

Steps Program



# Joint replacement center.



# 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:**

*Your surgery is scheduled for:*

---

*Post-op visit with your surgeon:*

---

## **Please bring this booklet with you to:**

- Office visits
- Hospital pre-surgery class
- The hospital on admission day
- Physical therapy visits

## **You should receive a call from the Pre-Admissions Nurse a few days prior to your surgery to discuss:**

- Health history
- Medications
- Previous surgeries

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

**PERI-OPERATIVE DEPARTMENT**

**209.564.5148**

# Contents

<i>Welcome</i>	<i>Page 3</i>
<i>Pre-Surgery Instructions</i>	<i>Page 4</i>
<i>Home Safety Assessment</i>	<i>Page 5</i>
<i>Hospital Care / Day of Surgery</i>	<i>Page 6</i>
<i>Patient Care Plan</i>	<i>Page 6</i>
<i>Pain Points</i>	<i>Page 7</i>
<i>First Day After Surgery</i>	<i>Page 8</i>
<i>Your Coach</i>	<i>Page 9</i>
<i>Frequently Asked Questions</i>	<i>Page 10</i>
<i>Total Hip Protocol</i>	<i>Page 11</i>
<i>After Surgery Precautions - Total Hip</i>	<i>Page 14</i>
<i>Total Knee Protocol</i>	<i>Page 15</i>
<i>After Surgery Precautions - Total Knee</i>	<i>Page 17</i>
<i>Pre &amp; Post Exercise</i>	<i>Page 18</i>
<i>Glossary of Terms</i>	<i>Page 20</i>



# Welcome

Thank you for choosing Mercy Medical Center. Our team is committed to providing the best care and an exceptional experience for you and your family. The Total Joint Replacement class is a comprehensive, planned course of treatment designed especially for the joint replacement patient. You will play a key role in your own successful recovery. Our goal is to educate and involve you every step of the way, guiding you to a more successful surgical outcome.

Total joint replacement patients typically recover quickly. Most patients will be able to walk the first day after surgery and can return to driving in two to four weeks, dancing in four to six weeks and golf in six to 12 weeks.

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.



**Dignity Health®**  
Mercy Medical Center



# 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.

## **Anesthesiologist/Certified Registered Nurse Anesthetist**

A physician or advance practice nurse that is responsible for your anesthesia (putting you to sleep or numbing your legs) for total hip replacement. 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 who works 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.

## **Nurse Practitioner (NP)**

A registered nurse with advanced skills and education that works with your surgeon to manage your care. An NP can diagnose and treat health care problems. An NP can prescribe medications, order, and interpret needed tests. Nurse practitioners often see you before, during, or after total joint replacement surgery.

## **Occupational Therapist (OT)**

A healthcare professional that is responsible for planning safe ways for you to complete your daily activities, such as bathing. The OT may partner with the physical therapist (PT) 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.

## **Orthopaedic Surgeon**

A physician/surgeon that performs your total hip replacement and directs your care. This doctor guides your rehabilitation and follows you through office visits.

## **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 or cane, which will be needed temporarily after your surgery. Sometimes patients will attend physical therapy before surgery to learn exercises to build strength.

## **Physician Assistant**

A health care professional that works with your physician to prescribe, diagnose, and treat health care problems. Physician assistants often see you before, during, or after total joint replacement surgery.

## **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.



# 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.



## 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.

# 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 Are throw rugs tacked down or is non-skid backing applied?
- ☐ 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.



# Pre-Surgery Instructions

## EATING

Do not eat or drink after midnight the day of your surgery. You may brush your teeth and use water to rinse. Do not swallow the water.

## MEDICATIONS

Follow your doctor's guidelines regarding which medications to take on the day of your surgery. Some medications thin your blood, increase the risk of bleeding after surgery, or interfere with healing. These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen, [Motrin®, Advil®], naproxen [Aleve®]), blood thinners (such as warfarin, [Coumadin®]) or arthritis medications, ask your surgeon when to stop taking these medications. Because blood-thinning medications affect clotting and bleeding, these medications (plus all your other medications) will be reviewed with you either at your pre-admission visit or by your surgical team. 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 is restricted for 6 months following surgery.

