

Joint Replacement Center

Preparing for Orthopedic Surgery



Orthopedic Surgery Guide

J O I N T R E P L A C E M E N T C E N T E R

Important Dates:

Total Joint Replacement Class: _____

To schedule your Total Joint Replacement Class please contact:

TOTAL JOINT COORDINATOR

209.564.5667

Your surgery is scheduled for: _____

Post-op visit with your surgeon: _____

If you are delayed on the day of your surgery, please notify:

PERI-OPERATIVE DEPARTMENT

209.564.5148

Mercy Medical Center Orthopedic Services Website: dignityhealth.org/merced/ortho

Please be sure to review the Total Joint Program website for additional handouts.

Orthopedic Services Website



Total Joint Program Website



Exercise Video



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Welcome

Thank you for choosing Mercy Medical Center. Our team is committed to providing the best care and exceptional experience for you and your family. We believe that you play an invaluable role in your successful recovery. That's why our goal is to involve you in your plan of care, every step of the way—from education before your surgery to after your hospital stay.

This guide is designed to give you important information you need to achieve the best outcome from your joint replacement surgery. This guide will help:

- Prepare you for your upcoming surgery
- Walk you through your hospital stay
- Provide detailed exercises for you
- Inform you on what to expect and what to do to continue your successful recovery at home

Following the suggestions in this book will increase your chances of returning to a better quality of life as quickly as possible. We wish you many years of healthy activity and enjoyment.

Your Coach

SELECTING YOUR COACH

Friends and family are a major part of everyone's life, and their involvement is very important. Select a family member or friend to serve as your "Coach."

Your Coach will assist you throughout the entire joint replacement process. It is good for your Coach to see and hear firsthand the expectations that will be placed on you during this process.

Your Coach's Role:

BEFORE SURGERY

- Attend Hospital pre-surgery class.
- Attend all pre-operative visits and ask questions.
- Assist with pre-hab exercises.
- Prepare for your return home by helping you to complete the pre-operative home checklist.

AT THE HOSPITAL

- Help keep your morale high simply by being there.
- Encourage you to give your best effort during your rehab exercises.
- Keep you focused on returning to a healthy lifestyle.
- May need to participate with rehab training.

AT HOME AFTER DISCHARGE

- Make sure you do the exercises.
- See that you use your equipment as instructed.
- Encourage you to increase your activity level as you regain your strength.
- Ensure that you are following after surgery instructions and precautions.
- Prepare healthy meals.
- Drive you to and from appointments.

Your Health Care Team

Your health care team members have special training and interest in the area of orthopaedics. They use extensive knowledge to guide you to discharge from the hospital and through rehabilitation. It is important for you to be an active partner with your health care team in order to have the best possible outcome. This team includes many, but the main members are listed below.

Your Orthopaedic Surgeon

Your orthopaedic surgeon will perform your total joint replacement and direct your care. He/she will also guide your rehabilitation and follow you through office visits.

Anesthesiologist/Certified Registered Nurse Anesthetist

A physician or advance practice nurse that is responsible for your anesthesia. The anesthesiologist or nurse anesthetist may also be involved in pain management issues before and after surgery.

Case Manager/Discharge Planner

A registered nurse or social work will work closely with your surgeon and the other team members to help you make decisions about your discharge plan. This may include outpatient therapy, home equipment, and/or any skilled nursing care if needed. The case manager/discharge planner can also answer your questions about insurance coverage for services and equipment.

Occupational Therapist (OT)

A healthcare professional that is responsible for planning safe ways for you to complete your daily activities, such as dressing and bathing. The OT may partner with the physical therapist to complete your exercise routine. The OT offers ideas to assist you to create a safe home environment. Adaptive equipment is used to simplify self-care tasks and protect joints while conserving energy.

Physical Therapist (PT)

A therapist that plans your physical rehabilitation after your joint replacement, so you can restore your mobility. This therapist will help you regain range of motion, increase muscle strength, and improve balance so you can safely walk with your new joint. You will receive instruction on how to correctly move from laying down to sitting to standing. You will also use assistive devices such as a walker, which will be needed temporarily after your surgery. Sometimes patients will attend physical therapy after surgery to learn exercises to build strength.

Registered Nurses (RNs)

Professional nurses that are responsible for managing your bedside nursing care following your surgery. Nurses use the surgeon's instructions to guide your care. RNs provide education to you and your family about your health and safety needs. This includes information before and after surgery and helps you plan for your discharge from the hospital. RNs also provide care and education in your surgeon's office.

Total Joint Coordinator

Serves as a single point of contact for any questions or concerns that you or your family member may have before, during and after your hospital stay. Helps with communication with all members of your healthcare team. Provides education to you and your loved ones to make sure the you are prepared for surgery and recovery.

