

The Dominican Hospital's Rapid Response Team (RRT) is available 24/7 to assist in evaluation of any noticeable change in condition. Please talk to your nurse regarding calling the Rapid Response Team. The RRT can be reached at **ext. 7801**.

### Visitor information & guidelines:

Dominican Hospital is committed to patient and family-centered care. We recognize that visits from your loved ones and friends play an important part in your healing process, and we balance this with the need for all patients to have a restful and quiet atmosphere to promote healing. General visiting hours are between 11 am and 8:30 pm. This can vary depending on the patient's condition. Visitors should use good judgment when determining the length of visits so that patients can still get the rest they need. Children under the age of 12 are generally not permitted in patient care areas, but exceptions can be made for immediate family members. At no time are children permitted to be left unattended in any area of the hospital. Please check in at the nurses' station upon arrival and ask about the specific requirements or restrictions.

# Other important information for you and your visitors (continued)



### General visitor guidelines:

- People with colds, sore throats or any contagious disease should avoid visiting
- Special visiting arrangements may be made for families of surgical patients on the day of surgery and families welcoming a new baby. Please ask the unit nurse for additional information
- Visits should be short and quiet. Unnecessary noise should be avoided
- For the privacy of the patient, visitors may be asked to leave the room during tests, treatments or when the doctor or nurse needs to see the patient
- Visitors should not use the patient’s restroom
- If the patient’s door is closed, or if a sign is posted, please check at the nurses’ station before entering
- Visitors who wish to bring gifts to patients can consider a book, puzzle or something to help them pass the time
- Visitors should not bring food for the patient unless they have checked with the nurse.

### Importance of quiet

Dominican Hospital recognizes the importance of quiet surroundings in the healing process. Please be respectful of all patients by helping keep noise to a minimum. Too many visitors or loud conversations can be disturbing to others.

If you are disturbed by noise during your stay, please inform your nurse, and we will do our best to control it. Earplugs are available for patients upon request.

### How to avoid a fall

Patient safety is of utmost importance to us.

Therefore, we take every precaution to prevent patient falls.

- Use your call light for help
- Ask for objects to be within reach
- Keep your call light button within reach at all times. Press the button, or pull the cord in the bathroom, to notify staff that you need help
- Call your nurse if you feel weak, dizzy or lightheaded
- Wear slippers or shoes with non-skid soles
- Use the call light or cord in the bathroom if you need help
- Notify your nurse if a spill occurs

### Keep communication channels working

- Wear your identification wristband at all times. If it falls off or is removed, please tell us immediately so that it can be replaced
- Report any unexpected changes in your condition or the condition of your family member to the nurse or doctor immediately
- Report any problems or issues in the care you are receiving. If you wish to speak with someone other than your nurse or doctor, please ask for the unit supervisor or director
- If you still have unresolved concerns, you may submit a complaint to the **California Department of Public Health at 800.554.0648** or to **The Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or 800.994.6610**

### Expect our staff to...

- Sanitize their hands when they enter and leave your room.
- Introduce themselves when they interact with you. You can recognize hospital staff because they wear name badges with their picture and the hospital logo.
- Confirm your identity before drugs are given or procedures are done. Staff will check the information on your hospital armband and will ask you to state your name and date of birth every time when providing care, treatment and services.
- Explain how the equipment and alarms work in your room, and provide education about your medication and your anticipated activities for the day.

### Patient & family education

In an effort to keep you educated about your condition, your care team will meet with you frequently to answer any questions you may have. Furthermore, Dominican Hospital offers the most accurate and up-to-date patient education.

Your care team has access to:

- One-page, easy-to-read informational sheets about health conditions
- On-line drug information that can be printed

### Television

Each room is equipped with a remote- controlled TV. Ear phones are provided. Please keep the volume low, especially late in the evening, out of consideration for other patients.

Channel 85 on your in-room TV displays the Continuous Ambient Relaxation Environment.®

### Parking services

Upon arrival at Dominican Hospital, complimentary valet parking is available from 8 am to 5 pm Monday-Friday. Please do not leave personal belongings in open view inside your vehicle. Although our security officers patrol all areas of the hospital campus, Dominican Hospital is not responsible for loss, damage, fire and/or theft to any vehicle parked in a hospital parking lot. Handicapped parking is available. Look for the designated “Handicapped only” signs.

Tram service, available from 8:30 am to 4:30 pm Monday-Friday, serves the Dominican parking lots, Education Center, Dominican Oaks senior living complex and adjacent physician offices.