## PREPARING YOUR SKIN FOR JOINT REPLACEMENT SURGERY

Before surgery, you can play an important role in your health. Because skin is not sterile, 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).

## SMOKING AND ALCOHOL USE

**Smoking** - Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking also increases the risk of infection and blood clots after surgery. If you smoke, we encourage you to quit at least a few weeks before surgery. Cleveland Clinic Tobacco Treatment Program offers a variety of methods to help people who want to become nonsmokers. For more information and locations, please call 216.448.8800. Please be aware that smoking is strictly prohibited at all Cleveland Clinic hospitals.

**Alcohol Use** - Before surgery, it is important to be honest with your health care providers about your alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

## 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.

### **WHAT TO BRING TO THE HOSPITAL**

- Please wear comfortable clothes for therapy (We do provide one (1) short and shirt set or you are welcome to wear shorts and a t-shirt from home).
- 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.***

### **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.
- Remove all throw rugs, which are a trip hazard.
- A Care Coordinator will meet with you to determine your individualized discharge plans.

# Hospital Care

## DAY OF SURGERY

### CHECKING IN

Go to the Mercy Medical Center Pavilion to check-in.

### WAITING

A friend or loved one may stay with you until you go into the holding area of the operating room. During the procedure, your loved one or friend can wait in the surgery waiting area.

### 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.

### LENGTH OF SURGERY

Your total joint surgery will take one to two hours. Your doctor will talk with your family in the surgery waiting area after you have been moved to the recovery room. Your loved ones will be notified when you are ready to be moved to your hospital room.

### REMINDERS PRIOR TO SURGERY

Notify the nurse about:

- Bridges, dentures, capped teeth.
- Any type of prosthetic devices, including any contact lenses.
- Allergic reactions to drugs, food, tape or latex.

Inform the doctor or nurse if you have a cold, fever, cough, runny nose, sore throat, cuts or scrapes or other infection.

### AFTER SURGERY RECOVERY

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.

### **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.

## **PATIENT CARE PLAN**

### **IMMEDIATELY FOLLOWING YOUR SURGERY**

*You may have the following:*

- A urinary catheter, also known as a Foley.
- An IV in your arm.

*You should:*

- Use the trapeze bar to pull up and assist with turning in bed.
- Do deep breathing and cough (use incentive spirometer) every hour while awake.
- Do ankle pumps every hour while awake.
- Follow the hip or knee precautions.

### **ACTIVITY:**

- Do not attempt to get out of bed without assistance.
- Do “Toes to the Floor” the evening of your surgery.
- You can expect to receive physical therapy daily. In most cases, starting the same day of surgery. Having your pain under control will enable you to make the most out of your therapy sessions.
- We encourage you to get out of bed to use the bathroom if appropriate. Please do not do this alone, have the nurse or physical therapist assist you.

## 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.

We will work with you to safely reduce your pain to a level that is tolerable. There are many options for pain management, including positioning, cold therapy, relaxation techniques, medications by mouth and IV medications.

Your nurse will provide you with all of your prescribed medications while in the hospital. You will not be allowed to take medications brought with you from home, unless approved by the hospital pharmacist.