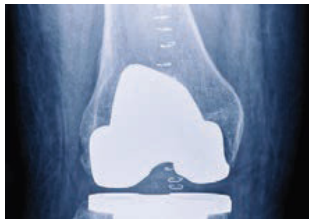


About Your Surgery



Anatomy

Severe pain and decreased movement can result as the cartilage wears away in the joint due to osteoarthritis or other diseases. The joint surfaces rub against each other, becoming rough, pitted and irritated—“bone on bone”. Joint replacement surgery replaces these worn surfaces with prostheses comprised of smooth surfaces, much like the healthy joint.



Total Knee Replacement

- Prosthesis—components are made of metal (typically steel alloy) and high density polyethylene plastic.
- Your kneecap is NOT removed; it is left intact. If arthritis has affected the underside of the kneecap, your surgeon will often smooth the surface and cement in a small plastic button for improved movement.



Total Hip Replacement

- Prosthesis—components are made of metal, polyethylene plastic and/or ceramic.
- Weight bearing and movement precautions depend on how your surgery was performed; your therapist will discuss this with you in detail after your surgery based on your surgeon’s specific instructions.



Preparing For Your Surgery

EDUCATION

Schedule your pre-surgery class the Total Joint Coordinator at 209-564-5667.

EQUIPMENT

You must have a front wheel walker. Most insurances will cover a front wheel walker if you have not had one in the last 5 years. An elevated toilet seat and shower chair can be helpful for the bathroom. You cannot get down into the bathtub until approved by your surgeon. Other adaptive equipment such as a reacher, sock-aid, long-handled shoe horn, long-handled sponge, handheld shower, grab bars, and elastic shoe laces may prove useful to you as well.

MEDICAL CLEARANCE

If you have any medical conditions such as a heart, lung, or kidney or other medical conditions, please call your specialty doctor to let them know you are having a total joint replacement. You may need a clearance from your specialty doctor prior to surgery.

MEDICATIONS

Follow your doctor's guidelines regarding which medications to take on the day of your surgery. Some medications thin your blood, and can increase your risk of bleeding after surgery. These medications may need to be stopped before surgery. If you have any questions about your medications, please contact your surgeon's office.

ORAL HYGIENE

Oral hygiene is very important prior to surgery. Please be sure your dental cleaning is up-to-date prior to surgery, as dental cleaning may be restricted.

PREPARING YOUR SKIN FOR JOINT REPLACEMENT SURGERY

Before surgery, you can play an important role in your health. By preparing your skin before, you can reduce the number of germs on your skin by carefully washing before surgery. You will be provided a special antiseptic wipes – Chlorhexidine gluconate (CHG).

QUITTING TOBACCO USE (SMOKING CESSATION)

Tobacco use, whether in cigarette, e-cigarette, pipe, cigar, or chew form, greatly increases the risk of complications from surgery. If you are a smoker, now is the time to quit. Your immune system, your circulation, your airways, and your lungs are damaged by smoking.

Reasons to Quit

Your recovery may go better. Smoking raises your chances of having problems after total joint replacement surgery. Those who smoke have an increased risk of:

- Bones not healing
- Total joint failure
- Pain needing more narcotic use
- Medical complications after surgery (*Examples: blood clots, increased blood pressure, increased heart rate*)

For more information about smoking cessation please contact Mercy Medical Center Community Health Department at 209-564-4310.



ALCOHOL USE

Before your surgery, you may need to stop or reduce the amount of alcohol you drink.

- Alcohol can impair your vision or your ability to walk.
- Alcohol may impair healing and increase the risk for infection.
- Ask your doctor if you need to quit or limit alcohol intake

DIABETES GUIDELINES AND BLOOD GLUCOSE MANAGEMENT

Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery, such as infection and other complications. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet, and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-operative testing and continuing through the post-op period. For more information about diabetes please contact Mercy Medical Center Community Health Department at 209-564-4310.

STRENGTHENING BEFORE SURGERY

One key aspect of planning for surgery is preparing yourself physically. Strengthening your upper and lower body is important to a speedy recovery. See the exercise section or scan the qr code on page 27 for examples of low-impact exercises. Only do what you can without aggravating your hip or knee.

PRE-ADMISSION

Expect a call prior to surgery from the pre-admission nurse from the hospital. He or she will ask questions of your medical history including your medical conditions, medications you may take, and previous surgery.

- He or she may advise you to take certain medications with a small sip of water the morning of surgery.
- Don't eat, drink, or smoke after midnight the night before your surgery.