Waiting areas, restrooms and pay telephones are located in several locations around the hospital. Locator maps are posted near entrances.



# Other important information for you and your visitors (continued)

## Wireless access & sharing personalized patient news

Our patients and guests can take advantage of complimentary wireless Internet service, funded by the Dominican Hospital Foundation. Those with laptop computers can obtain Internet vouchers with instructions on how to access Dominican’s wireless from any staff member or volunteer in waiting areas and on nursing units. From any computer connected to the Internet, loved ones can share news about a Dominican patient by setting up a CarePage at no charge. CarePages are personal, private Web pages that help family and friends communicate when someone is receiving care in our hospital. Visit [dominicanhospital.org](http://dominicanhospital.org) and click on the CarePages link on the home page for more information and instructions.

## Cafeteria

The Hospital Cafeteria is open to the public from 6:30 am to 7 pm daily and serves breakfast, lunch, and dinner. Vending machines serving sandwiches, snacks, candy, and drinks are available at all hours. A cafeteria is also open at Rehabilitation Services from 11 am to 1:30 pm Monday-Friday.

## Gift Shop

The Hospital Gift Shop is usually open from 9 am to 5 pm weekdays, and 10 am to 1 pm Saturdays. Closed Sundays and holidays.

## Language services

We provide health care services to a diverse community. For that reason, we offer interpretation services in more than 140 languages to patients who have difficulty reading or speaking English. We

also provide a service for deaf and visually impaired patients. Our blue Cyracom translator telephones allow us to contact an interpreter at any time.

A Telecommunications Device for the Deaf (TDD) unit for hearing-or speech-impaired patients is also available. The hospital has TDD phone equipment which can be placed in your room at your request. The hospital switchboard has a TDD to receive incoming calls. The number is 831.476.1775. With some lead time, a sign language interpreter may be obtained. Please ask a hospital staff member for assistance if you require these services.

## No smoking allowed

Dominican Hospital promotes health and wellness among patients, visitors, physicians, and staff by prohibiting smoking on hospital property. Our no-smoking policy has been developed to reduce possible adverse effects on patient treatment, reduce the risk of passive smoke to non-smokers and to promote safety. Physicians can order nicotine replacement therapies for their patients who smoke.

## Telephone

Each patient room has a phone. Local calls are free. Long distance calls must be billed to your home phone or calling card, or be made collect. Prepaid calling cards are available for purchase in the Gift Shop.

### To make a call:

Local Calls Within the 831 area code  
**Press 8 + Phone Number**  
Hospital Operator **Press 0** from your hospital phone

## Mail

Volunteers deliver your mail and e-mail received via our Web site on weekdays. Mail arriving after your stay will be forwarded to you. Volunteers will post your stamped outgoing mail for you. U.S. Post Office mailboxes are located outside the main lobby at the front of the hospital for the convenience of your visitors.

## Flowers & plants

A volunteer will deliver flowers and plants sent to you. Those arriving after you leave the hospital will be returned to the florist. Flowers are not allowed at a patient’s bedside in the Critical Care Unit.

## Nutritional services

We want your stay at Dominican to be as pleasant as possible, and we want to meet your needs whenever we can. Meals are provided according to your physician’s diet orders. Please be aware that there may be food restrictions based on your physician’s and dietitian’s advice.

We can assist you with requests for in-between meal snacks and other services by dialing ext. 5555 from any hospital phone from 7 am to 7 pm Monday through Friday. At other times, please ask your nurse.

## Ethics-based approach to patient care

Consistent with our mission, vision, and values, we believe and actively encourage patients and their families/caregivers to participate in patient care and decision-making. Dominican Hospital’s Bioethics Committee is structured to handle any ethical issue that may arise during your hospital stay. The Bioethics Committee is comprised of members of the hospital’s medical, nursing, and social services staffs and civic

leaders and chaplains. The team may be convened at your request and will address your issue with the utmost professionalism, dignity, compassion, and confidence. If you need this service or want to obtain further information related to the hospital’s ethics and patient rights program, please contact Chaplain Services at 831.462.7739.

## Spiritual care

We believe that the healing process includes the body, mind, and spirit. Please contact your nurse for a chaplain visit or call ext. 7739 from any hospital phone. We coordinate with every faith in our community and your minister, priest, rabbi or other spiritual leader is welcome to visit you at the hospital. Holy Communion is distributed daily to Catholic patients by Eucharistic ministers from local parishes. Mass is offered in the hospital Chapel most weekdays at 4 pm.