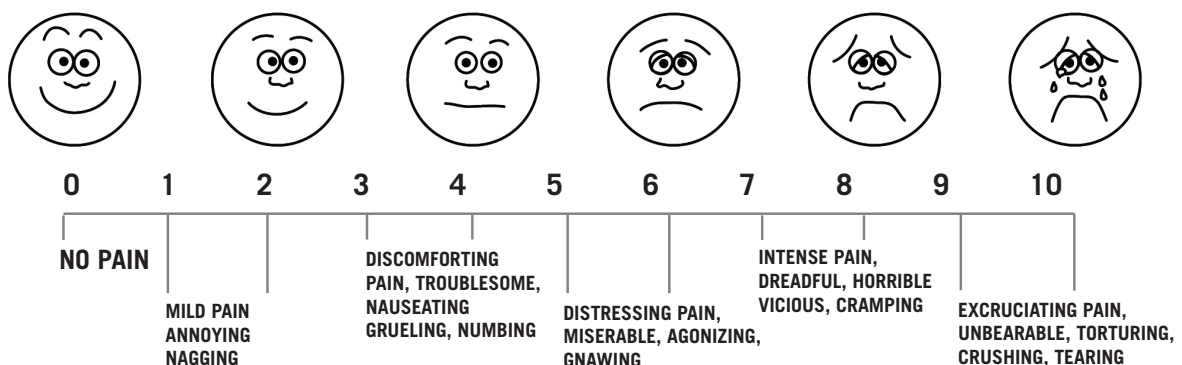
If you begin to feel your pain increasing, don't wait. Notify your nurse and request medication to keep you comfortable. It will also help you to participate in therapy. Through-out your hospital stay, your nurse will be asking you to measure and describe your level of pain on a scale of 0 to 10, with "0" meaning absolutely no pain, and "10" meaning the worst pain possible. Using the Pain scale below will help you to express your pain. Be prepared to explain where it hurts and what it feels like.

Your doctor and nurse will work together to provide the most appropriate pain therapy for you based on the pain measures and descriptions you provide, so it is important to be thoughtful as you describe how you are feeling.

### MEDICATIONS AND CONSTIPATION

Pain medications frequently cause constipation. Please notify your nurses if you are constipated, as they have various remedies to assist with this.

### Help Us Measure Your Pain by Using This Scale:





# Total Hip and Knee Protocols

## DAY OF SURGERY

### *Physical Therapy:*

In most cases starts on the very same day as surgery. They will assess your ability to:

- Sit at the edge of bed.
- Possibly stand or walk a short distance within the room, using a walker.
- Perform bed exercises.

You will be allowed to put as much weight on your leg as you can tolerate.

### *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.

### *Preventative Measures:*

- Sequential compression device (SCD) – pump on lower legs to improve circulation and prevent blood clots.
- Medications
  - Blood thinners to prevent blood clots.
  - Stool softener to prevent constipation
  - Antibiotics to prevent infection.
- Incentive spirometer and coughing and deep breathing exercises – keeps lungs clear, encourages deep breathing, allows you to wean off oxygen.

### *Total Hip Precautions: Posterior Approach*

1. No crossing the legs/ankles.
2. No bending hips past 90 degrees.
3. No rotating the leg inward.

### *Positioning:*

- Side-lying onto the non-operated side is allowed, as long as there is an abduction pillow between the knees/ankles.
- Head of bed is elevated 30 degrees maximum.
- It is important to change positions in bed every two hours.

## DAY 1 AFTER SURGERY

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.

### *Preventative Measures:*

- SCDs.
- Medications.
- TED hose - (if ordered by surgeon).
- Incentive spirometer and cough and deep breathing exercises.

### **What to expect from your health care team:**

*Physical therapy:* twice a day. (1 individual treatment and 1 group therapy or 2 individual treatments). 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.
- If cleared by the therapists, start using the bedside commode instead of bedpan
- 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.



**Dignity Health®**  
Mercy Medical Center

## DAY 2 AFTER SURGERY

*Occupational therapy:* if needed.

- Continue assisting you with activities of daily living such as: dressing, bathing, hygiene and grooming, toileting.
- Continue instruction on the use of adaptive techniques/equipment.

*Physical Therapy:* twice a day.

- Walk longer distances with walker, demonstrating correct technique.
- Continue with exercises.
- Continue learning how to move from bed to sitting to standing with proper technique. *(may require caregiver training in how to assist safely moving from bed to sitting to standing and walking with a walker.)*

*Pain Control:* Same as day 1 after surgery.

*Preventative Measures:*

- Same as day 1 after surgery.
- It is a good idea to try to sit up in a chair for meals.
- To prevent increased soreness and swelling in the leg, do not sit for longer than 30-45 minutes.