WHAT TO BRING TO THE HOSPITAL

- Please wear loose fitting, comfortable clothes for therapy.
- Supportive, non-slip soled shoes that are closed in the back (no flip-flops).
- If you plan on spending the night in the hospital, you can also bring personal items such as toiletries (toothbrush, toothpaste, deodorant), glasses and case with your name, hearing aids and case with your name, dentures, CPAP machine, if you use one, and loose-fitting clothing.
- Do not wear makeup or nail polish.
- Remove all jewelry, including body piercings.
- Please bring a copy of your Durable Power of Attorney for Health Care and Advanced Directive.

DO NOT BRING VALUABLES SUCH AS JEWELRY OR LARGE AMOUNTS OF CASH.

Home Safety Assessment

We are mindful of your safety even after you are discharged from the hospital. The fact is that the majority of falls happen at home. The good news is that most falls can be prevented through environmental changes and safety precautions.

In order to decrease your risk of falling after your total joint surgery, we recommend that you ask your spouse, a family member, or a neighbor to survey your home to answer the questions below.

General household areas:

- Y N Are light switches easily accessible upon entering a room?
- Y N Have throw rugs been removed from the floors?
- Y N Are hallways free of clutter?
- Y N Are raised door thresholds clearly marked?
- Y N Are electrical cords and telephone cords away from hallways?
- Y N Is there a portable phone with programmed emergency numbers easily at hand?
- Y N Does furniture have good back and arm support so that the patient can get in and out easily?

Bathroom:

- Y N Are there safety rails or grab bars?
- Y N Are there skid-resistant strips or a rubber mat both in and in front of the bathtub?

Bedroom:

- Y N Is there a lit pathway from the bedroom to the bathroom?
- Y N Is there a clear pathway from the bedroom to the bathroom?
- Y N Is there a charged flashlight near the bed for emergencies?

Stairways:

- Y N Are stair treads in good condition?
- Y N Is there a sturdy handrail on both sides of the stairs?
- Y N Are the stairs brightly lit?

Kitchen:

- Y N Is there a wide based, sturdy step to reach into high cabinets?
- Y N Are spills immediately wiped up?
- Y N Is the use of high-gloss floor wax avoided?
- Y N Are frequently used items stored at waist level and less frequently used items in higher cabinets?

A clean house reduces bacteria and chance of infection.

- Clean your house and vacuum carpets, rugs, and floors.

If the answer is no to any of these questions, we recommend that you have the problem corrected immediately for your own safety. Correcting these potential hazards will decrease your risk of a fall. You should have a safety network of friends, family or neighbors to provide daily check-ins, either by phone or in-person.

During Your Hospital Stay

DAY OF SURGERY

LENGTH OF HOSPITAL STAY

Some patients may be well enough to go home the same day of surgery. If you are not discharged the same day of surgery, expect your length of stay in the hospital to be 1 - 2 nights depending on the surgery you have and your individual progress.

CHECKING IN

Arrive at the Mercy Medical Center Pavilion for check-in.

WAITING ROOM

Please ask the registration office, pre-admission nurse, or Total Joint Coordinator for information about our waiting room policy.

PERI-OPERATIVE AREA (PRE-SURGERY)

You will be escorted to the perioperative area from the Pavilion, where you will be prepared for surgery. The nurse will review your medical history with you, including your medications. Then the nurse will start to prep you for surgery, which includes starting an IV, getting any necessary blood tests or x-rays, and antibiotics.

ANESTHESIA

Before your surgery, you will be visited by an anesthesiologist in the perioperative waiting area. A short review of your medical history and options, benefits, and risks will be discussed with you. The anesthesiologist will answer any anesthesia related questions at this time.

There are two major types of anesthesia that may be used individually or in combination to provide the smoothest and safest possible anesthetic experience. General, where you are completely asleep and Regional, in which nerve blocks provide numbness in the lower extremity.

CONSENT

You will be asked to sign a consent form prior to surgery to allow the surgeon to perform the required surgical procedure. Please make sure that you understand the procedure, risks, and your options prior to signing the form. It is important to us that you completely understand the information and are an active partner in your care.

LENGTH OF SURGERY

Your total joint surgery will take one to two hours. Your surgeon will speak with your family member after you have been moved to the recovery room. Please designate one (1) family member/friend to speak with your surgeon.

RECOVERY ROOM

The recovery room nurse will be managing your care---asking what your pain level is and if you are experiencing any nausea. Your nurse will medicate you accordingly. You can expect to be in recovery for about 1 hour or until you are stable.

PAIN POINTS

THERE IS PAIN ASSOCIATED WITH SURGERY...

All patients will experience some level of discomfort after surgery, but the discomfort should lessen greatly over the first several days.

Our goal is to make you as comfortable as possible during your stay in the hospital and throughout your recovery so you will be able to move, breathe deeply, and help care for yourself. Some degree of discomfort is unavoidable. Beginning in the Recovery Room, you will be receiving pain medication on a scheduled basis to help control pain.