## Join us in infection prevention practices

### For hand hygiene

- Cleanse hands with sanitizer before eating, after sneezing or coughing, and regularly during the day. Wash hands using soap and water after using the bathroom or if your hands are visibly soiled.
- Encourage family, visitors, and all staff to wash or sanitize hands before entering and when leaving your hospital room.

## and your visitors (continued)

## For respiratory hygiene

- Cover your cough. Use tissues when coughing or sneezing and then wash or sanitize your hands
- Wear a mask when leaving your room if our staff determines that your medical condition requires this protection for others

## For contact precautions

- If you have an infection you may be placed in Contact Precautions. Staff will wear protective equipment such as gloves, gowns, and sometimes masks when caring for you
- Make sure family and visitors check with staff and follow the required precautions
- Stay in you room unless escorted to another area for surgery

## If you want your medical records

You may request copies of your medical records by visiting the Medical Record (Health Information Management) Department office, or by calling 831.462.7718. Office hours are 8 am to 5 pm Monday-Friday. We value patient privacy and would like to assure you that an authorization must be signed by the patient in order to release copies of medical records to anyone, except as required by law.

## Tell us how we met your expectations

It is our intent to make a difference in people's lives through excellent patient care. We take pride in what we do and always strive to make improvements to better meet the needs of our patients and their families. From admitting to discharge, we want to provide you with the best healthcare experience possible. Our goal is to exceed your expectations

during your hospital stay. By letting us know what we are doing well, or how we may be falling short, you help us to improve the quality of our services. All Dominican employees are dedicated to helping resolve any situations that may arise during your stay. If you have a concern with a staff member, contact your nurse and ask for the unit charge nurse or unit director. You can expect that many will make rounds during your stay to make sure that we are providing you with the high-quality, compassionate care for which Dominican Hospital is known.

## Patient relations

Patient Relations representatives are available to help you with concerns or problems that may arise during your stay. Patient Relations office hours are from 8 am to 4:30 pm Monday through Friday. To contact Patients Relations, dial ext. 7722 or 7576 from your hospital phone. From outside the hospital, dial **831.462.7722** or **831.462.7576**.

After you leave the hospital, you will have the opportunity to share your opinion regarding the care you received. We will contact you via one of the following methods:

1. You will be mailed a satisfaction survey. We want to assure you that your feedback is completely confidential. Your name will not be associated with the report. The results of your survey will be summarized by an independent firm and reported to Dominican Hospital. These results are reviewed with all staff, your feedback is very important.
2. You may also receive a personal phone call from a staff member. Many of our units routinely call patients to confirm that patients are doing well with discharge care and to ensure their satisfaction with

their care. We thank you for caring enough to let us know how we are doing. And again, we thank you for choosing and trusting Dominican Hospital with your health care needs.

## You can help us help others

As a not-for-profit hospital and center for health, Dominican relies on voluntary contributions to help meet the changing health care needs of our community.

Donations large and small enable Dominican Hospital Foundation to subsidize services, underwrite community outreach programs and help purchase new technology that would not

otherwise be available in a community our size. Please contact the foundation at 831.462.7712 or [oumadin\\_donor@dignityhealth.org](mailto:oumadin_donor@dignityhealth.org) to learn more about our Grateful Patient Program and other giving opportunities.

# Notes

# Hospital telephone directory

**Administration**

831.462.7501

**Admitting**

831.462.7703

**Chaplain Services**

831.462.7739

**Social Services**

831.462.7656

**Gift Shop**

831.462.7713

**Patient Financial Services**

831.457.7001

**Patient Relations Coordinator**

831.462.7722

**Medical Records**

831.462.7718

**Orthopedic Nurse Navigator**

831.462.7597

**Orthopedic Unit**

831.462.7667

**Dominican Hospital**

1555 Soquel Drive

Santa Cruz, Ca 95065

**Dominican Hospital Outpatient**

**Rehabilitation Center**

111 Madrone Street

Santa Cruz, CA 95060

831.457.7057

**[www.dominicanhospital.org](http://www.dominicanhospital.org)**





**Dominican Hospital**

1555 Soquel Drive

Santa Cruz, CA 95065

831.462.7700

**[dignityhealth.org/dominican](https://dignityhealth.org/dominican)**

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