## Post Op Precautions

### AFTER TOTAL KNEE REPLACEMENT



**Do not kneel or squat.**

**Do not jump or twist the operative knee joint while standing.**

**Do not place a pillow under your knees.**

**Do not put weights or resistance on operative leg.**

# Post Op Precautions

## AFTER TOTAL HIP REPLACEMENT (Posterior Approach)

*\*If anterior/anterolateral approach, it will depend on surgeons recommendations which the physical therapist will discuss with you.*



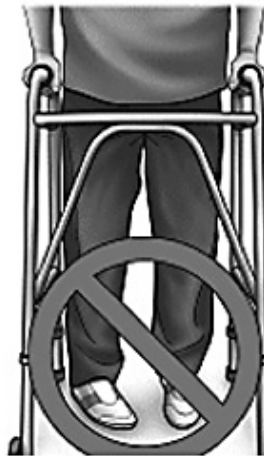
**Do not bend your operated hip beyond 90° angle**



**Do not twist your torso inward when lying, sitting or standing.**



**Do not cross your operated leg or ankle.**



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



**Do not go beyond this position.**

# Pre and Post Exercise Program

## HIP AND KNEE JOINT REPLACEMENT

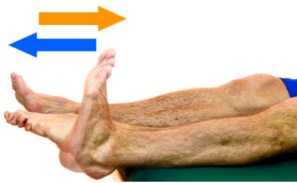
*Exercises before surgery:* In order to get familiar with the exercises, practice them before surgery so they are not as difficult to perform after your joint replacement. It is also important to do these exercises to strengthen your legs before surgery without aggravating your knee or hip.

*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.

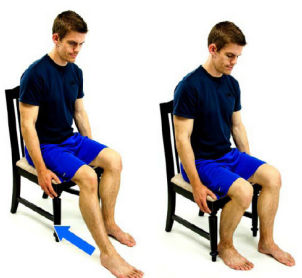
**Repeat** 10 Times  
**Hold** 1 Second  
**Complete** 2 Sets  
**Perform** 3 Time(s) a Day



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



**Dignity Health®**  
Mercy Medical Center

# After Surgery

## CARING FOR YOURSELF AT HOME

### ANTICOAGULANT MEDICATION

You have likely been given a prescription for an anticoagulant medication. This medication prevents clots from forming. The medication may be in pill or shot form (a tiny needle that goes into the abdomen). You may also need lab work done to make sure your medication is working properly. Take this medication for as long as directed by your doctor. Usually, you will be on it anywhere from 3-6 weeks after your total hip replacement. Contact your doctor right away if you notice easy bruising, nosebleeds, or blood in your urine.

### BODY CHANGES

You may have less of an appetite for awhile. Be sure to drink plenty of fluids. Your energy level may be less than usual for a few weeks after surgery. Constipation may result from pain medication. Use a stool softener or laxative if needed. Your new hip may cause your leg to feel longer. The joint likely gained some height that was lost prior to surgery.

### COPING WITH 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.

### 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 hip for 20 minutes several times per day can help the discomfort too. Using a frozen pea or corn bag can form easily to your hip. 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.

### EQUIPMENT

You will use a rolling walker, crutches, or a cane to help you walk. An elevated toilet seat, bedside commode, or toilet safety rails can be very handy for the bathroom. A bedside commode can often fit over the toilet and also be used to sit on in the shower. 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.

### **INCISION CARE/DRESSING CHANGES**

You and your caregiver should wash your hands before and after changing your dressing. Your dressing should be changed every day. Condition of the incision should also be noted. There will be some swelling initially, especially after exercise. There should be no redness, hotness, odor, increased drainage, or opening of the incision. Call your surgeon's office if you notice those changes. Do not twist to see the incision for yourself. Use mirrors if you'd like to view it. Usually, sutures or staples are removed 10-14 days after surgery by a health care professional. If you do not know, call to find out whether or not to get your incision wet while showering.

### **INTIMACY**

Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles, and ligaments need time to heal. You can resume sexual activity when you feel ready. Do use the hip precautions taught to you to protect your new hip. The bottom or missionary position is usually the most safe and comfortable. It is important to not bend the affected hip or knee. Two pillows placed between the knees are needed for the side lying position. There should be no bending past 90° if using the top position. Discuss return to sexual activity with your surgeon.