Oral Medication

Once you are able to fully eat and drink, you will then be transitioned to pain pills. This is typically after the first 24 hours, and you will continue with oral medication once home from the hospital.

Nerve Blocks / Epidurals

In this form of pain management, your doctor may decide to inject medication that temporarily numbs the nerves that are around your surgical site.

Other Methods for Pain Management

- Using cold therapy or ice
- Changing your position or walking
- Listening to music
- Using integrative therapies such as aromatherapy, acupuncture, guided imagery, or the music relaxation channel on the television
- Anything you have found helpful at home

Important Points about Pain Management

You are the expert on your pain; please tell us if your pain medication is not working.

Pain medication is usually taken regularly. Don't try to be a hero and wait too long, or skip a scheduled dose of pain medicine in the day or two after surgery. Remember—the longer you wait to take pain medicine, the worse your pain can become. It will take longer to get your pain under control.

Your nurse will ask you to rate your pain on a scale of 0-10, with 10 being the worst pain imaginable. We cannot relieve all of your pain, but we should be able to reduce it to a tolerable level (usually four or less for most people).

What to expect from your health care team:

Physical therapy:

- Sit at the edge of bed
- Stand and walk, using walker
- Bed exercises
- Stair training as tolerated, if needed
- Receive instruction on how to move from bed to sitting to standing while following total knee or total hip precautions

Occupational therapy

- Assist you with activities of daily living such as: dressing, bathing, hygiene and grooming, toileting
- Instructed on the use of adaptive techniques/equipment
- Review safety measures for at home

Pain control

- Oral pain medications - pain medications given to you orally, as ordered by provider
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider
- Repositioning
- Ice packs

Preventative measures

Preventing Infection

Preventing infection after any surgery is very important, and many steps will be taken throughout your surgery and hospital stay to minimize the risk of infection.

- IV antibiotics—antibiotics will be started through your IV within 1-2 hours before surgery and continued for up to 24 hours after surgery.
- Hand hygiene—your caregivers will use gloves with any “hands-on” procedures, and the frequent use of sanitizing gel (located by the door in each patient room) is strongly encouraged for visitors and yourself. Don’t hesitate to ask your healthcare team to perform hand hygiene before working with you.

Preventing Pneumonia

- Take deep breaths every hour while you are awake to clear the anesthesia from your lungs and help prevent pneumonia. You will start this in the hospital. You will need to continue at home until you are walking around your home about every hour during the day. Please use your incentive spirometer 10 times an hour while awake.

Preventing Blood Clots

- A deep vein thrombosis (DVT) is a blood clot that can form in a leg vein after knee replacement surgery. A piece of the clot can break off, travel through the blood stream to the lung, and can

cause death. Your doctors may tell you to use:

- A sequential compression device (SCD) that improves your blood flow by gently squeezing and releasing your leg or foot. It is important that you wear these devices at all times while in bed. Please notify the care team to remove them prior to getting out of bed.
- Compression stockings (TED hose) or ACE wraps.
- Medicine to prevent clotting.
- Activity to help increase circulation
- Walking: early ambulation is encourage most of the time that is the day of surgery
- Ankle pumps while lying in bed

DAY 1 - AFTER SURGERY

If you are staying overnight, today is the day to really begin focusing on your recovery, starting with early morning lab tests to check your blood count. Most patients will be discharged on this day.

Pain control:

- Transition to oral medications.
 - It is important to take the medication as needed to prevent an escalation of pain, especially during therapy sessions.
- Intravenous (IV) pain medication – pain medications administered through your IV line, as ordered by provider.
- Ice packs.
- Repositioning.

What to expect from your health care team:

Physical therapy: 1-2 times a day. You may be seen in your room or in a designated activity area.

- Sit at the edge of bed.
- Stand and walk, using walker.
- Increase bed exercises.
- Begin stair training as tolerated if needed.
- Receive instruction on how to move from bed to sitting to standing while following total knee or total hip precautions.

Occupational therapy: once a day.

- Assist you with activities of daily living such as: dressing, bathing, hygiene and grooming, toileting.
- Instructed on the use of adaptive techniques/equipment.
- Review safety measures for at home.

Care Coordinator / Social Worker:

- Assist you and your family with discharge planning, such as arranging for home care (if ordered by surgeon) or necessary equipment.
- Consider vehicle accessibility issues for your ride home as you will not yet be able to fully bend your new joint.

Knee Replacement

Your knee replacement may be cemented or uncemented, and in most cases you will be allowed to put as much weight on your leg as you can tolerate.

- You will be encouraged to bend and straighten your new knee as much as you can tolerate. The therapists will teach you exercises to maximize the Range of Motion (ROM) in your new joint.
- Discomfort in the upper thigh area of the operated leg is often reported by patients. This soreness is a result of the tourniquet that was used on your leg during the surgery. It will subside in a week or so after surgery.
- Swelling is normal after knee replacement surgery, especially after activity, and may cause a feeling of tightness or pressure in your knee. Elevation is recommended as directed by your surgeon. Also, place a cold pack on the affected area. Apply cold packs for 20 minutes on and 20 minutes off at a time as needed. If swelling does not decrease during the night, call your doctor.

DO NOT place a pillow under your knee.

DO NOT kneel or squat.

DO NOT jump or twist the operated on knee while sitting or standing

DO NOT put weight or resistance on operated leg

Hip Replacement

AFTER TOTAL HIP REPLACEMENT (Posterior Approach)

Depending on the technique and/or approach used by your surgeon, you may have certain weight-bearing and/or movement precautions following your surgery. These precautions will be fully explained to you by your therapist based on your surgeon's specific orders.

Weight-Bearing Precautions

- If your hip replacement is non-cemented, you may be restricted from putting full weight on your operated leg for several weeks. Your therapist will show you how to unweight your leg using a walker or crutches.
- If your hip replacement is cemented, you will likely be allowed to bear full weight on your operated leg immediately after surgery.

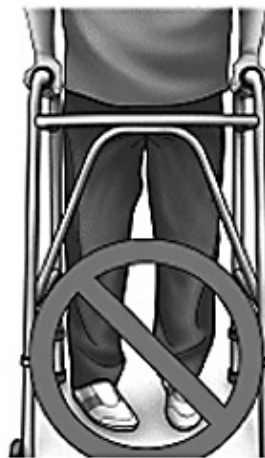
AFTER TOTAL HIP REPLACEMENT (Anterior Approach)

Precautions are generally less restrictive depending on your surgeon.

- Avoid combined backward and outward rotation of the operated limb.



Do not bend your operated hip beyond 90° angle



Do not turn your operated leg inward in a pigeon-toed position.



Do not cross your operated leg or ankle.



Pre and Post Exercise Program

HIP AND KNEE JOINT REPLACEMENT

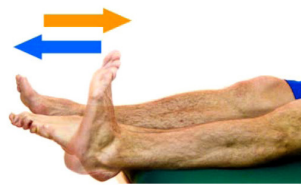
Exercises before surgery: In order to get familiar with the exercises, practice them before surgery so they are not as difficult to perform after your joint replacement. It is also important to do these exercises to strengthen your legs before surgery without aggravating your knee or hip.

Exercises after surgery: These exercises are a VERY important part of your recovery. Your joint will likely feel stiff and sore after surgery, but this can be remedied with your exercise program. These exercises will also help you heal faster, improve your flexibility and range of motion, minimize scar tissue development, and can help you manage your pain levels without excessive use of pain medication.

Remember:

- Make sure to manage pain BEFORE each exercise session after surgery.
- Apply an ice pack on the affected area. (Note: Ice should never be placed directly on bare skin. Keep ice packs wrapped in a towel or placed over clothing.)
- Experiencing achy pain is ok, but stop if you are experiencing sharp, stabbing pain.

**Only do what you can
without aggravating the
knee or hip.**



ANKLE PUMPS - AP

Bend your foot up and down at your ankle joint as shown.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day



QUAD SET WITH TOWEL UNDER HEEL - QS

While lying or sitting with a small towel rolled under your ankle, tighten your top thigh muscle to press the back of your knee downward towards the ground.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day



GLUT SET - GS

Laying on your back, squeeze your buttocks together.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day



HEEL SLIDES - SUPINE - HS

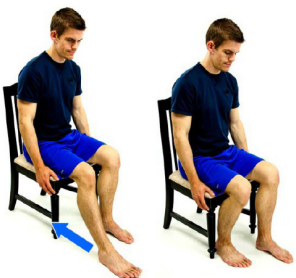
Lying on your back with knees straight, slide the affected heel towards your buttock as you bend your knee.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day



Hold a gentle stretch in this position then return to original position.

Only do what you can without aggravating the knee or hip.



SHORT ARC QUAD

Place a rolled up towel or object (about 6-8" in diameter) under your knee. Slowly straighten your knee as you raise your foot.

10 Times
1 Second
2 Sets
3 Time(s) a Day

LONG ARC QUAD - HIGH SEAT

While seated with your knee in a bent position, slowly straighten your knee as you raise your foot upwards as shown

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day

FOR KNEE REPLACEMENT ONLY!

STRAIGHT LEG RAISE

While lying, raise up your leg with a straight knee. Keep the opposite knee bent with your foot planted to the ground. Please note these are for knee replacement ONLY!

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day

SUPINE HIP ABDUCTION

While lying on your back, slowly bring your leg out to the side. Keep your knee straight the entire time.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day

SEATED MARCHING

While seated in a chair, draw up your knee, set it down, then alternate with the other side.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day

SEATED HEEL SLIDES

While in a seated position with your feet forward and rested on the floor, slowly slide your foot closer towards you. Hold a gentle stretch then return foot forward to original position.