## **AT HOME ACTIVITY**

### **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 1)
3. If you have hip precautions, remember to keep your legs apart, toes up, and upper body semi-reclined. (Figure 2)
4. Reverse this process to get into bed.



Figure 1



Figure 2

### 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

### CURB STEP

1. When going up a curb step, approach with your walker, getting as close as 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)

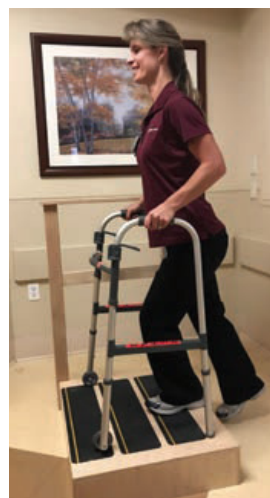


Figure A

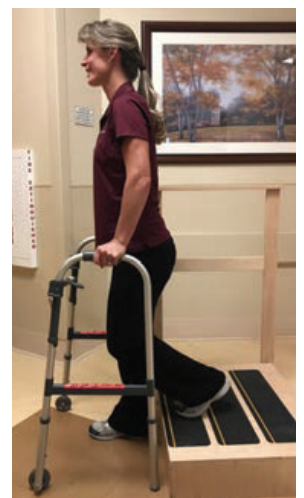


Figure B



## 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

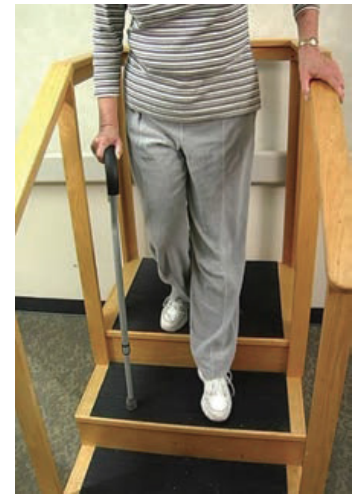


Figure B

## 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

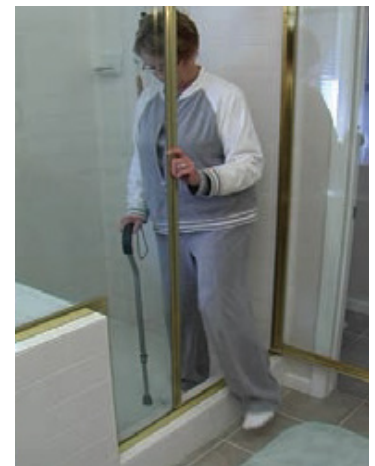


Figure 3



### 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.

### **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 educational packet. However, for total hip replacement, you will need to avoid the following body positions:

- No bending your hips past 90 degrees.
- No pointing your toes in.
- Also depending on surgeons' recommendation

Note: Your physical therapist will go over your precautions and will want you to remember them.

### **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.



**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 need a blood transfusion?**

You may need blood during or after surgery. Discuss with your surgeon if there is a need or plan to donate or use banked blood. In many hospitals, you or a family member can donate blood that will be used during or after your hip replacement. Banked blood is considered safe, but you may want to use your own. Other options and medications are available to patients prior to surgery that may help decrease the need for a blood transfusion. \*Discuss need for blood with your surgeon

**Should I exercise before my total knee/hip replacement?**

Yes. Exercise instructions are available for you to follow for 6-12 weeks before 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 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?**

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.

**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.



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

Most patients go directly home after one to two days in the hospital. Some patients, however, may need to spend a few extra days in a hospital-like setting, or rehabilitation center. There are reasons that patients may not go directly home. Other medical conditions may limit progress. There is not enough or no help at home. There are too many steps at home. The only restroom is on the second floor. Those types of situations may confirm the need for temporary location elsewhere.

**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.

**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?**

After you go 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. 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 have sex after knee/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.

**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.