Repeat 10 Times
Hold 1 Second
Complete 2 Sets
Perform 3 Time(s) a Day

Caring For Yourself At Home

PREPARATION FOR RETURNING HOME

- Make arrangements to have help at home. Ideally someone should stay with you, especially at night, for the first 1 – 2 weeks after surgery.
- Organize your living areas to avoid excessive lifting, bending or reaching. Store heavy and frequently used objects at or above waist level.
- If your bedroom is on the 2nd floor, start planning early. You may be able to make one (1) trip up and down the stairs each day during your initial recovery. Consider preparing a bedroom area on the main living level for short-term use upon your return home.
- Consider freezing meals prior to your hospital admission.

ANTICOAGULANT (BLOOD THINNING) MEDICATION

You will continue the anti-coagulation regime at home that was started in the hospital, typically for a 4-6 week period. These medications are meant to reduce the risk of blood clots which can occur after any surgery. Being active and walking can also reduce this risk.

Let your surgeon know if you have a sudden increase in swelling in the thigh, calf, or ankle that does not decrease with elevation.

SWELLING MANAGEMENT

Swelling and bruising are common after surgery. Icing and elevating your lower extremity from time to time throughout the day can help lower the swelling and discomfort.

DISCOMFORT

It is important to take pain medication with food and as prescribed by your surgeon. It may be helpful to take your pain medication about 30 minutes before your planned therapy/exercise session. Don't wait until discomfort has the best of you to take medication. *Do not drink alcohol or drive while taking pain medication.* As you have less discomfort, start to decrease how many pain pills you are taking and how often you are taking them. Eventually, you will no longer need pain medication. Applying an ice pack to your joint for 20 minutes several times per day can help the discomfort too. Using a frozen pea or corn bag can form easily to your joint. Change your position at least every 45 minutes during the day to avoid stiffness. Numbness around the incision may be temporary or permanent. Contact your surgeon if your discomfort does not respond to the above methods.

INCISION

Normally, it takes about 2 weeks for your incision to heal enough to stay closed. Your surgeon may use surgical glue, sutures, or staples to close your incision. Over the next 6 to 8 weeks, your incision may feel tight and itchy, which is part of normal healing. It is common to have more swelling and pain 4 to 7 days after surgery, which is often after you leave the hospital. After about a week, swelling and pain will get better day by day. You will continue to have some swelling over the next 6 to 12 months. To care for your incision:

- Keep your dressing clean and dry.
- You may shower (consider a shower chair). Refer to the instructions you were given.



- Do not soak the incision or take baths until your surgeon tells you it is okay.
- Wear loose clothing that is easily washed and does not rub or irritate the incision.
- Never dab lotion, ointment, powders, or perfume on the incision.

You and your caregiver should wash your hands before and after changing your dressing. Condition of the incision should also be noted. There will be some swelling initially, especially after exercise. Your incision should not be red, warm to touch, have odor, increased drainage, or have any opening. Call your surgeon's office if you notice those changes. For hip replacement patients, do not twist to see the incision for yourself. *Use mirrors if you'd like to view it.*

Please ask your surgeon or total joints coordinator how often your dressing needs to be changed.

PREVENTING CONSTIPATION

A side effect of taking pain medicine is constipation. Decreased activity can also lead to constipation. To avoid becoming constipated:

- Gradually increase your intake of fiber-rich foods such as fruits, vegetables, and whole grains.
- Drink 8 or more 8 oz. glasses of fluids each day.
- Stay as active as you can.
- Consider drinking prune juice each day.
- Consider taking a stool softener or laxative. Many of these are available over-the-counter at your local store. If you have questions, ask your doctor or pharmacist.

If constipation problems continue, call your doctor. Check with your doctor or nurse before giving yourself an enema.

WHEN TO CALL YOUR SURGEON

Call your surgeon if:

- Your lower leg or toes feel numb, tingly, cool to the touch or are pale
- You have a fever over 101 degrees Fahrenheit (38.3 degrees Celsius)
- Your incision:
 - Has increased redness
 - Is warm/hot to touch
 - Is more painful than it has been
 - Oozes a new drainage or smells bad
 - Bleeds enough to come through or leak outside of your bandage
- Your pain medicine is not managing your pain
- You have side effects from your medicine such as an upset stomach, throwing up, redness, rash, or itching
- You have pain or swelling in the calf of either leg
- The edges of your incision come apart
- You have any questions or concerns about your health

If you experience chest pain, heart palpitations, or trouble breathing, call 911.

AT HOME ACTIVITY

You are the one to know how comfortable you are in increasing your activities at home. Don't be afraid to use your new joint. If it becomes sore and swollen, simply take a rest, ice, and elevate until these symptoms subside.

BED MOBILITY

1. To get out of bed, scoot to the side of bed using non-operative leg.
2. Position your hands behind you and push up as you angle your body around and scoot your hips and legs forward to the edge of the bed. (Figure A)
3. If you have hip precautions, remember to keep your legs apart, toes up, and upper body semi-reclined. (Figure B)
4. Reverse this process to get into bed.



Figure A



Figure B

STANDING AND WALKING WITH A WALKER

1. Scoot to the edge of the chair, keeping your operated leg extended out in front of you. (Figure 1)
2. Push up using the armrests and the non-operated leg for support. If you have hip precautions, remember not to bend your torso too far forward. (Figures 2, 3)
3. Reverse this process to sit down, reaching back for the armrests and slowly lowering yourself. No plopping!
4. When walking with a walker, first advance the walker, then step forward with your operated leg, then step forward with your other leg, supporting some of your weight with your arms on the walker as needed.
5. Remember to stand up straight, don't lean over your walker and take even strides with a heel-to-toe walking pattern.



Figure 1



Figure 2



Figure 3

STAIRS

Remember: Up with the old leg, down with the new leg.

1. When going up stairs, lead with the old (non-operated) leg, then advance the new (operated) leg. (Figure A)
2. Take one step at a time initially and use the railings if possible. If no rail is available, fold up the walker and use it (or a cane) on one side.
3. When going down stairs, step down with the new leg then follow with the old leg, taking one step at a time. (Figure B)



Figure A

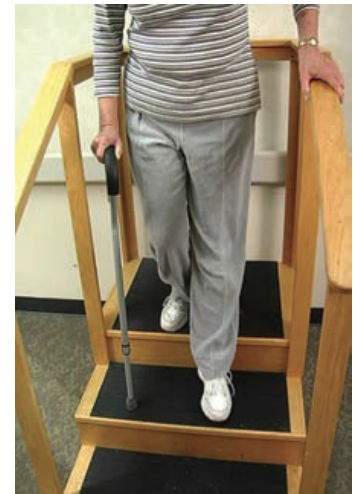


Figure B

TUB/SHOWER TRANSFERS

1. If you have a tub, using a tub bench is the easiest and safest way to get in and out. Sit down on the tub bench with your back facing the tub. (Figure 1)
2. Pivot around, lifting your legs one at a time over the side of the tub. If you have hip precautions, remember to keep your upper body leaning backward. (Figure 2)
3. Reverse this process to get out of the tub.
4. If you have a stall shower, enter and exit using a side-step technique. (Figure 3)
5. A shower chair may be useful to enable you to sit and wash up while you are in the shower. Rubber bath mats and wall-mounted grab bars are also helpful for stability.



Figure 1



Figure 2



Figure 3

CURB STEP

1. When going up a curb step, approach with your walker, getting as close possible.
2. Lift the walker and place it on top of the curb, making sure all four posts are secure.
3. Step up with your old (non-operated) leg, leaning forward onto the walker, then follow with your new (operated) leg. (Figure A)
4. When going down the curb step, simply reverse this process, stepping down with the new leg first. (Figure B)

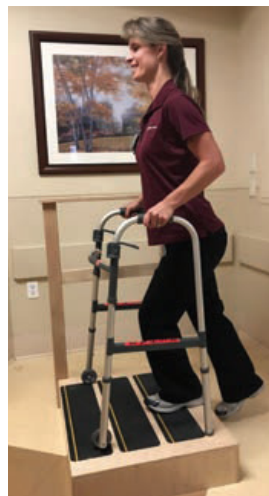


Figure A

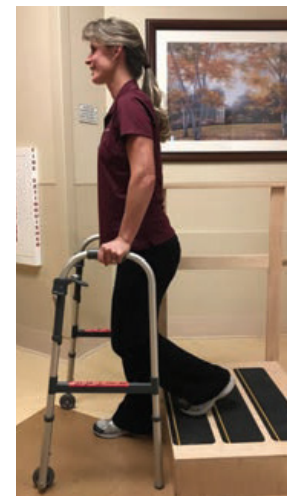


Figure B

VEHICLE TRANSFER

1. If possible, park the car several feet away from the curb to allow entry from a level surface.
2. Have the driver move the passenger seat as far back as it can go to maximize leg room, and recline the seat back about 30 degrees.
3. Back up to the car, reach back for the seat, and gently sit, keeping your operated leg extended out in front of you. (Figure 1)
4. Scoot back and pivot to face forward in the seat, bringing one leg at a time into the car. If you have hip precautions, remember to keep your upper body reclined, your legs apart, and your toes pointed up. (Figure 2)



Figure 1



Figure 2

FAQ's

Frequently Asked Questions About Total Hip And Knee Replacements

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 hip replacement. Answers to some questions are listed below. However, it's best to discuss your specific questions with your surgeon. Note that some questions have a reminder to do just that.

How long will I be in the hospital following my total joint replacement?

Some patients may be well enough to go home the same day as surgery. If you are not discharged the same day as your surgery, expect your length of stay in the hospital to be 1 - 2 nights depending on the surgery you have and your individual progress. A Care Coordinator will meet with you to determine an individualized discharge plan.

How much pain will I have after the surgery?

Your comfort is very important to us. We will ask you to rate your pain on a scale from 0 to 10, with 0 being no pain and 10 being the worst possible pain. This rating will give your nurses an idea of how you feel and how to treat your discomfort.

Should I be worried that I may become addicted to my pain medications?

Don't be afraid to take your pain medication. It will be for a limited duration and for a specific purpose. Addiction is rare (less than 1%) in patients taking narcotics to relieve post-operative pain. If you are still having a lot of pain 4-6 weeks after surgery, it is important to contact your surgeon.

What can I do to help ensure the best results after my total joint replacement?

You can positively affect your recovery by:

- Drinking plenty of fluids.
- Performing ankle pumps and deep breathing exercises (using incentive spirometer) every hour.
- Actively participating in your rehabilitation program.

What body positions should I avoid following surgery?

Specific recommendations are provided as part of your education. Your physical therapist will go over your precautions and will want you to remember them.

How will I be able to sleep after surgery?

You may sleep in any position that is most comfortable for you as long as it follows your positioning guidelines (for hip replacement only). If you sleep on your side, a pillow between your knees is often helpful. Icing before bedtime can also help decrease soreness in your joint and allow you to fall asleep. Do not place a pillow directly behind your operated knee for sleep; a pillow placed lengthwise under your calf/lower leg on the operated side may provide support without interfering with full knee extension.

Why do most people have knee/hip 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 knee/hip replacement surgery?

Infection 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.

Should I exercise before my total knee/hip replacement?

Yes. Exercise instructions are available for you to follow for 6-12 weeks before surgery. (Please see exercise section)

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 you

*Discuss this with your anesthesiologist/nurse anesthetist.

How long will my surgery last?

One to two hours is the normal range. Time often depends on the equipment and anesthesia. Some time is also spent preparing you for surgery and anesthesia.

When can I get up?

You may get up on the day of surgery. You will need the help of the health care team until your therapist tells you otherwise.

Will I need to use a walker?

Yes. You will need a front wheel walker.

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. You will not be able to sit down in a bathtub for at least three months after surgery. *Ask your surgeon how long you should wait until you get into a bathtub.

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 before surgery, so there are no surprises about coverage.

Will I need special equipment at home following surgery?

During your hospital stay your rehab team (PT/OT) will assess what, if any, special equipment you will need. 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. The Care Coordinator will help you to obtain the appropriate equipment through an agency of your choice.

How long until I can return to my normal activities following surgery?

Total joint replacement patients typically recover quickly. After you return home from the hospital, you will require some assistance with basic activities of daily living, such as dressing and bathing for the first 1 – 2 weeks after surgery. Patients can usually return to driving in two to four weeks, dancing in four to six weeks and golf in six to 12 weeks after surgery. Within six months, you may be able to resume most of your pre-surgical activities, depending on your doctor's recommendation. Your doctor or therapist can answer specific questions concerning your activities.

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.

When can I return to work?

Most often, at least 4-6 weeks are needed off from work. It depends upon 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, tennis, and basketball 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.

How do I manage my stress?

Undergoing surgery can be a very stressful event for anyone. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook can help. Make note of small achievements. Some people find that deep breathing and relaxation techniques help. Many hospitals have resources available (social workers, counselors, spiritual care, etc.) if you need additional support. Remember to ask for help when you need it.

If I plan on having another procedure after my joint replacement, will I need to take antibiotics?

Yes. To protect your new joint, you may need to take antibiotics before certain invasive procedures, such as dental care or surgical procedures, even if minor or routine. Please notify your doctor before these procedures to get a prescription for antibiotics.

NOTES

Lined writing area for patient information.

Additional Resources

Pavilion Registration

209-564-3100

Pre – Admission Nurse

209-564-3001

209-564-3002

209-564-3011

209-564-3012

Peri-operative Department

209-564-5148

Total Joint Coordinator

209-564-5667

Mercy Medical Center Orthopedic Services Website:

dignityhealth.org/merced/ortho

Please be sure to review the Total Joint Program website for additional handouts.

Orthopedic Services Website



Total Joint Program Website



Exercise Video





Dignity Health
Mercy Medical Center
333 Mercy Avenue
Merced, CA 95340
209.564.5000
dignityhealth.org/merced

